

FOLLOW-UP QUESTIONNAIRE

SECTION A: IDENTIFICATION

Q.#	QUESTIONS	CODES	GO TO Q.
1.	State Name	_____	
2.	PHC Name	_____	
3.	EA Code	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 2px;"></div> </div>	
4.	Name of Woman	First Name: _____ Surname (Last Name): _____ Other Names: _____	
5.	Consent given?	Yes1 No2	→End

FOLLOW-UP QUESTIONNAIRE

SECTION B: PREGNANCY CARE

When we last saw you, you were pregnant; I would like to ask you some questions about this pregnancy. Remember that all the questions I ask you pertain to this last pregnancy.

Q.#	QUESTIONS	CODES	GO TO Q.
1.	When you got pregnant, did you want to get pregnant at the time?	Yes1 No2	
2.	Did you see anyone for antenatal care for this pregnancy?	Yes1 No2	→ 17
3.	Whom did you see? Anyone else PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED	Doctor1 Nurse/midwife2 Auxiliary midwife3 Community health officer4 Community health extension worker (CHEW)5 Traditional birth attendant6 Village health worker7 Other 8	
4.	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY THE PLACE OF SERVICE AND RECORD ALL MENTIONED	At home1 Other person's home2 Tertiary/Teaching Hospital Government General hospital3 Name study health center (PHC)4 Other primary health center5 Health post/dispensary6 Other government facility7 Private hospital/clinic8 Maternity home9 Other private sector10 Church/spiritual house11 Other12	
5.	How many months pregnant were you when you first received antenatal care for this pregnancy?	<input type="text"/> <input type="text"/>	
6.	How many times in total did you receive antenatal care during this pregnancy?	<input type="text"/> <input type="text"/>	
	Was any of the following done during at least one of those visits? READ EACH OPTION		
7.	Were you weighed?	Yes1 No2	
8.	Was your height measured?	Yes1 No2	
9.	Was your blood pressure measured?	Yes1 No2	
10.	Did you give a urine sample?	Yes1 No2	
11.	Did you give a blood sample?	Yes1 No2	
12.	Did the provider press on your	Yes1 No2	

FOLLOW-UP QUESTIONNAIRE

	tummy?		
13.	Was your uterine height measured (this is when the provider measures your tummy using a measurement tape)?	Yes1 No2	
14.	Did the provider ask for your blood type?	Yes1 No2	
15.	Were you told about things to look out for that might suggest problems with the pregnancy?	Yes1 No2	
16.	Were you counselled and tested for HIV?	Yes1 No2	
17.	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	Yes1 No2	
18.	During this pregnancy, did you take any iron tablets or iron syrup?	Yes1 No2	
19.	During this pregnancy, did you take any drugs to keep you from getting malaria?	Yes1 No2	
	Now I am going to ask you about problems you may have experienced during this pregnancy: Did you experience any of the following during the pregnancy?		
20.	Swelling of hands, feet and face	Yes1 No2 Don't Know/Remember3	
21.	Paleness, giddiness, weakness	Yes1 No2 Don't Know/Remember3	
22.	Blurred vision or other visual disturbances	Yes1 No2 Don't Know/Remember3	
23.	Weak or no movement of the foetus	Yes1 No2 Don't Know/Remember3	
24.	Excessive fatigue/tiredness	Yes1 No2 Don't Know/Remember3	
25.	Convulsions (not from fever)	Yes1 No2 Don't Know/Remember3	
26.	Hypertension/high blood pressure	Yes1 No2 Don't Know/Remember3	
27.	Vaginal bleeding	Yes1 No2 Don't Know/Remember3	
28.	Excessive vomiting	Yes1	

FOLLOW-UP QUESTIONNAIRE

		No2 Don't Know/Remember3	
29.	Abnormal position of the foetus	Yes1 No2 Don't Know/Remember3	
30.	High fever	Yes1 No2 Don't Know/Remember3	
31.	Jaundice	Yes1 No2 Don't Know/Remember3	
32.	Water break without labor	Yes1 No2 Don't Know/Remember3	
33.	Did you experience any other problem that has not been mentioned?	Yes1 No2 Don't Know/Remember3	
34.	Did you seek treatment for any of these problems?	Yes1 No2	→ Next Sec.
35.	Where did you go for treatment? Anywhere else? PROBE TO IDENTIFY THE PLACE OF SERVICE AND RECORD ALL MENTIONED	Tertiary/Teaching Hospital1 Government General hospital2 Name study health center3 Other government health center4 Government health post5 Other government facility6 Private hospital/clinic7 Maternity home8 Other private medical sector Pharmacy/chemist..9 Traditional birth attendant10 Other 11	

SECTION C: DELIVERY CARE

Q.#	QUESTIONS	CODES	GO TO Q.
1.	What was the outcome of the pregnancy? PROBE TO IDENTIFY THE RIGHT OPTION	Ended in a birth1 Miscarriage2 Abortion3 Woman died while pregnant4	
2.	When did this happen?	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="border: 1px solid black; width: 60px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Month Year </div>	→ 4 if Q1=1
3.	How many weeks or months pregnant were you when this happened?	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 80px; text-align: center;">Weeks</div> <div style="border-bottom: 1px solid black; width: 80px; text-align: center;">Months</div> </div>	→Next Sec.
4.	Was baby born early (i.e. before 9 months), at the normal time, or late (after 42 weeks)?	Early1 At expected time 2 Late3	

FOLLOW-UP QUESTIONNAIRE

5.	Where did you give birth?	Her home1 Other home2 Tertiary/Teaching Hospital 3 Government General hospital4 HEALTH CENTER.....5 Other primary health center6 Health post/Dispensary7 Other government facility8 Private hospital/clinic9 Maternity home10 Other private medical sector11 Church/spiritual house12 On the way to hospital 13	
6.	How many nights did you spend in this place before you were allowed to go home?		
7.	What was the MOST important reason why you chose to deliver?	Did not have to go far1 Low cost2 Trust in provider3 Doctor is available4 Female provider 5 Believe care is high quality 6 Recommendation/referral7 Previous good experience8 In order to receive cash transfer9 Other10	
8.	What was the NEXT Most important reason why you chose to deliver at this location? DO NOT READ OPTIONS. CHOOSE THE OPTION THAT BEST CORRESPONDS TO RESPONDENT'S ANSWER	Did not have to go far1 Low cost2 Trust in provider3 Doctor is available4 Female provider 5 Believe care is high quality6 Recommendation/referral7 Previous good experience8 In order to receive cash transfer9 Other 10	
9.	Who assisted with the delivery of this pregnancy? SELECT ALL THAT APPLY	Doctor1 Nurse/Midwife2 Auxiliary nurse/midwife3 Community Health Officer 4 Community Health Extension Worker (CHEW)5 Traditional Birth Attendant (TBA)6 Relative/friend7 No one8 Other9 YOU CANNOT SELECT OPTION 8 AND ANY OTHER OPTION	
Now I am going to ask you some questions about your labor and delivery			
10.	For this delivery did you labor	Spontaneous labor1	

