

**AFRICAN POPULATION AND HEALTH RESEARCH CENTER  
PARTNERSHIP FOR MATERNAL, NEWBORN AND CHILD HEALTH (PAMANECH) PROJECT**

**WOMEN OF REPRODUCTIVE AGE QUESTIONNAIRE**

**IDENTIFICATION**

VILLAGE OF RESIDENCE (CODESHEET B5)

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START TIME (24HRS)

--	--	--	--

FIELD WORKER'S CODE

--	--	--	--

DATE OF INTERVIEW (DD/MM/YYYY)

--	--	--	--

HOUSEHOLD HEAD NAME

--

ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS

--

HOUSEHOLD ID

--

MOTHER'S NAME

--

MOTHER'S ID

--

**INTERVIEWER VISITS**

	1	2	3	FINAL VISIT
DATE				<div style="display: flex; justify-content: space-between;"> <div> DAY MONTH YEAR </div> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 15px; text-align: center;">2</div> <div style="width: 15px; text-align: center;">0</div> </div> </div> </div>
INTERVIEWER'S NAME				INTERVIEWER NO.
RESULT*				RESULT
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS

\*RESULT CODES:

1 COMPLETED	4 REFUSED	7 OTHER (Refer to CODESHEET A5)
2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)
3 POSTPONED	6 INCAPACITATED	

LANGUAGE OF QUESTIONNAIRE: **ENGLISH**

SUPERVISOR	OFFICE EDITOR	DATA ENTRY
NAME _____	NAME _____	NAME _____
DATE _____	DATE _____	DATE _____

**SECTION 1. RESPONDENT'S BACKGROUND**

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIPS
1.1	Mother's Date of Birth (DD/MM/YYYY)	<div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> </div> If DK, use 98	
1.2	How old were you at your last birthday?  COMPARE AND CORRECT 1.0 IF INCONSISTENT.	<div> <div>AGE IN COMPLETED YEARS</div> <div> <div></div><div></div> </div> </div>	
1.3	What is your religion? (1= CHRISTIAN, 2= MUSLIM, 3=TRADITIONAL, 4= HINDU, 96=OTHER)	<div> <div></div> </div>	
1.4	Have you ever attended school?	<div> <div>YES.....1</div> <div>NO.....2</div> </div>	→ 1.6
1.5	What is the highest level of school you attended: primary, secondary, or higher?	<div> <div>I did not complete primary school.....1</div> <div>Primary.....2</div> <div>Secondary/High School.....3</div> <div>Did not complete secondary school.....4</div> <div>College/Pre-university /University.....5</div> <div>Post-Graduate degree.....6</div> <div>Don't Know.....98</div> </div>	
1.6	What is your marital status?  (1=CURRENTLY MARRIED; 2=LIVING TOGETHER; 3=SEPARATED; 4=DIVORCED; 5=WIDOWED; 6=NEVER MARRIED)	<div> <div></div> </div>	
	<b>IF CURRENTLY MARRIED OR LIVING TOGETHER ASK Qn 1.7, ELSE SKIP TO 1.10</b>		→ 1.10
1.7	When is your spouse's date of birth (DD/MM/YYYY)	<div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> </div> IF DK, USE 98	
1.8	Has your spouse been to school?	<div> <div>YES.....1</div> <div>NO.....2</div> <div>DON'T KNOW.....98</div> </div>	→ 1.10
1.9	What is the <b>highest level</b> of education that your spouse completed?	<div> <div>Did not complete Primary.....1</div> <div>Primary.....2</div> <div>Secondary/High School.....3</div> <div>Did not complete secondary/high school.....4</div> <div>College/Pre-university/University.....5</div> <div>Post graduate degree.....6</div> <div>Don't Know.....98</div> </div>	
1.10	What would you say is your main source of livelihood currently?          <b>CIRCLE ONLY <u>ONE</u> RESPONSE</b>	<div> <div>Unestablished own business (Informal) .....1</div> <div>Established own business (formal) .....2</div> <div>Informal casual .....3</div> <div>Informal salaried.....4</div> <div>Formal salaried.....5</div> <div>Formal casual.....6</div> <div>Rural agriculture.....7</div> <div>Unemployed.....8</div> <div>Student.....9</div> <div>Urban agriculture.....10</div> <div>Other.....X</div> <div>Specify.....</div> </div>	

SECTION 2. ANTE-NATAL CARE			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
2.1	Have you ever been pregnant?	YES..... 1 NO ..... 2 (if no skip to 2.13)	
2.1b	Are you pregnant now?	YES..... 1 NO ..... 2 UNSURE..... 8	→ 2.2 → 2.13
2.1c	Including this current pregnancy, how many times have you been pregnant?	<input type="text"/>	
2.2	How many months is your current pregnancy ?	<input type="text"/>	
2.3	Are you seeing anyone for antenatal care for this pregnancy ?	YES ..... 1 NO..... 2	→ 2.12
2.4	IF YES: Whom did you see? Anyone else?  <b>PROBE : TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</b>	<b>HEALTH PERSONNEL</b> DOCTOR..... A NURSE/MIDWIFE ..... B <b>AUXILIARY</b> MIDWIFE..... C <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT..... D COMMUNITY HEALTH WORKER..... E  <b>OTHER</b> _____ X (SPECIFY)  NO ONE..... Y	→ 2.12
2.5	Where did you receive antenatal care for this pregnancy?  Anywhere else?  PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF THE HEALTH CARE FACILITY IS PUBLIC OR PRIVATE MEDICAL FACILITY, WRITE THE NAME OF THE PLACE  _____(Refer to CODESHEET A3 ) (NAME OF PLACE)	<b>Government:</b> Referral hospital..... 11 Provincial hospital..... 12 District hospital..... 13 Health center..... 14 Dispensary..... 15 <b>Private:</b> Hospital..... 21 Clinic..... 22 Health center..... 23 Dispensary..... 24 <b>Other:</b> Pharmacy/Chemist..... 31 Traditional practitioner/herbalist..... 32 CHW..... 33 Traditional birth attendant..... 34 Shop..... 35 Church/Pastor/Prayers..... 36 Other(specify)..... 96 _____	
2.6	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="text"/>  DONT KNOW..... 98	

2.7	How many times have you received antenatal care during this pregnancy ?	NUMBER OF TIMES <input type="text"/> DON'T KNOW ..... 98																																																					
2.8	As part of your antenatal care during this pregnancy, were any of the following done or given to you at least once ?  Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample? Did you give a stool sample? Was an Ultrasound done? Were you tested for HIV? Were you given iron pills? Were you given Malaria pills?	<table> <thead> <tr> <th></th><th>Y</th><th>N</th><th>DK</th></tr> </thead> <tbody> <tr> <td>WEIGHT</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>BP</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>URINE</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>BLOOD</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>STOOL</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>ULTRASOUND</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>HIV</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>IRON PILLS</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>MALARIA PILLS</td><td>1</td><td>2</td><td>98</td></tr> </tbody> </table>		Y	N	DK	WEIGHT	1	2	98	BP	1	2	98	URINE	1	2	98	BLOOD	1	2	98	STOOL	1	2	98	ULTRASOUND	1	2	98	HIV	1	2	98	IRON PILLS	1	2	98	MALARIA PILLS	1	2	98													
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2.9	During any of the antenatal care visits, were you given any information or counseled about: Pregnancy tests Place of delivery..... Your own health Your Own nutrition HIV/AIDS..... Breastfeeding Infant feeding	<table> <thead> <tr> <th></th><th>Y</th><th>N</th><th>DK</th></tr> </thead> <tbody> <tr> <td>Pregnancy tests</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Place of delivery</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Your own health</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Your Own nutrition</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>HIV/AIDS</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Breastfeeding</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Infant feeding</td><td>1</td><td>2</td><td>98</td></tr> </tbody> </table>		Y	N	DK	Pregnancy tests	1	2	98	Place of delivery	1	2	98	Your own health	1	2	98	Your Own nutrition	1	2	98	HIV/AIDS	1	2	98	Breastfeeding	1	2	98	Infant feeding	1	2	98																					
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2.10	During (any of) your antenatal care visit (s), were you told about the signs of pregnancy complication?	YES ..... 1 NO..... 2 DON'T KNOW ..... 98	2.12																																																				
2.11	Were you told where to go if you had any of these complications ?	YES..... 1 NO..... 2 DON'T KNOW..... 98																																																					
2.12	Have you experienced any of the following symptoms during this Pregnancy?	<table> <thead> <tr> <th></th><th>Y</th><th>N</th><th>DK</th></tr> </thead> <tbody> <tr> <td>HBP</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Gestational Diabetes</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Anaemia</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Depression</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Bleeding / Spotting</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Severe nausea and vomiting</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Malaria</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Fainting</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Varicose veins</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Swollen legs</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Fever</td><td>1</td><td>2</td><td>98</td></tr> <tr> <td>Other (Specify)_____</td><td></td><td></td><td>96</td></tr> </tbody> </table>		Y	N	DK	HBP	1	2	98	Gestational Diabetes	1	2	98	Anaemia	1	2	98	Depression	1	2	98	Bleeding / Spotting	1	2	98	Severe nausea and vomiting	1	2	98	Malaria	1	2	98	Fainting	1	2	98	Varicose veins	1	2	98	Swollen legs	1	2	98	Fever	1	2	98	Other (Specify)_____			96	
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2.13	Have you ever been referred or advised to go to any health care to seek any medical care ?	YES..... 1 NO..... 2	2.16																																													
2.14	Who referred or advised you ?        <b>(R=REFERRED,A=ADVISED,R&amp;A=REFERRED AND ADVISED)</b>	Community Health Worker 1 Youth group 2 Doctor 3 Nurse/Midwife 4 spouse 5 Friend/Neighbour 6 Relative 7 Others _____ 96 (SPECIFY) Don't Know _____ 98 _____																																														
2.15	Did you follow the advice ?	YES..... 1 NO..... 2																																														
2.16	Have you ever been referred or advised by a CHW or youth group to visit a health facility for the following services  Ante-Natal Care Family Planning Post-Natal Care Child Vaccination When child is sick When you are sick Deliveries Medical Emergencies (SPECIFY)  CIRCLE ALL THAT APPLY	<table border="0"> <thead> <tr> <th></th> <th>R</th> <th>A</th> <th>R&amp;A</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ANC .....</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>FP .....</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>PNC .....</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>VACCINATION ..</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>SICK CHILD .....</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>AM SICK .....</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>DELIVERY .....</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>EMERGENCY ..</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table> _____ (SPECIFY)		R	A	R&A	NO	ANC .....	1	2	3	4	FP .....	1	2	3	4	PNC .....	1	2	3	4	VACCINATION ..	1	2	3	4	SICK CHILD .....	1	2	3	4	AM SICK .....	1	2	3	4	DELIVERY .....	1	2	3	4	EMERGENCY ..	1	2	3	4	
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2.17	In what ways have you interacted with CHWs or youth groups?	Referrals to HFs ..... 1 Health education on child health ..... 2 Health education on maternal health ..... 3 Health education on Nutrition ..... 4 Others _____ (Specify)																																														
2.18	Has your spouse/husband/partner ever accompanied you for any of the following?  Ante-Natal Care Family Planning Post-Natal Care Child Vaccination When child is sick When you are sick Deliveries Medical Emergencies (SPECIFY)	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANC .....</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>FP .....</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>PNC .....</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>VACCINATION ..</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>SICK CHILD .....</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>AM SICK .....</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>DELIVERY .....</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>EMERGENCY ..</td> <td>1</td> <td>2</td> <td>98</td> </tr> </tbody> </table> _____ (SPECIFY)		Y	N	DK	ANC .....	1	2	98	FP .....	1	2	98	PNC .....	1	2	98	VACCINATION ..	1	2	98	SICK CHILD .....	1	2	98	AM SICK .....	1	2	98	DELIVERY .....	1	2	98	EMERGENCY ..	1	2	98										
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2.19	<p>During your last / current pregnancy did / has your husband accompanied you for any of the following ?</p> <p>Ante-Natal Care</p> <p>Family Planning</p> <p>Post-Natal Care</p> <p>Child Vaccination</p> <p>When child was sick</p> <p>When you are sick</p> <p>Deliveries</p> <p>Medical Emergencies (SPECIFY)</p>	<table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANC .....</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>FP .....</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>PNC .....</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>VACCINATION ..</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>SICK CHILD .....</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>AM SICK .....</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>DELIVERY .....</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>EMERGENCY ..</td> <td>1</td> <td>2</td> <td>98</td> </tr> </tbody> </table> <p>_____</p> <p>(SPECIFY)</p>		Y	N	DK	ANC .....	1	2	98	FP .....	1	2	98	PNC .....	1	2	98	VACCINATION ..	1	2	98	SICK CHILD .....	1	2	98	AM SICK .....	1	2	98	DELIVERY .....	1	2	98	EMERGENCY ..	1	2	98	
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2.20	<p>IF ANY OPTION IN 2.8 AND 2.9 IS 'NO', KINDLY ASK FOR THE REASON.</p> <p>Why did/ has your husband/spouse /partner never accompanied you for the services that you have responded NO to?</p>	<p>Its not cuturally accepted .....A</p> <p>He is not intereseted .....B</p> <p>He is too busy .....C</p> <p>Don't know.....98</p> <p>Others ..... 96</p> <p>_____</p> <p>(SPECIFY)</p>																																					
2.21	<p>Would you like your spouse/husband/partner accompany you to any of the services mentioned above?</p>	<p>Yes.....1</p> <p>No.....2</p>																																					

SECTION 3. FAMILY PLANNING			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIPS
	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.		
3.1	Which method(s) of FP do you know of ?  CIRCLE ALL MENTIONED.	Female Sterilization..... A Male Sterilization..... B Pill..... C IUD..... D Injectables..... E Implants..... F Condom..... G Female Condom..... H Lactational Amen. Method I Rhythm Methods J Withdrawals..... K  OTHER _____ X (SPECIFY)	
3.2	Have you ever used any modern method of contraceptive?	YES ..... 1 NO..... 2	→ 3.4
3.3	Which family planning method are you currently using?  (circle 'none' if currently not using any FP method)	Female Sterilization..... A Male Sterilization..... B Pills..... C IUD..... D Injectables..... E Implants..... F Male Condoms..... G Female Condoms..... H Lactation Amenorrhea Method (LAM)..... I Rythmn Method..... J Withdrawal Method..... K DK/None..... 98 Any other..... 96  _____ X (SPECIFY)	

3.4	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... 1 NO ..... 2 → 3.8	
3.5	Which FP method were you using ?  REFER TO 3.2 AND CIRCLE RESPONSE		
3.6	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES..... 1 NO ..... 2 → 3.8	
3.7	Where did you obtain (CURRENT METHOD) the last time?  IF MORE THAN ONE METHOD CIRCLED IN 3.9, ASK ABOUT METHOD HIGHEST ON THE LIST.  DETERMINE WHERE HEALTH FACILITY IS PUBLIC OR PRIVATE  WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE) (Refer to CODESHEET A3 )  IF METHOD IS STERILIZATION, DO NOT CIRCLE CODE FOR PHARMACY, FIELDWORKER, SHOP, FRIEND/RELATIVE	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 CHW.....15  OTHER PUBLIC _____ 16 (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC 21 PHARMACY.....22 PRIVATE DOCTOR..... 23 MOBILE CLINIC.....24 CHW 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)  <b>OTHER SOURCE</b> SHOP.....31 CHURCH.....32 FRIEND/RELATIVE.....33  OTHER _____ 96 (SPECIFY)	



3.8	Why are you currently not using any contraceptives ?	NOT MARRIED ..... 11 → 3.9  <b>FERTILITY-RELATED REASONS</b> INFREQUENT SEX/NO SEX .... 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND ..... 24 WANTS AS MANY CHILDREN AS POSSIBLE ..... 26  <b>OPPOSITION TO USE</b> RESPONDENT OPPOSED ..... 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED ..... 33 RELIGIOUS PROHIBITION ..... 34  <b>LACK OF KNOWLEDGE</b> KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42  <b>METHOD-RELATED REASONS</b> HEALTH CONCERNS ..... 51 FEAR OF SIDE EFFECTS ..... 52 LACK OF ACCESS/TOO FAR .. 53 COSTS TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56  OTHER ..... 96 (SPECIFY) DONT KNOW ..... 98	
3.9	Would you ever use a contraceptive method if you were married?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
3.10	Do you know of a place where you can obtain a method of family planning?	YES..... 1 NO ..... 2 → 6	
3.11	Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ [NAME OF PLACE(S)] (Refer to CODESHEET A3)  <b>Multiple Choices Allowed</b>	Government hospital Government Health center ..... 1 Family Planning Clinic ..... 2 Mobile Clinic ..... 3 CHW Public ..... 4 Other Public ..... 5  Private Hospital/Clinic Pharmacy ..... 6 Private Doctor ..... 7 Private Mobile Clinic ..... 8 CHW private ..... 9 Other private medical ..... 10 <b>Shop</b> Church ..... 11 Friend/relative ..... 12 Other ..... 96  _____	

SECTION 4 : DELIVERY AND POSTNATAL CARE			
NOW I WOULD LIKE TO ASK YOU ABOUT THE BIRTH OF YOUR LAST PREGNANCY			
NO.	FILTER AND QUESTIONS	CATEGORY	SKIPS
4.1	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (Refer to CODESHEET A3) (NAME OF PLACE)</p>	<p>District hospital..... 13</p> <p>Health center..... 14</p> <p>Dispensary..... 15</p> <p>Hospital..... 21</p> <p>Clinic..... 22</p> <p>Health center..... 23</p> <p>Dispensary private ..... 24</p> <p>Pharmacy/Chemist..... 31</p> <p>Traditional practitioner/herbalist..... 32</p> <p>CHW..... 33</p> <p>Traditional birth attendant..... 34</p> <p>Shop..... 35</p> <p>Church/Pastor/Prayers..... 36</p> <p>Home..... 37</p> <p>Other(specify)..... 96</p> <p>(SPECIFY)</p>	
4.2	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND CIRCLE ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO FIND OUT IF ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR..... A</p> <p>NURSE/MIDWIFE..... B</p> <p><b>AUXILIARY</b></p> <p>MIDWIFE..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH</p> <p>ATTENDANT..... D</p> <p>RELATIVE/FRIEND ..... E</p> <p>OTHER</p> <p>_____ X</p> <p>(SPECIFY)</p> <p>NO ONE..... Y</p>	
4.3	<p>Who assisted you to get to hospital ?</p>	<p>Spouse..... 1</p> <p>Relative/neighbour/friend ..... 2</p> <p>CHWs..... 3</p> <p>Youth groups..... 4</p> <p>No-one..... 5</p> <p>Others ..... 96</p> <p>_____</p> <p>(SPECIFY )</p>	
4.4	<p>Where there challenges in getting to the hospital ?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	

4.5	What challenges did you face ?	No means of getting to the facility at night..... 1 Most health facilities were close at night..... 2 No-one to take me to hospital..... 3 Insecurity at the time of labor..... 4 Others..... 96 _____ (SPECIFY)																						
4.6	Did you get any complications while delivering ?	YES..... 1 NO..... 2	→ 4.10																					
4.6a	Which complications did you get?	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Mother had convulsions.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Emergency caesarean section done.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Excessive bleeding during delivery.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Water broke many hours or days before labor began.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>labor was long(&gt;24 hours for first timers and &gt;8-10 hours for repeaters).....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other(specify).....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Y	N	Mother had convulsions.....	1	2	Emergency caesarean section done.....	1	2	Excessive bleeding during delivery.....	1	2	Water broke many hours or days before labor began.....	1	2	labor was long(>24 hours for first timers and >8-10 hours for repeaters).....	1	2	Other(specify).....	1	2	
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Other(specify).....	1	2																						
4.7	Where you referred to a health level facility ?	YES..... 1 NO..... 2	→ 4.10																					
4.8	Which health facility ?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF A HEALTH FACILITY IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (Refer to CODESHEET A3) (NAME OF PLACE)	<b>Government:</b> Referral hospital..... 11 Provincial hospital..... 12 District hospital..... 13 Health center..... 14 Dispensary..... 15 <b>Private:</b> Clinic..... 22 Health center..... 23 Dispensary..... 24 Pharmacy/Chemist..... 31 Traditional practitioner/herbalist..... 32 CHW..... 33 Traditional birth attendant..... 34 Shop..... 35 Church/Pastor/Prayers..... 36 Others(specify)..... 96																						
4.9	Was an ambulance provided during referral ?	YES..... 1 NO..... 2																						
4.10	Were you given any advice on breastfeeding initiative?	YES..... 1 NO..... 2																						
	<b>POSTNATAL CARE</b>																							
	Now I want to ask you questions concerning the care you received after the birth of your child.																							
4.11	After (NAME) was born, did a health professional or traditional birth attendant check on your health and that of your newborn baby?	Baby only..... 1 Mother only..... 2 Both..... 3 Neither..... 4 Don't Know..... 98	→ 4.16																					

4.12	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY	Days..... <input type="text"/> Weeks..... <input type="text"/> Don't Know ..... 98	
4.13	Who checked on your/baby's health at that time?  RECORD ONLY PERSON WITH THE HIGHEST QUALIFICATION.	Doctor..... 1 Nurse/ Midwife..... 2 Clinical Officer..... 3 TBA..... 4 Other ..... 6 (Specify).....	
4.14	Since your first check , have you had you/your baby checked again ?	YES..... 1 NO..... 2 DK..... 98	→ 4.16
4.15	If YES : how many more times have you had your baby/ your health checked ?	<input type="text"/>  DK..... 98	
<b>NEONATAL DEATH</b>			
<b>NOW I AM GOING TO ASK YOU ABOUT THE BABY YOU GAVE BIRTH TO.( KINDLY REFER TO THE BABY'S BY NAME)</b>			
4.16	Where is (NAME)? CIRCLE THE APPROPRIATE RESPONSE	Child at home ..... 1 Child not at home but alive..... 2 Child dead..... 3	⎵ Skip to to section 5
<b>IF CHILD DEAD AT 4.16,</b> <b>RECORD OUTCOME OF PREGNANCY IN CELLS AS</b> <b>FOLLOWS:'LBR' LIVE BIRTH, 'STB' STILL BIRTH,</b> <b>'MIS' MISCARRIAGE,'ABT' ABORTION.</b> <b>SKIP TO 5.1 IF STB,MIS OR ABT,IF LBR PROCEED TO 4.17</b>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4.17	<b>IF CHILD IS DEAD OFFER YOUR CONDOLENCES,</b>  <b>THEN ASK:</b>  When did your baby/child die? (DD/MM/YYYY)	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
4.18	When was the child Born? (DD/MM/YYYY)	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
4.19	<p>COMPUTE THE AGE OF THE CHILD AT DEATH</p> <p>CALCULATE THE AGE OF THE CHILD BY SUBTRACTING DATE WHEN CHILD WAS BORN FROM WHEN HE/SHE DIED.</p> <p>IF BABY DIED THE SAME DAY IT WAS BORN RECORD 00' DAYS. RECORD ONLY IN ONE UNIT.</p>	<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Days.....</div> <div style="border: 1px solid black; width: 50px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Weeks.....</div> <div style="border: 1px solid black; width: 50px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Months.....</div> <div style="border: 1px solid black; width: 50px; height: 20px;"></div> </div>	
4.20	Was your baby/child ill before he/she died? CIRCLE THE APPROPRIATE RESPONSE	Yes..... 1 No ..... 2	
4.21	In your opinion, what caused the death of your child?	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	
4.22	Where did the child die ?  <b>PROBE:</b> IF CHILD DIE IN HOSPITAL, PROBE IF THE FACILTY WAS PRIVATE OR PUBLIC  NAME OF FACILITY :	<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Health Facility..... 1 </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> At home..... 2 </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> On the way to hospital..... 3 </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> OTHERS ..... 96 </div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">(SPECIFY)</div>	

SECTION 5. BREASTFEEDING AND COMPLIMENTARY FEEDING																																	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
<b>BREASTFEEDING PRACTICES</b> <b>NOW I WOULD LIKE TO ASK YOU ABOUT BREAST FEEDING PRACTICES OF YOUR LAST DELIVERY</b>																																	
5.1	Did or is (Name) breast feeding?	YES ..... 1 NO ..... 2	→ 5.3																														
5.2	How soon after birth did you start breasting?  <b>IF LESS THAN 30 MINUTES, CIRCLE 00HRS.</b> <b>IF LESS THAN 24 HOURS, RECORD IN HOURS,</b> <b>OTHERWISE RECORD DAYS</b> <b>IF DON'T KNOW CIRCLE 98</b>	Hours <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> Days <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>  Immediately/ < 30 minutes ..... 00 30 minutes to 1 HR ..... 01 Don't Know ..... 98																															
5.3	Why are you not breastfeeding your baby?      DO NOT PROMPT; RECORD THE MOST IMPORTANT REASON.  IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT AND CIRCLE AS APPROPRIATE.	<table style="width: 100%;"> <tr><td>Baby unable to suckle.....</td><td>01</td></tr> <tr><td>Baby refused to suckle.....</td><td>02</td></tr> <tr><td>Mother refused.....</td><td>03</td></tr> <tr><td>Spouse refused.....</td><td>04</td></tr> <tr><td>Mother was sick.....</td><td>05</td></tr> <tr><td>No/inadequate breast milk.....</td><td>06</td></tr> <tr><td>Mother was away.....</td><td>07</td></tr> <tr><td>Mother died.....</td><td>08</td></tr> <tr><td>Sore/cracked nipples.....</td><td>09</td></tr> <tr><td>Advice by health professional.....</td><td>10</td></tr> <tr><td>Advice by other person.....</td><td>11</td></tr> <tr><td>Baby incubated/in nursery.....</td><td>12</td></tr> <tr><td>Other (Specify).....</td><td>13</td></tr> <tr><td>Don't Know.....</td><td>96</td></tr> <tr><td></td><td>98</td></tr> </table>	Baby unable to suckle.....	01	Baby refused to suckle.....	02	Mother refused.....	03	Spouse refused.....	04	Mother was sick.....	05	No/inadequate breast milk.....	06	Mother was away.....	07	Mother died.....	08	Sore/cracked nipples.....	09	Advice by health professional.....	10	Advice by other person.....	11	Baby incubated/in nursery.....	12	Other (Specify).....	13	Don't Know.....	96		98	→ 5.90
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	98																																
5.4	<b>CHECK 7.2 : IF(NAME) WAS NOT PUT TO THE BREAST IMMEDIATELY AFTER BIRTH ASK:</b>  Why was (NAME) not breastfed immediately after birth?  <b>DO NOT PROMPT; RECORD ONLY THE MOST IMPORTANT REASON. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMORTANT REASON AND CIRCLE AS APPROPRIATE</b>	Baby ill/unable/refused to suckle..... 01 Mother refused to breastfeed..... 02 Spouse refused..... 03 Mother was very sick..... 04 No/inadequate breast milk..... 05 Mother was away..... 06 Sore/cracked nipples..... 07 Advice by health professional..... 08 Advice by other person..... 09 Baby asleep/tired..... 10 Baby incubated..... 11 Baby taken away/nursery..... 12 Mother tired..... 13 Other (Specify)..... 96 Don't Know..... 98																															

5.5	Was (NAME) given the very first milk from the breast (colostrum) at birth or soon after?	Yes..... 1 No ..... 2 Don't Know..... 98	→ 5.7 → 5.6
5.6	Why was (NAME) not fed on first breastmilk (colostrum)?	Pick option from 5.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5.7	Is (NAME) still being breastfed?	YES ..... 1 NO ..... 2	
5.8	Do you think a woman who is breastfeeding can get pregnant?	YES ..... 1 NO ..... 2 DOES NOT KNOW..... 98	
<b>KNOWLEDGE, ATTITUDE AND PRACTICE OF BREAST FEEDING PRACTICES</b>			
5.9	When did you / do you intend to stop breastfeeding?	Months..... <input type="text"/> As the baby wants..... 94 Don't Know..... 98	
5.10	How long after birth should a baby be put to the breast?  <b>IF LESS THAN 30 MINUTES, CIRCLE 00HRS,          IF LESS THAN 24 HOURS, RECORD IN HOURS          OTHERWISE RECORD DAYS, IF DON'T KNOW          CIRCLE 98</b>	Immediately/ < 1HOUR.....00 Hours .....01 Days .....02 Don't Know..... 98	
5.10a	Specify number of minutes/hours/days in the cells provided	<input type="text"/> <input type="text"/> <input type="text"/>	
5.11	Should a baby be given the very first milk from the breast (colostrum) at birth or soon after?	Yes..... 1 No ..... 2 Don't Know..... 8	
5.12	Do/ did you intend to breastfeed your baby on the very first breastmilk soon after giving birth?	Yes..... 1 No ..... 2 Don't Know..... 8	
5.13	How many times should a baby aged less than six months be breastfed at night (i.e. between sunset and sunrise?)	Number of times ..... <input type="text"/> <input type="text"/> As the baby demands..... 94 Don't Know..... 98	

5.14	How many times should a baby aged less than 6 months be breastfed during the day? (i.e. between sunrise and sunset)	Number of times ..... <input type="text"/> As the baby demands..... 94 Don't Know..... 98	
5.15	In your opinion, at what age should a baby born to a mother NOT infected with HIV stop breastfeeding?  (IF LESS THAN A MONTH, RECORD 00) (IF DON'T KNOW, RECORD 98)	Months..... <input type="text"/> As the baby wants..... 94 Don't Know..... 98	
5.16	Should a mother who is HIV Positive breastfeed her baby?	Yes..... 1 No ..... 2 Don't Know..... 8	5.18
5.17	For how long should an HIV positive mother breastfeed her child?	Months..... <input type="text"/> DK..... <input type="text"/>	
5.18	In your opinion, for how long should a baby breastfeed? (IF LESS THAN A MONTH, RECORD 00) IF DON'T KNOW, RECORD 98)	Months..... <input type="text"/>	
5.19	How many times did (NAME) breastfeed yesterday during the day ? (i.e. between sunrise and sunset?)	Number of times ..... <input type="text"/> Don't Know ..... 98	
5.20	How many times did (NAME) breastfeed yesterday at night (i.e. between sunset and sunrise?)	Number of times ..... <input type="text"/> Don't Know ..... 98	
<b>COMPLEMENTARY FEEDING</b>			
5.21	Were you given any advice on feeding practices ?	YES..... 1 NO..... 2 <b>if no skip to 5.23</b>	
	From where did you receive this information?  _____ (Specify)	Antenatal clinics/Health facility ..... A Traditional Birth Attendants ..... B NGO/CBO ..... C Community Health Workers ..... D Relative/ Friend/ Neighbour ..... E Other..... 96	
5.22	Apart from breast milk, has (NAME) ever been given any liquid/food including WATER?  (refer to the period between 0 to 6 months)	Yes..... 1 No ..... 2 Don't Know..... 98	5.23 End
5.23	If YES, why was (NAME) given any liquid/food including water?	Baby ill/unable to suckle..... 01 Mother refused to breastfeed..... 02 Spouse advised..... 03 Mother was very sick..... 04 No/inadequate breast milk..... 05 Mother was away..... 06 Sore/cracked nipples..... 07 Advice by health professional..... 08 Advice by other person..... 09 Mother tired..... 10 Other (Specify)..... 96 Don't Know..... 98	
5.24	At what age were these liquids/ foods introduced to (NAME) <b>RECORD AGE IN MONTHS. IF LESS THAN A MONTH, RECORD 00, IF DON'T KNOW RECORD 98</b>	Age in Months..... <input type="text"/>	
5.25	Is (NAME) still being fed on these liquids/ foods?	Yes..... 1 No ..... 2 Don't Know..... 98	



Section 6 : HIV and AIDS , OTHER STIs			
Now I would like to ask you a few questions on your knowledge HIV and AIDS			
(THE RESPONDENT SHOULD NOT REVEAL HER HIV STATUS)			
	QUESTIONS	CODING CATEGORY	SKIPS
6.1	<p>Are you aware of any Sexual Transmitted Infections (STIs) that can be transmitted from mother to child?</p> <p>CIRCLE ALL THOSE MENTIONED</p>	<p style="text-align: right;">Y   N</p> <p>Herpes Simplex.....</p> <p>Virus2 (HSV2)..... 1   2</p> <p>Syphilis..... 1   2</p> <p>HIV..... 1   2</p> <p>Gonorrhea..... 1   2</p> <p>Chlamydia..... 1   2</p> <p>Hepatitis B..... 1   2</p> <p>Trichomonas..... 1   2</p> <p>Others..... 1   2</p> <p>_____</p> <p>(SPECIFY)</p>	
6.2	Have you been diagnosed with any of the above STIs ?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 98</p>	6.6
6.3	Did you receive any treatment for the infections ?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 98</p>	6.5
6.4	<p>Where did you get treatment ?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (Refer to CODESHEET A3)</p> <p>(NAME OF PLACE)</p>	<p><b>Government:</b></p> <p>Referral hospital..... 11</p> <p>Provincial hospital..... 12</p> <p>District hospital..... 13</p> <p>Health center..... 14</p> <p>Dispensary..... 15</p> <p><b>Private:</b></p> <p>Hospital..... 21</p> <p>Clinic..... 22</p> <p>Health center..... 23</p> <p>Dispensary..... 24</p> <p><b>Other:</b></p> <p>Pharmacy/Chemist..... 31</p> <p>Traditional practitioner/herbalist..... 32</p> <p>CHW..... 33</p> <p>Traditional birth attendant..... 34</p> <p>Shop..... 35</p> <p>Church/Pastor/Prayers..... 36</p> <p>Others(specify)..... 96</p>	
6.5	Why did you not seek any medical treatment for the infection ?	<p>Embarrassed..... A</p> <p>Cost of treatment..... B</p> <p>Had no money..... C</p> <p>HF too far..... D</p> <p>Not important/Ignorance..... E</p> <p>No reason..... F</p> <p>Other..... 96</p> <p>_____</p> <p>(SPECIFY)</p>	

6.6	Can HIV be transmitted from a mother to her child?	YES..... 1 NO..... 2 DK..... 98	} 6.9
6.7	When can HIV be transmitted from mother to her child?	<div style="text-align: right;"><b>Y N DK</b></div> During pregnancy? ..... 1 2 98 During delivery? ..... 1 2 98 During breastfeeding? ..... 1 2 98 During conception? ..... 1 2 98	
6.8	Can a mother who is infected with HIV reduce the risk of giving the virus to the baby by taking certain drugs during pregnancy?	Yes ..... 1 No ..... 2 DK ..... 98	
6.9	Should a mother who is HIV Positive breastfeed her baby ?	Yes ..... 1 No ..... 2 DK ..... 98	
<div> <div>NOTE:RECORD TIME AT END OF INTERVIEW</div> <div>           RECORD END TIME            (24 HOUR FORMAT)           <div> <div></div> <div></div> <div></div> <div></div> </div> </div> </div>			