

Seven-day follow-up questionnaire

Maternal and Neonatal Health Survey – First Interview

NO	QUESTIONS AND FILTERS	CODING CATEGORIES				Relevant
IDENTIFICATION						
A	Your name: [Interviewer name] Is this your name?	Yes 1 No 0				Always
	Enter your name below. <i>Please record your name</i>	Interviewer's Name				
B	Current date and time. [ODK will display on screen] Is this date and time correct?	Yes 1 No 0				Always
C	Record the correct date and time.	Date	Month	Day	Year	If B=0
		Time	Hours	Minutes	AM/PM	
D	QR Code <i>Scan the QR code that appears on the ID card given at enrollment.</i> If you are unable to scan the QR code enter the number on the next screen	QR code				Always
D1	Record the correct number on the ID card					If D=0
E1	Region					If D=0
E2	Zone	<i>ODK will populate a list of appropriate zones based on the selected region.</i>				If D=0
E3	District	<i>ODK will populate a list of appropriate districts based on the selected zone.</i>				If D=0
E4	Locality Name	<i>ODK will populate a list of appropriate localities based on the selected district. There may be only one choice.</i>				If D=0
E5	Enumeration area	<i>ODK should populate the appropriate EA</i>				
E6	Structure number					If D=0

	<i>Please record the structure number from the household listing form.</i>		
E7	Household number		
F	Respondent's name <i>Enter the respondent's name exactly as it appears on the ID card given at enrollment.</i>	Respondent's name	Always
H	Is the respondent present and available to be interviewed today?	Yes 1 No, unavailable 2 No, died 3	Always
I	When did the woman die; before delivery, during delivery or after delivery?	Before delivery 1 During delivery 2 After delivery 3 Don't Know -88 No response -99	If H=3
J	Date of death	Day: Month:	If H=3
INFORMED CONSENT <i>Confirm that this woman is still willing to participate in the study.</i>			
K	Do you still consent to participate in the study?	Yes 1 No 0	If H=1
L	Interviewer's name: <i>Mark your name as a witness to the consent process.</i>		If H=1
Section 1 – Respondent's Background <i>Now I would like to ask about your background.</i>			
1	What is your religion?	Protestant..... 1 Orthodox..... 2 Muslim 3 Catholic 4 Traditional..... 5 Wakefeta 6 Non-believers 7 Other 96 No response -99	K=1

2	What is the highest level of school you attended?	Never attended 0 Primary 1 Secondary 2 Technical & vocational 3 Higher 4 No response -99	K=1
3	How many sons and daughters have you given birth to who were born alive, including the child just born?	Number: No response -99	K=1
4	Have you ever given birth to a boy or girl who was born alive but later died?	Yes 1 No 0 No response -99	K=1
5	How many have died?	Number: No response -99	MFQ4=1
6	Have you ever given birth to a boy or girl who was born dead?	Yes 1 No 0 No response -99	K=1
7	How many times have you given birth to a boy or girl who was born dead?	Number: No response -99	MFQ6=1
THE FOLLOWING QUESTIONS ARE ABOUT THE CHILD THAT WAS JUST BORN FROM YOUR RECENT PREGNANCY			
8	On what day and month did you give birth?	Day: Month: Year: Don't know -88 No response -99	K=1
9	How many children were in this pregnancy? (eg twin or triplet?)	Single 1 Twin 2 Triplet 3 No response -99	K=1
	I will now ask you some questions about the baby that was just born. If there was more than one child, we will start with the first child born. <i>ODK will repeat questions 11-16 for each child born in this pregnancy</i>		Repeat MFQ10- MFQ15 each child in MFQ9
10	What was the outcome of this pregnancy for the [first/second/third] baby born?	Live birth 1 Still birth 2 No response -99	K=1
11	Did the baby cry or show any signs of life?	Yes 1 No 0	MFQ10=2

		No response-99	
	If response to MFQ10=2 and MFQ11=1 then ODK will display:] CHECK: The outcome of this pregnancy is live birth. Go back and correct Question number 10.		
12	What was the name given to the baby that was just born? <i>Write 'Baby' if no name given</i>	Name: No response-99	MFQ10= 1
13	Is [NAME] a boy or a girl?	Boy 1 Girl 2 No response-99	MFQ10= 1
14	Is [NAME] still alive?	Yes 1 No 0 No response-99	MFQ10= 1
15	IF DEAD: Exactly how many days old was [NAME] when (he/she) died?	Days: Don't know-88 No response-99	MFQ14= 0
Section 2 – Antenatal Care			
<i>Now I would like to ask about the care that you received during pregnancy.</i>			
16	Did any health extension worker visit you at your home or did you see an HEW at a health post during this pregnancy?	No 1/0 Yes, at home 1/0 Yes, at health post 1/0	K=1
17	How many times did you receive antenatal care during this pregnancy from a health extension worker, either at a health post or at home?	Number of Times: Don't know-88 No response-99	MFQ16= 1 or 2
18	How many months pregnant were you when you first talked to a health extension worker about your pregnancy?	Months: Don't know-88	MFQ16= 1 or 2
19	Did you see a professional health care provider, other than a HEW, for antenatal care during this pregnancy?	Yes 1 No 0 No response-99	K=1
20	What are the reasons that you did not see a professional health care provider for care during your pregnancy? Any other reason? <i>(Select all that apply)</i>	Too far 1/0 Inconvenient service hour 1/0 Unpleasant staff 1/0 Lack of experienced staff 1/0 Lack of privacy 1/0 Inadequate drug supply 1/0 Long waiting time 1/0 Service too expensive 1/0 Religious reason 1/0 Not needed 1/0 Did not know of need for care 1/0	MFQ19= 0

		Unable to go/Not permitted to leave house..... 1/0 Did not know of a place/Did not know where to go..... 1/0 Female provider not available..... 1/0 Other 1/0 No response -99									
21	Whom did you see, not including an HEW? Anyone else? <i>(Select all that apply)</i> <i>Probe to identify each type of person and record all mentioned.</i>	Doctor..... 1/0 Health officer 1/0 Nurse/midwife..... 1/0 Skilled worker, can't distinguish ... 1/0 Other 1/0 No response -99	MFQ19=1								
22	How many months pregnant were you when you first received antenatal care from a professional health care provider for this pregnancy?	Months: Don't know.....-88 No response -99	MFQ19=1								
23	Where did you receive antenatal care for this pregnancy, including from the HEW? Anywhere else? <i>(Select all that apply)</i> <i>Probe to identify the type of source and record all mentioned</i>	Her home..... 1/0 Other home 1/0 Government hospital 1/0 Government health center..... 1/0 Government health post..... 1/0 Other public sector 1/0 Private hospital/clinic..... 1/0 Other private medical sector 1/0 NGO/Faith-based health facility ... 1/0 Traditional healer/medicine 1/0 Other 1/0 Nowhere, no treatment sought-77 No response -99	MFQ19=1 or MFQ16=1 or 2								
24	How many times did you receive antenatal care during this pregnancy at a health center or hospital?	Number of Times: Don't know.....-88 No response.....-99	MFQ23=11, 12, 21, 22, 31								
25	As part of your antenatal care during this pregnancy were any of the following measured at least once: <i>Hint: This includes any ANC from any provider</i> A) Was your blood pressure measured?	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>DK</th> <th>NR</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>-88</td> <td>-99</td> </tr> </tbody> </table>	Yes	No	DK	NR	1	0	-88	-99	MFQ19=1 or MFQ16=1 or 2
Yes	No	DK	NR								
1	0	-88	-99								

	B) Did you give a urine sample that was not for a pregnancy test?	1	0	-88	-99	
	C) Did you give a blood sample?	1	0	-88	-99	
	D) Did you give a stool sample?	1	0	-88	-99	
26	<p>I don't want to know the results, but as part of your antenatal care were you:</p> <p><i>Hint: This includes any ANC from any provider</i></p> <p>A) Tested for syphilis?</p> <p>B) Did you receive the results of your test?</p> <p>C) Did you receive counseling after you were tested?</p>	Yes 1 1 1	No 0 0 0	DK -88 -88 -88	NR -99 -99 -99	<p>MFQ19=1 or MFQ16=1 or 2</p> <p>MFQ26 A=1</p> <p>MFQ26 A=1</p>
27	<p>I don't want to know the results, but as part of your antenatal care were you:</p> <p><i>Hint: This includes any ANC from any provider</i></p> <p>A) Tested for HIV?</p> <p>B) Did you receive the results of your test?</p> <p>C) Did you receive counseling after you were tested?</p>	Yes 1 1 1	No 0 0 0	DK -88 -88 -88	NR -99 -99 -99	<p>MFQ19=1 or MFQ16=1 or 2</p> <p>MFQ27 A=1</p> <p>MFQ27 A=1</p>
28	<p>During your antenatal care visit, did anyone counsel you on postpartum family planning?</p> <p><i>Hint: This includes any ANC from any provider</i></p>	<p>Yes 1</p> <p>No 0</p> <p>Don't know -88</p> <p>No response -99</p>				<p>MFQ19=1 or MFQ16=1 or 2</p>

29	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is convulsions (locked jaw) after birth?</p>	<p>Yes 1 No..... 0 Don't know.....-88 No response-99</p>	<p>MFQ16= 1 or 2 MFQ19= 1</p>				
30	<p>During this pregnancy, how many times did you get a tetanus injection?</p>	<p>Times: Don't know.....-88 No response.....-99</p>	<p>MFQ29= 1</p>				
	<p>If number entered for MFQ30 >3, then ODK will display:</p> <p>CHECK: You entered that the respondent received \${MFQ30} tetanus injections in question MFQ30. Confirm that these were received only during this pregnancy.</p>						
31	<p>At any time before this pregnancy, did you receive any tetanus injections?</p>	<p>Yes 1 No..... 0 Don't know.....-88 No response-99</p>	<p>K=1</p>				
32	<p>Before this pregnancy, how many times did you receive a tetanus injection?</p>	<p>Times: Don't know.....-88</p>	<p>MFQ31= 1</p>				
	<p>If number entered for MFQ32 >9, then ODK will display:</p> <p>CHECK: You entered that the respondent received \${MFQ32} tetanus injections. Is that correct?</p>						
33	<p>During this pregnancy did you take any iron tablets or iron syrup?</p> <p><i>A photo of iron tablets will appear on the screen</i></p>	<p>Yes 1 No..... 0 Don't know.....-88 No response-99</p>	<p>K=1</p>				
34	<p>During this pregnancy, did you take any drug for intestinal worms?</p>	<p>Yes 1 No..... 0 Don't know.....-88 No response-99</p>	<p>K=1</p>				
35	<p>Did you experience any of the following problems during this pregnancy:</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>DK</td> <td>NR</td> </tr> </table>	Yes	No	DK	NR	<p>K=1</p>
Yes	No	DK	NR				

	<p>A) Severe headache with blurred vision?</p> <p>B) High blood pressure?</p> <p>C) Edema face/feet/body?</p> <p>D) Convulsion/fits?</p> <p>E) Vaginal bleeding before delivery?</p> <p>F) High fever?</p> <p>G) Abnormal vaginal discharge (foul smelling/dark)?</p> <p>H) Lower abdominal pain?</p>	1	0	-88	-99	
		1	0	-88	-99	
		1	0	-88	-99	
		1	0	-88	-99	
		1	0	-88	-99	
		1	0	-88	-99	
		1	0	-88	-99	
		1	0	-88	-99	
36	<p>Where did you seek treatment for [EACH PROBLEM LISTED IN 36]?</p> <p>This question will be repeated for every health problem you said you experienced during pregnancy <i>Interviewer: Select all that apply.</i></p>	<p>Her home..... 1/0</p> <p>Other home 1/0</p> <p>Government hospital 1/0</p> <p>Government health center..... 1/0</p> <p>Government health post..... 1/0</p> <p>Other public sector 1/0</p> <p>Private hospital/clinic..... 1/0</p> <p>Other private medical sector 1/0</p> <p>NGO/Faith-based health facility ... 1/0</p> <p>Traditional healer/medicine 1/0</p> <p>Other 1/0</p> <p>Nowhere, no treatment sought-77</p> <p>No response-99</p>				<p>Any of MFQ35 A- MFQ35 H=1</p>
37	<p>During (any of) your antenatal care visit(s) was there any discussion about the following:</p> <p>A) Place of delivery?</p>	Yes	No	DK	NR	<p>MFQ19= 1 or MFQ16= 1</p>
		1	0	-88	-99	

	B) Delivery by a skilled person?	1	0	-88	-99	
		1	0	-88	-99	
	C) Where to go in case of emergency?	1	0	-88	-99	
		1	0	-88	-99	
	D) Arrangement for transport in case of emergency?					
	E) Danger signs of pregnancy (severe headaches with blurred vision, high blood pressure, edema face/feet/body, convulsions/fits, bleeding before delivery)?	1	0	-88	-99	
38	Did you receive any tablets that should be taken to prevent bleeding after delivery? <i>A picture of misoprostol package will appear on the screen</i>	Yes 1 No..... 0 Don't know..... -88 No response -99				MFQ19= 1 or MFQ16= 1
39	During your most recent pregnancy, did you participate in a 1 to 5 meeting to discuss pregnancy-related issues with your team or team leader?	Yes 1 No, member but did not participate 2 No, not member..... 3 No response -99				K=1
Section 3 – Delivery						
<i>Now I would like to talk more about the delivery of your last baby.</i>						
40	Did you go to a maternity waiting home before going into labor? Hint: This is a room or home where women go to live before they deliver. It is not the waiting room in the health center	Yes 1 No..... 0 No response -99				K=1
41	Where did you give birth?	Her home..... 1				K=1

	<p><i>Probe to identify the type of facility.</i></p>	<p>Other home 2</p> <p>Government hospital 11</p> <p>Government health center 12</p> <p>Government health post 13</p> <p>Other public sector 14</p> <p>Private hospital/clinic 21</p> <p>Other private medical sector 22</p> <p>NGO/Faith-based health facility 31</p> <p>Other 96</p> <p>Nowhere, no treatment sought-77</p> <p>No response-99</p>	
42	<p>What are the reasons you did not go to a health facility for delivery?</p> <p>Any other reason?</p> <p><i>Select all that apply</i></p>	<p>Not necessary 1/0</p> <p>Not understand that service is needed 1/0</p> <p>Not customary 1/0</p> <p>Cost too much 1/0</p> <p>Lack of money 1/0</p> <p>Too far 1/0</p> <p>Transport problem 1/0</p> <p>No one to accompany 1/0</p> <p>No provider available 1/0</p> <p>Providers mistreat women 1/0</p> <p>Provider not competent 1/0</p> <p>Sent home 1/0</p> <p>Concern about privacy 1/0</p> <p>Family did not allow 1/0</p> <p>Better care at home 1/0</p> <p>Not know how to go 1/0</p> <p>No time to go for services 1/0</p> <p>Not know where to go 1/0</p> <p>For fear 1/0</p> <p>Had sudden delivery 1/0</p> <p>Other 1/0</p> <p>Don't know-88</p> <p>No response-99</p>	<p>MFQ41=</p> <p>1 or</p> <p>MFQ41=</p> <p>2 or 32</p>
43	<p>Who assisted with the delivery?</p> <p><i>If Respondent says 'No one assisted,' probe to determine whether any adults were present at the delivery. If Respondent says more than one person, ask who was the primary attendant.</i></p>	<p>No one assisted 0</p> <p>Doctor 1</p> <p>Health officer 2</p> <p>Nurse/Midwife 3</p> <p>Skilled attendant, can't distinguish4</p> <p>Health extension worker 5</p> <p>Health development army 6</p> <p>Traditional birth attendant 7</p> <p>Family member 8</p>	<p>K=1</p>

		Other 96 No response -99																									
44	Was the baby weighed at birth?	Yes 1 No 0 Don't know -88 No response -99	MFQ10= 1 & MFQ43> 1																								
45	Did you experience any of the following problems during the delivery: A) Severe bleeding? B) Leaking/rupture of membrane and no labor pain for >24 hours? C) Leaking/rupture of membrane before 9 months? D) Malpresentation (the feet/hand came out first) or malposition (baby lied transversely during pregnancy) E) Prolonged labor (>12 hours)?	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>DK</th> <th>NR</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>-88</td> <td>-99</td> </tr> <tr> <td>1</td> <td>0</td> <td>-88</td> <td>-99</td> </tr> <tr> <td>1</td> <td>0</td> <td>-88</td> <td>-99</td> </tr> <tr> <td>1</td> <td>0</td> <td>-88</td> <td>-99</td> </tr> <tr> <td>1</td> <td>0</td> <td>-88</td> <td>-99</td> </tr> </tbody> </table>	Yes	No	DK	NR	1	0	-88	-99	1	0	-88	-99	1	0	-88	-99	1	0	-88	-99	1	0	-88	-99	K=1
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1	0	-88	-99																								
1	0	-88	-99																								
1	0	-88	-99																								
46	Where did you seek treatment for the complications you experienced during delivery? <i>Select all that apply.</i>	Her home 1/0 Other home 1/0 Government hospital 1/0 Government health center 1/0 Government health post 1/0 Other public sector 1/0 Private hospital/clinic 1/0 Other private medical sector 1/0	Any of MFQ45 A-E=1 Cannot Select - 77 or - 99 and other option																								

		NGO/Faith-based health facility ...1/0 Traditional healer/medicine 1/0 Other 1/0 Nowhere, no treatment sought-77 No response-99																	
47	<p>Did you experience any of the following problems after the delivery:</p> <p>A) Retained placenta? (more than 30 minutes)</p> <p>B) High fever with foul/smelly discharge or lower abdominal pain?</p> <p>C) Severe/heavy bleeding?</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>DK</th> <th>NR</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>-88</td> <td>-99</td> </tr> <tr> <td>1</td> <td>0</td> <td>-88</td> <td>-99</td> </tr> <tr> <td>1</td> <td>0</td> <td>-88</td> <td>-99</td> </tr> </tbody> </table>	Yes	No	DK	NR	1	0	-88	-99	1	0	-88	-99	1	0	-88	-99	K=1
Yes	No	DK	NR																
1	0	-88	-99																
1	0	-88	-99																
1	0	-88	-99																
48	<p>Where did you seek treatment for [EACH PROBLEM LISTED IN 47]?</p> <p>This question will be repeated for every health problem you said you experienced after delivery</p>	Her home..... 1/0 Other home 1/0 Government hospital 1/0 Government health center..... 1/0 Government health post 1/0 Other public sector 1/0 Private hospital/clinic..... 1/0 Other private medical sector 1/0 NGO/Faith-based health facility ... 1/0 Traditional healer/medicine 1/0 Other 1/0 Nowhere, no treatment sought-77 No response-99	Any of MFQ47 A- MFQ47 C=1 Cannot Select - 77 or - 99 and other option																
49	<p>Did you receive any injection after you delivered to prevent excess bleeding?</p> <p><i>A picture of oxytocin/potosin will appear on the screen</i></p>	Yes 1 No 0 Don't know.....-88 No response-99	K=1																

50	<p>How long were you in labor before you left your home to seek care?</p> <p><i>You will enter a number for x on the next screen.</i></p>	<p>Minutes: Hours: Before labor started-77 Don't know..... -88 No response-99</p>	<p>MFQ41= 11-14 or 21 to 31</p>
51	<p>Was your delivery by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>Yes 1 No 0 No response-99</p>	<p>MFQ41= 11-14 or 21 to 31</p>
52	<p>Did you receive blood transfusion for this delivery?</p>	<p>Yes 1 No 0 Don't know..... -88 No response -99</p>	<p>K=1</p>
53	<p>How much money did you spend for health care related costs during this pregnancy, not including delivery costs?</p>	<p>Amount: Don't know..... -88 No response-99</p>	<p>K=1</p>
54	<p>How much money did you spend for care during delivery?</p>	<p>Amount: Don't know..... -88 No response-99</p>	<p>K=1</p>
55	<p>How much money did you spend on transport costs for delivery? This includes round-trip cost.</p>	<p>Amount: Don't know..... -88 No response-99</p>	<p>MFQ41> 1</p>

Section 4-Post-Partum

Now I would like to ask you about what happened after delivery.

56	<p>What was used to cut the cord?</p>	<p>Surgical blade..... 1 Razor blade 2 Bamboo strips 3 Scissor..... 4 Others..... 96 Don't know-88 No response-99</p>	<p>K=1 & 41=1 or 2</p>
57	<p>Was the instrument boiled before cutting the cord?</p>	<p>Yes 1 No 0 New blade/ no need to boil..... 2 Don't know..... -88 No response-99</p>	<p>K=1 & 41=1 or 2</p>
58	<p>Was anything applied to the cord after cutting and tying it?</p>	<p>Yes 1 No 0 Don't know.....-88 No response-99</p>	<p>K=1</p>

59	<p>What was applied to the cord after cutting and tying the cord? <i>Select all that apply.</i></p>	<p>Chlorhexidine 1/0 Other antiseptic/Savlon 1/0 Antibiotics (Powder/Ointment)..... 1/0 Spirit/Alcohol 1/0</p>	<p>MFQ58 =1</p>
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		Gentian violet (GV)..... 1/0 Butter..... 1/0 Mustard oil with garlic..... 1/0 Chewed rice 1/0 Turmeric juice/powder 1/0 Ginger juice 1/0 Petroleum jelly..... 1/0 Body/Hair lotion 1/0 Cattle dung 1/0 Other 1/0 Don't know-88 No response-99													
Questions 60-74 will be repeated based on answers to question 10. If the respondent had twins or triplets, this series of question will appear for each child born in this pregnancy															
60	Did [NAME] cry/breathe normally immediately after birth?	Yes 1 No..... 0 Don't know..... -88 No response-99	MFQ10= 1												
61	Was anything done to help [NAME] cry or breathe immediately after birth? <i>Do not suggest any answers. Ask: Anything else? Select all that apply.</i>	Dried the baby 1/0 Wrapped the baby 1/0 Rubbed the back from stimulation 1/0 Rubbed the feet for stimulation 1/0 Use of ambu-bag..... 1/0 Heated the cord..... 1/0 Slapped the baby 1/0 Hold the baby upside down 1/0 Nothing done-77 Other 96 Don't know-88 No response-99	MFQ60= 0												
62	Who took initiative to resuscitate or to help the baby cry?	Doctor..... 1 Health officer 2 Nurse/Midwife..... 3 Skilled attendant,can't distinguish4 Health extension worker 5 Health development army 6 Traditional birth attendant..... 7 Other 96 Don't know-88 No response-99	MFQ61= 1-8												
63	Did the baby receive any of the following after delivery: Eye ointment? Any injection?	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>DK</th> <th>NR</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>-88</td> <td>-99</td> </tr> <tr> <td>1</td> <td>0</td> <td>-88</td> <td>-99</td> </tr> </tbody> </table>	Yes	No	DK	NR	1	0	-88	-99	1	0	-88	-99	MFQ10= 1
Yes	No	DK	NR												
1	0	-88	-99												
1	0	-88	-99												

64	Did someone place the baby naked on your chest against your skin, immediately after delivery of the baby?	Yes 1 No..... 0 Don't know..... -88 No response -99			MFQ10=1
65	After delivery, was [NAME] wrapped with a cloth?	Yes 1 No..... 0 Don't know -88 No response -99			MFQ10=1
66	How many minutes after delivery of [NAME] was he/she wrapped?	Minutes: Don't know..... -88 No response -99			MFQ65=1
67	When was [NAME] given a bath for the first time?	Immediately after birth..... 1 Within 24 hours 2 Second day 3 Third day 4 Days 4-6 5 Day 7 and later 6 Not given -77 Don't know -88 No response -99			MFQ10=1
68	How long after birth did you first put [NAME] to the breast? <i>Enter a number for Minutes, Hours, or Days on the next screen.</i> <i>If less than 1 hour, record minutes. If less than 24 hours, record hours; otherwise, record days.</i>	Minutes..... 1 Hours..... 2 Days 3 Not yet..... 0 Don't know..... -88 No response..... -99			MFQ10=1
68b	Number of minutes, hours or days baby first put to breast <i>If Immediately, record "0" minutes.</i>	Minutes <input type="text"/> Hours <input type="text"/> Days <input type="text"/>			MFQ68=2 or 3

		Yes	No	DK	NR	
69	Since this time yesterday, did [NAME] receive any of the following?					
	Breast milk?	1	0	-88	-99	
	Vitamin, mineral supplements or medicine?	1	0	-88	-99	
	Plain water?	1	0	-88	-99	
	Sweetened, flavored water or fruit juice or tea or infusion?	1	0	-88	-99	MFQ10= 1 & MFQ14= 1
	Oral rehydration solution (ORS)?	1	0	-88	-99	
	Infant formula?	1	0	-88	-99	
	Tinned, powered or fresh milk?	1	0	-88	-99	
	Herbal tonic/drinks	1	0	-88	-99	
	Any other liquids?	1	0	-88	-99	
	Anything else?	1	0	-88	-99	
	70	Has [NAME] ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	Yes 1 No 0 Don't know -88 No response -99			
71	Has [NAME] ever received oral polio vaccine, that is, about two drops in the mouth, or an injection in the arm to prevent polio?	Yes 1 No 0 Don't know -88 No response -99				MFQ10= 1

<p>72</p>	<p>What illness, if any, has [NAME] suffered from since birth?</p> <p><i>Select all that apply.</i></p> <p><i>Do not read aloud.</i></p>	<p>Poor feeding or unable to suck..... 1/0</p> <p>Diarrhea..... 1/0</p> <p>Pus in the umbilicus 1/0</p> <p>Redness of the umbilicus 1/0</p> <p>Red eye/passage of pus from eyes 1/0</p> <p>Hypothermia (temp 95.5-97.5 F) .. 1/0</p> <p>Jaundice 1/0</p> <p>Convulsion..... 1/0</p> <p>Skin rash/skin lesion..... 1/0</p> <p>Baby doesn't cry/breathe..... 1/0</p> <p>Fever (temp more than 101 F) 1/0</p> <p>Unconscious 1/0</p> <p>Fast breathing 1/0</p> <p>Sore throat/Tonsillitis 1/0</p> <p>Difficulty in breathing 1/0</p> <p>Chest in drawing..... 1/0</p> <p>Doesn't pass urine..... 1/0</p> <p>Doesn't pass stool 1/0</p> <p>Cold/cough 1/0</p> <p>Vomiting 1/0</p> <p>Reduced alertness (lethargy) 1/0</p> <p>No illness.....-77</p> <p>Other 96</p> <p>No response-99</p>	<p>K=1</p>
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73	<p>Where did you seek treatment for [EACH PROBLEM LISTED IN 72]?</p> <p>This question will be repeated for every illness you said that [NAME] experienced since birth <i>Select all that apply.</i></p>	Her home 1/0 Other home 1/0 Government hospital 1/0 Government health center 1/0 Government health post 1/0 Other public sector 1/0 Private hospital/clinic 1/0 Other private medical sector 1/0 NGO/Faith-based health facility 1/0 Traditional healer/medicine 1/0 Other 1/0 Nowhere, no treatment sought -77 No response -99	Any of MFQ72 except -77, -99 Cannot Select -77 or -99 and other option																				
74	<p>Has any health extension worker visited you since delivery?</p>	Yes 1 No 0 No response -99	K=1																				
75	<p>How many days after birth did the health extension worker visit you?</p> <p><i>If less than 24 hours, write 0 days</i></p>	Days: Don't know -88 No response -99	MFQ74=1																				
76	<p>At that visit did you receive counseling for:</p> <p>A) Family planning?</p> <p>B) Exclusive Breastfeeding?</p> <p>C) Immunization?</p> <p>D) Childcare, including infant feeding, growth, and development?</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>DK</th> <th>NR</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>-88</td> <td>-99</td> </tr> <tr> <td>1</td> <td>0</td> <td>-88</td> <td>-99</td> </tr> <tr> <td>1</td> <td>0</td> <td>-88</td> <td>-99</td> </tr> <tr> <td>1</td> <td>0</td> <td>-88</td> <td>-99</td> </tr> </tbody> </table>	Yes	No	DK	NR	1	0	-88	-99	1	0	-88	-99	1	0	-88	-99	1	0	-88	-99	MFQ74=1
Yes	No	DK	NR																				
1	0	-88	-99																				
1	0	-88	-99																				
1	0	-88	-99																				
1	0	-88	-99																				
77	<p>Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?</p>	Yes 1 No 0 No response -99	K=1																				

Thank the respondent for her time and update the ID card
Before you leave, update the ID card with the respondent's name, baby's name (if given), the outcome of the birth (live birth, still birth, miscarriage), whether there were multiple births, and whether the baby is still alive.

FOLLOW UP INTERVIEW DATES

FU6 W	Date of six-week interview	Date	Month	Day	Year	K=1
	<i>Enter Jan 1, 2020 if woman refuses to schedule upcoming interview</i>					
FU6 M	Date of six-month interview	Date	Month	Day	Year	K=1
	<i>Enter Jan 1, 2020 if woman refuses to schedule upcoming interview</i>					

LOCATION

	Did the interview take place at the respondent's home, her family home, or somewhere else?	Respondents home..... 1 Her Family home 2 Somewhere else3	Always
M	Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.</i> <i>GPS coordinates can only be collected when outside.</i>	RECORD LOCATION	Always

QUESTIONNAIRE RESULT

N	How many times have you visited this household to interview this female respondent?	1 st time 1 2 nd time 2 3 rd time 3	Always
O	Questionnaire result <i>Record the result of the Female Questionnaire</i>	Completed 1 Not at home 2 Postponed..... 3 Refused 4 Partly completed 5 Incapacitated 6 Respondent death 7 Respondent moved..... 8 Household moved 9	Always