

**Baseline HH questionnaire**

*For Research Purpose only*

ID Code

***Baseline Survey on***  
**“Mobile for Mother”**

**Household Questionnaire**

# Baseline HH questionnaire

## CONSENT FORM

Namaste. My name is \_\_\_\_\_ and I am working with NEEDS. We are conducting a survey about the health of women and use of health facilities. We would very much appreciate the participation of your household in this survey.

I would like to ask you some questions about your household. The survey usually takes about 20 minutes to complete. Whatever information you provide will be kept strictly confidential. Participation in this survey is voluntary and you can choose not to answer any question or all of the questions. However, we hope that you will participate in this survey since your participation is important. At this time, do you want to ask me anything about the survey?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

In case you need more information about the survey, you may contact Mr. Murari Chowdhary. (GIVE CARD WITH CONTACT INFORMATION)

May I begin the interview now?      Yes----1      No-----2

Signature of interviewer:

Date:

Consent                                  YES / NO          (Please circle)

RESPONDENT AGREES FOR INTERVIEW.....1  
AGREE FOR

RESPONDENT DOES NOT  
INTERVIEW.....2 →

END

### Section . Identification Information

101.	Name of the Respondent mÛkjnkrk dk uke	
102.	Household Address <b>?kj dk irk</b>	_____ No. <input type="text"/> <input type="text"/> <input type="text"/>
103.	Village Name <b>xzke</b>	_____ No. <input type="text"/> <input type="text"/>
104.	Main village or hamlet eq[; xzke ;k Vksyk	Main village.....1 Hamlet.....2 (Name.....)
105	How many months ago was your last delivery?	No. <input type="text"/> <input type="text"/>
106.	Sub-centre Name <b>miLokLF; dsUnz</b>	_____ No. <input type="text"/> <input type="text"/>
107. Interviewer Signature	  lk{kkRdkj drkZ _____	108. Date  <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
109. Supervisors signature	  i;Zos{k _____	110. Date  <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

**Baseline HH questionnaire**

111. Result Code	lk{kkRdkj dk ifj.kke	□
112. Total No. of visits		□

(Result codes)  
 1. Completed; 2. Completed after revisit, 3. Refused; 4. Respondent/Entire household Absent; 5. Incomplete;  
 6. Other ----- (Specify)

201.	Since how long you are living in this area? <b>vkj ;gk; dc ls jg jgs gS \</b>	----- Years
202.	<b>vkidk /keZ D;k gS \</b> What is the your religion?	Hindu .....1 Muslim .....2 Christian .....3 Sikhism .....4 Sarna .....5 Others (specify) .....9
203.	<b>D;k vki vuqlwfr tkfr] tutkfr ;k vU; finM+h tkfr ds gSa ;k buesa ls dksbZ ugha gSA</b> Does the respondent belongs to scheduled caste, scheduled tribe, OBC or none of them?	SC .....1 ST .....2 OBC .....3 Others (Specify) .....9
204.	<b>vkus dkSu lk mPpre ntkZ ikl fd;k gS \</b> Which is the last class/ standard you attended? (Record exact class)	Grade ..... □ □
205.	<b>vkids ifr us dkSu lk mPpre ntkZ ikl fd;k gS \</b> Which is the last class/ standard your spouse attended? (Record exact class)	Grade ..... □ □
206.	<b>vkidk eq; O;olk; D;k gS \</b> What is your primary occupation? <b>mi;qDr dksM ns[kdj Hkjasas</b>	_____ □
207.	<b>vkids ifr dk eq; O;olk; D;k gS \</b> What is the primary occupation of your husband? <b>mi;qDr dksM ns[kdj Hkjasas</b>	_____ □
208.	<b>vkj vius finys tUefnu ij fdrus o"kZ ds Fksa \</b> How old were you at the time of your last birthday? (Record in years)	□ □
209.	<b>'kknh ds le; vkidh mez D;k Fkh \</b> What was your age at the time of your (first) marriage? (Record in years)	□ □
210.	<b>igys xHkZ/kkj.k ds le; vkidh mez D;k Fkh \</b> What was your age at the time of your (first) pregnancy? (Record in years)	□ □
211.	<b>vafre xHkZ/kkj.k djus ds le; vkidh mez D;k Fkh \</b> What was your age at the time of your last pregnancy? (Record in years)	□ □

212. Have you ever heard about the following: (Knowledge): **D;k vkidks bu ckrksa ds ckjs esa tkudkj gS \**

Components	Source of information (multiple possible) (Use codes)

**Baseline HH questionnaire**

<p>212 A. Do you know why you need to visit ANM/doctor during your pregnancy?</p>	<table border="1"> <tr> <td data-bbox="778 163 890 197">1 YES</td> <td data-bbox="890 163 1002 197">2 NO</td> </tr> </table>	1 YES	2 NO	<p>If Yes, ask why?</p> <table border="1"> <tr> <td data-bbox="1123 181 1171 315"></td> <td data-bbox="1171 181 1428 315">Helps to identify (severe) problems and provide solutions</td> </tr> <tr> <td data-bbox="1123 315 1171 383"></td> <td data-bbox="1171 315 1428 383">It will minimize risks</td> </tr> <tr> <td data-bbox="1123 383 1171 450"></td> <td data-bbox="1171 383 1428 450">Receive additional services (TT, iron)</td> </tr> <tr> <td data-bbox="1123 450 1171 517"></td> <td data-bbox="1171 450 1428 517">Other (correct answers)</td> </tr> <tr> <td data-bbox="1123 517 1171 573"></td> <td data-bbox="1171 517 1428 573">No correct answer</td> </tr> <tr> <td colspan="2" data-bbox="1123 573 1428 712">(respondent needs to give spontaneous answers)</td> </tr> </table>		Helps to identify (severe) problems and provide solutions		It will minimize risks		Receive additional services (TT, iron)		Other (correct answers)		No correct answer	(respondent needs to give spontaneous answers)	
1 YES	2 NO															
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	No correct answer															
(respondent needs to give spontaneous answers)																
<p>212 B. Do you know why you need to take TT injection?</p>	<table border="1"> <tr> <td data-bbox="778 745 890 779">1 YES</td> <td data-bbox="890 745 1002 779">2 NO</td> </tr> </table>	1 YES	2 NO	<p>If yes, ask why</p> <table border="1"> <tr> <td data-bbox="1123 763 1171 831"></td> <td data-bbox="1171 763 1428 831">It will protect the baby from tetanus</td> </tr> <tr> <td data-bbox="1123 831 1171 887"></td> <td data-bbox="1171 831 1428 887">No correct answer</td> </tr> <tr> <td colspan="2" data-bbox="1123 887 1428 992"></td> </tr> </table>		It will protect the baby from tetanus		No correct answer								
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<p>212 C. Do you know why you need to IFA (iron) tables</p>	<table border="1"> <tr> <td data-bbox="778 1003 890 1037">1 YES</td> <td data-bbox="890 1003 1002 1037">2 NO</td> </tr> </table>	1 YES	2 NO	<p>If yes, ask why</p> <table border="1"> <tr> <td data-bbox="1123 1043 1171 1144"></td> <td data-bbox="1171 1043 1428 1144">It increases blood and will protect from anemia</td> </tr> <tr> <td data-bbox="1123 1144 1171 1200"></td> <td data-bbox="1171 1144 1428 1200">No correct answer</td> </tr> </table>		It increases blood and will protect from anemia		No correct answer								
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<p>212 D. Do you know the danger signs in pregnancy?</p>	<table border="1"> <tr> <td data-bbox="778 1216 890 1249">1 YES</td> <td data-bbox="890 1216 1002 1249">2 NO</td> </tr> </table>	1 YES	2 NO	<p>If Yes, mention all</p> <table border="1"> <tr> <td data-bbox="1123 1256 1171 1357"></td> <td data-bbox="1171 1256 1428 1357">Bleeding from vagina during pregnancy</td> </tr> <tr> <td data-bbox="1123 1357 1171 1458"></td> <td data-bbox="1171 1357 1428 1458">Severe abdominal pain during pregnancy</td> </tr> <tr> <td data-bbox="1123 1458 1171 1559"></td> <td data-bbox="1171 1458 1428 1559">Severe headache with blurring of vision</td> </tr> <tr> <td data-bbox="1123 1559 1171 1659"></td> <td data-bbox="1171 1559 1428 1659">Convulsions / loss of Consciousness</td> </tr> <tr> <td data-bbox="1123 1659 1171 1693"></td> <td data-bbox="1171 1659 1428 1693">No correct answer</td> </tr> <tr> <td colspan="2" data-bbox="1123 1693 1428 1787">mention</td> </tr> </table>		Bleeding from vagina during pregnancy		Severe abdominal pain during pregnancy		Severe headache with blurring of vision		Convulsions / loss of Consciousness		No correct answer	mention	
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mention																

**Baseline HH questionnaire**

<p>212 E. Do you know the danger signs during labour/ delivery?</p>	1 YES	2 NO	<p>If Yes, mention all</p> <table border="1"> <tr> <td data-bbox="1118 174 1174 344"></td> <td data-bbox="1174 174 1426 344">If the membranes/ water is broken/coming out before the expected date.</td> </tr> <tr> <td data-bbox="1118 344 1174 416"></td> <td data-bbox="1174 344 1426 416">It the women has convulsions</td> </tr> <tr> <td data-bbox="1118 416 1174 488"></td> <td data-bbox="1174 416 1426 488">Labour for more then 12 hours</td> </tr> <tr> <td data-bbox="1118 488 1174 622"></td> <td data-bbox="1174 488 1426 622">Placenta does not come out within 30 minutes after the baby is delivered</td> </tr> <tr> <td data-bbox="1118 622 1174 680"></td> <td data-bbox="1174 622 1426 680">No correct answer</td> </tr> </table>		If the membranes/ water is broken/coming out before the expected date.		It the women has convulsions		Labour for more then 12 hours		Placenta does not come out within 30 minutes after the baby is delivered		No correct answer
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	No correct answer												
<p>212F Do you know why 5 cleans are important during delivery?</p>	1 YES	2 NO	<p>If yes, ask why</p> <table border="1"> <tr> <td data-bbox="1118 824 1174 936"></td> <td data-bbox="1174 824 1426 936">It limites infection (and death) both in baby an mother</td> </tr> <tr> <td data-bbox="1118 936 1174 994"></td> <td data-bbox="1174 936 1426 994">No correct answer</td> </tr> </table>		It limites infection (and death) both in baby an mother		No correct answer						
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	No correct answer												
<p>212 G. ANC care: IkzloiqoZ ns[kHkky</p> <ol style="list-style-type: none"> <li>1. Antenatal checkups are important IkzloiqoZ tk;ip egRoiq.kZ gS A</li> <li>2. Iron folic tablets vk;j.k dh xksfy;kj</li> <li>3. TT injection Vh Vh dh lqbZ</li> <li>4. Danger sign of pregnancy Ikzlo ds nkSjku [krjs ds ladsr</li> </ol>			<table border="1"> <tr> <td data-bbox="1118 1077 1302 1135">Source</td> </tr> <tr> <td data-bbox="1118 1135 1302 1193"></td> </tr> <tr> <td data-bbox="1118 1193 1302 1252"></td> </tr> <tr> <td data-bbox="1118 1252 1302 1310"></td> </tr> <tr> <td data-bbox="1118 1310 1302 1368"></td> </tr> </table>	Source									
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<p>212 H. Delivery care</p> <ol style="list-style-type: none"> <li>1. Five Cleans Ikj;kp lQkbZ</li> </ol>	1	2											
<p>212 I. RTI/STI</p>	1	2											
<p>212 J. HIV/AIDS</p>	1	2											
<p>Codes for source of information: Any health professional-1 ; Newspaper/Magazine-2, Television-3, Radio-4; NGO worker-5; Husband-6. Sahiyya- 7; Friends-8; Other- 9</p>													

Baseline HH questionnaire

Section. Reproduction (Pregnancy History):						
301.	Information about obstetric history (first pregnancy first)					
	Pregnancy	Alive (A)/ Abortion or Still birth (AS)/ Died (D)	If 'AS' If not alive during pregnancy, after how many months did the pregnancy end?	If born alive but not alive now, when did the baby die? (1) < 6 weeks (2) >6 weeks but < 1 year (3) > 1 year	Female	Male
	1					
	2					
	3					
	4					
	5					
	6					
	7					
8						

302	If given a choice, how many children would you like to have in your life? <b>vxj vkidh bPNk ij fuHkZj gks rks vki fdrus cPps pkgsaxha \</b>	Number _____ <input type="text"/> Other------(Specify)
-----	--	---

Now I want to talk about your most recent pregnancy ( that ended in a live birth within the last 12 months.		
401	<b>Was this pregnancy planned?</b>	Yes .....1 No .....2
402	<b>(Ukke) -----ds le; tc vki xHkZorh Fkha rc Dk vki izloiwoZ tkap ds fy, xbZ Fkh \</b> When you were pregnant with your youngest child, did you go for an antenatal check-up?	Yes .....1 No .....2 (skip to 407)
403	<b>vkius fdldks fn[kk;k \ fdlh vkSj dks \</b> Whom did you see at the time of first antenatal check up?	Doctor .....1 ANM .....2 Nurse/Midwife/ LHV .....3 Other health professional .....4 Traditional birth attendant (DAI) .....5 Sahiyya.....6 Other .....(specify) .....9
404	<b>vkius fdlh vkSj dks fn[kk;k D;k \ (iwjh xHkkZoLFkk ds nkSjku</b> Who else did you see during the entire period of pregnancy?  Anyone else?  Record all persons seen.	Doctor .....A ANM .....B Nurse/Midwife/ LHV .....C Other health professional .....D Traditional birth attendant (DAI) .....E Sahiyya.....F No one.....G

Baseline HH questionnaire

		Other .....(specify) .....X	
405	<b>tc vki xHkZorh Fkh tc igyh ckj tk;p ds fy, igyh ckj izloiwoZ ;s ns[kus xbZ Fkh fd lc Bhd&amp;Bkd gS ;k ugha dksbZ leL;k Fkh \</b> When you were pregnant with your youngest child, did you go to antenatal care for the first time to check that everything was fine or because you had a problem?	Because of a problem .....1 To check only .....2	
406	<b>izloiwoZ tk;p dk fu.kZ; fdlus fy;k \</b> Who mainly made the decision to go for an antenatal check-up?	Respondent .....01 Husband .....02 In-Laws .....03 Parents .....04 Sister/Sister-In-Law .....05 Other member in husband's family .....06 Other member in respondent's family .....07 Relatives .....08 Friend/Neighbour .....09 TBA/Field Worker .....10 Other .....(specify) .....99	
407	<b>tc (Ukke) -----ds le; vki xHkZorh Fkh] rc D;k dksbZ LokLF; dk;ZdÜkkZ izloiwoZ tk;p ds fy, vkids ?kj vk;k Fkk \</b> When you were pregnant with your youngest child, did any health worker visit you at home for an antenatal check-up with a physical examination?	Yes .....1 No .....2	
408	Check 402 and 407:	Yes in either .....1 (skip to 410) No in both .....2	
409	<b>vkidh izloiwoZ tk;p u gksus dk eq[; dkj.k D;k Fkk \</b> What is the main reason you did not receive an antenatal check-up?	Not necessary ..... 01 Not customary ..... 02 Cost too much ..... 03 Too far/no transportation ..... 04 Poor quality service ..... 05 No time to go ..... 06 Family did not allow ..... 07 Lack of knowledge ..... 08 No health worker visited ..... 09 Nobody to accompany ..... 10 Other .....(specify)..... 99	
		→ <table border="1" style="display: inline-table;"><tr><td><b>Any answer go to 417</b></td></tr></table>	<b>Any answer go to 417</b>
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410	<b>izlo iwoZ tk;p ds le;] D;k vkidks dksbZ dkMZ feyk Fkk \</b> Did you receive any health card at the time of ANC check-up?	Yes .....1 No .....2 (skip to 413)	
411	<b>vxj gk;] rks D;k eSa ns[k ldrh gw; \</b> If so, may I see it, please?	Yes, seen .....1 Yes, not seen .....2 No card .....3 ( if 2 or 3, skip to 413)	
412	<b>dkMZ ns[kdj Hkjsa</b> Enter the following data from the card	Total no. ANC visits: <input style="width: 50px; height: 20px;" type="text"/>  First visit <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  Last visit <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  IFA tablets (No.) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

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		TT 1 □□/□□/□□□□																																	
		TT2 □□/□□/□□□□																																	
413.	<p><b>bl xHkkZoLFkk ds nkSjku vkidh fdruh ckj izloiwoZ tk;p dh xbZ \</b> How many times did you receive antenatal check-ups during this pregnancy?</p>	<p>TOTAL ANC Check ups ..... □</p> <p>Do you remember approximately when they took place?</p> <table> <tr> <td>Trimester</td> <td>No. of check ups</td> </tr> <tr> <td>1<sup>st</sup> (0-3 months)</td> <td>..... □</td> </tr> <tr> <td>2<sup>nd</sup> (4 –6 months)</td> <td>..... □</td> </tr> <tr> <td>3<sup>rd</sup> (7-9 months)</td> <td>..... □</td> </tr> </table>	Trimester	No. of check ups	1 <sup>st</sup> (0-3 months)	..... □	2 <sup>nd</sup> (4 –6 months)	..... □	3 <sup>rd</sup> (7-9 months)	..... □																									
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414.	<p><b>bl xHkkZoLFkk ds nkSjku D;k fdlh Hkh izloiwoZ tk;p ds le; buds fy, de ls de ,d ckj tk;p dh x;h Fkh ?</b> Did you have the following performed at least once during any of your antenatal check-ups?</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Weight measured .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Height measured .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood pressure checked .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood test .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine test .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Internal Exam .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Abdomen examined .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>X-Ray .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sonogram/Ultrasound. ....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Weight measured .....	1	2	Height measured .....	1	2	Blood pressure checked .....	1	2	Blood test .....	1	2	Urine test .....	1	2	Internal Exam .....	1	2	Abdomen examined .....	1	2	X-Ray .....	1	2	Sonogram/Ultrasound. ....	1	2			
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416.	<p><b>vki tc xHkZorh Fkh] D;k vkidks vk;ju Qksfyd xksfy;k;@flji feyh Fkh \</b> When you were pregnant with your youngest child, were you given any iron folic tablets or syrup?</p>	<p>Yes .....1</p> <p>No .....2</p> <p>Don't Know .....3</p> <p>(if 2 or 3 skip to 420)</p>																																	
417.	<p><b>D;k ml le; vkidks vk;ju Qksfyd xksfy;k; rhu eghus ;k mlls T;knk fnuksa ds fy, nh xbZ Fkh</b> Did you receive enough iron folic tablets or syrup to last about three months or longer?</p>	<p>Yes .....1</p> <p>No .....2</p> <p>Don't Know .....3</p> <p>(If 2 or 3 skip to 420)</p>																																	
418.	<p><b>vkius fdruk vk;ju xksyh@flji [kk;k \</b> How many of the iron folic tablets or syrup did you consume? (if all skip to 423)</p>	<p>All .....1</p> <p>Most. ....2</p> <p>Few, .....3</p> <p>None .....9</p>																																	
419.	<p>Why you did not consume all tablets? <b>vkius lkjh xksfy;ka D;ksa ugha [kkbZ \</b></p>	<p>Not necessary .....1</p> <p>Forgot .....2</p> <p>Stopped due to problem .....3</p> <p>Other .....4</p>																																	



