



Department of Community Medicine, BVDUMC, Pune

BASELINE FORM*

* To be filled from all households from the selected clusters.

Household code (7 Digits)									
Date of interview		DD	/	MM	/	YYYY			
Name of Interviewer	<i>Last Name</i>		<i>First Name</i>			<i>Middle Name</i>			
Name of Respondent	<i>Last Name</i>		<i>First Name</i>			<i>Middle Name</i>			
Name of Family Head	<i>Last Name</i>		<i>First Name</i>			<i>Middle Name</i>			
❖ INSTRUCTIONS: CIRCLE THE CORRECT RESPONSE.									
Education of Family Head	1. Illiterate		2. Can read & write (but not went to school)						
	3. 1-3 pass		4. 4-6 pass		5. 7-9 pass		6. SSC		
	7. HSC		8. Diploma		9. Graduate		10. PG/ PhD		
Address with Landmark									
Land Line No.			Mobile No.						
1.	For how long you are staying here?		_____ years						
2.	Type of Family		1. Joint		2. Nuclear		3. Other		
3.	Which colored ration card do you have?		1. White		2. Orange		3. Yellow		
			4. No Card						
4.	Religion		1. Hindu		2. Muslim		3. Christian		
			4. Buddhist		5. Sindhi		6. Sikh		
			7. Parsi		8. Others _____				
5.	Caste		1. SC		2. ST		3. NT/VJNT		
			4. OBC		5. Open		6. Others		

6.	Total family members in the house								
7.	Are there children under the age of five years in the family?					1. Yes		2. No	
❖ If answer to Q. No. 7 is 'No' then go to Q. No. 9									



BASELINE FORM*

8.	If yes, write details	1	Name	Date of Birth	Age (yrs&mnt)		
		2		DD/MM/YYYY	_____		
		3		DD/MM/YYYY	_____		
		4		DD/MM/YYYY	_____		
		5		DD/MM/YYYY	_____		
		6		DD/MM/YYYY	_____		
		9.	How many married women in age group of 15 – 45 yrs. are in the house?	0	1	2	3
10.	How many pregnant women are there in the house?	0	1	2	3	4	5
If answer to Q. No. 10 is 'zero' then go to Q. No. 12							
11.	If pregnant mother is in the house/family write months of gestation	1 st pregnant woman _____ months. 2 nd pregnant woman _____ months. 3 rd pregnant woman _____ months.					
12.	How many children under five years of age died in the last year (15/02/2015 to 14/02/2016) in your house/family	0	1	2	3		
<i>❖ If Answer to Q. No. 12 is "zero", or there is death then inform Sub-investigator and Then go to Q. No. 17.</i>							
13.	Is death certificate available? (Interviewer to look for the death certificate)	1 st death	1. Yes	2.No			
		2 nd death	1. Yes	2.No			
		3 rd death	1. Yes	2.No			
<i>❖ If Answer to Q. No. 13 is "No", Then go to Q. No. 15.</i>							
14.	Write cause of death from the death certificate.	Cause of death					
		1 st death					
		2 nd death					
		3 rd death					
15.	Write the symptoms present child before death	Symptoms				How many days	
		1 st death					



BASELINE FORM*

		2 nd death			
		3 rd death			
16.	Was the death due to respiratory disease? (where available cause of death to be confirmed from death certificate or symptoms)	1 st death	1. Yes	2.No	
		2 nd death	1. Yes	2.No	
		3 rd death	1. Yes	2.No	
Housing and Environment History					
17.	Total area of house in square feet	_____sqft. (carpet area)			
18.	Per capita square feet area (Conclusion from Q. No. 17 & 6)				
19.	Overcrowding (Conclusion)				
20.	No. of rooms in house	0	1	2	
		3	4	5	
21.	Flooring of house	1. Tiled	2. Earthen (covered/ not covered by cow dung)		
			3. Cementing (koba)		
22.	Ceiling /table fan present in house	0	1	2	
		3	4	5	
23.	Exhaust fan	1. Present		2. Absent	
24.	Inference: Ventilation				
25.	Type of fuel used inside the house	1. LPG 2. Biomass fuel (cow dung cake/ wood etc.)			
		3. Stove with kerosene 4. Electric shegdi			
		5. Shegdi with coil			
If answer to Q. No. 25 is other than “2” then go to Q. No. 27					
26.	If using biomass fuel; does the family uses smokeless chullah	1. Yes		2. No	
27.	Does anybody smoke in the house	1. Yes		2. No	
❖ If Answer to Q. No. 27 is “No”, Then go to Q. No. 29.					
28.	Name of the person who smokes	Relation with child #	Type (1.Bidi/2.Cigarette)	Number/ day	Does smoke when inside the home (1.Yes / 2.No)
	1.				
	2.				
	3.				



BASELINE FORM*

	# 1-Father, 2-Mother, 3-Brother, 4-Sister, 5-GrandFather, 6-GrandMother, 7-Uncle, 8-Aunty, 9- Others.	
29	Is tobacco is burned at your house for preparation of <i>Mishri</i> ?	0. No 1. Daily 2. Alternate day 3. Twice a week 4. Once a week 5. Other _____

FAMILY INFORMATION

30	Information about family members (married daughters staying at some other place should not be included in the list)					
Sr. No.	Complete Name	Age	Gender 1. Male/ 2. Female	Education [§]	Occupation [#]	Annual Income (Rs.)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
31.	Total Annual family income					
32.	Per capita monthly income					
[§] 0. Age < 7 years (Not applicable) 1. Illiterate 2. Can read & write (but not went to school) 3. 1-3 pass 4. 4-6 pass 5. 7-9 pass 6. SSC 7. HSC 8. Diploma 9. Graduate 10. PG/ PhD						
[#] 0. Age < 14 years (Not applicable) 1. Profession; 2. Semi-Profession; 3. Service; 4. Skilled Worker; 5. Semi-Skilled Worker; 6. Unskilled worker; 7. Homemaker 8. Unemployed 9. Retired 10. Student						



FORM FOR CHILD UNDER 5 YEARS (0 to 4 years 364 days)

Household code (7 digit)		<input type="text"/>						
Mother code (8 th digit)		<input type="text"/>						
Child Code (9 th digit)		<input type="text"/>						
Child Name		<input type="text"/>						
1.	Birth registered? (Ask for the birth certificate)	1. Yes		2. No				
2.	Height of child	<input type="text"/> cms	Weight	<input type="text"/> kgs				
3.	Mothers Name	<input type="text"/>						
4.	Is the child registered in Anganwadi?	1. Yes		2. No				
❖ If Answer to Q. No. 4 is "Yes", then go to Q. No. 6.								
5.	If not Why?	<input type="text"/>						
6.	Does child go to Anganwadi regularly? (> 20 days/month)	1. Yes		2. No				
❖ If Answer to Q. No. 6 is "Yes", then go to Q. No. 8.								
7.	If no Why?	<input type="text"/>						
8.	Has child suffered from ARI (cough/cold) in last one month from the date of interview?	1. Yes		2. No				
9.	If Yes how many times	1	2	3				
10.	If child had cough/cold was he/she given home remedies	1. Yes		2. No				
❖ If answer to Q. No. 10 is no, then go to Q. No. 12								
11.	Which home remedies were given?	<input type="text"/>						
12.	Was your child admitted in hospital for any major illness in the past?	1. Yes		2. No				
❖ If Answer to Q. No. 12 is "No", then go to Q. No. 14.								
13.	If yes, which disease?	<input type="text"/>						
14.	Is the child suffering from any illness currently?	1. Yes		2. No				
❖ If Answer to Q. No. 14 is "No", then go to Q. No. 16.								



FORM FOR CHILD UNDER 5 YEARS (0 to 4 years 364 days)

15.	If yes, which illness?				
16.	How many times did the child suffered from pneumonia in last one year?	0	1	2	3
		If response to Q. 16 is zero, ask and circle to Yes for the signs and symptoms during any ARI episode.			
17.	a.	Cough	1. Yes	2. No	
	b.	Fever Present	1. Yes	2. No	
	c.	Flaring of nostrils	1. Yes	2. No	
	d.	Fast breathing	1. Yes	2. No	
	e.	In-drawing of the chest	1. Yes	2. No	
	f.	Noisy breathing	1. Yes	2. No	
	g.	Wheezing sound	1. Yes	2. No	
	h.	Cyanosis	1. Yes	2. No	
	i.	Was child unconscious during the episode	1. Yes	2. No	
	j.	Were there any sluggish movements of the child during the episode	1. Yes	2. No	
CONCLUSION FOR PNEUMONIA			1. Yes	2. No	
If answer to any one Q. No. 17 a to c is 'Yes' and answer to any one Q. No. 17 d to e is 'Yes' then conclusion is pneumonia.					
DETAILS OF PNEUMONIA					
<i>Ask following details if child has suffered from pneumonia in last one year or conclusion is "Yes"</i>					
PNEUMONIA EPISODE – 1					
18.	1. Who told that the child had pneumonia?	1. Doctor	2. Nurse	3. ASHA	
		4. Anganwadi Sevika	5. Others		
		_____ 6. Interviewer's opinion			
	2. Place of treatment	1. Govt. Facility	2. Private		
		3. Others _____			
	3. Whether the child was admitted in hospital?	1. Yes	2. No		
	4. if yes duration	_____ days			
	5. Duration of treatment	_____ days			
	6. Total expenditure of treatment	Rs. _____			
Verify the above information based on records					



FORM FOR CHILD UNDER 5 YEARS (0 to 4 years 364 days)

	7. Verified?	1. Yes	2. No
PNEUMONIA EPISODE – 2			
19.	1. Who told that the child had pneumonia?	1. Doctor	2. Nurse 3. ASHA 4. Anganwadi Sevika 5. Others _____ 6. Interviewer's opinion
	2. Place of treatment	1. Govt. Facility	2. Private 3. Others _____
	3. Whether the child was admitted in hospital?	1. Yes	2. No
	4. if yes duration	_____ days	
	5. Duration of treatment	_____ days	
	6. Total expenditure of treatment	Rs. _____	
Verify the above information based on records			
	7. Verified?	1. Yes	2. No
Ask following questions about last episode			
20.	Which transport facility you had used to visit to a doctor/facility?		
	1. Two wheeler	2. Rickshaw	
	3. Tempo	4. Bus	
	5. Private vehicle	6. Government Ambulance including 108	
	7. Private Ambulance	8. Walking	
	9. Other		
21.	How much distance you have to travel to take treatment for Pneumonia? And How much time it took?		
	1. Kms		2. Time _____ hours _____ min
22.	Did you have to borrow/sale/mortgage of assets for the treatment of the Child?	1. Yes 2. No	
23.	Was there any loss of work due to child's pneumonia? (write '0' if no days)	Father _____ days Mother _____ days	
24.	Which practices you followed at home when child was having Pneumonia (including home remedies if any)		



FORM FOR CHILD UNDER 5 YEARS (0 to 4 years 364 days)

25.	Had you informed ASHA/AWW/ Health worker about Pneumonia episode?	1. Yes	2. No
26.	Did ASHA/AWW help you during treatment of child?	1. Yes	2. No



ADDITIONAL INFORMATION FORM FOR INFANTS (0-1 year)

Mother code (8 th digit)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child Code (9 th digit)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child Name		
1.	Place of birth	1. Gov. Hospital 2. Pvt. Hospital 3. Home 4. While going to Hospital 5. Other _____
2.	Type of delivery	1. Cesarean 2. Normal
3.	Weight at the time of Birth	1. _____ kg (from mother statement) 2. _____ kg (from records)
4.	If place of delivery is home, then who conducted the delivery	1. Doctor 2. Nurse 3. Trained Dai 4. Untrained Dai 5. Other _____
5.	Birth order of this child	1 2 3 4 5
6.	Did the baby cry immediately after birth?	1. Yes 2. No
7.	Did you feed colostrum to the baby?	1. Yes 2. No
❖ If Answer to Q. No. 7 is "Yes", then go to Q. No. 9.		
8.	Why?	
9.	When did you start the breastfeeding after delivery?	0. Within half an hour 1. Within 1 hour 2. Within 2 hours 3. Within 4 hours 4. Within 24 hours 5. On 2nd days 6. On 3rd day 7. After 3 days 8. No breast feeding at all.
❖ If Answer to Q. No. 9 is "Yes", then go to Q. No. 10.		
10.	If option 8 is selected ask WHY?	
11.	What was the first feed to the baby	1. Breast milk (colostrum) 2. Honey 3.



ADDITIONAL INFORMATION FORM FOR INFANTS (0-1 year)

		Sugar water 4. Guti 5. Other _____
12.	For how many months did you give the child exclusive breast milk only?	1. < 6 months 2. Up to 6 months 3. > 6 months 4. Not applicable
13.	Weaning (solid food) was started at the age?	1. _____ months 2. Not yet given 3. Not applicable
14.	Are you still breastfeeding the child after weaning?	1. Yes 2. No. 3. Weaning not yet started
15.	At what age did you stop breastfeeding completely?	1. Months _____ 2. Not applicable since still breast feeding.



IMMUNIZATION DETAILS (FOR AGE GROUP 12-23 MONTHS)

Mother's code:		<input type="text"/>				<input type="text"/>	
Child's name		<input type="text"/>					
Child's code:		<input type="text"/>				<input type="text"/>	
Confirm all details from immunization card. Don't include pulse polio doses. Write date from card.							
Sr. No.	Age	Vaccine	1.Given	2.Not given	Date		
1	After birth	BCG	1	2			
		OPV 0 (zero polio)	1	2			
		HBV -0	1	2			
2	6 weeks (1.5 months)	OPV-1	1	2			
		DPT-1	1	2			
		HBV-1	1	2			
		Pentavalent-1	1	2			
		Rotavirus -1	1	2			
		Pneumococcal -1	1	2			
		Hib – 1	1	2			
		IPV	1	2			
3	10 weeks (2.5 months)	OPV-2	1	2			
		DPT-2	1	2			
		HBV-2	1	2			
		Pentavalent-2	1	2			
		Rotavirus -2	1	2			
		Pneumococcal -2	1	2			
		Hib – 2	1	2			
4	14 weeks (3.5 months)	IPV	1	2			
		OPV-3	1	2			
		DPT-3	1	2			
		HBV-3	1	2			
		Pentavalent-3	1	2			
		Rotavirus -3	1	2			
		Pneumococcal -3	1	2			
5	9 months	Hib – 3	1	2			
		IPV	1	2			
6	16 months	Measles-1	1	2			
		Vitamin A	1	2			
7	16-24 months	Vitamin A	1	2			
		DPT –booster	1	2			
		OPV- booster	1	2			
		Measles-2	1	2			
		MMR	1	2			
		Pneumococcal conjugate -booster	1	2			
		Hib booster	1	2			
		Chickenpox	1	2			
8	24 months	HAV	1	2			
		Vitamin A	1	2			
Whether child has received BCG, 3 doses of DPT, OPV, HBV and 1 dose of measles within one year of age			1. Yes	2. No			



KAP of Mothers									
Name of Mother									
Mother Code (8 th digit)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
❖ Circle the correct response									
1.	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Which are the common illnesses in under five children? (multiple response)</p> </div> <div style="width: 50%;"> <p>1. Fever 2. ARI 3. Pneumonia 4. Diarrhea 5. Measles 6. Malnutrition 7. Other _____</p> </div> </div>								
2.	Can ARI become a serious condition? 1. Yes 2. No								
3.	Can ARI be prevented? 1. Yes 2. No								
4.	For how many months an infant should be given exclusive breast feeding? _____ months								
5.	Measles vaccine is given at what age? _____								
6.	What are the effects of smoking of a family member on child's health? _____								
7.	Knowledge about hand hygiene								
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>a. When to wash your (mother's) hands?</p> </div> <div style="width: 50%;"> <p>1. 2. 3. 4.</p> </div> </div>								
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>b. What to use for washing hands?</p> </div> <div style="width: 50%;"> <p>1. Water only 2. Ash 3. Soil 4. Soap and water 5. Others</p> </div> </div>								
8.	Which are the risk factors from the list for pneumonia?(multiple response)								
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Low birth weight</p> </div> <div style="width: 50%;"> <p>2. Prematurity</p> </div> </div>								
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>3. Hypertension of mother</p> </div> <div style="width: 50%;"> <p>4. Non-exclusive breast feeding for six months</p> </div> </div>								
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>5. Nuclear Family</p> </div> <div style="width: 50%;"> <p>6. Smoking by family member in the house</p> </div> </div>								
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>7. Malnourishment of child</p> </div> <div style="width: 50%;"> <p>8. Baby born by LSCS</p> </div> </div>								



KAP of Mothers

	9. Poor hand hygiene in mother	10. Use of chulha or biomass in house
	11. age of mother < 20 years	12. Overcrowding in house
	13. Others	14. Don't Know
9.	What are the symptoms of pneumonia? (multiple response)	
	1. Fever	2. Cold
	3. Cough	4. Difficulty in breathing
	5. Increased rate of breathing	6. Noisy breathing
	7. Flaring of nostrils	8. Chest in drawing
	9. Other	10. Don't know
	If answer to Q. No. 9 is "Don't know" then go to Q. No. 11	
10.	What are the danger signs of Pneumonia from above when you need to show the child to some doctor or health worker? (multiple response)	
	1. Fever	2. Cold
	3. Cough	4. Difficulty in breathing
	5. Increased rate of breathing	6. Noisy breathing
	7. Flaring of nostrils	8. Chest in drawing
	9. Other	10. Don't know
11.	Where will you go first to take treatment if your child gets illness like Pneumonia?	1. Government 2. Private 3. Others
12.	What is/are the reason/s for the choice of the treatment Facility (multiple response)	
	1. Closest Facility	2. Good care offered
	3. Only facility Accessible	4. Financial Treatment Affordability
	5. Short waiting time	6. Personal relation to personnel
	7. High trust in skill of personnel	8. Other
13.	Can Pneumonia cause death?	1. Yes 2. No
14.	Should government think of Pneumonia control activities?	1. Yes 2. No
15.	Is mother's hygiene important?	1. Yes 2. No



KAP of Mothers

16. If yes, then specify		
17. Practice about hand hygiene		
a. When do you wash hands?	1. 2. 3. 4.	
b. What material do you use to wash your hands?	1. Water only 2. Ash 3. Soil 4. Soap and water 5. Others	