



COMMUNITY BASED NEWBORN CARE IN ETHIOPIA

HOUSEHOLD SURVEY QUESTIONNAIRE V 2.1

Module 1

SECTION 1: Household Identifiers and Characteristics		
100	Date (dd/mm/yyyy)	_ _ _ / _ _ _ / _ _ _ _ _
101	Region	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
102	Zone	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
103	Woreda name	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
104	PHCU/Health Center name	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
105	Kebele name	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
106	Gote name	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
107	PHCU Cluster Number <i>Enter the cluster number</i>	_ _ _ _
108	Household number <i>Enter the household number</i>	_ _ _
109	Unique household ID <i>To be copied onto all documents, e.g. consent forms</i>	_ _ _ _ / _ _ _ _ cluster household
110	GPS Latitude	_ _ : _ _ _ _ _
111	GPS Longitude	_ _ : _ _ _ _ _
112	Name of household head	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
113	Date of first visit	Day _ _ _ Month _ _ _ Year _ _ _ _ _
114	Interviewer's name	Name _____
115	<i>Interviewer: Have you read him/her the consent form?</i>	<div>1 = Yes 2 = No</div> <div> _ </div>

116	Interviewer: Does the respondent agree?	1 = Yes 2 = No- end the interview here and move on to the next household.	_
117	What is the ethnic group of the household head?	1 = Agew 2 = Amhara 3 = Bench 4 = Burji 5 = Dizi 6 = Gedeo 7 = Gurage 8 = Hadiya 9 = Keficho 10= Kembata 11= Konta 12 = Me'enite 13 = Oromo 14 = Silite 15 = Tigray 16=Welayita 17 = Other Ethiopian National Groups 18 = From two or more ethnic groups	_ _

Visits		1 st	2 nd	3 rd	Final Visit
Date (dd/mm/yyyy)		_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _	Day _ _ Month _ _ Year _ _ _ Result _
Interviewer's name					
Result (Enter relevant code below)		_	_	_	
If not completed during this interview, when is the next visit (appointment)	Date (dd/mm/yyyy)		_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _	
	Time				
Result Codes: 1. Completed 2. Partly completed 3. Postponed 4. Not at home 5. No-one competent to respond 6. Refused					

If refused end interview.

118	Household Listing <i>Now I would like to ask you about people who are residents of this house. By resident, I mean everyone who has been present for the last 3 months and who normally eat together.</i> Start with head of the household and older people, then children from oldest to youngest.							
Person Number	Person Name	Sex	Date of birth	Age	Eligible? (woman aged 13- 49)	Marital status	Formal years of education completed	Religion
	Enter First Name (If identical names in the same household use the initial of the last name)	1 = Male 2 = Female	(dd/mm/yyyy) Enter 99 if don't know dd Enter 99 if don't know mm Enter 9999 if don't know yyyy	Enter age in completed years If person is less than one year, enter 0	1 = Yes 2 = No	1 = Currently married 2 = In a union 3 = Never married 4 = Divorced 5 = Widowed 6 = Not Applicable	Enter number of formal years of education completed	1 = Orthodox 2 = Catholic 3 = Protestant 4 = Muslim 5 = Other 6 = Not Applicable
1	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	_ _ / _ _ / _ _ _ _ _	_ _	_	_	_ _	_
2	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	_ _ / _ _ / _ _ _ _ _	_ _	_	_	_ _	_
3	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	_ _ / _ _ / _ _ _ _ _	_ _	_	_	_ _	_
4	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	_ _ / _ _ / _ _ _ _ _	_ _	_	_	_ _	_
5	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	_ _ / _ _ / _ _ _ _ _	_ _	_	_	_ _	_
6	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	_ _ / _ _ / _ _ _ _ _	_ _	_	_	_ _	_
7	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	_ _ / _ _ / _ _ _ _ _	_ _	_	_	_ _	_
8	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	_ _ / _ _ / _ _ _ _ _	_ _	_	_	_ _	_
9	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	_ _ / _ _ / _ _ _ _ _	_ _	_	_	_ _	_
10	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	_ _ / _ _ / _ _ _ _ _	_ _	_	_	_ _	_

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?	1 = No walls 2 = Natural materials (cane, wood, mud, straw) 3 = Stone with mud 4 = Stone/bricks with cement 5 = Other	<input type="text"/>
120	What is the main floor material?	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="text"/>
121	What is the main material of the roof?	1 = Thatch/grass or leaves 2 = Iron sheets or tiles 3 = Other	<input type="text"/>
122	What kind of toilet facilities does your household have?	1 = No facility/bush/field 2 = Pit toilet/latrine 3 = Flush toilet	<input type="text"/>
123	What is the main source of drinking water for the household? Do not read list	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 12 = Bottled water 13 = Tanker	<input type="text"/>
124	Do you do anything to the water to make it safer to drink?	1 = Yes 2 = No-GO to 127 3 = Don't know --GO to 127	<input type="text"/>
125	If yes, what is the main thing you do? Do not read list	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 8 = Don't know	<input type="text"/>
126	If OTHER, specify	Specify _____	
127	What type of fuel does your household mostly use for cooking? Do not read list	1 = Dung 2 = Firewood/straw 3 = Charcoal 4 = Kerosene 5 = Gas 6 = Electricity 7 = Other	<input type="text"/>
128	Is the house connected to electricity?	1 = Yes 2 = No	<input type="text"/>

