**Form 2C KMC Follow-up (baby A)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Study ID | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | location | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | location | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Visit | | * 7 Days after discharge * 28 Days of life |
| **No** | **Questions** | | **Response** |
| 1. | Date of filling | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(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status at time of visit | | * present * currently in hospital * temporarily away * died * refused temporarily * withdrawn consent * visit could not be made |
| 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 * 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 any other flood, 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 7am skin session? | | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 25.a2. | At [fu\_time\_ssc] how long did you provide skin to skin contact? | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 25.a3. | At [fu\_time\_ssc], who provided skin to skin contact? | | * 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 [fu\_time\_ssc\_2] how long did you provide skin to skin contact? | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 25.b3.. | At [fu\_time\_ssc\_2], who provided skin to skin contact? | | * 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 [fu\_time\_ssc\_3] how long did you provide skin to skin contact? | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 25.c3. | At [fu\_time\_ssc\_3], who provided skin to skin contact? | | * 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 [fu\_time\_ssc\_4] how long did you provide skin to skin contact? | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 25.d3. | At [fu\_time\_ssc\_4], who provided skin to skin contact? | | * 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 [fu\_time\_ssc\_5] how long did you provide skin to skin contact? | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 25.e3. | At [fu\_time\_ssc\_5], who provided skin to skin contact? | | * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 25.e4. | If other, specify | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 [fu\_time\_ssc\_6] how long did you provide skin to skin contact? | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 25.f3. | At [fu\_time\_ssc\_6], who provided skin to skin contact? | | * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 25.f4. | If other, specify | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 26. | During the night (in the last 24 hours), how many times did you provide skin to skin contact? | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 [fu\_ntime\_ssc] how long did you provide skin to skin contact? | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 27.a3. | At [fu\_ntime\_ssc], who provided skin to skin contact? | | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 27.a4. | If other, specify | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 [fu\_ntime\_ssc2] how long did you provide skin to skin contact? | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 27.b3 | At [fu\_ntime\_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 [fu\_ntime\_ssc3] how long did you provide skin to skin contact? | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 27.c3. | At [fu\_ntime\_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 [fu\_ntime\_ssc4] how long did you provide skin to skin contact? | | \_\_\_\_\_\_\_\_\_\_\_\_\_(in minutes) |
| 27.d3. | At [fu\_ntime\_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 [fu\_ntime\_ssc5] how long did you provide skin to skin contact? | | \_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 27.e3. | At [fu\_ntime\_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 No |
| 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 care * 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 | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 31.a. | Does 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 * 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 * 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) |
|  | 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 * 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 days) | |
| 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 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 * Other | |
| 51.a. | If other, please specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |