

Six-week follow-up questionnaire

Maternal and Neonatal Health Survey – Second 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				If A=0
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	If B=0	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	<i>ODK will populate a list of appropriate zones based on the selected region. This will be SNNPR for all respondents.</i>				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>				If D=0

E6	<p>Please record the following from the household listing form:</p> <p>Structure number</p>		Always
E7	<p>Please record the following from the household listing form:</p> <p>Household number</p>		Always
F	<p>Respondent's name</p> <p>Enter the respondent's name exactly as it appears on the ID card given at enrollment.</p>	Respondent's name	Always
G	<p>Fill in the following from the ID card given at enrollment:</p> <p>How many children were in this pregnancy? (eg twin or triplet?)</p>	Single 1 Twin..... 2 Triplet + 3 No response-99	Always
H	<p>Fill in the following from the ID card given at enrollment:</p> <p>What was the outcome of this pregnancy for the [first/second/third] baby born?</p> <p>ODK Will repeat H for each child identified in G.</p>	Live birth..... 1 Still birth 2 No response-99	Always
I	<p>Fill in the following from the ID card given at enrollment:</p> <p>Was the baby still alive at first visit?</p> <p>ODK Will repeat I for each child identified in G.</p>	Yes 1 No..... 0	H=1
J	<p>Fill in the following from the ID card given at enrollment:</p> <p>Type name given to baby if name given by first interview. Otherwise, type BABY</p> <p>ODK Will repeat J for each child identified in G.</p>	Yes 1 No..... 0	H=1
K	<p>Is the respondent present and available to be interviewed today?</p>	Yes 1 No, unavailable..... 2 No, died 3 No response-99	Always

L	Date of death	Day: Month:				K=3
INFORMED CONSENT						
<i>Confirm that this woman has previously completed the Informed Consent.</i>						
M	Do you still consent to participate in this study?	Yes	1	No.....	0	Always
N	Interviewer's name: <i>Mark your name as a witness to the consent process.</i>					M=1
Antenatal						
1	Did you experience any of the following problems during this pregnancy?	Yes	No	DK	NR	M=1
	I) Severe headache with blurred vision?	1	0	-88	-99	
	J) High blood pressure?	1	0	-88	-99	
	K) Edema face/feet/body?	1	0	-88	-99	
	L) Convulsion/fits?	1	0	-88	-99	
	M) Vaginal bleeding before delivery?	1	0	-88	-99	
	N) High fever?	1	0	-88	-99	
	O) Abnormal vaginal discharge (foul smelling/dark)?	1	0	-88	-99	
P) Lower abdominal pain?	1	0	-88	-99		
2	Where did you seek treatment for [EACH PROBLEM LISTED IN 1]?	Her home	1/0	Other home	1/0	Any of MSQ1A-MSQ1H=1 If MSQ2=-77 or =-99 cannot select other options
	This question will be repeated for every health problem you said you experienced during pregnancy <i>Select all that apply.</i>	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				
3	Did you experience any of the following problems during the delivery:	Yes	No	DK	NR	M=1
	F) Severe bleeding?	1	0	-88	-99	
	G) Leaking/rupture of membrane and no labor pain for >24 hours?	1	0	-88	-99	
	H) Leaking/rupture of membrane before 9 months?	1	0	-88	-99	
	I) Malposition (baby lied transversely during pregnancy)/Malpresentation (the feet/hand came out first)?	1	0	-88	-99	
	J) Prolonged labor (>12 hours)?	1	0	-88	-99	
4	Where did you seek treatment for the complications you experienced during delivery? <i>Select all that apply.</i>	Her home	1/0			Any of MSQ3A-MSQ3E=1 Cannot Select -77 or -99 and other option
		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					

5	<p>Did you experience any of the following problems <i>after the delivery</i>?</p> <p>D) Retained placenta? (more than 30 minutes)</p> <p>E) High fever with foul/smelly discharge or lower abdominal pain?</p> <p>F) Severe/heavy bleeding?</p>	Yes 1 1 1	No 0 0 0	DK -88 -88 -88	NR -99 -99 -99	M=1
6	<p>Where did you seek treatment for [EACH PROBLEM LISTED IN 5]?</p> <p>This question will be repeated for every health problem you said you experienced after delivery</p> <p>Select all that apply.</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 MSQ5A-MSQ5C=1</p> <p>Cannot Select -77 or -99 and other option</p>
<p>Neonatal</p> <p><i>Starting with the first child born, I would like to ask you some questions.</i></p> <p><i>ODK will repeat questions 7-21 for each child born.</i></p>						
7	<p>What was the name given to the baby that was just born?</p> <p>Write 'Baby' if no name given</p>	<p>Name:</p> <p>No response-99</p>				<p>If M=1 AND J=0</p>
8	<p>Is [NAME] still alive?</p>	<p>Yes 1</p> <p>No..... 0</p> <p>No response-99</p>				<p>If M=1 AND H=1 AND I=1</p>

9	IF DEAD: What date did the baby die?	Day: Month: Year: Don't know.....-88 No response-99	If MSQ8=0 AND I=1
10	IF DEAD: Exactly how old was [NAME] when (he/she) died? <i>Don't restrict days, but has to be one or more weeks</i>	Days: Don't know.....-88 No response-99	If MSQ8=0 AND I=1
11	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	If M=1 AND H=1
12	After delivery, was [NAME] wrapped with a cloth?	Yes 1 No..... 0 Don't know-88 No response -99	If M=1 AND H=1
13	How many minutes after delivery of [NAME] was he/she wrapped?	Minutes: Don't know.....-88 No response-99	If MSQ12=1
14	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	If M=1 AND H=1
14b	Number of hours or days baby first put to breast	Minutes <input type="text"/> Hours Ago <input type="text"/> Days Ago <input type="text"/>	If MSQ14=1, 2,3
15	Since this time yesterday, did [NAME] receive any of the following? Breastmilk? Vitamin, mineral supplements or medicine? Plain water? Sweetened, flavored water or fruit juice or tea or infusion?	Yes No DK NR 1 0 -88 -99 1 0 -88 -99 1 0 -88 -99 1 0 -88 -99	MSQ8=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	
16	Did [NAME] ever receive a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	Yes	1	No.....	0	If M=1 AND I=1
		Don't know.....	-88	No response	-99	
17	Did [NAME] ever receive oral polio vaccine, that is, about two drops in the mouth to prevent polio?	Yes	1	No.....	0	If M=1 AND I=1
		Don't know.....	-88	No response	-99	
18	What illness, if any, did [NAME] suffer from before our first visit? <i>Select all that apply</i> <i>Do not read aloud.</i>	Poor feeding or unable to suck.....	1/0	Diarrhea	1/0	If M=1 AND H=1
		Pus in the umbilicus	1/0	Redness of the umbilicus	1/0	
		Red eye/passage of pus from eyes	1/0	Hypothermia (temp 35.3-36.4 C)..	1/0	
		Jaundice	1/0	Convulsion.....	1/0	
		Skin rash/skin lesion	1/0	Baby doesn't cry/breathe	1/0	
		Fever (temp more than 38.3 C)....	1/0	Unconscious.....	1/0	
		Fast breathing	1/0	Sore throat/Tonsillitis.....	1/0	
		Difficulty in breathing.....	1/0	Chest in drawing	1/0	
		Doesn't pass urine.....	1/0	Doesn't pass stool.....	1/0	
		Cold/cough	1/0	Vomiting	1/0	
		Reduced alertness (lethargy)	1/0	Other	1/0	
		None, no illness.....	-77	No response	-99	

19	<p>Where did you seek treatment for [EACH PROBLEM LISTED IN 18]?</p> <p>This question will be repeated for every illness you said that [NAME] experienced after our first visit</p> <p><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 MSQ18 except -77, -99 Cannot Select -77 or -99 and other option
20	<p>What illness, if any, did [NAME] suffer from after our first visit?</p> <p><i>Select all that apply</i></p> <p><i>Do not read aloud.</i></p>	Poor feeding or unable to suck..... 1/0 Diarrhea 1/0 Pus in the umbilicus 1/0 Redness of the umbilicus 1/0 Red eye/passage of pus from eyes 1/0 Hypothermia (temp 35.3-36.4 C).. 1/0 Jaundice 1/0 Convulsion..... 1/0 Skin rash/skin lesion 1/0 Baby doesn't cry/breathe 1/0 Fever (temp more than 38.3 C).... 1/0 Unconscious..... 1/0 Fast breathing 1/0 Sore throat/Tonsillitis..... 1/0 Difficulty in breathing 1/0 Chest in drawing 1/0 Doesn't pass urine..... 1/0 Doesn't pass stool 1/0 Cold/cough 1/0 Vomiting 1/0 Reduced alertness (lethargy) 1/0 Other 1/0 None, no illness.....-77 No response-99	If M=1 AND H=1 AND I=1 Cannot Select -77 or -99 and other option
21	<p>Where did you seek treatment for [EACH PROBLEM LISTED IN 20]?</p> <p>This question will be repeated for every illness you said that [NAME] experienced since our first visit</p>	He 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	Any of MSQ20 except -77, -99 Cannot Select -77 or -99 and

	<i>Select all that apply.</i>	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	other option
22	Did anyone refer you to treatment for any illness that the baby has had since birth?	Yes 1 No..... 0 No response-99	MSQ18>0 OR MSQ20>0
23	Who referred you?	Doctor..... 1/0 Health officer 1/0 Nurse/midwife 1/0 Skilled worker, can't distinguish ... 1/0 Health extension worker..... 1/0 Health development army 1/0 Traditional birth attendant 1/0 Husband/partner..... 1/0 Family/friend..... 1/0 Other 1/0 No response-99	MSQ22=1
Section – Post-Natal			
<i>I would like to follow up on how you and your baby are doing.</i>			
24	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Has any health extension worker visited you since delivery or did you go anywhere for care for yourself?	Yes 1 No..... 0 Don't know-88 No response-99	If M=1
25	Who checked on your health since delivery? <i>(Select all that apply)</i>	Doctor..... 1/0 Health officer 1/0 Nurse/midwife 1/0 Skilled worker, can't distinguish ... 1/0 Health extension worker..... 1/0 Health development army 1/0 Traditional birth attendant 1/0 Other 1/0 No response-99	If MSQ24=1
26	Where did the checks take place since delivery? <i>(Select all that apply)</i>	Her home 1/0 Other home 1/0 Government hospital 1/0	If MSQ24=1

		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					
27	How long after delivery did that first check take place? <i>Record only first visit.</i>	Days: 1 Weeks 2 Don't know-88 No response -99	If MSQ24=1				
27b	Record length of time in days or weeks	<table border="1"> <tr> <td>Days After Delivery</td> <td><input type="text"/></td> </tr> <tr> <td>Weeks After Delivery</td> <td><input type="text"/></td> </tr> </table>	Days After Delivery	<input type="text"/>	Weeks After Delivery	<input type="text"/>	MSQ27=1 or 2
Days After Delivery	<input type="text"/>						
Weeks After Delivery	<input type="text"/>						
28	I would like to talk to you about checks on your baby's health after delivery—for example, someone examining the baby, checking the cord, or seeing if he/she is OK. Did any health worker visit you since delivery to check the baby's health or did you go anywhere for care for the baby?	Yes 1 No..... 0 Don't know-88 No response -99	M=1 AND H=1				
29	Who checked on the baby's health since delivery? <i>(Select all that apply)</i>	Doctor..... 1/0 Health officer 1/0 Nurse/midwife 1/0 Skilled worker, can't distinguish ... 1/0 Health extension worker..... 1/0 Health development army 1/0 Traditional birth attendant 1/0 Other 1/0 No response -99	If MSQ28=1				
30	Where did the checks take place since 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	If MSQ28=1				

		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	
31	How long after delivery did that first check take place? <i>Record only first visit.</i>	Days 1 Weeks 2 Don't know-88 No response-99	If MSQ28=1
31b	Record length of time in days or weeks	Days After Birth <input type="text"/> Weeks After Birth <input type="text"/>	MSQ31=1 or 2
Section – Family Planning <i>I would like to ask you a few questions about family planning.</i>			
32	Have you received any counseling on family planning since delivery?	Yes 1 No 0 No response-99	If M=1
33	Have you resumed sexual activity since the birth of [NAME]?	Yes 1 No 0 No response-99	If M=1
34	Are you or your partner currently doing something or using any family planning method to delay or avoid getting pregnant?	Yes 1 No 0 No response-99	If MSQ33=1
35	Which method are you using? <i>Circle all method mentioned. If more than one code is circled, circle the highest code in the list</i>	Female Sterilization 1 Male Sterilization 2 Implant..... 3 IUD 4 Injectables 5 Pill..... 7 Emergency Contraception..... 8 Male Condom 9 Female Condom..... 10 Std. Days/Cycle beads 13 LAM 14 Rhythm method..... 30 Withdrawal..... 31 Other traditional methods 39 No response-99	If MSQ34=1
36	Before you started using [CURRENT METHOD], had you discussed the decision to delay or avoid pregnancy with your husband/partner?	Yes 1 No 0 Don't know-88	If MSQ34=1

		No response-99	
37	Would you say that using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?	Mainly respondent..... 1 Mainly husband /partner..... 2 Joint decision 3 Other 96 No response-99	If MSQ34=1
38	Did any of the health service providers force you to accept or insist that you should accept [CURRENT METHOD]?	Yes 1 No..... 0 Don't know-88 No response-99	If MSQ34=1
39	Would you say that not using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?	Mainly respondent..... 1 Mainly husband /partner..... 2 Joint decision 3 Other 96 No response-99	If MSQ34=0 AND MSQ33=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.

LOCATION

O	<p>Location</p> <p>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.</p> <p>GPS coordinates can only be collected when outside.</p>	RECORD LOCATION	Always
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QUESTIONNAIRE RESULT

P	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
Q	<p>Questionnaire result</p> <p>Record the result of the Female Questionnaire</p>	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