In total, how many of the following items are owned by residents of this household?		Enter number of items (zero if none)	
	129	Wrist watch	<input type="text"/>

Add the household total for each item		130	Gold (in grams)	_ _
		131	A kerosene lamp/pressure lamp	_ _
		132	A bed	_ _
		133	Non-mobile phone	_ _
		134	Mobile phone	_ _
		135	Bicycle	_ _
		136	Car	_ _
		137	Radio	_ _
		138	TV	_ _
		139	Fridge	_ _
140	Do you own this house?		1 = Yes 2 = No	_
141	Does any member of the household own any agricultural land?		1 = Yes 2 = No-GO to 143	_
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	_ _ . _ _
143	Does this household own any livestock, herds, other farm animals, or poultry?		1 = Yes 2 = No-Go to Section 2	_
How many of the following animals does this household own?		For each: Enter number. If none, enter 0		
		144	Chickens	_ _ _
		145	Goats	_ _ _
		146	Sheep	_ _ _
		147	Donkeys	_ _ _
		148	Horses	_ _ _
		149	Mules	_ _ _
		150	Camels	_ _ _
		151	Milk cows	_ _ _
		152	Bulls	_ _ _

If there are no eligible women 13-49 in the household listing end interview here

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

Visits	1 st	2 nd	3 rd
Date (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<i>Interviewer's name</i>			
<i>Result (Enter relevant code below)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>If not completed, next visit appointment date(dd/mm/yyyy)</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
<i>If not completed, next visit appointment time</i>			
Result Codes: 1. Completed 2. Partly completed 3. Postponed 4. Not at home 5. No-one competent to respond 6. Refused			

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.

212	How many pregnancies have you had that did not end in a live birth?	Enter number	_
213	<i>Now would like to ask about the information regarding pregnancies beginning of 2004 (Ethiopian calendar).</i> Were you pregnant at the time of Mäskäräm 2004 or any time afterwards?	1 = Yes 2 = No (end interview)	_

Now I would like to ask you about information on pregnancies at the time of Mäskäräm 2004 or afterwards. By this I mean all the pregnancies whether they ended up born alive, dead or even lost before full term pregnancy, 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 Mäskäräm 2004 (Ethiopian calendar). If the woman is currently pregnant do not include here – enter only pregnancies that have already ended.

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

Lost before full term is when baby was born before its due date, without woman going into labor.

ID Number of pregnancy	Outcome of pregnancy	Baby's name	Date of birth/Date Pregnancy ended	Born as a twin?	Sex	Still alive?	If still alive, how old in completed months?	If the child died, when did s/he die?
Start with most recent pregnancy	1 = Live birth 2 = Baby born dead 3 = Lost before full term	Enter "not given" if not given a name	Enter 01 for day if not known. Probe for months/years if not known	1 = Yes 2 = No 3 = Don't know	1 = Male 2 = Female 3 = Don't know	1 = Yes 2 = No	If less than a 28 days enter number of days	Enter 01 for day if not known. Probe for months/years if not known
1	_		dd _ _ mm _ _ yyyy _ _ _ _	_	_	_	dd _ _ mm _ _	dd _ _ mm _ _ yyyy _ _ _ _
2	_		dd _ _ mm _ _ yyyy _ _ _ _	_	_	_	dd _ _ mm _ _	dd _ _ mm _ _ yyyy _ _ _ _
3	_		dd _ _ mm _ _ yyyy	_	_	_	dd _ _ mm _ _	dd _ _ mm _ _ yyyy _ _ _ _

			_ _ _ _					
4	_		dd _ _ mm _ _ yyyy _ _ _ _	_	_	_	dd _ _ mm _ _	dd _ _ mm _ _ yyyy _ _ _ _
5	_		dd _ _ / mm _ _ / yyyy _ _ _ _ /	_	_	_	dd _ _ mm _ _	dd _ _ mm _ _ yyyy _ _ _ _
6	_		dd _ _ / mm _ _ / yyyy _ _ _ _ /	_	_	_	dd _ _ mm _ _	dd _ _ mm _ _ yyyy _ _ _ _

According to the given pregnancy history since Mäskäräm 2004 (Ethiopian), I would like to confirm that you have:			
214	Total number of live births = XX	1 = Yes 2 = No	_
215	Total number born dead = XX	1 = Yes 2 = No	_
216	Total number pregnancy loss before full term = XX	1 = Yes 2 = No	_

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

Continue with interview for each reported pregnancy since Mäskäräm 2004(Ethiopian).

Module 3

Section 3. Pregnancy ID

Interviewer: Please obtain child information from the pregnancy event table.

