**Form 2H “To Ascertain Baseline neonatal mortality”**

This information will be collected in study areas where KMC units have not been set up as yet from ASHA records of the previous 2 or 3 months.

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| --- | --- | --- | --- | --- | --- |
| Name of mother and father | Head of household | Address, landmark, contact number | Date of birth. Place of birth | Weight of newborn | Alive/dead. If dead, date of death |
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