|  |  |  |  |
| --- | --- | --- | --- |
|  | Date of filling (dd/mm/yyyy) |  |    |
|  | Worker Code |  |     |
|  | Child Id |  |    |
|  | Age of infant in days when visit is done  |  |   |
|  | Informant [11= mother or primary caregiver (if mother died), 12=father, 13= other family member, 14=other guardian/caretaker, 99=not applicable/informant not available] |  |    |
|  | Mother’s status at time of visit (11= present, 12=currently in hospital, 13=temporarily away, 14=died, 15=permanently moved, 16=refused temporarily, 17=withdrawn consent, 18=visit could not be made, specify reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |    |
|  | Infant’s status (11= present, 12=currently in hospital, 13=temporarily away, 14=died, 15=permanently moved, 16=refused temporarily, 17=withdrawn consent, 18=visit could not be made, specify reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |    |
|  | If infant died, what was the date of death |  |   |
|  | If infant died, what was the time of death (in 24 hours format)If the infant died, what was the cause of death……………………… |  |        |
|  | **Feeding practices** |  |  |
|  | How long after birth did you put your baby to the breast (to ask only till the visit when breastfeeding was initiated)  |  |  Minutes       Hours   Days   Never started  |
|  | How many times did you breastfeed during the day (7am to 7pm yesterday) |  |  |
|  | How many times did you breastfeed during the night (7pm yesterday to 7am today) |  |  |
|  | What was the infant fed in the last 24 hours (7 am yesterday to 7 am today) (spontaneous and then prompted) |  |   |
|  | Breast milk  |  |   |
|  | Prelacteal feed 1 ………. |  |   |
|  | Prelacteal feed ……………..  |  |    |
|  | Water |  |  |
|  | Honey |  |   |
|  | Black tea |  |   |
|  | Tea with milk  |  |   |
|  | Milk (cow/buffalo/mother dairy/others) |  |   |
|  | Medicines |  |    |
|  | Others (specify) \_\_\_\_\_\_\_ |  |  |
|  | **Bathing practices** |  |  |
|  | How long after birth was first bath given (if immediately or within an hour fill “000”) |  |      |
|  | **Skin to Skin Contact** |  |  |
|  | Did you or anyone else give skin to skin contact (SSC) to your baby. If, No skip to question 18.  |  |    |
|  | How long after birth was skin to skin contact initiated |  | Minutes  Hours  Days   |
|  | For how long after birth did the mother/caregiver continue giving skin to skin contact (77 if still doing SSC) |  | Days   |
|  | Did mother/caregiver give SSC in the previous 24 hours (7 am yesterday to 7am today) |  |  |
|  | Number of hours per day SSC given in the previous 24 hours |  | Day   Night   |
|  | Duration (in Hours) of SSC each time during day (in am/pm) (7am to 7pm yesterday) |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Duration (in Hours) of SSC each time during night (in am/pm) (7pm yesterday to 7am today) |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | If KMC not given reasons  |  |  |
|  | Convulsions  |  |  |
|  | Severe anemia/mother weak |  |  |
|  | Mother having Fever/unwell  |  |  |
|  | Engorged breast |  |  |
|  | Guest at home  |  |  |
|  | Family member did not allow  |  |  |
|  | Mother resumed household work |  |  |
|  | Baby unwell  |  |  |
|  | Baby in incubator |  |  |
|  | Baby hospitalized |  |  |
|  | Baby having skin rash/pustule |  |  |
|  | Blood/pus from baby’s umbilicus |  |  |
|  | Family member did not allow  |  |  |
|  | No one else to give KMC |  |  |
|  | No family support |  |  |
|  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Ask if mother use a binder to help keep baby in SSC |  |  |
|  | Type of binder if any |  |  |
|  | Asked for cap, socks |  |  |
|  | Asked for diaper  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | If you were giving SSC did you stop giving SSC Ask: Why did you stop (spontaneous response, not to be prompted) |  |  |
|  | Completed 28 days |  |  |
|  | Study team told to stop |  |  |
|  | Baby wriggled out |  |  |
|  | Baby used to cry a lot/irritable |  |  |
|  | Baby refused to stay in KMC position |  |  |
|  | I did not feel like doing SSC |  |  |
|  | I did not have time to do KMC |  |  |
|  | No support at home |  |  |
|  | Others, specify  |  |  |
|  | **Place Where Baby Slept**  |  |  |
|  | Where did your baby sleep in the first week after birth |  |  |
|  | In same bed/mattress as mother |  |   |
|  | Lying on mother’s chest |  |  |
|  | Alone on separate cot  |  |      |
|  | With relative in same bed |  |  |
|  | With sibling in same bed  |  |  |
|  | With father in same bed |  |   |
|  | Hospital/nursery  |  |    |
| 30. | Did any worker visit your home after birth**If no, stop** |  |  |
| 31. | If yes, which workers and on which days after birth of the infant (encircle appropriate options) |  |  |
|  | TBA  |  | 1 2 3 4 5 6 7 8 9 10 11-14 15-21 22-30 |
|  | AWW/HEW  |  | 1 2 3 4 5 6 7 8 9 10 11-14 15-21 22-30 |
|  | ASHA/HDA  |  | 1 2 3 4 5 6 7 8 9 10 11-14 15-21 22-30 |
|  | ANM  |  | 1 2 3 4 5 6 7 8 9 10 11-14 15-21 22-30 |
|  | ICDS supervisor  |  | 1 2 3 4 5 6 7 8 9 10 11-14 15-21 22-30 |
|  | Others, specify \_\_\_\_\_\_\_\_\_\_\_\_ |  | 1 2 3 4 5 6 7 8 9 10 11-14 15-21 22-30 |
|  | Unknown \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 1 2 3 4 5 6 7 8 9 10 11-14 15-21 22-30 |
| 32. | Was baby weighed at [visit]?If yes, what was the weight |  |  \_\_\_\_\_\_\_\_\_ |
|  | **Fill if CHW visited anytime during first 7 days of life or else stop** |  |  |
|  | Did CHW visit you anytime during first 7 days of birth |  |  |
|  | If CHW visited in first 7 days of birth, did she weigh the baby during the visit |  |  |
|  | If yes, how long after birth |  |  |
|  | Did she examine the baby |  |  |
|  | Did she tell you to take the baby to someone else for any illness or any other problem. Stop if not advised. |  |  |
|  | Where did she tell you to take the baby |  |  |
|  | AWW |  |  |
|  | TBA |  |  |
|  | ANM |  |  |
|  | PHC |  |  |
|  | Private provider  |  |  |
|  | Private nursing home |  |  |
|  | District hospital/government hospital/Government dispensary  |  |  |
|  | Chemist shop |  |  |
|  | To the usual place the infant is taken |  |  |
|  | A child specialist |  |  |
|  | Did not specify the place |  |  |
|  | Others, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Did you take the baby |  |  |
|  | If yes, where did you take the baby. If no go to ques. no. 37 |  |  |
|  | AWW |  |  |
|  | TBA |  |  |
|  | ANM |  |  |
|  | PHC |  |  |
|  | Private provider  |  |  |
|  | Private nursing home |  |  |
|  | District hospital/government hospital/Government dispensary  |  |  |
|  | Chemist shop |  |  |
|  | To the usual place the infant is taken |  |  |
|  | A child specialist |  |  |
|  | Others, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | How long after you were advised to take the baby, did you take the baby |  |  hours |
|  | If you did not take the baby, what was/were the reasons |  |  |
|  | No transportation |  |  |
|  | Nobody to accompany |  |  |
|  | Government facilities are closed |  |  |
|  | Medicines are not available at govt. facilities |  |  |
|  | Doctors are not available at govt. facilities |  |  |
|  | Facilities are not appropriate at govt. facilities |  |  |
|  | Private facilities are very expensive |  |  |
|  | Did not feel infant was ill |  |  |
|  | Did not feel that the infant was ill enough to require referral |  |  |
|  | Family members said that referral is not required |  |  |
|  | Did not know where to go for referral |  |  |
|  | Referral places were far away from residence |  |  |
|  | Others, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |