**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* withdrawn consent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?  |

|  |  |
| --- | --- |
| 7am8am9am10am11am12am | 1pm2pm3pm4pm5pm6pm |

 |
| 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? |

|  |  |
| --- | --- |
| 7am8am9am10am11am12am | 1pm2pm3pm4pm5pm6pm |

 |
| 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?  |

|  |  |
| --- | --- |
| 7am8am9am10am11am12am | 1pm2pm3pm4pm5pm6pm |

 |
| 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? |

|  |  |
| --- | --- |
| 7am8am9am10am11am12am | 1pm2pm3pm4pm5pm6pm |

 |
| 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?  |

|  |  |
| --- | --- |
| 7am8am9am10am11am12am | 1pm2pm3pm4pm5pm6pm |

 |
| 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? |

|  |  |
| --- | --- |
| 7am8am9am10am11am12am | 1pm2pm3pm4pm5pm6pm |

 |
| 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?  |

|  |  |
| --- | --- |
| 7am8am9am10am11am12am | 1pm2pm3pm4pm5pm6pm |

 |
| 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?  |

|  |  |
| --- | --- |
| 7am8am9am10am11am12am | 1pm2pm3pm4pm5pm6pm |

 |
| 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?  |

|  |  |
| --- | --- |
| 7am8am9am10am11am12am | 1pm2pm3pm4pm5pm6pm |

 |
| 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?  |

|  |  |
| --- | --- |
| 7am8am9am10am11am12am | 1pm2pm3pm4pm5pm6pm |

 |
| 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?  |

|  |  |
| --- | --- |
| 7am8am9am10am11am12am | 1pm2pm3pm4pm5pm6pm |

 |
| 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  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |