

17. What else do you apply to the baby: 1. Powder 2. Cream 3. Shampoo
 4. Other than above, What if so.....
 5. Do not apply anything

18. Do you give massage to the baby: 1. Yes, currently giving ;
 Plan to continue giving massage till.....months/years
 2. Discontinued after.....
 3. No, did not give

If NO, skip to Question 34.

19. When after birth of the baby did you start giving massage? days

20. Why did you start giving massage to the baby?
 1. Traditional practice 2. Told by family elders/friends
 3. Told by doctor/nurse 4. Told by dai/traditional care giver
 5. Other than above Specify here.....

21. Who gives the massage to your baby generally?
 1. Parents: Mother Father
 2. Relative: Elderly Not elderly Relation to baby:.....
 3. Neighbour/acquaintance: Female Male
 4. Dai: Female Male
 5. Hired professional: Profession-
 6. Other than above: Specify:

22. How often is massage given to your baby?times/ day ortimes / week

23. How long does a massage session last?minutes

24. When do you generally give massage- any relation to bath, feeding or sleep?

- | Bath | Feeding | Sleep |
|---|---|--|
| <input type="checkbox"/> Before bath | <input type="checkbox"/> Before feeding | <input type="checkbox"/> Before Sleep |
| <input type="checkbox"/> After bath | <input type="checkbox"/> After feeding | <input type="checkbox"/> After waking up |
| <input type="checkbox"/> Not related to bath | <input type="checkbox"/> Not related to feeding | <input type="checkbox"/> Not related to sleep time |
| <input type="checkbox"/> Specify any other time followed if any:..... | | |

25. What substance do you use mostly for massage?

1. Oil : Specify 2. Ghee : Specify.....
 3. Butter: Specify:..... 4. Powder: Specify:.....
 5. Lotion/cream : Specify:..... 6. Other than above: Specify:

26. What are the reasons for this choice (of substance for massage)?
- | | |
|---|--|
| 1. <input type="checkbox"/> Own experience | 2. <input type="checkbox"/> Recommended by family elders/friends |
| 3. <input type="checkbox"/> Recommended by doctor/nurse | 4. <input type="checkbox"/> Recommended by pharmacist |
| 5. <input type="checkbox"/> By Traditional knowhow | 6. <input type="checkbox"/> Other than above..... |

27. Do you make any preparation for the massage substance (such as heating oil etc.)?

28. Where do you get the massage substance from:
- | | |
|--|---|
| 1. <input type="checkbox"/> Make at home | 2. <input type="checkbox"/> Buy from market |
|--|---|

29. How much does the massage substance you use cost? Rs/month

30. Do you press at any specific areas of the baby's body during massage?
- | | | |
|--------------------------------|---------------------------------|-----------------------------|
| 1. <input type="checkbox"/> No | 2. <input type="checkbox"/> Yes | If yes, which points: |
|--------------------------------|---------------------------------|-----------------------------|

31. Do you stretch any body parts of the baby along with massage?
- | | | |
|--------------------------------|---------------------------------|---------------------------|
| 1. <input type="checkbox"/> No | 2. <input type="checkbox"/> Yes | if yes, pl describe:..... |
|--------------------------------|---------------------------------|---------------------------|

32. What precautions do you take while giving massage?
- 1.....
 - 2.....
 - 3.....
 - 4.....

33. Are there any conditions when you avoid giving massage?
- 1.....
 - 2.....

34. Why did you not give massage to your baby?
- | | |
|---|---|
| 1. <input type="checkbox"/> Advised so by doctor/nurse | 2. <input type="checkbox"/> Advised so by family elders/friends |
| 3. <input type="checkbox"/> Own experience | 4. <input type="checkbox"/> Lack of time |
| 5. <input type="checkbox"/> No skilled person available | 6. <input type="checkbox"/> Other than above:Specify here..... |

35. What do you think are the benefits of massage, if any?
- 1.....
 - 2.....
 - 3.....
 - 4.....

36. What do you think could be the harm from massage, if any?
- 1.....
 - 2.....
 - 3.....
 - 4.....

37. Did you consult a doctor about any of the above baby care practices:

- 1. Massage A. No B. Yes If yes, mention advise:
- 2. Instilling in fontanalle A. No B. Yes If yes, mention advise:
- 3. Instilling in eye A. No B. Yes If yes, mention advise:
- 4. Instilling in ear A. No B. Yes If yes, mention advise:
- 5. Instilling in nose A. No B. Yes If yes, mention advise:

Name and address of facility where form is filled:

.....

Date of form filling:.....

Filled by: Name and Sign.....

Checked by: Name and Sign

Supervisor: Name and sign

Data entered by: