|  |  |  |  |
| --- | --- | --- | --- |
|  | Date of filling (all dates in dd/mm/yyyy) |  |  |
|  | Time of filling |  |  |
|  | Worker Code |  |  |
|  | Woman ID |  |  |
|  | Child ID |  | . |
|  | Place of filling (11= Home, 12= Facility) |  |  |
|  | Name of facility |  |  |
|  | If the visit could not be made, specify reason |  |  |
|  | When was the baby discharged from hospital to home? |  |  |
|  | How old is the baby today? (fill in days) |  |  |
|  | Who is being interviewed? (11=mother, 12=father, 13=other family member) |  |  |
|  | If mother not present, what is the reason to be absent?  (11=temporarily away, 12=permanently moved, 13=refused temporarily, 14=died) |  |  |
|  | How is baby’s mother? (11=well, 12=unwell, 13=currently in hospital) |  |  |
|  | How is the baby today? (11=well, 12=unwell, 13=temporarily away, 14=has died) |  |  |
|  | If the baby is unwell, what is the problem? |  |  |
| 15.1 | Not feeding well | 15.1 |  |
| 15.2 | Difficult breathing | 15.2 |  |
| 15.3 | Nasal flaring or grunting | 15.3 |  |
| 15.4 | Fast breathing | 15.4 |  |
| 15.5 | Lethargic or unconscious | 15.5 |  |
| 15.6 | Less than normal movements | 15.6 |  |
| 15.7 | Convulsions | 15.7 |  |
| 15.8 | Feels hot or cold to touch | 15.8 |  |
| 15.9 | Bulging fontanelle | 15.9 |  |
| 15.10 | >10 skin pustules/large boil | 15.10 |  |
| 15.11 | Umbilical discharge | 15.11 |  |
| 15.12 | Jaundice | 15.12 |  |
|  | If infant died, what was the date of death (all dates in dd/mm/yyyy) |  |  |
|  | If infant died, what was the time of death (in 24 hours format) |  |  |
|  | If the infant died, what was the cause of death (as reported by mother, specify) |  |  |
|  | Cause of death by hospital record review/Death certificate. |  |  |
|  | Did you breastfeed the baby since this time yesterday? |  |  |
|  | 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) |  |  |
|  | Did you offer anything else in the last 24 hours? (7am yesterday to 7am today) |  |  |
|  | If yes, What was given to the baby? PROMPT |  |  |
| 24.1 | Plain water | 24.1 |  |
| 24.2 | Breast milk from another mother | 24.2 |  |
| 24.3 | Any milk other than breast milk such as tinned, powdered, or fresh animal milk or commercially produced infant formula | 24.3 |  |
| 24.4 | Other fluids (juice, tea, sugar or glucose water, honey or ghutti) | 24.4 |  |
| 24.5 | Medicines or vitamins or ORS | 24.5 |  |
| 24.6 | Any foods (semi-solids/solids) | 24.6 |  |
| 24.7 | Others (specify) | 24.7 |  |
|  | Did you or anyone else give skin to skin contact (SSC) to your baby? (1=Yes, 2=No) |  |  |
|  | Did mother/caregiver give SSC in the previous 24 hours? (7 am yesterday to 7am today) (1=Yes, 2=No) |  |  |
|  | How many hours of SSC were given during day time? |  |  |
|  | How many hours of SSC were given during night time? |  |  |
|  | Did mother use a binder to help keep baby in SSC? (1=Yes, 2=No) |  |  |
|  | If yes, what type of binder has been used? |  |  |
|  | During SSC did mother/you use cap for the baby? |  |  |
|  | During SSC did mother/you use socks for the baby? |  |  |
|  | During SSC did mother/you use any other clothes for the baby? |  |  |
|  | During SSC did mother/you use diaper for baby? |  |  |
|  | Has the baby stopped receiving SSC? |  |  |
|  | If baby stopped giving SSC, what were the reasons (spontaneous response, not to be prompted) (If response is ‘Yes’ then ask for reasons) |  |  |
| 36.1 | Completed 28 days | 36.1 |  |
| 36.2 | Told to stop by health staff | 36.2 |  |
| 36.3 | Baby wriggled out | 36.3 |  |
| 36.4 | Baby used to cry a lot/irritable | 36.4 |  |
| 36.5 | Baby refused to stay in KMC position | 36.5 |  |
| 36.6 | I did not feel like doing SSC | 36.6 |  |
| 36.7 | I did not have time to do SSC | 36.7 |  |
| 36.8 | Baby unwell | 36.8 |  |
| 36.9 | Mother unwell | 36.9 |  |
| 36.10 | No family support | 36.10 |  |
| 36.11 | Family did not allow | 36.11 |  |
| 36.12 | No privacy | 36.12 |  |
| 36.13 | Other reason 1 | 36.13 |  |
| 36.14 | Other reason 2 | 36.13 |  |
|  | Until what age of the child did you continue KMC? (in days, fills 77 if still continuing) |  |  |