

Questionnaire for Home Based Life Saving Skills

PART 1: SOCIO DEMOGRAPHIC CHARACTERISTICS.

| Q # | Question | CODES |
|-----|--|---|
| 1. | How old are you now | AGE IN COMPLETED YEARS... <input type="text"/> |
| 2. | Have you ever attended school? | YES.....1 NO.....2 |
| 3. | What is the highest grade you have completed? | NO SCHOOL.....1 NOT COMPLETED PRIMARY SCHOOL.....2 COMPLETED PRIMARY SCHOOL.....3 NOT COMPLETED SECONDARY SCHOOL.....4 COMPLETED SECONDARY SCHOOL.....5 UNIVERSITY.....6 MADRAS.....7 OTHER.....97 (SPECIFY) |
| 4. | What is your marital status now? | SINGLE.....1 MARRIED/IN UNION.....2 WIDOWED.....3 DIVORCED.....4 SEPARATED.....5 |
| 5. | What is the main material of the floor Record observation | NATURAL FLOOR EARTH/SAND11 DUNG.....12 RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM/BAMBOO22 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 OTHER.....97 (SPECIFY) |
| 6. | What is the main source of drinking water for members of your household? | PIPED WATER PIPED INTO DWELLING11 PIPED INTO YARD/PLOT.....12 PUBLIC TAP13 WATER FROM OPEN WELL OPEN WELL IN YARD/PLOT21 OPEN PUBLIC WELL22 WATER FROM COVERED WELL PROTECTED WELL IN YARD/PLOT31 PROTECTED PUBLIC WELL32 SURFACE WATER SPRING.....41 RIVER/STREAM.....42 |

| | | POND/LAKE.....43 DAM.....44 RAINWATER51 TANKER TRUCK.....61 BOTTLED WATER71 | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|---|--|--|-----|----|--------------------|---------------|----------|------------------------|---------------|----------|----------------------|---------------|----------|--------------------------------|---------------|----------|-----------------------|---------------|----------|---------------------|---------------|----------|--------------------------------|---------------|----------|
| 7. | What type of fuel do you mainly use for cooking in your household? | ELECTRICITY.....01 LPG/NATURAL GAS.....02 BIOGAS.....03 KEROSENE.....04 CHARCOAL.....05 FIREWOOD, STRAW06 DUNG.....07 OTHER _____ 97 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Does any member of your household own: | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.</td> <td style="text-align: center;">1.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CELL PHONE.....</td> <td style="text-align: center;">1.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER.....</td> <td style="text-align: center;">1.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK.....</td> <td style="text-align: center;">1.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRACTOR.....</td> <td style="text-align: center;">1.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td style="text-align: center;">1.....</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | YES | NO | RADIO. | 1..... | 2 | CELL PHONE..... | 1..... | 2 | BICYCLE | 1..... | 2 | MOTORCYCLE/SCOOTER..... | 1..... | 2 | CAR/TRUCK..... | 1..... | 2 | TRACTOR..... | 1..... | 2 | ANIMAL-DRAWN CART | 1..... | 2 |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | |
| RADIO. | 1..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| CELL PHONE..... | 1..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| BICYCLE | 1..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| MOTORCYCLE/SCOOTER..... | 1..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| CAR/TRUCK..... | 1..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| TRACTOR..... | 1..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| ANIMAL-DRAWN CART | 1..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | How many children (both live and stillborn) did you give birth to Alive now? | No children yet _____ Number of children _____ Number alive now?----- | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | Have you ever given birth in the last 24 months, either to a baby that was born alive or a baby that was born dead? | YES.....1 NO.....2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | Are you pregnant now? | YES.....1 NO.....2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | How many months pregnant are you? | MONTHS..... | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | Is this your first pregnancy | YES.....1 NO.....2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. | How many times did you attend ANC | Number of ANC visits <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |

PART 2: KNOWLEDGE

| | | |
|-----|--|---|
| 15. | Can unforeseen problems related to pregnancy occur that could endanger life or a woman? | YES.....01 NO.....02 DON'T KNOW.....98 |
| 16. | What are some serious health problems that can occur during <u>pregnancy</u> , <u>childbirth</u> and <u>postpartum period</u> that could endanger the life of a pregnant woman PROBE: Any others? | BLEEDING.....01 SEVERE HEADACHE.....02 BLURRED VISION.....03 CONVULSIONS.....04 SWOLLEN HANDS/FACE.....05 HIGH FEVER.....06 LOSS OF CONSCIOUSNESS.....07 DIFFICULTY BREATHING.....08 SEVERE WEAKNESS.....09 SEVERE ABDOMINAL PAIN.....10 ACCELERATED/REDUCED FETAL MOVEMENT.....11 WATER BREAKS WITHOUT LABOUR.....12 OTHER _____ 97 <p style="text-align: center;">(SPECIFY)</p> NONE.....00 DON'T KNOW.....98 <u>CHILDBIRTH</u> SEVERE BLEEDING.....01 SEVERE HEADACHE.....02 CONVULSIONS.....03 HIGH FEVER.....04 LOSS OF CONSCIOUSNESS.....05 LABOR LASTING>12HOURS.....06 PLACENTA NOT DELIVERED 30 MINUTES AFTER BABY.....07 OTHER _____ 97 <p style="text-align: center;">(SPECIFY)</p> NONE.....00 DON'T KNOW.....98 <u>POSTPARTUM</u> SEVERE BLEEDING.....01 SEVERE HEADACHE.....02 CONVULSIONS.....03 HIGH FEVER.....04 LOSS OF CONSCIOUSNESS.....05 LABOR LASTING>12HOURS.....06 MALODOROUS VAGINAL DISCHARGE.....07 DIFFICULTY BREATHING.....08 SEVERE WEAKNESS.....09 OTHER _____ 97 <p style="text-align: center;">(SPECIFY)</p> NONE.....00 DON'T KNOW.....98 |

| | | | | | | |
|-----|--|--|---------|---------|----------|----------|
| 17. | In your opinion, what are some serious problems that can occur <u>during the first 7 days after birth</u> that could endanger the life of the new born baby? | DIFFICULT OR FAST BREATHING.....01 YELLOW SKIN/EYE COLOR (JAUNDICE).....02 POOR SUCKING OR FEEDING.....03 PUS, BLEEDING OR DISCHARGE FROM THE UMBILICAL CORD.....04 BABY VERY SMALL.....05 SKIN LESIONS OR BLISTERS.....06 CONVULSIONS/SPASMS/RIGIDITY.....07 ABDOMINAL PAIN/FULLNESS.....08 FAILURE TO PASS STOOL.....09 FEVER.....10 OTHER.....97 (SPECIFY) DON'T KNOW.....00 NONE.....98 | | | | |
| 18. | Have you ever heard the term 'birth preparedness'? | YES.....1 NO.....2 | | | | |
| 19. | In your opinion, what are some things a woman/family can do to prepare for birth? | IDENTIFY MODE OF TRANSPORT.....01 SAVE MONEY (for emergencies).....02 IDENTIFY BLOOD DONOR03 IDENTIFY SKILLED PROVIDER.....04 IDENTIFY WHERE TO GO.....05 BIRTH KIT.....06 OTHER _____ 97 (SPECIFY) | | | | |
| 20. | In your community, which is the commonest mean of transportation to use to go to your nearest health facility PROBE: | AMBULANCE.....01 PRIVATE CAR.....02 TAX/BUS.....03 CART.....04 MOTORBIKE.....05 ON FOOT.....06 BICYCLE.....07 OTHER _____ 97 (SPECIFY) DON'T KNOW.....98 | | | | |
| 21. | In general, how long would it take to reach this health facility? | HOURS..... <input type="text"/> MINUTES..... <input type="text"/> DON'T KNOW.....98 | | | | |
| 22. | <u>ATTITUDES AND PERCEPTION</u> A woman should plan ahead of time where she will give birth to hear baby | SA 01 | A 02 | D 03 | SD 04 | DK 05 |

| | | | | | | |
|-----|---|------------------|-----------------|-----------------|------------------|------------------|
| | | | | | | |
| 23. | A woman should plan ahead of time how she will get to the place where she will give birth | SA 01 | A 02 | D 03 | SD 04 | DK 05 |
| 24. | It is not necessary for a husband /partner to accompany his wife to antenatal care visits | SA 01 | A 02 | D 03 | SD 04 | DK 05 |
| 25. | It is not necessary for a husband to accompany his wife when she is giving birth | SA 01 | A 02 | D 03 | SD 04 | DK 05 |
| 26. | Giving birth is mostly woman's matter. Husbands have little to contribute | SA 01 | A 02 | D 03 | SD 04 | DK 05 |

PART 3: PERSONAL EXPERIENCE RELATED TO THIS OR THE LAST PREGNANCY.

| Q. # | QUESTION | CODES |
|------|---|---|
| 27. | <p>During this or the last pregnancy, did a health worker advise you about any of the following at least once?</p> | <p style="text-align: center;">YES NO DK</p> <p>DANGER SIGNS.....01.....02.....98</p> <p>WHERE TO GO01.....02.....98</p> <p>WHERE TO GIVE BIRTH.....01.....02.....98</p> <p>TRANSPORT01.....02.....98</p> <p>MONEY01.....02.....98</p> <p>BLOOD DONOR.....01.....02.....98</p> <p>BIRTH KIT.....01.....02.....98</p> |
| 28. | <p>Did you speak with anyone, outside of a health facility about danger signs of serious health problems during pregnancy, childbirth, or soon after?</p> <p>IF YES: Who did you speak with?</p> <p>RECORD ALL RESPONSES.</p> | <p style="text-align: center;">YES NO DK</p> <p>DANGER SIGNS.....01.....02.....98</p> <p>HUSBAND01</p> <p>MOTHER-IN-LAW.....02</p> <p>OTHER FAMILY MEMBER.....03</p> <p>FRIEND/NEIGHBOR.....04</p> <p>COMMUNITY HEALTH WORKER.....05</p> |
| 29. | <p>Did you speak with anyone outside of a health facility about danger signs of serious health problems for your baby</p> <p>IF YES: Who did you speak with?</p> <p>RECORD ALL RESPONSES.</p> | <p style="text-align: center;">YES NO DK</p> <p>DANGER SIGNS.....01.....02.....98</p> <p>HUSBAND01</p> <p>MOTHER-IN-LAW.....02</p> <p>OTHER FAMILY MEMBER.....03</p> <p>FRIEND/NEIGHBOR.....04</p> <p>COMMUNITY HEALTH WORKER.....05</p> |

| | | |
|-----|--|--|
| 31. | <p>Did you speak with anyone outside of a health facility about arrangement for a healthcare professional to deliver your child?</p> <p>IF YES: Who did you speak with?</p> <p>RECORD ALL RESPONSES.</p> | <p style="text-align: center;">YES NO DK</p> <p>SKILLED PROVIDER01.....02.....98 HUSBAND.....01 MOTHER-IN-LAW.....02 OTHER FAMILY MEMBER.....03 FRIEND/NEIGHBOR.....04 COMMUNITY HEALTH WORKER.....05</p> |
| 32. | <p>Have you or your family made any arrangements for the birth of this child?</p> | <p>YES.....01 NO.....02 DON'T KNOW.....98</p> |
| 33. | <p>Which arrangements have you or your family made for the birth of this child?</p> | <p style="text-align: center;">UNPROMPTED PROMPTED</p> <p>IDENTIFY TRANSPORT.....01.....01 SAVE MONEY.....02.....02 IDENTIFY BLOOD DONOR.....03.....03 IDENTIFY SKILLED PROVIDER.....04.....04 IDENTIFY WHERE TO GO...05.....05 BIRTH KIT.....06.....06</p> <p>OTHER _____ 97 (SPECIFY)</p> |
| 34. | <p>Where do you plan to give birth to this baby?</p> | <p>HOME RESPONDENT'S HOME.....11 TBA'S HOME.....12 OTHER HOME.....13</p> <p>PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH CENTER.....22 GVT. DISPENSARY.....23 OTHERPUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE SECTOR PVT. HOSPITAL.....31 MATERNITY/NURSING HOME.....32 OTHER PRIVATE _____ 36 (SPECIFY)</p> <p>OTHER _____ 97 (SPECIFY)</p> |

PART 4: EXPERIENCE RELATED TO THIS OR THE LAST PREGNANCY

| Q. # | QUESTION | CODES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----------------------|------------|----------------------------|-----------------------|---------------------------------|-----|------------------------------|-----|---------------------------|-----------------------------|-----------|-----|--------------------------|-----|----------------------------|---------------------------------|-------------------------------------|-----|----------------------------|-----|-----------|------------------------------------|--------------------|-----|-----------------------------------|-----|-----|------------------------------|-----|-----|------------------------------------|-----|-----|---|-----|-----|---|-----|-----|--------------------|--|----|-----------|--|--|-------------------------|--|-----|
| 35. | During this or the last pregnancy, did you experience any serious health problems related to the pregnancy? | YES01 NO02 DON'T KNOW98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36. | What problems did you experience? (CIRCLE ALL RESPONSES GIVEN). THEN PROBE: Did you experience (ANY REMAINING COMPLICATIONS)? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="text-align: center; width: 25%;">UNPROMPTED</th> <th style="text-align: center; width: 25%;">PROMPTED</th> </tr> </thead> <tbody> <tr> <td>BLEEDING.....</td> <td style="text-align: center;">.01</td> <td style="text-align: center;">.01</td> </tr> <tr> <td>SEVERE HEADACHE.....</td> <td style="text-align: center;">.02</td> <td style="text-align: center;">.02</td> </tr> <tr> <td>BLURRED VISION.....</td> <td style="text-align: center;">.03</td> <td style="text-align: center;">.03</td> </tr> <tr> <td>CONVULSIONS.....</td> <td style="text-align: center;">.04</td> <td style="text-align: center;">.04</td> </tr> <tr> <td>SWOLLEN HANDS/FACE.....</td> <td style="text-align: center;">.05</td> <td style="text-align: center;">.05</td> </tr> <tr> <td>HIGH FEVER.....</td> <td style="text-align: center;">.06</td> <td style="text-align: center;">.06</td> </tr> <tr> <td>LOSS OF CONSCIOUSNESS.....</td> <td style="text-align: center;">.07</td> <td style="text-align: center;">.07</td> </tr> <tr> <td>DIFFICULTY BREATHING.....</td> <td style="text-align: center;">.08</td> <td style="text-align: center;">.08</td> </tr> <tr> <td>SEVERE WEAKNESS.....</td> <td style="text-align: center;">.09</td> <td style="text-align: center;">.09</td> </tr> <tr> <td>SEVERE ABDOMINAL PAIN.....</td> <td style="text-align: center;">.10</td> <td style="text-align: center;">.10</td> </tr> <tr> <td>ACCELERATED/REDUCED FETAL MOVEMENT.....</td> <td style="text-align: center;">.11</td> <td style="text-align: center;">.11</td> </tr> <tr> <td>WATER BREAKS WITHOUT LABOR.....</td> <td style="text-align: center;">.12</td> <td style="text-align: center;">.12</td> </tr> <tr> <td>OTHER _____</td> <td></td> <td style="text-align: center;">97</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>DON'T KNOW.....</td> <td></td> <td style="text-align: center;">.98</td> </tr> </tbody> </table> | | UNPROMPTED | PROMPTED | BLEEDING | .01 | .01 | SEVERE HEADACHE | .02 | .02 | BLURRED VISION | .03 | .03 | CONVULSIONS | .04 | .04 | SWOLLEN HANDS/FACE | .05 | .05 | HIGH FEVER | .06 | .06 | LOSS OF CONSCIOUSNESS | .07 | .07 | DIFFICULTY BREATHING | .08 | .08 | SEVERE WEAKNESS | .09 | .09 | SEVERE ABDOMINAL PAIN | .10 | .10 | ACCELERATED/REDUCED FETAL MOVEMENT | .11 | .11 | WATER BREAKS WITHOUT LABOR | .12 | .12 | OTHER _____ | | 97 | (SPECIFY) | | | DON'T KNOW | | .98 |
| | UNPROMPTED | PROMPTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLEEDING | .01 | .01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEVERE HEADACHE | .02 | .02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLURRED VISION | .03 | .03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONVULSIONS | .04 | .04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SWOLLEN HANDS/FACE | .05 | .05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIGH FEVER | .06 | .06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOSS OF CONSCIOUSNESS | .07 | .07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIFFICULTY BREATHING | .08 | .08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEVERE WEAKNESS | .09 | .09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEVERE ABDOMINAL PAIN | .10 | .10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCELERATED/REDUCED FETAL MOVEMENT | .11 | .11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WATER BREAKS WITHOUT LABOR | .12 | .12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | | 97 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | | .98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37. | Did you seek assistance for this problem? | YES01 NO02 DON'T KNOW98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38. | IF YES: Where did you get? _____ (NAME OF PLACE) | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td colspan="2">PUBLIC SECTOR</td> </tr> <tr> <td>GVT. HOSPITAL.....</td> <td style="text-align: center;">.21</td> </tr> <tr> <td>GVT. HEALTH CENTER.....</td> <td style="text-align: center;">.22</td> </tr> <tr> <td>GVT. DISPENSARY.....</td> <td style="text-align: center;">.23</td> </tr> <tr> <td>OTHER PUBLIC _____</td> <td style="text-align: center;">26</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> <tr> <td colspan="2">PRIVATE SECTOR</td> </tr> <tr> <td>PVT. HOSPITAL.....</td> <td style="text-align: center;">.31</td> </tr> <tr> <td>MATERNITY/NURSING HOME.....</td> <td style="text-align: center;">.32</td> </tr> <tr> <td>OTHER PRIVATE _____</td> <td style="text-align: center;">36</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">97</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </tbody> </table> | PUBLIC SECTOR | | GVT. HOSPITAL | .21 | GVT. HEALTH CENTER | .22 | GVT. DISPENSARY | .23 | OTHER PUBLIC _____ | 26 | (SPECIFY) | | PRIVATE SECTOR | | PVT. HOSPITAL | .31 | MATERNITY/NURSING HOME | .32 | OTHER PRIVATE _____ | 36 | (SPECIFY) | | OTHER _____ | 97 | (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | |
| PUBLIC SECTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GVT. HOSPITAL | .21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GVT. HEALTH CENTER | .22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GVT. DISPENSARY | .23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER PUBLIC _____ | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIVATE SECTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PVT. HOSPITAL | .31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MATERNITY/NURSING HOME | .32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER PRIVATE _____ | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | 97 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Q. # | QUESTION | CODES |
|------|--|---|
| 39. | Why did you not seek assistance for this problem? Anything else? PROBE FOR OTHER REASONS AND RECORD ALL REASONS MENTIONED. | RESP. DIDN'T THINK NECESSARY.....01 HUSBAND /FAMILY DIDN'T THINK NECESSARY.....02 FACILITY TOO FAR.....03 NOT TRANSPORT.....04 NO CHILDCARE.....05 TOO EXPENSIVE.....06 SERVICES ARE POOR.....07 USED HOME REMEDY.....08 DID NOT KNOW WHERE TO GO.....09 NO TIME TO GO.....10 OTHER _____ 97 (SPECIFY) DON'T KNOW.....98 |
| 40. | Who made the final decision about whether or not to seek assistance for this problem? | NO ONE.....01 RESPONDENT.....02 RESPONDENT & HUSBAND.....03 HUSBAND.....04 RESP'S MOTHER.....05 RESP'S FATHER.....06 MOTHER IN LAW.....07 FATHER IN LAW.....08 FRIEND/NEIGHBOUR.....09 HEALTH PROFESSIONAL.....10 TBA.....11 OTHER _____ 97 (SPECIFY) DON'T KNOW.....98 |

PART 5: PERSONAL EXPERIENCE RELATED TO LAST BIRTH.

| Q. # | QUESTION | CODES |
|------|---|---|
| 41. | Where did you give birth to your last child? _____ (NAME OF PLACE) | HOME RESPONDENT'S HOME.....11 TBA'S HOME.....12 OTHER HOME.....13 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH CENTER.....22 GVT. DISPENSARY.....23 OTHERPUBLIC _____ 26 (SPECIFY) PRIVATE SECTOR PVT. HOSPITAL.....31 MATERNITY/NURSING HOME.....32 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 97 (SPECIFY) |
| 42. | Did you plan to give birth at this place? | YES.....01 NO.....02 DON'T KNOW.....98 |
| 43. | Prior to this birth, did you or your family make any arrangements for the birth of this child? | YES.....01 NO.....02 DON'T KNOW.....98 |
| 44. | Which arrangements did you or your family make for the birth of this child? (CIRCLE ALL RESPONSES GIVEN.) THEN PROBE: Did you [ANY REMAINING ARRANGEMENTS]? | UNPROMPTED PROMPTED IDENTIFY TRANSPORT.....01.....01 SAVE MONEY (for emergencies)..... 01.....02 IDENTIFY BLOOD DONOR.....03.....03 IDENTIFY SKILLED PROVIDER.....04.....04 IDENTIFY WHERE TO GO05.....05 BIRTH KIT.....06.....06 OTHER _____ 97 (SPECIFY) |
| 45. | Did you use the mode of transport that you identified? | YES.....01 NO.....02 DON'T KNOW.....98 |
| 46. | Did you use the money saved for pregnancies emergencies or child emergencies? | YES.....01 NO.....02 DON'T KNOW.....98 |
| 47. | Did you use the blood donor you identified | YES.....01 NO.....02 DON'T KNOW.....98 |

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| 48. | How did you go to the health facility? PROBE: What type of transportation did you mainly use to get to the health facility? | AMBULANCE.....01 PRIVATE CAR.....02 TAXI/BUS.....03 CART.....04 MOTORBIKE.....05 ON FOOT06 BICYCLE.....07 OTHER _____ 97 (SPECIFY) DON'T KNOW98 |
| 49. | Who accompanied you to the place where you gave birth? PROBE FOR THE PERSON(S) ACCOMPANYING AND RECORD ALL PERSONS. | NO ONE.....01 HUSBAND.....02 RESP.'S MOTHER.....03 RESP.'S FATHER.....04 MOTHER-IN-LAW.....05 FATHER-IN-LAW06 SISTER/SISTER-IN-LAW.....07 OTHER MEMBER OF RESP.'S FAM.....08 OTHER MEMBER OF HUSB.'S FAM09 FRIEND/NEIGHBOR.....10 COMMUNITY HEALTH WORKER.....11 TBA.....12 OTHER _____ 97 (SPECIFY) DON'T KNOW98 |
| 50. | Can you tell me why you did not give birth in a health facility | RESP. DIDN'T THINK NECESSARY.....01 HUSBAND/FAMILY DIDN'T THINK NECESSARY.....02 FACILITY TOO FAR.....03 NO TRANSPORT.....04 NO CHILDCARE.....05 TOO EXPENSIVE.....06 SERVICES ARE POOR.....07 DID NOT KNOW WHERE TO GO.....08 NO TIME TO GO.....09 OTHER _____ 97 (SPECIFY) DON'T KNOW98 |
| 51. | Who assisted with the birth? | HEALTH PROFESSIONAL.....01 TBA.....02 COMMUNITY HEALTH WORKER.....03 RELATIVE/FRIEND04 OTHER _____ 97 (SPECIFY) |
| 52. | Have you seen, heard or read any information regarding birth preparedness in the past six months | YES01 NO.....02 DON'T REMEMBER.....98 |
| 53. | From which source did you see hear or read about birth preparedness? (CIRCLE ALL RESPONSES GIVEN) | RADIO.....01 TV.....02 WRITTEN SOURCES.....03 INTERPERSONAL SOURCES.....04 OTHER _____ 97 (SPECIFY) DON'T REMEMBER.....98 |

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| 54. | Have you participated in any community activities related to birth preparedness in the past six months | YES01 NO02 DON'T REMEMBER98 |
| 55. | Through which activities did you hear about birth preparedness(CIRCLE ALL RESPONSES GIVEN) | STREET DRAMA01 COMMUNITY MEETINGS02 MOTHER'S GROUPS03 OTHER _____97 (SPECIFY) |