

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with Family Care International (FCI). We are conducting a survey about the health of women in this community. We would very much appreciate your participation in this survey. I would like to ask you about your health and about issues related to pregnancy and childbirth. This information will be used to improve health services in your district. We will be asking you some questions about the health facility you usually attend. We will not share your identity or your individual responses with the staff at that facility or with anyone else. There are no risks involved in participating in the study. Only survey organizers and the Committee that oversees the ethical aspects of this study (Allendale Investigational Review Board) may view the data. The responses you provide will be kept strictly confidential and will not be shown to other persons. Participation in this study or refusal to participate will not affect your ability to access health services or any other services. The interview usually takes between 30 and 40 minutes to complete.

Participation in this survey is voluntary and you can choose not to answer any individual question or all the questions. However, we hope that you will participate fully in this survey since your views are important. At this time, is there anything you would like to ask me about the survey? For additional information about the survey and your participation in it, you can contact SCI Research Coordinator, Family Care International (FCI).

By consenting, you indicate that you understand the information I just read about the study and that you are willing to participate.

Signature of interviewer: _____

Date: _____

May I begin the interview now?

RESPONDENT AGREES TO BE INTERVIEWED 1 ↓ CONTINUE

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2→END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	RECORD THE TIME.	HOUR..... MINUTES	<input type="text"/> <input type="text"/>
1002	In what month and year were you born?	MONTH..... DON'T KNOW MONTH 98 YEAR..... DON'T KNOW YEAR..... 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1003	How old were you at your last birthday? COMPARE AND CORRECT 1002 AND/OR 1003 IF INCONSISTENT. CHECK: IS THE RESPONDENT BETWEEN THE AGES OF 15-49? IF NOT, POLITELY END THE ENTREVUEW	AGE IN COMPLETED YEARS ...	<input type="text"/>
1004	Have you ever attended school?	YES..... 1 NO..... 2	→ 1008
1005	What is the highest level of school you <u>attended</u> : primary, secondary, or higher? IF HIGHER, PROBE FOR LEVEL: certificate, diploma college or university?	PRIMARY..... 11 SECONDARY..... 21 CERTIFICATE..... 31 HIGHER DIPLOMA COLLEGE..... 41 UNIVERSITY..... 42	
1006	What is the highest (class/form/year) you <u>completed</u> at that level?	CLASS/FORM/YEAR	<input type="text"/>
1007	CHECK 1005: PRIMARY <input type="checkbox"/>	SECONDARY OR HIGHER <input type="checkbox"/>	→ 1009
1008	Can you read a newspaper easily, with difficulty, or not at all?	EASILY..... 1 WITH DIFFICULTY..... 2 NOT AT ALL..... 3	→ 1014
1009	How often do you usually read a newspaper?	MORE THAN 10 TIMES PER MONTH 1 4-10 TIMES PER MONTH..... 2 1-3 TIMES PER MONTH..... 3 LESS THAN ONCE PER MONTH..... 4 NEVER..... 6 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
1017	Do you belong to any of the following groups in your community: Mother's group? Religious group? Women's literacy group? Savings and credit group? Water user's group? Forest user's group? Merry go round? Other?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">NA</th> </tr> </thead> <tbody> <tr> <td>MOTHER'S GROUP.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>RELIGIOUS GROUP.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>WOMEN'S LITERACY GRP.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SAVINGS AND CREDIT GRP..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>WATER USER'S GROUP.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>FOREST USER'S GROUP.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>MERRY GO ROUND.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	NA	MOTHER'S GROUP.....	1	2	8	RELIGIOUS GROUP.....	1	2	8	WOMEN'S LITERACY GRP.....	1	2	8	SAVINGS AND CREDIT GRP..	1	2	8	WATER USER'S GROUP.....	1	2	8	FOREST USER'S GROUP.....	1	2	8	MERRY GO ROUND.....	1	2	8	OTHER _____ (SPECIFY)	1	2	8	
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OTHER _____ (SPECIFY)	1	2	8																																				
1018	Are you currently married or living with a partner?	YES, CURRENTLY MARRIED1 YES, LIVING WITH A PARTNER2 NO, NOT IN UNION3	<input type="checkbox"/> → 1021																																				
1019	Have you ever been married or lived with a partner?	YES, FORMERLY MARRIED1 YES, LIVED WITH A MAN.....2 NO3	<input type="checkbox"/> → 2001																																				
1020	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED1 DIVORCED2 SEPARATED3	<input type="checkbox"/> → 2001																																				
1021	RECORD THE HUSBAND/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO.	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>																																				
1022	Does your husband/partner have any other wives besides yourself?	YES.....1 NO2																																					

SECTION 2: AWARENESS OF SAFE MOTHERHOOD

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Now I would like to ask you some questions about pregnancy and childbirth.			
2001	Have you ever heard the term "birth preparedness"?	YES..... 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> 2003
2002	From which sources did you see, hear, or read about "birth preparedness"? PROBE AND RECORD ALL SOURCES MENTIONED. DO NOT READ ALOUD LIST.	MASS MEDIA RADIO A TELEVISION B OTHER C (SPECIFY) WRITTEN MATERIALS NEWSPAPER/MAGAZINE D POSTER E PAMPHLETS/BROCHURES F BOOKLETS G FLIPCHARTS H PICTORAL CARDS W/ DRAWINGS I OTHER J (SPECIFY) COMMUNITY EVENTS STREET DRAMA K HEALTH TALKS L CHIEF'S BARAZA M VILLAGE MEETING N CHURCH EVENT O OTHER P (SPECIFY) COMMUNITY MEMBERS HUSBAND Q RESP' MOTHER/MOTHER-IN-LAW ... R SISTER/SISTER-IN-LAW S OTHER MEMBER OF RESP' FAM.... T OTHER MEMBER OF HUSB'S FAM .. U FRIENDS/NEIGHBORS V TBA/CHW/CBD W RELIGIOUS LEADER..... AA CHIEF/ASSISTANT CHIEF BB SINGER CC VILLAGE/CLAN ELDER DD OTHER EE (SPECIFY) HEALTH PROFESSIONALS HLTH PROFESSIONALS AT CLINICFF HLTH PROFESSIONALS AT HOSP GG OTHER HH (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Y	
2003	Have you ever heard of the term "skilled care"?	YES..... 1 NO 2 DON'T KNOW 8	
Please tell me if you agree or disagree with the following statement. Answer in the way that most closely represents your opinion.			
2004	Any woman can develop a serious health problem related to pregnancy or childbirth.	AGREE 1 DISAGREE..... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
2005	Do you think that some women are more likely to have serious health problems related to pregnancy or childbirth than others?	YES.....1 NO2 DON'T KNOW8	<input type="checkbox"/> 2007
2006	Which women are most likely to have serious health problems related to pregnancy or childbirth: Older women? Younger women? Women having their first birth? Women who have had more than 5 children? Women who have delivered babies closely together? Short women? Poor women?	YES NO DK OLDER WOMEN..... 1 2 8 YOUNGER WOMEN 1 2 8 WOMEN HAVING 1ST BIRTH.. 1 2 8 WOMEN W/ MORE THAN 5 CHILDREN 1 2 8 WOMEN W/ BABIES CLOSE TOGETHER 1 2 8 SHORT WOMEN..... 1 2 8 POOR WOMEN..... 1 2 8	
Please tell me if you agree or disagree with the following statements.			
2007	It is safer for women to deliver with the assistance of a doctor, nurse or midwife than with a TBA or a relative.	AGREE 1 DISAGREE.....2 DON'T KNOW 8	
2008	If a woman has a serious health problem while giving birth what happens to her is mostly up to God or fate. There is not much that she and her family can do to save her life.	AGREE 1 DISAGREE.....2 DON'T KNOW 8	
2009	Although God or fate may determine whether or not a woman has a serious health problem while giving birth, she and her family can take steps to protect her health.	AGREE 1 DISAGREE.....2 DON'T KNOW 8	
2010	Preparing in advance for a problem, such as an obstetric complication, can cause or invite the problem or misfortune to occur.	AGREE 1 DISAGREE.....2 DON'T KNOW 8	
2011	Certain obstetric complications can be caused by the woman's own behaviour (e.g. if she broke certain taboos or committed certain wrong-doings).	AGREE 1 DISAGREE.....2 DON'T KNOW 8	
2012	After a normal home delivery, a woman needs a check-up.	AGREE 1 DISAGREE.....2 DON'T KNOW 8	<input type="checkbox"/> 2014
2013	When should a woman go for a check-up after delivering at home?	FIRST 1-2 DAYS..... 1 AFTER 1 WEEK.....2 AFTER 2 WEEKS.....3 AFTER 4 WEEKS.....4 AFTER 6 WEEKS.....5 OTHER 6 (SPECIFY) DON'T KNOW 8	
2014	After a normal delivery at a health facility, a woman needs a check-up.	AGREE 1 DISAGREE.....2 DON'TKNOW.....8	<input type="checkbox"/> 2016
2015	When should a woman go for a check-up after delivering at a facility?	FIRST 1-2 DAYS..... 1 AFTER 1 WEEK.....2 AFTER 2 WEEKS.....3 AFTER 4 WEEKS.....4 AFTER 6 WEEKS.....5 OTHER 6 (SPECIFY) DON'T KNOW 8	
2016	Matters related to childbirth are mostly women's domain. Men are not supposed to be very involved.	AGREE 1 DISAGREE.....2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
2017	Making preparations for childbirth is mostly a woman's responsibility. Men do not usually make these preparations.	AGREE 1 DISAGREE..... 2 DON'T KNOW 8	
2018	Decision-making about childbirth is mostly women's responsibility. Men do not usually make these decisions.	AGREE 1 DISAGREE..... 2 DON'T KNOW 8	
2019	If a woman has a serious health problem related to pregnancy and childbirth she should seek assistance from a skilled health care provider (that is, a doctor, nurse, or midwife).	AGREE 1 DISAGREE..... 2 DON'T KNOW 8	
2020	It is okay for a woman to be delivered by a male health professional (i.e. a male nurse, midwife, or doctor).	AGREE 1 DISAGREE..... 2 DON'T KNOW 8	
2021	It is okay for a woman to leave the house/compound in the <u>first seven days</u> after she gives birth.	AGREE 1 DISAGREE..... 2 DON'T KNOW 8	
2022	It is okay for a woman to leave the house/compound in the <u>first six weeks</u> after she gives birth.	AGREE 1 DISAGREE..... 2 DON'T KNOW 8	
2023	A woman should plan ahead of time where she will deliver her baby and how she will get there.	AGREE 1 DISAGREE..... 2 DON'T KNOW 8	☐ ▶ 2025
2024	When during pregnancy should plans and preparations for delivery be made (i.e. plans for where she will deliver and how she will get there)?	AS SOON AS SHE KNOWS SHE IS PREGNANT 1 DURING FIRST FEW MONTHS 2 DURING LAST FEW MONTHS 3 A FEW DAYS BEFORE DELIVERY 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
2025	A woman should plan ahead of time what she will do if she has a serious health problem related to pregnancy or childbirth.	AGREE 1 DISAGREE..... 2 DON'T KNOW 8	☐ ▶ 2029
2026	During a woman's pregnancy, what plans should she and her family make in case she has a serious health problem related to pregnancy or childbirth? What else? RECORD ALL MENTIONED.	DECIDE ON FACILITY A SAVE MONEY B MAKE OTHER FINANCIAL PLANS C MAKE TRANSPORT PLANS D ARRANGE FOR BLOOD DONOR E DISCUSS PLANS WITH FAMILY F GET APPROVAL FOR PLANS FROM FAMILY DECISION MAKERS G OTHER X (SPECIFY) DON'T KNOW Y	
2027	When during her pregnancy should a woman plan what to do if she has a serious health problem related to pregnancy or childbirth?	AS SOON AS SHE KNOWS SHE IS PREGNANT 1 DURING FIRST FEW MONTHS 2 DURING LAST FEW MONTHS 3 A FEW DAYS BEFORE DELIVERY 4 OTHER 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
2028	<p>Who should be involved in making plans for what a woman will do if she has a serious health problem related to pregnancy or childbirth? PROBE: Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>WOMAN.....A HUSBAND.....B WOMAN'S MOTHER.....C WOMAN'S FATHER.....D MOTHER-IN-LAW.....E FATHER-IN-LAW.....F SISTER/SISTER-IN-LAW.....G OTHER MEMBER OF WOMAN'S FAM... H OTHER MEMBER OF HUSB'S FAMILY... I FRIEND/NEIGHBOR.....J HEALTH PROFESSIONAL.....K TBA.....L</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOWY</p>	
2029	<p>Can you name any danger signs during pregnancy, childbirth, or soon after delivery that indicate a woman has a <u>serious</u> health problem?</p> <p>IF YES: Which ones?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>EXCESSIVE BLEEDING.....A BABY IN BAD POSITION.....B SWELLING OF THE HANDS OR FACE.. C CONVULSIONS/FITS, ECLAMPSIA..... D FEVER.....E PROLONGED LABOR.....F PLACENTA RETAINED.....G FOUL VAGINAL DISCHARGE.....H ANEMIA.....I LEAKING URINE.....J LEAKING STOOLS.....K</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOWY</p>	<p>→ 2031</p>
2030	<p>Do you think that any of these problems can kill a woman?</p> <p>PROBE: Could a woman die from any of these problems?</p>	<p>YES..... 1 NO2 DON'T KNOW8</p>	
2031	<p>Do you know of a place where a woman can go to deliver a baby with assistance from a doctor, nurse, or midwife?</p> <p>IF YES: Where?</p> <p>RECORD ALL PLACES MENTIONED.</p> <p>IF MORE THAN ONE FACILITY MENTIONED: Which of these health facilities is the closest to here?</p> <p>_____</p> <p>(NAME OF HEALTH FACILITY)</p>	<p>PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT.DISPENSARY.....C</p> <p>OTHER PUBLIC _____ D (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT./MISSION HOSPITAL.....E MATERNITY/NURSING HOME.....F MISSION HEALTH CENTRE.....G PVT./MISSION CLINIC/ DISPENSARY.....H</p> <p>OTHER PRIVATE _____ I (SPECIFY)</p> <p>HOME RESPONDENT'S HOME.....J OTHER COMMUNITY MEMBER'S HOME _____ K (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>DOES NOT KNOW PLACE.....Y</p>	
2032	<p>CHECK 2031: AT LEAST ONE FACILITY MENTIONED <input type="checkbox"/></p>	<p>NO FACILITIES MENTIONED <input type="checkbox"/></p>	<p>→ 3001</p>
2033	<p>During the past few years, have you noticed or heard of any changes in the maternity services at (NAME OF PLACE FROM Q.2031)?</p>	<p>YES.....1 NO2 DON'T KNOW8</p>	<p>→ 2035</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
2034	<p>What changes have you noticed or heard of at (NAME OF PLACE FROM Q.2031)?</p> <p>PROBE: Are the changes for better or worse? Anything else?</p> <p>DO NOT READ ALOUD LIST. RECORD ALL MENTIONED.</p>	<p>BUILDING STRUCTURE BETTER A WORSE B</p> <p>SOLAR/ELECTRIC POWER BETTER C WORSE D</p> <p>WATER SUPPLY BETTER E WORSE F</p> <p>EQUIPMENT BETTER G WORSE H</p> <p>MEDICATIONS/MEDICINES BETTER I WORSE J</p> <p>RADIO/TELEPHONE BETTER K WORSE L</p> <p>AMBULANCE BETTER M WORSE N</p> <p>PROVIDER SKILLS BETTER O WORSE P</p> <p>PROVIDER ATTITUDES BETTER Q WORSE R</p> <p>OTHER (SPECIFY) _____ BETTER S WORSE T</p> <p>DON'T KNOW Y</p>	
2035	<p>Are the staff at (NAME OF PLACE FROM Q.2031) able to treat a woman if she has a serious health problem related to pregnancy or childbirth?</p>	<p>YES.....1 NO2 DON'T KNOW8</p>	
2036	<p>Does (NAME OF PLACE FROM Q.2031) have sufficient equipment and supplies to treat a woman if she has a serious health problem related to pregnancy or childbirth?</p>	<p>YES.....1 NO2 DON'T KNOW8</p>	
2037	<p>Do all the staff at (NAME OF PLACE FROM Q.2031) treat women who deliver babies there respectfully?</p>	<p>YES.....1 NO2 DON'T KNOW8</p>	
2038	<p>When women go to (NAME OF PLACE FROM Q.2031) for delivery, do staff treat them with kindness and compassion?</p>	<p>YES.....1 NO2 DON'T KNOW8</p>	

SECTION 3: PREGNANCIES, BIRTHS AND STILLBIRTHS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Now I would like to ask about all the pregnancies you have had during your life.			
3001	Have you ever been pregnant?	YES..... 1 NO..... 2	▶ 5034
3002	Are you pregnant now?	YES..... 1 NO..... 2 UNSURE..... 8	▶ 3004
3003	How many months pregnant are you? PROBE FOR ESTIMATE OF COMPLETED MONTHS OF PREGNANCY: Are you in your _____ month or have you completed your ____ month? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS..... <input type="text"/> <input type="text"/>	
3004	How many times in total have you been pregnant (including this time)?	PREGNANCIES..... <input type="text"/> <input type="text"/>	
3005	CHECK 3002 AND 3004: IS NOT PREGNANT WITH FIRST PREGNANCY <input type="checkbox"/>	IS PREGNANT WITH FIRST PREGNANCY <input type="checkbox"/>	▶ 5001
3006	Did any of these pregnancies result in a baby that was born dead (a stillbirth)?	YES..... 1 NO..... 2	▶ 3008
3007	How many of these pregnancies resulted in a baby that was born dead?	BABIES BORN DEAD..... <input type="text"/> <input type="text"/>	
3008	Did any of these pregnancies result in a baby that was born alive?	YES..... 1 NO..... 2	▶ 3010
3009	How many of these pregnancies resulted in a baby that was born alive? PROBE: Any baby who cried or showed signs of life but may have later died?	BABIES BORN ALIVE..... <input type="text"/> <input type="text"/>	
3010	SUM ANSWERS TO 3007 AND 3009 AND ENTER TOTAL. IF NONE, ENTER '00'.	LIVE + STILL BIRTHS..... <input type="text"/> <input type="text"/>	
3011	CHECK 3010: HAS HAD 1 OR MORE STILL OR LIVE BIRTHS <input type="checkbox"/>	HAS HAD NO STILL OR LIVE BIRTH <input type="checkbox"/>	▶ 5001
3012	Did your most recent delivery result in a baby that was born alive or dead (that is, a baby who never cried or showed any signs of life)? IF LIVE BIRTH: In what month and year did your most recent birth occur? IF STILLBIRTH: In what month and year did your last such birth occur? ONLY LIVE AND STILL BIRTHS ARE INCLUDED HERE. DO NOT INCLUDE MISCARRIAGES AND ABORTIONS. IF RESPONDENT DOES NOT KNOW DATE, PROBE AND ESTIMATE. TWINS COUNT AS ONE PREGNANCY.	LIVE BIRTH..... 1 MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> STILLBIRTH..... 2 MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3013	CHECK 3010: HAS HAD 2 OR MORE STILL OR LIVE BIRTHS <input type="checkbox"/>	HAS HAD ONLY ONE STILL OR LIVE BIRTH <input type="checkbox"/>	▶ 4001

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
3014	<p>Did your next-to-last delivery result in a baby that was born alive or a baby that was born dead (that is, a baby who never cried or showed any signs of life)?</p> <p>IF LIVE BIRTH: When did the next-to-last birth occur?</p> <p>IF STILLBIRTH: In what month and year did your next-to-last such birth occur?</p> <p>IF RESPONDENT DOES NOT KNOW DATE, PROBE AND ESTIMATE. TWINS COUNT AS ONE PREGNANCY.</p>	<p>LIVE BIRTH..... 1</p> <p>MONTH..... <input type="text"/> <input type="text"/></p> <p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>STILLBIRTH..... 2</p> <p>MONTH..... <input type="text"/> <input type="text"/></p> <p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	

SECTION 4. PREGNANCY, DELIVERY, AND POSTPARTUM CARE

4001	CHECK 3012 AND 3014: ONE OR MORE STILL OR LIVE BIRTHS SINCE FEBRUARY 2004 <input type="checkbox"/>	NO STILL OR LIVE BIRTHS SINCE FEBRUARY 2004 <input type="checkbox"/>	→ 5001
4002	<p>ENTER IN THE TABLE THE NAME OF EACH BIRTH OR STILLBIRTH SINCE FEBRUARY 2004. IF THE BABY WAS NOT NAMED, ENTER 'BABY'. ASK THE QUESTIONS ABOUT EACH OF THESE BIRTHS. IF TWINS, ENTER BOTH NAMES IN ONE COLUMN. IF THERE WERE TWINS WITH ONE LIVE AND ONE STILL BIRTH, ASK QUESTIONS ABOUT THE LIVE BIRTH.</p> <p>BEGIN WITH THE MOST RECENT BIRTH. BEGIN WITH THIS STATEMENT: Now I would like to ask you some questions about the time before, during, and after the delivery of all your births and stillbirths that occurred in the last two years.</p>		
		<p align="center">MOST RECENT BIRTH/ STILLBIRTH</p> <p>NAME _____</p> <p align="center">LIVE BIRTH STILLBIRTH</p> <p align="center"><input type="checkbox"/> <input type="checkbox"/></p> <p align="center">▼ ▼</p>	<p align="center">NEXT-TO-LAST BIRTH/ STILLBIRTH</p> <p>NAME _____</p> <p align="center">LIVE BIRTH STILLBIRTH</p> <p align="center"><input type="checkbox"/> <input type="checkbox"/></p> <p align="center">▼ ▼</p>
4003	When you were pregnant with (BABY'S NAME), did you see a health professional for antenatal care?	YES 1 NO 2 (SKIP TO 4021) ←	YES 1 NO 2 (SKIP TO 4021) ←
4004	How many times in total did you receive antenatal care during this pregnancy?	_____ NO. OF TIMES DON'T KNOW/CAN'T REMEMBER 98	_____ NO. OF TIMES DON'T KNOW/CAN'T REMEMBER 98
4005	How many months pregnant were you when you went for your <u>first</u> antenatal care visit?	_____ MONTHS DON'T KNOW/CAN'T REMEMBER 98	_____ MONTHS DON'T KNOW/CAN'T REMEMBER 98
4006	Whom did you see on your <u>first</u> visit?	DOCTOR 01 NURSE/MIDWIFE 02 CLINICAL OFFICER 03 OTHER _____ 96 (SPECIFY) DON'T KNOW/CAN'T REMEMBER 98	DOCTOR 01 NURSE/MIDWIFE 02 CLINICAL OFFICER 03 OTHER _____ 96 (SPECIFY) DON'T KNOW/CAN'T REMEMBER 98
4007	How many months pregnant were you when you <u>last</u> received antenatal care for this pregnancy?	_____ MONTHS DON'T KNOW/CAN'T REMEMBER 98	_____ MONTHS DON'T KNOW/CAN'T REMEMBER 98
4008	Whom did you see on your <u>last</u> visit?	DOCTOR 01 NURSE/MIDWIFE 02 CLINICAL OFFICER 03 OTHER _____ 96 (SPECIFY) DON'T KNOW/CAN'T REMEMBER 98	DOCTOR 01 NURSE/MIDWIFE 02 CLINICAL OFFICER 03 OTHER _____ 96 (SPECIFY) DON'T KNOW/CAN'T REMEMBER 98

		MOST RECENT BIRTH/ STILLBIRTH			NEXT-TO-LAST BIRTH/ STILLBIRTH				
		NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>	NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>		
4009	During this pregnancy, did a health professional do any of the following at least once?		YES	NO	DK		YES	NO	DK
	Were you weighed?	WEIGHT	1	2	8	WEIGHT	1	2	8
	Was your height measured?	HEIGHT	1	2	8	HEIGHT	1	2	8
	Was your blood pressure measured?	BLOOD PRESSURE.....	1	2	8	BLOOD PRESSURE.....	1	2	8
	Did you give a urine sample?	URINE SAMPLE	1	2	8	URINE SAMPLE	1	2	8
	Did you give a blood sample?	BLOOD SAMPLE.....	1	2	8	BLOOD SAMPLE.....	1	2	8
	Did you receive tablets to prevent malaria?	ANTI-MALARIAL.....	1	2	8	ANTI-MALARIAL.....	1	2	8
	Did you receive counselling on how to prepare for delivery?	BIRTH PREPAREDNESS.....	1	2	8	BIRTH PREPAREDNESS.....	1	2	8
	Did you receive counselling for HIV/AIDS?	AIDS COUNSELLING.....	1	2	8	AIDS COUNSELLING.....	1	2	8
	Were you tested for HIV/AIDS?	AIDS TESTING.....	1	2	8	AIDS TESTING.....	1	2	8
4010	Were you told about the danger signs or symptoms of serious health problems during pregnancy, childbirth, or soon after?	YES	1			YES	1		
		NO	2			NO	2		
		(SKIP TO 4012) ←				(SKIP TO 4012) ←			
		DON'T KNOW.....	8			DON'T KNOW	8		
4011	Were you advised where to go if you had these symptoms?	YES	1			YES	1		
		NO	2			NO	2		
		DON'T KNOW.....	8			DON'T KNOW	8		
4012	Were you given any advice about where you should deliver your baby?	YES	1			YES	1		
		NO	2			NO	2		
		(SKIP TO 4014) ←				(SKIP TO 4014) ←			
		DON'T KNOW.....	8			DON'T KNOW	8		
4013	Where were you advised to deliver your baby?	PUBLIC SECTOR				PUBLIC SECTOR			
		GVT. HOSPITAL.....	21			GVT. HOSPITAL.....	21		
		GVT. HEALTH CENTER.....	22			GVT. HEALTH CENTER.....	22		
		GVT. DISPENSARY.....	23			GVT. DISPENSARY.....	23		
		OTHER PUBLIC _____	26			OTHER PUBLIC _____	26		
		(SPECIFY)				(SPECIFY)			
		PRIVATE MEDICAL SECTOR				PRIVATE MEDICAL SECTOR			
		PVT./MISSION HOSPITAL	31			PVT./MISSION HOSPITAL	31		
		MATERNITY/NURSING HOME	32			MATERNITY/NURSING HOME	32		
		MISSION HEALTH CENTRE	33			MISSION HEALTH CENTRE	33		
		PVT./MISSION CLINIC/ DISPENSARY.....	34			PVT./MISSION CLINIC/ DISPENSARY.....	34		
		OTHER PRIVATE _____	36			OTHER PRIVATE _____	36		
		(SPECIFY)				(SPECIFY)			
		OTHER _____	96			OTHER _____	96		
		(SPECIFY)				(SPECIFY)			

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____	NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>
4014	What other preparations for delivery were you advised to make? PROBE: Anything else? RECORD ALL MENTIONED.	NONE A SAVE MONEY B MAKE OTHER FINANCIAL PLANS C MAKE TRANSPORT PLANS D ARRANGE FOR BLOOD DONOR E DISCUSS PLANS WITH FAMILY F GET APPROVAL FOR PLANS FROM FAMILY DECISION MAKERS G OTHER _____ H (SPECIFY) DON'T KNOW Y	NONE A SAVE MONEY B MAKE OTHER FINANCIAL PLANS C MAKE TRANSPORT PLANS D ARRANGE FOR BLOOD DONOR E DISCUSS PLANS WITH FAMILY F GET APPROVAL FOR PLANS FROM FAMILY DECISION MAKERS G OTHER _____ H (SPECIFY) DON'T KNOW Y		
4015	When you were pregnant with (BABY'S NAME), were you given any injection in the arm to prevent the baby from getting tetanus?	YES 1 NO 2 (SKIP TO 4017) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4017) ← DON'T KNOW 8		
4016	During this pregnancy, how many times did you get this injection?	ONE 2 TWO 3 THREE OR MORE 4 DON'T KNOW 8	ONE 2 TWO 3 THREE OR MORE 4 DON'T KNOW 8		
4017	While you were pregnant with (BABY'S NAME) did you receive any iron tablets or syrup?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8		
4018	During this pregnancy, what kind of transport did you <u>mainly</u> use to get to the facility for your <u>first</u> antenatal care visit? RECORD ONE RESPONSE ONLY.	CAR 01 MOTORBIKE 02 PUBLIC BUS 03 CART 04 BOAT 05 AMBULANCE 06 ON FOOT 07 BICYCLE 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	CAR 01 MOTORBIKE 02 PUBLIC BUS 03 CART 04 BOAT 05 AMBULANCE 06 ON FOOT 07 BICYCLE 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98		
4019	Did you have to pay for any part or all of your transportation to the facility?	YES 1 NO 2 (SKIP TO 4021) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4021) ← DON'T KNOW 8		
4020	How much did you pay in total for transport to and from the facility for this <u>first</u> antenatal care visit?	AMOUNT <input type="text"/> DON'T KNOW 999998	AMOUNT <input type="text"/> DON'T KNOW 999998		
4021	During this pregnancy, did you see anyone else (other than a health professional) for antenatal care?	YES 1 NO 2 (SKIP TO 4023) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4023) ← DON'T KNOW 8		
4022	Who checked on your health at that time? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL WHO CHECKED HEALTH.	TBA A COMMUNITY HEALTH WORKER B RELATIVE/FRIEND C OTHER _____ X (SPECIFY)	TBA A COMMUNITY HEALTH WORKER B RELATIVE/FRIEND C OTHER _____ X (SPECIFY)		
4023	When you were pregnant with (BABY'S NAME) did you discuss with your husband/partner or family where you would deliver the baby?	YES 1 NO 2 (SKIP TO 4027) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4027) ← DON'T KNOW 8		

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____	NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>
4024	Did you discuss delivering at a health facility with your husband/partner or family members?	YES 1 NO 2 (SKIP TO 4027) ←	1 2 8	YES 1 NO 2 (SKIP TO 4027) ←	1 2 8
4025	Did you discuss with your husband/partner or family what type of transport you would use to get to the place where you would deliver the baby?	YES 1 NO 2 DON'T KNOW 8	1 2 8	YES 1 NO 2 DON'T KNOW 8	1 2 8
4026	Did you discuss with your husband/partner or family arrangements for a potential blood donor to accompany you to the place where you would deliver the baby?	YES 1 NO 2 DON'T KNOW 8	1 2 8	YES 1 NO 2 DON'T KNOW 8	1 2 8
4027	Did you discuss with your husband/partner or family how to pay for this delivery?	YES 1 NO 2 DON'T KNOW 8	1 2 8	YES 1 NO 2 DON'T KNOW 8	1 2 8
4028	During this pregnancy, did you or anyone in your family put money aside for this delivery?	YES 1 NO 2 (SKIP TO 4030) ←	1 2 8	YES 1 NO 2 (SKIP TO 4030) ←	1 2 8
4029	What was the purpose of this money? PROBE FOR MULTIPLE RESPONSES.	COVER COSTS OF DELIVERY AT HEALTH FACILITY A PAYMENT FOR TBA DELIVERY B COVER COSTS OF OBSTETRIC EMERGENCY C PAY FOR HEALTHCARE FOR BABY ... D BUY ITEMS FOR WOMAN OR BABY ... E PAY FOR BAPTISM F OTHER _____ X (SPECIFY) DON'T KNOW Y	A B C D E F X Y	COVER COSTS OF DELIVERY AT HEALTH FACILITY A PAYMENT FOR TBA DELIVERY B COVER COSTS OF OBSTETRIC EMERGENCY C PAY FOR HEALTHCARE FOR BABY ... D BUY ITEMS FOR WOMAN OR BABY ... E PAY FOR BAPTISM F OTHER _____ X (SPECIFY) DON'T KNOW Y	A B C D E F X Y
4030	During your pregnancy with (BABY'S NAME) did you experience any of the following? Bleeding? Fits or convulsions not caused by fever? Swelling of the hands or face (oedema)?	YES NO DK BLEEDING 1 2 8 CONVULSIONS 1 2 8 SWELLING 1 2 8	1 2 8 1 2 8 1 2 8	YES NO DK BLEEDING 1 2 8 CONVULSIONS 1 2 8 SWELLING 1 2 8	1 2 8 1 2 8 1 2 8
4031	CHECK 4030: HAD A PREGNANCY COMPLICATION?	HAD A COMPLICATION <input type="checkbox"/>	NO COMPLICATION (SKIP TO 4052) ← <input type="checkbox"/>	HAD A COMPLICATION <input type="checkbox"/>	NO COMPLICATION (SKIP TO 4052) ← <input type="checkbox"/>
4032	Did you seek any assistance for this problem?	YES 1 (SKIP TO 4034) ←	1 2	YES 1 (SKIP TO 4034) ←	1 2

