SUPPLEMENT TITLE:

Every Newborn BIRTH multi-country validation study: informing measurement of coverage and quality of maternal and newborn care

PAPER TITLE:

Chlorhexidine for facility-based umbilical cord care: EN-BIRTH multi-country validation study

Additional File 2: EN-BIRTH cord care survey questionnaire used to collect information about cord care and Chlorhexidine cord cleansing

| | Questions | Options | Skip to |
|----|--|---------------------------|---|
| | | Yes | If Yes go to Q 28a |
| Q1 | After the cord was cut, was anything applied to the stump of the cord at any time? | No | If No or Don't Know/Don't Remember, End of Interview |
| | | Don't know/don't remember | |
| Q2 | What was applied to the cord? (Show tube)? PROBE: Anything else? Instructions: Show a tube of chlorhexidine to woman | Chlorhexidine (tube) | If No or Don't Know/Don't Remember, End of Interview |
| | | Other, specify: | |
| | | Don't know/don't remember | |
| Q3 | How long after the cord was cut was chlorhexidine first applied? | Hours | |
| | | Days | |
| | | Don't know/don't remember | _ |
| Q4 | If chlorhexidine was applied, who applied the treatment within the last 24hours? | Health worker | |
| | | Myself | _ |
| | | Family member or friend | _ |
| | | Other: | |
| | | Don't know/don't remember | _ |
| Q5 | Were you told the reason why the treatment was being applied to the stump? | Yes | If Yes go to Q 31a |
| | | No | If No or Don't |
| | | Don't know/don't remember | Know/Don't Remember, End of Interview |
| Q6 | What was the reason? | Specify | |
| | | Don't know | _ |
| | | No | _ |
| | | Don't know/don't remember | _ |