PMA-Ethiopia
Panel Cohort 2 Six-week Follow-up Survey
Female Questionnaire

ETHIOPIA PANEL INTERVIEW 1—6 WEEKS IN PERSON POSTPARTUM	
IDENTIFICATION	
Enter the three digits of your Phone's ID	
A. Your name: ${your_name} Is this your name?	${your_name} != '' ○ Yes ○ No
A. Enter your name below. *Please record your name*	(${your_name_check} = 'no') or (${your_name} = '')

Current date	Day: Month: Year:
B. Is this date and time correct?	○ Yes ○ No

C. Record the correct date and time	${system_date_check} = 'no' Day: Month: Year:
E1. Region	○ Afar ○ Amhara ○ Oromiya ○ Somali ○ Benishangul Gumuz ○ Snnp ○ Gambela ○ Hareri ○ Addis Ababa ○ Dire Dawa Astedadar ○ Sidama filter_list=${this_form}
E2. Zone	filter_list=${level1}
E3. District	filter_list=${level2}
E4. Locality Name	filter_list=${level3}

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E5. Enumeration area	`filter_list=${level4}`
E6. Structure number *Please record the structure number from the woman's ID card.*	
E7. Household number *Please record the household number from the woman's ID card.*	

D. QR Code 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.*	
CHECK: Are the last 4 digits the same as the two digit EA number and the two digit number on the ID card? *If no, enter the 2 digit ID number on the next screen*	◯ Yes ◯ No

D1. Record the correct number on the ID card Confirm that the QR code matches the code on the card before advancing.	`${qr_check}='no'`
D2. Does the QR code match what is on the paper? QR Code - ${qr_code}	◯ Yes ◯ No
E8. Check: Have you already sent a form for this structure and household? *Do not duplicate any form unless you are correcting a mistake in an earlier form.*	◯ Yes ◯ No
WARNING: Contact your supervisor before sending this form again.	`${duplicate_check}='yes'`
E9. CHECK: Why are you resending this form? *Choose all that apply.*	`${duplicate_check}='yes'` ☐ I am correcting a mistake made on a previous form ☐ The previous form disappeared from my phone without being sent ☐ I submitted the previous form and my supervisor told me that it was not received ☐ Other reason(s)
F. Respondent's name *Enter the respondent's name exactly as it appears on the ID card given at enrollment.*	
G. Is the respondent present and available to be interviewed today?	◯ Yes ◯ No, unavailable ◯ No, died
H. When did the woman die; before delivery, during delivery or after delivery?	`${available} = 'no_died'` ◯ Before delivery ◯ During delivery ◯ After delivery ◯ Do not know ◯ No response

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I. Date of death *Enter '01-01-2030' for do not know*	${available} = 'no_died' Day: Month: Year:
INFORMED CONSENT *Confirm that this woman is still willing to participate in the study*	${available}='yes'
J. As a reminder, this is a study about maternal and newborn health. We will be visiting you at 2 other time points after this interview: at 6 months and 1 year postpartum. Do you still consent to participate in the study?	${available}='yes' ◯ Yes ◯ No
K. Interviewer's name: ${your_name} *Mark your name as a witness to the consent process.*	${consent_obtained} and ${your_name_check} = 'yes' ◯
K. Interviewer's name *Please record your name as a witness to the consent process. You previously entered ${name_typed}.*	${consent_obtained} and ((${your_name_check} = 'no') or (${your_name} = ''))
Section 1: COVID-19 *The next series of questions are about COVID-19, also called Coronavirus*	${consent_obtained}
COV4. How concerned are you about the spread of Coronavirus (COVID-19) in your community? *Read all options*	${consent_obtained} ◯ Very concerned ◯ Concerned ◯ A little concerned ◯ Not concerned ◯ Do not know ◯ No response
COV5. How concerned are you about getting infected yourself? *Read all options*	${consent_obtained} ◯ Very concerned ◯ Concerned ◯ A little concerned ◯ Not concerned ◯ I was infected with COVID-19 ◯ Do not know ◯ No response
COV5a. Will you take vaccination against Coronavirus (COVID-19) if it is offered to you?	${consent_obtained} ◯ Yes, I will take ◯ No, I won't ◯ Already vaccinated ◯ Not decided ◯ Do not know ◯ No response

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COV8. Since the Coronavirus (COVID-19) restrictions began , how much of a loss of income has your household experienced? *Read all options*	${consent_obtained} ○ No change ○ Partial ○ Complete ○ Do not know ○ No response
COV9. Since the Coronavirus (COVID-19) restrictions began, how much of a loss of income have you personally experienced? *Read all options*	${consent_obtained} and ${hh_loss_inc_lvl_cc} = 'partial' ○ Large ○ Moderate ○ Small ○ No change ○ Has no income ○ Do not know ○ No response
SECTION 2—BACKGROUND THE FOLLOWING QUESTIONS ARE ABOUT THE CHILD(REN) BORN FROM YOUR RECENT PREGNANCY	${consent_obtained}

	${consent_obtained}
P6W01. On what day and month did you give birth/did the pregnancy end? *Please record the date you gave birth/the pregnancy ended* *Select 'Do not know' for month and '2030' for year to indicate 'No response'*	${consent_obtained} Day: Month: Year:
-	○ Do not remember ○ No response
Do not know month	○

Please enter recent birth date or select Do not remember or No response or enter 2030 as year.	${consent_obtained} and (${recent_birth_dm}='' and ${dr_nr_rb_dm} = '')
You cannot select Do not remember or No response and also enter the recent birth date.	${consent_obtained} and ${recent_birth_dm} != '' and ${dr_nr_rb_dm} != '' and (format-date(${rec …
P6W01a. How many months pregnant were you when the [pregnancy ended/baby was born]?	${consent_obtained}
You cannot interview the respondent before 5 weeks postpartum *Please go back and correct the date of birth.*	${today} < ${birth_plus_5w}
P6W02. How many children were in this pregnancy? (eg. twin or triplet?)	${consent_obtained} ○ Single ○ Twin

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	○ Triplet + ○ No response
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*	${consent_obtained}

Child Information	${consent_obtained}
P6W03. What was the outcome of this pregnancy for the ${order_en} baby born?	${consent_obtained} ○ Live birth ○ Still birth ○ Miscarriage (spontaneous) ○ Abortion ○ No response
P6W04. Did the baby cry or show any signs of life?	${pregnancy_outcome} = 'still_birth' ○ Yes ○ No ○ No response
CHECK: The outcome of this pregnancy is live birth. Go back and correct P6W03.	${cry} = 'yes' and ${pregnancy_outcome} = 'still_birth'
P6W05. What was the name given to the baby that was just born? *Write 'Baby' if no name given*	${pregnancy_outcome} = 'live_birth'
P6W06. Is ${baby_name} a boy or a girl?	${pregnancy_outcome} = 'live_birth' ○ Boy ○ Girl ○ No response
P6W07. Is ${baby_name} still alive?	${pregnancy_outcome} = 'live_birth' ○ Yes ○ No ○ No response
P6W08a. IF DEAD: Exactly how many days, weeks or months old was ${baby_name} when (he/she) died? *If less than 1 week, select days*	${still_alive} = 'no' ○ Days ○ Weeks ○ Months ○ Do not know ○ No response
P6W08b. Enter the number of ${when_died_lab}	${baby_when_died} = 'days' or ${baby_when_died} = 'weeks' or

	${baby_when_died} = 'months'
P6W04b. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all? *Remind the postpartum respondent that we are asking about her most recent pregnancy, or if currently pregnant respondent about the current pregnancy*	${consent_obtained} and ${twin_triple} != '-99' ○ Then ○ Later ○ Not at all ○ No response
SECTION 3-ANTENATAL CARE *Now I would like to ask about the care that you received during pregnancy.*	${consent_obtained} and (${total_live_birth} > 0 or ${total_still_birth} > 0)
P6W09. At any point in your pregnancy, did you see a health extension worker for antenatal care?	${consent_obtained} and (${total_live_birth} > 0 or ${total_still_birth} > 0) ○ Yes ○ No ○ Do not know ○ No response
P6W10. Where did you see the HEW? *Select all that apply*	${preg_see_hew_anc} = 'yes' ☐ Home ☐ Government health post ☐ Other health facility ☐ Other ☐ No response
P6W11. How many times did you receive antenatal care during this pregnancy from a health extension worker, either at a health post or at home? *Don't know: -88 No response: -99*	${preg_see_hew_anc} = 'yes'
P6W12. How many months pregnant were you when you first talked to a health extension worker about your pregnancy? *Don't know: -88 No response: -99*	${preg_see_hew_anc} = 'yes'
P6W13. Did you see a professional healthcare provider, other than an HEW, for antenatal care during this pregnancy?	${consent_obtained} and (${total_live_birth} > 0 or ${total_still_birth} > 0) ○ Yes ○ No ○ Do not know ○ No response
P6W14. Whom did you see, not including an HEW? Anyone else? *Select all that apply* *Probe to identify each type of person and record all mentioned*	${saw_hcp} = 'yes' ☐ Doctor ☐ Health officer ☐ Nurse/midwife ☐ Professional healthcare provider, can't distinguish

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	☐ Other ☐ No response
P6W15. How many times did you receive antenatal care during this pregnancy from a professional healthcare provider, other than an HEW? *Don't know: -88 No response: -99*	`${saw_hcp} = 'yes'`
P6W16. How many months pregnant were you when you first received antenatal care from a professional healthcare provider other than an HEW for this pregnancy? *Don't know: -88 No response: -99*	`${saw_hcp} = 'yes'`
P6W17. Where did you receive antenatal care for this pregnancy, not including from the HEW? Anywhere else? *Select all that apply* *Probe to identify the type of source and record all mentioned*	`${consent_obtained} and ${saw_hcp} = 'yes'` ☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Other ☐ Nowhere, no treatment sought ☐ No response
P6W18. As part of your antenatal care during this pregnancy were any of the following measured at least once: *This includes any ANC from any provider*	
A) Was your blood pressure measured?	◯ Yes ◯ No ◯ Do not know ◯ No response
B) Was your weight taken?	◯ Yes ◯ No ◯ Do not know ◯ No response
C) Did you give a urine sample that was not for a pregnancy test?	◯ Yes ◯ No ◯ Do not know ◯ No response
D) Did you give a blood sample?	◯ Yes ◯ No

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	○ Do not know ○ No response
E) Did you give a stool sample?	○ Yes ○ No ○ Do not know ○ No response
P6W19. I don't want to know the results, but as part of your antenatal care were you: *This includes any ANC from any provider*	
A) Tested for syphilis?	○ Yes ○ No ○ Do not know ○ No response
B) Did you receive the results of your test?	${syp_tested} = 'yes' ○ Yes ○ No ○ Do not know ○ No response
C) Did someone discuss the results with you after you were tested?	${syp_tested} = 'yes' ○ Yes ○ No ○ Do not know ○ No response
P6W20. I don't want to know the results, but as part of your antenatal care were you: *This includes any ANC from any provider*	
A) Tested for HIV?	○ Yes ○ No ○ Do not know ○ No response
B) Did you receive the results of your test?	${hiv_tested} = 'yes' ○ Yes ○ No ○ Do not know ○ No response
C) Did someone discuss the results with you after you were tested?	${hiv_tested} = 'yes' ○ Yes ○ No ○ Do not know ○ No response

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P6W21a. During your antenatal care, did your provider discuss breastfeeding as a method to prevent pregnancy?
This includes any ANC from any provider
	`${preg_see_hew_anc} = 'yes' or`
	`${saw_hcp} = 'yes'`
	○ Yes
	○ No
	○ Do not know
	○ No response

P6W21b. During your antenatal care visit, did your provider talk with you about postpartum family planning?
This includes any ANC from any provider.
	`${preg_see_hew_anc} = 'yes' or`
	`${saw_hcp} = 'yes'`
	○ Yes
	○ No
	○ Do not know
	○ No response

P6W22. Which family planning method or methods did you discuss with the provider? *Select all that apply* *Note: breastfeeding was included previously and is not part of this list*	`${fp_discussion} = 'yes'` ☐ Female Sterilization ☐ Male Sterilization ☐ Implant ☐ IUD ☐ Injectables ☐ Pill ☐ Emergency Contraception ☐ Male Condom ☐ Female Condom ☐ Std. Days/Cycle beads ☐ Rhythm method ☐ Withdrawal ☐ Other traditional methods ☐ No response

P6W23. 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?	`${preg_see_hew_anc} = 'yes' or`
	`${saw_hcp} = 'yes'`
	○ Yes
	○ No
	○ Do not know
	○ No response

P6W24. During this pregnancy, how many times have you gotten a tetanus injection? *Enter -88 for Do not know, -99 for No Response*	`${tetanus} = 'yes'`
CHECK: You entered that the respondent received ${tetanus_inj_times} tetanus injections in question P6W24. Confirm that these were received only during this pregnancy.	`${tetanus_inj_times} > 3`

P6W25. During this pregnancy did you consume any multivitamins that contain iron, iron tablets, iron syrup, or folic acid/iron co-packs?
A photo of iron tablets will appear on the screen
[iron_tablets_syrup.png]
	`${consent_obtained} and`
	`(${total_live_birth} > 0 or`
	`${total_still_birth} > 0)`
	○ Yes
	○ No

	○ Do not know
	○ No response
P6W26. During this pregnancy, have you taken any drug for intestinal worms? *A photo of intestinal worms tablets will appear on the screen* [albendazole.png]	${consent_obtained} and (${total_live_birth} > 0 or ${total_still_birth} > 0) ○ Yes ○ No ○ Do not know ○ No response
P6W27. Did you experience any of the following problems during this pregnancy:	
A) Severe headache with blurred vision?	○ Yes ○ No ○ Do not know ○ No response
B) High blood pressure?	○ Yes ○ No ○ Do not know ○ No response
C) Edema (swelling) face/feet/body?	○ Yes ○ No ○ Do not know ○ No response
D) Convulsion/fits?	○ Yes ○ No ○ Do not know ○ No response
E) Vaginal bleeding before delivery?	○ Yes ○ No ○ Do not know ○ No response
F) High fever?	○ Yes ○ No ○ Do not know ○ No response
G) Abnormal vaginal discharge (foul smelling/dark)?	○ Yes ○ No ○ Do not know ○ No response
H) Lower abdominal pain?	○ Yes ○ No

