

Six-month follow-up questionnaire

Maternal and Neonatal Health Survey – Interview Three

NO	QUESTIONS AND FILTERS	CODING CATEGORIES				Relevant
IDENTIFICATION						
A	Is this interview conducted face to face or over the phone?	Face to face	1	Phone	2	Always
B	Your name: [Interviewer name from Female Screening Questionnaire]	Yes	1	No	0	Always
	Is this your name?	Interviewer's Name				If B=0
C	Current date and time. [ODK will display on screen]	Yes	1	No	0	Always
	Is this date and time correct?	Date	Month	Day	Year	If C=0
D	Record the correct date and time.	Time	Hours	Minutes	AM/PM	
E	QR Code <i>Scan the QR code that appears on the ID card given at enrollment. If you are unable to scan the QR code enter the number on the next screen</i>	QR code				Always
E1	Record the correct number on the ID card					If E=0
F1	Region	<i>ODK will populate a list of appropriate zones based on the selected region. This will be SNNPR for all respondents.</i>				If E=0
F2	Zone	<i>ODK will populate a list of appropriate zones based on the selected region.</i>				If E=0
F3	District	<i>ODK will populate a list of appropriate districts based on the selected zone.</i>				If E=0
F4	Locality Name	<i>ODK will populate a list of appropriate localities based on the selected district. There may be only one choice.</i>				If E=0
F5	Enumeration area	<i>ODK should populate the appropriate EA</i>				If E=0

F6	Please record the following from the household listing form: Structure number		Always
F7	Please record the following from the household listing form: Household number		Always
G	Respondent's name Enter the respondent's name exactly as it appears on the ID card given at enrollment.	Respondent's name	Always
H	Fill in the following from the ID card given at enrollment: How many children were in this pregnancy? (eg twin or triplet?)	Single 1 Twin 2 Triplet + 3 No response -99	Always
I	Fill in the following from the ID card given at enrollment: What was the outcome of this pregnancy for the [first/second/third] baby born? ODK Will repeat H for each child identified in G.	Live birth 1 Still birth 2 No response -99	Always
J	Fill in the following from the ID card given at enrollment: Was [NAME] still alive at the second visit?	Yes 1 No 0	I=1
K	Fill in the following from the ID card given at enrollment: Type name given to baby if name given by second interview. Otherwise, type BABY ODK Will repeat J for each child identified in I.	Name:	I=1
L	Is the respondent present and available to be interviewed today?	Yes 1 No, unavailable 2 No, died 3	Always
M	Date of death	Day: Month:	If L=3

INFORMED CONSENT

Confirm that this woman has previously completed the Informed Consent for Interview 1.

N	Do you still consent to participate in this study?	Yes 1 No..... 0				Always
O	Interviewer's name: [ODK will display the Interviewer's name from linkedIMEI number] <i>Mark your name as a witness to the consent process.</i>				If N=1	
Antenatal						
1	Did you experience any of the following problems during this pregnancy? Q) Severe headache with blurred vision? R) High blood pressure? S) Edema face/feet/body? T) Convulsion/fits? U) Vaginal bleeding before delivery? V) High fever? W) Abnormal vaginal discharge (foul smelling/dark)? X) Lower abdominal pain?	Yes	No	DK	NR	If N=1
		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	
2	Where did you seek treatment for [EACH PROBLEM LISTED IN 1]? This question will be repeated for every health problem you said you experienced during pregnancy <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 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 MTQ1A- MTQ1H=1 If MSQ2=- 77 or =-99 cannot select other options	
3	Did you experience any of the following problems during the delivery: K) Severe bleeding?	Yes	No	DK	NR	If N=1

		1	0	-88	-99	
	L) Leaking/rupture of membrane and no labor pain for >24 hours?	1	0	-88	-99	
	M) Leaking/rupture of membrane before 9 months?	1	0	-88	-99	
	N) Malposition (baby lied transversely during pregnancy)/Malpresentation (the feet/hand came out first)?	1	0	-88	-99	
	O) Prolonged labor (>12 hours)?	1	0	-88	-99	
4	<p>Where did you seek treatment for problems reported during delivery?</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 MTQ3A-MTQ3E=1 Cannot Select -77 or -99 and other option			
5	<p>Did you experience any of the following problems after the delivery?</p>	Yes 1	No 0	DK -88	NR -99	If N=1

	<p>G) Retained placenta? (more than 30 minutes)</p> <p>H) High fever with foul/smelly discharge or lower abdominal pain</p> <p>I) Severe/heavy bleeding</p> <p><i>Select all that apply.</i></p>	1	0	-88	-99	
		1	0	-88	-99	
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><i>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 MTQ5A-MTQ5C=1</p> <p>Cannot Select -77 or -99 and other option</p>
Neonatal						
<i>Starting with the first child born, I would like to ask you some questions.</i>						
ODK will repeat questions 7-26 for each child born.						
7	<p>What was the name given to the baby that was just born?</p> <p><i>Write 'Baby' if no name given</i></p>	<p>Name:</p> <p>No response -99</p>				N=1 AND K=0
8	<p>Is [NAME] still alive?</p>	<p>Yes 1</p> <p>No 0</p> <p>No response -99</p>				If N=1 AND I=1 AND J=1
9	<p>IF DEAD: What date did the baby die?</p>	<p>Day:</p> <p>Month:</p> <p>Year:</p> <p>Don't know -88</p> <p>No response -99</p>				If MTQ8=0 AND J=1
10	<p>IF DEAD: Exactly how old was [NAME] when (he/she) died?</p>	<p>Days:</p> <p>Don't know -88</p>				If MTQ8=0 OR J=0

	<i>Don't restrict days, but has to be one or more weeks</i>	No response-99				
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 I=1 AND N=1
12	After delivery, was [NAME] wrapped with a cloth?	Yes 1 No..... 0 Don't know-88 No response -99				If I=1 AND N=1
13	How many minutes after delivery of [NAME] was he/she wrapped?	Minutes: Don't know.....-88 No response -99				If MTQ12=1
14	How long after birth did you first put [NAME] to the breast? <i>Enter a number for 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 Don't know..... -88 No response -99				If I=1 AND N=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 OR 2
15	Since this time yesterday, did [NAME] receive any of the following?	Yes	No	DK	NR	MTQ8=1
	Breastmilk?	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	
	Oral rehydration solution (ORS)?	1	0	-88	-99	
	Infant formula?	1	0	-88	-99	
	Tinned, powered or fresh milk?	1	0	-88	-99	

	<p>Any other liquids</p> <p>Herbal tonic/drinks</p> <p>Solid or semi-solid (mushy) foods?</p> <p>Anything else?</p>	1	0	-88	-99		
		1	0	-88	-99		
		1	0	-88	-99		
		1	0	-88	-99		
16	<p>Do you have a card where [NAME'S] vaccinations are written down?</p> <p><i>If yes: May I see it please?</i></p>	Yes, seen	1	Yes, not seen	2	MTI=1 OR MT8=0	
		No card.....	0	Don't know.....	-88		
		No response	-99				
17	<p>Did you ever have a vaccination card for [NAME]?</p>	Yes	1	No.....	0	MTI=1 OR MT8=0 AND MT16=3,- 88,-99	
		Don't know	-88	No response	-99		
18	<p>Vaccine Card</p> <p>(1) Copy date from the card for each vaccine</p> <p>(2) If any of the date record/s is/are missing or not legible, record the default date (01-January-2020) for specific missing or illegible records and mentions the missing or illegible record in the check box prepared below each vaccine.</p> <p><i>One vaccine per screen</i></p>			Last Birth		A=1 AND MTQ16=1	
		Vaccine	Day	Month	Year		
		BCG					
		Polio-0					
		Polio-1					
		Pentavalent-1					
		PCV-1					
		Rota-1					
		Polio-2					
		Pentavalent-2					
		PCV-2					
		Rota-2					
		Polio-3					
		Pentavalent-3					
		PCV-3					
		Vitamin A					
19	<p>Please tell me if [NAME] received any of the following vaccinations:</p> <p>A) A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar</p>	Yes	No	DK	NR	A=2 OR MTQ16=2, 3, or -88	
		1	0	-88	-99		

	<p>B) Polio vaccine, that is, about two drops in the mouth, or an injection in the arm to prevent polio?</p> <p>C) A PENTA vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?</p> <p>D) A Rota vaccination, that is, drops in the mouth to prevent diarrheal disease?</p> <p>E) A PCV vaccination, that is, an injection given in the thigh or buttocks</p>	1	0	-88	-99	
		1	0	-88	-99	
		1	0	-88	-99	
		1	0	-88	-99	
20	Was the first polio vaccine received in the first two weeks after birth or later?	First two weeks	1	Later	0	MTQ19b= =1
		Don't know.....	-88	No response	-99	
21	How many times was the polio vaccine received?	Number of times:		Don't know.....	-88	MTQ19b= 1
		No response	-99			
22	How many times was the PENTA vaccine received?	Number of times:		Don't know.....	-88	MTQ19c= 1
		No response	-99			
23	<p>What illness, if any, did [NAME] suffer from before our first visit?</p> <p><i>Select all that apply</i></p>	Poor feeding or unable to suck.....	1/0	Diarrhea	1/0	<p>If N=1 AND I=1</p> <p>Cannot Select - 77, -88 or -99 and other option</p>
		Pus in the umbilicus	1/0	Redness of the umbilicus	1/0	
		Red eye/passage of pus from eyes..	1/0	Hypothermia (temp 95.5-97.5 F).....	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 101 F)	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 Constipation 1/0 No illness.....-77 Other -96 No response -99	
24	<p>Where did you seek treatment for [EACH PROBLEM LISTED IN 23]?</p> <p>This question will be repeated for every health problem you said [NAME] experienced before 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	MTQ23>0 Cannot Select -77 or -99 and other option
25	<p>What illness, if any, did [NAME] suffer from since our last visit?</p> <p><i>Select all that apply</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 95.5-97.5 F) .. 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 101 F) 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 Constipation 1/0 No illness.....-77 Other-96 No response -99	If N=1 AND I=1 AND J=1 Cannot Select -77 or -99 and other option

26	<p>Where did you seek treatment for [EACH PROBLEM LISTED IN 25]?</p> <p>This question will be repeated for every health problem you said [NAME] suffered since our last 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	If MTQ25>0 Cannot Select -77 or -99 and other option
Section – Post-Natal <i>I would like to follow up on how you and your baby are doing.</i>			
27	<p>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.</p> <p>Has any health worker visited you since delivery or did you go anywhere for care for yourself?</p>	Yes 1 No..... 0 Don't know-88 No response-99	If N=1
28	<p>Who checked on your health since delivery?</p> <p><i>Select all that apply.</i></p>	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 MTQ27=1
29	<p>Where did the checks take place since delivery?</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	If MTQ27=1

		Nowhere, no treatment sought-77 No response-99	
30	How long after delivery did that first check take place? <i>Record only first visit.</i>	Days: Weeks: Months: Don't know.....-88 No response-99	If MTQ27=1
30b	Record length of time in days or weeks	Days <input type="text"/> Weeks <input type="text"/> Months <input type="text"/>	MSQ31=1 or 2
31	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	If I=1
32	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 96 No response-99	If MTQ31=1
33	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 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	If MTQ31=1

34	<p>How long after delivery did that first check take place?</p> <p><i>Record only first visit.</i></p>	Days 1 Weeks 2 Months 3 Don't know-88 No response-99	If MTQ31=1
34b	<p>Record length of time in days or weeks</p>	Days After Birth <input type="text"/> Weeks After Birth <input type="text"/> Months After Birth <input type="text"/>	MSQ34=1 or 2
Section – Family Planning <i>I would like to ask you a few questions about family planning.</i>			
35	<p>Have you received any counseling on family planning since delivery?</p>	Yes 1 No..... 0 No response-99	If N=1
36	<p>How many months after the birth of the baby did you wait before resuming sexual activity?</p> <p><i>If less than a month record 0 for number of months</i></p>	Months: Within a month 0 Not yet started-77 No response-99	If N=1
37	<p>Are you or your partner currently doing something or using any family planning method to delay or avoid getting pregnant?</p>	Yes 1 No..... 0 No response-99	If N=1
38	<p>Which method are you using?</p> <p><i>Circle all method mentioned. If more than one code is circled, circle the highest code in the list</i></p>	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 MTQ37=1
39	<p>Where did you obtain [CURRENT METHOD] when you started using it after the birth of the baby?</p> <p><i>Probe to identify the type of source and circle the appropriate code. If unable to determine if hospital,</i></p>	Public Sector: Govt. Hospital..... 11 Govt. Health Center 12 Govt. Health Station/Clinic 13 Govt. Health Post/HEW..... 14 Other Public 15 NGO:	If MTQ37=1

	<i>health center or clinic is public or private medical, write the name of the place.</i>	NGO Health Facility 16 Voluntary Community Health Workers 17 Other NGO..... 18 Private Medical Sector: Private Hospital 21 Private Clinic 22 Pharmacy 23 Other Private Medical..... 24 Other Source: Drug Vendor/Store 31 Shop 32 Friend/Relative 33 Other 96 Don't know.....-88 No response -99	
40	When did you begin using your [CURRENT METHOD]?	Month: Year: Don't know.....-88 No response -99	If MTQ37=1
41	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 No response -99	If MTQ37=1
42	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 MTQ37=1
43	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 MTQ37=1
44	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 MTQ37=0
44	Has your menstrual cycle returned since the birth of [NAME]?	Yes 1 No..... 0 No response -99	If N=1
45	When did your last menstrual period start?	Days Ago: Weeks Ago:	If MTQ45=1

		Months Ago: Don't know.....-88 No response-99	
LOCATION			
P	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	A=1
QUESTIONNAIRE RESULT			
Q	How many times have you visited/called this household to interview this female respondent?	1 st time 1 2 nd time 2 3 rd time 3	Always
R	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 not found 8 Household moved 9 Unable to reach by phone 10	Always