

FORM-1: HOUSEHOLD LISTING AND SCREENING

**COMMUNITY PARTNERSHIPS FOR SAFE MOTHERHOOD / INDIA
SANJIVANI PROJECT**

**MORBIDITY AND PERFORMANCE ASSESSMENT (MAP) PART I
Household Listing and Screening**

(English Version)

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FORM-1: HOUSEHOLD LISTING AND SCREENING

The purpose of the MAP Part-I, *Household Listing and Screening*, is to identify households having at least one eligible case. An eligible case is defined as a woman who delivered during the last year, from ___ to ___, whether or not her pregnancy was completed. The definition also includes any woman who meets the criteria, but died during pregnancy or within 42 days postpartum as a result of pregnancy-related causes; as well as a newborn who died at birth or during the first 28 days after birth.

Field staff will visit each household in the study communities to identify whether there is a potentially eligible case. If there is a potentially eligible case, field staff will describe the CPSM project and, with permission, interview the woman or family member using the *Household Listing and Screening Questionnaire* to determine actual eligibility and willingness to participate in the MAP Part-I and MAP Part-II interviews.

The *Household Listing and Screening Questionnaire* is designed to elicit information about: a) the name of each eligible woman in the household b) the name of any woman in the household who died during pregnancy, labor and birth, the postpartum or post abortion period, up to and including 42 days and c) the name of any baby in the household who died within 28 days of life. A household includes all individuals related by blood or marriage living in the same physical dwellings who cook at the same stove [*chulla*]. For example, two brothers families live in the same physical dwelling. Each family has a separate hearth and they cook and eat food separately. This constitutes two households. On the other hand, a family with three brothers and their elderly parents who share the same dwelling and cook on the same stove constitutes a single household.

From this point forward, text that is written in this type (small font size) should be read aloud to the woman. **TEXT THAT IS WRITTEN IN THIS TYPE (IN CAPITALS/BOLDED) ARE SPECIAL INSTRUCTIONS TO YOU THE INTERVIEWER.**

BEFORE BEGINNING THE INTERVIEW:

- **RECORD THE TIME THE INTERVIEW STARTED HERE IN HOUR:MINUTE (__ __ : __ __)**
- **CHECK TO SEE THAT THE RESPONDENT HAS THE TIME TO GIVE FOR THE INTERVIEW**
- **PLEASE READ THE FOLLOWING INFORMATION AND OBTAIN INFORMED CONSENT.**

Good __ (MORNING / AFTERNOON). My name is __ (YOUR NAME). I work with the Sanjivani Project. Our team is talking to women about their pregnancy experiences in order to try to improve the health of mothers and newborn babies in the area. First, we are trying to identify any woman who had a miscarriage [*baby fell*], abortion [*womb was cleaned*] or a delivery during __ to __. I would like to ask you a few questions about your family and about any woman who in the family who may have had a miscarriage, abortion or a delivery during this time. This will take about 15 minutes of your time. Is this a good time for you?

- **WAIT FOR THE RESPONDENT TO ANSWER ‘YES’ OR ‘NO’. IF THE ANSWER IS ‘YES’, CONTINUE TO READ.**

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Your answers will be treated in a confidential manner. All families living in the area will be interviewed and your information will be combined with theirs. You will not be personally identified in any report. You may ask any question you like, refuse to answer any question or end the interview at any time. Do you have any questions?

- **WAIT FOR THE RESPONDENT TO ANSWER ‘YES’ OR ‘NO’. ANSWER ANY QUESTIONS TO THE BEST OF YOUR UNDERSTANDING. IF THE ANSWER IS ‘YES’, CONTINUE BY ASKING.**

May we begin?

<p>INTERVIEWER’S SIGNATURE:</p> <p>YES, CONSENTED _____</p> <p>NO, REFUSED _____</p>

- **WAIT FOR THE RESPONDENT’S PERMISSION TO BEGIN THE INTERVIEW.**

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VAR.	QUESTION AND INSTRUCTIONS	RESPONSE OPTIONS	CODE	SKIP TO...
101	Do you all eat from the same stove [<i>chulla</i>] or from separate stoves? PROBE TO FIND OUT IF THEY ARE ONE JOINT FAMILY OR TWO SEPARATE FAMILIES. FILL FORM-0 FOR EACH SEPARATE FAMILY	01 = Altogether 02 = Separate	___	
102	In total, how many members are there in this family? INCLUDE YOUNG AND OLD MEMBERS	##	___	
103	How many of the family members are women and girls? INCLUDE YOUNG AND OLD FEMALES	##	___	
104	What are their ages in years? Mother-in-law Daughter 1 Daughter 2 Daughter 3 Daughter 4 Daughter-in-law 1 Daughter-in-law 2 Daughter-in-law 3 Daughter-in-law 4 Girl child 1 Girl child 2 Girl child 3 Girl child 4 Other female 1 Other female 2 Other female 3 GIVE THE AGE-WISE TOTAL NUMBER IN THE SPACE TO THE RIGHT	## Age wise total number: a. ≥ 50 years b. 30 – 49 years c. 20 – 29 years d. 15 – 19 years e. 10 – 14 years f. 1 – 9 years g. 0 – 1 year	___ ___ ___ ___ ___ ___ ___ ___	
105	Are there any women between 15-49 years of age currently living in this household?	01 = Yes 02 = No →	___	117
106	Among these women, did anyone have a baby, a miscarriage [<i>baby fell</i>], or an abortion [<i>cleaning</i>] during the last year, from ___ to ___? PROBE ABOUT MISCARRIAGE OR ABORTION, IF NEEDED	01 = Yes 02 = No → 97 = Don't know →	___	117 117

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VAR.	QUESTION AND INSTRUCTIONS	RESPONSE OPTIONS	CODE	SKIP TO...
107	Please tell these women's names: LIST THE NAMES OF EACH WOMAN MENTIONED HERE: No. 1 _____ No. 2 _____ No. 3 _____ GIVE THE TOTAL NUMBER OF WOMEN IN THE SPACE TO THE RIGHT PUT 99 IF NOT APPLICABLE	##	---	
QUESTIONS 108 - 110 ARE ABOUT THE 1ST WOMAN LISTED ABOVE, IF ANY.				
108	(SAY) Now let me ask you a little more about ____ (1 ST WOMAN'S NAME) most recent pregnancy... How many months did the pregnancy last?	01 = Pregnancy lasted ≤ 6 mo → 02 = Pregnancy lasted > 6 mo → 97 = Don't know 99 = Not applicable	---	110 109
109	What happened? Did baby live? IF THE BABY DIED, ASK WHEN DEATH OCCURRED. PROBE AS NECESSARY	01 = Baby lived 02 = Baby was dead at birth, 03 = Never cried (stillbirth) 04 = Died ≤ 28 days of life 05 = Died > 28 days of life 97 = Don't know 99 = Not applicable	---	
110	Did this happen by itself or was something done to make it happen?	01 = Happened by itself 02 = Something was done [<i>cleaned</i>] 97 = Don't know 99 = Not applicable	---	
QUESTIONS 111 - 113 ARE ABOUT THE 2ND WOMAN LISTED ABOVE, IF ANY.				
111	(SAY) Now let me ask you a little more about ____ (2 ND WOMAN'S NAME) most recent pregnancy... How many months did the pregnancy last?	01 = Pregnancy lasted ≤ 6 mo → 02 = Pregnancy lasted > 6 mo → 97 = Don't know 99 = Not applicable	---	113 112
112	What happened? Did baby live? IF THE BABY DIED, ASK WHEN DEATH OCCURRED. PROBE AS NECESSARY	01 = Baby lived 02 = Baby was dead at birth, 03 = Never cried (stillbirth) 04 = Died ≤ 28 days of life 05 = Died > 28 days of life 97 = Don't know 99 = Not applicable	---	

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VAR.	QUESTION AND INSTRUCTIONS	RESPONSE OPTIONS	CODE	SKIP TO...
113	Did this happen by itself or was something done to make it happen?	01 = Happened by itself 02 = Something was done [<i>cleaned</i>] 97 = Don't know 99 = Not applicable	---	
QUESTIONS 114 – 116 ARE ABOUT THE 3RD WOMAN LISTED ABOVE, IF ANY.				
114	(SAY) Now let me ask you a little more about ___ (3 RD WOMAN'S NAME) most recent pregnancy... How many months did the pregnancy last?	01 = Pregnancy lasted ≤ 6 mo 02 = Pregnancy lasted > 6 mo → 97 = Don't know → 99 = Not applicable	---	116 115
115	What happened? Did baby live? IF THE BABY DIED, ASK WHEN DEATH OCCURRED. PROBE AS NECESSARY	01 = Baby lived 02 = Baby was dead at birth, 03 = Never cried (stillbirth) 04 = Died ≤ 28 days of life 05 = Died > 28 days of life 97 = Don't know 99 = Not applicable	---	
116	Did this happen by itself or was something done to make it happen?	01 = Happened by itself 02 = Something was done [<i>cleaned</i>] 97 = Don't know 99 = Not applicable	---	
QUESTIONS 117 – 118 ARE ABOUT DEATHS AMONG WOMEN IN THE FAMILY.				
117	Has any woman between 15-49 years of age died in this household during the last year, from __ to __?	01 = Yes 02 = No → 97 = Don't know → 99 = Not applicable	---	END END
118	Please tell these women's names: LIST THE NAMES OF EACH WOMAN MENTIONED HERE: No. 1 _____ No. 2 _____ GIVE THE TOTAL NUMBER OF WOMEN WHO DIED IN THE SPACE TO THE RIGHT PUT 99 IF NOT APPLICABLE	##	---	

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VAR.	QUESTION AND INSTRUCTIONS	RESPONSE OPTIONS	CODE	SKIP TO...
QUESTIONS 119 - 120 ARE ABOUT THE 1ST WOMAN LISTED ABOVE, IF ANY.				
119	Did __ (1 ST WOMAN LISTED ABOVE) die during pregnancy, during __ (DELIVERY, MISCARRIAGE OR ABORTION) or within 42 days after it?	01 = Yes 02 = No → 97 = Don't know 99 = Not applicable	___	121
120	When in relation to pregnancy did __ (WOMAN'S NAME) die?	01 = Died < than 6 mo. 02 = Died > 6 mo. 03 = Died during labor or birth 04 = Died after birth ≤ 42 days 97 = Don't know 99 = Not applicable	___	
QUESTIONS 21 - 122 ARE ABOUT THE 2ND WOMAN LISTED ABOVE, IF ANY.				
121	Did __ (2 ND WOMAN LISTED ABOVE) die during pregnancy, during __ (DELIVERY, MISCARRIAGE OR ABORTION) or within 42 days after it?	01 = Yes 02 = No → 97 = Don't know 99 = Not applicable	___	123
122	When in relation to pregnancy did __ (WOMAN'S NAME) die?	01 = Died < than 6 mo. 02 = Died > 6 mo. 03 = Died during labor or birth 04 = Died after birth ≤ 42 days 97 = Don't know 99 = Not applicable	___	
QUESTIONS 123- 124 ARE ABOUT THE 3RD WOMAN LISTED ABOVE, IF ANY.				
123	Did __ (3 RD WOMAN LISTED ABOVE) die during pregnancy, during __ (DELIVERY, MISCARRIAGE OR ABORTION) or within 42 days after it?	01 = Yes 02 = No → 97 = Don't know 99 = Not applicable	___	124
124	When in relation to pregnancy did __ (WOMAN'S NAME) die?	01 = Died < than 6 mo. 02 = Died > 6 mo. → 03 = Died during labor or birth → 04 = Died after birth ≤ 42 days → 97 = Don't know → 99 = Not applicable	___	

⇒ **THANK THE WOMAN OR INFORMANT AND END THE INTERVIEW. GO TO THE FOLLOWING PAGE.**

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AFTER THE INTERVIEW:

- **REVIEW FORM-1 TO BE SURE THAT IT IS COMPLETELY FILLED OUT, EXCEPT FOR INFORMATION TO BE FILLED OUT BACK AT CENTRAL OFFICE, BEFORE TURNING IT IN TO THE FIELD SUPERVISOR.**
- **DECIDE IF THE WOMAN IS ELIGIBLE FOR MAP PART-II INTERVIEW.**
- **IF ELIGIBLE, INVITE THE WOMAN (OR NEXT OF KIN IN CASE OF MATERNAL DEATH) TO PARTICIPATE IN THE MAP PART-II INTERVIEW. DESCRIBE THE PURPOSE OF THE QUESTIONS AND TIME REQUIRED IF THERE WAS NO COMPLICATION (ABOUT 45 MINUTES) AND IF THERE WAS A COMPLICATION (UP TO 2 HOURS).**
- **IF THE WOMAN (NEXT OF KIN IN CASE OF MATERNAL DEATH) AGREES TO PARTICIPATE, ENCOURAGE HER TO INVITE THOSE WHO WERE PRESENT AT BIRTH, OR DURING ANY PREGNANCY-RELATED COMPLICATION. IF THE WOMAN EXPERIENCED A MISCARRIAGE OR ABORTION, THIS MAY NOT BE APPROPRIATE AND A JUDGEMENT MUST BE MADE WHETHER THE WOMAN SHOULD BE INTERVIEWED ALONE.**
- **RECORD THE WOMAN'S NAME AND ADDRESS ON THE QUESTIONNAIRE SCHEDULE AND RECORD THE DATE OF THE MAP II INTERVIEW IN YOUR LOG BOOK.**

WHEN BACK AT CENTRAL OFFICE:

- **ASSIGN A HOUSEHOLD NUMBER AND A CASE NUMBER. RECORD THESE ON THE QUESTIONNAIRE.**
- **DETERMINE THE TYPE OF CASE AND THE CASE TYPE CODE NUMBER. USE THE TABLE BELOW.**

MATERNAL CASE-TYPE CODES	NEONATAL CASE-TYPE CODES
0. Ineligible, woman not pregnant during __ to __	0. Ineligible, by default
1. Woman survived > 42 days post miscarriage or abortion AND pregnancy ≤ 6 mo.	1. Baby lived > 28 days after birth
2. Woman survived > 42 days postpartum AND pregnancy > 6 mo.	2. Baby died, miscarriage or abortion
3. Woman died ≤ 42 days post miscarriage or abortion AND ≤ 6 mo. completed	3. Baby was dead at birth, never cried (stillbirth)
4. Woman died ≤ 42 days postpartum, > 6 mo. completed BUT before labor began	4. Baby died ≤ 28 days of life
5. Woman died ≤ 42 days postpartum, > 6 mo. completed AND during labor, birth or 1 st hour postpartum	5. Unable to determine
6. Woman died, after 1 st hour postpartum AND ≤ 42 days	--
7. Unable to determine	--

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⇒ FIELD EDITOR, COMPLETE THE DATA COLLECTION INFORMATION BELOW, EXCEPT FOR THE SECTIONS TO BE COMPLETED BY THE DATA MANAGER.

VAR.	ITEM AND INSTRUCTIONS	RESPONSE OPTIONS	CODE	SKIP TO...
001	Questionnaire No.	#####	_____	
002	Community ID No.	###	____	
003	Household ID No.	#####	_____	
004	Number of Eligible Cases in Household IF NO ELIGIBLE CASE, PUT 00	##	__	
005	Eligible Case ID No.1 (Unique Identifier = Case ID No.+ Case Type No., below) IF NO ELIGIBLE CASE, PUT 99999999 THEN SKIP TO 014.	### ##### #	_____ _____ __	
006	⇒ Maternal Case Type Code No. 1 IF NO ELIGIBLE CASE, PUT 9	#	__	
007	⇒ Neonatal Case Type Code No. 1 IF NO ELIGIBLE CASE, PUT 9	#	__	
008	Eligible Case ID No.2 (Unique Identifier = Case ID No + Case Type No, below) IF NO ELIGIBLE CASE, PUT 99999999	### ##### #	_____ _____ __	
009	⇒ Maternal Case Type Code No. 2 IF NO ELIGIBLE CASE, PUT 9	#	__	
010	⇒ Neonatal Case Type Code No. 2 IF NO ELIGIBLE CASE, PUT 9	#	__	
011	Eligible Case ID No.3 (Unique Identifier = Case ID No + Case Type No, below) IF NO ELIGIBLE CASE, PUT 99999999	### ##### #	_____ _____ __	
012	⇒ Maternal Case Type Code No. 3 IF NO ELIGIBLE CASE, PUT 9	#	__	

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013	⇒ Neonatal Case Type Code No. 3 IF NO ELIGIBLE CASE, PUT 9	#	—	
VAR.	ITEM AND INSTRUCTIONS	RESPONSE OPTIONS	CODE	SKIP TO...
014	Number of contacts/visits	#	—	
015	Outcome of 1 ST contact. Date of 1 ST CONTACT: (DD/MM/YY) ____/____/____ INTERVIEWER SIGN NAME HERE: _____	01 = Complete interview 02 = Incomplete interview 03 = Not interviewed this time 04 = Refused interview 05 = Not at home 06 = House not located 97 = Other _____	— —	
016	Outcome of 2 ND contact. Date of 2 ND CONTACT: (DD/MM/YY) ____/____/____ INTERVIEWER SIGN NAME HERE: _____	01 = Complete interview 02 = Incomplete interview 03 = Not interviewed this time 04 = Refused interview 05 = Not at home 06 = House not located 97 = Other _____ 99 = Not applicable	— —	
017	Outcome of 3 RD contact. Date of 3 RD CONTACT: (DD/MM/YY) ____/____/____ INTERVIEWER SIGN NAME HERE: _____	02 = Complete interview 03 = Incomplete interview 04 = Not interviewed this time 05 = Refused interview 06 = Not at home 07 = House not located 97 = Other _____ 99 = Not applicable	— —	
018	Category of persons participating in the interview.	01 = Yes 02 = No a. Woman herself b. Husband c. Other female relative(s) d. Neighbor or friend e. Birth attendant f. Other _____	— — — — — — — — — — — —	
019	Field check for missing data or extreme values. Date of CHECK: (DD/MM/YY) ____/____/____ FIELD EDITOR SIGN NAME HERE: _____	01 = Yes 02 = No	— —	

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⇒ DATA ANALYST FILL IN THIS COLUMN AFTER DATA ENTRY

VAR.	ITEM AND INSTRUCTIONS	RESPONSE OPTIONS	CODE	SKIP TO...
020	Double data entry. Date of ENTRY: (DD/MM/YY) __ __ / __ __ / __ __ DATA ANALYST SIGN NAME HERE: _____			
021	Data Re-entry after cleaning. Date of RE-ENTRY: (DD/MM/YY) __ __ / __ __ / __ __ DATA ANALYST SIGN NAME HERE: _____			