Baseline HH questionnaire

420.	<p><b>vki (Ukke) -----</b>  <b>ds le; tc xHkZorh Fkh] rks D;k</b>  <b>vkidks vkSj vkids gksus okys cPps</b>  <b>dkS VsVul ls cpkus ds fy, ck;g esa</b>  <b>Vhdk (batsD'ku yxk;k x;k Fkk \</b>                  When you were pregnant with your youngest child, were you given an injection in the arm to prevent you and the baby from getting tetanus (use local term for tetanus)?</p>	Yes .....1 No .....2 Don't Know .....3 (if 2 or 3 skip to 501)
421.	<p><b>bl xHkkZoLFkk ds nkSjku vkidks</b>  <b>fdruh ckj ;g Vhdk (batsD'ku) yxk;k</b>  <b>x;k Fkk \</b>                  When you were pregnant with your last child, how many times did you get this injection?</p>	Times injected ..... <input type="text"/>

	Delivery	
501	<p><b>(Ukke) ----- dk tUe</b>  <b>dgk; gqvk Fkk \</b>                  Where did you give birth to your youngest child? (For answers 21-31, skip to 505)                  If source is hospital or clinic, write the name of the place. Probe to identify the type of place and circle the appropriate code.</p> <p><b>vxj mRrj 21&amp;31 gks rks 505 ij</b>  <b>tk,a</b></p>	Your home .....11 Parents' home .....12 Other home .....13  <b>Public Medical Sector</b> CHC/PHC .....21 Sub-Centre .....22 NGO/Trust Hospital/Clinic .....23  <b>Private Medical Sector</b> Pvt. hospital/Clinic .....31  Other.....99 (specify)
502	<p><b>dkSu lk eq]; dkj.k Fkk ftldh otg ls</b>  <b>vki izlo ds fy, LokLF; lqfo/kk esa</b>  <b>ugha xbZ \</b>                  What is the main reason you did not go to a health facility for delivery?</p>	Not necessary .....01 Not customary .....02 Cost too much .....03 Too far/no transport .....04 Poor quality service .....05 No time to go .....06 Family did not allow .....07 Better care at home .....08 Lack of knowledge .....09 Nobody to accompany.....10 Other .....(specify) .....99
503	<p><b>cPps dk tUe dgk; gks] bldk fu.kZ;</b>  <b>fdlus fy;k\</b>                  Who mainly made the decision where to give birth?</p>	Respondent .....01 Husband .....02 In-Laws .....03 Parents .....04 Sister/Sister-In-Law .....05 Other member in husband's family .....06 Other member in respondent's family .....07 Relatives .....08 Friend/Neighbour .....09 TBA/Field Worker/DAI .....10 Other .....(specify) .....99
504	<p><b>izlo ds le; fdlus lgk;rk dh Fkh \</b>                  Who assisted with the delivery of your youngest child?</p>	(For answers A, B, or C skip to XXXX)  <b>Health Professional</b> Doctor .....A ANM/Nurse/Midwife/LHV .....B Other Health Professional (specify) .....C

