|  |  |  |  |
| --- | --- | --- | --- |
|  | Date of filling (all dates in dd/mm/yyyy) |  |  |
|  | Time of filling (24 hours format) |  |  |
|  | Worker code |  |  |
|  | Woman ID |  |  |
|  | Child ID |  |  |
|  | Name of the facility |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date of birth of infant (dd/mm/yyyy) |  |  |
|  | Time of birth of infant (24 hours format) |  |  |
|  | What is the sex of the infant? (11=Male, 12=Female) |  |  |
|  | How old was the baby when KMC was initiated? (fill in days) (00 if <1 day of birth) |  |  |
|  | Date of first admission in KMC unit |  |  |
|  | Informant [11= mother, 12=father, 13= other family member] |  |  |
|  | How is the mother today? (11= well, 12=unwell, 13=temporarily away, 14=refused temporarily, 15=withdrawn consent, 16=died) |  |  |
|  | How is the baby today? (11= well, 12=unwell, 13=died) |  |  |
|  | If baby died, date of death |  |  |
|  | If baby died, time of death |  |  |
|  | If the baby is unwell, what is the problem: |  |  |
| 17.1 | Not feeding well | 17.1 |  |
| 17.2 | Difficult breathing | 17.2 |  |
| 17.3 | Nasal flaring or grunting | 17.3 |  |
| 17.4 | Fast breathing | 17.4 |  |
| 17.5 | Lethargic or unconscious | 17.5 |  |
| 17.6 | Less than normal movements | 17.6 |  |
| 17.7 | Convulsions | 17.7 |  |
| 17.8 | Feels hot or cold to touch | 17.8 |  |
| 17.9 | Bulging fontanelle | 17.9 |  |
| 17.10 | >10 skin pustules/large boil | 17.10 |  |
| 17.11 | Umbilical discharge | 17.11 |  |
| 17.12 | Jaundice | 17.12 |  |
|  | Does the infant have any major/gross congenital malformation?  (1=Yes, 2=No) |  |  |
|  | If yes, specify |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | What was the date of first day of the last menstrual period? (dd/mm/yyyy) |  |  |
|  | At which month of pregnancy was your infant born? (in months) |  |  |
|  | As checked from other records, in months (ANC card, discharge record) |  |  |
|  | As checked from USG (if available) [in weeks] |  |  |
|  | Was the infant born single, twins or triplets? (11=single birth, 12=twins, 13=triplets, 14= > triplets) |  |  |
|  | Has the infant been put to breast or did you ever breastfeed infant prior to contact with study team? |  |  |
|  | How many hours after birth did you first put the infant to the breast? (fill 00<1 hour, 99 if not put to breast) |  |  |
|  | Did you give colostrum or first milk to your infant?  (i.e., the yellowish thick milk secreted during the first few days after the infant is born) |  |  |
|  | Did you give any prelacteal feed to infant |  |  |
|  | What did you offer in the last 24 hours (7am yesterday to 7am today) |  |  |
| 29.1 | Breast milk from the mother | 29.1 |  |
| 29.2 | Plain water | 29.2 |  |
| 29.3 | Breast milk from another mother | 29.3 |  |
| 29.4 | Any milk other than breast milk such as tinned, powdered, or fresh animal milk or commercially produced infant formula | 29.4 |  |
| 29.4 | Other fluids (juice, tea, sugar or glucose water, honey or ghutti) | 29.4 |  |
| 29.4 | Medicines or vitamins or ORS | 29.4 |  |
| 29.5 | Any foods (semi-solids/solids) | 29.5 |  |
| 29.6 | Nothing offered | 29.6 |  |
|  | How many times did you breastfeed during the day? (day defined as: 7am to 7pm yesterday) |  |  |
|  | How many times did you breastfeed during the night (night defined as: 7pm yesterday to 7am today) |  |  |
|  | How many hours after birth was SSC initiated?`  (fill 00<1 hour, 99 if not initiated ) |  |  |
|  | Did you give SSC in the last 24 hours? (1=Yes, 2=No) |  |  |
|  | Did someone else give SSC in the last 24 hours? |  |  |
|  | If someone else gave SSC, who was him/her? |  |  |
| 35.1 | Baby’s father | 35.1 |  |
| 35.2 | Baby’s grandmother | 35.2 |  |
| 35.3 | Baby’s sibling | 35.3 |  |
| 35.4 | Other family member | 35.4 |  |
| 35.5 | Other friends | 35.5 |  |
|  | Specify who is the person who most provided SSC contact at hospital in the last 24h? (11= baby’s father, 12= baby’s grandmother, 13= baby’s sibling, 14= other family member, 15= baby’s mother, 16= other friends, 17= other , 99= Not applicable) |  |  |
|  | If the answer to Q. 34 is 17 = others, specify |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | If SSC was not given, what was the reasons |  |  |
| 38.1 | Convulsions of mother | 38.1 |  |
| 38.2 | Severe anaemia, mother weak | 38.2 |  |
| 38.3 | Mother having fever/unwell | 38.3 |  |
| 38.4 | Engorged breast | 38.4 |  |
| 38.5 | Baby very unwell | 38.5 |  |
| 38.6 | Baby having skin rash/pustule | 38.6 |  |
| 38.7 | Blood/pus from baby’s umbilicus | 38.7 |  |
| 38.8 | Baby placed in incubator | 38.8 |  |
| 38.9 | No privacy in hospital | 38.9 |  |
| 38.10 | Family member did not allow | 38.10 |  |
| 38.11 | Other reason 1 | 38.11 |  |
| 38.12 | Other reason 2 | 38.12 |  |
|  | How many hours of SSC given during day time? |  |  |
|  | How many hours of SSC given during night time? |  |  |
|  | If home birth, how long after home birth was the baby admitted, in days (00 if <1day) |  |  |
|  | Was this a readmission? |  |  |
|  | If yes, how long after discharge was baby readmitted? (in hours) |  |  |
|  | **Sonipat specific** |  |  |
|  | Place of filling form (11=Home, 12=Facility) |  |  |
|  | Date of discharge |  |  |