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	○ Do not know ○ No response
I) Worsening vision, particularly at night?	○ Yes ○ No ○ Do not know ○ No response
P6W28A. Did you seek treatment at a health facility for Severe headache with blurred vision?	${had_headache} = 'yes' ○ Yes ○ No ○ No response
P6W28B. Did you seek treatment at a health facility for High blood pressure?	${had_bp} = 'yes' ○ Yes ○ No ○ No response
P6W28C. Did you seek treatment at a health facility for Edema face/feet/body?	${had_edema} = 'yes' ○ Yes ○ No ○ No response
P6W28D. Did you seek treatment at a health facility for Convulsion/fits?	${had_convulsion} = 'yes' ○ Yes ○ No ○ No response
P6W28E. Did you seek treatment at a health facility for Vaginal bleeding before delivery?	${had_vbleeding} = 'yes' ○ Yes ○ No ○ No response
P6W28F. Did you seek treatment at a health facility for High fever?	${had_fever} = 'yes' ○ Yes ○ No ○ No response
P6W28G. Did you seek treatment at a health facility for Abnormal vaginal discharge (foul smelling/dark)?	${had_vdischarge} = 'yes' ○ Yes ○ No ○ No response
P6W28H. Did you seek treatment at a health facility for Lower abdominal pain?	${had_abdomainal_pain} = 'yes' ○ Yes ○ No ○ No response
P6W28I. Did you seek treatment at a health facility for Difficulty seeing at night?	${had_sight_problem} = 'yes'

	◯ Yes ◯ No ◯ No response
P6W29. During (any of) your antenatal care visit(s) was there any discussion about the following:	
A) Place of delivery?	◯ Yes ◯ No ◯ Do not know ◯ No response
B) Delivery by a skilled attendant?	◯ Yes ◯ No ◯ Do not know ◯ No response
C) Arrangement for transport for delivery?	◯ Yes ◯ No ◯ Do not know ◯ No response
D) Where to go if experience of pregnancy danger signs?	◯ Yes ◯ No ◯ Do not know ◯ No response
E) Severe headaches with blurred vision as a danger sign in pregnancy?	◯ Yes ◯ No ◯ Do not know ◯ No response
F) High blood pressure as a danger sign in pregnancy?	◯ Yes ◯ No ◯ Do not know ◯ No response
G) Edema/swelling of the face/feet/body as a danger sign in pregnancy?	◯ Yes ◯ No ◯ Do not know ◯ No response
H) Convulsions/fits as a danger sign in pregnancy?	◯ Yes ◯ No ◯ Do not know ◯ No response
I) Bleeding before delivery as a danger sign in pregnancy?	◯ Yes ◯ No ◯ Do not know ◯ No response

P6W30. Did you receive any tablets that should be taken to prevent bleeding after delivery?	`${preg_see_hew_anc} = 'yes' or ${saw_hcp} = 'yes'` ○ Yes ○ No ○ Do not know ○ No response
P6W31. As part of your antenatal care visits, did a healthcare worker or HEW talk with you about your nutrition or diet?	`${consent_obtained} and (${preg_see_hew_anc} = 'yes' or ${saw_hcp} = 'yes')` ○ Yes ○ No ○ Do not know ○ No response
P6W32. What information or messages did you receive during your pregnancy about nutrition or diet? *Probe: From either a health provider at a facility or an HEW?* *Read all responses aloud.*	`(${nutrition_discussion} = 'yes')` ☐ Eat more (quantity) ☐ Eat a variety of foods / foods rich with iron (quality) ☐ Take iron-containing tablets (IFAS) ☐ Take preventive malaria treatment ☐ Take deworming tablet ☐ How much weight to gain ☐ Regularly exercise ☐ How to manage nausea/vomiting ☐ Reduce salt intake ☐ Do not eat raw meat ☐ None of the above ☐ No response
P6W34. Did your partner encourage you to go to the clinic for antenatal care?	`${consent_obtained} and (${total_live_birth} > 0 or ${total_still_birth} > 0)` ○ Yes, encouraged ○ No, did not encourage ○ No, actively discouraged ○ No partner ○ Do not know ○ No response
P6W35. While you were pregnant, did you and your partner discuss where you planned to deliver?	`${consent_obtained} and (${total_live_birth} > 0 or ${total_still_birth} > 0)` ○ Yes ○ No ○ Partner not involved ○ No partner ○ Do not know ○ No response

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SECTION 4- DELIVERY *Now I would like to talk more about the delivery of your last baby.*	${consent_obtained} and (${total_live_birth} > 0 or ${total_still_birth} > 0)
P6W36. Did you go to a maternity waiting home before going into labor? *This is a room or home where women go to live before they deliver. It is not the waiting room in the health center*	${consent_obtained} and (${total_live_birth} > 0 or ${total_still_birth} > 0) ○ Yes ○ No ○ No response
P6W37. Where did you give birth? *Probe to identify the type of facility.*	${consent_obtained} and (${total_live_birth} > 0 or ${total_still_birth} > 0) ○ Her home ○ Other home ○ Government hospital ○ Government health center ○ Government health post ○ Other public sector ○ Private hospital/clinic ○ Other private medical sector ○ NGO/Faith-based health facility ○ Other ○ No response
P6W38. What are the reasons you did not go to a health facility for delivery? *Any other reason?* *Select all that apply*	${where_give_birth} = 'her_home' or ${where_give_birth} = 'other_home' ☐ Not necessary ☐ Not understand that service is needed ☐ Not customary ☐ Cost too much ☐ Lack of money ☐ Too far ☐ Transport problem ☐ No one to accompany ☐ No provider available ☐ Baby came too fast ☐ Providers mistreat women ☐ Provider not competent ☐ Sent home previously ☐ Concern about privacy ☐ Family did not allow ☐ Better care at home ☐ Not know how to go ☐ Not know where to go ☐ For fear

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	☐ Other ☐ Do not know ☐ No response
P6W39. Who assisted with the delivery? *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.*	`${consent_obtained} and (${total_miscarriage} = 0 and ${total_abortion} = 0)` ◯ No one assisted ◯ Doctor ◯ Health officer ◯ Nurse/Midwife ◯ Skilled attendant can't distinguish ◯ Health extension worker ◯ Health development army ◯ Traditional birth attendant ◯ Family member ◯ Other ◯ No response
P6W40. Was the baby weighed at birth?	`${where_give_birth} = 'gov_hosp' or ${where_give_birth} = 'gov_hc' or ${where_give_birth} = 'gov_h …` ◯ Yes ◯ No ◯ Do not know ◯ No response
P6W41. Did you experience any of the following problems during the delivery:	
A) Severe bleeding?	◯ Yes ◯ No ◯ Do not know ◯ No response
B) Leaking/rupture of membrane and no labor pain for >24 hours?	◯ Yes ◯ No ◯ Do not know ◯ No response
C) Leaking/rupture of membrane before 9 months?	◯ Yes ◯ No ◯ Do not know ◯ No response
D) Malpresentation (the feet/hand came out first) or malposition (baby lied transversely during pregnancy)	◯ Yes ◯ No ◯ Do not know ◯ No response

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E) Prolonged labor (>12 hours)?	○ Yes ○ No ○ Do not know ○ No response
F) Convulsions/fits?	○ Yes ○ No ○ Do not know ○ No response

P6W42. Where did you seek treatment for the complications you experienced during delivery?
Select all that apply.
	`${bleeding} = 'yes' or`
	`${leaking_24h} = 'yes' or`
	`${leaking_before_9m} = 'yes' or`
	`${malpresenta …`
	
	☐ Her home
	☐ Other home
	☐ Government hospital
	☐ Government health center
	☐ Government health post
	☐ Other public sector
	☐ Private hospital/clinic
	☐ Other private medical sector
	☐ NGO/Faith-based health facility
	☐ Traditional healer/medicine
	☐ Pharmacy
	☐ Other
	☐ Nowhere, no treatment sought
	☐ No response

P6W43. Did you experience any of the following problems within the first 24 hours after the delivery:	
A) Retained placenta? (more than 30 minutes)	○ Yes ○ No ○ Do not know ○ No response
B) High fever with foul/smelly discharge or lower abdominal pain?	○ Yes ○ No ○ Do not know ○ No response
C) Severe/heavy bleeding?	○ Yes ○ No ○ Do not know ○ No response
D) Convulsion/fits?	○ Yes ○ No

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	○ Do not know ○ No response
	$\{retained\_placenta\} = 'yes'$ ☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response
P6W44A. Where did you seek treatment for Retained placenta? (more than 30 minutes)	
P6W44B. Where did you seek treatment for High fever with foul/smelly discharge or lower abdominal pain?	$\{fever\} = 'yes'$ ☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response
P6W44C. Where did you seek treatment for Severe/heavy bleeding?	$\{severe\_bleeding\} = 'yes'$ ☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy

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	☐ Other ☐ Nowhere, no treatment sought ☐ No response
P6W44D. Where did you seek treatment for Convulsion/fits?	`${convulsions_in24h} = 'yes'` ☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response
P6W45. Did you receive an injection in your thigh immediately after you delivered to prevent excess bleeding?	`${consent_obtained} and (${total_live_birth} > 0 or ${total_still_birth} > 0)` ◯ Yes ◯ No ◯ Do not know ◯ No response
P6W46. How long were you in labor before you left your home to seek care? *You will enter a number for x on the next screen.*	`${where_give_birth} = 'other_home' or ${where_give_birth} = 'gov_hosp' or ${where_give_birth} = 'g …` ◯ Minutes ◯ Hours ◯ Before labour started ◯ Do not know ◯ No response
Enter duration in ${how_long_labour_lab}	`${how_long_labour} = 'minutes' or ${how_long_labour} = 'hours'`
P6W47. Was your delivery by caesarean, that is, did they cut your belly open to take the baby out?	`${where_give_birth} = 'gov_hosp' or ${where_give_birth} = 'gov_hc' or ${where_give_birth} = 'gov_h …` ◯ Yes ◯ No ◯ Do not know ◯ No response

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The next set of questions asks specifically about your experiences during labor, delivery and immediate postpartum care (P6W49-P6W62).	```${where_give_birth} = 'gov_hosp' or ${where_give_birth} = 'gov_hc' or ${where_give_birth} = 'gov_h …```
P6W49. Did the doctors, nurses, or other staff at the facility treat you with respect?	```${where_give_birth} = 'gov_hosp' or ${where_give_birth} = 'gov_hc' or ${where_give_birth} = 'gov …``` ○ No, never ○ Yes, a few times ○ Yes, most of the time ○ Yes, all the time ○ Do not remember ○ No response
P6W50. Did the doctors, nurses, and other staff at the facility treat you in a friendly manner?	```${where_give_birth} = 'gov_hosp' or ${where_give_birth} = 'gov_hc' or ${where_give_birth} = 'gov_h …``` ○ No, never ○ Yes, a few times ○ Yes, most of the time ○ Yes, all the time ○ Do not remember ○ No response
P6W51. Did the doctors or nurses explain to you why they were doing examinations or procedures on you?	```${where_give_birth} = 'gov_hosp' or ${where_give_birth} = 'gov_hc' or ${where_give_birth} = 'gov_h …``` ○ No, never ○ Yes, a few times ○ Yes, most of the time ○ Yes, all the time ○ Do not remember ○ No response
P6W52. Did the doctors or nurses ask your permission/consent before doing procedures or examinations on you?	```${where_give_birth} = 'gov_hosp' or ${where_give_birth} = 'gov_hc' or ${where_give_birth} = 'gov_h …``` ○ No, never ○ Yes, a few times ○ Yes, most of the time ○ Yes, all the time ○ Do not remember ○ No response
P6W53. Did the doctors or nurses explain to you why they were giving you any medicine?	```${where_give_birth} = 'gov_hosp' or ${where_give_birth} = 'gov_hc' or ${where_give_birth} = 'gov_h …``` ○ No, never ○ Yes, a few times ○ Yes, most of the time

	○ Yes, all of the time
	○ Did not get any medicine
	○ Do not remember
	○ No response

| | ```
${where_give_birth} = 'gov_hosp'
or ${where_give_birth} = 'gov_hc'
or ${where_give_birth} = 'gov_h …
``` |
|---|---|
| P6W54. Did you feel you could ask the doctors, nurses or other staff at the facility any questions you had? | ○ No, never
○ Yes, a few times
○ Yes, most of the time
○ Yes, all the time
○ Do not remember
○ No response |
| P6W55. During the delivery, do you feel like you were able to be in the position that you preferred? | ```
${where_give_birth} = 'gov_hosp'
or ${where_give_birth} = 'gov_hc'
or ${where_give_birth} = 'gov_h …
```<br>○ No, never<br>○ Yes, a few times<br>○ Yes, most of the time<br>○ Yes, all the time<br>○ Do not remember<br>○ No response |
| P6W56. Did you feel like the doctors or nurses at the facility involved you in decisions about your care? | ```
${where_give_birth} = 'gov_hosp'
or ${where_give_birth} = 'gov_hc'
or ${where_give_birth} = 'gov_h …
```<br>○ No, never<br>○ Yes, a few times<br>○ Yes, most of the time<br>○ Yes, all of the time<br>○ Did not have to make any decisions<br>○ Do not remember<br>○ No response |
| P6W57. When you needed help, did you feel the doctors, nurses or other staff at the facility paid attention? | ```
${where_give_birth} = 'gov_hosp'
or ${where_give_birth} = 'gov_hc'
or ${where_give_birth} = 'gov_h …
```<br>○ No, never<br>○ Yes, a few times<br>○ Yes, most of the time<br>○ Yes, all the time<br>○ Do not remember<br>○ No response |
| P6W58. Did the doctors or nurses at the facility talk to you about how you were feeling? | ```
${where_give_birth} = 'gov_hosp'
or ${where_give_birth} = 'gov_hc'
or ${where_give_birth} = 'gov_h …
``` |

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	○ No, never ○ Yes, a few times ○ Yes, most of the time ○ Yes, all the time ○ Do not remember ○ No response

P6W59. Did you feel the doctors, nurses or other staff at the facility took the best care of you?	`${where_give_birth} = 'gov_hosp'`
	`or ${where_give_birth} = 'gov_hc'`
	`or ${where_give_birth} = 'gov_h …`
	○ No, never
	○ Yes, a few times
	○ Yes, most of the time
	○ Yes, all the time
	○ Do not remember
	○ No response

P6W60. During examinations in the labor room, were you covered up with a cloth or blanket or screened with a curtain so that you did not feel exposed?	`${where_give_birth} = 'gov_hosp'`
	`or ${where_give_birth} = 'gov_hc'`
	`or ${where_give_birth} = 'gov_h …`
	○ No, never
	○ Yes, a few times
	○ Yes, most of the time
	○ Yes, all the time
	○ Do not remember
	○ No response

P6W61. Did the doctors, nurses, or other healthcare providers call you by your preferred name?	`${where_give_birth} = 'gov_hosp'`
	`or ${where_give_birth} = 'gov_hc'`
	`or ${where_give_birth} = 'gov_h …`
	○ No, never
	○ Yes, a few times
	○ Yes, most of the time
	○ Yes, all the time
	○ Do not remember
	○ No response

P6W62. Were you allowed to have someone you wanted (outside of staff at the facility, such as family or friends) stay with you during labor?	`${where_give_birth} = 'gov_hosp'`
	`or ${where_give_birth} = 'gov_hc'`
	`or ${where_give_birth} = 'gov_h …`
	○ Yes
	○ No
	○ Do not remember
	○ No response

Section 5-Immediate Post-Partum	`${consent_obtained}`

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Now I would like to ask you about what happened right after delivery	
P6W63. Did anyone check on YOUR health after delivery, while you were still in the facility, other than a family member? For example, did someone ask you questions about your health or examine you?	`${where_give_birth} = 'gov_hosp' or ${where_give_birth} = 'gov_hc' or ${where_give_birth} = 'gov_h …` ◯ Yes ◯ No ◯ Do not remember ◯ No response
P6W64. Who checked on your health?	`${anyone_check_health} = 'yes'` ◯ Doctor ◯ Health officer ◯ Nurse/Midwife ◯ Skilled attendant, can't distingush ◯ Health extension worker ◯ Other ◯ No response
P6W65. How long after delivery did the first check take place?	`(${anyone_check_health} = 'yes') and (${total_live_birth} > 0 or ${total_still_birth} > 0)` ◯ Minutes ◯ Hours ◯ Days ◯ Do not remember ◯ No response
Enter duration in ${first_check_post_lab}	`${first_check_post} = 'minutes' or ${first_check_post} = 'hours' or ${first_check_post} = 'days'`
P6W66. Before you left the facility after delivery, did a provider talk with you about using a family planning method?	`${where_give_birth} = 'gov_hosp' or ${where_give_birth} = 'gov_hc' or ${where_give_birth} = 'gov_h …` ◯ Yes ◯ No ◯ Do not know ◯ No response
P6W67. Before you left the facility after delivery, did you receive a method of family planning or a referral for a method?	`${where_give_birth} = 'gov_hosp' or ${where_give_birth} = 'gov_hc' or ${where_give_birth} = 'gov_h …` ◯ Yes, received method ◯ Yes, received referral ◯ No ◯ Do not know ◯ No response
P6W68. What method of family planning did you receive immediately after delivery?	`${receive_method_post} = 'yes_method'`

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	○ Female Sterilization ○ Male Sterilization ○ Implant ○ IUD ○ Injectables ○ Pill ○ Emergency Contraception ○ Male Condom ○ Female Condom ○ Std. Days/Cycle beads ○ No response
Now we are going to ask you a few questions specific to the baby that was just born.	${consent_obtained} and ${total_live_birth} > 0

${consent_obtained} and ${total_live_birth} > 0	
P6W69a. Was the cord tied before it was cut?	${child_preg_outcome} = 'live_birth' and (${where_give_birth} = 'her_home' or ${where_give_birth} … ○ Yes ○ No ○ Do not know ○ No response
P6W69b. What was used to cut the cord?	${child_preg_outcome} = 'live_birth' and (${where_give_birth} = 'her_home' or ${where_give_birth} … ○ Surgical blade ○ Razor blade ○ Bamboo strips ○ Scissor ○ Others ○ Do not know ○ No response
P6W70. Was the instrument boiled before cutting the cord?	${child_preg_outcome} = 'live_birth' and (${where_give_birth} = 'her_home' or ${where_give_birth} … ○ Yes ○ No ○ New blade/ no need to boil ○ Do not know ○ No response
P6W71. Was anything applied to the cord after cutting it?	${child_preg_outcome} = 'live_birth'

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	◯ Yes ◯ No ◯ Do not know ◯ No response
P6W72. What was applied to the cord after cutting the cord? *Select all that apply.*	${applied_on_cord} = 'yes' ☐ Chlorhexidine ☐ Other antiseptic/Savlon ☐ Antibiotics (Powder/Ointment) ☐ Spirit/Alcohol ☐ Gentian violet (GV) ☐ Butter ☐ Petroleum jelly ☐ Body/Hair lotion ☐ Cattle dung ☐ Other ☐ Do not know ☐ No response
P6W73. Was there any bleeding after the cord was cut and/or tied?	${child_preg_outcome} = 'live_birth' ◯ Yes ◯ No ◯ Do not know ◯ No response
P6W74. What did they do for the bleeding cord?	${bleeding_cord} = 'yes' ☐ Pressure ☐ Sponge bath (water and soap) ☐ Alcohol ☐ Chlorhexidine ☐ Injection was given ☐ Unknown substance applied ☐ Nothing was applied ☐ No response
P6W75. Did ${child_name} cry/breathe normally immediately after birth?	${child_preg_outcome} = 'live_birth' ◯ Yes ◯ No ◯ No response
P6W76. Was anything done to help ${child_name} cry or breathe immediately after birth? *Do not suggest any answers. Ask: Anything else?* *Select all that apply.*	${baby_normal_cry} = 'no' ☐ Dried the baby ☐ Wrapped the baby ☐ Rubbed the back for stimulation ☐ Rubbed the feet for stimulation ☐ Use of ambu-bag

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	☐ Suction cleaning ☐ Heated the cord ☐ Slapped the baby ☐ Hold the baby upside down ☐ Other ☐ Nothing done ☐ Do not know ☐ No response
P6W77. Who took initiative to resuscitate or to help the baby cry?	${baby_normal_cry} = 'no' and ${baby_helped_cry} != '-77' and ${baby_helped_cry} != '-88' and ${ba … ◯ Doctor ◯ Health officer ◯ Nurse/Midwife ◯ Skilled attendant, can't distinguish ◯ Health extension worker ◯ Health development army ◯ Traditional birth attendant ◯ Family member ◯ Other ◯ Do not know ◯ No response
P6W78. Did ${child_name} receive eye ointment following delivery?	${child_preg_outcome} = 'live_birth' ◯ Yes ◯ No ◯ Do not know ◯ No response
P6W79. Did someone place ${child_name} naked on your chest against your skin, immediately after delivery of the baby?	${child_preg_outcome} = 'live_birth' ◯ Yes ◯ No ◯ Do not know ◯ No response
P6W80. After delivery, was ${child_name} wrapped with a cloth?	${child_preg_outcome} = 'live_birth' ◯ Yes ◯ No ◯ Do not know ◯ No response
P6W81. How many minutes after delivery of ${child_name} was he/she wrapped? *Do not know -88. No response -99.*	${baby_wrapped} = 'yes'

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P6W82. When was ${child_name} given a bath for the first time?	${child_preg_outcome} = 'live_birth' ○ Immediately after birth ○ Within 24 hours ○ Second day ○ Third day ○ Days 4-6 ○ Day 7 and later ○ Not given ○ Do not know ○ No response
P6W83a. How long after birth did you first put ${child_name} to the breast? *Enter a number for Minutes, Hours, or Days on the next screen.*	${child_preg_outcome} = 'live_birth' ○ Minutes ○ Hours ○ Days ○ Not yet ○ Do not know ○ No response
P6W83b. Number of ${baby_first_breast_lab} baby first put to breast *If immediately, record 0 minutes. If less than 1 hour, record minutes. If less than 24 hours, record hours; otherwise, record days.*	${baby_first_breast} = 'minutes' or ${baby_first_breast} = 'hours' or ${baby_first_breast} = 'days'
P6W84. Did anyone check on ${child_name}'s health after delivery, while you were still in the facility other than a family member? For example did someone ask you questions about ${child_name}'s health or examine him/her?	(${where_give_birth} = 'gov_hosp' or ${where_give_birth} = 'gov_hc' or ${where_give_birth} = 'go … ○ Yes ○ No ○ Do not remember ○ No response
P6W85. Who checked on ${child_name}'s health?	${child_health_checked} = 'yes' ○ Doctor ○ Health officer ○ Nurse/Midwife ○ Skilled attendant can't distinguish ○ Health extension worker ○ Other ○ No response
P6W86. How long after delivery did the first check take place?	${child_health_checked} = 'yes' ○ Minutes ○ Hours ○ Days ○ Do not remember ○ No response

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Enter value in ${how_1st_child_chk_lab}	`${how_1st_child_chk} = 'minutes' or ${how_1st_child_chk} = 'hours' or ${how_1st_child_chk} = 'days'`
P6W87. Yesterday during the day or night, did ${child_name} receive any of the following?	
Breast milk?	○ Yes ○ No ○ Do not know ○ No response
Vitamin, mineral supplements or medicine?	○ Yes ○ No ○ Do not know ○ No response
Plain water?	○ Yes ○ No ○ Do not know ○ No response
Sweetened, flavored water or fruit juice or tea or infusion?	○ Yes ○ No ○ Do not know ○ No response
Oral rehydration solution (ORS)?	○ Yes ○ No ○ Do not know ○ No response
Infant formula?	○ Yes ○ No ○ Do not know ○ No response
Tinned, powered or fresh milk?	○ Yes ○ No ○ Do not know ○ No response
Herbal tonic/drinks	○ Yes ○ No ○ Do not know ○ No response
Any other liquids?	○ Yes ○ No ○ Do not know ○ No response

Anything else?	◯ Yes ◯ No ◯ Do not know ◯ No response
P6W88. Has ${child_name} ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	${child_preg_outcome} = 'live_birth' ◯ Yes ◯ No ◯ Do not know ◯ No response
P6W89. Has ${child_name} ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	${child_preg_outcome} = 'live_birth' ◯ Yes ◯ No ◯ Do not know ◯ No response
P6W89a. Do you have a formal vaccination card with an official Ministry of Health logo where ${child_name} vaccinations are written down? *If yes: May I see it please?*	${child_preg_outcome} = 'live_birth' ◯ Yes, seen ◯ Yes, not seen ◯ No card ◯ Do not know ◯ No response
P6W89b. Did you ever have a formal vaccination card for ${child_name} ?	${have_formal_vac_card}='not_seen' ◯ Yes ◯ No ◯ Do not know ◯ No response
P6W89c. What happened to ${child_name}'s formal vaccination card?	${have_formal_vac_card}='not_seen' ◯ Never given a card ◯ Card was lost or destroyed ◯ Card at health facility ◯ Card is locked away/inaccessible at moment ◯ Other ◯ Do not know ◯ No response
P6W89c. Do you have any paper or card with vaccination information of ${child_name} written down? *This does not have to be an official vaccination card, but please make sure it has a list of vaccines and the dates that they were given.* *If yes: May I see it please?*	${have_formal_vac_card}='0' ◯ Yes, seen ◯ Yes, not seen ◯ No ◯ Do not know ◯ No response

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P6W89d. Looking at the vaccine card, does ${child_name} have ?	
BCG	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No Response
Polio-0	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No Response
Polio-1	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No Response

	${vac_card_bcg} = 'yes_legible' or ${vac_card_bcg} = '-88'
P6W91. BCG *Vaccine Card (1) Copy date from the card for each vaccine (2) If either the day or month are illegible select the respective checkbox to indicate which date is not legible*	
Date	Day: Month: Year:
Day illegible	◯
Month illegible	◯

	${vac_card_p0} = 'yes_legible' or ${vac_card_p0} = '-88'
P6W91. Polio-0 *Vaccine Card (1) Copy date from the card for each vaccine (2) If either the day or month are illegible select the respective checkbox to indicate which date is not legible*	
Date	Day: Month: Year:
Day illegible	◯
Month illegible	◯

	${vac_card_p1} = 'yes_legible' or ${vac_card_p1} = '-88'
P6W91. Polio-1 *Vaccine Card (1) Copy date from the card for each vaccine (2) If either the day or month are illegible select the respective checkbox to indicate which date is not legible*	
Date	Day: Month: Year:
Day illegible	◯
Month illegible	◯

	${child_preg_outcome} = 'live_birth'
P6W92. What illness, if any, has ${child_name} suffered from since birth? *Select all that apply.* *Do not read aloud.*	☐ Poor feeding or unable to suck ☐ Diarrhea ☐ Pus in the umbilicus ☐ Redness of the umbilicus ☐ Red eye/passage of pus from eyes ☐ Hypothermia ☐ Jaundice ☐ Convulsion ☐ Skin rash/skin lesion ☐ Baby doesn't cry/breathe ☐ Fever ☐ Unconscious ☐ Fast breathing ☐ Sore throat/Tonsillitis ☐ Difficulty in breathing ☐ Chest in drawing ☐ Doesn't pass urine ☐ Doesn't pass stool ☐ Cold/cough ☐ Vomiting ☐ Reduced alertness (lethargy) ☐ No illness ☐ Other ☐ No response
P6W93. Where did you seek treatment for Poor feeding or unable to suck? *Select all that apply*	selected(${baby_illness_cc}, 'poor_feed') ☐ Her home ☐ Other home ☐ Government hospital

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	☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response
P6W93. Where did you seek treatment for Diarrhea? *Select all that apply*	`selected(${baby_illness_cc}, 'diarrhea')` ☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response
P6W93. Where did you seek treatment for Pus in the umbilicus? *Select all that apply*	`selected(${baby_illness_cc}, 'pus_umbi')` ☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response
P6W93. Where did you seek treatment for Redness of the umbilicus?	`selected(${baby_illness_cc}, 'red_umbi')`

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Select all that apply	☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response

P6W93. Where did you seek treatment for Red eye/passage of pus from eyes?
Select all that apply
	`selected(${baby_illness_cc},`
	`'pus_eye')`
	
	☐ Her home
	☐ Other home
	☐ Government hospital
	☐ Government health center
	☐ Government health post
	☐ Other public sector
	☐ Private hospital/clinic
	☐ Other private medical sector
	☐ NGO/Faith-based health facility
	☐ Traditional healer/medicine
	☐ Pharmacy
	☐ Other
	☐ Nowhere, no treatment sought
	☐ No response

P6W93. Where did you seek treatment for Hypothermia?
Select all that apply
	`selected(${baby_illness_cc},`
	`'hypo')`
	
	☐ Her home
	☐ Other home
	☐ Government hospital
	☐ Government health center
	☐ Government health post
	☐ Other public sector
	☐ Private hospital/clinic
	☐ Other private medical sector
	☐ NGO/Faith-based health facility
	☐ Traditional healer/medicine
	☐ Pharmacy
	☐ Other

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	☐ Nowhere, no treatment sought ☐ No response
P6W93. Where did you seek treatment for Jaundice? *Select all that apply*	selected(${baby_illness_cc}, 'jund') ☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response
P6W93. Where did you seek treatment for Convulsion? *Select all that apply*	selected(${baby_illness_cc}, 'conv') ☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response
P6W93. Where did you seek treatment for Skin rash/skin lesion? *Select all that apply*	selected(${baby_illness_cc}, 'skin_rash') ☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility

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	☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response
P6W93. Where did you seek treatment for Baby doesn't cry/breathe? *Select all that apply*	`selected(${baby_illness_cc}, 'not_cry')` ☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response
P6W93. Where did you seek treatment for Fever? *Select all that apply*	`selected(${baby_illness_cc}, 'fever')` ☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response
P6W93. Where did you seek treatment for Unconscious? *Select all that apply*	`selected(${baby_illness_cc}, 'unconsious')` ☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector

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	☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response

P6W93. Where did you seek treatment for Fast breathing?
Select all that apply
	`selected(${baby_illness_cc},`
	`'fast_breath')`
	☐ Her home
	☐ Other home
	☐ Government hospital
	☐ Government health center
	☐ Government health post
	☐ Other public sector
	☐ Private hospital/clinic
	☐ Other private medical sector
	☐ NGO/Faith-based health facility
	☐ Traditional healer/medicine
	☐ Pharmacy
	☐ Other
	☐ Nowhere, no treatment sought
	☐ No response

P6W93. Where did you seek treatment for Sore throat/Tonsillitis
Select all that apply
	`selected(${baby_illness_cc},`
	`'soar_throat')`
	☐ Her home
	☐ Other home
	☐ Government hospital
	☐ Government health center
	☐ Government health post
	☐ Other public sector
	☐ Private hospital/clinic
	☐ Other private medical sector
	☐ NGO/Faith-based health facility
	☐ Traditional healer/medicine
	☐ Pharmacy
	☐ Other
	☐ Nowhere, no treatment sought
	☐ No response

P6W93. Where did you seek treatment for Difficulty in breathing?
Select all that apply
	`selected(${baby_illness_cc},`
	`'diff_breath')`
	☐ Her home
	☐ Other home
	☐ Government hospital

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	☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response

P6W93. Where did you seek treatment for Chest in drawing?
Select all that apply
	`selected(${baby_illness_cc},`
	`'chest_draw')`
	
	☐ Her home
	☐ Other home
	☐ Government hospital
	☐ Government health center
	☐ Government health post
	☐ Other public sector
	☐ Private hospital/clinic
	☐ Other private medical sector
	☐ NGO/Faith-based health facility
	☐ Traditional healer/medicine
	☐ Pharmacy
	☐ Other
	☐ Nowhere, no treatment sought
	☐ No response

P6W93. Where did you seek treatment for Doesn't pass urine?
Select all that apply
	`selected(${baby_illness_cc},`
	`'no_urine')`
	
	☐ Her home
	☐ Other home
	☐ Government hospital
	☐ Government health center
	☐ Government health post
	☐ Other public sector
	☐ Private hospital/clinic
	☐ Other private medical sector
	☐ NGO/Faith-based health facility
	☐ Traditional healer/medicine
	☐ Pharmacy
	☐ Other
	☐ Nowhere, no treatment sought
	☐ No response

P6W93. Where did you seek treatment for Doesn't pass stool?	`selected(${baby_illness_cc},` `'no_stool')`

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Select all that apply	☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response

P6W93. Where did you seek treatment for Cold/cough?
Select all that apply
	`selected(${baby_illness_cc},`
	`'cough')`
	
	☐ Her home
	☐ Other home
	☐ Government hospital
	☐ Government health center
	☐ Government health post
	☐ Other public sector
	☐ Private hospital/clinic
	☐ Other private medical sector
	☐ NGO/Faith-based health facility
	☐ Traditional healer/medicine
	☐ Pharmacy
	☐ Other
	☐ Nowhere, no treatment sought
	☐ No response

P6W93. Where did you seek treatment for Vomiting?
Select all that apply
	`selected(${baby_illness_cc},`
	`'vomit')`
	
	☐ Her home
	☐ Other home
	☐ Government hospital
	☐ Government health center
	☐ Government health post
	☐ Other public sector
	☐ Private hospital/clinic
	☐ Other private medical sector
	☐ NGO/Faith-based health facility
	☐ Traditional healer/medicine
	☐ Pharmacy
	☐ Other

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	☐ Nowhere, no treatment sought ☐ No response
P6W93. Where did you seek treatment for Reduced alertness (lethargy)? *Select all that apply*	selected(${baby_illness_cc}, 'lethergy') ☐ Her home ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Traditional healer/medicine ☐ Pharmacy ☐ Other ☐ Nowhere, no treatment sought ☐ No response
Section 6-Post-Partum *Now I would like to ask you about what happened after delivery.*	${consent_obtained} and (${total_live_birth} > 0 or ${total_still_birth} > 0)
P6W94. Has any health extension worker visited you since delivery?	${consent_obtained} and (${total_live_birth} > 0 or ${total_still_birth} > 0) ○ Yes ○ No ○ No response
P6W95. How many days after birth did the health extension worker visit you? *If less than 24 hours, write 0 days* *No response: -99; Do not know: -88*	${pnc_hew_visit} = 'yes'
P6W96. Did you go visit a health extension worker since delivery, either for yourself or for the baby?	${consent_obtained} and (${total_live_birth} > 0 or ${total_still_birth} > 0) ○ Yes ○ No ○ No response
P6W97. How many days after birth did you go visit the health extension worker? *If less than 24 hours, write 0 days No response: -99; Do not know: -88*	${visited_hew} = 'yes'
P6W98. Did you go visit another professional healthcare provider other than an HEW since delivery, either for yourself or for the baby?	${consent_obtained} and (${total_live_birth} > 0 or ${total_still_birth} > 0)

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	◯ Yes ◯ No ◯ No response
P6W99. How many days after birth did you go visit the other professional healthcare provider? *If less than 24 hours, write 0 days No response: -99; Do not know: -88*	`${visited_sw} = 'yes'`
P6W100. Whom did you see, not including an HEW? Anyone else? *Select all that apply* *Probe to identify each type of person and record all mentioned.*	`${visited_sw} = 'yes'` ☐ Doctor ☐ Health officer ☐ Nurse/Midwife ☐ Professional healthcare provider, can't distinguish ☐ Traditional healer ☐ Other ☐ No response

	`(${pnc_hew_visit} = 'yes'`
	`or ${visited_hew} = 'yes'`
	`or ${visited_sw} = 'yes')`
	`and ${total_still_ …`

P6W101a. At your visit after delivery (either by a HEW or other professional healthcare provider) did the provider discuss:	
A) Family planning?	◯ Yes ◯ No ◯ Do not know ◯ No response

P6W101b. At your visit after delivery (either by a HEW or other professional healthcare provider) did the provider discuss:	
B) Family planning?	◯ Yes ◯ No ◯ Do not know ◯ No response
C) Exclusive breastfeeding?	◯ Yes ◯ No ◯ Do not know ◯ No response
D) Immunization?	◯ Yes ◯ No ◯ Do not know ◯ No response

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E) Infant feeding?	○ Yes ○ No ○ Do not know ○ No response
F) Infant growth?	○ Yes ○ No ○ Do not know ○ No response
G) Other infant development issues?	○ Yes ○ No ○ Do not know ○ No response
P6W102. Are you currently breastfeeding?	${total_still_alive} > 0 ○ Yes ○ No ○ No response
P6W103. Are you using breastfeeding as a family planning method to delay or avoid getting pregnant?	${total_still_alive} > 0 and ${baby_breastfeed} = 'yes' ○ Yes ○ No ○ No response
P6W65a. Has your menstrual cycle returned since delivery/pregnancy ended?	${consent_obtained} ○ Yes ○ No ○ No response
P6W65b. When did your last menstrual period start?	${menstrated_since_delivery}='yes' ○ Days Ago ○ Weeks Ago ○ Months Ago ○ Do not know ○ No response
Enter value in ${last_menst_period_lab}	${last_menst_period} = 'days' or ${last_menst_period} = 'weeks' or ${last_menst_period} = 'months'
P6W106a. Would you like to have a/another child or would you prefer not to have any / any more children?	${consent_obtained} ○ Have a/another child ○ No more/prefer no children ○ Says she can't get pregnant ○ Undecided / Don't know ○ No response
P6W106b. How long would you like to wait from now before the birth of a/another child?	${have_children}='yes'

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If you select months or years, you will enter a number for x on the next screen. Select "Years" if more than 36 months.	○ Months ○ Years ○ Soon / now ○ Says she can't get pregnant ○ Other ○ Don't know ○ No response
Enter the number of ${how_long_have_child_lab} you would like to wait before having another child *Please check that you correctly entered the value for months/years.*	${have_children}='yes' and (${how_long_have_child} = 'months' or ${how_long_have_child} = 'years')
P6W106c. If you got pregnant now, how would you feel?	${consent_obtained} ○ Very happy ○ Sort of happy ○ Mixed happy and unhappy ○ Somewhat unhappy ○ Very unhappy ○ Do not know ○ No response
P6W105. Are you currently using a method of family planning?	${consent_obtained} ○ Yes ○ No ○ No response
P6W106. Which method or methods are you using? *Probe: Anything else? Select all methods mentioned. Be sure to scroll to bottom to see all choices.*	${using_method_pn} = 'yes' ☐ Female Sterilization ☐ Male Sterilization ☐ IUD ☐ Implant ☐ Injectables ☐ Pill ☐ Emergency Contraception ☐ Male Condom ☐ Female Condom ☐ Std. Days/Cycle beads ☐ LAM ☐ Rhythm method ☐ Withdrawal ☐ Other traditional methods ☐ No response
P6W107. When did you start using this method of family planning?	${using_method_pn} = 'yes' ○ Days Ago ○ Weeks Ago ○ Months Ago ○ No response

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Enter the value in ${when_start_method_lab}.	${using_method_pn} = 'yes' and (${when_start_method} = 'days' or ${when_start_method} = 'weeks' or ...
P6W108. Do you plan to use a contraceptive method to delay or avoid getting pregnant in the next year? ○ Yes ○ No ○ No response	${consent_obtained} and ${using_method_pn} = 'no'
P6W109. During your postpartum care, did you feel pressured to use a method? ○ Yes ○ No ○ No response	${pnc_hew_visit} = 'yes' or ${visited_hew} = 'yes' or ${visited_sw} = 'yes'
P6W111. During your postpartum care, did any of the health service providers force you to accept or insisted that you should accept to use a SPECIFIC method? ○ Yes ○ No ○ No response	${pnc_hew_visit} = 'yes' or ${visited_hew} = 'yes' or ${visited_sw} = 'yes'
P6W112. Which method did you feel pressured to use? ○ Female Sterilization ○ Male Sterilization ○ IUD ○ Implant ○ Injectables ○ Pill ○ Emergency Contraception ○ Male Condom ○ Female Condom ○ Std. Days/Cycle beads ○ LAM ○ Rhythm method ○ Withdrawal ○ Other traditional methods ○ No response	${pressured_spe_method} = 'yes'
Now I'm going to ask you a few questions about sexual activity. We can pause at any time. If you do not feel comfortable answering any of the questions, please let me know and I will move onto the next question.	${consent_obtained}
P6W113a. Have you resumed sexual activity since the birth of your most recent child?	${consent_obtained} and ${total_live_birth} > 0

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	○ Yes ○ No ○ No response
P6W65c. How long after the delivery did you wait before resuming sexual activity?	${resumed_sex}='yes' ○ Months ○ No response
Please enter the number of months *If less than a month record 0 for number of months*	${when_resumed_sex}='months'
P6W113b. When was the last time you had sexual intercourse? *If less than 12 months ago, answer must be recorded in months, weeks, or days. Enter 0 days for today. You will enter a number for X on the next screen*	${num_birth} = ${total_not_live_birth} and ${total_live_birth} = 0 ○ Days ○ Weeks ○ Months ○ Do not know ○ No response
Enter in ${last_intercourse_lab}	(${last_intercourse} = 'days' or ${last_intercourse} = 'weeks' or ${last_intercourse} = 'months') …
P6W114. Sometimes conflict can occur in relationships. At any time during your pregnancy, did your husband/partner do any of the following things to you:	${consent_obtained}
A. Push you, shake you, or throw something at you?	○ Yes ○ No ○ No response
B. Slap you?	○ Yes ○ No ○ No response
C. Twist your arm or pull your hair?	○ Yes ○ No ○ No response
D. Punch you with his fist or with something that could hurt you?	○ Yes ○ No ○ No response
E. Kick you, drag you, or beat you up?	○ Yes ○ No ○ No response
F. Try to choke you or burn you on purpose?	○ Yes ○ No ○ No response

G. Threaten or attack you with a knife, gun, or other weapon?	○ Yes ○ No ○ No response
H. Physically force you to have sexual intercourse with him when you did not want to?	○ Yes ○ No ○ No response
I. Physically force you to perform any other sexual acts you did not want to?	○ Yes ○ No ○ No response
J. Used threats or pressure to make you have sex when you didn't want to, but did not use physical force?	○ Yes ○ No ○ No response
We understand that this interview may have raised some difficult issues. How are you feeling after we've asked these questions? Would you like to speak with a trained care provider further? We can connect you to the local health center for follow-up care.	${consent_obtained}
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.*	${consent_obtained}
FOLLOW UP INTERVIEW DATES	${consent_obtained} and ${total_live_birth} > 0
FU6Ma. Date of six-month interview *The 6-month follow-up should occur 2 weeks after ${birth_plus_6m_lab}. Enter Jan 1, 2030 if no date scheduled for upcoming interview.*	Day: Month: Year:
FU6Mb. Did the respondent refuse future follow-up?	${fu_date_6m} = date('2030-01-01') ○ Yes ○ No
FU1Y. Date of one-year interview *The 1-Year follow-up should occur 2 weeks before or 2 weeks after ${birth_plus_1y_lab}. Enter Jan 1, 2030 if woman refuses to schedule upcoming interview.*	${fu_date_6m} != date('2030-01-01') Day: Month: Year:
PN001. Can you provide a number where we can reach you?	${consent_obtained} ○ Yes ○ No
PN002. What is a number where we can reach you?	${provide_phone_no}='yes'
PN003. Can you repeat that number again?	${consent_obtained} and ${provide_phone_no}='yes'

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LOCATION	
M. Did the interview take place at the respondent's home or her family home?	◯ Respondent's home ◯ Her family home
N. Location *Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m. GPS coordinates can only be collected when outside*	
O. Did you step away from the respondent's home to take the GPS reading?	◯ Yes ◯ No
O1. Take a photo of the QR code. Make sure you have taken a picture of the full page and not just the QR code image and number	
QUESTIONNAIRE RESULT	
P. How many times have you visited this household to interview this female respondent?	◯ 1st time ◯ 2nd time ◯ 3rd time
Q. What language was this interview conducted in?	◯ English ◯ Amharic ◯ Afaan Oromo ◯ Tigrigna ◯ Sidamigna ◯ Wolayitigna ◯ Afar ◯ Somali ◯ Kefigna ◯ Other
R. Was a translator used for this interview?	◯ Yes ◯ No
S. Questionnaire result *Record the result of the Six-week Questionnaire*	◯ Completed ◯ Not at home ◯ Postponed ◯ Refused ◯ Partly completed ◯ Incapacitated ◯ Respondent death ◯ Respondent temporarily moved ◯ Respondent permanently moved ◯ Household moved ◯ Mother absent for indefinite period ◯ Interview date after eligibility window ◯ Enrolled by mistake / unknown pregnancy outcome