|  |  |  |  |
| --- | --- | --- | --- |
|  | Date of filling (all dates in dd/mm/yyyy) |  |  |
|  | Time of filling  |  |  |
|  | Worker Code |  |  |
|  | Woman ID |  |  |
|  | Child ID |  |  . |
|  | If the visit could not be made, specify reason |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | How old is the baby today? |  |  |
|  | 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=has 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 |  |  |
| 12.1 | Not feeding well | 12.1 |  |
| 12.2 | Difficult breathing | 12.2 |  |
| 12.3 | Nasal flaring or grunting | 12.3 |  |
| 12.4 | Fast breathing | 12.4 |  |
| 12.5 | Lethargic or unconscious | 12.5 |  |
| 12.6 | Less than normal movements | 12.6 |  |
| 12.7 | Convulsions | 12.7 |  |
| 12.8 | Feels hot or cold to touch | 12.8 |  |
| 12.9 | Bulging fontanelle | 12.9 |  |
| 12.10 | >10 skin pustules/large boil  | 12.10 |  |
| 12.11 | Umbilical discharge | 12.11 |  |
| 12.12 | Jaundice | 12.12 |  |
|  | 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 |  |  |
| 21.1 | Plain water | 21.1 |  |
| 21.2 | Breast milk from another mother | 21.2 |  |
| 21.3 | Any milk other than breast milk such as tinned, powdered, or fresh animal milk or commercially produced infant formula | 21.3 |  |
| 21.4 | Other fluids (juice, tea, sugar or glucose water, honey or ghutti) | 21.4 |  |
| 21.5 | Medicines or vitamins or ORS | 21.5 |  |
| 21.6 | Any foods (semi-solids/solids) | 21.6 |  |
| 21.7 | Others (specify) | 21.7 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 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 KMC were given during day time?  |  |  |
|  | How many hours of KMC 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?  |  |  |
|  | If yes, specify and describe the clothing? |  |  |
|  | During SSC did mother/you use diaper for baby? (1=Yes, 2=No) |  |  |
|  | Has the baby stopped receiving KMC?  |  |  |
|  | If baby stopped giving SSC, what were the reasons (spontaneous response, not to be prompted) (If response is ‘Yes’ then ask for reasons) |  |  |
| 34.1 | Completed 28 days | 34.1 |  |
| 34.2 | Told to stop by health staff | 34.2 |  |
| 34.3 | Baby wriggled out | 34.3 |  |
| 34.4 | Baby used to cry a lot/irritable | 34.4 |  |
| 34.5 | Baby refused to stay in KMC position | 34.5 |  |
| 34.6 | I did not feel like doing SSC | 34.6 |  |
| 34.7 | I did not have time to do SSC | 34.7 |  |
| 34.8 | Baby unwell | 34.8 |  |
| 34.9 | Mother unwell | 34.9 |  |
| 34.10 | No family support  | 34.10 |  |
| 34.11 | Family did not allow | 34.11 |  |
| 34.12 | No privacy | 34.12 |  |
| 34.13 | Other reason 1 | 34.13 |  |
| 34.14 | Other reason 2 | 34.14 |  |
|  | Until what age of the child did you continue KMC? (in days, fills 77 if still continuing) |  |  |
|  | Was the baby visited by health worker after discharge from hospital? (1=Yes, 2=No, 9=Unknown) |  |  |
|  | How many visits the baby received after discharge? |  |  |