FOLLOW-UP QUESTIONNAIRE

	pains start by itself, or did someone do something (e.g., give you a drug) for the pain to start?	Someone did something 2 Other 3	
	Did you experience any of the following problems while giving birth?		
11.	Convulsions	Yes1 No2	
12.	Prolonged labor (was in labor for more than 12hrs)	Yes1 No2	
13.	Obstructed labor (baby was stuck)	Yes1 No2	
14.	Severe bleeding	Yes1 No2	→ 16
15.	Was it serious enough to warrant a blood transfusion?	Yes1 No2	
16.	Loss of consciousness	Yes1 No2	
17.	Vaginal tear	Yes1 No2	
18.	Did you experience any other problem that has not been mentioned?	Yes1 No2	
19.	IF SHE MENTIONED ANY PROBLEM Were you referred to a different place for treatment?	Yes1 No2	→ 21
20.	Where were you referred?	Her home1 Other home2 Tertiary/Teaching Hospital 3 Government General hospital4 Health center5 Other primary health center6 Health post/Dispensary7 Other government facility8 Private hospital/clinic9 Maternity home10 Other private medical sector11 Church/spiritual house12 On the way to hospital 13 Other 14	
21.	Which part of the baby came out first?	Head1 Buttock2 Hand/foot3 Cord4 Don't Know/Remember 99	
22.	Was the baby delivered by caesarean section (operation)?	Yes1 No2	→ 24
23.	What was the main reason for caesarean section?	The doctor/nurse told me I had to1 I was bleeding2 The baby was stuck3 I was in labor pain for a long time 4	

FOLLOW-UP QUESTIONNAIRE

		The baby was not in the right position5 I had a disease6 My womb was broken/ruptured 7 There were problems with the baby 8 There was no medical reason9 I asked for it10 Don't know/Remember99	
24.	For this delivery, was anything done to speed up or to strengthen your pain?	Yes1 No2	→ 26
25.	What was done?	Received injection during labor1 Given medication in drip (IV line)2 Other3	
26.	Was the baby delivered using forceps (that is, an instrument to help pull the baby out) or suction to help pull the baby out	Forceps1 Suction2 Delivery was unassisted3	
27.	For this delivery, did you receive any medications to help ease your labor pains?	Yes1 No2	
28.	For this delivery, shortly before you delivered your baby, did anyone do an episiotomy that is cut the opening of your vagina (private part) to make more room for the baby's head to pass?	Yes1 No2	
29.	For this delivery, while you were pushing, did anyone stand above you and push on your stomach?	Yes1 No2	
30.	For this delivery, did anyone give you an injection in your thigh or buttocks in the first few minutes after you delivered?	Yes1 No2	→ 33
31.	For this delivery, did anyone give you tablets to swallow or hold in your mouth in the first few minutes after you delivered?	Yes1 No2	→ 33
32.	For this delivery, did anyone give you medication intravenously (through a tube in your arm) in the first few minutes after you delivered?	Yes1 No2	
33.	For this delivery, did the birth attendant help to deliver the placenta by placing his/her hand firmly on your lower abdomen with one hand and holding the	Yes1 No2	

FOLLOW-UP QUESTIONNAIRE

	umbilical cord in the other hand?		
34.	For this delivery, after the delivery of the placenta, did the birth attendant firmly rub (massage) your lower abdomen/ stomach to help make your womb contract (become hard)?	Yes1 No2	
35.	Once your baby was born, did any of your birth attendants hold the baby upside down?	Yes1 No2	
36.	During your labor and delivery, did anyone physically mistreat you? That is, did anyone hit you, slap you, physically threaten you or in any other way cause you physical harm?	Yes, hit or slapped1 Yes, physically threatened2 Yes, other3 No physical mistreatment4	
37.	During your labor and delivery, did anyone verbally mistreat you? That is, did anyone threaten you verbally or shout at you?	Yes, verbally threatened1 Yes, shouted at2 Yes, other3 No verbal mistreatment4	
38.	Overall how satisfied were you with the care you received during delivery	Very unsatisfied1 Somewhat unsatisfied 2 Neither satisfied or unsatisfied3 Somewhat satisfied4 Very satisfied5	
39.	Did you make any payment for your delivery?	Yes1 No2	→ 41
40.	How much?	_____	
41.	Did you pay any money for registration/card?	Yes1 No2	→ 43
42.	How much?	_____	
43.	Did you pay any money for lab tests?	Yes1 No2	→ 45
44.	How much?	_____	
45.	Did you pay any money for transportation?	Yes1 No2	→ 47
46.	How much total (to and fro)? Include the cost for anybody who accompanied you	_____	
47.	Did you pay any other payment for this delivery?	Yes1 No2	→ Next Sec.
48.	How much?		

FOLLOW-UP QUESTIONNAIRE

49.	Did you pay any other payment for this delivery?	Yes1 No2	→ Next Sec.
50.	How much?	_____	

SECTION D: POSTPARTUM CARE

Q.#	QUESTIONS	CODES	GO TO Q.
1.	Since giving birth, have you visited or been visited by a health worker for a postnatal checkup?	Yes1 No2	→ 10
2.	How many days after delivery did the first check take place?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
3.	Where did this check take place?	Her home1 Other home2 Tertiary/Teaching Hospital3 Government General hospital4 Health center5 Other primary health center 6 Health post/dispensary7 Other government facility 8 Private hospital/clinic 9 Maternity home10 Other private medical sector11 Other 12	
4.	Who did the checkup? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED	Doctor1 Nurse/Midwife2 Auxiliary nurse/midwife3 Community Health Officer 4 Community Health Extension Worker (CHEW)5 Traditional Birth Attendant (TBA)6 Relative/friend7 No one8 Other9	
5.	What was done by the health worker during the health check?	Examined my abdomen1 Checked breasts2 Checked for bleeding3 Examined the infant4 Counseled on danger signs for newborn5 Counseled on breastfeeding6 Counseled on family planning7 Counseled on nutrition8 Counseled on baby care9 Other 10	
6.	Has any other postnatal check taken place?	Yes1 No2	→ 10

FOLLOW-UP QUESTIONNAIRE

7.	How many days after delivery did the second check take place?	<input type="text"/> <input type="text"/> Days	
8.	How many postnatal checks in total have taken place since the delivery?	<input type="text"/> <input type="text"/>	
9.	Since birth, have you received a Vitamin A dose?	Yes1 No2	
In the <u>SIX WEEKS</u> after giving birth, did you experience any of the following problems?			
10.	Convulsions (not from fever)	Yes1 No2	
11.	High fever	Yes1 No2	
12.	Severe headache	Yes1 No2	
13.	Severe vaginal bleeding	Yes1 No2	
14.	Foul smelling vaginal discharge	Yes1 No2	
15.	Loss of consciousness	Yes1 No2	
16.	Lower abdominal pain	Yes1 No2	
17.	Did you experience any other problem that has not been mentioned?	Yes1 No2	
18.	Did you go to a health facility for assistance?	Yes1 No2	→Next Sec.
19.	Where did you receive care? Anywhere else?	Tertiary/Teaching Hospital1 Government General hospital2 Health center3 Other primary health center 4 Health post/dispensary5 Other government facility 6 Private hospital/clinic 7 Maternity home8 Other private medical sector9 Other 10	
20.	Did you stay overnight in the health facility?	Yes1 No2	→Next Sec.
21.	How many nights in total?	<input type="text"/> <input type="text"/>	

FOLLOW-UP QUESTIONNAIRE

SECTION E: NEWBORN

Now I am going to ask you some questions about the baby

Q.#	QUESTIONS	CODES	GO TO Q.
1.	Was it a single or multiple birth (e.g., twins)?	Single1 Multiple2	→ 3
2.	You say it was a multiple birth; how many babies were delivered?	<input type="text"/> <input type="text"/>	
3.	Was the baby born alive?	Yes1 No2	→ Next Sec.
4.	What name was given to the baby?	_____	
5.	What was the sex of the baby?	Boy1 Girl2 Don't know3	
6.	When the baby was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large1 Larger than average2 Average3 Smaller than average4 Very small5 Don't know99	
7.	Was the baby weighed at birth?	Yes1 No2	→ 9
8.	What was the baby's weight?	<input type="text"/> <input type="text"/> . <input type="text"/> kg	
9.	Is baby still alive?	Yes1 No2	→ 12
10.	Did he/she die before one month?	Yes1 No2	→ 12
11.	How many days old was the baby when he/she died?		→ 30
12.	Has the baby had diarrhoea in the last two weeks?	Yes1 No2	→ 22
13.	Was there any blood in the stool?	Yes1 No2	
14.	How much was the baby given to drink during the diarrhea including breast-milk? Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	Much less1 Somewhat less2 About the same3 More4 Nothing to drink5 Don't Know/Remember99	
15.	When the baby had diarrhoea, was he/she given less than usual to eat, about the same amount, more	Much less1 Somewhat less2 Much the same3 More4	

FOLLOW-UP QUESTIONNAIRE

	than usual, or nothing to eat?	Stopped food5 Never gave food6 Don't Know/Remember99	
16.	Did you seek advice or treatment for the diarrhoea from any source?	Yes1 No2	→ 18
17.	Where did you seek advice or treatment? Anywhere else?	Tertiary/Teaching Hospital1 Government General hospital2 Health center3 Other government health center4 Government health post5 Other government facility6 Private hospital/clinic7 Maternity home8 Other private medical sector9 Pharmacy/chemist10 Traditional birth attendant11 Other12	
	Was he/she given any of the following to drink at any time since he/she started having the diarrhea?		
18.	A fluid made from a special packet called ORS or pedialyte?	Yes1 No2	→ 20
19.	A drink made at home with sugar, salt and water?	Yes1 No2	
20.	Was anything (else) given to treat the diarrhoea?	Yes1 No2	→ 22
21.	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	Antibiotic tablet, capsule or syrup1 Antimotility tablet, capsule or syrup (e.g., buscopan)2 Zinc3 Other tablet, capsule or syrup4 Antibiotic injection5 Other injection (not antibiotic)6 Intravenous (IV) fluid7 Intravenous (IV) drug (through drip)8 Home remedy/herbal medicine9 Other10	
22.	Has the baby been ill with a fever at any time in the last 2 weeks?	Yes1 No2	→ 25
23.	Did you seek advice or treatment from any source for the fever?	Yes1 No2	→ 25
24.	Where did you seek advice or treatment? Anywhere else?	Tertiary/Teaching Hospital1 Government General hospital2 Health center3 Other government health center4 Government health post5 Other government facility6 Private hospital/clinic7 Maternity home8	

FOLLOW-UP QUESTIONNAIRE

		Other private medical sector9 Pharmacy/chemist10 Traditional birth attendant11 Other12	
25.	Has (NAME) been ill with a cough at any time in the last 2 weeks?	Yes1 No2	→ 30
26.	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	Yes1 No2	→ 28
27.	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	Chest1 Nose2 Don't Know/Remember3	
28.	Did you seek advice or treatment from any source for the cough?	Yes1 No2	→ 30
29.	Where did you seek advice or treatment? Anywhere else?	Tertiary/Teaching Hospital1 Government General hospital2 Health center3 Other government health center4 Government health post5 Other government facility6 Private hospital/clinic7 Maternity home8 Other private medical sector9 Pharmacy/chemist10 Traditional birth attendant11 Other12	
ASK IF THERE IS A VACCINATION CARD FOR THE CHILD (EVEN IF THE CHILD HAS DIED): IF YES, ASK TO SEE THE CARD AND RECORD WHETHER THE CHILD HAD ANY OF THE FOLLOWING VACCINATIONS. IF NO, ASK THE MOTHER DIRECTLY ABOUT THE VACCINATIONS.			
30.	Is there a vaccination card?	Yes1 No2	
31.	Did the child receive BCG vaccination against tuberculosis (an injection in the forearm that usually causes a scar)?	Yes1 No2	
32.	Did the child receive polio vaccine (given as drops in the mouth)?	Yes1 No2	
33.	Did the child receive Hepatitis B vaccine (an injection in the upper part of the thigh)?	Yes1 No2	
NEXT YOU NEED TO MEASURE AND RECORD THE BABY'S LENGTH AND WEIGHT.			
34.	Baby's weight (in kilograms)	<input type="text"/> <input type="text"/> . <input type="text"/> kg	
35.	Baby's length (in centimeters)	<input type="text"/> <input type="text"/> cm	