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____	NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>
4033	<p>Why did you not seek assistance for this problem?</p> <p>PROBE: Anything else?</p> <p>PROBE FOR OTHER REASONS AND RECORD ALL MENTIONED</p>	RESP DIDN'T THINK NECESSARY A HUSBAND/FAMILY DIDN'T THINK NECESSARY B FACILITY TOO FAR C NO TRANSPORT D NO CHILDCARE E TOO EXPENSIVE F SERVICES ARE POOR G USED HOME REMEDY H DID NOT KNOW WHERE TO GO I NO TIME TO GO J DID NOT HAVE ANY MONEY K OTHER _____ X (SPECIFY) DON'T KNOW Y	RESP DIDN'T THINK NECESSARY A HUSBAND/FAMILY DIDN'T THINK NECESSARY B FACILITY TOO FAR C NO TRANSPORT D NO CHILDCARE E TOO EXPENSIVE F SERVICES ARE POOR G USED HOME REMEDY H DID NOT KNOW WHERE TO GO I NO TIME TO GO J DID NOT HAVE ANY MONEY K OTHER _____ X (SPECIFY) DON'T KNOW Y		
4034	<p>Who made the decision about whether or not to seek assistance for this problem?</p> <p>IF RESPONDENT SAYS NO ONE MADE THE DECISION, PROBE: Was the decision made through family consensus or was no decision actively made?</p> <p>RECORD ONE RESPONSE ONLY.</p>	NO DECISION MADE 01 RESPONDENT 02 HUSBAND 03 RESP'S MOTHER 04 RESP'S FATHER 05 MOTHER-IN-LAW 06 FATHER-IN-LAW 07 SISTER/SISTER-IN-LAW 08 OTHER MEMBER OF RESP'S FAM 09 OTHER MEMBER OF HUSB'S FAM ... 10 FAMILY CONSENSUS 11 FRIEND/NEIGHBOR 12 HEALTH PROFESSIONAL 13 TBA 14 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	NO DECISION MADE 01 RESPONDENT 02 HUSBAND 03 RESP'S MOTHER 04 RESP'S FATHER 05 MOTHER-IN-LAW 06 FATHER-IN-LAW 07 SISTER/SISTER-IN-LAW 08 OTHER MEMBER OF RESP'S FAM 09 OTHER MEMBER OF HUSB'S FAM ... 10 FAMILY CONSENSUS 11 FRIEND/NEIGHBOR 12 HEALTH PROFESSIONAL 13 TBA 14 OTHER _____ 96 (SPECIFY) DON'T KNOW 98		
4035	CHECK 4032: SOUGHT ASSISTANCE?	SOUGHT ASSISTANCE <input type="checkbox"/> ▼	DID NOT SEEK ASSISTANCE <input type="checkbox"/> (SKIP TO 4052)	SOUGHT ASSISTANCE <input type="checkbox"/> ▼	DID NOT SEEK ASSISTANCE <input type="checkbox"/> (SKIP TO 4052)
4036	<p>Whom did you see for the problem?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.</p>	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B CLINICAL OFFICER C OTHER PERSON TBA D COMMUNITY HEALTH WORKER E RELATIVE/FRIEND F OTHER _____ X (SPECIFY) DON'T KNOW Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B CLINICAL OFFICER C OTHER PERSON TBA D COMMUNITY HEALTH WORKER E RELATIVE/FRIEND F OTHER _____ X (SPECIFY) DON'T KNOW Y		

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____	NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>
4037	<p>Did you go to a health facility for this assistance?</p> <p>IF YES: Which facility did you go to <u>first</u>?</p> <p>_____ (NAME OF PLACE—MOST RECENT BIRTH)</p> <p>_____ (NAME OF PLACE—NEXT-TO-LAST BIRTH)</p>	<p>NO, DID NOT GO 11 (SKIP TO 4039) ←</p> <p>PUBLIC SECTOR GVT. HOSPITAL 21 GVT. HEALTH CENTER 22 GVT. DISPENSARY 23</p> <p>OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT./MISSION HOSPITAL 31 MATERNITY/NURSING HOME 32 MISSION HEALTH CENTRE 33 PVT./MISSION CLINIC/ DISPENSARY 34</p> <p>OTHER PRIVATE _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>NO, DID NOT GO 11 (SKIP TO 4039) ←</p> <p>PUBLIC SECTOR GVT. HOSPITAL 21 GVT. HEALTH CENTER 22 GVT. DISPENSARY 23</p> <p>OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT./MISSION HOSPITAL 31 MATERNITY/NURSING HOME 32 MISSION HEALTH CENTRE 33 PVT./MISSION CLINIC/ DISPENSARY 34</p> <p>OTHER PRIVATE _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>		
4038	Did you deliver (BABY'S NAME) at a health facility at the time you experienced this problem?	<p>YES 1 (SKIP TO 4052) ←</p> <p>NO 2 (SKIP TO 4040) ←</p>	<p>YES 1 (SKIP TO 4052) ←</p> <p>NO 2 (SKIP TO 4040) ←</p>		
4039	Did you deliver (BABY'S NAME) at the time you experienced this problem?	<p>YES 1 (SKIP TO 4052) ←</p> <p>NO 2</p>	<p>YES 1 (SKIP TO 4052) ←</p> <p>NO 2</p>		
4040	<p>Who accompanied you to the facility?</p> <p>PROBE FOR THE PERSON(S) ACCOMPANYING AND RECORD ALL PERSONS.</p>	<p>NO ONE A HUSBAND B RESP'S MOTHER C RESP'S FATHER D MOTHER-IN-LAW E FATHER-IN-LAW F SISTER/SISTER-IN-LAW G OTHER MEMBER OF RESP'S FAM H OTHER MEMBER OF HUSB'S FAM I FRIEND/NEIGHBOR J HEALTH PROFESSIONAL K TBA L</p> <p>OTHER _____ X (SPECIFY)</p>	<p>NO ONE A HUSBAND B RESP'S MOTHER C RESP'S FATHER D MOTHER-IN-LAW E FATHER-IN-LAW F SISTER/SISTER-IN-LAW G OTHER MEMBER OF RESP'S FAM H OTHER MEMBER OF HUSB'S FAM I FRIEND/NEIGHBOR J HEALTH PROFESSIONAL K TBA L</p> <p>OTHER _____ X (SPECIFY)</p>		
4041	<p>What type of transport did you <u>mainly</u> use to get to the facility?</p> <p>RECORD ONE RESPONSE ONLY.</p>	<p>CAR 01 MOTORBIKE 02 PUBLIC BUS 03 CART 04 BOAT 05 AMBULANCE 06 ON FOOT 07 BICYCLE 08</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>CAR 01 MOTORBIKE 02 PUBLIC BUS 03 CART 04 BOAT 05 AMBULANCE 06 ON FOOT 07 BICYCLE 08</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>		
4042	Did you have to pay for any part or all of your transportation to the facility?	<p>YES 1 NO 2 (SKIP TO 4044) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 4044) ←</p> <p>DON'T KNOW 8</p>		

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____	NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>
4043	How much did you pay in total for transport to the health facility?	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW999998	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW999998	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW999998	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW999998
4044	How long did it take to get there? RECORD IN MINUTES. 1 Hour = 60 Min 2 Hours = 120 Min 3 Hours =180 Min 4 Hours = 240 Min 5 Hours = 300 Min 6 Hours = 360 Min 7 Hours = 420 Min 8 Hours = 480 Min	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998
4045	How long was the time between when you arrived at the facility and the time you were first examined by a health care provider? RECORD IN MINUTES. 1 Hour = 60 Min 2 Hours = 120 Min 3 Hours =180 Min 4 Hours = 240 Min 5 Hours = 300 Min 6 Hours = 360 Min 7 Hours = 420 Min 8 Hours = 480 Min	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998
4046	Did you have to purchase any supplies (such as syringes, gauze) or medicines for the treatment of this health problem?	YES 1 NO 2 (SKIP TO 4049) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4049) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4049) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4049) ← DON'T KNOW 8
4047	What items did you purchase? PROBE: Anything else? RECORD ALL MENTIONED.	GLOVES A IV SOLUTIONS B SUTURE MATERIALS C SOAP D MEDICATIONS/MEDICINES E SANITARY PADS F ANTISEPTIC SOLUTIONS G BLOOD H POWDER I GAUZE/COTTON J SYRINGES K OTHER _____ X (SPECIFY) DON'T KNOW Y	GLOVES A IV SOLUTIONS B SUTURE MATERIALS C SOAP D MEDICATIONS/MEDICINES E SANITARY PADS F ANTISEPTIC SOLUTIONS G BLOOD H POWDER I GAUZE/COTTON J SYRINGES K OTHER _____ X (SPECIFY) DON'T KNOW Y	GLOVES A IV SOLUTIONS B SUTURE MATERIALS C SOAP D MEDICATIONS/MEDICINES E SANITARY PADS F ANTISEPTIC SOLUTIONS G BLOOD H POWDER I GAUZE/COTTON J SYRINGES K OTHER _____ X (SPECIFY) DON'T KNOW Y	GLOVES A IV SOLUTIONS B SUTURE MATERIALS C SOAP D MEDICATIONS/MEDICINES E SANITARY PADS F ANTISEPTIC SOLUTIONS G BLOOD H POWDER I GAUZE/COTTON J SYRINGES K OTHER _____ X (SPECIFY) DON'T KNOW Y
4048	How much did you pay for all of these items together?	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW999998	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW999998	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW999998	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW999998
4049	Excluding the costs of supplies and transport, did you have to pay any fees at the health facility?	YES 1 NO 2 (SKIP TO 4052) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4052) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4052) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4052) ← DON'T KNOW 8
4050	What were these fees for? CIRCLE ALL MENTIONED.	BED STAY A LAB FEES B PROFESSIONAL FEES C BRIBES D DELIVERY FEE E OTHER _____ X (SPECIFY) DON'T KNOW Y	BED STAY A LAB FEES B PROFESSIONAL FEES C BRIBES D DELIVERY FEE E OTHER _____ X (SPECIFY) DON'T KNOW Y	BED STAY A LAB FEES B PROFESSIONAL FEES TO STAFF C BRIBES D DELIVERY FEE E OTHER _____ X (SPECIFY) DON'T KNOW Y	BED STAY A LAB FEES B PROFESSIONAL FEES TO STAFF C BRIBES D DELIVERY FEE E OTHER _____ X (SPECIFY) DON'T KNOW Y
4051	How much did you pay in total for these fees at the health facility?	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW999998	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW999998	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW999998	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW999998

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____	NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>
4052	During the <u>labour and delivery</u> of (BABY'S NAME) did you experience any of the following? Excessive bleeding that was so much that it soaked your clothes? Fits or convulsions not caused by fever? Long labour, that is, did your regular contractions last more than 12 hours?	YES NO DK BLEEDING 1 2 8 CONVULSIONS..... 1 2 8 PROLONGED LABOR..... 1 2 8		YES NO DK BLEEDING 1 2 8 CONVULSIONS 1 2 8 PROLONGED LABOR..... 1 2 8	
4053	CHECK 4052: HAD A LABOR/ DELIVERY COMPLICATION?	HAD A COMPLICATION <input type="checkbox"/>	NO COMPLICATION (SKIP TO 4061) <input type="checkbox"/>	HAD A COMPLICATION <input type="checkbox"/>	NO COMPLICATION (SKIP TO 4061) <input type="checkbox"/>
4054	Where were you when you developed this problem? NOTE: IF RESPONDENT LISTED MORE THAN ONE COMPLICATION IN Q.4052, ASK ABOUT THE COMPLICATION THAT OCCURRED FIRST	HOME RESP. HOME 11 TBA'S HOME 12 OTHER HOME 13 PUBLIC SECTOR GVT. HOSPITAL..... 21 GVT. HEALTH CENTER..... 22 GVT. DISPENSARY 23 OTHER PUBLIC _____ 26 (SPECIFY)		HOME RESP. HOME 11 TBA'S HOME 12 OTHER HOME 13 PUBLIC SECTOR GVT. HOSPITAL..... 21 GVT. HEALTH CENTER..... 22 GVT. DISPENSARY 23 OTHER PUBLIC _____ 26 (SPECIFY)	
4055	Did you go somewhere else for assistance with this problem? IF YES, PROBE: Where? _____ (SPECIFY—MOST RECENT BIRTH) _____ (SPECIFY—NEXT-TO-LAST BIRTH)	YES 1 (SKIP TO 4057) <input type="checkbox"/> NO 2 DON'T KNOW..... 8		YES 1 (SKIP TO 4057) <input type="checkbox"/> NO 2 DON'T KNOW 8	

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____	NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>
4056	<p>Why did you not seek assistance somewhere else for this problem?</p> <p>PROBE: Anything else?</p> <p>PROBE FOR THE REASONS AND RECORD ALL MENTIONED.</p>	RESP DIDN'T THINK NECESSARY A HUSBAND/FAMILY DIDN'T THINK NECESSARY B FACILITY TOO FAR C NO TRANSPORT D NO CHILDCARE E TOO EXPENSIVE F SERVICES ARE POOR G USED HOME REMEDY H DID NOT KNOW WHERE TO GO I NO TIME TO GO J DID NOT HAVE ANY MONEY K WAS ALREADY AT FACILITY L OTHER _____ X (SPECIFY) DON'T KNOW Y	RESP DIDN'T THINK NECESSARY A HUSBAND/FAMILY DIDN'T THINK NECESSARY B FACILITY TOO FAR C NO TRANSPORT D NO CHILDCARE E TOO EXPENSIVE F SERVICES ARE POOR G USED HOME REMEDY H DID NOT KNOW WHERE TO GO I NO TIME TO GO J DID NOT HAVE ANY MONEY K WAS ALREADY AT FACILITY L OTHER _____ X (SPECIFY) DON'T KNOW Y		
4057	<p>Who made the decision about whether or not to seek assistance for this problem?</p> <p>IF RESPONDENT SAYS NO ONE MADE THE DECISION, PROBE: Was the decision made through family consensus or was no decision actively made?</p> <p>RECORD ONE RESPONSE ONLY.</p>	NO DECISION MADE 01 RESPONDENT 02 HUSBAND 03 RESP'S MOTHER 04 RESP'S FATHER 05 MOTHER-IN-LAW 06 FATHER-IN-LAW 07 SISTER/SISTER-IN-LAW 08 OTHER MEMBER OF RESP'S FAM... 09 OTHER MEMBER OF HUSB'S FAM ... 10 FAMILY CONSENSUS 11 FRIEND/NEIGHBOR 12 HEALTH PROFESSIONAL 13 TBA 14 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	NO DECISION MADE 01 RESPONDENT 02 HUSBAND 03 RESP'S MOTHER 04 RESP'S FATHER 05 MOTHER-IN-LAW 06 FATHER-IN-LAW 07 SISTER/SISTER-IN-LAW 08 OTHER MEMBER OF RESP'S FAM ... 09 OTHER MEMBER OF HUSB'S FAM 10 FAMILY CONSENSUS 11 FRIEND/NEIGHBOR 12 HEALTH PROFESSIONAL 13 TBA 14 OTHER _____ 96 (SPECIFY) DON'T KNOW 98		
4058	<p>CHECK 4054 AND 4055: SOUGHT ASSISTANCE AT HEALTH FACILITY? NOTE: IF RESPONDENT WAS AT FACILITY WHEN COMPLICATION AROSE (Q.4054) CONSIDER THEM AS HAVING "SOUGHT ASSISTANCE."</p>	SOUGHT ASSISTANCE <input type="checkbox"/> DID NOT SEEK ASSISTANCE (SKIP ← <input type="checkbox"/> TO 4061)	SOUGHT ASSISTANCE <input type="checkbox"/> DID NOT SEEK ASSISTANCE (SKIP ← <input type="checkbox"/> TO 4061)		
4059	<p>Where did you go <u>first</u> for assistance?</p> <p>_____ (NAME OF PLACE—MOST RECENT BIRTH)</p> <p>_____ (NAME OF PLACE—NEXT-TO-LAST BIRTH)</p> <p>NOTE: IF IN Q.4054 RESPONDENT DEVELOPED COMPLICATION WHILE AT A FACILITY AND STAYED THERE FOR TREATMENT, THAT SAME FACILITY SHOULD BE RECORDED HERE.</p>	PUBLIC SECTOR GVT. HOSPITAL 21 GVT. HEALTH CENTER 22 GVT. DISPENSARY 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT./MISSION HOSPITAL 31 MATERNITY/NURSING HOME 32 MISSION HEALTH CENTRE 33 PVT./MISSION CLINIC/ DISPENSARY 34 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL 21 GVT. HEALTH CENTER 22 GVT. DISPENSARY 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT./MISSION HOSPITAL 31 MATERNITY/NURSING HOME 32 MISSION HEALTH CENTRE 33 PVT./MISSION CLINIC/ DISPENSARY 34 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)		

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____	NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>
4060	<p>Whom did you see for this problem?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE/ MIDWIFEB</p> <p>CLINICAL OFFICER.....C</p> <p>OTHER PERSON</p> <p>TBA.....D</p> <p>COMMUNITY HEALTH WORKER.....E</p> <p>RELATIVE/FRIEND.....F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Y</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE/ MIDWIFE B</p> <p>CLINICAL OFFICER C</p> <p>OTHER PERSON</p> <p>TBA.....D</p> <p>COMMUNITY HEALTH WORKERE</p> <p>RELATIVE/FRIEND..... F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Y</p>		
4061	<p>Where did you give birth to (BABY'S NAME)?</p> <p>_____</p> <p>(NAME OF PLACE—MOST RECENT BIRTH)</p> <p>_____</p> <p>(NAME OF PLACE—NEXT-TO-LAST BIRTH)</p>	<p>HOME</p> <p>RESP. HOME 11</p> <p>TBA'S HOME 12</p> <p>OTHER HOME 13</p> <p>PUBLIC SECTOR</p> <p>GVT. HOSPITAL.....21</p> <p>GVT. HEALTH CENTER..... 22</p> <p>GVT. DISPENSARY 23</p> <p>OTHER PUBLIC _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. /MISSION HOSPITAL 31</p> <p>MATERNITY/NURSING HOME 32</p> <p>MISSION HEALTH CENTRE 33</p> <p>PVT./MISSION CLINIC/ DISPENSARY..... 34</p> <p>OTHER PRIVATE _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>HOME</p> <p>RESP. HOME11</p> <p>TBA'S HOME12</p> <p>OTHER HOME13</p> <p>PUBLIC SECTOR</p> <p>GVT. HOSPITAL.....21</p> <p>GVT. HEALTH CENTER.....22</p> <p>GVT. DISPENSARY23</p> <p>OTHER PUBLIC _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. /MISSION HOSPITAL31</p> <p>MATERNITY/NURSING HOME32</p> <p>MISSION HEALTH CENTRE33</p> <p>PVT./MISSION CLINIC/ DISPENSARY.....34</p> <p>OTHER PRIVATE _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>		
4062	<p>Who made the decision about where you would deliver (BABY'S NAME)?</p> <p>IF RESPONDENT SAYS NO ONE MADE THE DECISION, PROBE: Was the decision made through family consensus or was no decision actively made?</p> <p>RECORD ONE RESPONSE ONLY.</p>	<p>NO DECISION MADE 01</p> <p>RESPONDENT 02</p> <p>HUSBAND 03</p> <p>RESP'S MOTHER 04</p> <p>RESP'S FATHER 05</p> <p>MOTHER-IN-LAW..... 06</p> <p>FATHER-IN-LAW 07</p> <p>SISTER/SISTER-IN-LAW 08</p> <p>OTHER MEMBER OF RESP'S FAM... 09</p> <p>OTHER MEMBER OF HUSB'S FAM ... 10</p> <p>FAMILY CONSENSUS 11</p> <p>FRIEND/NEIGHBOR 12</p> <p>HEALTH PROFESSIONAL 13</p> <p>TBA 14</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p>	<p>NO DECISION MADE01</p> <p>RESPONDENT02</p> <p>HUSBAND03</p> <p>RESP'S MOTHER04</p> <p>RESP'S FATHER05</p> <p>MOTHER-IN-LAW06</p> <p>FATHER-IN-LAW07</p> <p>SISTER/SISTER-IN-LAW08</p> <p>OTHER MEMBER OF RESP'S FAM ...09</p> <p>OTHER MEMBER OF HUSB'S FAM10</p> <p>FAMILY CONSENSUS11</p> <p>FRIEND/NEIGHBOR12</p> <p>HEALTH PROFESSIONAL13</p> <p>TBA14</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW98</p>		

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____		NAME _____	
		LIVE BIRTH	STILLBIRTH	LIVE BIRTH	STILLBIRTH
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4063	Who assisted with the delivery of (BABY'S NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS WHO ASSISTED.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/ MIDWIFE.....B CLINICAL OFFICERC OTHER PERSON TBA.....D COMMUNITY HEALTH WORKER.....E RELATIVE/FRIEND.....F OTHER _____ X (SPECIFY)		HEALTH PROFESSIONAL DOCTOR.....A NURSE/ MIDWIFE.....B CLINICAL OFFICERC OTHER PERSON TBA.....D COMMUNITY HEALTH WORKER.....E RELATIVE/FRIEND.....F OTHER _____ X (SPECIFY)	
4064	CHECK 4061: DELIVERED AT A HEALTH FACILITY? NOTE: IF RESPONDENT ANSWERED IN Q.4061 THAT DELIVERY OCCURRED ON THE WAY TO THE HEALTH FACILITY, CONSIDER AS "DELIVERED AT HOME OR IN COMMUNITY".	DELIVERED AT HOME OR IN COMMUNITY <input type="checkbox"/>	DELIVERED AT A HEALTH FACILITY (SKIP TO 4073) <input type="checkbox"/>	DELIVERED AT HOME OR IN COMMUNITY <input type="checkbox"/>	DELIVERED AT A HEALTH FACILITY (SKIP TO 4073) <input type="checkbox"/>
4065	Had you planned to deliver at (MENTION PLACE OF DELIVERY MENTIONED IN Q.4061)?	YES..... 1 NO..... 2 DON'T KNOW..... 8		YES..... 1 NO..... 2 DON'T KNOW..... 8	
4066	Why did you deliver at (PLACE)? PROBE FOR THE REASONS AND RECORD ALL MENTIONED.	PROXIMITY/CLOSE DISTANCEA LOW COST / FEESB CLOSE RELATIONSHIP WITH TBA/ PROVIDERC VALUE TRADITIONAL MEDICINES.....D COMMUNITY PROVIDER IS KIND.....E HEALTH FACILITIES TOO FARF FACILITY STAFF UNKINDG DIDN'T KNOW WHERE ELSE TO GO...H NO TIME TO GO ELSEWHEREI NO MONEY TO GO ELSEWHERE.....J OTHER _____ X (SPECIFY) DON'T KNOW.....Y		PROXIMITY/CLOSE DISTANCEA LOW COST / FEESB CLOSE RELATIONSHIP WITH TBA/ PROVIDERC VALUE TRADITIONAL MEDICINES.....D COMMUNITY PROVIDER IS KIND.....E HEALTH FACILITIES TOO FARF FACILITY STAFF UNKINDG DIDN'T KNOW WHERE ELSE TO GO...H NO TIME TO GO ELSEWHEREI NO MONEY TO GO ELSEWHERE.....J OTHER _____ X (SPECIFY) DON'T KNOW.....Y	
4067	Did you have to purchase any supplies or medicines for the delivery?	YES..... 1 NO..... 2 (SKIP TO 4070) <input type="checkbox"/> DON'T KNOW..... 8		YES..... 1 NO..... 2 (SKIP TO 4070) <input type="checkbox"/> DON'T KNOW..... 8	
4068	What items did you purchase? PROBE: Anything else? RECORD ALL MENTIONED.	GLOVES.....A SOAP.....B MEDICATIONS/MEDICINES.....C SANITARY PADS.....D OTHER _____ X (SPECIFY) DON'T KNOW.....Y		GLOVES.....A SOAP.....B MEDICATIONS/MEDICINES.....C SANITARY PADS.....D OTHER _____ X (SPECIFY) DON'T KNOW.....Y	
4069	How much did these supplies cost?	AMOUNT..... <input type="text"/> DON'T KNOW.....999998		AMOUNT..... <input type="text"/> DON'T KNOW.....999998	

