

Neonatal (4-WK) Followup

Field	Question	Answer
searchopt		
searchtype <i>(required)</i>	Search Type:	<div>contains</div> Contains
		<div>matches</div> Matches
		<div>startswith</div> Starts with
		<div>endswith</div> Ends with
searchtext <i>(required)</i>	Search Text:	
caseid <i>(required)</i>	Choose matching ID	<div>id</div> fmid
confirm_pt <i>(required)</i>	Are the following details correct? Do not go to next section, consent, till you are ready to consent. <i>Patient Name: [name]&lt;br/&gt;Hospital: [hospital]&lt;br/&gt;Delivery Date: [dod]&lt;br/&gt;Call Date: [call_date]&lt;br/&gt;Phone 1: [phone1_pl]&lt;br/&gt;Phone 2: [phone2]&lt;br/&gt;Language: [language_text]</i>	<div>1</div> Yes
		<div>0</div> No
begin <i>(required)</i>	A. Ask for Mother Hello, my name is [ IN ]. I am calling from [ DH ] Hospital. Can I speak to the mother [MN]?  B. Introduction My name is [IN]. I am calling from the [DH] hospital. How are you? How is the baby?  Do you have a few minutes to talk to me?  C. Consent We are talking to all the families whose delivery happened in the [DH] hospital. The hospital is doing a study to find out how mothers' and babies' health is after discharge. I will ask you some questions about you and the baby's health. This will take 5-10 minutes. It is your choice to answer or not answer any question. Any information we take frm you will be kept confidential. You will not be harmed by talking to me, neither will you benefit, but with the information that you provide, the hospital will be able to improve its services for mothers and babies in the future.	<div></div> startBegin
		<div></div> bdeadBaby died
		<div></div> mdeadMother died
		<div></div> refusedFamily refused or abandoned
		<div></div> nocontactCould not contact
		<div></div> langOther language
		<div></div> noneligibleFamily not eligible (abortion/different hospital)
		<div></div> otherOther
other_language <i>(required)</i>	What other language?	
nocontact_reason <i>(required)</i>	Why were you not able to contact patient or family?	<div></div> invalidNumber invalid/incomplete
		<div></div> notconnectCall did not connect (switched off/ out of coverage/ not reachable)
		<div></div> neverpickCall connected but never picked up
		<div></div> wrongnumCall connected but wrong number
		<div></div> unavailCorrect number but patient/family unavailable
begin_other <i>(required)</i>	Other reason	
noteligible_reason <i>(required)</i>	Why not eligible?	
bdead_timing <i>(required)</i>	when baby died	<div></div> beforedcbefore discharge
		<div></div> afterdcafter discharge
mdead_timing <i>(required)</i>	when mother died	<div></div> beforedcbefore discharge
		<div></div> afterdcafter discharge
record_consent <i>(required)</i>	May I record this call for quality purpose? <i>Sometimes the call signal is weak and this helps us ensure that we record exactly what you said.</i>	<div>1</div> Yes
		<div>0</div> No
Exclusive Breastfeeding		
foods_24 <i>(required)</i>	I will list a few things. Tell me which of these you gave to the baby during yesterday day or night. For example, breastmilk, janam ghutti, cow or buffalo milk, water or something else <i>Instructions: At the end of asking all options, ask "anything else". Do not mark other for medicine. Tick all the options that the respondent mentions.</i>	<div>1</div> breast milk
		<div>2</div> janam ghutti/gripe water
		<div>3</div> Animal milk (cow, buffalo, goat, other)
		<div>4</div> water
		<div>5</div> powder milk
		<div>6</div> honey
		<div>7</div> formula
		<div>77</div> other
		<div>0</div> nothing
foods_24_other <i>(required)</i>	other foods	
Skin to Skin Care		
kmc_aware <i>(required)</i>	Let me tell you about skin-to skin care.. Skin to skin care is when the baby is placed on the chest of the mother or any other family member, bare skin to bare skin, to keep the baby warm. Before this, had you ever heard of the practice of skin to skin care for the baby?	<div>1</div> Yes
		<div>0</div> No
kmc_practiced <i>(required)</i>	Have you ever done skin-to-skin care with the baby?	<div>1</div> Yes
		<div>0</div> No
		<div>88</div> Don't know
kmc_steps <i>(required)</i>	If you were to teach someone else about this care, what all would you say? <i>Tick all the options that the respondent mentions</i>	<div>1</div> baby's clothes removed

Field	Question	Answer
		<div>2</div> <div>diaper, gloves, or hat are placed on baby</div> <div>3</div> <div>baby placed on caregiver's bare chest</div> <div>4</div> <div>baby's head is turned to one side</div> <div>5</div> <div>cloth wrapped around baby and caregivers chest</div> <div>6</div> <div>minimum 1 hour practiced</div> <div>77</div> <div>Other</div> <div>88</div> <div>Don't Know</div>
kmc_steps_other	Other KMC steps	
kmc_practiced_loc <i>(required)</i>	Did you do it in the hospital or at home or both? <i>Tick all the options that the respondent mentions</i>	<div>1</div> <div>At hospital</div> <div>2</div> <div>At Home</div>
kmc_yn_24 <i>(required)</i>	In last 24 hours, was the baby placed on the open chest of mom/caregiver (skin-to-skin care)?	<div>1</div> <div>Yes</div> <div>0</div> <div>No</div> <div>88</div> <div>Don't know</div>
kmc_provider <i>(required)</i>	After coming home from hospital, who all in the family has given skin-to-skin care to the baby?	<div>1</div> <div>Mother of baby</div> <div>2</div> <div>Father of baby</div> <div>3</div> <div>Uncle of baby</div> <div>4</div> <div>Aunty of baby</div> <div>5</div> <div>Grandparents</div>
kmc_freq_24 <i>(required)</i>	How many times was the baby placed on the open chest in the past 24 hours?	
Handwash		
wash_times <i>(required)</i>	When are the key times you usually wash your hands? <i>Instructions: Do not prompt initially. If the respondent gives general answer like "morning, evening", say, "for example before or after doing what things"</i>	<div>10</div> <div>While doing housework</div> <div>11</div> <div>Around toilet time</div> <div>12</div> <div>Around bathing time</div> <div>13</div> <div>Around eating time</div> <div>14</div> <div>Around cooking time</div> <div>15</div> <div>When feeding baby</div> <div>16</div> <div>When handling baby stool/urine</div> <div>17</div> <div>When touching baby</div> <div>18</div> <div>When bathing baby/changing baby clothes</div> <div>0</div> <div>never washes hand</div> <div>77</div> <div>other</div> <div>99</div> <div>Refused</div>
wash_times_other <i>(required)</i>	Other times	
wash_method <i>(required)</i>	What do you usually use in washing hands? <i>Do not prompt. Dettol is counted as soap</i>	<div>1</div> <div>water only</div> <div>2</div> <div>water and soap</div> <div>77</div> <div>other</div> <div>99</div> <div>refused</div>
wash_method_other	other things	
Cord Care		
cord_items_applied <i>(required)</i>	I will say a list of things. Please tell me which of these you have applied to the stump area while the stump was attached. <i>Give the examples slowly and wait for an answer between each one. Ask "anything else?" at the end. Tick all the options that the respondent mentions. If powder, ask specifically which powder</i>	<div>1</div> <div>powder</div> <div>2</div> <div>oil or ghee</div> <div>3</div> <div>blue medicine</div> <div>4</div> <div>betadine (powder or medicine)</div> <div>5</div> <div>Turmeric</div> <div>77</div> <div>other</div> <div>0</div> <div>nothing</div> <div>88</div> <div>Don't know</div>
cord_items_applied_other <i>(required)</i>	other items	
cord_complication <i>(required)</i>	If any item applied to stump, was there any umbilical stump complication found	<div>0</div> <div>No umbilical stump complication reported</div> <div>1</div> <div>Umbilical stump bleeding</div> <div>2</div> <div>Umbilical stump pus/discharge</div> <div>3</div> <div>Umbilical stump - redness of skin around it</div> <div>77</div> <div>Other</div>
cord_complication_other	other complications	
cordcomplication_time <i>(required)</i>	When did you apply the item to the cord?	<div>1</div> <div>Before the complication</div> <div>2</div> <div>After the complication</div>
corditem_prescribed	Did your doctor ask you to apply the item?	<div>1</div> <div>Yes</div> <div>0</div> <div>No</div> <div>88</div> <div>Don't know</div>

Field	Question	Answer																												
Mother Diet																														
diet_items_stopped <i>(required)</i>	Some mothers stop eating certain foods after delivery. Did you ever stop eating certain foods for example fruits, hot or cold foods? <i>Tick all answers. If mother says particular food or vegetable, ask her why she is stopping this. If she says it is because of avoiding a particular group of foods (fruits, vegetables, beverages, hot or cold things) then mark those, otherwise, mark and write in other.</i>	<table border="1"> <tr><td>1</td><td>fruits</td></tr> <tr><td>2</td><td>vegetables</td></tr> <tr><td>3</td><td>beverages</td></tr> <tr><td>4</td><td>cold foods</td></tr> <tr><td>5</td><td>hot foods</td></tr> <tr><td>6</td><td>cold water</td></tr> <tr><td>7</td><td>oily foods</td></tr> <tr><td>8</td><td>ghee</td></tr> <tr><td>9</td><td>rice</td></tr> <tr><td>10</td><td>spicy food</td></tr> <tr><td>11</td><td>restricted to one food</td></tr> <tr><td>12</td><td>food with seeds</td></tr> <tr><td>0</td><td>no restrictions</td></tr> <tr><td>77</td><td>other restrictions</td></tr> </table>	1	fruits	2	vegetables	3	beverages	4	cold foods	5	hot foods	6	cold water	7	oily foods	8	ghee	9	rice	10	spicy food	11	restricted to one food	12	food with seeds	0	no restrictions	77	other restrictions
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diet_items_stopped_other <i>(required)</i>	Other foods																													
single_diet <i>(required)</i>	What single foods																													
diet_restricted_ever <i>(required)</i>	After delivery, did you ever reduce the total amount food or water in your diet?	<table border="1"> <tr><td>1</td><td>Restricted</td></tr> <tr><td>0</td><td>Did not restrict</td></tr> </table>	1	Restricted	0	Did not restrict																								
1	Restricted																													
0	Did not restrict																													
diet_restricted_4wk <i>(required)</i>	Are you still reducing your diet? <i>If they are still reducing food or water mark as yes</i>	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>88</td><td>Don't know</td></tr> </table>	1	Yes	0	No	88	Don't know																						
1	Yes																													
0	No																													
88	Don't know																													
diet_restriction_length <i>(required)</i>	How long did you reduce your diet after delivery?	<table border="1"> <tr><td>1</td><td>Less than a week</td></tr> <tr><td>2</td><td>Week to two weeks</td></tr> <tr><td>3</td><td>More than two weeks</td></tr> </table>	1	Less than a week	2	Week to two weeks	3	More than two weeks																						
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3	More than two weeks																													
Health Messages																														
taught_methods <i>(required)</i>	After delivery while you were in the hospital, did any healthcare worker teach you or anyone in your family about how to take care of the baby and mother? For example, during discharge, by gathering everyone, at the bedside or some other way? <i>Tick all the options that the respondent mentions</i>	<table border="1"> <tr><td>0</td><td>no</td></tr> <tr><td>1</td><td>yes, discharge time</td></tr> <tr><td>2</td><td>yes, bedside teaching</td></tr> <tr><td>3</td><td>yes, group instructions</td></tr> <tr><td>77</td><td>yes, other</td></tr> <tr><td>88</td><td>Don't know</td></tr> </table>	0	no	1	yes, discharge time	2	yes, bedside teaching	3	yes, group instructions	77	yes, other	88	Don't know																
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taught_methods_other <i>(required)</i>	Other teaching method																													
saw_group_teaching <i>(required)</i>	While you were in the hospital, did you ever observe any health workers teaching families in a group?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>88</td><td>Don't know</td></tr> </table>	1	Yes	0	No	88	Don't know																						
1	Yes																													
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not_group_attended <i>(required)</i>	Were you offered to be taught or did you not want to be taught?																													
taught_topics <i>(required)</i>	What were you taught in the session?	<table border="1"> <tr><td>1</td><td>Handwashing</td></tr> <tr><td>2</td><td>Mother diet</td></tr> <tr><td>3</td><td>Giving only mother milk (Exclusive breastfeeding)</td></tr> <tr><td>4</td><td>Burping</td></tr> <tr><td>5</td><td>Skin to skin care</td></tr> <tr><td>6</td><td>Not to apply anything on cord</td></tr> <tr><td>7</td><td>Keeping the baby warm</td></tr> <tr><td>8</td><td>Warning signs</td></tr> <tr><td>9</td><td>How to keep baby clean</td></tr> <tr><td>77</td><td>Other</td></tr> <tr><td>88</td><td>Don't know</td></tr> </table>	1	Handwashing	2	Mother diet	3	Giving only mother milk (Exclusive breastfeeding)	4	Burping	5	Skin to skin care	6	Not to apply anything on cord	7	Keeping the baby warm	8	Warning signs	9	How to keep baby clean	77	Other	88	Don't know						
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taught_topics_other <i>(required)</i>	Other topics																													
taught_tools <i>(required)</i>	Whether any pictures/charts or videos were shown during teaching session?	<table border="1"> <tr><td>1</td><td>Yes, charts/flipcharts</td></tr> <tr><td>2</td><td>Yes, videos</td></tr> <tr><td>3</td><td>Yes, Doll</td></tr> <tr><td>0</td><td>None of them</td></tr> <tr><td>88</td><td>Don't remember</td></tr> </table>	1	Yes, charts/flipcharts	2	Yes, videos	3	Yes, Doll	0	None of them	88	Don't remember																		
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whatsapp_offered_yn <i>(required)</i>	In the teaching session, were you offered to receive messages over WhatsApp?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>88</td><td>Don't know</td></tr> </table>	1	Yes	0	No	88	Don't know																						
1	Yes																													
0	No																													
88	Don't know																													
phone_health_messages <i>(required)</i>	Since delivery, has anyone in your family received any health messages or videos on their phone? <i>This could be whatsapp message or any other messag received over phone</i>	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>88</td><td>Don't know</td></tr> </table>	1	Yes	0	No	88	Don't know																						
1	Yes																													
0	No																													
88	Don't know																													
family_own_smartphone <i>(required)</i>	Do you or any of your household members own smartphone?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>88</td><td>Don't know</td></tr> </table>	1	Yes	0	No	88	Don't know																						
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whatsapp_received_yn <i>(required)</i>	Were the messages that you received on WhatsApp?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																								
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Field	Question	Answer
		88 Don't know
whatsapp_topics <i>(required)</i>	What did the message say? <i>Ask to remember about messages</i>	1 Jaundice 2 Respiratory distress 3 Sepsis 4 Burping 5 Maternal nutrition 6 Cord care 7 KMC 77 Other 88 Dont Know
Baby Complications		
baby_home_sick <i>(required)</i>	After coming home from the hospital, has the baby ever fallen ill or had some problem? <i>If say no, confirm "You have not consulted any doctor or gone to any clinic for any problem?"</i>	1 Yes, problem started at home 2 Yes, problem started at hospital and continued at home 0 No
baby_sick_signs <i>(required)</i>	What signs did the baby show when the baby [was ill/had this problem]? (Tick all the options that the respondent mentions) <i>Tick all the options that the respondent mentions)</i>	1 Fever 2 Jaundice 3 Cold 4 Loose motion 5 Cough 6 Rash 7 Running nose 8 Urine problem 9 Umbilical stump bleeding 10 Umbilical stump pus 11 Umbilical stump redness or swelling 12 Chest sounds during breathing 13 Vomiting/Spitting 14 Constipation 15 Hard Stomach 16 Crying more than usual 77 [ ] Other 0 none
baby_sick_signs_other <i>(required)</i>	other signs	
baby_sick_signs_prompted <i>(required)</i>	Can you tell me if baby had below of these problems after coming home? <i>In case, you might have forgotten to tell about problems, I ll read out few options. You can tell if baby had this problem or not. Read out all the options slowly and mark that the respondent mentions)</i>	1 Fever 2 Jaundice 3 Cold 4 Loose motion 5 Cough 6 Rash 7 Running nose 8 Urine problem 9 Umbilical stump bleeding 10 Umbilical stump pus 11 Umbilical stump redness or swelling 12 Chest sounds during breathing 13 Vomiting/Spitting 14 Constipation 15 Hard Stomach 16 Crying more than usual 77 [ ] Other 0 none
baby_sick_treatment <i>(required)</i>	What did you do to treat it? <i>After listening, ask "did you do anything else besides this to treat it? (Tick all the options that the respondent mentions).</i>	1 Self-treated 2 Treated using medicine received at time of delivery 3 Consulted doctor or nurse or ANM 4 Hospital 5 Pharmacy 6 Anganwadi center or other gov't dispensary 7 Resolved without action 8 Ongoing without action

Field	Question	Answer
		<div>9 Went to traditional healer/informal provider (Non MBBS)</div> <div>77 Other</div>
baby_sick_treatment_other	other treatment	
baby_readmit <i>(required)</i>	Was the baby ever admitted?	<div>1 Yes</div> <div>0 No</div> <div>88 Don't know</div>
baby_health_seek_delay <i>(required)</i>	How many days after this [problem] began did you take the baby to the [hospital/doctor]? <i>Instructions: enter 0 if less than 24 hours; enter 88 if don't remember</i>	
Mother Complications		
delivery_type <i>(required)</i>	Did you have a normal delivery or stomach cutting operation?	<div>1 NVD</div> <div>2 LSCS</div>
episiotomy <i>(required)</i>	Did you also get stitches?	<div>1 Yes</div> <div>0 No</div> <div>88 Don't know</div>
mom_home_sick <i>(required)</i>	After coming home from the hospital, has the mother ever fallen ill or had some problem? <i>Prompt by asking if visited any doctor or hospital</i>	<div>1 Yes, problem started at home</div> <div>2 Yes, problem started at hospital and continued at home</div> <div>0 No</div>
mom_sick_signs <i>(required)</i>	What signs did the mother show when the mother [was ill/had this problem]? (Tick all the options that the respondent mentions) <i>tick all the options that the respondent mentions</i>	<div>1 [ ] C-Stitches opened</div> <div>2 [ ] C-Stitches pain</div> <div>3 [ ] C-Stitches pus or discharge</div> <div>4 [ ] C-Stitches bleeding</div> <div>5 [ ] Episiotomy Stitches opened</div> <div>6 [ ] Episiotomy Stitches pain</div> <div>7 [ ] Episiotomy Stitches pus or discharge</div> <div>8 [ ] Episiotomy Stitches bleeding</div> <div>9 Abdominal pain</div> <div>10 Leg pain</div> <div>11 Back pain</div> <div>12 Rash</div> <div>13 Fever</div> <div>14 Cough</div> <div>15 Dizziness</div> <div>16 Headache</div> <div>17 Constipation</div> <div>18 Breast complications - (Pain, Lump, Redness, cracked nipples)</div> <div>19 Vaginal bleeding [PPH]</div> <div>77 Other</div>
mom_sick_signs_other <i>(required)</i>	other signs	
mom_sick_treatment <i>(required)</i>	What did you do to treat it? <i>After listening, ask "did you do anything else besides this to treat it?" (Tick all the options that the respondent mentions).</i>	<div>1 Self-treated</div> <div>2 Treated using medicine received at time of delivery</div> <div>3 Consulted doctor or nurse or ANM</div> <div>4 Hospital</div> <div>5 Pharmacy</div> <div>6 Anganwadi center or other gov't dispensary</div> <div>7 Resolved without action</div> <div>8 Ongoing without action</div> <div>9 Went to traditional healer/informal provider (Non MBBS)</div> <div>77 Other</div>
mom_sick_treatment_other <i>(required)</i>	other treatment	
mom_readmit <i>(required)</i>	Was the mother ever admitted?	<div>1 Yes</div> <div>0 No</div> <div>88 Don't know</div>
mom_health_seek_delay <i>(required)</i>	How many days after this [problem] began did you take the baby to the [hospital/doctor]? <i>Instructions: enter 0 if less than 24 hours; enter 88 if don't remember</i>	
followup_visit <i>(required)</i>	After coming from hospital, have you ever gone for regular follow up visits to clinic/hospital /Anganwadi?	<div>1 Yes - Clinic</div> <div>2 Yes- Hospital</div>

Field	Question	Answer
		3 Yes- anganwadi
		4 ASHA?Anganwadi/ANM visited home
		0 No
followup_num	If follow up done, how many visits were done after coming from hospital	
Knowledge questions		
kn_danger_signs <i>(required)</i>	In your opinion, what are some serious health problems that can occur during after birth that could endanger the life of a newborn baby <i>Do not prompt</i>	1 Unstoppable crying
		2 Lethargy/tiredness
		3 Poor feeding or refusing feeds
		4 Fever
		5 Breathing difficulty
		6 Persistent vomiting
		7 Diarrhoea over 24 hours or with signs of dehydration
		8 Blood in stools
		9 Constipation for more than 7 days
		10 Jaundice
		11 Umbilical cord infection
		77 Other
		88 Don't know
kn_danger_signs_other	Other danger signs	
kn_cordcare <i>(required)</i>	If you see redness on or around the cord, what would you do?	1 Pull the cord out
		2 Go to the doctor
		3 Let the cord be
		4 Apply baby powder
		5 Apply operation powder
		6 Apply oil
		7 Don't know
		77 Other
kn_cordcare_other	Other actions in cord care	
kn_feeding <i>(required)</i>	After birth or discharge, what all should be given or fed to the baby?	1 Lactogen powder
		2 Nothing but breastmilk for 6 months
		3 Gripe water(bonacin, woodwards)
		4 Cow's milk
		5 Milk from other animals
		6 Honey during naming ceremony
		7 Don't know
		77 Other
kn_feeding_other	Other feeding	
kn_diarrhea <i>(required)</i>	If the baby has diarrhoea, (loose watery stools or bloody stools) what would you do?	1 Stop breastfeed
		2 Visit doctor
		3 Give ORS solution
		4 Go to a temple or priest / Prayer ceremony
		5 Wait for it to pass, do nothing
		88 Don't know
		77 Other
kn_diarrhea_other	Other actions	
kn_jaundice <i>(required)</i>	What would you do, if baby's skin, soles or nose look yellow	1 Stop breastfeed
		2 Visit doctor
		3 Go to pharmacy and buy medicine
		4 Go to a temple or priest / Prayer ceremony
		5 Wait for it to pass, do nothing
		88 Don't know
		77 Other
kn_jaundice_other	Other actions	
kn_resp_distress <i>(required)</i>	What would you do, if baby has fever and difficulty in breathing like rapid breathing, flaring of nostrils, grunting noise, chest indrawing)	1 Stop breastfeed
		2 Visit doctor
		3 Go to pharmacy and buy medicine
		4 Go to a temple or priest /

Field	Question	Answer														
		<table> <tr><td></td><td>Prayer ceremony</td></tr> <tr><td>5</td><td>Wait for it to pass, do nothing</td></tr> <tr><td>88</td><td>Don't know</td></tr> <tr><td>77</td><td>Other</td></tr> </table>		Prayer ceremony	5	Wait for it to pass, do nothing	88	Don't know	77	Other						
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88	Don't know															
77	Other															
kn_resp_distress_other	Other actions															
Demographics																
primi_parous <i>(required)</i>	Was this your first baby?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
transferred <i>(required)</i>	After delivery, were you or the baby ever transferred to another hospital for further care? -	<table> <tr><td>1</td><td>yes mother</td></tr> <tr><td>2</td><td>yes, baby</td></tr> <tr><td>3</td><td>yes, both</td></tr> <tr><td>0</td><td>no</td></tr> </table>	1	yes mother	2	yes, baby	3	yes, both	0	no						
1	yes mother															
2	yes, baby															
3	yes, both															
0	no															
los <i>(required)</i>	How long did you in stay in hospital post delivery? <i>Enter 0 if less than 24 hours. Enter 88 if don't know. If transferred, add up the days in both hospitals.</i>															
sncu <i>(required)</i>	After delivery, was the baby ever kept for any time in a separate ward for monitoring?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>88</td><td>Don't know</td></tr> </table>	1	Yes	0	No	88	Don't know								
1	Yes															
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sncu_los <i>(required)</i>	How many days was the baby kept in the separate ward? <i>Instructions: Enter 0 if less than 24 hours. Enter 88 if don't know</i>															
sex1 <i>(required)</i>	Sex of baby 1	<table> <tr><td>m</td><td>Male</td></tr> <tr><td>f</td><td>Female</td></tr> </table>	m	Male	f	Female										
m	Male															
f	Female															
bweight1 <i>(required)</i>	Birth weight of baby 1 <i>Instructions: For those that don't know immediately, ask if they have a card . Enter 88 if don't remember</i>															
nbabies <i>(required)</i>	[INVESTIGATOR MARK] How many babies born in this delivery															
sex2 <i>(required)</i>	Sex of baby 2	<table> <tr><td>m</td><td>Male</td></tr> <tr><td>f</td><td>Female</td></tr> </table>	m	Male	f	Female										
m	Male															
f	Female															
bweight2 <i>(required)</i>	Birth weight of baby 2 <i>Instructions: For those that don't know immediately, ask if they have a card . Enter 88 if don't remember</i>															
age <i>(required)</i>	What is [mother's/your] age? <i>Enter 88 if age not known</i>															
education <i>(required)</i>	How many years of schooling have you completed? <i>PUC = 12 / More than 12 years = 13</i>															
note_finish	Survey Finished If you have any questions in the future about how to take care of the baby you can call the government number of 104 helpline or ____ for emergency. For basic questions, you can also give a missed call to ____															
needs_correction <i>(required)</i>	Please mark yes if this survey needs correction and review.	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
comment	Comment															
respondent_type <i>(required)</i>	Respondent Type	<table> <tr><td>1</td><td>patient</td></tr> <tr><td>0</td><td>caregiver</td></tr> <tr><td>2</td><td>mixed</td></tr> </table>	1	patient	0	caregiver	2	mixed								
1	patient															
0	caregiver															
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respondent_name <i>(required)</i>	Respondent Name															
preferred_phone <i>(required)</i>	Enter best phone number															
investigator <i>(required)</i>	Investigator	<table> <tr><td>id</td><td>investigator</td></tr> </table>	id	investigator												
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language <i>(required)</i>	Primary language of survey	<table> <tr><td>1</td><td>Punjabi</td></tr> <tr><td>2</td><td>Hindi</td></tr> <tr><td>3</td><td>Kannada</td></tr> <tr><td>4</td><td>Marathi</td></tr> <tr><td>5</td><td>Telugu</td></tr> <tr><td>6</td><td>Kannada</td></tr> <tr><td>7</td><td>Urdu</td></tr> </table>	1	Punjabi	2	Hindi	3	Kannada	4	Marathi	5	Telugu	6	Kannada	7	Urdu
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