300	Write name of the child (if live birth)	<div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div> Enter 99 if not live birth or name not given
301	Write unique ID of the pregnancy Obtain from = cluster ID = Q107 /household ID = Q108 /Person (woman) number = Q118/pregnancy = pregnancy history table	<div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div> cluster household woman pregnancy </div>

Section 4. Antenatal care (ANC)

Interviewer: in instances where the birth ended in a stillbirth or pregnancy was lost, please use the pregnancy number to refer to the birth (instead of baby name)

Now I want to talk to you about your pregnancy with the birth of [Child name / pregnancy number] (write no name if name was not given)

Abbreviation code

HDA = Health Development Army

HEW = Health Extension Worker

400	When pregnant with CHILD NAME / PREGNANCY NUMBER, did you inform anyone outside your family?	1 = Yes 2 = No - GO to 404	<div> <div></div> <div></div> </div>
401	If you informed a health worker, who did you first inform about your pregnancy amongst health workers	1 = HDA 2 = HEW 3 = Other health staff (i.e. nurse) at the health center 4 = Other	<div> <div></div> <div></div> </div>
402	If OTHER	Specify_____	
403	What was the duration of your pregnancy when you informed an HEW, HDA or other health workers?	Write number of weeks 99 if don't know	<div> <div></div> <div></div> <div></div> </div>
404	Do you have a family health card with information about that pregnancy and birth?	1 = Yes 2 = No - GO to 406	<div> <div></div> <div></div> </div>
405	If yes: May I see your family health card? Interviewer: Is a family health card available?	1 = Yes 2 = No	<div> <div></div> <div></div> </div>

406	When pregnant with [CHILD NAME / PREGNANCY NUMBER], did you receive any care during pregnancy? Probe: care at the HP, at a health facility, or visits at home from a HEW/HDA If no, skip ANC questions	1 = Yes 2 = No-GO to Section 6	<input type="checkbox"/>	
If YES , where did you get for ANC visits? Please select all that apply		For each: 1= Yes 2 = No		
		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	<input type="checkbox"/>
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	<input type="text"/>
415	When did your first visit to the health post take place? If this information is available from the family health card, use it.	dd <input type="text"/> <input type="text"/> mm <input type="text"/> <input type="text"/> yyyy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Write 99/99/9999 if not available	
416	Interviewer: did Q415 information come from the woman or the card?	1 = Woman 2 = Card	<input type="checkbox"/>
417	How old was your pregnancy at the first visit?	Record number of weeks 99 if don't know	<input type="text"/>
418	Interviewer: record gestation of the pregnancy at first ANC visit from family health card if available	Record number of weeks 99 if not available	<input type="text"/>

419	Can you tell us whether or not you were satisfied with the pregnancy care you received at the health post? Do not read list of options	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 Read both options	1 = Fully satisfied-Go to 422 2 = Somewhat satisfied-Go to 422	_
421	IF NO, then what was the level of dissatisfaction Read both options	1 = Fully dissatisfied 2 = Somewhat dissatisfied	_

Antenatal care from a health center			
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?	Enter the number of times Enter 99 if not known	_ _
425	When did your first visit to the health center take place? Interviewer: Probe date of visit; record month and year if she does not remember date	dd _ _ mm _ _ yyyy _ _ _ _ Write 99/99/9999 if not available	
426	Interviewer: Record from family health card if available.	dd _ _ mm _ _ yyyy _ _ _ _ Write 99/99/9999 if not available from family health card.	
427	How old was your pregnancy at the first visit? Record from family health card if available	Record number of weeks 99 if day is not known	_ _
428	Interviewer: did this information come from the woman or the card?	1 = Woman 2 = Card	_
429	Who saw you at that first visit?	1 = Nurse 2= Midwife 3=Health officer 4 = Other (HEW) 5=I don't know	_
430	If OTHER please specify	Specify _____	
431	Can you tell us whether or not you were satisfied with the pregnancy care you received at the health center? Do not read list of options	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 Read both options	1 = Fully satisfied -Go to 434 2 = Somewhat satisfied-Go to 434	_

433	IF NO, then what was the level of dissatisfaction Read both options	1 = Fully dissatisfied 2 = Somewhat dissatisfied	<input type="text"/>
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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="text"/>
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="text"/>
436	When did the first visit to you at home take place? Record from family health card if available	dd <input type="text"/> <input type="text"/> mm <input type="text"/> <input type="text"/> yyyy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99 if day is not known	
437	Interviewer: did Q436 information come from the woman or the card?	1 = Woman 2 = Card	<input type="text"/>
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="text"/> <input type="text"/> <input type="text"/>
439	Interviewer: Record from family health card if available.	Record number of weeks Enter 99 if not available.	<input type="text"/> <input type="text"/> <input type="text"/>
440	Who was it that came to visit you the first time?	1 = HEW 2 = HDA 3 = Other	<input type="text"/>
441	If OTHER please specify:	Specify _____	
442	Can you tell us whether or not you were satisfied with the pregnancy care you received at home? Do not read list of options	1 = Yes was satisfied 2 = No was not satisfied (GO to 444) 3 = Neither satisfied nor dissatisfied (Go to 445)	<input type="text"/>
443	IF YES, then what was the level of satisfaction Read both options	1 = Fully satisfied -Go to 445 2 = Somewhat satisfied-Go to 445	<input type="text"/>
444	IF NO, then what was the level of dissatisfaction Read both options	1 = Fully dissatisfied 2 = Somewhat dissatisfied	<input type="text"/>

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 or health centre

445	Was your weight measured?	1 = Yes 2 = No – GO to 448	<input type="text"/>
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446	Which was the provider who did this the first time? Put 9 if not known	1 = HDA 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="text"/>
447	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="text"/>
448	Was your height measured?	1 = Yes 2 = No – GO to 451	<input type="text"/>
449	Which was the provider who did this the first time? Put 9 if not known	1 = HDA 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="text"/>
450	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="text"/>
451	Did you receive information about breastfeeding]?	1 = Yes 2 = No – GO to 454	<input type="text"/>
452	Which was the provider who did this the first time? Put 9 if not known	1 = HDA 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="text"/>
453	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="text"/>
454	Was your blood pressure tested? (PROBE: when a strap was put around your upper arm and a measure taken)	1 = Yes 2 = No – GO to 457	<input type="text"/>
455	Which was the provider who did this the first time? Put 9 if not known	1 = HDA 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="text"/>
456	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="text"/>
457	Did you give a urine sample for a test?	1 = Yes 2 = No – GO to 460	<input type="text"/>
458	Which was the provider who did this the first time? Put 9 if not known	1 = HDA 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="text"/>
459	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="text"/>

460	Did you give blood for any test for syphilis?	1 = Yes 2 = No – GO to 463 3 = Don't know – GO to 463	<input type="text"/>
461	Which was the provider who did this the first time? Put 9 if not known	1 = HDA 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="text"/>
462	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="text"/>
463	Did you receive iron folate tablets or iron syrup? Interviewer: show a sample or picture of iron tables/syrup and folate tablet	1 = Yes 2 = No – GO to 467	<input type="text"/>
464	Which was the provider who did this the first time? Put 9 if not known	1 = HDA 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="text"/>
465	In which location was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="text"/>
466	If yes: For how many days did you take the tablets or syrup?	Enter number of days Enter 999 if not known	<input type="text"/>
467	Were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? (On field manual please explain the need to describe tetanus toxoid shots part)	1 = Yes 2 = No – GO to 473	<input type="text"/>
468	If yes: How many times did you get a tetanus injection?	Write number of times	<input type="text"/>
469	If less than 2 times: At any time before this pregnancy did you receive any tetanus injections?	1 = Yes 2 = No – GO to 473	<input type="text"/>
470	If 469 is answered YES: Before this pregnancy, how many times did you receive a tetanus injection?	Enter number of times Enter 99 if not known	<input type="text"/>
471	If 469 is answered YES: How many years ago did you receive the last tetanus injection before this pregnancy?	Write number of years ago	<input type="text"/>
472	In which health facility was this service provided?	1 = Home 2 = Health Post 3 = Health Centre 4 = Hospital 5 = Other	<input type="text"/>
473	Did you receive HIV information?	1 = Yes 2 = No – GO to 476	<input type="text"/>
474	Which was the provider who did this the first time? Put 9 if not known	1 = HDA 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="text"/>
475	In which location was this service provided?	1 = Home	<input type="text"/>

		2 = Health Post 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? Put 9 if not known	1 = HDA 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
478	In which location was this service provided?	1 = Home 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? Put 9 if not known	1 = HDA 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
481	In which location was this service provided?	1 = Home 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? Put 9 if not known	1 = HDA 2 = HEW 3 = Nurse/midwife 4 = Health Officer 5 = Doctor 6 = Other	<input type="checkbox"/>
484	In which location was this service provided?	1 = Home 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 3 = Not applicable – GO to 488	<input type="checkbox"/>
486	Which was the provider who did this the first time? Put 9 if not known	1 = HDA 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? Put 9 if not known	1 = HDA 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? Probe: for finances, for help during delivery, for transport, for emergencies?	1 = Yes 2 = No – GO to 501	<input type="checkbox"/>
492	Which was the provider who did this the first time? Put 9 if not known	1 = HDA 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 501	<input type="checkbox"/>
495	Which was the provider who did this the first time? Put 9 if not known	1 = HDA 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			
500	Is there a record in family health card about her birth preparedness and complication plan? Ask to see Family Health Card, if available.	1 = Yes 2 = No 3 = No family health card	<input type="checkbox"/>

Can you tell me danger signs during pregnancy? Do not read list. Do not probe. This is about knowledge of danger signs, not	For each: 1 = Yes 2 = No		
	501	Vaginal bleeding	<input type="checkbox"/>
	502	Severe abdominal pain	<input type="checkbox"/>

about her own specific experience.		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 or 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>Do not read list. Do not probe. This is about knowledge, not about her own specific experience with planning.</p>		For each: 1 = Yes 2 = No		
		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>Probe: for finances, for help during delivery, for transport, for emergencies</p>		<p>1 = Yes 2 = No – GO to 539</p>	<input type="checkbox"/>
<p>If YES: What preparations did you make for your delivery?</p> <p>Probe but do not read out the list. Select all that apply.</p>		For each: 1 = Yes 2 = No		
		523	Financial	<input type="checkbox"/>
		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 your last pregnancy have you attended a pregnant women's conference/Forum?		1 = Yes 2 = No- GO to 552 <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? Probe but do not read out the list. Select all that apply.	For each: 1 = Yes 2 = No		
	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 = HDA 2 = HEW 3 = Other (Specify) <input type="checkbox"/>
549	If OTHER , specify		Specify _____
550	Where did the pregnant women conference take place?		1 = at HDA's place 2 = at gote/kebele meeting place 3 = health post 4 = health centre 5 = Other <input type="checkbox"/>
551	If OTHER , specify		Specify _____
552	Can you tell us whether or not you were satisfied with the care you received while you were pregnant? Do not read list of options		1 = Yes was satisfied 2 = No was not satisfied (GO to 554) 3 = Neither satisfied nor dissatisfied (Go to 555) <input type="checkbox"/>

553	IF YES, then what was the level of satisfaction Read both options	1 = Fully satisfied-Go to 555 2 = Somewhat satisfied-Go to 555	__
554	IF NO, then what was the level of dissatisfaction Read both options	1 = Fully dissatisfied 2 = Somewhat dissatisfied	__

Interviewer

If the interviewee has reported having facility based care for ANC for this birth, ask the following questions

For each: 1 = Yes 2 = No			
<p>When having a pregnancy related medical examination at a health facility, did you experience any of the following with someone?</p> <p>Select all that apply</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 (senior doctor) provider deny 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	<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 other 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"/>

If outcome of pregnancy is pregnancy lost (Outcome #3 in pregnancy history) stop interview and Check for other pregnancy

6. Delivery care			
Now I have some questions to ask you about what happened to you during and after the delivery for CHILD NAME / PREGNANCY NUMBER			
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)	<input type="text"/>
601	If OTHER, please specify:	Specify <input type="text"/>	
If delivered at home, why? Select all that apply	For each: 1 = Yes 2 = No		
	602	Always delivered at home	<input type="text"/>
	603	Husband/mother/mother-in-law does not allow	<input type="text"/>
	604	Don't like health facilities	<input type="text"/>
	605	Expensive to go to health facilities	<input type="text"/>
	606	Tradition/religious reason	<input type="text"/>
	607	Other	<input type="text"/>
	608	Specify <input type="text"/>	
If delivered in health post, health centre or hospital, why? Select all that apply	For each: 1 = Yes 2 = No		
	609	Always delivered at a health facility	<input type="text"/>
	610	Due to existing complications	<input type="text"/>
	611	Referred by HDA/HEW	<input type="text"/>
	612	Advised at pregnant women's forum	<input type="text"/>
	613	Taken to health facility due to prolonged labour or delivery related risks	<input type="text"/>
	614	Convenient	<input type="text"/>
	615	Affordable (free)	<input type="text"/>
	616	Other	<input type="text"/>
617	Specify <input type="text"/>		

618	Who was the primary person that assisted you with the delivery?	1 = Doctor 2 = Nurse/midwife 3 = Health extension worker 4 = HDA 5 = traditional birth attendant 6 = Relative/friend 7 = Nobody 8 = Other	<input type="text"/>	
Who else was present at the delivery? Select all that apply		For each: 1 = Yes 2 = No		
		619	Doctor	<input type="text"/>
		620	Nurse/midwife	<input type="text"/>
		621	Health extension worker	<input type="text"/>
		622	HDA	<input type="text"/>
		623	Traditional birth attendant	<input type="text"/>
		624	Relative/friend	<input type="text"/>
		625	Nobody	<input type="text"/>
		626	Other	<input type="text"/>
627	When you gave birth, did the main person assisting you wash her/his hands with soap before the delivery?	1 = Yes 2 = No 3 = Don't know	<input type="text"/>	
628	When you gave birth, did the main person assisting you wear gloves during delivery?	1 = Yes 2 = No 3 = Don't know	<input type="text"/>	
629	When you gave birth, did the delivery take place on a clean surface? (Clean surface: clean space or carpet or mat)	1 = Yes 2 = No 3 = Don't know	<input type="text"/>	
630	Where you given a drug called misoprostol to help control bleeding? These are pills.	1 = Yes 2 = No 3 = Don't know	<input type="text"/>	
631	Interviewer: ask the following if the woman gave birth at a health facility, if no, SKIP to 633 After giving birth, how many days did you stay at the health facility in total?	Enter number of days. Enter 0 if the woman left on the same day as delivery	<input type="text"/>	
632	Was [CHILD NAME/ PREGNANCY NUMBER] delivered by caesarean, that is, did they cut your belly open to take the baby out?	1 = Yes 2 = No	<input type="text"/>	

During the delivery of [CHILD NAME / PREGNANCY NUMBER] did you experience any of the following? Read out the list		For each 1 = Yes 2 = No		
		633	Heavy bleeding	<input type="text"/>
		634	Labour more than 12 hours	<input type="text"/>
		635	Loss of consciousness	<input type="text"/>

	636	Premature labour	<input type="checkbox"/>
	637	Foul discharge	<input type="checkbox"/>
	638	Baby in abnormal position	<input type="checkbox"/>

639	During delivery were you advised to go to a higher health facility to get special care?	1 = Yes 2 = No – GO to 646	<input type="checkbox"/>
640	What was the reason for which you were referred? Interviewer: please check if there is a record on referral; danger signs = see the list	1 = Due to existence of one or more danger signs 2 = Due to lack of equipment/space 3 = Due to lack of trained human resources 4 = Other	<input type="checkbox"/>
641	If OTHER , please specify	Specify _____	
642	When you were referred to a higher health facility, did you go to the higher health facility?	1 = Yes – GO to 645 2 = No	<input type="checkbox"/>
643	If NO , why?	1 = Facility was too far 2 = Cost too much money 3 = Don't like going to different facility 4 = No permission to go 5 = Don't like the quality of care provided 6 = Other	<input type="checkbox"/>
644	If OTHER please specify	Specify _____	
645	Was ambulance made available for you for that referral?	1 = Yes 2 = No	<input type="checkbox"/>
646	Can you tell us whether or not you were satisfied with the delivery care you received? Do not read list of options	1 = Yes was satisfied 2 = No was not satisfied (GO to 648) 3 = Neither satisfied nor dissatisfied (Go to 649)	<input type="checkbox"/>
647	IF YES, then what was the level of satisfaction Read both options	1 = Fully satisfied -Go to 649 2 = Somewhat satisfied -Go to 649	<input type="checkbox"/>
648	IF NO, then what was the level of dissatisfaction Read both options	1 = Fully dissatisfied 2 = Somewhat dissatisfied	<input type="checkbox"/>

Interviewer

Only ask if participant reported having given a birth at a facility ask the following questions (649– 670)

For each: 1 = Yes 2 = No			
<p>During a birth at a health facility, did you experience any of the following with someone?</p> <p>Select all that apply</p>	649	Regularly explain and inform you about the progress or procedure being performed	__
	650	Cover you while taking to the delivery room	__
	651	Delay in providing care after a decision has been made e.g. caesarean section	__
	652	Use abusive language with you during the delivery	__
	653	Leave you abandoned during the delivery	__
	654	Perform any procedure 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>Select all that apply</p>	For each: 1 = Yes 2 = No		
	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 complain	1 = Yes 2 = No	<input type="text"/>

7. Postnatal care of the mother (PNC)

Now I want to ask you about any postnatal checks you had for your own health after that birth

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

Read List out loud

Mark all that apply

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

	For each: 1 = Yes 2 = No					
	(Question #)	0-2 days	(Question #)	3-7 days	(Question #)	8-42 days
Checked breasts	712	<input type="text"/>	713	<input type="text"/>	714	<input type="text"/>
Advised breast feeding	715	<input type="text"/>	716	<input type="text"/>	717	<input type="text"/>
Oriented about danger signs	718	<input type="text"/>	719	<input type="text"/>	720	<input type="text"/>
Educated on family planning	721	<input type="text"/>	722	<input type="text"/>	723	<input type="text"/>
Information given on nutrition	724	<input type="text"/>	725	<input type="text"/>	726	<input type="text"/>
Referred to a health facility	727	<input type="text"/>	728	<input type="text"/>	729	<input type="text"/>
Measured Blood Pressure	730	<input type="text"/>	731	<input type="text"/>	732	<input type="text"/>
Checked/treated birth-related wound (if applicable)	733	<input type="text"/>	734	<input type="text"/>	735	<input type="text"/>
Other	736	<input type="text"/>	737	<input type="text"/>	738	<input type="text"/>
Specify _____						

739	Can you tell us whether or not you were satisfied with the post-natal care you received? Interviewer: explain that this is care for the mother, not the newborn. Do not read list of options	1 = Yes was satisfied 2 = No was not satisfied (GO to 741) 3 = Neither satisfied nor dissatisfied (Go to Section 8)	<input type="text"/>
740	IF YES, then what was the level of satisfaction Read both options	1 = Fully satisfied (Go to Section 8) 2 = Somewhat satisfied (Go to Section 8)	<input type="text"/>
741	IF NO, then what was the level of dissatisfaction Read both options	1 = Fully dissatisfied 2 = Somewhat dissatisfied	<input type="text"/>

INTERVIEWER: IF THE PREGNANCY OUTCOME IN THE PREGNANCY HISTORY TABLE WAS#2 (STILLBIRTH), END THE INTERVIEW HERE AND CHECK FOR OTHER PREGNANCIES

8. Immediate newborn care

Now I have some questions about what happened to [CHILD NAME] at birth and immediately afterwards.

800	Interviewer: What is the pregnancy ID number of [CHILD NAME]?	Enter ID number from the table	_
801	Was this a single birth?	1 = Yes 2 = No	_
802	Was [CHILD NAME] weighed at birth?	1 = Yes 2 = No – GO to 804 3 = Don't know– GO to 804	_
803	If YES: how much did [CHILD NAME] weigh at birth?	Enter weight in grams e.g. if the weight was 1.9 kilogrammes enter 1900; don't know write 9999. Use the weight recorded on the card if possible	_ _ _ _
804	Did [CHILD NAME] have any difficulty crying/breathing at birth?	1 = Yes 2 = No – GO to 807 3 = Don't know	_

Did anyone do any of the following to [CHILD NAME] immediately after birth? Select all that apply	For each: 1 = Yes 2 = No		
	805	Rubbing/stimulating	_
	806	Mouth-to-mouth/resuscitation	_

807	Where was [CHILD NAME] placed immediately after delivery?	1 = Alone/on the floor 2 = On the mother's Belly/chest 3 = Beside the mother 4 = With someone else 5 = Other 6 = Don't know	_
808	How long after [CHILD NAME] was born was s/he dried/wiped? Check for time after the baby was born, not time after the placenta came out.	Enter in minutes, 999 if don't know.	_ _ _ _
809	How long after [CHILD NAME] was born was s/he wrapped in a cloth? Check for time after the baby was born, not time after the placenta came out.	Enter in minutes, 999 if don't know.	_ _ _ _

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="text"/>
811	What was used to cut the cord?	1 = new razor blade 2 = any razor blade 3 = sterilized scissors 4 = any scissors 5 = don't know 6 = other	<input type="text"/>
812	Was anything applied to the cord after cutting and tying?	1 = Yes 2 = No – GO to 824	<input type="text"/>

If yes: What was applied to the cord just after cutting the cord? Do not prompt, select all that apply		For each: 1 = Yes 2 = No	
	813	Butter	<input type="text"/>
	814	Ash	<input type="text"/>
	815	Ointment (non-medicinal)	<input type="text"/>
	816	Animal dung	<input type="text"/>
	817	Oil	<input type="text"/>
	818	Cold water	<input type="text"/>
819	Other	<input type="text"/>	
820	Was an antiseptic applied to the cord?	1 = Yes 2 = No – GO to 824 3 = Don't know– GO to 824	<input type="text"/>
821	If yes, was this chlorhexidine?	1 = Yes 2 = No– GO to 824 3 = Don't know– GO to 824	<input type="text"/>
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="text"/>
825	When [CHILD NAME] was born, how soon 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="text"/>
826	If in the first hour: After how many minutes would you say?	Write number of minutes. Enter 99 if don't know.	<input type="text"/>
827	If after one hour: 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	<input type="text"/>

		response is 'after two and a half hours' enter 2. Enter 99 if don't know.	
828	If after one day: 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.	_ _ _
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	_
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	_
831	Did you ever breastfeed [CHILD NAME]?	1 = Yes 2 = No	_
832	Did you exclusively breastfed [CHILD NAME] during the first 28 days of life?	1 = Yes – GO to 837 2 = No	_
833	If No, what did you mainly give [CHILD NAME], other than breastmilk?	1 = Water 2 = Non-human milk 3 = Butter 4 = Sugar/glucose/salt water solution 5 = Juice 6 = Tea/infusions 7 = Other	_
834	If OTHER, specify	Specify _____	
835	And, why did you provide other drinks besides your breast milk?	1 = My breast milk is not enough 2 = I do not stay with NAME throughout the day 3 = Advised by friends or relatives to do so 4 = Tradition or culture 5 = Other	_
836	If OTHER, specify	Specify _____	
837	How long after birth did you first put [CHILD NAME] to the breast?	1 = In the first hour 2 = After one hour but during the first day 3 = After the first day of life	_
838	Did you squeeze out and throw away the first milk?	1 = Yes 2 = No	_

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? Probe for checks done at the place of birth on the same day as birth, and checks after.	1 = Yes 2 = No - GO to 892	<input type="text"/>
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="text"/>
842	If YES, who checked on the health of [CHILD NAME]? Probe for most qualified person	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = HDA 6=Don't know	<input type="text"/>
843	Was a second check conducted?	1 = Yes 2 = No - GO to 855	<input type="text"/>
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="text"/>
846	If YES, Who checked on the health of [CHILD NAME]? Probe for most qualified person	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = HDA 6=Don't know	<input type="text"/>
847	Was a third check conducted?	1 = Yes 2 = No - GO to 855	<input type="text"/>
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="text"/>
850	If YES, Who checked on the health of [CHILD NAME]? Probe for most qualified person	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = HDA 6=Don't know	<input type="text"/>

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="checkbox"/>
854	By whom?	1 = Doctor 2 = Nurse/midwife 3 = HEW 4 = Health Officer/Assistant 5 = HDA 6=Don't know	<input type="checkbox"/>

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 #)	0-2 days	(Question #)	3-7 days	(Question #)	8-42 days
Generally examined /looked at baby's body	855	<input type="checkbox"/>	856	<input type="checkbox"/>	857	<input type="checkbox"/>
Weighed baby	858	<input type="checkbox"/>	859	<input type="checkbox"/>	860	<input type="checkbox"/>
Checked cord	861	<input type="checkbox"/>	862	<input type="checkbox"/>	863	<input type="checkbox"/>
Advised breastfeeding	864	<input type="checkbox"/>	865	<input type="checkbox"/>	866	<input type="checkbox"/>
Observed breastfeeding	867	<input type="checkbox"/>	868	<input type="checkbox"/>	869	<input type="checkbox"/>
Advised skin-to-skin contact/warmth	870	<input type="checkbox"/>	871	<input type="checkbox"/>	872	<input type="checkbox"/>
Checked baby for danger signs (including sepsis)	873	<input type="checkbox"/>	874	<input type="checkbox"/>	875	<input type="checkbox"/>
Educated on danger signs	876	<input type="checkbox"/>	877	<input type="checkbox"/>	878	<input type="checkbox"/>
Referred to a health facility	879	<input type="checkbox"/>	880	<input type="checkbox"/>	881	<input type="checkbox"/>
Provided information on washing hands before touching baby	882	<input type="checkbox"/>	883	<input type="checkbox"/>	884	<input type="checkbox"/>
Advised keeping the cord clean	885	<input type="checkbox"/>	886	<input type="checkbox"/>	887	<input type="checkbox"/>
Advised not to bathe the baby within 24 hours after birth	888	<input type="checkbox"/>				

889	Can you tell us whether or not you were satisfied with the immediate newborn care? Do not read list of options	1 = Yes was satisfied 2 = No was not satisfied (GO to 891) 3 = Neither satisfied nor dissatisfied (Go to 892)	<input type="checkbox"/>
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890	IF YES , then what was the level of satisfaction Read both options	1 = Fully satisfied Go to 892 2 = Somewhat satisfied Go to 892	_
891	IF NO , then what was the level of dissatisfaction Read both options	1 = Fully dissatisfied 2 = Somewhat dissatisfied	_
892	The last time you gave birth, did you keep your newborn 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 your newborn in the house?	Enter number of days Enter 999 if not known	_ _
894	The last time you gave birth, how many days passed before you had visitors come to your house to see the baby? This includes visitors for any reason: health care workers, extended family, or friends.	Enter number of days Enter 999 if not known	_ _
895	The last time you gave birth, how many days passed before someone other than you had physical contact with the baby? Physical contact means any kind of touching, even if the person did not hold the baby.	Enter number of days Enter 999 if not known	_ _

9. Care of sick newborns					
900	<p>Interviewer – stop to check: was the baby born after September 2004] Ethiopian calendar?</p> <p>If yes, continue with interview.</p> <p>If no, end interview at this point and continue with other women aged 13-49 in this household.</p>	<p>1 = Yes 2 = No-End interview</p>	_		
Interviewer: Now I want to talk to you about any sickness [CHILD NAME] experienced in the first 28 days of life					
901	Has [CHILD NAME] ever been sick during first 28 days of life?	<p>1 = Yes 2 = No</p>	_		
Can I just check, has [CHILD NAME] ever had any of the following symptoms during the first 28 days of life?					
Read list of symptoms out loud					
<p>Enter 1 if Yes and continue along row</p> <p>Enter 2 if No and go to next symptom (row)</p> <p>If no symptoms, go to Section 10</p>	<p>Age at first episode</p> <p>Enter age in number of days</p>	<p>Was care sought for?</p> <p>1 = Yes 2 = No</p>	<p>If YES, who did you seek care from?</p> <p>1 = Health post 2 = Health centre 3 = Hospital 4 = HDA 5 = Traditional Healers 6 = Pharmacy</p>	<p>If care was sought, who cared for (CHILD NAME?)</p> <p>1 = HEW 2 = Nurse 3 = Health Officer 4 = Pharmacist 5 = Doctor 6 = Traditional healer 7 = Other</p>	<p>If care was not sought, why not?</p> <p>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</p>

											didn't allow 6 = Community 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	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"/>
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	If any of the above symptoms occurred 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="text"/>
975	Was the [CHILD NAME] diagnosed with very severe disease by a health worker? Interviewer: list the signs for very severe disease for the mother	1 = Yes 2 = No	<input type="text"/>
976	Was [CHILD NAME] prescribed medicine for his/her illness?	1 = Yes 2 = No	<input type="text"/>
977	Did [CHILD NAME] receive 7 consecutive days of gentamycin injection?	1 = Yes 2 = No	<input type="text"/>
978	Did [CHILD NAME] receive 7 consecutive days of Amoxicillin? Interviewer: explain Amoxicillin as an oral tablet that	1 = Yes 2 = No	<input type="text"/>

	is dissolved and taken as a liquid.		
979	At any time during the illness, did [CHILD NAME] take any drugs for the illness?	1 = Yes 2 = No	<input type="checkbox"/>
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? Do not read list of options	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	IF YES , then what was the level of satisfaction Read both options	1 = Fully satisfied (Go to Section 10) 2 = Somewhat satisfied (Go to Section 10)	<input type="checkbox"/>
983	IF NO , then what was the level of dissatisfaction Read both options	1 = Fully dissatisfied 2 = Somewhat dissatisfied	<input type="checkbox"/>

Section 10. Children no longer alive (and died before reaching 28 days)

Interviewer: if child is no longer alive and died before reaching 28 days, ask the following questions around symptoms, care-seeking, and cause of death

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 can develop programs to improve children's health.

Which symptoms did you observe in (CHILD NAME'S) immediately before death? Select all that apply	For each: 1 = Yes 2 = No		
	1000	Difficult or fast breathing	<input type="checkbox"/>
	1001	Chest in-drawing	<input type="checkbox"/>
	1002	Unusually hot or cold	<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	Yellow palms/soles/eyes	<input type="checkbox"/>
	1008	Skin pustules	<input type="checkbox"/>
	1009	Cord red or draining puss	<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 end of questionnaire	
1013	If yes, who provided that care? Put 9 if not known	1 = HDA 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)___	
1015	If OTHER	(Specify)_____	

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.