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____		NAME _____	
		LIVE BIRTH	STILLBIRTH	LIVE BIRTH	STILLBIRTH
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4070	How much did you pay for the delivery itself at (NAME PLACE MENTIONED IN Q.4061) excluding cost of any supplies you purchased? IF PAYMENT WAS IN-KIND PAYMENT, CIRCLE "2" AND ASK RESPONDENT TO ESTIMATE MARKET VALUE OF ITEM.	AMOUNT... 1 <input type="text"/>	AMOUNT... 1 <input type="text"/>	IN-KIND PAYMENT..... 2	IN-KIND PAYMENT..... 2
		EST.VALUE. <input type="text"/>	EST.VALUE. <input type="text"/>	NOTHING.....000000	NOTHING.....000000
		DON'T KNOW.....999998	DON'T KNOW.....999998	DON'T KNOW.....999998	DON'T KNOW.....999998
4071	CALCULATE THE TOTAL AMOUNT PAID FOR ALL EXPENSES RELATED TO THE DELIVERY FROM 4069 AND 4070.	AMOUNT.... <input type="text"/>	AMOUNT.... <input type="text"/>	NOTHING.....000000	NOTHING.....000000
		(SKIP TO 4073) ← <input type="checkbox"/>	(SKIP TO 4073) ← <input type="checkbox"/>	DON'T KNOW.....999998	DON'T KNOW.....999998
4072	Do you think that the total amount you paid for the delivery was expensive, an appropriate amount, or inexpensive?	EXPENSIVE..... 1	EXPENSIVE..... 1	APPROPRIATE..... 2	APPROPRIATE..... 2
		INEXPENSIVE..... 3	INEXPENSIVE..... 3		
4073	CHECK 4061: DELIVERED AT HEALTH FACILITY?	DELIVERED AT HEALTH FACILITY	DID NOT DELIVER AT HEALTH FACILITY	DELIVERED AT HEALTH FACILITY	DID NOT DELIVER AT HEALTH FACILITY
		<input type="checkbox"/>	(SKIP TO 4092) ← <input type="checkbox"/>	<input type="checkbox"/>	(SKIP TO 4092) ← <input type="checkbox"/>
4074	Who accompanied you to the facility? PROBE FOR THE PERSON(S) ACCOMPANYING AND RECORD ALL PERSONS.	NO ONE.....A	NO ONE.....A	HUSBAND.....B	HUSBAND.....B
		RESP'S MOTHER.....C	RESP'S MOTHER.....C	RESP'S FATHER.....D	RESP'S FATHER.....D
		MOTHER-IN-LAW.....E	MOTHER-IN-LAW.....E	FATHER-IN-LAW.....F	FATHER-IN-LAW.....F
		SISTER/SISTER-IN-LAW.....G	SISTER/SISTER-IN-LAW.....G	OTHER MEMBER OF RESP'S FAM.....H	OTHER MEMBER OF RESP'S FAM.....H
		OTHER MEMBER OF HUSB'S FAM.....I	OTHER MEMBER OF HUSB'S FAM.....I	FRIEND/NEIGHBOR.....J	FRIEND/NEIGHBOR.....J
		HEALTH PROFESSIONAL.....K	HEALTH PROFESSIONAL.....K	TBA.....L	TBA.....L
		OTHER.....X	OTHER.....X	(SPECIFY)	(SPECIFY)
4075	What type of transport did you <u>mainly</u> use to get to the facility? RECORD ONE RESPONSE ONLY.	CAR..... 01	CAR..... 01	MOTORBIKE..... 02	MOTORBIKE..... 02
		PUBLIC BUS/MATATU..... 03	PUBLIC BUS/MATATU..... 03	CART..... 04	CART..... 04
		BOAT..... 05	BOAT..... 05	AMBULANCE..... 06	AMBULANCE..... 06
		ON FOOT..... 07	ON FOOT..... 07	BICYCLE..... 08	BICYCLE..... 08
		OTHER..... 96	OTHER..... 96	(SPECIFY)	(SPECIFY)
		DON'T KNOW..... 98	DON'T KNOW..... 98		
4076	Did you have to pay for any part or all of your transportation to the facility?	YES..... 1	YES..... 1	NO..... 2	NO..... 2
		(SKIP TO 4078) ← <input type="checkbox"/>	(SKIP TO 4078) ← <input type="checkbox"/>	DON'T KNOW..... 8	DON'T KNOW..... 8
4077	How much money did you pay in total for transport to the health facility?	AMOUNT.... <input type="text"/>	AMOUNT.... <input type="text"/>	DON'T KNOW.....999998	DON'T KNOW.....999998

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____	NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>
4078	How long did it take to get there? RECORD IN MINUTES. 1 Hour = 60 Min 2 Hours = 120 Min 3 Hours = 180 Min 4 Hours = 240 Min 5 Hours = 300 Min 6 Hours = 360 Min 7 Hours = 420 Min 8 Hours = 480 Min	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998
4079	How long was the time between when you arrived at the facility and the time you were first examined by a health care provider? RECORD IN MINUTES. 1 Hour = 60 Min 2 Hours = 120 Min 3 Hours = 180 Min 4 Hours = 240 Min 5 Hours = 300 Min 6 Hours = 360 Min 7 Hours = 420 Min 8 Hours = 480 Min	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998
4080	Was (BABY'S NAME) born by caesarean section?	YES 1 (SKIP TO 4082) ← NO 2	YES 1 (SKIP TO 4082) ← NO 2	YES 1 (SKIP TO 4082) ← NO 2	YES 1 (SKIP TO 4082) ← NO 2
4081	Was (BABY'S NAME) born by forceps or vacuum extraction?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
4082	Did you have to purchase any supplies (such as syringes, gauze) or medicines for the delivery?	YES 1 NO 2 (SKIP TO 4085) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4085) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4085) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4085) ← DON'T KNOW 8
4083	What items did you purchase? PROBE: Anything else? RECORD ALL MENTIONED.	GLOVES A IV SOLUTIONS B SUTURE MATERIALS C SOAP D MEDICATIONS/MEDICINES E SANITARY PADS F ANTISEPTIC SOLUTIONS G BLOOD H POWDER I GAUZE/COTTON J SYRINGES K OTHER _____ X (SPECIFY) DON'T KNOW Y	GLOVES A IV SOLUTIONS B SUTURE MATERIALS C SOAP D MEDICATIONS/MEDICINES E SANITARY PADS F ANTISEPTIC SOLUTIONS G BLOOD H POWDER I GAUZE/COTTON J SYRINGES K OTHER _____ X (SPECIFY) DON'T KNOW Y	GLOVES A IV SOLUTIONS B SUTURE MATERIALS C SOAP D MEDICATIONS/MEDICINES E SANITARY PADS F ANTISEPTIC SOLUTIONS G BLOOD H POWDER I GAUZE/COTTON J SYRINGES K OTHER _____ X (SPECIFY) DON'T KNOW Y	GLOVES A IV SOLUTIONS B SUTURE MATERIALS C SOAP D MEDICATIONS/MEDICINES E SANITARY PADS F ANTISEPTIC SOLUTIONS G BLOOD H POWDER I GAUZE/COTTON J SYRINGES K OTHER _____ X (SPECIFY) DON'T KNOW Y
4084	How much did you pay for all of these items together?	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998
4085	Excluding supplies and transport costs, did you have to pay any fees to the health facility?	YES 1 NO 2 (SKIP TO 4088) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4088) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4088) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4088) ← DON'T KNOW 8
4086	What were these fees for? CIRCLE ALL MENTIONED.	BED STAY A LAB FEES B PROFESSIONAL FEES C BRIBES D DELIVERY FEE E OTHER _____ X (SPECIFY) DON'T KNOW Y	BED STAY A LAB FEES B PROFESSIONAL FEES C BRIBES D DELIVERY FEE E OTHER _____ X (SPECIFY) DON'T KNOW Y	BED STAY A LAB FEES B PROFESSIONAL FEES C BRIBES D DELIVERY FEE E OTHER _____ X (SPECIFY) DON'T KNOW Y	BED STAY A LAB FEES B PROFESSIONAL FEES C BRIBES D DELIVERY FEE E OTHER _____ X (SPECIFY) DON'T KNOW Y

		MOST RECENT BIRTH/ STILLBIRTH NAME _____ LIVE BIRTH <input type="checkbox"/> STILLBIRTH <input type="checkbox"/>	NEXT-TO-LAST BIRTH/ STILLBIRTH NAME _____ LIVE BIRTH <input type="checkbox"/> STILLBIRTH <input type="checkbox"/>
4087	How much did you pay in total for these fees?	AMOUNT <input type="text"/> DON'T KNOW999998	AMOUNT <input type="text"/> DON'T KNOW999998
4088	CALCULATE THE TOTAL AMOUNT PAID FOR ALL EXPENSES RELATED TO THE DELIVERY FROM 4077, 4084, AND 4087.	AMOUNT <input type="text"/> NOTHING000000 (SKIP TO 4092) ← DON'T KNOW999998	AMOUNT <input type="text"/> NOTHING000000 (SKIP TO 4092) ← DON'T KNOW999998
4089	You have said that you paid (AMOUNT) in total for this delivery. Given the services you received, does that amount seem expensive, appropriate, or inexpensive to you?	EXPENSIVE 1 APPROPRIATE 2 INEXPENSIVE 3	EXPENSIVE 1 APPROPRIATE 2 INEXPENSIVE 3
4090	Was this amount more than, less than, or about what you expected to pay for all the expenses related to the delivery?	MORE EXPENSIVE 1 LESS EXPENSIVE 2 ABOUT HOW MUCH EXPECTED 3 DID NOT HAVE AN EXPECTATION 4 DON'T KNOW 8	MORE EXPENSIVE 1 LESS EXPENSIVE 2 ABOUT HOW MUCH EXPECTED 3 DID NOT HAVE AN EXPECTATION 4 DON'T KNOW 8
4091	Where did the money for this delivery come from? PROBE: Anywhere else? RECORD ALL SOURCES OF MONEY MENTIONED.	FAMILY FUNDS A BORROWED FUNDS B SOLD ASSETS C FROM RELATIVES D FROM NEIGHBORS/COMMUNITY E NATIONAL INSURANCE FUND F OTHER _____ X (SPECIFY) DON'T KNOW Y	FAMILY FUNDS A BORROWED FUNDS B SOLD ASSETS C FROM RELATIVES D FROM NEIGHBORS/COMMUNITY E NATIONAL INSURANCE FUND F OTHER _____ X (SPECIFY) DON'T KNOW Y
4092	CHECK 4002: HAD A STILLBIRTH?	NOT A STILLBIRTH <input type="checkbox"/> A STILLBIRTH <input type="checkbox"/> (SKIP TO 4098) ←	NOT A STILLBIRTH <input type="checkbox"/> A STILLBIRTH <input type="checkbox"/> (SKIP TO 4098) ←
4093	In the <u>six weeks after</u> (BABY'S NAME) was born, did anyone check on his/her health? IF THE MOTHER HAD TWINS, ASK ABOUT CARE FOR THE OLDEST TWIN ONLY.	YES 1 NO 2 (SKIP TO 4098) ←	YES 1 NO 2 (SKIP TO 4098) ←
4094	Did a TBA check on (BABY'S NAME)'s health?	YES 1 NO 2 (SKIP TO 4096) ←	YES 1 NO 2 (SKIP TO 4096) ←
4095	How many days after delivery did the TBA <u>first</u> check on (BABY'S NAME)'s health? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DELIVERY <input type="text"/> DON'T KNOW 998	DAYS AFTER DELIVERY <input type="text"/> DON'T KNOW998
4096	Did a health professional check on (BABY'S NAME)'s health?	YES 1 NO 2 (SKIP TO 4098) ←	YES 1 NO 2 (SKIP TO 4098) ←
4097	How many days after delivery did the health professional <u>first</u> check on (BABY'S NAME)'s health? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DELIVERY <input type="text"/> DON'T KNOW 998	DAYS AFTER DELIVERY <input type="text"/> DON'T KNOW998

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____	NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>
4098	In the <u>six weeks</u> after (BABY'S NAME) was born, did a health professional check on your health?	YES.....1 NO.....2 (SKIP TO 4109) ←	YES.....1 NO.....2 (SKIP TO 4109) ←	YES.....1 NO.....2 (SKIP TO 4109) ←	YES.....1 NO.....2 (SKIP TO 4109) ←
4099	How many days after delivery did the health professional <u>first</u> check on your health? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DELIVERY..... <input type="text"/> <input type="text"/> DON'T KNOW..... 998	DAYS AFTER DELIVERY..... <input type="text"/> <input type="text"/> DON'T KNOW.....998	DAYS AFTER DELIVERY..... <input type="text"/> <input type="text"/> DON'T KNOW.....998	DAYS AFTER DELIVERY..... <input type="text"/> <input type="text"/> DON'T KNOW.....998
4100	Who checked on your health at that time? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS WHO CHECKED.	DOCTOR.....A NURSE/ MIDWIFE.....B CLINICAL OFFICER.....C OTHER _____ X (SPECIFY) DON'T KNOW.....Y	DOCTOR.....A NURSE/ MIDWIFE.....B CLINICAL OFFICER.....C OTHER _____ X (SPECIFY) DON'T KNOW.....Y	DOCTOR.....A NURSE/ MIDWIFE.....B CLINICAL OFFICER.....C OTHER _____ X (SPECIFY) DON'T KNOW.....Y	DOCTOR.....A NURSE/ MIDWIFE.....B CLINICAL OFFICER.....C OTHER _____ X (SPECIFY) DON'T KNOW.....Y
4101	During this visit did the health worker do any of the following?	YES NO DK		YES NO DK	
	Examine your abdomen?	ABDOMEN EXAM 1 2 8	ABDOMEN EXAM 1 2 8	ABDOMEN EXAM 1 2 8	ABDOMEN EXAM 1 2 8
	Examine your breasts?	BREAST EXAM 1 2 8	BREAST EXAM 1 2 8	BREAST EXAM 1 2 8	BREAST EXAM 1 2 8
	Perform a vaginal examination?	VAGINAL EXAM..... 1 2 8	VAGINAL EXAM..... 1 2 8	VAGINAL EXAM..... 1 2 8	VAGINAL EXAM..... 1 2 8
	Ask you about vaginal discharge?	DISCHARGE 1 2 8	DISCHARGE 1 2 8	DISCHARGE 1 2 8	DISCHARGE 1 2 8
	Ask you about bleeding?	BLEEDING 1 2 8	BLEEDING 1 2 8	BLEEDING 1 2 8	BLEEDING 1 2 8
	Discuss family planning?	FAMILY PLANNING ADVICE... 1 2 8	FAMILY PLANNING ADVICE... 1 2 8	FAMILY PLANNING ADVICE... 1 2 8	FAMILY PLANNING ADVICE... 1 2 8
	Give a family planning method?	FAMILY PLANNING METHOD 1 2 8	FAMILY PLANNING METHOD 1 2 8	FAMILY PLANNING METHOD 1 2 8	FAMILY PLANNING METHOD 1 2 8
	Give advice on breastfeeding?	BREASTFEEDING..... 1 2 8	BREASTFEEDING..... 1 2 8	BREASTFEEDING..... 1 2 8	BREASTFEEDING..... 1 2 8
	Give advice on infant care?	INFANT CARE..... 1 2 8	INFANT CARE..... 1 2 8	INFANT CARE..... 1 2 8	INFANT CARE..... 1 2 8
4102	Where did this <u>first</u> check take place? _____ (NAME OF PLACE—MOST RECENT BIRTH) _____ (NAME OF PLACE—NEXT-TO-LAST BIRTH)	HOME RESP. HOME 11 (SKIP TO 4109) ← OTHER HOME 13 PUBLIC SECTOR GVT. HOSPITAL..... 21 GVT. HEALTH CENTER..... 22 GVT.DISPENSARY..... 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT./MISSION HOSPITAL 31 MATERNITY /NURSING HOME 32 MISSION HEALTH CENTRE 33 PVT./MISSION CLINIC/ DISPENSARY..... 34 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	HOME RESP. HOME 11 (SKIP TO 4109) ← OTHER HOME 13 PUBLIC SECTOR GVT. HOSPITAL..... 21 GVT. HEALTH CENTER..... 22 GVT.DISPENSARY..... 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT./MISSION HOSPITAL 31 MATERNITY /NURSING HOME 32 MISSION HEALTH CENTRE 33 PVT./MISSION CLINIC/ DISPENSARY..... 34 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	HOME RESP. HOME 11 (SKIP TO 4109) ← OTHER HOME 13 PUBLIC SECTOR GVT. HOSPITAL..... 21 GVT. HEALTH CENTER..... 22 GVT.DISPENSARY..... 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT./MISSION HOSPITAL 31 MATERNITY /NURSING HOME 32 MISSION HEALTH CENTRE 33 PVT./MISSION CLINIC/ DISPENSARY..... 34 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	HOME RESP. HOME 11 (SKIP TO 4109) ← OTHER HOME 13 PUBLIC SECTOR GVT. HOSPITAL..... 21 GVT. HEALTH CENTER..... 22 GVT.DISPENSARY..... 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT./MISSION HOSPITAL 31 MATERNITY /NURSING HOME 32 MISSION HEALTH CENTRE 33 PVT./MISSION CLINIC/ DISPENSARY..... 34 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____	NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>
4103	What kind of transport did you <u>mainly</u> use to get to the facility for your <u>first</u> postpartum care visit? RECORD ONE RESPONSE ONLY.	CAR.....01 MOTORBIKE02 PUBLIC BUS03 CART.....04 BOAT.....05 AMBULANCE06 ON FOOT07 BICYCLE08 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	CAR.....01 MOTORBIKE02 PUBLIC BUS03 CART.....04 BOAT.....05 AMBULANCE06 ON FOOT07 BICYCLE08 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98		
4104	Did you have to pay for any part of or all of your transportation to the facility?	YES..... 1 NO..... 2 (SKIP TO 4106) ← DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 4106) ← DON'T KNOW..... 8		
4105	How much did you pay in total for transport to the facility?	AMOUNT <input type="text"/> DON'T KNOW.....999998	AMOUNT <input type="text"/> DON'T KNOW.....999998		
4106	Did you have to pay a fee for any supplies or medicines for the care you received during this visit to the health facility after the birth of (BABY'S NAME)?	YES..... 1 NO..... 2 (SKIP TO 4109) ← DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 4109) ← DON'T KNOW..... 8		
4107	What did you pay for? CIRCLE ALL MENTIONED.	PROFESSIONAL FEES.....A LAB FEESB FAMILY PLANNING SUPPLIESC VITAMINS.....D OTHER _____ X (SPECIFY) DON'T KNOW.....Y	PROFESSIONAL FEES.....A LAB FEESB FAMILY PLANNING SUPPLIESC VITAMINSD OTHER _____ X (SPECIFY) DON'T KNOW.....Y		
4108	How much did you pay for all of these items and fees together?	AMOUNT <input type="text"/> DON'T KNOW.....999998	AMOUNT <input type="text"/> DON'T KNOW.....999998		
4109	Did you go anywhere else (other than a health facility) for a check on your health <u>six weeks</u> after the birth of (BABY'S NAME)?	YES..... 1 NO..... 2 (SKIP TO 4112) ←	YES..... 1 NO..... 2 (SKIP TO 4112) ←		
4110	Where did this check take place? _____ (NAME OF PLACE – MOST RECENT BIRTH) _____ (NAME OF PLACE – NEXT-TO-LAST BIRTH)	HOME RESP. HOME 11 TBA'S HOME 12 OTHER HOME 13 OTHER _____ 96 (SPECIFY)	HOME RESP. HOME 11 TBA'S HOME 12 OTHER HOME 13 OTHER _____ 96 (SPECIFY)		
4111	Who checked on your health at that time? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS WHO CHECKED.	TBA..... A COMMUNITY HEALTH WORKER..... B RELATIVE/FRIEND..... C OTHER _____ X (SPECIFY)	TBA..... A COMMUNITY HEALTH WORKER..... B RELATIVE/FRIEND..... C OTHER _____ X (SPECIFY)		

		MOST RECENT BIRTH/ STILLBIRTH			NEXT-TO-LAST BIRTH/ STILLBIRTH				
		NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>	NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>		
4112	During the <u>six weeks</u> after the delivery of (BABY'S NAME) did you experience any of the following? Excessive bleeding that was so much that it soaked your clothes? Fits or convulsions not caused by fever (eclampsia)? A high fever with a foul smelling discharge? Leaking urine? Leaking stools?		YES	NO	DK		YES	NO	DK
		BLEEDING	1	2	8	BLEEDING	1	2	8
		CONVULSIONS.....	1	2	8	CONVULSIONS	1	2	8
		FEVER	1	2	8	FEVER	1	2	8
		LEAKING URINE	1	2	8	LEAKING URINE.....	1	2	8
		LEAKING STOOLS.....	1	2	8	LEAKING STOOLS.....	1	2	8
4113	CHECK 4112: HAD A POSTPARTUM COMPLICATION?	HAD A COMPLICATION <input type="checkbox"/>	NO COMPLICATION (SKIP TO 4132) <input type="checkbox"/>			HAD A COMPLICATION <input type="checkbox"/>	NO COMPLICATION (SKIP TO 4132) <input type="checkbox"/>		
4114	Did you see anyone for this problem? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	NO ONEA HEALTH PROFESSIONAL DOCTOR.....B NURSE/ MIDWIFEC CLINICAL OFFICERD OTHER PERSON TBA.....E COMMUNITY HEALTH WORKER.....F RELATIVE/FRIEND.....G OTHER _____ X (SPECIFY) DON'T KNOWY				NO ONEA HEALTH PROFESSIONAL DOCTORB NURSE/ MIDWIFEC CLINICAL OFFICERD OTHER PERSON TBA.....E COMMUNITY HEALTH WORKERF RELATIVE/FRIEND.....G OTHER _____ X (SPECIFY) DON'T KNOWY			
4115	Did you go somewhere to get assistance for this problem?	YES 1 (SKIP TO 4117) ←				YES1 (SKIP TO 4117) ←			
		NO 2				NO2			
		DON'T KNOW 8				DON'T KNOW8			
4116	Why did you not go somewhere to seek assistance for this problem? Anything else? PROBE FOR THE REASONS AND RECORD ALL MENTIONED.	RESP DIDN'T THINK NECESSARYA HUSBAND/FAMILY DIDN'T THINK NECESSARYB FACILITY TOO FARC NO TRANSPORTD NO CHILDCARE.....E TOO EXPENSIVE.....F SERVICES ARE POOR.....G USED HOME REMEDYH DID NOT KNOW WHERE TO GO..... I NO TIME TO GO J DID NOT HAVE ANY MONEY..... K OTHER _____ X (SPECIFY) DON'T KNOW..... Y				RESP DIDN'T THINK NECESSARYA HUSBAND/FAMILY DIDN'T THINK NECESSARYB FACILITY TOO FARC NO TRANSPORTD NO CHILDCAREE TOO EXPENSIVE.....F SERVICES ARE POOR.....G USED HOME REMEDYH DID NOT KNOW WHERE TO GO I NO TIME TO GOJ DID NOT HAVE ANY MONEY.....K OTHER _____ X (SPECIFY) DON'T KNOWY			

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____		NAME _____	
		LIVE BIRTH	STILLBIRTH	LIVE BIRTH	STILLBIRTH
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4117	<p>Who made the decision about whether or not you should go somewhere for assistance with this problem?</p> <p>IF RESPONDENT SAYS NO ONE MADE THE DECISION, PROBE: Was the decision made through family consensus or was no decision actively made?</p> <p>RECORD ONE RESPONSE ONLY.</p>	NO DECISION MADE..... 01 RESPONDENT..... 02 HUSBAND..... 03 RESP'S MOTHER..... 04 RESP'S FATHER..... 05 MOTHER-IN-LAW..... 06 FATHER-IN-LAW..... 07 SISTER/SISTER-IN-LAW..... 08 OTHER MEMBER OF RESP'S FAM.... 09 OTHER MEMBER OF HUSB'S FAM ... 10 FAMILY CONSENSUS..... 11 FRIEND/NEIGHBOR..... 12 HEALTH PROFESSIONAL..... 13 TBA..... 14 OTHER..... 96 (SPECIFY) DON'T KNOW..... 98	NO DECISION MADE.....01 RESPONDENT.....02 HUSBAND.....03 RESP'S MOTHER.....04 RESP'S FATHER.....05 MOTHER-IN-LAW.....06 FATHER-IN-LAW.....07 SISTER/SISTER-IN-LAW.....08 OTHER MEMBER OF RESP'S FAM09 OTHER MEMBER OF HUSB'S FAM10 FAMILY CONSENSUS.....11 FRIEND/NEIGHBOR.....12 HEALTH PROFESSIONAL.....13 TBA.....14 OTHER..... 96 (SPECIFY) DON'T KNOW.....98		
4118	CHECK 4115: SOUGHT ASSISTANCE?	SOUGHT ASSISTANCE <input type="checkbox"/> (SKIP TO 4132)	DID NOT SEEK ASSISTANCE <input type="checkbox"/> (SKIP TO 4132)	SOUGHT ASSISTANCE <input type="checkbox"/> (SKIP TO 4132)	DID NOT SEEK ASSISTANCE <input type="checkbox"/> (SKIP TO 4132)
4119	<p>Did you go to a health facility for assistance?</p> <p>IF YES: What health facility did you go to <u>first</u>?</p> <p>_____ (SPECIFY—MOST RECENT BIRTH)</p> <p>_____ (SPECIFY—NEXT-TO-LAST BIRTH)</p>	NO, DID NOT GO..... 11 (SKIP TO 4132) ←	NO, DID NOT GO.....11 (SKIP TO 4132) ←	PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH CENTER.....22 GVT. DISPENSARY.....23 OTHER PUBLIC..... 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT./MISSION HOSPITAL..... 31 MATERNITY/NURSING HOME..... 32 MISSION HEALTH CENTRE..... 33 PVT./MISSION CLINIC/ DISPENSARY..... 34 OTHER PRIVATE..... 36 (SPECIFY) OTHER..... 96 (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH CENTER.....22 GVT. DISPENSARY.....23 OTHER PUBLIC..... 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT./MISSION HOSPITAL.....31 MATERNITY/NURSING HOME.....32 MISSION HEALTH CENTRE.....33 PVT./MISSION CLINIC/ DISPENSARY.....34 OTHER PRIVATE..... 36 (SPECIFY) OTHER..... 96 (SPECIFY)
4120	<p>Who accompanied you to the facility?</p> <p>PROBE FOR THE PERSON(S) ACCOMPANYING AND RECORD ALL PERSONS.</p>	NO ONE.....A HUSBAND.....B RESP'S MOTHER.....C RESP'S FATHER.....D MOTHER-IN-LAW.....E FATHER-IN-LAW.....F SISTER/SISTER-IN-LAW.....G OTHER MEMBER OF RESP'S FAM....H OTHER MEMBER OF HUSB'S FAMI FRIEND/NEIGHBOR.....J HEALTH PROFESSIONAL.....K TBA.....L OTHER.....X (SPECIFY)	NO ONE.....A HUSBAND.....B RESP'S MOTHER.....C RESP'S FATHER.....D MOTHER-IN-LAW.....E FATHER-IN-LAW.....F SISTER/SISTER-IN-LAW.....G OTHER MEMBER OF RESP'S FAMH OTHER MEMBER OF HUSB'S FAMI FRIEND/NEIGHBOR.....J HEALTH PROFESSIONAL.....K TBA.....L OTHER.....X (SPECIFY)		

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____	NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>
4121	What type of transport did you <u>mainly</u> use to get to the facility? RECORD ONE RESPONSE ONLY.	CAR..... 01 MOTORBIKE 02 PUBLIC BUS 03 CART..... 04 BOAT..... 05 AMBULANCE 06 ON FOOT 07 BICYCLE 08 OTHER..... 96 (SPECIFY) DON'T KNOW..... 98	CAR.....01 MOTORBIKE02 PUBLIC BUS03 CART04 BOAT05 AMBULANCE06 ON FOOT07 BICYCLE08 OTHER 96 (SPECIFY) DON'T KNOW98		
4122	Did you have to pay for any part of or all of your transportation to the facility?	YES 1 NO 2 (SKIP TO 4124) ← DON'T KNOW..... 8	YES 1 NO 2 (SKIP TO 4124) ← DON'T KNOW 8		
4123	How much did you pay in total for transport to the facility?	AMOUNT <input type="text"/> DON'T KNOW.....999998	AMOUNT <input type="text"/> DON'T KNOW999998		
4124	How long did it take to get there? RECORD IN MINUTES. 1 Hour = 60 Min 2 Hours = 120 Min 3 Hours =180 Min 4 Hours = 240 Min 5 Hours = 300 Min 6 Hours = 360 Min 7 Hours = 420 Min 8 Hours = 480 Min	MINUTES <input type="text"/> DON'T KNOW..... 998	MINUTES <input type="text"/> DON'T KNOW998		
4125	How long was the time between when you arrived at the facility and the time you were <u>first</u> examined by a health care provider? RECORD IN MINUTES. 1 Hour = 60 Min 2 Hours = 120 Min 3 Hours =180 Min 4 Hours = 240 Min 5 Hours = 300 Min 6 Hours = 360 Min 7 Hours = 420 Min 8 Hours = 480 Min	MINUTES <input type="text"/> DON'T KNOW..... 998	MINUTES <input type="text"/> DON'T KNOW998		
4126	Did you have to purchase any supplies (such as syringes, gauze) or medicines for this problem?	YES 1 NO 2 (SKIP TO 4129) ← DON'T KNOW..... 8	YES 1 NO 2 (SKIP TO 4129) ← DON'T KNOW 8		
4127	What items did you purchase? PROBE: Anything else? RECORD ALL MENTIONED.	GLOVES.....A IV SOLUTIONS.....B SUTURE MATERIALS.....C SOAPD MEDICATIONS/MEDICINESE SANITARY PADS.....F ANTISEPTIC SOLUTIONSG BLOODH POWDERI GAUZE/COTTONJ SYRINGES.....K OTHER.....X (SPECIFY) DON'T KNOW.....Y	GLOVES.....A IV SOLUTIONSB SUTURE MATERIALS.....C SOAPD MEDICATIONS/MEDICINESE SANITARY PADS.....F ANTISEPTIC SOLUTIONSG BLOODH POWDERI GAUZE/COTTONJ SYRINGES.....K OTHERX (SPECIFY) DON'T KNOWY		
4128	How much did you pay for all of these items together?	AMOUNT <input type="text"/> DON'T KNOW.....999998	AMOUNT <input type="text"/> DON'T KNOW999998		

		MOST RECENT BIRTH/ STILLBIRTH		NEXT-TO-LAST BIRTH/ STILLBIRTH	
		NAME _____	NAME _____	LIVE BIRTH <input type="checkbox"/>	STILLBIRTH <input type="checkbox"/>
4129	Excluding the costs of supplies and transport, did you have to pay any fees at the health facility?	YES 1 NO 2 (SKIP TO 4132) ←	DON'T KNOW 8	YES 1 NO 2 (SKIP TO 4132) ←	DON'T KNOW 8
4130	What were these fees for? CIRCLE ALL MENTIONED.	BED STAY A LAB FEES B PROFESSIONAL FEES C BRIBES D DELIVERY FEE E OTHER _____ X (SPECIFY) DON'T KNOW Y		BED STAY A LAB FEES B PROFESSIONAL FEES C BRIBES D DELIVERY FEE E OTHER _____ X (SPECIFY) DON'T KNOW Y	
4131	How much did you pay in total for these fees?	AMOUNT.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998		AMOUNT.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	
4132	GO BACK TO 4001 FOR NEXT-TO-LAST BIRTH IF APPLICABLE.				

SECTION 5. ANTENATAL CARE AND BIRTH PREPAREDNESS FOR CURRENTLY PREGNANT WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
5001	CHECK 3002: CURRENTLY PREGNANT <input type="checkbox"/> NOT CURRENTLY PREGNANT <input type="checkbox"/>		► 5034
5002	Have you seen a health professional for a check on your current pregnancy?	YES.....1 NO2	► 5014
5003	How many times in total have you received antenatal care during this pregnancy?	TIMES <input type="text"/> DON'T KNOW98	
5004	How many months pregnant were you when you <u>first</u> received antenatal care for this pregnancy?	MONTHS..... <input type="text"/> DON'T KNOW/CAN'T REMEMBER.....98	
5005	Whom did you first see for a check on your current pregnancy? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	DOCTOR..... A NURSE MIDWIFE B CLINICAL OFFICER..... C OTHER X (SPECIFY) DON'T KNOW/DON'T REMEMBER Y	
5006	During this pregnancy, has a health worker done any of the following at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample? Did you receive pills to prevent malaria? Did you receive iron tablets or syrup to prevent anaemia? Did you receive counselling on how to prepare for delivery? Did you receive counselling for HIV/AIDS? Were you tested for HIV/AIDS?	YES NO DK WEIGHT..... 1 2 8 HEIGHT 1 2 8 BLOOD PRESSURE 1 2 8 URINE SAMPLE..... 1 2 8 BLOOD SAMPLE 1 2 8 ANTI-MALARIAL 1 2 8 IRON TABLETS/SYRUP 1 2 8 BIRTH PREPAREDNESS 1 2 8 AIDS COUNSELLING 1 2 8 AIDS TESTING 1 2 8	
5007	Have you been told about the danger signs of serious health problems during pregnancy, childbirth, or soon after?	YES.....1 NO2 DON'T KNOW8	► 5009
5008	Have you been advised where to go if you have these symptoms?	YES.....1 NO2 DON'T KNOW8	
5009	During this pregnancy, have you been given any injection in the arm to prevent the baby from getting tetanus?	YES.....1 NO2 DON'T KNOW8	► 5011
5010	How many times did you get this injection?	ONE2 TWO.....3 THREE OR MORE4 DON'T KNOW8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
5033	How soon after the delivery will you go for the first check-up for yourself?	DAYS AFTER DEL..... 1 <input type="text"/> <input type="text"/> WEEKS AFTER DEL..... 2 <input type="text"/> <input type="text"/> DON'T KNOW98	
5034	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	

END OF INTERVIEW. THANK THE RESPONDENT FOR HER TIME.

5035	LENGTH OF INTERVIEW FIELD EDITOR: REFER TO Q.1001 AND Q.5034 AND CALCULATE THE DURATION OF THE INTERVIEW IN MINUTES	MINUTES <input type="text"/> <input type="text"/> <input type="text"/>
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