**Baseline HH questionnaire**

	<p>Anyone else?</p> <p>Probe for the type of person and record all persons who assisted.</p>	<p><b>Other Person</b></p> <p>DAI (TBA) .....D</p> <p>Friend/Relative .....E</p> <p>Husband .....F</p> <p>Other (specify) .....X</p> <p>No one .....Y</p>																		
505	<p><b>D;k eq; dkj.k gS ftlds dkj.k vki fdlh LokLF; fo'ks"kk dh lgk;rk ugha yh \</b></p> <p>What is the main reason you did not take the help of a health professional?</p>	<p>Not necessary .....01</p> <p>Not customary .....02</p> <p>Cost too much .....03</p> <p>Too far/no transport .....04</p> <p>Professional not available .....05</p> <p>No confidence in available profession .....06</p> <p>No time to get help .....07</p> <p>Family did not allow .....08</p> <p>Other .....(specify) .....99</p>																		
506	<p><b>izlo ihM+k fdruh nsj rd pyh Fkh \</b></p> <p>How long did the labour last?</p>	<p>Hours ..... <input type="text"/> <input type="text"/></p>																		
507	<p><b>izlo ds le; dksbZ tfVyrk vkbZ Fkh \ D;k \</b></p> <p>Were there any complications during labour/delivery?</p> <p>List all that apply.</p>	<table border="1"> <thead> <tr> <th>Problem</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Excessive bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tears/lacerations</td> <td>1</td> <td>2</td> </tr> <tr> <td>Long labour</td> <td>1</td> <td>2</td> </tr> <tr> <td>Delayed expulsion of placenta (more than 1/2 hr)</td> <td>1</td> <td>2</td> </tr> <tr> <td>No complications</td> <td>1</td> <td>2</td> </tr> </tbody> </table> <p>(If no complications skip to 5XX)</p>	Problem	YES	NO	Excessive bleeding	1	2	Tears/lacerations	1	2	Long labour	1	2	Delayed expulsion of placenta (more than 1/2 hr)	1	2	No complications	1	2
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508	<p>Did you seek treatment for this?</p> <p><b>D;k vkius fpdfRlk djkbZ \</b></p>	<p>Yes .....1</p> <p>No .....2</p> <p>(skip to 5XX)</p>																		
509	<p>Where did you go?</p> <p><b>fpfdRlk ds fy, vki dgka xbZ Fkh \</b></p>	<p><b>Public Medical Sector</b></p> <p>Govt. Hospital .....11</p> <p>CHC/PHC .....12</p> <p>Sub-Centre .....13</p> <p>NGO/Trust Hospital/Clinic.....14</p> <p>NGO mobile clinic ..... 15</p> <p><b>Private Medical Sector</b></p> <p>Pvt. hospital/Clinic/Maternity Home.....21</p> <p>Pvt. Mobile Clinic.....22</p> <p>Pharmacy/Drugstore.....23</p> <p>Other Private Sector Health Facility.....24</p> <p>Other .....(specify) .....99</p>																		
510	<p><b>ml lqfo/kk esa vki dSlS x;h Fkha \</b></p> <p>How did you reach the facility? (Record All)</p>	<p>On foot .....A</p> <p>By private vehicle .....B</p> <p>By government vehicle .....C</p> <p>Other .....(specify) .....X</p>																		

511	<p><b>(Ukke) ----- ds tUe ds fdrus le; ckn vkius mls Lruiku dj;k \</b></p> <p>How long after birth did you first put (NAME) to the breast?</p> <p>IF LESS THAN HALF AN HOUR, CIRCLE '000'.</p> <p>IF LESS THAN 24 HOURS, RECORD HOURS.</p> <p>OTHERWISE, RECORD DAYS.</p>	<p>IMMEDIATELY/</p> <p>WITHIN HALF AN HOUR</p> <p>HOURS 1</p> <p>DAYS 2</p>
-----	---	---

**Baseline HH questionnaire**

<p><b>D;k vkus Lru dks f'k'kq ls yxkus ds iwoZ igyk nw/k fupksM+k Fkk \</b>                  Did you discard out the milk from the breast before you first put your youngest child to the breast?</p>		Yes-----1 No-----2																		
513	<p><b>D;k tUe ds le; f'k'kq dks dksbZ LokLF; leL;k Fkh \</b>                  Was the baby suffering from any complications at birth?</p>	Yes ..... 1 No ..... 2 (If no, skip to 601)																		
514	<p><b>D;k leL;k Fkh \</b>                  Which complications?                  vk;[k yky                  ihyk is'kkc@peZ                  conjunctiva / Yellowish colouration of urine / skin                  lkal esa fnDdr                  Difficulty in breathing                  cq[kkj                  Fever                  pwlus esa fnDdr                  Fever + refusal to suck</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Conjunctiva</td> <td>1</td> <td>2</td> </tr> <tr> <td>Breathing</td> <td>1</td> <td>2</td> </tr> <tr> <td>Fever</td> <td>1</td> <td>2</td> </tr> <tr> <td>Fever + Refusal</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other (specify)</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Conjunctiva	1	2	Breathing	1	2	Fever	1	2	Fever + Refusal	1	2	Other (specify)		
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Other (specify)																				

<p><b>Postpartum Care</b>                  Now I would like to ask you about the 1-month period after the delivery of your youngest child.</p>																	
601	<p><b>cPps ds tUe ds nks eghus ckn rd D;k vkids cPps ;k vkids LokLF; dh tk;p fdlh LokLF; fo'ks"kk }kjk dh xbZ \</b>                  During that period, did a doctor or other health professional check your health or the health of your baby?</p>	Yes ..... 1 No ..... 2 (skip to 606)															
602	<p><b>vkids lcls NksVs cPps ds tUe ds fdrus fnu ckn igyh tk;p dh xbZ Fkh \</b>                  How soon after the birth of your youngest child did you first get a check-up?</p>	Same day of birth..... <input type="checkbox"/> <input type="checkbox"/> At Day ..... <input type="checkbox"/> <input type="checkbox"/> In Week..... <input type="checkbox"/> <input type="checkbox"/>															
603	<p><b>;s tk;p dgk; dh xbZ Fkh \</b>                  Where did you get the check-up?                   If source is hospital or clinic, write the name of the place. Probe to identify the type of place and circle the appropriate code.</p>	Home Visit ..... 10  <b>Public Medical Sector</b> Govt. Hospital ..... 11 CHC/ PHC ..... 12 Sub-Centre ..... 13 NGO/Trust Hospital/Clinic..... 14 NGO mobile clinic..... 15  <b>Private Medical Sector</b> Pvt. hospital/Clinic/Maternity Home..... 21 Pvt. Mobile Clinic..... 22 Pharmacy/Drugstore..... 23 Other Private Sector Health Facility..... 24 Other ..... (specify)..... 99															
604	<p><b>D;k buesa ls dksbZ tk;p fd;k x;k Fkk \</b>                  Did any of the following happen when you had the check-up:                  Was your abdomen examined?                  Did you receive advice on family planning?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Abdomen</td> <td>1</td> <td>2</td> </tr> <tr> <td>FP</td> <td>1</td> <td>2</td> </tr> <tr> <td>Breastfeeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>Baby care</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Abdomen	1	2	FP	1	2	Breastfeeding	1	2	Baby care	1	2
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**Baseline HH questionnaire**

	Did you receive advice on breastfeeding? Did you receive advice on baby care? Did you receive advice on diet?	Diet.....1 2									
605	<b>D;k igys ls lIrk g esa vkidk dksbZ vfrfjDr tk;p fd;k x;k Fkk \</b> Did you receive any second check up within the first week?	Yes .....1 No .....2									
606	<b>izlo ds nks ekg ds vUnj D;k vkidks buesa ls dqN leL;k gqbZ Fkh \</b> At any time during the first 6 weeks after the delivery of your youngest child, did you have any of the following:	<table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>Massive vaginal bleeding?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Very high fever?</td> <td>1</td> <td>2</td> </tr> </table>		<b>YES</b>	<b>NO</b>	Massive vaginal bleeding?	1	2	Very high fever?	1	2
	<b>YES</b>	<b>NO</b>									
Massive vaginal bleeding?	1	2									
Very high fever?	1	2									
607	<b>D;k vkus fpfdRlk djkbZ Fkh \</b> Did you seek treatment?	Yes .....1 No .....2									
608	<b>;s tk;p dgk; dh xbZ Fkh \</b> Where did you get the treatment?	<p><b>Public Medical Sector</b></p> Govt. Hospital .....11 CHC/ PHC .....12 Sub-Centre .....13 NGO/Trust Hospital/Clinic.....14 NGO mobile clinic.....15									
		<p><b>Private Medical Sector</b></p> Pvt. hospital/Clinic/Maternity Home.....21 Pvt. Mobile Clinic.....22 Pharmacy/Drugstore.....23 Other Private Sector Health Facility.....24 Other .....(specify) .....99									

609	<b>D;k vkus Lru dks f'k'kq ls yxkus ds iwoZ igyk nw/k fupksM+k Fkk \</b> Did you discard out the milk from the breast before you first put your youngest child to the breast?	Yes.....1 No.....2
610	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	<b>YES</b> <b>NO</b>
	What was (NAME) given to drink?  Anything else?  RECORD ALL	MILK (OTHER THAN BREAST MILK) PLAIN WATER SUGAR OR GLUCOSE WATER GRUPE WATER SUGAR-SALT-WATER SOLUTION  FRUIT JUICE INFANT FORMULA TEA HONEY JANAM GHUTTI OTHER

(SP)