





117	What is the primary ethnic group of the household head?	<ul style="list-style-type: none"> <li>1 = Agew</li> <li>2 = Amhara</li> <li>3 = Bench</li> <li>4 = Burji</li> <li>5 = Dizi</li> <li>6 = Gedeo</li> <li>7 = Gurage</li> <li>8 = Hadiya</li> <li>9 = Keficho</li> <li>10 = Kembata</li> <li>11 = Konta</li> <li>12 = Me'enite</li> <li>13 = Oromo</li> <li>14 = Silt'e</li> <li>15 = Tigray</li> <li>16 = Welayita</li> <li>17 = Other Ethiopian National Groups</li> <li>18 = Afar</li> <li>19 = Sidama</li> <li>20 = Somali</li> </ul>	_ _
117a	What is the main religion of the household?	<ul style="list-style-type: none"> <li>1 = Orthodox</li> <li>2 = Catholic</li> <li>3 = Protestant</li> <li>4 = Muslim</li> <li>5 = Other</li> </ul>	



**Now I want to ask you some questions about the characteristics of your household**

**Interviewer:** In this section and throughout the questionnaire, please read out all the options to the interviewee **UNLESS** it is clearly stated 'Do not read list'.

119	What is the main material of the walls of the house?	1 = No walls 2 = Natural materials (cane, wood, mud, straw) 3 = Stone with mud 4 = Stone/bricks with cement 5 = Other	<input type="checkbox"/>
120	What is the main floor material for this house?	1 = Natural floor (earth/sand/dung) 2 = Rudimentary floor (wood/palm/bamboo) 3 = Finished floor (polished wood/vinyl/tiles/cement/carpet) 4 = Other	<input type="checkbox"/>
121	What is the main material of the roof for this house?	1 = Thatch/grass or leaves 2 = Iron sheets or tiles 3 = Other	<input type="checkbox"/>
122	What kind of toilet facilities does your household have?  <b>Explain choices from the manual</b>	1 = No facility/bush/field 2 = Pit toilet/latrine 3 = Flush toilet 4 = ventilated pit latrine 5 = traditional pit latrine with a slab 6 = composting toilet	<input type="checkbox"/>
122a	How many households share this toilet?		<input type="checkbox"/>
122b	Do you have children under three years old in your household?	1 = Yes 2 = No Go to 122d	<input type="checkbox"/>
122c	The last time [NAME OF YOUNGEST CHILD] passed stools, what was done to dispose of the stools?	1= Child used toilet/latrine; 2= Put/rinsed into toilet or latrine 3= Buried 4= Thrown into garbage 5= Put/rinsed into drain or ditch 6=Left in the open 7=Other (specify) _____	<input type="checkbox"/>
122d	<b>INTERVIEWER:</b> Can we observe human feces around the house – in the compound?  <i>Look around the house and compound prior to responding to this question.</i>	1 = Yes 2 = No 3= Cannot observe	<input type="checkbox"/>
122e	Can we observe animal feces (cattle, chicken, dogs, cats, etc.) Around the house or in the compound?	1 = Yes 2 = No 3= Cannot observe	<input type="checkbox"/>
122f	Can we observe garbage around the house (open garbage can, garbage on the ground) or in the	1 = Yes 2 = No 3= Cannot observe	<input type="checkbox"/>

	compound?		
123	<p>What is the main source of drinking water for the household?</p> <p><b>Do not read list</b></p>	<p>1 = Piped connection into house  2 = Piped connection into yard  3 = Public standpipes  4 = Boreholes  5 = Protected dug wells  6 = Protected springs  7 = Rainwater collection  8 = Surface water  9 = Open dug wells  10 = Unprotected springs  11 = Vendor provided water tanker  12 = Bottled water  13 = Tanker</p>	_ _
123a	<p>How long does it usually take you to go to your main water source, get water, and come back?</p>	<p>1 = On premises  2 = Less than 30 minutes  3 = More than 30 minutes  8 = Don't know</p>	_
123b	<p>Are you satisfied with the water supply?</p>	<p>1 = Yes  2 = No</p>	_
124	<p>Do you do anything to the water to make it safer to drink?</p>	<p>1 = Yes  2 = No - GO to 127  3 = Don't know - GO to 127</p>	_
125	<p>If yes, what is the main thing you do?</p> <p><b>Do not read list</b></p>	<p>1 = Let it stand and settle  2 = Strain through a cloth  3 = Use water filter (ceramic/sand/composite/etc)  4 = Boil  5 = Solar disinfection  6 = Add bleach/chlorine  7 = Other (Go to 126)  8 = Don't know</p>	_
126	<p>If OTHER, specify</p>	Specify _____	

127	What type of fuel does your household mostly use for cooking?  <b>Do not read list</b>	1 = Dung 2 = Firewood/straw 3 = Charcoal 4 = Kerosene 5 = Gas 6 = Electricity 7 = Other	_
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128	<b>Is the house connected to electricity?</b>	1 = Yes 2 = No	_
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In total, how many of the following items are owned by residents of this household?  <b>Add the household total for each item</b>		<b>Enter number of items (zero if none)</b>	
	129	Wrist watch	_ _
	130	Gold (in grams)	_ _
	131	A kerosene lamp/pressure lamp/solar lamp	_ _
	132	A bed with cotton/Sponge	_ _
	132a	Table	_ _
	132b	Chair	_ _
	133	Non-Mobile phone	_ _
	134	Mobile phone	_ _
	134a	Animal-Drawn Cart	_ _
	135	Bicycle	_ _
	135a	Motorcycle/scooter	_ _
	136	Car	_ _
	137	Radio	_ _
138	TV	_ _	
139	Fridge	_ _	
139a	Electric Mitad	_ _	

140	Do you own this house?	1 = Yes 2 = No	_
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141	Does any member of the household own any agricultural land?	1 = Yes 2 = No-GO to 143	_
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142	How many hectares of agricultural land do members of this household own?	Enter total number of hectares (If less than 1, Enter in decimals (example 0.5) Enter 9999 if hectares are not known	_ _ . _ _
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143	Does this household own any livestock, herds, other farm animals, or poultry?	1 = Yes 2 = No-Go to Section 153	_
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How many of the following animals do this household own?	<b>For each: Enter number. If none, enter 0</b>		
	144	Chickens	_ _ _
	145	Goats	_ _ _
	146	Sheep	_ _ _
	147	Donkeys	_ _ _

	148	Horses	_ _ _ _
	149	Mules	_ _ _ _
	150	Camels	_ _ _ _
	151	Cows	_ _ _ _
	152	Bulls/Oxen	_ _ _ _

153	Does your family/household have a bank account (Micro finance account)?	1 = Yes 2 = No
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**If there are no eligible women 13-49 in the household listing end interview.**

## MODULE 2

### 2. Identification of Eligible Women

**Interviewer:** These questions are to be asked of all resident women aged 13-49 who were listed. Ask to see eligible women from household listing in question 118. Start with the oldest eligible woman.

For each woman listed by the household head you must first complete the consent procedure (up to 204) before proceeding with the interview.

If unable to interview or complete the interview, state the reason and next appointment

**Result Codes:**

1. Completed

2. Partly completed

3. Postponed

4. Not at home

5. No-one competent to respond

6. Refused

Visits	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Date (dd/mm/yyyy)	_ _ / _ _ / _ _   _ _ _ _	_ _ / _ _ / _ _   _ _ _ _	_ _ / _ _ / _ _ _ _
<b>Interviewer's name</b>			
<b>Result (Enter relevant code below)</b>	_	_	_
<b>If not completed, next visit appointment date</b> (dd/mm/yyyy)		_ _ / _ _ / _ _   _ _ _ _	_ _ / _ _ / _ _ _ _
<b>If not completed, next visit appointment time</b>		_ _ : _ _	_ _ : _ _

If at the third visit, you are unable to complete the interview, please move on to the next woman in the household or the next household.

If possible please conduct the interview alone with the interviewee.



**Now I would like to ask you some questions about FAMILY PLANNING methods.**

206a	Are you currently doing something or using any method to delay or avoid getting pregnant?	1 = Yes 2 = No - Go to 206o	<input type="checkbox"/>	
	Which method are you using?  <b>if more than one method mentioned, please tick all the methods being used</b>	206b	Female Sterilization	<input type="checkbox"/>
		206c	Male Sterilization	<input type="checkbox"/>
		206d	Intra Uterine Device	<input type="checkbox"/>
		206e	Injectable	<input type="checkbox"/>
		206f	Implant	<input type="checkbox"/>
		206g	Oral Pill	<input type="checkbox"/>
		206h	Condom	<input type="checkbox"/>
		206i	Standard Date Method	<input type="checkbox"/>
		206j	Lactational Amenorrhea Method	<input type="checkbox"/>
		206k	Withdrawal	<input type="checkbox"/>
		206l	Other modern method (material)	<input type="checkbox"/>
206m	If any option was selected at 206b to 206h and 206l, where did you obtain the method last time?	1 = Health Post 2 = Health Center 3 = Others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
206ma	Were any of your contraceptive methods (material) used in the first 40 days after child delivery?	1 = Yes 2 = No - Go to 206o	<input type="checkbox"/>	
206n	Please specify how long after the delivery did you use the contraceptive method/material?	1 =  __  __  Hours 2 =  __  __  __  Days  <b>If contraception is received before 24 hrs enter in number of hours and put in 00 days. If it is received after 24 hours, enter 00 for hours enter number of days If don't know write 999 - Go to 206p</b>		

206o	What is the main reason for not using a contraceptive method?	<b>1 = Did not receive information at the hospital</b> <b>2 = Fear of health concerns</b> <b>3 = Husband opposition</b> <b>4 = Financial Problem</b> <b>5 = Other ....</b>	<input type="checkbox"/>
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Now I would like to ask you a few questions about your educational background.			
206p	Have you ever attended school?	<b>1 = Yes</b> <b>2 = No – Go to 206r</b>	<input type="checkbox"/>
206q	How many years of education have you had?	Enter number	<input type="checkbox"/>
206r	Are you gainfully employed?	<b>1 = Yes</b> <b>2 = No – Go to 206t</b>	<input type="checkbox"/>
206s	What is nature of your work? <b>Select ONLY one</b>	1 = Professional/technical/managerial 2 = Clerical 3 = Sales and services 4 = Skilled manual/Unskilled manual 5 = Agriculture <b>6 = Entrepreneur/trading</b> <b>7 = Other</b>	<input type="checkbox"/>

**Now I would like to ask you a few questions about your husband's educational background.**

206ta	Are you married or in a union?	1 = Yes 2 = No- Go to 206z	_
206t	What is your husband's age?	Enter age 99 if don't know If not married, widowed or divorced skip to 206z	_ _
206u	Does he know how to read or how to write?	1 = Yes 2 = No	_
206v	Has he ever attended school?	1 = Yes 2 = No – Go to 206x	_
206w	How many years of education has he had?	Enter number 99 if don't know	
206x	Is he gainfully employed?	1 = Yes 2 = No – Go to 206z	_
206y	What is the main nature of his work? <b>Select ONLY one</b>	1. Professional/technical/managerial 2. Clerical 3. Sales and services 4. Skilled manual Unskilled manual 5. Agriculture 6. Entrepreneur/trading 7. Other	_
206z	Family Type <b>Select ONLY One</b>	1 = Nuclear (parents and children only ) 2 = Joint (and in-laws only) 3 = Extended (and other people)	_

**The next few questions are about how often you have been bothered by any of the following problems in the last 2 weeks.**

**In the last 2 weeks, how often have you been bothered by any of the following problems?**

		<b>0. None</b> <b>1. About a day</b> <b>2. Less than one week</b> <b>3. More than one week but not every day</b> <b>4. Almost everyday</b>
206aa	Feeling tired or having little energy	_
206ab	Poor appetite or overeating.	_
206ac	Trouble falling or staying asleep, or sleeping too much	_
206ad	Moving speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	_
206ae	Trouble concentrating on things, such as reading the newspaper or watching television	_

206af	Little interest or pleasure in doing things-	<input type="checkbox"/>
206ag	Feeling down, depressed, or hopeless	<input type="checkbox"/>
206ah	Feeling bad about yourself or that you are a failure or have let yourself or your family down	<input type="checkbox"/>
206ai	Thoughts that you would be better off dead, or of hurting yourself	<input type="checkbox"/>
<b>If the value is "0" for all 206aa-206ai, go to 207.</b>		
206aj	If you checked off any problems (206aa-ai), how difficult have these problems made it for you to do your work, take care of the things at home, or get along with other people	1. Not at all difficult 2. Somewhat difficult 3. Very difficult 4. Extremely difficult <input type="checkbox"/>

<b>Now I would like to ask you about your pregnancy history.</b>			
207	Are you currently pregnant?	1 = Yes 2 = No	<input type="checkbox"/>
208	Have you ever been pregnant before?	1 = Yes 2 = No (end interview)	<input type="checkbox"/>
209	Have you ever given birth to a child?	1 = Yes 2 = No (Go to 211)	<input type="checkbox"/>
210	How many children have you given birth to in total?	Enter number	<input type="text"/>

211	<p><b><i>I understand that it is not easy to talk about children who have died, or pregnancies that ended before full term, but it is important that you tell us about all of them, so that the government can develop programs to improve children's health.</i></b></p> <p>Have you ever had a pregnancy that didn't end up in a live birth?</p>	1 = Yes 2 = No (Go to 213)	<input type="checkbox"/>
212	How many pregnancies have you had that did not end in a live birth?	Enter number	<input type="text"/>
213	<p><b><i>Now I would like to ask about the information regarding pregnancies beginning of 2008 (Ethiopian calendar/).</i></b></p> <p>Were you pregnant at the time of Hidar 2008 or any time afterwards even if the pregnancy didn't end in a live birth?</p>	1 = Yes 2 = No (end interview)	<input type="checkbox"/>

213a	In the last two years (October 2015 – November 17) how many pregnancies did you have that did not end in a live birth?	Enter Number	[ ]
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**214a. Now I would like to ask you about information on pregnancies at the time of **Hidar 2008** or afterwards. By this I mean all the pregnancies whether they ended up born alive, dead or even lost before full term pregnancy, was born before its due date, without woman going into labor whether they are still living or not, and whether they live with you or somewhere else.**

**Interviewer: start interview with a) asking the women to bring all the birth cards, if she has any, b) start with the birth outcome of the most recent pregnancy and work back to **Hidar 2008** (Ethiopian calendar). If the woman is currently pregnant do not include her – enter only pregnancies that have already ended.**

**For twin birth or two births, please record each baby separately (different lines, with different ID numbers)**

A) ID Number of pregnancy  Start with most recent pregnancy	B) Outcome of pregnancy  1 = Live birth 2 = Baby born Dead 3= Lost before full term	C) Date of birth/Date Pregnancy ended  Enter 01 for day if not known. Probe for months/years if not known	D)Sex  1 = Male 2 = Female 3=Don't know	E) Born as a twin?  1 = Yes 2 = No 3=Don't know For baby born dead or lost before full term skip to 214	F) Baby's name  Enter "not given" if not given a name	G) Still alive?  1 = Yes 2 = No (skip to I)	H) If still alive, how old in completed months?  If less than a 59 days enter number of days If greater than 59 days round to the nearest month	I) Did your child die at less than 59 days?  1 = Yes 2 = No
1	[ ]	dd [ ]/[ ]/ mm [ ]/[ ]/ yyyy [ ]/[ ]/[ ]/[ ]	[ ]	[ ]		[ ]	dd [ ]/[ ]/ mm [ ]/[ ]	[ ]
2	[ ]	dd [ ]/[ ]/[ ]/ mm [ ]/[ ]/[ ]/ yyyy [ ]/[ ]/[ ]/[ ]	[ ]	[ ]		[ ]	dd [ ]/[ ]/[ ]/ mm [ ]/[ ]/[ ]	dd [ ]/[ ]/[ ]/ mm [ ]/[ ]/[ ]/ yyyy [ ]/[ ]/[ ]/[ ]
3	[ ]	dd [ ]/[ ]/[ ]/[ ]/ mm [ ]/[ ]/[ ]/[ ]/ yyyy [ ]/[ ]/[ ]/[ ]	[ ]	[ ]		[ ]	dd [ ]/[ ]/[ ]/[ ]/ mm [ ]/[ ]/[ ]/[ ]	dd [ ]/[ ]/[ ]/[ ]/ mm [ ]/[ ]/[ ]/[ ]/ yyyy [ ]/[ ]/[ ]/[ ]

4	<input type="checkbox"/>	dd   <input type="checkbox"/> <input type="checkbox"/> mm   <input type="checkbox"/> <input type="checkbox"/> yyyy   <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	dd  <input type="checkbox"/> <input type="checkbox"/> mm   <input type="checkbox"/> <input type="checkbox"/>	dd   <input type="checkbox"/> <input type="checkbox"/> mm   <input type="checkbox"/> <input type="checkbox"/> yyyy   <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
5	<input type="checkbox"/>	dd   <input type="checkbox"/> <input type="checkbox"/> mm   <input type="checkbox"/> <input type="checkbox"/> yyyy   <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	dd  <input type="checkbox"/> <input type="checkbox"/> mm   <input type="checkbox"/> <input type="checkbox"/>	dd   <input type="checkbox"/> <input type="checkbox"/> mm   <input type="checkbox"/> <input type="checkbox"/> yyyy   <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
6	<input type="checkbox"/>	dd   <input type="checkbox"/> <input type="checkbox"/> mm   <input type="checkbox"/> <input type="checkbox"/> yyyy   <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	dd  <input type="checkbox"/> <input type="checkbox"/> mm   <input type="checkbox"/> <input type="checkbox"/>	dd   <input type="checkbox"/> <input type="checkbox"/> mm   <input type="checkbox"/> <input type="checkbox"/> yyyy   <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

<b>According to the given pregnancy history since Hidar 2008 (Ethiopian), I would like to confirm that you have:</b>			
214	Total number of live births = XX	1 = Yes 2 = No	<input type="checkbox"/>
215	Total number born dead = XX	1 = Yes 2 = No	<input type="checkbox"/>
216	Total number pregnancy loss before full term = XX	1 = Yes 2 = No	<input type="checkbox"/>
217	Total number of <2yrs dead = XX	1 = Yes 2 = No	<input type="checkbox"/>

**Note:** In case of discrepancy, the interviewer will revisit the pregnancy history with the respondent women

**Continue with interview for each reported pregnancy since Hidar 2008 (Ethiopian Calendar).**



**INTERVIEWER: PLEASE USE THE LAMINATED FAMILY HEALTH CARD IMAGES WHEN ASKING THE FOLLOWING SET OF QUESTIONS. SHOW THE STUDY PARTICIPANT THE COVER OF THE FAMILY HEALTH CARD WHEN ASKING THE FIRST QUESTIONS.**

*Now I would like to ask you some questions on the Family Health Card*

406a	Have you ever used the family health card?	<b>1 = Yes 2 = No</b>	<input type="checkbox"/>
		<b>For each: 1 = answered correctly 2 = answered incorrectly 3 = no response or don't know</b>	
406b	What does image show? Figure 3	Pregnant women taking iron tablet (low red blood cell count/Anemia reducing medication)	<input type="checkbox"/>
406c	What does image show? Figure 3	Tablet for eliminating intestinal parasites	<input type="checkbox"/>
406d	What does image show? Figure 6	HIV testing for the couple	<input type="checkbox"/>
406e	What does image show? Figure 7 4 <sup>th</sup> Picture	Swelling of face and hands (Edema) in pregnant women	<input type="checkbox"/>
406f	What does image show? Figure 7 5 <sup>th</sup> Picture	High temperature for pregnant women/Fever	<input type="checkbox"/>
406g	What does this image show? Figure 9	Birth preparedness	<input type="checkbox"/>
406h	What does image show? Figure 12	Reporting home delivery to HEW immediately	<input type="checkbox"/>
406i	What does image show? Figure 14	Washing hands with soap	<input type="checkbox"/>
406j	What does image show? Figure 19_	Not to bathe baby for 24 hours (1 day)	<input type="checkbox"/>
406k	What does this image show? Figure 20	Not to apply cow dung and grease/butter to the cord	<input type="checkbox"/>
406l	Why is it that you do not put cow dung and grease/butter to the cord?	To prevent cord infection	<input type="checkbox"/>
406m	What does image show? Figure 25_† 2 <sup>nd</sup> picture	A baby that is lethargic/unconscious	<input type="checkbox"/>

406n	What does this image show? Figure 25 4 <sup>th</sup> picture_	A baby that has breathing problem/grunting or fast breathing	<input type="checkbox"/>
406o	What does this image show? Figure 25 5 <sup>th</sup> picture	Umbilical puss/infection of newborn	<input type="checkbox"/>
406p	What does this image show? Figure 30 1 <sup>st</sup> picture	Baby that is being vaccinated	<input type="checkbox"/>
406q	What does this image show? Figure 29 2 <sup>nd</sup> picture	Mother breastfeeding baby at night time	<input type="checkbox"/>
406r	What does image show? Figure 32	Baby that is being given vitamin A	<input type="checkbox"/>
406s	How old is the baby? Figure 32	Baby that is 6 months old	<input type="checkbox"/>
406t	What does image show? Figure 44	Mother to <u>increase</u> breastfeeding frequency when the baby is ill and is <u>less than 6 months old</u>	<input type="checkbox"/>
406u	What does image show? Figure 45	Parents to <u>increase</u> feeding (breast milk and other food) frequency when the baby is ill and is <u>older than 6 months old</u>	<input type="checkbox"/>
406v	What does this image show? Figure 31	Baby's certificate of vaccination completion given to parents	<input type="checkbox"/>

406	When pregnant with [CHILD NAME / PREGNANCY NUMBER], did you receive any care during pregnancy?  <b>Probe: care at the HP, at a health facility, or visits at home from a HEW/WDA leader</b>  <b>If no, skip ANC questions</b>	1 = Yes 2 = No - GO to Section 5	<input type="checkbox"/>	
If <b>YES</b> , where did you get for ANC visits?  <b>Please select all that apply</b>		<b>For each: 1= Yes 2 = No</b>		
		407	Home	<input type="checkbox"/>
		408	Health Post	<input type="checkbox"/>
		409	Health Center	<input type="checkbox"/>
		410	Hospital	<input type="checkbox"/>
		411	Other	<input type="checkbox"/>
	412	(Specify) _____		

## Antenatal care from a health post

413	Did you receive pregnancy care from a health post?	1 = Yes 2 = No – GO to 422	_	
414	How many times did you attend the health post for pregnancy care in that pregnancy?	Enter the number of times 99 if don't know	_ _	
415	When did your first visit to the health post take place?  <b>If this information is available from the family health card, use it.</b>	dd  _ _  mm  _ _  yyyy  _ _ _ _  Write 99/99/9999 if not available		
416	<b>Interviewer: did Q415 information come from the woman or the card?</b>	1 = Woman 2 = Card	_	
417	How old was your pregnancy at the first visit?	Record number of weeks 99 if don't know	_ _	
418	<b>Interviewer: record gestation of the pregnancy at first ANC visit from family health card if available</b>	Record number of weeks 99 if not available	_ _	
419	Can you tell us whether or not you were satisfied with the pregnancy care you received at the health post?  <b>Do not read list of options</b>	1 = Yes was satisfied 2 = No was not satisfied (GO to 421) 3 = Neither satisfied nor dissatisfied (Go to 422)	_	
420	IF YES, then what was the level of satisfaction <b>Read both options</b>	1 = Fully satisfied-Go to 420a 2 = Somewhat satisfied-Go to 422	_	
What was the reason for satisfaction?  Select all that apply		420a	I have received the service on time	_
		420b	The facility was clean	_
		420c	I have received the service with compassion (by compassionate professional)	_
		420d	I have received the service with care (by caring professional)	_
		420e	I have received the service with respect (by respectful professional)	_
		420f	Other – Go to <span style="background-color: #00b0f0; color: white; padding: 2px;">420g</span>	_

		420g	Specify	__
421	IF NO, then what was the level of dissatisfaction <b>Read both options</b>		1 = Fully dissatisfied Go to 421a 2 = Somewhat dissatisfied – <b>Go to 422</b>	__
What was the reason for dissatisfaction? Select all that apply		421a	I didn't receive the service on time	__
		421b	The facility was not clean	__
		421c	I didn't receive the service with compassion (by compassionate professional)	__
		421d	I didn't receive the service with care (by caring professional)	__
		421e	I didn't receive the service with respect (by respectful professional)	__
		421f	Other – Go to 421g	__
		421g	Specify	__

<b>Antenatal care from a health center</b>				
422	Did you receive pregnancy care from a health center?	1 = Yes 2 = No– GO to 434		__
423	Was your first ANC visit at a health center?	1 = Yes 2 = No		__
424	How many times did you attend the health center for pregnancy care in that pregnancy?	<b>Enter the number of times</b> Enter 99 if not known		__  __
425	When did your first visit to the health center take place? <b>Interviewer: Probe date of visit; record month and year if she does not remember date</b>	dd  __ _ __  mm  __ _ __  yyyy  __ _ __ _ __ _ __  Write 99/99/9999 if not available		
426	<b>Interviewer: Record from family health card if available.</b>	dd  __ _ __  mm  __ _ __  yyyy  __ _ __ _ __ _ __  Write 99/99/9999 if not available from family health card.		

427	How old was your pregnancy at the first visit? <b>Record from family health card if available</b>	<b>Record number of weeks</b> 99 if day is not known	_ _
428	<b>Interviewer: did this information come from the woman or the card?</b>	1 = Woman 2 = Card	_
429	Who saw you at that first visit?	1 = Nurse 2 = Midwife 3 = Health officer 4 = Other 5 = I don't know	_
430	If <b>OTHER</b> please specify	Specify _____	
431	Can you tell us whether or not you were satisfied with the pregnancy care you received at the health center? <b>Do not read list of options</b>	1 = Yes was satisfied 2 = No was not satisfied (GO to 433) 3 = Neither satisfied nor dissatisfied (Go to 434)	_
432	IF YES, then what was the level of satisfaction <b>Read both options</b>	1 = Fully satisfied -Go to 432a 2 = Somewhat satisfied-Go to 434	_
What was the reason for satisfaction? Select all that apply		432a	I have received the service on time
		432b	The facility was clean
		432c	I have received the service with compassion (by compassionate professional)
		432d	I have received the service with care (by caring professional)
		432e	I have received the service with respect (by respectful professional)
		432f	Other – Go to 432g
		432g	<b>Specify</b>
433	IF NO, then what was the level of dissatisfaction <b>Read both options</b>	1 = Fully dissatisfied – Go to 433a 2 = Somewhat dissatisfied– Go to 434	_
What was the reason for the dissatisfaction?		433a	I didn't receive the service on time

Select all that apply	433b	The facility was not clean	
	433c	I didn't receive the service with compassion (by compassionate professional)	
	433d	I didn't receive the service with care (by caring professional)	
	433e	I didn't receive the service with respect (by respectful professional)	
	433f	Other – Go to 433g	
	433g	Specify	

Antenatal care at home			
434	Did you receive pregnancy care from a health worker in your own home?	1 = Yes 2 = No – GO to 445	<input type="checkbox"/>
435	How many times were you visited at home by a health worker for pregnancy care in that pregnancy?	Enter the number of times	<input type="checkbox"/>
436	When did the first visit to you at home take place? <b>Record from family health card if available</b>	dd  __ __  mm  __ __  yyyy  __ __ __ __  Write 99/99/9999 if not available	
437	<b>Interviewer: did Q436 information come from the woman or the card?</b>	1 = Woman 2 = Card	<input type="checkbox"/>
438	How old was your pregnancy the first time that you were visited at home for pregnancy care?	Record number of weeks Enter 99 if not available.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
439	<b>Interviewer: Record from family health card if available.</b>	Record number of weeks Enter 99 if not available.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
440	Who was it that came to visit you the first time?	1 = HEW 2 = WDA leader 3 = Other	<input type="checkbox"/>
441	If <b>OTHER</b> please specify:	Specify _____	
442	Can you tell us whether or not you were satisfied with the pregnancy care you received at home? <b>Do not read list of options</b>	1 = Yes was satisfied 2 = No was not satisfied (GO to 444) 3 = Neither satisfied nor dissatisfied (Go to 445)	<input type="checkbox"/>
443	<b>IF YES</b> , then what was the level of satisfaction <b>Read both options</b>	1 = Fully satisfied -Go to 443a 2 = Somewhat satisfied-Go to 445	<input type="checkbox"/>

What was the reason for satisfaction?  Select all that apply	443a	I have received the service on time	
	443b	I have received the service with compassion (by compassionate professional)	
	443c	I have received the service with care (by caring professional)	
	443d	I have received the service with respect (by respectful professional)	
	443e	Other – Go to 443f	
	443f	<b>Specify</b>	
444	<b>IF NO</b> , then what was the level of dissatisfaction <b>Read both options</b>		1 = Fully dissatisfied – Go to 444a 2 = Somewhat dissatisfied– Go to 445 <input type="checkbox"/>
What was the reason for dissatisfaction?  Select all that apply	444a	I didn't receive the service on time	
	444b	I didn't receive the service with compassion (by compassionate professional)	
	444c	I didn't receive the service with care (by caring professional)	
	444d	I didn't receive the service with respect (by respectful professional)	
	444e	Other – Go to 444f	
	444f	Specify	

**Interviewer: I would now like to ask you about who provided specific elements of pregnancy care.**

**In instances where birth was a still birth or pregnancy was lost, use the pregnancy number instead of name.**

**When you were pregnant with CHILD NAME / PREGNANCY NUMBER, did you have the following at any time?**

**Interviewer: this applies to cares at home, health post or health centre**

445	Was your weight measured?	1 = Yes 2 = No – GO to 448	<input type="checkbox"/>
446	Which was the provider who did this the first time?  <b>Put 9 if not known</b>	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
447	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="checkbox"/>
448	Was your height measured?	1 = Yes 2 = No – GO to 451	<input type="checkbox"/>

449	Which was the provider who did this the first time? <b>Put 9 if not known</b>	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
450	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="checkbox"/>
451	Did you receive information about breastfeeding?	1 = Yes 2 = No – GO to 454	<input type="checkbox"/>
452	Which was the provider who did this the first time? <b>Put 9 if not known</b>	1 = WDA leader 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
453	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="checkbox"/>
454	Was your blood pressure tested? <b>(PROBE: when a strap was put around your upper arm and a measure taken)</b>	1 = Yes 2 = No – GO to 457	<input type="checkbox"/>
455	Which was the provider who did this the first time? <b>Put 9 if not known</b>	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
456	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="checkbox"/>
457	Did you give a urine sample for a test?	1 = Yes 2 = No – GO to 460	<input type="checkbox"/>
458	Which was the provider who did this the first time? <b>Put 9 if not known</b>	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
459	In which location was this service provided?	1 = 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="checkbox"/>
460	Did you give blood <b>for any test for syphilis?</b>	1 = Yes 2 = No – GO to 463 3 = Don't know – GO to 463	<input type="checkbox"/>
461	Which was the provider who did this the first time? <b>Put 9 if not known</b>	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer	<input type="checkbox"/>

		5 = Doctor 6 = Other	
462	In which location was this service provided?	1 = 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="checkbox"/>
463	Did you receive iron Folate tablets or iron syrup?	1 = Yes 2 = No – GO to 467	<input type="checkbox"/>
464	Which was the provider who did this the first time? <b>Put 9 if not known</b>	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
465	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="checkbox"/>
466	<b>If yes:</b> For how many days did you take the tablets or syrup?	Enter number of days Enter 999 if not known	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
467	Were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	1 = Yes 2 = No – GO to 469	<input type="checkbox"/>
468	<b>If yes:</b> How many times did you get a tetanus injection?	Write number of times If 2 or more XXXX	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
469	<b>If less than 2 times:</b> At any time before this pregnancy did you receive any tetanus injections in your life time?	1 = Yes 2 = No – GO to 473	<input type="checkbox"/>
470	<b>If 469 is answered YES:</b> Before this pregnancy, how many times did you receive a tetanus injection?	Enter number of times Enter 99 if not known	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
471	<b>If 469 is answered YES:</b> How many years ago did you receive the last tetanus injection before this pregnancy?	Write number of years ago	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
472	In which health facility was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="checkbox"/>
473	Did you receive HIV information?	1 = Yes 2 = No – GO to 476	<input type="checkbox"/>
474	Which was the provider who did this the first time? <b>Put 9 if not known</b>	1 = WDA leader 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
475	In which location was this service provided?	1 = Home 2 = Health Post	<input type="checkbox"/>

		3 = Health Centre 4 = Hospital 5 = Other	
476	Did you receive HIV testing?	1 = Yes 2 = No – GO to 479	<input type="checkbox"/>
477	Which was the provider who did this the first time? <b>Put 9 if not known</b>	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
478	In which location was this service provided?	1 = 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="checkbox"/>
479	Did you receive STI testing?	1 = Yes 2 = No – GO to 482	<input type="checkbox"/>
480	Which was the provider who did this the first time? <b>Put 9 if not known</b>	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
481	In which location was this service provided?	1 = 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="checkbox"/>
482	Did you receive any STI treatment?	1 = Yes 2 = No – GO to 485	<input type="checkbox"/>
483	Which was the provider who did this the first time? <b>Put 9 if not known</b>	1 = 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
484	In which location was this service provided?	1 = 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="checkbox"/>
485	Did you receive information on nutrition?	1 = Yes 2 = No – GO to 488	<input type="checkbox"/>
486	Which was the provider who did this the first time? <b>Put 9 if not known</b>	1 = WDA leader 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
487	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="checkbox"/>

488	Did you receive information on danger signs?	1 = Yes 2 = No – GO to 491	<input type="checkbox"/>
489	Which was the provider who did this the first time? <b>Put 9 if not known</b>	1 = WDA leader 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
490	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="checkbox"/>
491	Were you advised on birth preparedness and complication readiness? <b>Probe: for finances, for help during delivery, for transport, for emergencies?</b>	1 = Yes 2 = No – GO to 501	<input type="checkbox"/>
492	Which was the provider who did this the first time? <b>Put 9 if not known</b>	1 = WDA leader 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
493	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="checkbox"/>
494	Was your birth preparedness and complication readiness plan recorded?	1 = Yes 2 = No – GO to 500	<input type="checkbox"/>
495	Which was the provider who did this the first time? <b>Put 9 if not known</b>	1 = WDA leader 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
496	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="checkbox"/>

### Section 5. Antenatal care continued (Mothers Knowledge and Practices)

500	Is there a record in family health card about her birth preparedness and complication plan? <b>Ask to see Family Health Card, if available.</b>	1 = Yes 2 = No 3 = No family health card	<input type="checkbox"/>
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<p>Can you tell me danger signs during pregnancy?</p> <p><b>Do not read list. Do not probe. This is about knowledge of danger signs, not about her own specific experience.</b></p>		<b>For each: 1 = Yes 2 = No</b>		
		501	Vaginal bleeding	<input type="checkbox"/>
		502	Severe abdominal pain	<input type="checkbox"/>
		503	Offensive discharge from the birth canal	<input type="checkbox"/>
		504	Fever	<input type="checkbox"/>
		505	Headache, dizziness, or blurred vision	<input type="checkbox"/>
		506	Convulsions	<input type="checkbox"/>
		506a	Unconsciousness	<input type="checkbox"/>
507	Swollen hands and face	<input type="checkbox"/>		
<p>Can you tell me the components of birth preparedness and complication readiness plan?</p> <p><b>Do not read list. Do not probe. This is about knowledge, not about her own specific experience with planning.</b></p>		<b>For each: 1 = Yes 2 = No</b>		
		508a	None	<input type="checkbox"/>
		508	Financial	<input type="checkbox"/>
		509	Transport	<input type="checkbox"/>
		510	Nutritious and sufficient food	<input type="checkbox"/>
		511	Identify birth attendant	<input type="checkbox"/>
		512	Identify facility where you would give birth	<input type="checkbox"/>
		513	Identification of blood donor, if required	<input type="checkbox"/>
		514	Clean clothes	<input type="checkbox"/>
		515	Cover to deliver on	<input type="checkbox"/>
		516	Gloves	<input type="checkbox"/>
		517	Cotton gauze	<input type="checkbox"/>
		518	Soap	<input type="checkbox"/>
		519	New razor blades	<input type="checkbox"/>
520	Sterilized scissors	<input type="checkbox"/>		
521	Sterilized thread	<input type="checkbox"/>		
522	<p>Did you make any preparations for your delivery?</p> <p><b>Probe: for finances, for help during delivery, for transport, for emergencies</b></p>	<p><b>1 = Yes</b> <b>2 = No – GO to 539</b></p>	<input type="checkbox"/>	
<p><b>If YES:</b> What preparations did you make for your delivery?</p>		<b>For each: 1 = Yes 2 = No</b>		
		523	Financial	<input type="checkbox"/>

<b>Probe but do not read out the list. Select all that apply.</b>	524	Transport	<input type="checkbox"/>
	525	Nutritious and sufficient food	<input type="checkbox"/>
	526	Identify birth attendant	<input type="checkbox"/>
	527	Identify facility where you would give birth	<input type="checkbox"/>
	528	Identification of blood donor, if required	<input type="checkbox"/>
	529	Clean clothes	<input type="checkbox"/>
	530	Cover to deliver on	<input type="checkbox"/>
	531	Gloves	<input type="checkbox"/>
	532	Cotton gauze	<input type="checkbox"/>
	533	Soap	<input type="checkbox"/>
	534	New razor blades	<input type="checkbox"/>
	535	Sterilized scissors	<input type="checkbox"/>
	536	Sterilized thread	<input type="checkbox"/>
	537	Other	<input type="checkbox"/>
538	Specify _____		
539	During this pregnancy have you attended a pregnant women's conference/Forum?	1 = Yes 2 = No- GO to 554a	<input type="checkbox"/>
540	If yes, how many times did you attend pregnant women's forum in your last pregnancy?	Enter number of times Enter 99 if not known	<input type="text"/>
What was discussed in the pregnant women's forum?  <b>Probe but do not read out the list. Select all that apply.</b>	<b>For each: 1 = Yes 2 = No</b>		
	541	Birth preparedness	<input type="checkbox"/>
	542	Importance of ANC	<input type="checkbox"/>
	543	Institutional delivery	<input type="checkbox"/>
	544	Importance of post-natal checks	<input type="checkbox"/>
	545	Seeking newborn care	<input type="checkbox"/>
	546	Other (specify)	<input type="checkbox"/>
547	Specify   _____		
548	Who informed you about the pregnant women's forum?	1 = WDA leader 2 = HEW 3 = Other (Specify)	<input type="checkbox"/>
549	If <b>OTHER</b> , specify	Specify _____	
550	Where did the pregnant women conference take place?	1 = at WDA's place 2 = at gote/kebele meeting place 3 = health post	<input type="checkbox"/>

		4 = health centre 5 = Other	
551	If <b>OTHER</b> , specify	Specify _____	
552	Can you tell us whether or not you were satisfied with the pregnant woman's conference you attended? <b>Do not read list of options</b>	1 = Yes was satisfied 2 = No was not satisfied (GO to 554) 3 = Neither satisfied nor dissatisfied (Go to 554a)	<input type="checkbox"/>
553	<b>IF YES</b> , then what was the level of satisfaction <b>Read both options</b>	1 = Fully satisfied -Go to 553a 2 = Somewhat satisfied-Go to 554a	<input type="checkbox"/>
	<b>553a</b>	It was participatory	<input type="checkbox"/>
	<b>553b</b>	It was conducted on regular bases (as planned)	<input type="checkbox"/>
<b>What was the reason for satisfaction?</b>  <b>Select all that apply</b>	<b>553c</b>	It provided enough information	<input type="checkbox"/>
	<b>553d</b>	The educator had sufficient knowledge	<input type="checkbox"/>
	<b>553e</b>	The meeting place was comfortable	<input type="checkbox"/>
	<b>553f</b>	Other – Go 553g	<input type="checkbox"/>
	<b>553g</b>	Specify	<input type="checkbox"/>
554	<b>IF NO</b> , then what was the level of dissatisfaction <b>Read both options</b>	1 = Fully dissatisfied (Go to 554aa) 2 = Somewhat dissatisfied	<input type="checkbox"/>
<b>What was the reason for dissatisfaction?</b>  <b>Select all that apply</b>	<b>554aa</b>	It was not participatory	<input type="checkbox"/>
	<b>554ab</b>	It was not conducted on regular bases (as planned)	<input type="checkbox"/>
	<b>554ac</b>	It didn't provide enough information	<input type="checkbox"/>
	<b>554ad</b>	The educator didn't have sufficient knowledge	<input type="checkbox"/>
	<b>554ae</b>	The meeting place was not comfortable	<input type="checkbox"/>
	<b>554af</b>	There were too many people in the conference	<input type="checkbox"/>
	<b>554ag</b>	I had heard the same information before	<input type="checkbox"/>
	<b>554ah</b>	Go to – 554ai	<input type="checkbox"/>
	<b>554ai</b>	Specify	<input type="checkbox"/>

554a	Is there a benefit of attending the pregnant women conference?	1 = Yes 2 = No- GO to 555	<input type="checkbox"/>
<p>If yes, then please specify</p> <p><b>Do not read list out loud.</b></p> <p><b>Select all that apply</b></p>	<b>554b</b>	Provides information on pregnancy care	<input type="checkbox"/>
	<b>554c</b>	Provides information on delivery care	<input type="checkbox"/>
	<b>554d</b>	Provides information on newborn care	<input type="checkbox"/>
	<b>554e</b>	Provides information on postnatal care	<input type="checkbox"/>
	<b>554f</b>	Provides information on HIV/AIDS and mother-to-child transmission of the virus	<input type="checkbox"/>
	<b>554g</b>	Provides information on exclusive breast feeding	<input type="checkbox"/>
	<b>554h</b>	Provides information on child nutrition	<input type="checkbox"/>
	<b>554i</b>	Provides information on immunization	<input type="checkbox"/>
	<b>554j</b>	Provides information on hygiene and preventable communicable diseases	<input type="checkbox"/>
	<b>554k</b>	Other	<input type="checkbox"/>
<b>554l</b>	Specify _____		<input type="checkbox"/>

**Interviewer:**

**If the interviewee has reported having facility based care for ANC for this birth, ask the following questions(555-569)**

		<b>For each: 1 = Yes 2 = No</b>	
<p>When having a pregnancy related medical examination at a health facility, did you experience any of the following with someone?</p> <p><b>Select all that apply</b></p>	555	Encourage you to ask questions about delivery	<input type="checkbox"/>
	556	Give you the choice for choosing any specific option (date of delivery, normal or operative delivery, etc.)	<input type="checkbox"/>
	557	Unnecessarily motivating you for having C-section	<input type="checkbox"/>
	558	Give explanation on the procedure s/he is going to use (e.g. normal delivery or c-section or time that is going to take)	<input type="checkbox"/>
	559	Maintain privacy while examining you (e.g. placed a curtain/separator before examination)	<input type="checkbox"/>
	560	Use non-dignified language (for example passing insulting and/or degrading statements about you/family/community/ethnicity) during examination	<input type="checkbox"/>
	561	The primary care provider (e.g. senior doctor, HEW, nurse, etc.) denies to provide you services because you belong to any specific ethnic group/community	<input type="checkbox"/>
	562	Use harsh tone or shouted on you during examination	<input type="checkbox"/>
	563	Use abusive language with you during examination	<input type="checkbox"/>
	564	Threaten you e.g. if you do not cooperate I will do the caesarean operation during delivery/I will not provide you care or medicine during pregnancy	<input type="checkbox"/>
	565	Leave you abandoned during examination	<input type="checkbox"/>
	566	Share results/diagnosis of medical reports with you during examination	<input type="checkbox"/>
	567	Share the results when others could easily hear	<input type="checkbox"/>
	568	Assure you that your medical information/records will be kept confidential	<input type="checkbox"/>
569	Deny you providing any specific services (that you asked for) due to lack of money	<input type="checkbox"/>	

		<b>For each: 1 = Yes 2 = No</b>	
<p><b>If yes to any of the above</b>, where did you experience one or more of the above mentioned aspects?</p> <p>CBNC Household Questionnaire v2                      Select all that apply</p>	570	Health post Nov 2017	<input type="checkbox"/>
	571	Health centre	<input type="checkbox"/>
	572	Hospital	<input type="checkbox"/>

If outcome of pregnancy is "Lost before full term" (Outcome #3 in pregnancy history)  
stop interview and Check for other pregnancy

6. Delivery care				
<b>Now I have some questions to ask you about what happened to you during and after the delivery of CHILD NAME / PREGNANCY NUMBER</b>				
600	Where did you give birth?	1 = Home- GO to 602 2 = Health post – GO to 609 3 = Health centre – GO to 609 4 = Hospital – GO to 609 5 = Other (specify)	_	
601	If OTHER, please specify:	Specify   _____	<b>Go to 618</b>	
If delivered at home, why?  <b>Select all that apply</b>		<b>For each: 1 = Yes 2 = No</b>		
		602	Always delivered at home	_
		603	Husband/mother/mother-in-law does not allow	_
		604	Don't like health facilities	_
		605	Expensive to go to health facilities	_
		606	Tradition/religious reason	_
		607	Other	_
		608	Specify   _____	<b>Go to 618</b>
If delivered in health post, health centre or hospital, why?  <b>Select all that apply</b>		<b>For each: 1 = Yes 2 = No</b>		
		609	Always delivered at a health facility	_
		610	Due to existing complications	_
		611	Referred by WDA/HEW	_
		612	Advised at pregnant women's forum	_
		613	Taken to health facility due to prolonged labor or delivery related risks	_
		614	Convenient	_
615	Affordable (free)	_		

	616	Other	<input type="checkbox"/>	
	617	Specify   _____		
618	Who was the primary person that assisted you with the delivery?		<b>1 = Doctor</b> <b>2 = Nurse/midwife</b> <b>3 = Health extension worker</b> <b>4 = WDA leader</b> <b>5 = traditional birth attendant</b> <b>6 = Relative/friend</b> <b>7 = Nobody- Go to 633</b> <b>8 = Other</b>	<input type="checkbox"/>
Who else was present at the delivery? <b>Select all that apply</b>		<b>For each: 1 = Yes 2 = No</b>		
		619	Doctor	<input type="checkbox"/>
		620	Nurse/midwife	<input type="checkbox"/>
		621	Health extension worker	<input type="checkbox"/>
		622	WDA leader	<input type="checkbox"/>
		623	Traditional birth attendant	<input type="checkbox"/>
		624	Relative/friend	<input type="checkbox"/>
		625	Nobody	<input type="checkbox"/>
626	Other	<input type="checkbox"/>		
627	When you gave birth, did the main person assisting you wash her/his hands with soap before the delivery?		<b>1 = Yes</b> <b>2 = No</b> <b>3 = Don't know</b>	<input type="checkbox"/>
628	When you gave birth, did the main person assisting you wear gloves during delivery?		<b>1 = Yes</b> <b>2 = No</b> <b>3 = Don't know</b>	<input type="checkbox"/>
629	When you gave birth, did the delivery take place on a clean surface? <b>(Clean surface: clean space or carpet or mat)</b>		<b>1 = Yes</b> <b>2 = No</b> <b>3 = Don't know</b>	<input type="checkbox"/>
630	Were you given a drug called <u>Misoprostol</u> to help control bleeding? <b>These are pills given during delivery to enhance contractions and minimize bleeding.</b>		<b>1 = Yes</b> <b>2 = No</b> <b>3 = Don't know</b>	<input type="checkbox"/>
631	<b>Interviewer: ask the following if the woman gave birth at a health facility, if no, SKIP to 633</b>  After giving birth, how many days did you stay at the health facility in total?		Enter number of days. Enter in hours if the woman left within a day after delivery	<input type="text"/>
632				
During the delivery of [CHILD NAME / PREGNANCY NUMBER] did you experience any of the following?		<b>For each 1 = Yes 2 = No</b>		
		633	Heavy bleeding	<input type="checkbox"/>

<b>Read out the list</b>		634	Labor more than 12 hours	<input type="checkbox"/>
		635	Loss of consciousness	<input type="checkbox"/>
		636	Premature labor	<input type="checkbox"/>
		637	Foul discharge	<input type="checkbox"/>
		638	Baby in abnormal position	<input type="checkbox"/>
638a	What was the mode of delivery?	<b>1 = Normal vaginal delivery</b> <b>2 = With episiotomy</b> <b>3 = C-section</b> <b>4 = Vacuum extraction</b> <b>5 = Forceps delivery</b>		<input type="checkbox"/>
639	During delivery were you advised to go to a higher health facility to get special care?	<b>1 = Yes</b> <b>2 = No – GO to 646</b>		<input type="checkbox"/>
640	What was the reason for which you were referred? <b>Interviewer: please check if there is a record on referral; danger signs = see the list</b>	<b>1 = Due to existence of one or more danger signs</b> <b>2 = Due to lack of equipment/space</b> <b>3 = Due to lack of trained human resources</b> <b>4 = Other</b>		<input type="checkbox"/>
641	<b>If OTHER</b> , please specify	<b>Specify</b> _____		
642	When you were referred to a higher health facility, did you go to the higher health facility?	<b>1 = Yes – GO to 645</b> <b>2 = No</b>		<input type="checkbox"/>
643	If <b>NO</b> , why? <b>Select all that apply</b>	643a	Facility was too far	<input type="checkbox"/>
		643b	Cost too much money	<input type="checkbox"/>
		643c	Don't like going to different facility	<input type="checkbox"/>
		643d	No permission to go	<input type="checkbox"/>
		643e	Don't like the quality of care provided	<input type="checkbox"/>
		643f	lack of transport	<input type="checkbox"/>
		643g	Other - go to 644	<input type="checkbox"/>
644	<b>If OTHER</b> please specify	<b>Specify</b> _____		
645	Was ambulance made available for you for that referral?	<b>1 = Yes</b> <b>2 = No</b>		<input type="checkbox"/>
646	Can you tell us whether or not you were satisfied with the delivery care you received? <b>Do not read list of options</b>	<b>1 = Yes was satisfied</b> <b>2 = No was not satisfied (GO to 648)</b> <b>3 = Neither satisfied nor dissatisfied (Go to 649)</b>		<input type="checkbox"/>
647	IF YES, then what was the level of satisfaction <b>Read both options</b>	<b>1 = Fully satisfied – Go to 647a</b> <b>2 = Somewhat satisfied – Go to 649</b>		<input type="checkbox"/>
What was the reason for satisfaction?	647a	I have received the service on time		<input type="checkbox"/>

<b>Select all that apply</b>	647b	The facility was clean	<input type="checkbox"/>
	647c	I have received the service with compassion (by compassionate professional)	<input type="checkbox"/>
	647d	I have received the service with care (by caring professional)	<input type="checkbox"/>
	647e	I have received the service with respect (by respectful professional)	<input type="checkbox"/>
	647f	Other – Go to 647g	<input type="checkbox"/>
	647g	Specify	<input type="checkbox"/>
648	IF NO, then what was the level of dissatisfaction <b>Read both options</b>	<b>1 = Fully dissatisfied – Go to 648a</b> <b>2 = Somewhat dissatisfied– Go to 649</b>	<input type="checkbox"/>
What was the reason for the dissatisfaction? <b>Select all that apply</b>	648a	I didn't receive the service on time	<input type="checkbox"/>
	648b	The facility was not clean	<input type="checkbox"/>
	648c	I didn't receive the service with compassion (by compassionate professional)	<input type="checkbox"/>
	648d	I didn't receive the service with care (by caring professional)	<input type="checkbox"/>
	648e	I didn't receive the service with respect (by respectful professional)	<input type="checkbox"/>
	648f	Other – Go to 648g	<input type="checkbox"/>
	648g	Specify	<input type="checkbox"/>

Interviewer			
Only ask if participant reported having given a birth at a health facility (649– 670)			
<p>During a birth at a health facility, did you experience any of the following with someone?</p> <p><b>Select all that apply</b></p>	<b>For each: 1 = Yes 2 = No</b>		
	649	Regularly explain and inform you about the progress or procedure/examination being performed during delivery	_
	650	Cover you while taking to the delivery room	_
	651	Delay in providing care after a decision has been made to provide certain care e.g. caesarean section	_
	652	Use abusive language with you during the delivery	_
	653	Leave you abandoned during the delivery	_
	654	Perform any procedure/examination without your consent or informing you (like caesarean sections, blood transfusion, sterilization etc.)	_
	655	Ignore you while asking pain relief/medication during delivery	_
	656	Use harsh tone or shouted on you during the delivery	_
	657	Slap you during the delivery	_
	658	Pinch you irritably during the delivery	_
	659	Beat you during the delivery	_
	660	Push you badly to change your position during the delivery	_
<p>Soon after giving birth at a facility, did you experience any of the following with someone?</p> <p><b>Select all that apply</b></p>	<b>For each: 1 = Yes 2 = No</b>		
	661	Encourage you to ask questions post-delivery	_
	662	Cover you after the delivery	_
	663	Ignore you while asking pain relief/medication after the delivery	_
	664	Leave you abandoned immediately after the delivery	_
	665	Use harsh tone or shouted on you after the delivery	_
	666	Use abusive language with you after the delivery	_
	667	Ask you to clean delivery couches post-delivery	_
	668	Ask you to clean dirty bathroom/toilets post-delivery	_
669	Detain for non/partial-payment (e.g. keep you or your child in custody for full payment)	_	

670	Did you know where to go to lodge a complaint for an inappropriate behavior or care?	1 = Yes 2 = No	<input type="checkbox"/>
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### 7. Postnatal care of the mother (PNC)

Now I want to ask you about any postnatal checks you had for your own health after the birth of the child and after leaving the facility

700	Did anyone check on your <u>own</u> health within <b>6 weeks</b> (42 days) of giving birth?  <b>Probe to see if check was done by HEW/Health Centre staff/WDA/Nurse/Doctor.</b>	1 = Yes 2 = No – GO to Section 8	<input type="checkbox"/>
701	How many days after giving birth did you have your first health check? <b>Clarify that this is a health check for the mother</b>	Enter number of days Enter 99 if not known	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
702	Where did the first check take place?	1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	<input type="checkbox"/>
703	By whom? <b>Put 9 if not known</b>	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader	<input type="checkbox"/>
704	Was a second visit conducted within the first 6 weeks of delivery?	1 = Yes 2 = No – GO to 712a	<input type="checkbox"/>
705	How many days after giving birth did you have your second health check? <b>Clarify that this is a health check for the mother.</b>	Enter number of days Enter 99 if not known	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
706	Where did the checking take place?	1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	<input type="checkbox"/>
707	By whom? <b>Put 9 if not known</b>	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader	<input type="checkbox"/>
708	Was a third visit conducted within the first 6 weeks of your delivery?	1 = Yes 2 = No – GO to 712a	<input type="checkbox"/>

709	How many days after giving birth did you have your third health check? <b>Clarify that this is a health check for the mother.</b>	Enter number of days Enter 99 if not known	<input type="text"/>
710	Where did the checking take place?	1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	<input type="text"/>
711	By whom?	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader	<input type="text"/>
711a	Was a fourth health check conducted?	1 = Yes 2 = No – GO to 712a	<input type="text"/>
711b	How many days after delivery did you get your 4 <sup>th</sup> health check? <b>Clarify that this is a health check for the mother.</b>	Enter number of days Enter 99 if not known	<input type="text"/>
711c	Where did the checking take place?	1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	<input type="text"/>
711d	By whom? <b>Put 9 if not known</b>	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader	<input type="text"/>

712a	During visits after giving birth, what was done to check your health?							
	<b>Read List out loud</b> <b>Mark all that apply</b> <b>If the visit did not happen at specified time, leave that column of answers blank</b>							
	<b>For each: 1 = Yes 2 = No</b>							
	<b>(Question #)</b>	<b>Visit 1</b>	<b>(Question #)</b>	<b>Visit 2</b>	<b>(Question #)</b>	<b>Visit 3</b>	<b>(Question #)</b>	<b>Visit 4</b>
Checked breasts	712	<input type="text"/>	713	<input type="text"/>	714	<input type="text"/>	714a	<input type="text"/>
Advised breast feeding	715	<input type="text"/>	716	<input type="text"/>	717	<input type="text"/>	717a	<input type="text"/>
Oriented about danger signs	718	<input type="text"/>	719	<input type="text"/>	720	<input type="text"/>	720a	<input type="text"/>
Educated on family planning	721	<input type="text"/>	722	<input type="text"/>	723	<input type="text"/>	723a	<input type="text"/>
Information given on nutrition	724	<input type="text"/>	725	<input type="text"/>	726	<input type="text"/>	726a	<input type="text"/>
Referred to a health facility	727	<input type="text"/>	728	<input type="text"/>	729	<input type="text"/>	729a	<input type="text"/>
Measured Blood Pressure	730	<input type="text"/>	731	<input type="text"/>	732	<input type="text"/>	732a	<input type="text"/>
Checked/treated	733	<input type="text"/>	734	<input type="text"/>	735	<input type="text"/>	735a	<input type="text"/>

birth-related wound (if applicable)								
Other	736	<input type="checkbox"/>	737	<input type="checkbox"/>	738	<input type="checkbox"/>	738a	<input type="checkbox"/>
Specify _____	738b	_____	738c	_____	738d	_____	738e	_____

739	Can you tell us whether or not you were satisfied with the post-natal care you received? <b>Interviewer: explain that this is care for the mother, not the newborn. Do not read list of options</b>		1 = Yes was satisfied 2 = No was not satisfied (GO to 741) 3 = Neither satisfied nor dissatisfied (Go to Section 8)	<input type="checkbox"/>
740	IF YES, then what was the level of satisfaction <b>Read both options</b>		1 = Fully satisfied (Go to 740a ) 2 = Somewhat satisfied(Go to Section 8)	<input type="checkbox"/>
What was the reason for the Satisfaction? <b>Select all that Apply</b>	740a	I have received the service on time		<input type="checkbox"/>
	740b	The facility was clean		<input type="checkbox"/>
	740c	I have received the service with compassion (by compassionate professional)		<input type="checkbox"/>
	740d	I have received the service with care (by caring professional)		<input type="checkbox"/>
	740e	I have received the service with respect (by respectful professional)		<input type="checkbox"/>
	740f	Other – Go to 740g		<input type="checkbox"/>
	740g	Specify		<input type="checkbox"/>
741	IF NO, then what was the level of dissatisfaction <b>Read both options</b>		1 = Fully dissatisfied (Go to 741a) 2 = Somewhat dissatisfied(Go to Section 8)	<input type="checkbox"/>
What was the reason for dissatisfaction? <b>Select all that Apply</b>	741a	I didn't receive the service on time		<input type="checkbox"/>
	741b	The facility was not clean		<input type="checkbox"/>
	741c	I didn't receive the service with compassion (by compassionate professional)		<input type="checkbox"/>
	741d	I didn't receive the service with care (by caring professional)		<input type="checkbox"/>



807	Where was [CHILD NAME] placed immediately after delivery?	1 = Alone on a bed 2 = On the mother's belly/chest 3 = Beside the mother 4 = With someone else 5 = Other 6 = Don't know 7 = Alone on the floor	<input type="checkbox"/>
808	How long after [CHILD NAME] was born was s/he dried/wiped? <b>Check for time after the baby was born, not time after the placenta came out.</b>	Enter in minutes, 999 if don't know.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
809	How long after [CHILD NAME] was born was s/he wrapped in a cloth? <b>Check for time after the baby was born, not time after the placenta came out.</b>	Enter in minutes, 999 if don't know.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
810	What was used to tie the cord?	1 = New string/thread 2 = Boiled string/thread 3 = Any string/thread 4 = Clamp 5 = Nothing 6 = Don't know 7 = Other	<input type="checkbox"/>
811	What was used to cut the cord? <b>Prompt to see if it was old or new</b>	1 = new razor blade 2 = any razor blade 3 = sterilized scissors 4 = any scissors 5 = don't know 6 = other	<input type="checkbox"/>
812	Was anything applied to the cord after cutting and tying?	1 = Yes 2 = No – GO to 824	<input type="checkbox"/>

<b>If yes:</b> What was applied to the cord just after cutting the cord?  <b>Do not prompt, select all that apply</b>		<b>For each: 1 = Yes 2 = No</b>	
	813	Butter	<input type="checkbox"/>
	814	Ash	<input type="checkbox"/>
	815	Ointment (non-medicinal) <b><i>This could be Holy Water or other spiritual powders, Vaseline etc...</i></b>	<input type="checkbox"/>
	816	Animal dung	<input type="checkbox"/>
	817	Oil	<input type="checkbox"/>
	818	Cold water	<input type="checkbox"/>
	819	Other	<input type="checkbox"/>
820	Was an antiseptic applied to the cord? <b><i>An Antiseptic is a chemical used to clean and protect the cord from infections</i></b>	1 = Yes 2 = No – GO to 824 3 = Don't know– GO to 824	<input type="checkbox"/>

821	If yes, was this chlorhexidine?	1 = Yes 2 = No– GO to 824 3 = Don't know– GO to 824	<input type="checkbox"/>
822	If YES, for how many days was chlorhexidine applied?	Enter number of days Enter 99 if not known	<input type="text"/>
823	If YES, how many times per day was chlorhexidine applied?	Enter number of times applied per day Enter 99 if not known	<input type="text"/>
824	Did [CHILD NAME] receive TTC eye ointment soon after delivery?	1 = Yes 2 = No 3 = Don't know	<input type="checkbox"/>
825	When [CHILD NAME] was born, how soon after birth did you bathe him/her?	1 = In the first hour 2 = After one hour – GO to 827 3 = After one day– GO to 828	<input type="checkbox"/>
826	<b>If in the first hour:</b> After how many minutes would you say?	Write number of minutes. Enter 99 if don't know.	<input type="text"/>
827	<b>If after one hour:</b> After how many hours would you say?	Write number of full hours. e.g. if response is 'after one hour' enter 1, if response is 'after one and a half hours' enter 1, if response is 'after two and a half hours' enter 2. Enter 99 if don't know.	<input type="text"/>
828	<b>If after one day:</b> After how many days would you say?	Write number of full days. e.g. if response is 'after one day' enter 1, if response is 'after one and a half days' enter 1. Enter 99 if don't know.	<input type="text"/>
829	In the first week of life, did you hold [CHILD NAME] skin to skin against your breasts during the daytime and night-time?	1 = Yes, 1-7 times a day 2 = Yes, 8-12 times a day 3 = Yes, more than 12 times a day 4 = Never 5 = Don't know	<input type="checkbox"/>
830	In the first week of life, did you sleep with [CHILD NAME] against you at night, or did you lay him/her alone on the bed or elsewhere?	1 = Slept with mother 2 = Baby slept alone 3 = Baby slept with another person	<input type="checkbox"/>
<b>831</b>	<b>Did you ever breastfeed [CHILD NAME]?</b>	<b>1 = Yes</b> <b>2 = No</b> – GO to 839	<input type="checkbox"/>
<b>Question 832-838 are about the first 28 days of life</b>			
832	Did you exclusively breastfed [CHILD NAME] during the first 28 days of life?	1 = Yes – GO to 837 2 = No	<input type="checkbox"/>
833	If No, what did you give [CHILD NAME], other than breast milk? (READ all options and accept multiple response)	<b>833a</b> Water	<input type="checkbox"/>
		<b>833b</b> formula milk	<input type="checkbox"/>
		<b>833c</b> Butter	<input type="checkbox"/>
		<b>833d</b> Sugar/glucose/salt water solution	<input type="checkbox"/>
		<b>833e</b> Juice	<input type="checkbox"/>
		<b>833f</b> Tea/infusions	<input type="checkbox"/>
		<b>833g</b> animal milk	<input type="checkbox"/>

		833h	Spiritual fluid or ointments	<input type="checkbox"/>
		833i	Other	<input type="checkbox"/>
834	If OTHER, specify	Specify _____		
835	And, why did you provide other drinks besides your breast milk?	835a	My breast milk is not enough	<input type="checkbox"/>
		835b	I do not stay with [CHILD NAME] throughout the day	<input type="checkbox"/>
		835c	Advised by friends or relatives to do so	<input type="checkbox"/>
		835d	Tradition or culture	<input type="checkbox"/>
		835e	Other	<input type="checkbox"/>
836	If OTHER, specify	Specify _____		
837	How long after birth did you first put [CHILD NAME]'s to your breast (even if the child did not get any breast milk)?	1 = In the first hour 2 = After one hour but during the first day 3 = After the first day of life		<input type="checkbox"/>
837a	And how long after you put the child to the breast did the child get breast milk?	_ _  minutes  _ _  hours  _ _  days <b>If less than 1 hour write in minutes</b> <b>If less than 24 hours write in hours</b> <b>If greater 24 hours write in days</b>		
838	Did you squeeze out and throw away the first milk?	1 = Yes 2 = No		<input type="checkbox"/>
<b>Questions 838a-838c are about the first 6 months of life</b>				
838a	Did you breastfeed [CHILD NAME] <b>during the first 6 months of life?</b> (if less than 6 months state the actual age)	1 = Yes (go to 838b) 2 = No (go to 838c)		<input type="checkbox"/>
838b	Did you give to the [CHILD NAME], anything other than breast milk <b>during the first 6 months of life?</b> (if less than 6 months state the actual age)	1 = Yes (go to 838c) 2 = No (go to next section)		<input type="checkbox"/>
838c	What did you mainly give [CHILD NAME] for feeding, drinking or eating <b>during the first 6 months of life?</b> (if less than 6 months state the actual age ) (READ all options and accept multiple response)	838d	Water	<input type="checkbox"/>
		838e	Juice	<input type="checkbox"/>
		838f	Tea/infusions	<input type="checkbox"/>
		838g	Sugar/glucose solution	<input type="checkbox"/>
		838h	ORS solutions	<input type="checkbox"/>
		838i	Spiritual fluids or ointments	<input type="checkbox"/>
		838j	animal milk	<input type="checkbox"/>
		838k	Formula milk	<input type="checkbox"/>
		838l	Butter	<input type="checkbox"/>
838m	Any other solid/semi solid foods	<input type="checkbox"/>		

839	In the first 6 weeks after [CHILD NAME] was born, did any health care provider excluding traditional birth attendant check on his/her health?  <b>Probe for checks done at the place of birth on the same day as birth, and checks after.</b>	1 = Yes 2 = No - GO to 892	<input type="checkbox"/>
840	If YES, how many days after birth was [CHILD NAME]'s first health check?	Enter number of days Enter 99 if not known	<input type="text"/>
841	If YES, where did the health checks on [CHILD NAME] take place?	1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	<input type="checkbox"/>
842	If YES, who checked on the health of [CHILD NAME]?  <b>Probe for most qualified person</b>	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader 6=Don't know	<input type="checkbox"/>
843	Was a second check conducted?	1 = Yes 2 = No - GO to 855	<input type="checkbox"/>
844	If YES, how many days after birth was [CHILD NAME]'s second health check?	Enter number of days Enter 99 if not known	<input type="text"/>
845	If YES, Where did the health checks on [CHILD NAME] take place?	1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	<input type="checkbox"/>
846	If YES, Who checked on the health of [CHILD NAME]? <b>Probe for most qualified person</b>	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader 6 = Don't know	<input type="checkbox"/>
847	Was a third check conducted?	1 = Yes 2 = No - GO to 855	<input type="checkbox"/>
848	If YES- how many days after birth was [CHILD NAME]'s third health check?	Enter number of days Enter 99 if not known	<input type="text"/>
849	If YES, Where did the health checks on [CHILD NAME] take place?	1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	<input type="checkbox"/>
850	If YES, Who checked on the health of [CHILD NAME]? <b>Probe for most qualified person</b>	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader 6 = Don't know	<input type="checkbox"/>
851	Was a forth check conducted?	1 = Yes 2 = No - GO to 855	<input type="checkbox"/>

852	If YES, how many days after birth was [CHILD NAME]'s forth health check?	Enter number of days Enter 99 if not known	<input type="text"/>
853	Where did the checking take place?	1 = In own home 2 = Health post 3 = Health centre 4 = Hospital 5 = Other	<input type="text"/>
854	By whom? <b>Probe for most qualified person</b>	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = WDA leader 6=Don't know	<input type="text"/>

At any of the health checks, what was done to check the health of [CHILD NAME]?

**Interviewer: Read list out loud. Mark all that apply**

**If the visit did not happen at the specified time, leave that column of answers blank**

	For each: 1 = Yes 2 = No							
	(Question #)	Visit 1	(Question #)	Visit 2	(Question #)	Visit 3	(Question #)	Visit 4
Generally examined /looked at baby's body	855	<input type="text"/>	856	<input type="text"/>	857	<input type="text"/>	857a	<input type="text"/>
Weighed baby	858	<input type="text"/>	859	<input type="text"/>	860	<input type="text"/>	860a	<input type="text"/>
Checked cord	861	<input type="text"/>	862	<input type="text"/>	863	<input type="text"/>	863a	<input type="text"/>
Advised breastfeeding	864	<input type="text"/>	865	<input type="text"/>	866	<input type="text"/>	866a	<input type="text"/>
Observed breastfeeding	867	<input type="text"/>	868	<input type="text"/>	869	<input type="text"/>	869a	<input type="text"/>
Advised skin-to-skin contact/warmth	870	<input type="text"/>	871	<input type="text"/>	872	<input type="text"/>	872a	<input type="text"/>
Checked baby for danger signs (including sepsis)	873	<input type="text"/>	874	<input type="text"/>	875	<input type="text"/>	875a	<input type="text"/>
Educated on danger signs	876	<input type="text"/>	877	<input type="text"/>	878	<input type="text"/>	878a	<input type="text"/>
Referred to a health facility	879	<input type="text"/>	880	<input type="text"/>	881	<input type="text"/>	881a	<input type="text"/>
Provided information on washing hands before touching baby	882	<input type="text"/>	883	<input type="text"/>	884	<input type="text"/>	884a	<input type="text"/>
Advised keeping the cord clean	885	<input type="text"/>	886	<input type="text"/>	887	<input type="text"/>	887a	<input type="text"/>
Advised not to bathe the baby within 24 hours after birth	888	<input type="text"/>						

889	Can you tell us whether or not you were satisfied with the immediate newborn care? <b>Do not read list of options</b>	1 = Yes was satisfied 2 = No was not satisfied (GO to 891) 3 = Neither satisfied nor dissatisfied (Go to 892)	<input type="text"/>
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890	<b>IF YES</b> , then what was the level of satisfaction <b>Read both options</b>	<b>1 = Fully satisfied Go to 890a</b> <b>2 = Somewhat satisfied Go to 892</b>	_	
What was the reason for the Satisfaction?  <b>Select all that Apply</b>		890a	I have received the service on time	_
		890b	The facility was clean	_
		890c	I have received the service with compassion (by compassionate professional)	_
		890d	I have received the service with care (by caring professional)	_
		890e	I have received the service with respect (by respectful professional)	_
		890f	Other – Go to 890g	_
		890g	Specify	_
891	<b>IF NO</b> , then what was the level of dissatisfaction <b>Read both options</b>	<b>1 = Fully dissatisfied – Go to 891a</b> <b>2 = Somewhat dissatisfied– Go to 892</b>	_	
What was the reason for the dissatisfaction?  <b>Select all that Apply</b>		891a	I didn't receive the service on time	_
		891b	The facility was not clean	_
		891c	I didn't receive the service with compassion (by compassionate professional)	_
		891d	I didn't receive the service with care (by caring professional)	_
		891e	I didn't receive the service with respect (by respectful professional)	_
		891f	Other – Go to 891g	_
		891g	Specify	_

892	When [CHILD NAME] was born, did you keep him/her at home for several days or weeks without taking the baby out?	1 = Yes 2 = No – GO to 894	_
893	IF YES, what is the number of days that you kept him/her in the house?	Enter number of days Enter 999 if not known	_   _ _
894	When [CHILD NAME] was born, how many days passed before you had visitors come to your house to see him/her? <b><i>This includes visitors for any reason: health care workers, extended family, or friends.</i></b>	Enter number of days Enter 999 if not known	_   _ _
895	When [CHILD NAME] was born, how many days passed before someone other than you had physical contact with the baby? <b><i>Physical contact means any kind of touching, even if the person did not hold the baby.</i></b>	Enter number of days Enter 999 if not known	_   _ _

## 9. Care of sick newborns

900

**Interviewer: Now I want to talk to you about any sickness [CHILD NAME] experienced in the first 59 days of life**

901

Has [CHILD NAME] ever been sick during first 59 days of life?

1 = Yes  
2 = No – Go to Section 10

|\_|

901a

How many times?

|\_|||\_|

Can I just check, has [CHILD NAME] ever had any of the following symptoms during the first 59 days of life?

### Read list of symptoms out loud

Enter 1 if Yes and continue along row  Enter 2 if No and go to next symptom (row)  If no symptoms, go to Section 10	Age at first episode  Enter age in number of days	Was care sought for?  1 = Yes 2 = No – skip to - last column	If YES, who did you seek care from?  1 = Health post 2 = Health centre 3 = Hospital 4 = WDA leader 5 = Traditional Healers 6 = Pharmacy	If care was sought, who cared for (CHILD NAME)?  1 = HEW 2 = Nurse 3 = Health Officer 4 = Pharmacist 5 = Doctor 6 = Traditional healer 7 = Other	If care was not sought, why not?  1 = Expected him/her to get better 2 = Health facility too far 3 = Cost of treatment too expensive 4 = Don't trust the facility 5 = Family member didn't allow 6 = Community
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										advisor advised against it 7 = Other		
Reduced feeding	902	<input type="checkbox"/>	903	<input type="checkbox"/>	904	<input type="checkbox"/>	905	<input type="checkbox"/>	906	<input type="checkbox"/>	907	<input type="checkbox"/>
Child was underweight	908	<input type="checkbox"/>	909	<input type="checkbox"/>	910	<input type="checkbox"/>	911	<input type="checkbox"/>	912	<input type="checkbox"/>	913	<input type="checkbox"/>
Difficult or fast breathing	914	<input type="checkbox"/>	915	<input type="checkbox"/>	916	<input type="checkbox"/>	917	<input type="checkbox"/>	918	<input type="checkbox"/>	919	<input type="checkbox"/>
Chest in-drawing	920	<input type="checkbox"/>	921	<input type="checkbox"/>	922	<input type="checkbox"/>	923	<input type="checkbox"/>	924	<input type="checkbox"/>	925	<input type="checkbox"/>
Unusually hot or cold (fever)	926	<input type="checkbox"/>	927	<input type="checkbox"/>	928	<input type="checkbox"/>	929	<input type="checkbox"/>	930	<input type="checkbox"/>	931	<input type="checkbox"/>
Less active than usual	932	<input type="checkbox"/>	933	<input type="checkbox"/>	934	<input type="checkbox"/>	935	<input type="checkbox"/>	936	<input type="checkbox"/>	937	<input type="checkbox"/>
Yellow palms/soles/eyes	938	<input type="checkbox"/>	939	<input type="checkbox"/>	940	<input type="checkbox"/>	941	<input type="checkbox"/>	942	<input type="checkbox"/>	943	<input type="checkbox"/>
Had diarrhea	944	<input type="checkbox"/>	945	<input type="checkbox"/>	946	<input type="checkbox"/>	947	<input type="checkbox"/>	948	<input type="checkbox"/>	949	<input type="checkbox"/>
Convulsions	950	<input type="checkbox"/>	951	<input type="checkbox"/>	952	<input type="checkbox"/>	953	<input type="checkbox"/>	954	<input type="checkbox"/>	955	<input type="checkbox"/>
Skin pustules	956	<input type="checkbox"/>	957	<input type="checkbox"/>	958	<input type="checkbox"/>	959	<input type="checkbox"/>	960	<input type="checkbox"/>	961	<input type="checkbox"/>
Cord red or draining puss	962	<input type="checkbox"/>	963	<input type="checkbox"/>	964	<input type="checkbox"/>	965	<input type="checkbox"/>	966	<input type="checkbox"/>	967	<input type="checkbox"/>
Other (specify)	968	<input type="checkbox"/>	969	<input type="checkbox"/>	970	<input type="checkbox"/>	971	<input type="checkbox"/>	972	<input type="checkbox"/>	973	<input type="checkbox"/>
Vomiting	968a	<input type="checkbox"/>	968b	<input type="checkbox"/>	968c	<input type="checkbox"/>	968d	<input type="checkbox"/>	968e	<input type="checkbox"/>	968f	<input type="checkbox"/>
Grunting	968g	<input type="checkbox"/>	968h	<input type="checkbox"/>	968i	<input type="checkbox"/>	968j	<input type="checkbox"/>	968k	<input type="checkbox"/>	968l	<input type="checkbox"/>
Bloody stool	968m	<input type="checkbox"/>	968n	<input type="checkbox"/>	968o	<input type="checkbox"/>	968p	<input type="checkbox"/>	968q	<input type="checkbox"/>	968r	<input type="checkbox"/>
Yellowish discoloration of the eyes/skin	968s	<input type="checkbox"/>	968t	<input type="checkbox"/>	968u	<input type="checkbox"/>	968v	<input type="checkbox"/>	968w	<input type="checkbox"/>	968x	<input type="checkbox"/>
Specify												

**Interviewer: fill in questions 974-983 only if in the above table the interviewee mentioned that care was sought out for any one of the symptoms mentioned**

974	<b>If any of the above symptoms occurred</b> After how many days did you seek care the first time?	Write number of days from the onset of illness; if first day of illness, write 0; If possible use the medical record to confirm  99 if care not sought	<input type="checkbox"/>
975	Was the [CHILD NAME] diagnosed with very severe disease by a health worker?  <b>Interviewer: list the signs for very severe disease for the mother</b>	1 = Yes 2 = No	<input type="checkbox"/>

976	Was [CHILD NAME] prescribed medicine for his/her illness?	1 = Yes 2 = No	<input type="checkbox"/>
977	Did [CHILD NAME] receive 7 consecutive days of Gentamycin injection?	1 = Yes 2 = No	<input type="checkbox"/>
978	Did [CHILD NAME] receive 7 consecutive days of Amoxicillin tablet? <b>Interviewer: explain Amoxicillin tablet as an oral antibiotic tablet that is dissolved and taken as a liquid.</b>	1 = Yes 2 = No	<input type="checkbox"/>
978a	Did [CHILD NAME] receive 7 consecutive days of Amoxicillin syrup? <b>Interviewer: explain Amoxicillin as an antibiotic that comes in a liquid.</b>	1 = Yes 2 = No	<input type="checkbox"/>
979	At any time during the illness, did [CHILD NAME] take any other drugs for the illness? <b>For example: Zinc (a nutritional supplement given during diarrheal episodes)</b>	1 = Yes 2 = No	<input type="checkbox"/>
979a	If yes, what kind?	1 = other Antibiotic 2 = Zinc (a nutritional supplement) 3 = Oral Rehydration Salt 4 = Other - Go to 979b	<input type="checkbox"/>
979b	Other	Specify = _____	
980	Was [CHILD NAME] managed with expressed breast milk?	1 = Yes 2 = No	<input type="checkbox"/>
981	Can you tell us whether or not you were satisfied with the care for the sick newborn? <b>Do not read list of options</b>	1 = Yes was satisfied 2 = No was not satisfied (GO to 983) 3 = Neither satisfied nor dissatisfied (Go to Section 10)	<input type="checkbox"/>
982	<b>IF YES</b> , then what was the level of satisfaction <b>Read both options</b>	1 = Fully satisfied (Go to 982a) 2 = Somewhat satisfied (Go to Section 10)	<input type="checkbox"/>
What was the reason for the satisfaction? <b>Select all that Apply</b>	982a	I have received the service on time	
	982b	The facility was clean	
	982c	I have received the service with compassion (by compassionate professional)	
	982d	I have received the service with care (by caring professional)	
	982e	I have received the service with respect (by respectful professional)	

		982f	Other – Go to 982g	
		982g	Specify	
983	<b>IF NO</b> , then what was the level of dissatisfaction <b>Read both options</b>		<b>1 = Fully dissatisfied (GO to 983a)</b> <b>2 = Somewhat dissatisfied(Go to Section 10)</b>	__
What was the reason for the dissatisfaction?  <b>Select all that Apply</b>		983a	I didn't receive the service on time	__
		983b	The facility was not clean	__
		983c	I didn't receive the service with compassion (by compassionate professional)	__
		983d	I didn't receive the service with care (by caring professional)	__
		983e	I didn't receive the service with respect (by respectful professional)	__
		983f	Other – Go to 983g	__
		983g	Specify	__

<b>Section 10. Children no longer alive (and died before reaching 59 days)</b>			
<b>Interviewer: if child is no longer <u>alive and died before reaching 59 days</u>, ask the following questions around symptoms, care-seeking, and cause of death</b>  <i>I understand that it is not easy to talk about children who have died and so please do let me know if you need time to answer the questions. This information is important and will allow the government to develop programs to improve children's health.</i>			
Which symptoms did you observe in (CHILD NAME'S) immediately before death?  <b>Select all that apply</b>	<b>For each: 1 = Yes 2 = No</b>		
	1000	Difficult or fast breathing	__
	1001	Chest in-drawing	__

	1002	Unusually hot or cold (fever)	<input type="checkbox"/>
	1003	Less active than usual	<input type="checkbox"/>
	1004	Yellow palms/soles/eyes	<input type="checkbox"/>
	1005	Had diarrhea	<input type="checkbox"/>
	1006	Convulsions	<input type="checkbox"/>
	1007		
	1008	Skin pustules	<input type="checkbox"/>
	1009	Cord red or draining puss	<input type="checkbox"/>
	1009a	Vomiting	<input type="checkbox"/>
	1009b	Grunting (a continuous interruption in breathing due to an obstruction in the upper airway)	<input type="checkbox"/>
	1010	Other	<input type="checkbox"/>
1011	If OTHER, please specify _____		Specify _____
1012	If CHILD NAME died due to an illness, was care sought for that illness?		1 = Yes 2 = No– Go to Section 11
1013	If yes, who provided that care? Put <b>9</b> if not known		1 = WDA leader 2 = HEW 3 = Nurse 4 = Doctor 5 = Health Officer 6 = Pharmacist 7 = Other
1014	If care was sought before [CHILD NAME] died, what was the cause of death diagnosed by the health providers		1 = Pneumonia 2 = Diarrhea 3 = Severe infections 4 = Other (Specify) 5 = Asphyxia 6 = Don't know (go to 1016)
1015	If OTHER		(Specify) _____
1016	If “Don’t know”, why? <b>Unprompted</b>		1 = Not informed by the health care worker 2 = Was not interested to know 3 = Other
1017	If OTHER		(Specify) _____

## Section 11. SOCIAL SUPPORT for Mothers

### Part I

- Explain purpose of next set of questions: *we are interested to know about the people give personal support to you. By supportive person we mean a person who is helpful, who will listen to you, or will back you up when you are in trouble.*
- *We will read out from a list one by one and you have to decide how much each person (or group of persons) is supportive for you AT THIS TIME IN YOUR LIFE.*

Interviewer: circle the codes of the responses

	Description	Source	Level of Support			Score
			None	Some	A Lot	
1100	Do you have a husband?	1 = Yes 2 = No - Go to 1102				_
1101	How supportive is your husband now-a-days?		0	1	2	_
1102	Do you have elder children/child than the index child?	1 = Yes 2 = No - Go to 1104				_
1103	How supportive are your elder children/child now-a-days?		0	1	2	_
1104	Are your parents (mother/father) alive?	1 = Yes 2 = No - Go to 1106				_
1105	How supportive are your parents (mother and father) now-a-days?		0	1	2	_
1106	Do you have siblings?	1 = Yes 2 = No - Go to 1108				_
1107	How supportive are your siblings now-a-days?		0	1	2	_
1108	Do you have other maternal and paternal relatives (Uncles, Aunts and cousins)?	1 = Yes 2 = No - Go to 1110				_
1109	How supportive are your other maternal and paternal relatives (Uncles, Aunts and cousins) now-a-days?		0	1	2	_
1110	Do you have relatives by marriage (e.g., mother-in-law, father-in-law, sister-in-law, and brother-in-law)?	1 = Yes 2 = No - Go to 1112				_

1111	How supportive are our relatives by marriage they now-a-days?		0	1	2	<input type="checkbox"/>
1112	Do you have neighbors (other than relatives)?	1 = Yes 2 = No - Go to 1114				<input type="checkbox"/>
1113	How supportive are your neighbors now-a-days?		0	1	2	<input type="checkbox"/>
1114	Are you visited by workers of any government or non-government organization?	1 = Yes 2 = No - Go to 1116				<input type="checkbox"/>
	How supportive are these workers now-a-days?		0	1	2	<input type="checkbox"/>
1115a	HEW		0	1	2	<input type="checkbox"/>
1115b	WDA		0	1	2	<input type="checkbox"/>
1115c	Others		0	1	2	<input type="checkbox"/>
1116	Are you a member of any local welfare committee / religious gatherings?	1 = Yes 2 = No - Go to 1118				<input type="checkbox"/>
1117	How supportive are these groups now-a-days?		0	1	2	<input type="checkbox"/>
1118	Do you have other friends?	1 = Yes 2 = No - Go to 1120				<input type="checkbox"/>
1119	How supportive are your other friends now-a-days?		0	1	2	<input type="checkbox"/>
1120	Do you have one particular person whom you trust and to whom you can go with personal difficulties?	1 = Yes 2 = No - Go to 1122				<input type="checkbox"/>
1121	<b>IF Yes</b> , which of the above types of person is he or she?	1 = Parents 2 = Neighbors 3 = Husband 4 = In-laws 5 = Siblings 6 = local welfare committee/religious gathering 7 = Relatives (Maternal/Paternal) 8 = Other Friends				<input type="checkbox"/>

**Part II**

- Explain purpose of the next set of questions: *we are interested to know about the people who cause stress to you. By Stress causing person we mean a person who stresses you, who causes problems for you or makes your life more difficult.*
- *We will read out from a list of questions one by one and you have to decide how much each person or group of persons is causing stress for you AT THIS TIME IN YOUR LIFE.*

**Note: Go to ‘b’ series, provided their respective ‘a’ questions are noted down as “Yes”.**

	Description	Source	Level of Stress			Score
			None	Some	A Lot	
1122	Do you have a husband?	1 = Yes 2 = No - Go to 1124				_
1123	How stressed do you feel by your husband now-a-days?		0	1	2	_
1124	Do you have elder children/child than the index child?	1 = Yes 2 = No - Go to 1126				_
<b>If the response was no for question 1102, do not ask question 1125 and go to 1126</b>						
1125	How stressed do you feel by your elder children/child now-a-days?		0	1	2	_
1126	Are your parents (mother/father) alive?	1 = Yes 2 = No - Go to 1128				_
1127	How stressed do you feel by your parents (mother and father) now-a-days?		0	1	2	_
1128	Do you have siblings?	1 = Yes 2 = No - Go to 1130				_
1129	How stressed do you feel by your siblings now-a-days?		0	1	2	_
1130	Do you have other maternal and paternal relatives (Uncles, Aunts and cousins)?	1 = Yes 2 = No - Go to 1132				_
1131	How stressed do you feel by your other maternal and paternal relatives (Uncles, Aunts and cousins) now-a-days?		0	1	2	_

1132	Do you have relatives by marriage (e.g., mother-in-law, father-in-law, sister-in-law, and brother-in-law) <sup>ii</sup> ?	1 = Yes 2 = No - Go to 1134				<input type="checkbox"/>
1133	How stressed do you feel about your relatives by marriage now-a-days?		0	1	2	<input type="checkbox"/>
1134	Do you have neighbors (other than relatives)?	1 = Yes 2 = No - Go to 1136				<input type="checkbox"/>
1135	How stressed do you feel by your neighbors now-a-days?		0	1	2	<input type="checkbox"/>
1136	Are you visited by workers of any government or non-government organization?	1 = Yes 2 = No - Go to 1138				<input type="checkbox"/>
	How stressed do you feel by these workers now-a-days?		0	1	2	<input type="checkbox"/>
1137a	HEW		0	1	2	<input type="checkbox"/>
1137b	WDA		0	1	2	<input type="checkbox"/>
1137c	others		0	1	2	<input type="checkbox"/>
1138	Are you member of any local welfare committee / religious gatherings?	1 = Yes 2 = No - Go to 1140				<input type="checkbox"/>
1139	How stressed do you feel by these groups now-a-days?		0	1	2	<input type="checkbox"/>
1140	Do you have other friends?	1 = Yes 2 = No - Go to 1142				<input type="checkbox"/>
1141	How stressed do you feel by your other friends now-a-days?		0	1	2	<input type="checkbox"/>
1142	Do you have one particular person who causes stress for you?	1 = Yes 2 = No---Go to end				<input type="checkbox"/>
1143	<b>IF Yes</b> , which of the above types of person is he or she?	1 = Parents 2 = Neighbors 3 = Husband 4 = In-laws 5 = Siblings 6 = local welfare committee/religious gathering 7 = Relatives (Maternal/Paternal) 8 = Other Friends				<input type="checkbox"/>

## Section 12 - Maternal knowledge about child growth and development

**Now I am going to ask you whether you agree or disagree with some statements about looking after young children. There are no right or wrong answers, we just want to know what you think or feel. You can also ask me to repeat the statements.**

	Statement	Agree (yes)	Disagree (No)
1144	If mother is not well, then good quality formula milk is better than the breastmilk		
1145	Talking or caressing a baby whilst breastfeeding distracts them		
1146	The correct age to start giving semi solid food is different for different children		
1147	A 7-month old who spits out his food is not yet ready to start feeding.		
1148	As soon as an 18-month-old child begins to eat 3 proper meals with elders, his breastfeeding should be stopped		
1149	Babies should not be held when they cry because this will make them want to be held all the time		
1150	A crawling child should be scolded when he puts something in his mouth.		
1151	There is no need to give toys to children less than 1 year old		
1152	When teaching a 14 months old child- it is better to discipline him for his mistakes.		
1153	A parent needs to spank or beat young children when they are rude or they will grow up to be bad.		

**Interviewer: Please double check:**

- 1. Is there another woman aged 13-49 in this household who has not been interviewed?**
- 2. Is there another woman in this household who has been **pregnant between [DATE] and [DATE]** and has not been interviewed?**
- (3) Is there another woman in this household who has **given birth between [DATE] and [DATE]** and has not been interviewed?**
- (4) Is there another woman with a newborn who has not been interviewed?**

**If yes to any of them, please make sure you interview them**

**If No, end of interview – thank the participant for their time.**

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