|  |  |  |  |
| --- | --- | --- | --- |
|  | Date of filling (dd/mm/yyyy) |  |    |
|  | Worker code |  |     |
|  | Woman ID  |  |    |
|  | Child ID |  |  .  |
|  | Who is the informant? (11=Mother, 12=Father, 13=Other family member) |  |    |
|  | Do you live with your husband and children or do you live with other family members (eg. Grandparents, uncles, etc)?11=nuclear (husband and children), 12=joint (with other family members) |  |    |
|  | How many people live in your house?  |  |    |
|  | What is the age of the baby’s father (in years) |  |    |
|  | How many completed years of schooling has the father of the child?  |  |    |
|  | What is the current occupation of the father? (11=government service, 12=private service, 13=daily wage earner, 14=self employed, 15=farming, 16=does not work, 17=other, 99=not applicable) |  |    |
|  | If occupation of father is “other”, specify |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Is father currently staying with the family? (1=Yes, 2=No, 8=Unknown, 9=Not Applicable)  |  |   |
|  | What is the mother’s age in years? |  |      |
|  | How many years of schooling has the mother completed? |  |  |
|  | What is the current occupation of the mother? (11=government service, 12=private service,13=daily wage earner, 14=self employed,15=farming, 16=does not work outside home, 17=other) |  |    |
|  | If occupation of mother is “other work”, specify |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | If the mother is working outside home, number of hours per day mother is away from home |  |  |
|  | If mother is working outside home, who takes care of the child (11=grandparents, 12=father, 13=older sibling, 14=other family member, 15=crèche, 16=neighbour, 99=not applicable) |  |      |
|  | If others, specify |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What is the religion of the head of the household? (11=Muslim, 12=Hindu, 13=Sikh,14=Jain, 15=Buddhist, 16=Jewish, 17=Parsi, , 18=Catholic, 19=Orthodox, 20=Protestant, 21=No religion, 22=other) |  |    |
|  | If religion “other”, specify |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What is the caste/tribe/ethnic group of the head of the household? (11=Scheduled caste, 12=scheduled tribe, 13=other backward caste, 14=None of these/general, 15=other) |  |    |
|  | Do you own this house you live in? (1=Yes, 2=No, 8-Unknown, 9=Not Applicable) |  |   |
|  | Do you own any other house elsewhere? (1=Yes, 2=No, 8-Unknown, 9=Not Applicable) |  |   |
|  | Total family income per year (in Rupees) |  |         |
|  | How many living children do you have (including the index child/children)? |  |    |
|  | Have you ever given birth to a dead baby? |  |   |
|  | If yes, how many of your children were born dead? |  |   |
|  | Have any of your children died after birth? (1=Yes, 2=No) |  |   |
|  | If yes, how many of your children have died after birth? |  |   |
|  | What was the birth order of the index child |  |    |
|  | If birth order is >1, what was the interval between the birth of this child, and the previous child (in months) |  |     |
|  | Where did you give birth (name) (11=home, 12=government health post, 13=government health centre, 14=government Hospital 15=private hospital, 16= private maternity or nursing home, 17=charitable Trust or NGO Hospital, 18= private clinic, 19=other) |  |    |
|  | If the place of birth is “other”, specify |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | If home birth, how long after home birth was baby admitted(11=<24h, 12=day 1, 13=day 2, 14=day 3, 15=day 4, 16=day 5, 17=day 6, 18=day 7, 19=after one week) |  |    |
|  | Was the delivery normal, caesarean or assisted? (11=normal, 12=assisted, 13=caesarean, 88=unknown) |  |    |
|  | Who conducted the delivery? (11=doctor, 12=nurse or midwife, 13=Auxiliary nurse midwife, 14=Traditional birth attendant trained or untrained, 15=Community health worker, 16=relative, 17=neighbour, 18=none (mother herself), 88= unknown) |  |    |
|  | What was the birth weight (in grams) |  |      |
|  | What was the source of birth weight (11=reported by mother/ other family member, 12=documented) |  |    |
|  | If documented source of birth weight, specify(11=study hospital record, 12=non-study hospital record, 13=community health worker record/referral documents) |  |    |