## Centre for Complementary and Integrative health Savitiribai Phule Pune University

## Survey on child care practices

1.	ID:							
2.	Age in months:							
3.	Number of live babies born to the mother:							
4.	Recent Baby's Date of birth:							
5.	Gender: 1. Female 2. Male							
6.	Mode of delivery: 1. Vaginal 2. Abdominal							
7.	Location/Place of delivery: 1. Large city 2. Town 3. Village							
8.	Place of delivery: 1. Private hospital, small 2. Private hospital, large/corporate							
	3. Private Medical College 4. Government/corporation hospital							
9.	Duration of pregnancy: 1. Completed full term 2weeks before full term							
	3weeks after full term							
10.	Birth weight: Kgs							
11.	Any problems to baby at birth							
12.	Hospitalisation to baby after birth: 1. Not hospitalised  2. Hospitalised for days							
13.	Do you routinely put anything in baby's ear: 1. No 2. Yes What if yes:							
14.	Do you routinely put anything in baby's nose: 1. No 2. Yes  What if yes:							
15.	Do you routinely put anything in baby's eyes: 1. No 2. Yes  What if yes:							
16.	Do you routinely put anything on baby's fontanalle: 1. No 2. Yes  What if yes:							

17. What else do you apply to the baby: 1. Powder 2. Cream 3. Shampoo								
4. Other than above, What if so								
5. Do not apply anything								
18. Do you give massage to the baby:  1. Yes, currently giving;  Plan to continue giving massage tillmonths/years  2. Discontinued after								
3. No, did not give								
If NO, skip to Question 34.								
.9. When after birth of the baby did you start giving massage? days								
<ul><li>20. Why did you start giving massage to the baby?</li><li>1. Traditional practice</li><li>2. Told by family elders/friends</li></ul>								
3. Told by doctor/nurse 4. Told by dai/traditional care giver								
5. Other than above Specify here								
21. Who gives the massage to your baby generally?								
1. Parents: Mother Father								
2. Relative: Elderly Not elderly Relation to baby:								
3. Neighbour/acquaintance: Female Male								
4. Dai: Female Male								
5. Hired professional: Profession								
6. Other than above: Specify:								
22. How often is massage given to your baby?times/ day ortimes / week								
23. How long does a massage session last?minutes								
24. When do you generally give massage- any relation to bath, feeding or sleep?								
Bath Feeding Sleep								
Before bath Before feeding Before Sleep								
After bath After feeding After waking up								
☐ Not related to bath ☐ Not related to feeding ☐ Not related to sleep time								
Specify any other time followed if any:								
25. What substance do you use mostly for massage?								
1. Oil : Specify								
3. Butter: Specify: 4. Powder: Specify:								
5. Lotion/cream : Specify: 6. Other than above: Specify:								

26.	What are the reasons for this choice (of substance for massage)?
	1. Own experience 2 Recommended by family elders/friends
	3. Recommended by doctor/nurse 4. Recommended by pharmacist
	<del></del>
	5. By Traditional knowhow 6. Other than above
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27.	Do you make any preparation for the massage substance (such as heating oil etc.)?
28.	Where do you get the massage substance from:
	1. Make at home 2. Buy from market
29.	How much does the massage substance you use cost? Rs/month
	· ·
30	Do you press at any specific areas of the baby's body during massage?
50.	bo you press at any specific areas of the baby's body during massage:
	4
	1. No 2. Yes If yes, which points:
31.	Do you stretch any body parts of the baby along with massage?
	1. No 2. Yes if yes, pl describe:
32.	What precautions do you take while giving massage?
	1
	2
	3
	4
33.	Are there any conditions when you avoid giving massage?
	1
	2
34.	Why did you not give massage to your baby?
	1. Advised so by doctor/nurse 2. Advised so by family elders/friends
	3. Own experience 4. Lack of time
	5. No skilled person available 6. Other than above: Specify here
35.	What do you think are the benefits of massage, if any?
	1
	2
	3
	4
	7
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36.	What do you think could be the harm from massage, if any?
	1
	2
	3
	4

3/.	טומ you	consult a d	octor about a	any of the ar	pove baby care practices:				
1. M	assage	A. No	В	Yes	If yes, mention advise:				
2. Ins	stilling in	fontanalle	A. No	B. Yes	If yes, mention advise:				
3. Ins	stilling in	eye	A. No	B. Yes	If yes, mention advise:				
4. In	stilling ir	n ear	A. No	B. Yes	If yes, mention advise:				
5. Instilling in nose		A. No	B. Yes	If yes, mention advise:					
Name and address of facility where form is filled:									
	Date of form filling:								
	Dute of form minig								
	Filled by: Name and Sign								
	Checked by: Name and Sign								
	Supervisor: Name and sign								
	Supervisor. Name and sign								
	Data en	tered by:							