**Form 2C KMC Discharge (baby A)**

Form 2C. KMC Practice Questionnaire - Follow-up Information (at time of Discharge, 7 days after discharge and 28 days of life)

|  |  |  |
| --- | --- | --- |
|  | Study ID | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | location | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Location | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **No** | **Questions** | **Responses** |
| 1 | Date of filling (dd/mm/yyyy) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YYYY) |
| 2 | Research Assistant code | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3 | Child ID | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4 | Age of infant in days when visit is done | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in days) |
| 5 | Informant | * Mother * Father * Other family member * Other guardian/caretaker * Not applicable/informant not available |
| 6 | Mother's status at time of visit | * Present * currently in hospital * temporarily away * died ( ሞታለች ) * refused temporarily * withdrawn consent * visit could not be made |
|  | Reasons for the KMC discharge | * refused to stay in the hospital KMC unit * refused to practice KMC at the hospitals * unable to pay for service to the hospital * No one to take care of children and the house at home |
| 7. | If the visit could not be made, specify reason | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8. | Infant's status | * present * died |
| 9. | If infant died, what was the date of death | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yyyy) |
| 10. | If infant died, what was the time of death | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(hh:mm) |
| 11. | If the infant died, what was the cause of death (if infant died stop here) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **FEEDING PRACTICE** |  |
| 12. | Do you give breast milk to [CHILD NAME]? | Yes No |
| 13. | Reasons you did not provide breast milk? | * My breast milk is not enough * I do not stay with (NAME )throughout the day * Advised by friends or relatives to do so * Mother having fever/unwell * Tradition or culture * Other |
| 13.a. | If other reason, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 14. | How many times did you breastfeed during the day (day defined as: 7am to 7pm yesterday) in the last 12 hours? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(# of times) |
| 15. | How many times did you breastfeed during the night (night defined as: 7pm yesterday to 7am today) in the last 12 hours? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(# of times) |
| 16. | What was the infant fed in the last 24 hours? (7 am yesterday to 7 am today) (Check all that apply) | * Breast milk * Breast milk from another mother * Milk (other than breast milk) * Plain water * Other fluids (juice, tea, sugar or glucose water, * honey) * Medicines or vitamins or ORS * Any foods (semi solids/solids) * Nothing offered * Other |
| 16.a. | If other reason, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 16.b. | What did you offer (any fluids or foods) to the infant anytime since birth? Check all that apply: | * Breast milk * Plain water * Breast milk from another mother * Milk (other than breast milk) * Other fluids (juice, tea, sugar or glucose water, * honey) * Medicines or vitamins or ORS * Any foods (semi solids/solids) * Nothing offered * Other (specify) |
| 16.c. | If other reason, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **SKIN TO SKIN CONTACT** |  |
| 17. | Did you give skin-to-skin care in the last 24 hours? | Yes No |
| 18. | Did someone else give skin-to-skin care in the last 24 hours? | Yes No |
| 19. | If yes, Q # 19, who gave the skin to skin contact to the infant? | * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 19.a. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 20. | For how long after birth did the mother/caregiver continue giving skin to skin contact (enter 77 if  still doing skin-to-skin care ) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in days) |
| 21. | During the last 24 hours, how many hours did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in hours) |
| 22. | How many hours (during the last 24 hours) were between 7am - 7pm? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in hours) |
| 23. | How many hours (during the last 24 hours) were between 7pm and 7am? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in hours) |
| 24. | During the day (in the last 24 hours), how many times did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(# of times) |
| 25.a1. | What time did you provide **the first** skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 25.a2. | At [dtime\_ssc] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in minutes) |
| 25.a3. | At [dtime\_ssc], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 25.a4. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 25.b1. | What time did you provide the second skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 25.b2. | At [dtime\_ssc\_2] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 25.b3. | At [dtime\_ssc\_2], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 25.b4. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 25.c1. | What time did you provide the third skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 25.c2. | At [dtime\_ssc\_3] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 25.c3. | At [dtime\_ssc\_3], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 25.c4. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 25.d1. | What time did you provide the fourth skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 25.d2. | At [dtime\_ssc\_4] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 25.d3. | At [dtime\_ssc\_4], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 25.d4. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 25.e1. | What time did you provide the fifth skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 25.e2. | At [dtime\_ssc\_5] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 25.e3. | At [dtime\_ssc\_5], who provided skin to skin contact? | Mother  Father  Grandmother  Mother-in-law  Sister  Neighbor  Others (Specify) |
| 25.e4. | If other, specify (ሌላ ካለ ጥቀስ) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 25.f1. | What time did you provide the sixth skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 25.f2. | At [dtime\_ssc\_6] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 25.f3. | At [dtime\_ssc\_6], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor |
| 25.f4. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 26. | During the night (in the last 24 hours), how many times did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(# of times) |
| 27.a1. | What time did you provide the first skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 27.a2. | At [dntime\_ssc] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 27.a3. | At [dntime\_ssc], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor |
| 27.a4. | If other, specify (ሌላ ካለ ጥቀስ) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 27.b1. | What time did you provide the first skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 27.b2. | At [dntime\_ssc2] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 27.b3. | At [dntime\_ssc2], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify ) |
| 27.b4. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 27.c1. | What time did you provide the first skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 27.c2. | At [dntime\_ssc3] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in minutes) |
| 27.c3. | At [dntime\_ssc3], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 27.c4. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 27.d1. | What time did you provide the first skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 27.d2 | . At [dntime\_ssc4] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_(in minutes) |
| 27.d3. | At [dntime\_ssc4], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 27.d4. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 27.e1. | What time did you provide the first skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 27.e2 | At [dntime\_ssc5] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in minutes) |
| 27.e3. | At [dntime\_ssc5], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 27.e4. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 28. | Were you/or others unable to give skin-to-skin care? | Yes (አዎ) No (የለም) |
| 29. | If skin-to-skin care not given, please specify 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 skin-to-skin * No family support * Other |
| 29.a. | If other reason, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 30. | Does the mother use any of the following binder types to help keep baby in skin-to-skin position? | * Traditional binder * KMC standard binder * other (specify) |
| 30.a. | If other type of binder, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1.a. | 3Does the infant use baby hat? | Yes No |
| 31.b. | Does the infant wear socks | Yes No |
| 31.c. | Does the infant wear diapers? | Yes No |
| 32. | If you were giving skin-to-skin care did you stop giving skin-to-skin care? | Yes No |
| 33. | 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 * (spontaneous response, not to be prompted) Baby refused to stay in skin-to-skin care position * I did not feel like doing skin-to-skin care * I did not have time to do skin-to-skin care * No support at home * Other |
| 34. | If other reason, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **PLACE WHERE BABY SLEPT** |  |
| 35. | 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 * Other |
| 35.a. | If other, please specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 36. | Did any worker visit your home after birth? (If no stop here) | Yes No  (If no stop here) |
|  | If yes, which workers and on which days after birth of the infant (check appropriate options) | |
|  | |  |  | | --- | --- | |  | 1 2 3 4 5 6 7 8 9 10 11-14 15-21 22-30 | | a. Health workers from health facility |  | | b. HEW |  | | c. HDA |  | | d. TBA |  | | e. Other, specify |  | | f. Unknown |  | | |
| 37. | If other, please specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 38. | What was the purpose of the visit? | * KMC * PNC * Regular house to house visit by the HEW * Other (specify) |
| 38.a. | If other purpose, please specify, | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 39. | Was baby weighed during the home visit? | Yes No |
| 40. | If yes Q. # 39, what was the weight? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in grams) |
|  | **If HEW visited anytime during the first 7 days of life or else STOP** |  |
| 41. | Did HEW visit you anytime during first 7 days of birth? | Yes No |
| 42. | If yes, how many days after birth did the HEW first visit you? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in days) |
| 43. | If HEW visited in first 7 days of birth, did s/he weigh the baby during the visit? | Yes No |
| 44. | Did s/he examine the baby? | Yes No |
| 45. | Did s/he tell you to take the baby to someone else for any illness or any other problem? Stop if not advised | Yes No |
| 46. | Where did she tell you to take the baby? | * Health post * Health center * Government hospital * Private provider * Private nursing home * Private pharmacy * Did not specify the place * Other |
| 46.a. | If other, please specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 47. | Did any of these problems occur in your child after KMC initiation? | * Baby was not ill * Stopped feeding well * Convulsion/abnormal movement * Fast breathing/breathing difficulty * Severe chest in-drawing * Fever or hot to touch * Cold to touch * Not moving even when touched * Other (specify) |
| 47.a. | If other problems, specify? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 48. | Did you take the baby? | Yes No |
| 49. | If yes, where did you take the baby? | * Health post * Health center * Government hospital * Private provider * Private nursing home * Private pharmacy * Did not specify the place * Other |
| 49.a. | If other, please specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 50. | How long after the baby got ill you take the baby? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in hours) |
| 51. | 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 * 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 * Other |
| 51.a. | If other, please specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |