

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

**MORBIDITY AND PERFORMANCE (MAP) PART II  
Cross Sectional Survey**

**(English Version)**

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1999

Case ID NO. \_\_\_\_\_

**FORM-0: CASE IDENTIFICATION, DATA COLLECTION, AND INSTRUCTIONS**

The MAP II Questionnaire is designed to gather information about a woman’s social and demographic background, as well as aspects of her most recent pregnancy that took place during the year January 15, 1998 to January 14, 1999, whether or not the pregnancy was completed, and whether or not the newborn survived. The objectives of the interview are to a) assess the probable causes and circumstances surrounding illness or death, including the health care response of the woman, her family caregiver and birth attendant during a life-threatening event. The interview focuses on problem recognition, first response, health decision-making and referral. This information will be used for community-level planning, to develop the project interventions, and to evaluate changes in the performance of women, their family caregivers and birth attendants following participation in the project interventions.

The MAP II \questionnaire, version for surviving women, is comprised of 4 FORMS, one of having 4 sections. They are:

- FORM-1: Interviewee’s background
- FORM-2: Problem prevention, recognition and 1<sup>st</sup> response
  - 2A: Pregnancy
  - 2B: Labor and birth
  - 2C: Postpartum
  - 2D: Newborn
- FORM-3: Decision making and referral
- FORM-4: Inquiry into death of the baby

The number of FORMS (and sections) that you will actually use to conduct the interview depends upon the type of maternal and newborn case that is presented. This information can be found on the last page of MAP Part I, Household Listing and Screening Questionnaire. Refer to the last page of this document to determine the type of case. Then, decide on which FORMS (and sections) you will use to conduct the interview. Complete the case identification and data collection information sheets on the following pages at the times indicated above each section.

**FIELD SUPERVISOR FILL IN THESE COLUMNS BEFORE THE INTERVIEW AT CENTRAL OFFICE.**

VAR.	ITEMS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
001	Questionnaire No.	###	_____	
002	Community ID No.	###	_____	
003	Household ID No.	#####	_____	
004	Case ID No.  <b>REFER TO MAP I FOR ELIGIBLE CASE ID NO. + CASE TYPE NO.</b>	#####	----- ---	
005	Interviewer ID No.	##	---	

**FORM-0: CASE IDENTIFICATION, DATA COLLECTION, AND INSTRUCTIONS**

**INTERVIEWER FILL IN THESE COLUMNS AFTER THE INTERVIEW WHILE IN THE FIELD.**

VAR.	ITEMS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
006	Total number of contacts/visits	##	___	
007	Outcome of 1 <sup>st</sup> contact Date of 1 <sup>st</sup> CONTACT: (DD/MM/YY) ____/____/____ <b>INTERVIEWER SIGN NAME HERE:</b> _____ _____	01 = Complete interview..... 02 = Incomplete interview 03 = Not interviewed this time 04 = Refused interview 05 = Not at home/At Maternal home 06 = House not located 07= Not eligible – Delivered in a hospital..... 08= Not eligible – Out of time frame..... 09 = Not at home/In fields 96 = Other (specify) _____	___	.....010           .....010  .....010
008	Outcome of 2 <sup>nd</sup> contact. Date of 2 <sup>nd</sup> CONTACT: (DD/MM/YY) ____/____/____ <b>INTERVIEWER SIGN NAME HERE:</b> _____ _____	01 = Complete interview..... 02 = Incomplete interview 03 = Not interviewed this time 04 = Refused interview 05 = Not at home/At Maternal home 06 = House not located 07= Not eligible – Delivered in a hospital..... 08= Not eligible – Out of time frame..... 09 = Not at home/In fields 96 = Other (specify) _____ 99 = Not applicable (no visit)	___	.....010           .....010  .....010
009	Outcome of 3 <sup>rd</sup> contact. Date of 3 <sup>rd</sup> CONTACT: (DD/MM/YY) ____/____/____ <b>INTERVIEWER SIGN NAME HERE:</b> _____ _____	01 = Complete interview 02 = Incomplete interview 03 = Not interviewed this time 04 = Refused interview 05 = Not at home/At Maternal home 06 = House not located 07= Not eligible – Delivered in a hospital 08= Not eligible – Out of time frame 09 = Not at home/In fields 96 = Other (specify) _____ 99 = Not applicable (no visit)	___	

**FORM-0: CASE IDENTIFICATION, DATA COLLECTION, AND INSTRUCTIONS**

010	Final result of contacts.	01 = Complete interview 02 = Incomplete interview 03 = Not interviewed this time 04 = Refused interview 05 = Not at home/At Maternal home 06 = House not located 07= Not eligible – Delivered in a hospital 08= Not eligible – Out of time frame 09 = Not at home/In fields 96 = Other (specify)_____ 99= Not Applicable(no visit)	— —	
011	Total recall period to nearest whole month.  <b>COUNT THE NUMBER OF MONTHS BETWEEN THE DATE OF THE PREGNANY OUTCOME (FORM 1, 102) AND THE DATE OF THIS INTERVIEW. RECORD THE NUMBER OF MONTHS.</b>	## (Months)	— —	
012	Total time to conduct interview:  First day Second day TOTAL TIME	##. ## (HOUR:MIN) ##. ## (HOUR:MIN) ##. ## (HOUR:MIN)	____ . ____ ____ . ____ ____ . ____	
013	Category of persons participating in the interview other than the woman:	01 = Yes 02 = No  ..... a. Husband b. Mother-in-law c. Mother d. Sister-in-law (Jethani) e. Sister-in-law (Devrani) f. Sister-in-law (Nanad) g. Sister-in-law (Bhabhi) h. Other relative _____ i. Friend / neighbor j. Dhankun k. Dai l. Bhagat/Ojha m. Village Dr.(Ved/Hakim/RMP) n. Nurse (ANM/LHV) o. English Dr. (MBBS) p. Other _____	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	

**FORM-0: CASE IDENTIFICATION, DATA COLLECTION, AND INSTRUCTIONS**

**FIELD EDITOR FILL IN THESE COLUMNS AFTER THE INTERVIEW WHILE IN THE FIELD.**

VAR.	ITEMS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
014	FORMS Used:  <b>IF NOT USED, PUT 99</b>	## 99 = Not Applicable ..... a. FORM-1 b. FORM-2A c. FORM-2B d. FORM-2C e. FORM-2D f. FORM-3 g. FORM-4	____ ____ ____ ____ ____ ____ ____	
015	Is this case eligible for MAP III?	01 = Yes 02 = No	____	
016	Field-check using the <i>Editor's Checklist</i> . Date of CHECK: (DD/MM/YY)  ____/____/____  <b>FIELD EDITOR SIGN NAME HERE:</b> _____	01 = Yes 02 = No	____	

**DATA ANALYST FILL IN THIS COLUMN AFTER DATA ENTRY**

VAR.	ITEMS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
017	Double data entry.  Date of ENTRY: (DD/MM/YY)  ____/____/____  <b>DATA ANALYST SIGN NAME HERE:</b> _____	01 = Yes 02 = No	____	
018	Data Reentered after Cleaning. Sign here with date. _____	01 = Yes 02 = Not required	____	
019	Who was the respondent? (To be filled by the Data Cleaner).	01 = Woman herself 02 = Some one else	____	

**FORM-0: CASE IDENTIFICATION, DATA COLLECTION, AND INSTRUCTIONS**

**INTERVIEWER INSTRUCTIONS**

MAP II Questionnaire instructions are minimal in order to make the instrument easy to use and to shorten interview time. All questions and instructions appear in the column headed ‘Questions and Instructions’. Pre-coded responses appear in the column headed ‘Response Options’. [Note: Coding of ‘other’ responses is 96 if two digits, and 996 if three digits, etc. Fill in ‘other’ with details in the space provided. Coding of ‘don’t know’ responses is 97 if two digits, and 997 if three digits, etc. Coding of ‘not applicable’ responses is 99 or 999. The code numbers should be placed in the column headed ‘Response’.

Read the questions in the order that they appear unless a skip pattern is indicated. It is all right to clarify questions. However, do not prompt by reading the response options to the woman unless explicitly instructed to do so. An arrow (→) to the immediate right of a response option signals a skip pattern, and the number in the column to the far right headed ‘Skip To’ indicates the next question that should be read aloud to the woman.

From this point forward, text that is written in this type (in 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 IF THE WOMAN IS COMFORTABLE AND IS NOT DISTRACTED WITH OTHER ACTIVITIES.**
- **CHECK TO SEE IF THE APPOINTMENT TIME IS *STILL* CONVENIENT.**
- **READ THE FOLLOWING INFORMATION AND OBTAIN THE WOMAN’S INFORMED CONSENT.**

Good \_\_ (MORNING / AFTERNOON). My name is \_\_ (YOUR NAME). I work with the Sanjivini 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. I would like to talk with you and ask you some detailed questions about events that took place during your pregnancy that took place during the year January 15, 1998 to January 14, 1999. To do this, I will need about \_\_ of your time (1 HOUR IN A NORMAL CASE AND UP TO 2 HOURS IN A COMPLICATED CASE). Is this a good time for you?

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

Your answers will be treated in a confidential manner. More than 800 women will be interviewed and your information will be combined with theirs to be evaluated and reported as a group. You will not be personally identified in the project report.

**FORM-0: CASE IDENTIFICATION, DATA COLLECTION, AND INSTRUCTIONS**

You may ask any questions you like, refuse to participate or answer any question or end the interview at any time. You may agree to the interview at a time convenient to you. Do you have any questions?

- **WAIT FOR THE WOMAN TO ANSWER ‘YES’ OR ‘NO’. ANSWER ANY QUESTIONS TO THE BEST OF YOUR UNDERSTANDING.**
- **ENCOURAGE THE WOMAN TO INVITE ANYONE WHO WAS PRESENT AT HER \_\_ (DELIVERY, MISCARRIAGE, ABORTION) OR DURING ANY ILLNESS RELATED TO THE SAME TO PARTICIPATE IN THE INTERVIEW. HOWEVER, IF SHE APPEARS HESITANT OR UNWILLING TO BE INTERVIEWED IN A GROUP SETTING, AND IN THE CASE OF INTENTIONAL ABORTION, IT MAY BE BEST TO INTERVIEW THE WOMAN ALONE.**
- **ENCOURAGE THE WOMAN TO INVITE ANY PERSON IN THE FAMILY OR BIRTH ATTENDANT WHO WAS PRESENT DURING YOUR \_\_ (DELIVERY, MISCARRIAGE, ABORTION), OR WHO WAS PRESENT DURING ANY PROBLEM SHE MAY HAVE HAD RELATED HER \_\_ (BIRTH, MISCARRIAGE OR ABORTION), TO JOIN IN THE INTERVIEW, IF SHE FEELS COMFORTABLE IN DOING SO. THE REASON FOR THIS IS THAT THESE PEOPLE MAY BE HELPFUL IN REMINDING HER OF PERSONS AND EVENTS. IF SHE DOES NOT FEEL COMFORTABLE IN INCLUDING THE OTHERS IT IS ALL RIGHT. ASK IF SHE WOULD LIKE TO HAVE THESE PEOPLE PARTICIPATE IN THE INTERVIEW?**
- **WAIT FOR THE WOMAN TO ANSWER ‘YES’ OR ‘NO’. WAIT FOR OTHERS TO JOIN IF SHE WOULD LIKE THEM TO PARTICIPATE AND IF THEY ARE AVAILABLE.**

May we proceed?

<b>INTERVIEWER’S SIGNATURE</b>	
Yes <b>CONSENTED</b>	_____
No, <b>REFUSED</b>	_____

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

**FORM-1: INTERVIEWEE'S BACKGROUND**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
(SAY) First I would like to ask you some general questions...				
101	I understand that you had a ___ (DELIVERY, MISCARRIAGE, OR ABORTION) in the last year, from January 15, 1998 to January 14, 1999. Is this correct?	01 = Yes 02 = No	___	
102	What month and year did this take place?  <b>RECORD THE MONTH AND YEAR THE DELIVERY, MISCARRIAGE OR ABORTION HERE AND THEN CODE.</b>  ___ (MONTH) ___ (YEAR)  If it was out of time period STOP! →	## / ##	___/___	...STOP!
103	<b>IF THIS WAS A DELIVERY, ASK THE WOMAN...</b>  Did you intend to have this baby at a health facility? <b>Code 99 if Miscarriage/Abortion.</b>	01 = Yes 02 = No → 99= Not Applicable	___	.....105
104	Is that where the baby was born?  <b>Code 99 if Miscarriage/Abortion.</b>	01 = Yes → 02 = No 99 = Not applicable	___	...STOP!
105	How old were you at your last birthday? OR What do you think your age is?  <b>PROBE IF NEEDED BY ADDING THE RESPONSES TO THE FOLLOWING QUESTIONS: (1) HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR HUSBAND? (2) HOW MANY YEARS HAVE YOU BEEN LIVING WITH YOUR HUSBAND? OR (3) HOW OLD IS YOUR ELDEST CHILD AND (4) HOW MANY YEARS AFTER MARRIAGE WAS THIS CHILD BORN? IF THE WOMAN SAYS THAT SHE GOT MARRIED BEFORE SHE STARTED MENSTRUATING THEN CONSIDER HER TO BE 13YRS OLD AT THE TIME OF MARRIAGE. IF SHE SAYS THAT SHE GOT MARRIED AFTER HER MENSTUARTION ASK HER AFTER HOW MUCH TIME? 15YRS IS THE AGE OF PUBERTY.</b>	##	___	
106	What is your religion?	01 = Hindu 02 = Muslim 03 = Other (specify) _____	___	

## FORM-1: INTERVIEWEE'S BACKGROUND

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
107	What is your traditional family occupation? OR To which caste does your family belong?  SPECIFY HERE: _____  WHEN BACK AT CENTRAL OFFICE, CODE USING THE RESPONSE OPTIONS TO THE RIGHT.	01 = Schedule caste 02 = Backward caste 03 = Higher caste 04 = Other backward classes 05 = Schedule tribe 06 = Other (specify) _____ 99 = Not applicable	— —	
108	What was the highest level of education you completed?	01 = Never attended school 02 = Up to class 4 03 = Primary (up to class 5) 04 = Middle (up to class 8) 05 = Up to 10 <sup>th</sup> class → 06 = Above 10 <sup>th</sup> class → 96 = Other (specify) _____	— —	110 110
109	Can you read and understand a letter (or newspaper) easily, with difficulty, or not at all?	01 = Easily 02 = With difficulty 03 = Not at all 99 = Not applicable	— —	
110	Are you currently married? OR Are you currently staying with your husband/partner?	01 = Yes 02 = No, widowed 03 = No, divorced 04 = No, separated 05 = No, never married →	— —	113
111	What was the highest level of education your husband/partner completed?	01 = Never attended school 02 = Up to class 4 03 = Primary (up to class 5) 04 = Middle (up to class 8) 05 = Up to 10 <sup>th</sup> class → 06 = Above 10 <sup>th</sup> class → 96 = Other (specify) _____ 97 = Don't know 99 = Not applicable	— —	113 113
112	Can he read and understand a letter (or newspaper) easily, with difficulty, or not at all?	01 = Easily 02 = With difficulty 03 = Not at all 97 = Don't know 99 = Not applicable	— —	



**FORM-1: INTERVIEWEE'S BACKGROUND**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
118	<p>How much agricultural land does your household own, if any?</p> <p><b>IF 'NONE ', PUT 000</b></p> <p><b>FOR UNITS NOT CHOSEN PUT 000.</b></p>	<p>###</p> <p>.....</p> <p>a. ____ Kattha</p> <p>b. ____ Biswa</p> <p>c. ____ Bigha</p> <p>d. ____ Acre</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
119	<p>How many animals (i.e., horse, cow, buffalo, goat, pig, poultry, snake) does your household keep--for economic reasons, if any?</p> <p><b>IF 'NONE ', PUT 00</b></p>	<p>##</p> <p>.....</p> <p>a. ____ Cow</p> <p>b. ____ Buffalo</p> <p>c. ____ Bullock</p> <p>d. ____ Goat</p> <p>e. ____ Pig</p> <p>f. ____ Poultry</p> <p>g. ____ Snake</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
120	<p>Does anyone in your household own a mode of transport such as...?</p> <p><b>READ THE ITEMS IN THE LIST TO THE RIGHT TO COMPLETE THE QUESTION.</b></p>	<p>01 = Yes</p> <p>02 = No</p> <p>.....</p> <p>a. Bicycle</p> <p>b. Bullock / cart</p> <p>c. Horse / cart</p> <p>d. Motor cycle / scooter</p> <p>e. Tractor trolley</p> <p>f. Tempo</p> <p>g. Motor car / jeep</p> <p>h. Bus / truck</p> <p>i. Others (specify).....</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION A (PREGNANCY)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
<b>QUESTIONS 2A01 – 2A20 ARE ABOUT THE PREGNANCY HISTORY.</b>				
(SAY) The last time __ (I OR ONE OF US) met we told you that we would ask you more questions in detail about your pregnancies. I would like to do this now. Please tell me if you do not understand a question and I will clarify it.				
<b>2A01</b>	How many children do you have now? <b>IF 'NONE', PUT 00</b>	<b>##</b> <b>IF 00 →</b>	_ _ _	<b>2A03</b>
<b>2A02</b>	Among these children... How many are daughters? How many are sons?	<b>##</b> <b>##</b>	_ _ _ _ _ _	
<b>2A03</b>	How many children have you had who were born alive, but later died, if any? <b>IF 'NONE', PUT 00</b>	<b>##</b>	_ _ _	
<b>2A04</b>	Did you ever have a child who was born dead... who never breathed or cried? <b>IF 'NO', PUT 00</b> <b>IF 'YES', ASK HOW MANY.</b>	<b>##</b>	_ _ _	
<b>2A05</b>	Did you ever have a pregnancy that ended by itself <i>before</i> 6 months (a spontaneous abortion)? <b>IF 'NO', PUT 00</b> <b>IF 'YES', ASK HOW MANY TIMES.</b>	<b>##</b>	_ _ _	
<b>2A06</b>	Did you ever have a pregnancy that ended with someone's help <i>before</i> 6 months (an induced abortion)? <b>IF 'NO', PUT 00</b> <b>IF 'YES', ASK HOW MANY TIMES.</b>	<b>##</b>	_ _ _	
<b>2A07</b>	This means that the total number of times you have <i>ever</i> given birth is __. <b>COUNT 2A01 and 2A03-2A04</b> <b>THIS NUMBER SHOULD INCLUDE ALL BIRTHS, REGARDLESS OF HOW THEY ENDED IF NOT, GO BACK AND REVIEW 2A01 and 2A03-2A04</b>	<b>##</b>	_ _ _	
<b>2A08</b>	Before this pregnancy that ended during the year January 15, 1998 – January 14, 1999, were any of your children delivered by an operation (a Cesarean)? <b>IF 'NO', PUT 00</b> <b>IF 'YES', ASK HOW MANY.</b> <b>IF THIS WAS THE WOMAN'S '1<sup>ST</sup> PREGNANCY', PUT 99.</b>	<b>##</b> 99 = Not applicable	_ _ _	

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION A (PREGNANCY)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
<p><b>(SAY)</b> Now let's talk about your pregnancy that ended during the year January 15, 1998 – January 14, 1999. Think about the time of pregnancy only— from when you first knew you were pregnant until the labor pains began...</p> <p><b>If this woman had a Miscarriage or an Abortion skip 2A09 - 2A15 and go to 2A16. Code 2A09- 2A15 as '99' or '999'.</b></p>				
<b>2A09</b>	<p>During this pregnancy, did you go for a routine checkup to be sure that you and the unborn baby were healthy?</p> <p><b>IF 'YES', ASK IN WHAT MONTH OF PREGNANCY-- SHE <u>FIRST</u> WENT FOR A CHECKUP.</b></p> <p><b>CODE '99' IF MISCARRIAGE OR ABORTION.</b></p>	<p>01 = Yes, months 1 - 3            02 = Yes, months 4 – 6            03 = Yes, months 7 – 9            04 = No, did not go for checkup →            99 = Not applicable</p>	_ _ _	<b>2A13</b>
<b>2A10</b>	<p>To whom did you go?</p> <p><b>ASK FOR THE NAME OF THE CARE PROVIDER(S). IF KNOWN, WRITE THE INFORMATION HERE:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>01 = Mentioned            02 = Not mentioned            99 = Not applicable</p> <p>.....</p> <p>a. Dhankun            b. Dai            c. Bhagat/Ojha            d. Village Dr. (Ved/Hakim/RMP)            e. Nurse (ANM/LHV)            f. English Dr. (MBBS)            g. Pharmacist            h. Other (specify) _____</p>	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
<b>2A11</b>	<p>Where did you go?</p> <p><b>ASK FOR THE NAME OF THE PLACES(S). IF KNOWN, WRITE THE INFORMATION HERE:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>01 = Mentioned            02 = Not mentioned            99 = Not applicable</p> <p>.....</p> <p>a. Someone's home (specify) _____            b. Village Dr. clinic            c. Sub-center            d. PHC/CHC            e. Nursing Home/Pvt. hospital            f. Govt. Hospital            g. Pharmacy            h. Other (specify) _____</p>	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
<b>2A12</b>	<p>Altogether, how many times did you go for a checkup?</p>	<p>##            99 = Not applicable</p>	_ _ _	

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION A (PREGNANCY)**

<b>2A13</b>	<p>Did you take iron tablets for 'less blood' or anemia?</p> <p><b>IF YES, ASK ABOUT HOW MANY TABLETS WERE TAKEN ALTOGETHER DURING PREGNANCY.</b></p> <p><b>ASK FROM WHOM OR WHERE:</b></p> <hr/> <p><b>CODE '999' IF MISCARRIAGE OR ABORTION.</b></p>	<p>### 999 = Not applicable</p>	<p>— — —</p>	
<b>2A14</b>	<p>Did you receive an injection during pregnancy to keep you or baby from getting tetanus (fits)?</p> <p><b>IF 'NO', PUT 00</b> <b>IF 'YES', ASK HOW MANY DOSES</b></p> <p><b>ASK FROM WHOM OR WHERE:</b></p> <hr/> <p><b>CODE '99' IF MISCARRIAGE OR ABORTION.</b></p>	<p>## 99 = Not applicable</p>	<p>— —</p>	
<b>2A15</b>	<p>Did you have a similar injection (<b>2A14</b>) in your previous pregnancies?</p> <p><b>IF 'NO', PUT 00</b> <b>IF 'YES', ASK HOW MANY DOSES.</b></p> <p><b>IF THIS WAS THE WOMAN'T FIRST PREGNANCY OR ABORTION, PUT 99.</b></p>	<p>## 99 = Not applicable</p>	<p>— —</p>	
<b>2A16</b>	<p>Did you ever have any serious illnesses or injury during the pregnancy such as...?</p> <p><b>READ EACH ITEM IN THE LIST TO THE RIGHT TO COMPLETE THE QUESTION.</b></p>	<p>01 = Yes 02 = No 03 = Don't know</p> <p>.....</p> <p>a. 'Less blood' or anemia b. Malaria c. Tuberculosis d. Hepatitis (jaundice) e. Diabetes f. Heart disease g. Serious blow or injury to the head h. Other (specify)_____</p>	<p>— — — — — — — — — — — — — — — —</p>	



Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION A (PREGNANCY)**

<b>2A21</b>	During the pregnancy, before the pains began, was there any plan in case a serious problem happened to you or the unborn baby?	01 = Yes 02 = No → 99 = Not applicable	___	<b>2A25</b>
<b>2A22</b>	To whom did you / your family plan to go?  <b>ASK FOR THE NAME OF THE CARE PROVIDER(S). IF KNOWN, WRITE THE INFORMATION HERE:</b> _____ _____ _____	01 = Mentioned 02 = Not mentioned 99 = Not applicable  ..... a. Dhankun b. Dai c. Bhagat/Ojha d. Village Dr. (Ved/Hakim/RMP) e. Nurse (ANM/LHV) f. English Dr. (MBBS) g. Pharmacist h. Other (specify) _____	___ ___ ___ ___ ___ ___ ___	
<b>2A23</b>	Where did you / your family plan to go?  <b>ASK FOR THE NAME OF THE PLACE(S). IF KNOWN, WRITE THE INFORMATION HERE:</b> _____ _____ _____	01 = Mentioned 02 = Not mentioned 99 = Not applicable  ..... a. Someone's home (specify) _____ b. Village Dr. clinic c. Sub-center d. PHC/CHC e. Nursing Home/Pvt. hospital f. Govt. Hospital g. Pharmacy h. Other (specify) _____	___ ___ ___ ___ ___ ___ ___	
<b>2A24</b>	How did you plan to be taken there? .	01 = Mentioned 02 = Not mentioned 99 = Not applicable  ..... a. Walk b. Litter or cot (be carried) c. Bicycle d. Bullock / cart e. Horse / cart f. Motor cycle / scooter g. Tractor trolley h. Tempo i. Motor car / jeep j. Bus / truck k. Other (specify) _____	___ ___ ___ ___ ___ ___ ___ ___ ___ ___	

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION A (PREGNANCY)**

<b>2A25</b>	<p>What are some signs of serious problems that can happen during pregnancy.. ‘danger signs’?</p> <p><b>REMIND THE WOMAN THAT YOU ARE TALKING ABOUT THE TIME OF PREGNANCY ONLY.</b></p> <p><b>IF NOTHING WAS MENTIONED → 2A27</b></p>	<p>01 = Mentioned  02 = Not mentioned  99 = Not applicable</p> <p>.....</p> <p>a. Bleeding from the vagina      ___ __  b. High fever                              ___ __  c. Swelling of the hands or face      ___ __  d. High blood pressure                  ___ __  e. Fits or convulsions                    ___ __  f. Water comes out of the vagina before labor pains begin      ___ __  g. Labor pains begin before full term      ___ __  h. Baby’s movement stops              ___ __  i. Other (specify) _____      ___ __</p>		<b>2A27</b>
<b>2A26</b>	<p>From whom or where did you learn about these ‘danger’ signs?</p>	<p>01 = Mentioned  02 = Not mentioned  99 = Not applicable</p> <p>.....</p> <p>a. Husband                                      ___ __  b. Mother-in-law                              ___ __  c. Mother                                              ___ __  d. Sister-in-law (Jethani)                  ___ __  e. Sister-in-law (Devrani)                  ___ __  f. Sister-in-law (Nanad)                      ___ __  g. Sister-in-law (Bhabhi)                      ___ __  h. Other relative _____                  ___ __  i. Friend / neighbor                              ___ __  j. Dhankun                                              ___ __  k. Dai                                                      ___ __  l. Bhagat/Ojha                                      ___ __  m. Village Dr. (Ved/Hakim/RMP)              ___ __  n. Nurse (ANM/LHV)                              ___ __  o. English Dr. (MBBS)                              ___ __  P. Pharmacist                                              ___ __  Q. Media (TV, radio, poster etc.)              ___ __  R. Other (specify) _____                  ___ __</p>		

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION A (PREGNANCY)**

<b>2A27</b>	<p><b>THIS QUESTION IS ABOUT SIGNS OF SERIOUS PROBLEMS THAT MAY HAVE BEEN NOTICED AND THEREFORE ELIGIBLE TO BE FOLLOWED.</b></p> <p><b>GO TO WORKSHEET 2A27 ON THE NEXT PAGE AND FOLLOW THE INSTRUCTIONS.</b></p> <p><b>THEN, BEFORE GOING ON TO 2A28, REFER TO THE 2A27 WORKSHEET AND CODE EACH SIGN GROUP LISTED TO THE RIGHT, AS INDICATED.</b></p>	<p>01 = Eligible          02 = Not eligible          99 = Not applicable</p> <p>.....</p> <p>a. Sign group 1          b. Sign group 2          c. Sign group 3          d. Sign group 4          e. Sign group 'other'</p>	<p>— —          — —          — —          — —          — —</p>	
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Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION A (PREGNANCY)**

**2A27 WORKSHEET INSTRUCTIONS**

**TAPE THE WOMAN'S RESPONSE. IDENTIFY THE QUESTION NUMBER. THEN FOLLOW THE INSTRUCTIONS:**

- 1. ASK THE FOLLOWING QUESTION (UNPROMPTED). PLACE A TICK (✓) IN THE APPROPRIATE CELL, IF NOTICED:**

During your pregnancy, before the labor pains began, what were some of the signs of problems that you noticed, if any?

- 2. THEN ASK THE FOLLOWING QUESTION (PROMPTED, THAT IS COMPLETE BY READING EACH ITEM IN THE LEFT-HAND COLUMN THAT DOES NOT ALREADY HAVE A TICK MARK). PLACE A TICK (✓) IN THE APPROPRIATE CELL, IF NOTICED**

Did you notice any of these signs or problems...?

- 3. FOR EACH ITEM THAT IS TICKED, ASK THE WOMAN WHICH MONTH THIS SIGN WAS FIRST NOTICED.**  
**4. FOR EACH ITEM THAT IS TICKED, ASK HOW LONG (IN DAY OR WEEKS) THIS SIGN LASTED.**

SIGN OR PROBLEM	1. UNPROMPTED	2. PROMPTED	3.FIRST NOTICED (MONTH)	4. HOW LONG? (DAYS / WEEKS)
<b>SIGN GROUP 1</b>				
a. Vaginal bleeding ( <b>QUALIFY</b> )				
1. Soaked 1 clean pad in 5 min.				
2. Soaked > 1 clean pad per hour				
3. More than ½ 'kilo'				
4. Continuous small trickle				
5. With fist sized blood clots				
6. Bright red / fresh blood				
7. Increased on vaginal exam				
8. With passing of tissue				
9. Abnormal smell OR color (pus)				
10. With high fever (> 101.3 F)				
11. With hard, painful abdomen				
12. Sudden, severe pain on one side of lower abdomen				
13. Painless bleeding				
<b>SIGN GROUP 2</b>				
a. Rapid heart beat				
b. Rapid breathing				
c. Cold skin				
d. Extreme weakness OR collapse				
e. Low blood pressure (only if measured)				
<b>SIGN GROUP 3</b>				
a. Swelling of face and hands				
b. Fits / convulsions				
1. Ever occur outside pregnancy?				
c. High blood pressure (only if measured)				
<b>SIGN GROUP 4</b> <b>(if Abortion or Miscarriage skip this sign gp)</b>				
a. Leaking of water from vagina > 12 hours before labor pains began				
b. Labor pains began before full term				
c. Baby stopped moving				

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION A (PREGNANCY)**

2A27 WORKSHEET (Cont.)				
SIGN OR PROBLEM	1. UNPROMPTED	2. PROMPTED	3.FIRST NOTICED? (MONTH)	4. HOW LONG? (DAYS / WEEKS)
<b>OTHER</b>				
a. Severe headache				
b. Spots before the eyes OR blurred vision				
c. High fever (> 101.3 F)				
d. Chills				
e. Body aches				
f. Difficulty breathing				
g. Coughing green mucous				
h. Low back or waist pain				
i. Burning with urination				
j. Pale nail beds, inside lower eyelids				
k. Other (specify) _____				
l. Other (specify) _____				
m. Other (specify) _____				
n. Other (specify) _____				
o. Other (specify) _____				
p. Other (specify) _____				
q. Other (specify) _____				
r. Other (specify) _____				
s. Other (specify) _____				
t. Other (specify) _____				

**5. REVIEW EACH SIGN GROUP AND DECIDE IF IT IS ELIGIBLE TO BE FOLLOWED.**

SIGN GROUP 1 IS ELIGIBLE IF: ANY SIGN IS TICKED.

SIGN GROUP 2 IS ELIGIBLE IF: ALL SIGNS (EXCEPT 'e') ARE TICKED.

SIGN GROUP 3 IS ELIGIBLE IF: ANY SIGN IS TICKED

SIGN GROUP 4 IS ELIGIBLE IF: ANY SIGN IS TICKED. ( Note :-This sign gp to be skipped if Abortion or Miscarriage )

SIGN GROUP 'OTHER' IS NOT ELIGIBLE .

**6. RETURN TO 2A27 AND CODE THE ELIGIBLE SIGN GROUPS, AS APPROPRIATE.**

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION A (PREGNANCY)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2A28	<p><b>ATTENTION!</b></p> <p><b>HOW MANY SIGN GROUPS ARE ELIGIBLE IN 2A27, IF ANY?</b></p> <p>(NOTE: FIELD EDITORS USE THIS QUESTION TO SCREEN FOR MAP III)</p>	01 = None → 02 = One → 03 = More than one 99 = Not applicable	_ _ _	2A38 2A30
2A29	<p><b>ATTENTION!</b></p> <p><b>IF THERE IS MORE THAN ONE ELIGIBLE SIGN GROUP, SELECT ONE SIGN GROUP TO FOLLOW, BASED ON ORDER OF PRIORITY INDICATED IN THE LIST BELOW:</b></p> <p>1. SIGN GROUP 1            2. SIGN GROUP 2            3. SIGN GROUP 3            4. SIGN GROUP 4</p>	01 = To be followed 02 = Not to be followed 99 = Not applicable ..... a. Sign group 1 b. Sign group 2 c. Sign group 3 d. Sign group 4	_ _ _ _ _ _ _ _ _ _ _ _	
2A30	<p>How serious did you think, or did anyone else say, that ____ (REPEAT THE SIGNS IN THE ELIGIBLE GROUP IN 2A29) were? Were they...?</p> <p><b>READ RESPONSE OPTIONS 1-3 TO COMPLETE THE QUESTION.</b></p>	01 = Not at all serious → 02 = Possibly serious 03 = Definitely serious, life-threatening 99 = Not applicable	_ _ _	2A33
2A31	<p>Now from the time you first noticed these signs (2A29), how soon was it before you, or anyone else, realized they were serious?</p> <p><b>FOR UNITS NOT CHOSEN, PUT 00.</b></p>	## 97 = Don't know 99 = Not applicable ..... a. Within __ minutes b. Within __ hours c. Within __ days d. Within __ weeks	_ _ _ _ _ _ _ _ _ _ _ _	





Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION A (PREGNANCY)**

**INSTRUCTIONS FOR 2A34 WORKSHEET**

**TAPE THE WOMAN'S RESPONSE. IDENTIFY THE QUESTION NUMBER. FOLLOW THE INSTRUCTIONS BELOW:**

**COLUMN 1: CLARIFY WHO WAS INVOLVED IN TAKING ACTION FOR THIS PROBLEM AT HOME, IF ANYONE.**

**COLUMN 2: ASK: What did \_\_ (PERSON) say should be done to help resolve the problem at home, if anything?**

**COLUMN 3: ASK: What did \_\_ (PERSON) actually do to help resolve the problem at home, if anything?**

**COLUMN 4: ASK: In what order were these actions taken?**

**CLARIFY IN WHAT ORDER WERE THE ACTIONS TAKEN...1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>. ETC.? NOTE: IF A 'PROCEDURE' WAS DONE, ASK ABOUT EACH STEP OR 'HOW' IT WAS DONE. FOR EXAMPLE, IF THE WOMB WAS SQUEEZED WITH 2 HANDS OR SHOCK CARE WAS GIVEN, WHAT WERE THE STEPS INVOLVED?**

**REMIND THE WOMAN THAT THE QUESTIONS ARE ABOUT THE TIME PERIOD FROM WHEN THE SIGNS WERE FIRST REALIZED UP TO THE TIME THEY RESOLVED-- OR TREATMENT WAS SOUGHT OUTSIDE THE HOME, IF AT ALL.**

**RETURN TO 2A34 CODE THE RESPONSES AS INSTRUCTED.**

1. WHO WAS INVOLVED IN TAKING ACTION?	2. WHAT DID THIS PERSON SAY SHOULD BE DONE?	3. WHAT DID THIS PERSON ACTUALLY DO IN DETAIL?	4. WHAT ORDER WERE THINGS DONE?



MAP II FLOW CHART

IF THIS WAS AN INDUCED ABORTION BECAUSE THE CHILD WAS NOT WANTED (2A20)– IN THE ABSENCE OF OTHER SERIOUS HEALTH PROBLEMS-- → FORM 2C NOW

WAS ANY SIGN GROUP ELIGIBLE ?  
(CHECK 2A29)

YES  
↓

NO  
↓

DID THE PREGNANCY CONTINUE (OR FETUS SURVIVE) 6 MONTHS OR MORE?  
(CHECK 2A18)

YES  
↓

NO  
↓

WAS TREATMENT SOUGHT OUTSIDE THE HOME?  
(CHECK 2A36)

WAS TREATMENT SOUGHT OUTSIDE THE HOME  
(CHECK 2A36)

YES  
↓

NO  
↓

YES  
↓

NO  
↓

FORM 3

SECTION 2B

FORM 3

SECTION 2C



Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
<b>2B04</b>	During the time that you were having pains-- before the baby was born...about how many times did you urinate?	## 97 = Don't know	_ _ _	
<b>2B05</b>	Was anything done to make the pains stronger or to help the baby come out? For example, did someone...?  <b>READ EACH ITEM IN THE LIST TO THE RIGHT TO COMPLETE THE QUESTION.</b>	01 = Yes 02 = No 97 = Don't know  ..... a. Give any medicines or herbs by mouth (specify) _____ b. Give any medicine by injection (specify) _____ c. Tie a sash /belt snugly around and above your womb d. Massage your womb e. Press down on your womb from above f. Make you squat and push down g. Other (specify) _____	_ _ _  _ _ _  _ _ _  _ _ _  _ _ _  _ _ _	
<b>2B06</b>	When did you first begin <i>to</i> push to help the baby to come out? Was it...?  <b>READ RESPONSE OPTIONS 1 - 5 TO COMPLETE THE QUESTION.</b>	01 = When the pains first began 02 = When the pains first became strong and did not stop 03 = When the urge to push came 04 = Just as baby was coming out 05 = Did not push	_ _ _	
<b>2B07</b>	Did anyone put a hand inside your vagina to see how close the baby was to coming out?  <b>IF 'YES' READ RESPONSE OPTIONS 1-2 TO THE RIGHT TO FIND OUT HOW MANY TIMES.</b>	01 = Yes, between 1 – 3 times 02 = Yes, more than 3 times 03 = No → 97 = Don't know →	_ _ _	<b>2B09</b> <b>2B09</b>
<b>2B08</b>	Did this person prepare her/his hands before doing the vaginal check? For example, did s/he...?  <b>READ EACH ITEM IN THE LIST TO THE RIGHT TO COMPLETE THE QUESTION.</b>	01 = Yes 02 = No 97 = Don't know 99 = Not applicable  ..... a. Wash with water only b. Wash with soap and water c. Use a special lubricant or oil (specify) _____ d. Put on gloves e. Other (specify) _____	_ _ _  _ _ _  _ _ _  _ _ _  _ _ _	

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B09	How much time passed from when the waters first came out to when the baby was born?  <b>READ RESPONSE OPTIONS 1-5 TO COMPLETE THE QUESTION.</b>	01 = Less than a half day ( < 6 hr 02 = Less than a day or night (<12 hr) 03 = About a day or a night (12 hr) 04 = Between a day and a night (12-24 hr) 05 = More than a day and night (>24 hr.) 96 = Other (specify _____) 97 = Don't know	— —	
2B10	How much time passed from when your pains became strong (about every 5 minutes apart and did not stop),to when the baby was born?  <b>READ RESPONSE OPTIONS 1-5 TO COMPLETE THE QUESTION.</b>	01 = Less than a half day ( < 6 hr 02 = Less than a day or night (<12 hr) 03 = About a day or a night (12 hr) 04 = Between a day and a night (12-24 hr) 05 = More than a day and night (>24 hr.) 96 = Other (specify _____) 97 = Don't know	— —	
2B11	Did the baby come out...?  <b>READ RESPONSE OPTIONS 1-4 TO COMPLETE THE QUESTION.</b>	01 = On it's own 02 = With help of the hand (pulling) 03 = With the help of instruments (forceps or vacuum extractor) 04 = Through the abdomen, by an operation (Cesarean)	— —	
2B12	Did you have one baby or more than one baby?	01 = One baby 02 = More than one baby	— —	
2B13	Was this a girl or a boy baby?  <b>IF TWINS, ASK THE WOMAN TO GIVE THE SEX OF THE TWINS IN THE ORDER THEY WERE BORN.</b>  <b>TELL THE WOMAN THAT YOU WILL ONLY ASK ABOUT THE <u>FIRST</u> TWIN FROM THIS POINT ONWARDS.</b>	01 = Girl 02 = Boy 03 = Girl –Girl 04 = Girl – Boy 05 = Boy – Girl 06 = Boy _ Boy	— —	
2B14	What part of the baby came out first?	01 = Head 02 = Hand or arm 03 = Bottom or feet 04 = Umbilical cord 05 = Placenta 96 = Other (specify) _____ 97 = Don't know	— —	

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B15	What kind of surface was the baby delivered onto as s/he came out?	01 = Bare earth 02 = Plastered floor (dung) 03 = Cement floor 04 = Old cloth rags 05 = Ashes 06 = Plastic sheeting 96 = Other (specify) _____ 97 = Don't know	_ _ _	
2B16	Did the baby <i>ever</i> cry or breathe at birth? Was s/he live born...?	01 = Yes 02 = No →	_ _ _	<b>2B31</b>
2B17	How soon did the baby <i>first</i> begin to cry?  <b>READ RESPONSE OPTIONS 1-3 TO COMPLETE THE QUESTION.</b>	01 = Immediately (within 1 minute) 02 = Within 5 minutes of birth 03 = After 5 minutes of birth 95 = Baby breathe but didn't cry 97 = Don't know 99 = Not applicable	_ _ _	
2B18	What did you think, or did anyone say, about the baby's size? Was s/he...?  <b>READ RESPONSE OPTIONS 1-3 TO COMPLETE THE QUESTION.</b>	01 = Much smaller than normal 02 = Normal size 03 = Much larger than normal 97 = Don't know 99 = Not applicable	_ _ _	
2B19	Was the baby weighed soon after birth... on the first day of life?	01 = Yes (specify type of scale) _____ 02 = No → 97 = Don't know → 99 = Not applicable	_ _ _	<b>2B21</b> <b>2B21</b>
2B20	How much did the baby weigh in kilograms?	01 = < 2.5 kg 02 = ≥ 2.5 kg 97 = Don't know 99 = Not applicable	_ _ _	
2B21	What did you think, or did anyone say, about the baby's age? Was s/he...?  <b>READ RESPONSE OPTIONS 1-3 TO COMPLETE THE QUESTION.</b>	01 = Too soon, born before time 02 = Completing full term 03 = Too late, born after time 97 = Don't know 99 = Not applicable	_ _ _	
2B22	<b>ATTENTION!</b>  <b>WAS THE BABY BORN IN A HEALTH FACILITY (2B01)?</b>	01 = Yes → 02 = No 99 = Not applicable	_ _ _	<b>2B31</b>



Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B28	How was the cord tie prepared before it was used?	01 = Washed in alcohol or antiseptic 02 = Washed in water only 03 = Boiled in water 04 = Boiled in water and antiseptic 05 = Baked in oven 06 = Wiped with cloth only 07 = Nothing special was done → 96 = Other (specify) _____ 97 = Don't know 99 = Not applicable	_ _ _	<b>2B30</b>
2B29	When was the cord tie prepared before it was used?	01 = More than 1 week before birth 02 = Within a week of birth 03 = On the day of birth 04 = After delivery 96 = Other (specify) _____ 97 = Don't know 99 = Not applicable	_ _ _	
2B30	What substance was placed on the baby's umbilical cord to dress it for the first time?	01 = Mentioned 02 = Not mentioned 99 = Not applicable ..... a. Mustard oil b. Gentian violet (blue medicine) c. Vermilion d. Ash e. Cow dung f. Antibiotic medicine g. Nothing h. Other (specify) _____	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
(SAY) Now let me ask you about birth of the placenta...				
2B31	In your case, how long did it take for the placenta to come out? Was it...?  <b>READ RESPONSE OPTIONS 1-2 TO COMPLETE THE QUESTION.</b>	01 = Less than 1 hour 02 = More than 1 hour (specify) ____ 96 = Other (specify) _____ 97 = Don't know	_ _ _	
2B32	Did the placenta and membranes all come out?	01 = Yes 02 = No 97 = Don't know	_ _ _	
2B33	About how much blood came out <i>with</i> and <i>immediately after</i> the placenta?	01 = 1/2 'kilo' or less 02 = More than 1/2 'kilo' (specify) _____ 96 = Other (specify) _____ 97 = Don't know	_ _ _	

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B34	<b>ATTENTION!</b>  <b>WAS BABY BORN AT A HEALTH FACILITY (2B01)?</b>	01 = Yes → 02 = No	— —	<b>2B41</b>
2B35	Was anything done to help the placenta to come out? For example, did someone...?  <b>READ ITEM S 'a.- h' IN THE LIST TO THE RIGHT TO COMPLETE THE QUESTION.</b>	01 = Yes 02 = No 97 = Don't know 99 = Not applicable ..... a. Have you suckle the baby b. Roll your nipples (or told you to do this) c. Have you urinate d. Press down on your womb e. Massage your womb f. Pull on the umbilical cord g. Have you push the placenta out h. Reach inside and pull placenta i. Other (specify) _____	— — — — — — — — — — — — — — — — — —	
2B36	Did someone open the placenta up and check it after it came out?	01 = Yes 02 = No → 97 = Don't know → 99 = Not applicable	— —	<b>2B38</b> <b>2B38</b>
2B37	Did s/he say why s/he did this?  <b>IF 'YES', ASK WHAT WAS SAID.</b>	01 = Yes, to see if it all came out 02 = Yes, other (specify) _____ 03= No 97 = Don't know 99 = Not applicable	— —	
2B38	In the first 24 hours after childbirth did someone...?  <b>READ EACH ITEM IN THE LIST TO THE RIGHT TO COMPLETE THE QUESTION.</b>	01 = Yes 02 = No 97 = Don't know 99 = Not applicable ..... a. Have you suckle the baby b. Check your womb c. Massage your womb d. Check the amount of bleeding e. Check for any tear of the vagina f. Check you for fever g. Teach you how to recognize too much bleeding h. Teach you how to recognize infection	— — — — — — — — — — — — — — — —	
2B39	During the first 24 hours after birth, about how many times did you drink anything, if at all?	## 97 = Don't know	— —	

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
<b>2B40</b>	During the first 24 hours after birth about how many times did you urinate?	## 97 = Don't know	_ _ _	
<b>QUESTIONS 2B41 – 2B49 ARE ABOUT RECOGNIZING LIFE-THREATENING PROBLEMS OF THE WOMAN.</b>				
(SAY) Just as problems can sometimes happen during pregnancy, they can also happen during labor, birth and in the first 24 hours after birth. I would now like to ask you about these problems.				
<b>2B41</b>	What are some signs of serious problems that can happen from the time the pains begin through the first 24 hours after birth?	01 = Mentioned 02 = Not mentioned ..... a. Baby breech or transverse b. Labor lasts too long c. Baby is stuck, can not come out d. Placenta is stuck, does not come e. Baby does not cry or breathe f. Excessive bleeding after birth g. Swelling of hands and face h. High blood pressure (measured) i. Fits or convulsions j. Other (specify) _____	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
<b>2B42</b>	<b>THIS QUESTION IS ABOUT SIGNS OF SERIOUS PROBLEMS THAT MAY HAVE BEEN NOTICED AND THEREFORE ELIGIBLE TO BE FOLLOWED.</b>  <b>GO TO WORKSHEET 2B42 ON THE NEXT PAGE AND FOLLOW THE INSTRUCTIONS.</b>  <b>THEN, BEFORE GOING ON TO 2B43, REFER TO THE 2B42 WORKSHEET AND CODE EACH SIGN GROUP LISTED TO THE RIGHT, AS INDICATED.</b>	01 = Eligible 02 = Not eligible 99 = Not applicable  ..... a. Sign group 1 b. Sign group 2 c. Sign group 3 d. Sign group 4 e. Sign group 'other'	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

**2B 42 WORKSHEET**

**TAPE THE WOMAN'S RESPONSE. IDENTIFY THE QUESTION NUMBER. FOLLOW THE INSTRUCTIONS:**

- 1. ASK THE FOLLOWING QUESTION (UNPROMPTED). PLACE A TICK (✓) IN THE APPROPRIATE CELL, IF NOTICED:**

During labor, birth and the 24 hours after birth, what were some of the signs of problems that you noticed, if any?

- 2. THEN ASK THE FOLLOWING QUESTION (PROMPTED, THAT IS COMPLETE BY READING EACH ITEM IN THE LEFT-HAND COLUMN THAT DOES NOT ALREADY HAVE A TICK MARK). PLACE A TICK (✓) IN THE APPROPRIATE CELL, IF NOTICED**

Did you notice any of these signs or problems...?

- 3. FOR EACH ITEM THAT IS TICKED, ASK THE WOMAN IF THIS SIGN WAS NOTICED BEFORE OR AFTER BIRTH.**

SIGN OR PROBLEM	1. UNPROMPTED	2. PROMPTED	3. BEFORE BIRTH?	4. AFTER BIRTH?
<b>SIGN GROUP 1</b>				
a. Vaginal bleeding				
1. Soaked 1 clean pad in 5 minutes				
2. Soaked 1 or more clean pads per hour				
3. More than ½ 'kilo'				
4. Continuous small trickle did not stop				
5. With fist sized clots				
6. Bright red / fresh				
7. Increased on vaginal exam				
8. With passing of tissue				
9. With hard painful abdomen				
<b>SIGN GROUP 2</b>				
a. Rapid heart beat				
b. Rapid breathing				
c. Cold skin				
d. Extreme weakness OR collapse				
e. Low blood pressure (only if measured)				
<b>SIGN GROUP 3</b>				
a. Swelling of the face and hands				
b. Fits / convulsions				
1. Ever occurred outside of pregnancy?				
c. High blood pressure (only if measured)				
<b>SIGN GROUP 4 (confirm)</b>				
a. Strong labor pains lasted > 24 hours				
<b>SIGN GROUP 'OTHER'</b>				
a. Severe headache				
b. Spots before the eyes OR blurred vision				
c. Waters had green, brown or yellow color				
d. Waters had a bad smell				
e. Pushing > 2 hrs with a strong urge BUT baby not seen				
f. Pushing > 15 minutes after baby seen BUT no birth				

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

2B42 WORKSHEET (Cont.)				
SIGN OR PROBLEM	1. UNPROMPTED	2. PROMPTED	3. BEFORE BIRTH?	4. AFTER BIRTH?
g. Womb stayed soft after placenta came out				
h. Suffered a bad tear where baby came out				
i. Pale nails or inner eyelids				
j. Other (specify)				
k. Other (specify)				
l. Other (specify)				
m. Other (specify)				
n. Other (specify)				
o. Other (specify)				
p. Other (specify)				
q. Other (specify)				
r. Other (specify)				
s. Other (specify)				

**5. REVIEW EACH SIGN GROUP AND DECIDE IF IT IS ELIGIBLE TO BE FOLLOWED.**

**SIGN GROUP 1 IS ELIGIBLE IF: ANY SIGN IS TICKED.**

**SIGN GROUP 2 IS ELIGIBLE IF: ALL SIGNS (EXCEPT 'e') ARE TICKED.**

**SIGN GROUP 3 IS ELIGIBLE IF: ANY SIGN IS TICKED**

**SIGN GROUP 4 IS ELIGIBLE IF: THE ONE SIGN IS TICKED.**

**SIGN GROUP 'OTHER' IS NOT ELIGIBLE.**

**6. RETURN TO 2B42 AND CODE THE ELIGIBLE SIGN GROUPS, AS APPROPRIATE.**

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B43	<p><b>ATTENTION!</b></p> <p><b>HOW MANY SIGN GROUPS ARE ELIGIBLE IN 2B42, IF ANY?</b></p> <p>(NOTE: FIELD EDITORS USE THIS QUESTION TO SCREEN FOR MAP III)</p>	<p>01 = None →                      02 = One →                      03 = More than one                      99 = Not applicable</p>	<p>___</p>	<p><b>2B53</b> <b>2B45</b></p>
2B44	<p><b>ATTENTION!</b></p> <p><b>IF THERE IS MORE THAN ONE ELIGIBLE SIGN GROUP, SELECT ONE SIGN GROUP TO FOLLOW, BASED ON ORDER OF PRIORITY INDICATED IN THE LIST BELOW:</b></p> <p><b>1. SIGN GROUP 1</b>  <b>2. SIGN GROUP 2</b>  <b>3. SIGN GROUP 3</b>  <b>4. SIGN GROUP 4</b></p>	<p>01 = To be followed                      02 = Not to be followed                      99 = Not applicable</p> <p>.....</p> <p>.</p> <p>a. Sign group 1                      b. Sign group 2                      c. Sign group 3                      d. Sign group 4</p>	<p>___</p> <p>___</p> <p>___</p> <p>___</p>	
2B45	<p>How serious did you think, or did anyone else say, that ___ (REPEAT THE SIGNS IN THE ELIGIBLE GROUP IN 2B44) were?</p> <p><b>READ RESPONSE OPTIONS 1-3 TO COMPLETE THE QUESTION.</b></p> <p><b>ASK THE WOMAN TO CONSIDER HOW SERIOUS THIS SIGN OR PROBLEM WAS IF SHE WERE NOT ABLE TO GO TO A HEALTH FACILITY</b></p>	<p>01 = Not at all serious →                      02 = Possibly serious,                      03 = Definitely serious, life-threatening                      99 = Not applicable</p>	<p>___</p>	<p><b>2B48</b></p>
2B46	<p>Once you first noticed these signs (2B44), how soon was it before you, or anyone else, realized they were serious?</p> <p><b>FOR UNITS NOT CHOSEN, PUT 00.</b></p>	<p>##                      99 = Not applicable</p> <p>.....</p> <p>a. Within __ minutes                      b. Within __ hours                      c. Within __ days</p>	<p>___</p> <p>___</p> <p>___</p>	





Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

**INSTRUCTIONS FOR 2B49 WORKSHEET**

**TAPE THE WOMAN'S RESPONSE. IDENTIFY THE QUESTION NUMBER. FOLLOW THE INSTRUCTIONS BELOW:**

**COLUMN 1: CLARIFY WHO WAS INVOLVED IN TAKING ACTION FOR THIS PROBLEM AT HOME, IF ANYONE.**

**COLUMN 2: ASK: What did \_\_ (PERSON) say should be done to help resolve the problem at home, if anything?**

**COLUMN 3: ASK: What did \_\_ (PERSON) actually do to help resolve the problem at home, if anything?**

**COLUMN 4: ASK: In what order were these actions taken?**

**CLARIFY IN WHAT ORDER WERE THE ACTIONS TAKEN...1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>. ETC.? NOTE: IF A 'PROCEDURE' WAS DONE, ASK ABOUT EACH STEP OR 'HOW' IT WAS DONE. FOR EXAMPLE, IF THE WOMB WAS SQUEEZED WITH 2 HANDS OR SHOCK CARE WAS GIVEN, WHAT WERE THE STEPS INVOLVED?**

**REMINDE THE WOMAN THAT THE QUESTIONS ARE ABOUT THE TIME PERIOD FROM WHEN THE SIGNS WERE FIRST REALIZED UP TO THE TIME THEY RESOLVED—OR TREATMENT WAS SOUGHT OUTSIDE THE HOME, IF AT ALL.**

**RETURN TO 2B49 AND CODE THE RESPONSES AS INSTRUCTED.**

1. WHO WAS INVOLVED IN TAKING ACTION?	2. WHAT DID THIS PERSON SAY SHOULD BE DONE?	3. WHAT DID THIS PERSON ACTUALLY DO IN DETAIL?	4. WHAT ORDER WERE THINGS DONE?

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B50	Once this problem (2B44) was realized, how soon did the actions begin?  <b>FOR UNITS NOT CHOSEN, PUT 00.</b> <b>If all coded '00' skip to 2B53.</b>	## 00 = ..... → 99 = Not applicable ..... a. Within __ minutes b. Within __ hours c. Within __ days	___	2B53
2B51	Did you seek treatment outside of the home for this problem (2B44)?	01 = Yes → 02 = No 99 = Not applicable	___	2B53
2B52	What are some reasons why you did <i>not</i> seek treatment outside of the home?	01 = Mentioned 02 = Not mentioned 99 = Not applicable  ..... a. Provider said unnecessary b. Provider came to house c. Family said unnecessary d. You thought unnecessary e. Too far away f. Too busy g. No money to pay h. No childcare available i. Husband / family forbid j. No transportation k. Afraid to go l. Didn't know where to go m. No trust in health facility or staff n. Not sure about length of stay o. Other (specify) _____	___	
2B53	<b>ATTENTION!</b>  <b>WAS THE BABY BORN IN A HEALTH FACILITY ( CROSS CHECK 03,04,05,06 IN 2B01)?</b>	01 = Yes → 02 = No	___	2B67
2B54	<b>ATTENTION!</b>  <b>WAS THE BABY STILLBORN (2B16)?</b>	01 = Yes → 02 = No 99 = Not applicable	___	2B67

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
<b>QUESTIONS 2B55- 2B63 ARE ABOUT RECOGNIZING LIFE-THREATENING PROBLEMS OF THE BABY.</b>				
(SAY) Now let me ask you about the baby...				
<b>2B55</b>	<p><b>THIS QUESTION IS ABOUT SIGNS OF SERIOUS PROBLEMS THAT MAY HAVE BEEN NOTICED AND THEREFORE ELIGIBLE TO BE FOLLOWED.</b></p> <p><b>GO TO WORKSHEET 2B55 ON THE NEXT PAGE AND FOLLOW THE INSTRUCTIONS.</b></p> <p><b>THEN, BEFORE GOING ON TO 2B56, REFER TO THE 2B55 WORKSHEET AND CODE EACH SIGN GROUP LISTED TO THE RIGHT, AS INDICATED.</b></p>	<p>01 = Eligible            02 = Not eligible            99 = Not applicable</p> <p>.....</p> <p>a. Sign group 1            b. Sign group 2            c. Sign group 3            d. Sign group 'other'</p>	<p>— —            — —            — —            — —</p>	

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

**2B55 WORKSHEET**

**TAPE THE WOMAN'S RESPONSE. IDENTIFY THE QUESTION NUMBER. THEN FOLLOW THE INSTRUCTIONS:**

**1. ASK THE FOLLOWING QUESTION (UNPROMPTED). PLACE A TICK (✓) IN THE APPROPRIATE CELL, IF NOTICED:**

During labor, at birth, and the first 24 hours after birth, what were some of the signs of problems that you or anyone else noticed in the baby, if any?

**2. THEN ASK THE FOLLOWING QUESTION (PROMPTED, THAT IS COMPLETE BY READING EACH ITEM IN THE LEFT-HAND COLUMN THAT DOES NOT ALREADY HAVE A TICK MARK). PLACE A TICK (✓) IN THE APPROPRIATE CELL, IF NOTICED.**

Did you notice any of these signs or problems...?

**3. FOR EACH ITEM THAT IS TICKED, ASK THE WOMAN WHICH MONTH THIS SIGN WAS FIRST NOTICED.**

**4. FOR EACH ITEM THAT IS TICKED, ASK HOW LONG (IN MINUTES OR HOURS) THIS SIGN LASTED.**

SIGN OR PROBLEM	1. UNPROMPTED	2. PROMPTED	3. WHEN FIRST NOTICED (MINUTES OR HOURS)?	4. HOW LONG (MINUTES OR HOURS)?
<b>SIGN GROUP 1</b>				
a. Did not cry OR did not cry < 5 minutes				
b. Did not ever breathe				
c. Gaspings OR drawing in of chest				
d. Rapid breathing (> 60 minute)				
e. Swelling OR bruising of the head or body				
f. Broken bones				
g. Fits or convulsions				
h. Unconscious				
<b>SIGN GROUP 2 (conform if...)</b>				
a. Baby thought to be too soon, before time				
b. Pregnancy lasted ≥ 6 month but < 8 month				
c. Baby thought to be very small				
d. Baby's weight < 2.5 kg (only if measured)				
<b>SIGN GROUP 3</b>				
a. Physical deformity (specify kind)				
1. Head much smaller than usual				
2. Abnormally shaped head 'monster'				
3. Swelling over skull or spine				
4. Opening along spine				
5. Abnormally shaped limbs				
6. Unable to pass stool or urine				
<b>SIGN GROUP 'OTHER'</b>				
a. Grunting with breathing				
b. Moments without breathing				
c. Pale blue color of body				
e. Difficult to arouse, too 'sleepy'				
f. Other (specify)				
g. Other (specify)				
h. Other (specify)				
i. Other (specify)				

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

SIGN OR PROBLEM	1. UNPROMPTED	2. PROMPTED	3. WHEN FIRST NOTICED (MINUTES OR HOURS)?	4. HOW LONG (MINUTES OR HOURS)?
j. Other (specify)				
k. Other (specify)				
l. Other (specify)				
m. Other (specify)				
n. Other (specify)				

**5. REVIEW EACH SIGN GROUP AND DECIDE IF IT IS ELIGIBLE TO BE FOLLOWED.**

**SIGN GROUP 1 IS ELIGIBLE IF: ANY SIGN IS TICKED.**

**SIGN GROUP 2 IS ELIGIBLE IF: ANY SIGN IS TICKED.**

**SIGN GROUP 3 IS ELIGIBLE IF: ANY SIGN IS TICKED**

**SIGN GROUP 'OTHER' IS NOT ELIGIBLE**

**6. RETURN TO 2B55 AND CODE THE ELIGIBLE SIGN GROUPS, AS APPROPRIATE.**

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B56	<p><b>ATTENTION!</b></p> <p><b>HOW MANY SIGN GROUPS ARE ELIGIBLE IN 2B55, IF ANY?</b></p> <p><b>(NOTE: FIELD EDITORS USE THIS QUESTION TO SCREEN FOR MAP III)</b></p>	01 = None → 02 = One → 03 = More than one 99 = Not applicable	_ _ _	2B67 2B58
2B57	<p><b>ATTENTION!</b></p> <p><b>IF THERE IS MORE THAN ONE ELIGIBLE SIGN GROUP, SELECT ONE SIGN GROUP TO FOLLOW, BASED ON ORDER OF PRIORITY INDICATED IN THE LIST BELOW:</b></p> <p><b>1. SIGN GROUP 1</b>  <b>2. SIGN GROUP 2</b>  <b>3. SIGN GROUP 3</b></p>	01 = To be followed 02 = Not to be followed 99 = Not applicable ..... . a. Sign group 1 b. Sign group 2 c. Sign group 3	_ _ _ _ _ _ _ _ _	
2B58	<p>How serious did you think, or did anyone else say, that __ ( <b>REPEAT THE SIGNS IN THE ELIGIBLE GROUP IN 2B57</b>) were? Were they...?</p> <p><b>READ RESPONSE OPTIONS 1-3 TO COMPLETE THE QUESITON.</b></p>	01 = Not at all serious → 02 = Possibly serious 03= Definitely serious, life-threatening 99 = Not applicable	_ _ _	2B61
2B59	<p>Now from the time you first noticed these signs (<b>2B57</b>), how soon was it before you, or anyone else, realized they were serious?</p> <p><b>FOR UNITS NOT CHOSEN, PUT 00.</b></p>	## 97 = Don't know 99 = Not applicable ..... a. Within __ minutes b. Within __ hours c. Within __ days d. Within __ weeks	_ _ _ _ _ _ _ _ _ _ _ _	

Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
<b>2B60</b>	<p>Who thought or said they (2B57) were serious?</p> <p><b>REMINDE THE WOMAN TO CONSIDER HERSELF AS SHE THINKS ABOUT HER RESPONSE.</b></p>	<p>01 = Mentioned            02 = Not mentioned            99 = Not applicable</p> <p>.....</p> <p>a. Woman herself            b. Husband            c. Mother-in-law            d. Mother            e. Sister-in-law (Jethani)            f. Sister-in-law (Devrani)            g. Sister-in-law (Nanad)            h. Sister-in-law (Bhabi)            i. Other relative (specify) _____            j. Friend / neighbor            k. Dhankun            l. Dai            m. Bhagat/Ojha            n. Village Dr. (Ved/Hakim/RMP)            o. Nurse (ANM/LHV)            P. English Dr. (MBBS)            Q. Pharmacist            R. Other (specify) _____</p>	<p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p>	
<b>2B61</b>	<p>Who were the people involved in taking action for this problem (2B57) at home?</p> <p><b>REMINDE THE WOMAN TO CONSIDER HERSELF AS SHE THINKS ABOUT HER RESPONSE.</b></p>	<p>01 = Mentioned            02 = Not mentioned            99 = Not applicable</p> <p>.....</p> <p>a. Woman herself            b. Husband            c. Mother-in-law            d. Mother            e. Sister-in-law (Jethani)            f. Sister-in-law (Devrani)            g. Sister-in-law (Nanad)            h. Sister-in-law (Bhabi)            i. Other relative (specify) _____            j. Friend / neighbor            k. Dhankun            l. Dai            m. Bhagat/Ojha            n. Village Dr. (Ved/Hakim/RMP)            o. Nurse (ANM/LHV)            P. English Dr. (MBBS)            Q. Pharmacist            r. Other (specify) _____</p>	<p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p>	



Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

**INSTRUCTIONS FOR 2B62 WORKSHEET**

**TAPE THE WOMAN'S RESPONSE. IDENTIFY THE QUESTION NUMBER. FOLLOW THE INSTRUCTIONS BELOW:**

**COLUMN 1: CLARIFY WHO WAS INVOLVED IN TAKING ACTION FOR THIS PROBLEM AT HOME, IF ANYONE.**

**COLUMN 2: ASK: What did \_\_ (PERSON) say should be done to help resolve the problem at home, if anything?**

**COLUMN 3: ASK: What did \_\_ (PERSON) actually do to help resolve the problem at home, if anything?**

**COLUMN 4: ASK: In what order were these actions taken?**

**CLARIFY IN WHAT ORDER WERE THE ACTIONS TAKEN...1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>. ETC.? NOTE: IF A 'PROCEDURE' WAS DONE, ASK ABOUT EACH STEP OR 'HOW' IT WAS DONE. FOR EXAMPLE, IF THE BABY WAS RESUSCITATED, WHAT WERE THE STEPS INVOLVED.**

**REMINDE THE WOMAN THAT THE QUESTIONS ARE ABOUT THE TIME PERIOD FROM WHEN THE SIGNS WERE FIRST REALIZED UP TO THE TIME THEY RESOLVED-- OR TREATMENT WAS SOUGHT OUTSIDE THE HOME, IF AT ALL.**

**RETURN TO 2B62 AND CODE THE RESPONSES AS INSTRUCTED.**

1. WHO WAS INVOLVED IN TAKING ACTION?	2. WHAT DID THIS PERSON SAY SHOULD BE DONE?	3. WHAT DID THIS PERSON ACTUALLY DO IN DETAIL?	4. WHAT ORDER WERE THINGS DONE?



Insert Questionnaire Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION B (LABOR AND BIRTH)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B67	<p><b>ATTENTION!</b></p> <p><b>THERE ARE THREE IMPORTANT THINGS TO ASK YOURSELF ABOUT THIS SITUATION: (1) WAS ANY SIGN GROUP ELIGIBLE, (2) DID THE BABY SURVIVE HOME.TREATMENT, (3) WAS TREATMENT SOUGHT OUTSIDE OF THE HOME?</b></p> <p><b>REVIEW THE MAP II FLOW CHART ON THE NEXT PAGE.</b></p> <p><b>CODE THE CORRECT RESPONSE.</b></p> <p><b>THEN SKIP AS DIRECTED.</b></p> <p>.</p>	<p>01 = SECTION 2C            02 = FORM 3            03 = FORM 4</p>	<p>— —</p>	

FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE  
SECTION B (LABOR AND BIRTH)

Insert Questionnaire Number

MAP II FLOW CHART

WAS ANY SIGN GROUP ELIGIBLE?  
(CHECK 2B44 FOR WOMAN AND 2B57 FOR BABY)

YES  
↓

NO  
↓

FORM C

DID THE BABY SURVIVE HOME TREATMENT?  
(CHECK 2B64)

YES  
↓

NO  
↓

WAS TREATMENT SOUGHT OUTSIDE THE HOME?  
(CHECK 2B51 AND 2B65)

FORM 4

YES  
↓

NO  
↓

FORM 3

SECTION 2C



Insert Questionnaire Number

**FORM -2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION C (POSTPARTUM OR POST ABORTION)**

VAR.	QUESTION AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2C04	<p>On which days was the check made? Was it made on the...?</p> <p><b>READ EACH ITEM IN THE LIST TO THE RIGHT TO COMPLETE THE QUESTION.</b></p>	<p>01 = Yes 02 = No 99 = Not applicable</p> <p>.....</p> <p>a. 1<sup>st</sup> day b. 2<sup>nd</sup> day c. 3<sup>rd</sup> day d. 4<sup>th</sup> – 7<sup>th</sup> day e. After the 7<sup>th</sup> day</p>	<p>— — —</p> <p>— — —</p> <p>— — —</p> <p>— — —</p> <p>— — —</p>	
2C05	<p>How many days after the ___ (DELIVERY, MISCARRIAGE OR ABORTION) did your bleeding or discharge last?</p>	<p>## 90 = If more than 30 days</p>	<p>— — —</p>	
2C06	<p>Did you go outside the home for a routine checkup to be sure everything was normal during the first six weeks after the ___ (DELIVERY, MISCARRIAGE OR ABORTION)?</p> <p><b>IF 'YES', ASK WHEN (IN WEEKS) THE WOMAN FIRST WENT FOR THE CHECKUP.</b></p> <p><b>BE SURE THAT THE WOMAN IS REFERRING TO HERSELF AND NOT THE BABY.</b></p>	<p>01 = Yes, week 1 02 = Yes, week 2 03 = Yes, week 3 04 = Yes, weeks 4 – 6 05 = Yes, after 6 weeks (specify) ___ 06 = Did not go for check-up → 96 = Other (specify) _____</p>	<p>— — —</p>	<b>2C09</b>
2C07	<p>To whom did you go?</p> <p><b>ASK FOR THE NAME OF THE PROVIDER(S), IF KNOWN, WRITE THE INFORMATION HERE:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>01 = Mentioned 02 = Not mentioned 99 = Not applicable</p> <p>.....</p> <p>a. Dhankun b. Dai c. Bhagat/Ojha d. Village Dr. (Ved/Hakim/RMP) e. Nurse (ANM/LHV) f. English Dr. (MBBS) g. Pharmacist H. Other (specify) _____</p>	<p>— — —</p> <p>— — —</p> <p>— — —</p> <p>— — —</p> <p>— — —</p> <p>— — —</p> <p>— — —</p> <p>— — —</p>	
2C08	<p>Where did you go?</p> <p><b>ASK FOR THE NAME OF THE PLACE(S), IF KNOWN, WRITE THE INFORMATION HERE.</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>01 = Mentioned 02 = Not mentioned 99 = Not applicable</p> <p>.....</p> <p>a. Someone's home (specify) ___ b. Village Dr. clinic c. Sub-center d. PHC/CHC e. Nursing Home/pvt. hospital f. Govt. Hospital g. Pharmacy h. Other (specify) _____</p>	<p>— — —</p> <p>— — —</p> <p>— — —</p> <p>— — —</p> <p>— — —</p> <p>— — —</p> <p>— — —</p> <p>— — —</p>	

**FORM -2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION C (POSTPARTUM OR POST ABORTION)**

VAR.	QUESTION AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
<p><b>QUESTIONS 2C09 – 2C18 ARE ABOUT RECOGNIZING LIFE-THREATENING PROBLEMS.</b></p>				
<p><b>(SAY)</b> Just as problems can sometimes happen during pregnancy and childbirth, they can also happen after childbirth. Now I would like to ask you about problems that can happen during the 6 weeks after __ <b>(DELIVERY, MISCARRIAGE OR ABORTION)</b>. Think about the time beginning after the first day and up through six weeks...</p>				
<p><b>2C09</b></p>	<p>Tell me, what are some of the signs of serious problems that can happen after a __ <b>(DELIVERY, MISCARRIAGE OR ABORTION)</b>... 'danger signs'</p>	<p>01 = Mentioned                      02 = Not mentioned                      99 = Not applicable</p> <p>.....</p> <p>a. Excessive vaginal bleeding                      b. Vaginal discharge has a bad smell                      c. Severe abdominal pain                      d. High fever                      e. Swelling of the hands or face                      f. High blood pressure (measured)                      g. Fits or convulsions                      h. Other (specify) _____</p>	<p>— —                      — —                      — —                      — —                      — —                      — —                      — —                      — —</p>	
<p><b>2C10</b></p>	<p><b>THIS QUESTION IS ABOUT SIGNS OF SERIOUS PROBLEMS THAT MAY HAVE BEEN NOTICED AND THEREFORE ELIGIBLE TO BE FOLLOWED.</b></p> <p><b>GO TO WORKSHEET 2C10 ON THE NEXT PAGE AND FOLLOW THE INSTRUCTIONS.</b></p> <p><b>THEN, BEFORE GOING ON TO 2C11, REFER TO THE 2C10 WORKSHEET AND CODE EACH SIGN GROUP LISTED TO THE RIGHT, AS INDICATED.</b></p>	<p>01 = Eligible                      02 = Not eligible                      99 = Not applicable</p> <p>.....</p> <p>a. Sign group 1                      b. Sign group 2                      c. Sign group 3                      d. Sign group 4</p>	<p>— —                      — —                      — —                      — —</p>	

Insert Questionnaire Number

**FORM -2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION C (POSTPARTUM OR POST ABORTION)**

**2C10 WORKSHEET INSTRUCTIONS**

**TAPE THE WOMAN'S RESPONSE. IDENTIFY THE QUESTION NUMBER. THEN FOLLOW THE INSTRUCTIONS:**

- 1. ASK THE FOLLOWING QUESTION (UNPROMPTED). PLACE A TICK (✓) IN THE APPROPRIATE CELL, IF NOTICED:**

During the six weeks after \_\_\_ (DELIVERY, MISCARRIAGE OR ABORTION), what were some of the signs of problems that you noticed, if any?

- 2. THEN ASK THE FOLLOWING QUESTION (PROMPTED, THAT IS COMPLETE BY READING EACH ITEM IN THE LEFT-HAND COLUMN THAT DOES NOT ALREADY HAVE A TICK MARK). PLACE A TICK (✓) IN THE APPROPRIATE CELL, IF NOTICED**

Did you notice any of these signs or problems...?

- 3. FOR EACH ITEM THAT IS TICKED, ASK THE WOMAN WHICH DAY THIS SIGN WAS FIRST NOTICED.**

- 4. FOR EACH ITEM THAT IS TICKED, ASK HOW LONG (IN DAY OR WEEKS) THIS SIGN LASTED.**

SIGN OR PROBLEM	1. UNPROMPTED	2. PROMPTED	3.FIRST NOTICED? (DAYS)	4. HOW LONG? (DAYS / WEEKS)
<b>SIGN GROUP 1</b>				
a. Vaginal bleeding (QUALIFY)				
1. Soaked 1 clean pad in 5 min.				
2. Soaked > 1 clean pad per hour				
2. More than ½ 'kilo'				
3. Continuous small trickle				
4. With fist sized blood clots				
5. With passing of tissue				
6. Bright red / fresh blood				
<b>SIGN GROUP 2</b>				
a. Rapid heart beat				
b. Rapid breathing				
c. Cold skin				
d. Extreme weakness OR collapse				
e. Low blood pressure (only if measured)				
<b>SIGN GROUP 3</b>				
a. High fever (>101.3 F)				
b. With hard, painful abdomen				
c. Vaginal discharge with abnormal smell or color (pus)				
<b>SIGN GROUP 4</b>				
a. Swelling of face and hands				
b. Fits / convulsions				
1. Ever occur outside pregnancy?				
c. High blood pressure (only if measured)				
<b>SIGN GROUP 'OTHER'</b>				
a. Severe headache				
b. Spots before the eyes OR blurred vision				
c. High fever (temperature > 101.3 F)				
d. Chills				
e. Body aches				
f. Difficulty breathing				
g. Coughing green mucous				

Insert Questionnaire Number

**FORM -2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION C (POSTPARTUM OR POST ABORTION)**

2C10 WORKSHEET (Cont.)				
SIGN OR PROBLEM	1. UNPROMPTED	2. PROMPTED	3.FIRST NOTICED (DAYS)	4. HOW LONG? (DAYS / WEEKS)
h. Hard, painful, red breast				
i. Painful wound where baby came out				
j. Low back or waist pain				
k. Burning with urination				
l. Pale nail beds, inside lower eyelids				
m. Other (specify) _____				
n. Other (specify) _____				
o. Other (specify) _____				
p. Other (specify) _____				
q. Other (specify) _____				
r. Other (specify) _____				
s. Other (specify) _____				
t. Other (specify) _____				
u. Other (specify) _____				
v. Other (specify) _____				

**5. REVIEW EACH SIGN GROUP AND DECIDE IF IT IS ELIGIBLE TO BE FOLLOWED.**

**SIGN GROUP 1 IS ELIGIBLE IF: ANY SIGN IS TICKED.**

**SIGN GROUP 2 IS ELIGIBLE IF: ALL SIGNS (EXCEPT ‘e’) ARE TICKED.**

**SIGN GROUP 3 IS ELIGIBLE IF: “a” AND ONE OTHER SIGN IS T ICKED**

**SIGN GROUP 4 IS ELIGIBLE IF: ANY SIGNS ARE TICKED**

**SIGN GROUP ‘OTHER’ IS NOT ELIGIBLE**

**6. RETURN TO 2C10 AND CODE THE ELIGIBLE SIGN GROUPS, AS APPROPRIATE.**

**FORM -2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION C (POSTPARTUM OR POST ABORTION)**

VAR.	QUESTION AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2C11	<p><b>ATTENTION!</b></p> <p><b>HOW MANY SIGN GROUPS ARE ELIGIBLE IN 2C10, IF ANY?</b></p> <p>(NOTE: FIELD EDITORS USE THIS QUESTION TO SCREEN FOR MAP III)</p>	<p>01 = None →</p> <p>02 = One →</p> <p>03 = More than one</p> <p>99 = Not applicable</p>	<p>— —</p>	<p>2C21</p> <p>2C13</p>
2C12	<p><b>ATTENTION!</b></p> <p><b>IF THERE IS MORE THAN ONE ELIGIBLE SIGN GROUP , SELECT ONE SIGN GROUP TO FOLLOW, BASED ON ORDER OF PRIORITY INDICATED IN THE LIST BELOW:</b></p> <p><b>1. SIGN GROUP 1</b></p> <p><b>2. SIGN GROUP 2</b></p> <p><b>3. SIGN GROUP 3</b></p> <p><b>4. SIGN GROUP 4</b></p>	<p>01 = To be followed</p> <p>02 = Not to be followed</p> <p>99 = Not applicable</p> <p>.....</p> <p>a. Sign group 1</p> <p>b. Sign group 2</p> <p>c. Sign group 3</p> <p>d. Sign group 4</p>	<p>— —</p> <p>— —</p> <p>— —</p> <p>— —</p> <p>— —</p>	
2C13	<p>How serious did you think, or did anyone else say, that ____ ( <b>REPEAT THE SIGNS IN THE ELIGIBLE GROUP IN 2C12</b>) were? Were they...?</p> <p><b>READ RESPONSE OPTIONS 1 - 3 TO COMPLETE THE QUESITON.</b></p>	<p>01 = Not at all serious →</p> <p>02 = Possibly serious</p> <p>03= Definitely serious, life-threatening</p> <p>99 = Not applicable</p>	<p>— —</p>	<p>2C16</p>
2C14	<p>Once you first noticed these signs (2C12), how soon was it before you, or anyone else, realized they were serious?</p> <p><b>FOR UNITS NOT CHOSEN, PUT 00.</b></p>	<p>##</p> <p>97 = Don't know</p> <p>99 = Not applicable</p> <p>.....</p> <p>a. Within __ minutes</p> <p>b. Within __ hours</p> <p>c. Within __ days</p> <p>d. Within __ weeks</p>	<p>— —</p> <p>— —</p> <p>— —</p> <p>— —</p>	





Insert Questionnaire Number

**FORM -2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION C (POSTPARTUM OR POST ABORTION)**

**INSTRUCTIONS FOR 2C17 WORKSHEET**

**TAPE THE WOMAN'S RESPONSE. IDENTIFY THE QUESTION NUMBER. FOLLOW THE INSTRUCTIONS BELOW:**

**COLUMN 1: CLARIFY WHO WAS INVOLVED IN TAKING ACTION FOR THIS PROBLEM AT HOME, IF ANYONE.**

**COLUMN 2: ASK: What did \_\_ (PERSON) say should be done to help resolve the problem at home, if anything?**

**COLUMN 3: ASK: What did \_\_ (PERSON) actually do to help resolve the problem at home, if anything?**

**COLUMN 4: ASK: In what order were these actions taken?**

**CLARIFY IN WHAT ORDER WERE THE ACTIONS TAKEN...1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>. ETC.? NOTE: IF A 'PROCEDURE' WAS DONE, ASK ABOUT EACH STEP OR 'HOW' IT WAS DONE. FOR EXAMPLE, IF THE WOMB WAS SQUEEZED WITH 2 HANDS OR SHOCK CARE WAS GIVEN, WHAT WERE THE STEPS INVOLVED.**

**REMINDE THE WOMAN THAT THE QUESTIONS ARE ABOUT THE TIME PERIOD FROM WHEN THE SIGNS WERE FIRST REALIZED UP TO THE TIME THEY RESOLVED-- OR TREATMENT WAS SOUGHT OUTSIDE THE HOME, IF AT ALL.**

**RETURN TO 2C17 AND CODE THE RESPONSES AS INSTRUCTED.**

1. WHO WAS INVOLVED IN TAKING ACTION?	2. WHAT DID THIS PERSON SAY SHOULD BE DONE?	3. WHAT DID THIS PERSON ACTUALLY DO IN DETAIL?	4. WHAT ORDER WERE THINGS DONE?

Insert Questionnaire Number

**FORM -2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION C (POSTPARTUM OR POST ABORTION)**

VAR	QUESTION AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2C18	Once the problem (2C12) was realized, how soon did the actions begin?  <b>FOR UNITS NOT CHOSEN, PUT 00. IF ALL CODED '00' SKIP TO 2C21.</b>	## 00 = ..... → 99 = Not applicable  ..... a. Within __ minutes b. Within __ hours c. Within __ days d. Within __ weeks	___ ___ ___	2C21
2C19	Did you seek treatment outside of the home for the problem (2C12)?	01 = Yes → 02 = No 99 = Not applicable	___	2C21
2C20	What are some reasons why you did <i>not</i> seek treatment outside of the home?	01 = Mentioned 02 = Not mentioned 99 = Not applicable  ..... a. Provider said unnecessary b. Provider.came.to.home c. Family said unnecessary d. You thought unnecessary e. Too busy f. Too far away g. It was night time h. Not enough money to pay i. No childcare available j. Husband / family forbid k. No transportation l. Afraid to go m. Didn't know where to go n. No trust in health facility or staff o. Not sure about length of stay p. Other (specify) _____	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	



**FORM -2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION C (POSTPARTUM OR POST ABORTION)**

VAR	QUESTION AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2C25	Are you and your husband/partner using a method of family planning now?	01 = Yes 02 = No → 99 = Not applicable	— —	2C27
2C26	What method(s) are you currently using?  AFTER RESPONSE → 2C28	01 = Mentioned 02 = Not mentioned 99 = Not applicable  ..... a. Breast feeding (specify if exclusive) _____ b. Condoms c. Oral pills d. Injection e. Copper -T (IUD) f. Withdrawal / rhythm g. Sterilization (tubectomy) h. Sterilization (vasectomy) i. Abstinence j. Other (specify) _____	— — — — — — — — — — — — — — — — — — — — — —	2C28
2C27	What are some reasons why you and your husband/partner are not using a family planning method now?	01 = Mentioned 02 = Not mentioned 99 = Not applicable  ..... a. Currently pregnant b. Want another child c. Afraid of side effects d. Husband (partner) disapproves e. Family disapproves f. No knowledge of method g. No availability of methods h. Can not pay for method i. No privacy to use method j. Other (specify) _____	— — — — — — — — — — — — — — — — — — — — — —	

Insert Questionnaire Number

**FORM -2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION C (POSTPARTUM OR POST ABORTION)**

VAR	QUESTION AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2C28	<p><b>ATTENTION!</b></p> <p><b>THERE ARE THREE IMPORTANT THINGS TO ASK YOURSELF ABOUT THIS SITUATION: (1) WAS ANY SIGN GROUP ELIGIBLE, (2) DID THE FETUS/BABY SURVIVE FIRST DAY OF LIFE, (3) WAS TREATMENT SOUGHT OUTSIDE THE HOME?</b></p> <p><b>REVIEW THE MAP II FLOW CHART ON THE NEXT PAGE.</b></p> <p><b>CODE THE CORRECT RESPONSE.</b></p> <p><b>THEN SKIP AS DIRECTED.</b></p> <p><b>IF THE CORRECT OPTION IS TO STOP (03) , RECORD THE TIME IN HOUR:MINUTES HERE: __: __</b>  <b>THEN END THE INTERVIEW AND THANK THE WOMAN.</b></p>	<p>01 = FORM 2D            02 = FORM 3            03 = STOP</p>	<p style="text-align: center;">— —</p>	

MAP II FLOW CHART

WAS ANY SIGN GROUP ELIGIBLE?  
(CHECK 2C12)

YES  
↓

NO  
↓

DID THE BABY SURVIVE THE FIRST DAY OF LIFE?  
(CHECK 2B64 AND 323)

YES  
↓

NO  
↓

WAS TREATMENT SOUGHT OUTSIDE THE HOME?  
(CHECK 2C19)

STOP!

YES  
↓

NO  
↓

FORM 3

SECTION 2D

FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE

SECTION D (NEWBORN)

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
<b>QUESTIONS 2D01 – 2D 17 ARE ABOUT THE NEWBORN HISTORY.</b>				
<b>(SAY)</b> The first month of the baby’s life is very important. Now, I would like to ask you some questions about the baby and the care s/he received during this time...				
<b>2D01</b>	How well did baby suck on the <i>first day of life</i> ?	01 = Not offered anything to suck 02 = Would not suck (turned away) 03 = Sucked weakly 04 = Sucked vigorously 96 = Other (specify) _____ 97 = Don’t know	_ _ _	
<b>2D02</b>	What substances were given to the baby to drink during the <i>first three days of life</i> ?	01 = Mentioned 02 = Not mentioned ..... a. Given no substance b. Mother’s first milk c. Plain water d. Sugar water / jaggery e. Herbal water (janam ghutti) f. Gripe water g. Honey h. Cow, goat, buffalo milk i. Cow, goat, buffalo milk + water j. Powdered milk k. Other (specify) _____	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
<b>2D03</b>	Did you breast feed the baby?	01 = Yes 02 = No →	_ _ _	<b>2D08</b>
<b>2D04</b>	How soon after birth did you start breast-feeding the baby?  <b>FOR UNITS NOT CHOSEN, PUT 00.</b>	## 99 = Not applicable ..... a. Within __ minutes b. Within __ hours c. Within __ days	_ _ _ _ _ _ _ _ _	
<b>2D05</b>	During the first month of life, did the baby stop breast-feeding after some period of partial or total breast-feeding?	01 = Yes 02 = No → 99 = Not applicable	_ _ _	<b>2D08</b>
<b>2D06</b>	At what age (in weeks) did the baby stop breast- feeding?	## 99 = Not applicable	_ _ _	
<b>2D07</b>	Why did the baby stop breast-feeding?	01 = Baby was ill, refused to feed 02 = Baby died 03 = Woman was ill, unable to feed 04 = Woman decided not to feed 96 = Other (specify) _____ 97 = Don’t know 99 = Not applicable	_ _ _	

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**

**SECTION D (NEWBORN)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2D08	What was the pattern of feeding at 2 weeks of age?	01 = Exclusive breast 02 = Only top feeding (cow, goat buffalo milk) 03 = Mostly breast feeding, some top feeding 04 = Mostly top feeding, some breast feeding 05 = Half breast and half top feeding 06 = Powdered milk 96 = Other (specify) _____ 99 = Not applicable	— —	
2D09	What was the pattern of feeding at one month of age?	01 = Exclusive breast 02 = Only top feeding (cow, goat, buffalo milk) 03 = Mostly breast feeding, some top feeding 04 = Mostly top feeding, some breast feeding 05 = Half breast and half top feeding 06 = Powdered milk 96 = Other (specify) _____ 99 = Not applicable	— —	
2D10	What method of top feeding was mainly given, if any?	01 = Bottle 02 = Spoon 03 = Tumbler or bowl 04 = Soaked cotton wick 05 = Top feeding not given 96 = Other (specify) _____	— —	
2D11	How soon after birth (in days) was the baby bathed?	##	— —	
2D12	What, if anything, was put on the baby's umbilical cord stump until it fell off?	01 = Mentioned 02 = Not mentioned ..... a. Mustard oil b. Gentian violet c. Vermilion d. Ash e. Cow dung f. Sulfa powder g. Antibiotic ointment h. Cotton wool covering i. Belly binder j. Other (specify) _____	— — — — — — — — — — — — — — — — — — — —	

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**

**SECTION D (NEWBORN)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2D13	When did you first take the baby for a routine checkup to be sure everything was normal, if at all? .	01 = In first week 02 = In second week 03 = In third week 04 = In fourth week 05 = In fourth – sixth week 06 = After sixth week 07 = Did not take baby → 96 = Other (specify) _____	___	2D16
2D14	To whom did you go? .	01 = Mentioned 02 = Not mentioned 99 = Not applicable  ..... a. Dhankun b. Dai c. Bhagat/Ojha d. Village Dr. (Ved/Hakim/RMP) e. Nurse (ANM/LHV) f. English Dr. (MBBS) g. Pharmacist h. Other (specify) _____	___ ___ ___ ___ ___ ___ ___ ___	
2D15	Where did you take the baby for the checkup?	01 = Mentioned 02 = Not mentioned 99 = Not applicable  ..... a. Someone's home (specify)_____ b. Village Dr. clinic c. Sub-center d. PHC/CHC e. Nursing Home/ Pvt. hospital f. Govt. Hospital g. Pharmacy h. Other (specify) _____	___ ___ ___ ___ ___ ___ ___ ___	

**QUESTIONS 2D16 – 2D23 ARE ABOUT RECOGNITION OF LIFE-THREATENING PROBLEMS.**

(SAY) Now I would like to ask you about problems that can happen during the baby's first month of life...

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**

**SECTION D (NEWBORN)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2D16	<p>Tell me, what are some signs of serious problems that can happen during the baby's first month of life... 'danger' signs?</p>	<p>01 = Mentioned                      02 = Not mentioned                      99 = Not applicable                      .....</p> <p>a. Poor sucking or feeding                      b. Forceful or regular vomiting                      c. Frequent watery stools                      d. Difficult to arouse, very 'sleepy'                      e. Unconscious                      f. Fits or convulsions                      g. High pitched or weak cry                      h. Fever, body (trunk) hot to touch                      i. Body (trunk) cold to touch                      j. Pale blue color of body                      k. Difficulty breathing                      l. Swollen eyes with discharge                      m. Yellow color of palms or soles                      n. Red cord with pus or bad odor                      o. Other (specify) _____</p>	<p>___                      ___                      ___                      ___                      ___                      ___                      ___                      ___                      ___                      ___                      ___                      ___                      ___                      ___                      ___                      ___                      ___                      ___</p>	
2D17	<p><b>THIS QUESTION IS ABOUT SIGNS OF SERIOUS PROBLEMS THAT MAY HAVE BEEN NOTICED AND THEREFORE ELIGIBLE TO BE FOLLOWED.</b></p> <p><b>GO TO WORKSHEET 2D17 ON THE NEXT PAGE AND FOLLOW THE INSTRUCTIONS.</b></p> <p><b>THEN, BEFORE GOING ON TO 2D18, REFER TO THE 2D17 WORKSHEET AND CODE EACH SIGN GROUP LISTED TO THE RIGHT, AS INDICATED.</b></p>	<p>01 = Eligible                      02 = Not eligible                      99 = Not applicable                      .....</p> <p>a. Sign group 1                      b. Sign group 2                      c. Sign group 3                      d. Sign group 4                      e. Sign group 'other'</p>	<p>___                      ___                      ___                      ___                      ___</p>	

Insert Question Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION D (NEWBORN)**

**2D17 WORKSHEET**

**TAPE THE WOMAN'S RESPONSE. IDENTIFY THE QUESTION NUMBER. THEN FOLLOW THE INSTRUCTIONS:**

- 1. ASK THE FOLLOWING QUESTION (UNPROMPTED). PLACE A TICK (✓) IN THE APPROPRIATE CELL, IF NOTICED:**

During the baby's first month of life, what were some of the signs of problems that you noticed, if any?

- 2. THEN ASK THE FOLLOWING QUESTION (PROMPTED, THAT IS COMPLETE BY READING EACH ITEM IN THE LEFT-HAND COLUMN THAT DOES NOT ALREADY HAVE A TICK MARK). PLACE A TICK (✓) IN THE APPROPRIATE CELL, IF NOTICED**

Did you notice any of these signs or problems in the baby...?

- 3. FOR EACH ITEM THAT IS TICKED, ASK THE WOMAN WHICH DAY OF LIFE THIS SIGN WAS FIRST NOTICED.**

- 4. FOR EACH ITEM THAT IS TICKED, ASK HOW LONG (IN DAYS) THIS SIGN LASTED.**

SIGN OR PROBLEM	1. UNPROMPTED	2. PROMPTED	3. DAY FIRST NOTICED	4. HOW LONG (DAYS)
<b>SIGN GROUP 1</b>				
a. Rapid breathing (> 60 min)				
b. Drawing in of the chest				
<b>SIGN GROUP 2</b>				
a. Unable to open mouth				
b. Stiff, body arching backward				
c. Jerky movement, especially with stimulation				
<b>SIGN GROUP 3</b>				
a. Poor sucking / feeding OR unable to suck / swallow)				
b. Refused feed after accepting				
c. Very weak or high pitched cry				
d. Difficult to arouse, very 'sleepy'				
<b>SIGN GROUP 4</b>				
a. Change in bowel habit				
b. Watery frequent stools (>6 per 24 hr)				
c. Blood or mucous in stool				
<b>SIGN GROUP 'OTHER'</b>				
a. Fever, body hot to touch				
b. Body cold to touch				
c. Forceful or regular vomiting				
d. Swollen distended abdomen				
e. Grunting with breathing				
f. Moments without breathing				
g. Sudden choking				
h. Pale blue color of body (trunk)				
i. Red cord with pus or bad smell				
j. Yellow color or palms or soles				
k. Swollen eyes with discharge				
l. Boils on the skin				
m. Bleeding (other than stools)				

Insert Question Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION D (NEWBORN)**

2D17 WORKSHEET (Cont.)				
SIGN OR PROBLEM	1. UNPROMPTED	2. PROMPTED	3. DAY FIRST NOTICED	4. HOW LONG NOTICED
n. Other (specify) _____				
o. Other (specify) _____				
p. Other (specify) _____				
q. Other (specify) _____				
r. Other (specify) _____				
s. Other (specify) _____				
t. Other (specify) _____				
u. Other (specify) _____				
v. Other (specify) _____				
w. Other (specify) _____				

**5. REVIEW EACH SIGN GROUP AND DECIDE IF IT IS ELIGIBLE TO BE FOLLOWED.**

**SIGN GROUP 1 IS ELIGIBLE IF: ALL SIGNS ARE TICKED.**

**SIGN GROUP 2 IS ELIGIBLE IF: ANY SIGNS ARE TICKED.**

**SIGN GROUP 3 IS ELIGIBLE IF: ANY SIGNS ARE TICKED.**

**SIGN GROUP 4 IS ELIGIBLE IF: AT LEAST 2 SIGNS ARE TICKED**

**SIGN GROUP 'OTHER' IS NOT ELIGIBLE**

**6. RETURN TO 2D17 AND CODE THE ELIGIBLE SIGN GROUPS, AS APPROPRIATE.**

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE  
SECTION D (NEWBORN)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2D18	<p><b>ATTENTION!</b></p> <p><b>HOW MANY SIGN GROUPS ARE ELIGIBLE IN 2D17, IF ANY?</b></p> <p><b>(NOTE: FIELD EDITORS USE THIS QUESTION TO SCREEN FOR MAP III)</b></p>	01 = None → 02 = One → 03 = More than one 99 = Not applicable	— —	2D29 2D20
2D19	<p><b>ATTENTION!</b></p> <p><b>IF THERE IS MORE THAN ONE ELIGIBLE SIGN GROUP, SELECT ONE SIGN GROUP TO FOLLOW, BASED ON ORDER OF PRIORITY INDICATED IN THE LIST BELOW:</b></p> <p>1. SIGN GROUP 1                      2. SIGN GROUP 2                      3. SIGN GROUP 3                      4. SIGN GROUP 4</p>	01 = To be followed 02 = Not to be followed 99 = Not applicable ..... . a. Sign group 1 b. Sign group 2 c. Sign group 3 d. Sign group 4	— — — — — — — —	
2D20	<p>How serious did you think, or did anyone else say, that __ (REPEAT THE SIGNS IN ELIGIBLE SIGN GROUP 2D19) were? Were they...?</p> <p><b>READ RESPONSE OPTIONS 1-3 TO COMPLETE THE QUESTION.</b></p>	01 = Not at all serious → 02 = Possibly serious 03 = Definitely serious, life-threatening 99 = Not applicable	— —	2D23
2D21	<p>Once you first noticed these signs (2D19) how soon was if before you, or anyone else, realized they were serious?</p> <p><b>FOR UNITS NOT CHOSEN, PUT 00.</b></p>	## 99 = Not applicable ..... a. Within __minutes b. Within __ hours c. Within __ days d. Within __ weeks	— — — — — — — —	





Insert Question Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION D (NEWBORN)**

**INSTRUCTIONS FOR 2D24 WORKSHEET**

**TAPE THE WOMAN'S RESPONSE. IDENTIFY THE QUESTION NUMBER. FOLLOW THE INSTRUCTIONS BELOW:**

**COLUMN 1: CLARIFY WHO WAS INVOLVED IN TAKING ACTION FOR THIS PROBLEM AT HOME, IF ANYONE.**

**COLUMN 2: ASK:** What did \_\_ (PERSON) say should be done to help resolve the problem at home, if anything?

**COLUMN 3: ASK:** What did \_\_ (PERSON) actually do to help resolve the problem at home, if anything?

**COLUMN 4: ASK:** In what order were these actions taken?

**CLARIFY IN WHAT ORDER WERE THE ACTIONS TAKEN...1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>. ETC.? NOTE: IF A 'PROCEDURE' WAS DONE, ASK ABOUT EACH STEP OR 'HOW' IT WAS DONE. FOR EXAMPLE, IF 'ORS' SOLUTION WAS PREPARED AND GIVEN, HOW WAS THIS DONE.**

**REMIND THE WOMAN THAT THE QUESTIONS ARE ABOUT THE TIME PERIOD FROM WHEN THE SIGNS WERE FIRST REALIZED UP TO THE TIME THEY RESOLVED-- OR TREATMENT WAS SOUGHT OUTSIDE THE HOME, IF AT ALL.**

**RETURN TO 2D24 AND CODE THE RESPONSES AS INSTRUCTED.**

1. WHO WAS INVOLVED IN TAKING ACTION?	2. WHAT DID THIS PERSON SAY SHOULD BE DONE?	3. WHAT DID THIS PERSON ACTUALLY DO IN DETAIL?	4. WHAT ORDER WERE THINGS DONE?



**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**

**SECTION D (NEWBORN)**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2D29	<p><b>ATTENTION!</b></p> <p><b>THERE ARE THREE IMPORTANT THINGS TO ASK YOURSELF ABOUT THIS SITUATION: (1) WAS ANY SIGN GROUP ELIGIBLE, (2) DID THE BABY SURVIVE HOME TREATMENT, (3) WAS TREATMENT SOUGHT OUTSIDE THE HOME?</b></p> <p><b>REVIEW THE MAP II FLOW CHART BELOW.</b></p> <p><b>CODE THE CORRECT RESPONSE.</b></p> <p><b>THEN SKIP AS DIRECTED.</b></p> <p><b>IF THE CORRECT OPTION IS TO STOP ,, RECORD THE TIME (HOUR:MINUTES): __:__. THEN END THE INTERVIEW AND THANK THE WOMAN.</b></p>	<p>01 = FORM 3 02 = FORM 4 03 = STOP!</p>	<p>— —</p>	

Insert Question Number

**FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1<sup>ST</sup> RESPONSE**  
**SECTION D (NEWBORN)**

**MAP II FLOW CHART**

**WAS ANY SIGN GROUP ELIGIBLE?**  
(CHECK 2D19)

**YES**  
↓

**NO**  
↓

**STOP!**

**DID THE BABY SURVIVE HOME TREATMENT?**  
(CHECK 2D 26)

**YES**  
↓

**NO**  
↓

**WAS TREATMENT SOUGHT OUTSIDE THE HOME?**  
(CHECK 2D 27)

**FORM 4**

**YES**  
↓

**NO**  
↓

**FORM 3**

**STOP!**

**FORM 3: DECISION MAKING AND REFERRAL**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
<p><b>REMINDER: USE ONE COPY OF FORM-3 FOR EACH TIME THE WOMAN OR BABY WAS TAKEN OUTSIDE OF THE HOME FOR TREATMENT.</b></p>				
<p><b>QUESTIONS 301 – 316 ARE ABOUT DECISION-MAKING AND REFERRAL.</b></p>				
<p><b>(SAY)</b> I would now like to ask you some detailed questions about how the decision to go outside the home for treatment was made and what happened next.</p>				
<p><b>301</b></p>	<p><b>ATTENTION!</b></p> <p><b>WHAT PROBLEM LED TO SEEKING TREATMENT OUTSIDE OF THE HOME .</b></p>	<p>01 = 2A29 (WOMAN)/2A28                      02 = 2B44 (WOMAN)/2B43                      03 = 2B57 (BABY)/2B56                      04 = 2B44 / 2B57 (WOMAN / BABY) /2B43/2B46                      05 = 2C12 (WOMAN)/2C11                      06 = 2D19 (BABY)/2D18                      07 = Abortion (If at a Health Facility)</p>	<p>— —</p>	
<p><b>302</b></p>	<p>Who <i>first</i> suggested the need to seek treatment outside of the home?</p> <p><b>REMINDE THE WOMAN TO CONSIDER HERSELF IN HER RESPONSE.</b></p>	<p>01. Woman herself                      02. Mother                      03. Husband                      04. Brother                      05. Mother-in-law                      06. Father-in-law                      07. Brother-in-law (Jeth)                      08. Sister-in-law (Jethani)                      09. Sister-in-law (Devrani)                      10. Sister-in-law (Nanad)                      11. Sister-in-law (Bhabhi)                      12. Other relative (specify) _____                      13. Friend / neighbor                      14. Dhankun                      15. Dai                      16. Bhagat/Ojha                      17. Village Dr. (Ved/Hakim/RMP)                      18. Nurse (ANM/LHV)                      19. English Dr. (MBBS)                      20. Pharmacist                      21. Other (specify) _____                      22. Don't know</p>	<p>— —</p>	



**FORM 3: DECISION MAKING AND REFERRAL**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
305	To whom did __ (301) <i>first</i> go for treatment?  <b>ASK FOR THE NAME OF THE PERSON. IF KNOWN, WRITE THE INFORMATION HERE:</b> _____	01 = Dhankun 02 = Dai 03 = Bhagat/Ojha 04 = Village Dr. (Ved/Hakim/RMP) 05 = Nurse (ANM/LHV) 06 = English Dr. (MBBS) 07 = Pharmacist 96 = Other (specify) _____	___	
306	Where did __ (301) <i>first</i> go?  <b>ASK NAME OF THE PLACE. IF KNOWN, WRITE THE INFORMATION HERE:</b> _____	01 = Someone's home (specify) _____ 02 = Village Dr. clinic 03 = Sub-center 04 = PHC/CHC 05 = Nursing Home/Pvt. hospital 06 = Govt. Hospital 07 = Pharmacy 96 = Other (specify) _____	___	
307	Did __ (301) receive treatment here?	01 = Yes, received treatment → 02= No, did not receive treatment, sent elsewhere 03 = Self referral	___	<b>313</b>
308	Why was __ (301) unable to receive treatment here?	01 = Mentioned 02 = Not mentioned 99 = Not applicable ..... a. Provider said s/he was unable to treat problem, not qualified b. Provider was not available c. Equipment was not available d. Medicines were not available e. Other (specify) _____	___ ___ ___ ___ ___	
309	To whom did __ (301) <i>next</i> go for treatment?  <b>ASK FOR THE NAME OF THE PERSON. IF KNOWN, WRITE THE INFORMATION HERE:</b> _____	01 = Dhankun 02 = Dai 03 = Bhagat/Ojha 04 = Village Dr. (Ved/Hakim/RMP) 05 = Nurse (ANM/LHV) 06 = English Dr. (MBBS) 07 = Pharmacist 96 = Other (specify) _____ 99 = Not applicable	___	
310	Where did __ (301) <i>next</i> go?  <b>ASK NAME OF THE PLACE. IF KNOWN, WRITE THE INFORMATION HERE:</b> _____	01 = Someone's home (specify) _____ 02 = Village Dr. clinic 03 = Sub-center 04 = PHC/CHC 05 = Nursing Home/Pvt. hospital 06 = Govt. Hospital 07 = Pharmacy 96 = Other (specify) _____ 99 = Not applicable	___	

**FORM 3: DECISION MAKING AND REFERRAL**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
311	Did __ (301) receive treatment here?	01 = Yes, received treatment → 02 = No, did not receive treatment, sent elsewhere 03 = Self referral 99 = Not applicable	___	313
312	Why was __ (301) unable to receive treatment here?	01 = Mentioned 02 = Not mentioned 99 = Not applicable  ..... a. Provider said s/he was unable to treat problem, not qualified b. Provider was not available c. Equipment was not available d. Medicines were not available e. Other (specify) _____	___ ___ ___ ___ ___	
313	Altogether, how many places did __ (301) go when seeking treatment, including the place where treatment <i>finally</i> received treatment?	##	___	
314	How was __ (301) taken or transported from home to the place where treatment was <i>finally</i> received?	01 = Mentioned 02 = Not mentioned ..... a. Walked → b. Litter (carried) c. Bicycle d. Bullock / cart e. Horse / cart f. Motor cycle / scooter g. Tractor / trolley h. Tempo i. Motor car / jeep j. Bus / truck k. Other (specify) _____	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	318
315	Was transportation made available from inside OR from outside the village?	01 = Inside the village 02 = Outside of the village 97 = Don't know 99 = Not applicable	___	
316	What was the source of the vehicle?	01 = Pvt., from family 02 = Pvt., from friend / neighbor 03 = Pvt., from someone else in community 04 = Pub. Transport 96 = Other (specify) _____ 97 = Don't know 99 = Not applicable	___	



FORM 3: DECISION MAKING AND REFERRAL

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
321	<p><b>ATTENTION!</b></p> <p><b>DID THIS REFERRAL OCCUR DURING CHILDBIRTH OR DURING THE NEWBORN PERIOD?</b></p>	01 = Childbirth (0 – 1 day of life) 02 = Newborn period (2 – 28 days) → 99 = Not applicable	— —	324
322	<p>Did the baby survive the treatment that was provided outside the home with this referral?</p>	01 = Yes 02 = No 99 = Not applicable	— —	
323	<p>Did the baby survive the first day of life?</p> <p><b>IF ‘NO’ GENTLY EXPLAIN THAT YOU WOULD LIKE TO ASK MORE QUESTIONS TO BETTER UNDERSTAND WHAT HAPPENED...</b></p>	01 = Yes → 02 = No → 99 = Not applicable	— —	326 326
324	<p>Did the baby survive the treatment that was provided outside the home with this referral?</p>	01 = Yes 02 = No 99 = Not applicable	— —	
325	<p>Did the baby survive the first month of life?</p> <p><b>IF ‘NO’ GENTLY EXPLAIN THAT YOU WOULD LIKE TO ASK MORE QUESTIONS TO BETTER UNDERSTAND WHAT HAPPENED...</b></p>	01 = Yes 02 = No 99 = Not applicable	— —	
326	<p>What problem did the health care provider say the baby had?</p>	01 = Mentioned 02 = Not mentioned 99 = Not applicable  ..... a. Birth asphyxia b. Birth trauma c. Physical deformity or defect d. Low birth weight complications e. Tetanus f. Infection (general) g. Infection (diarrhea) h. Infection (pneumonia) i. Did not say j. Other (specify) _____	— — — — — — — — — — — — — — — — — — — — — —	
327	<p><b>ATTENTION!</b></p> <p><b>WAS THE PERSON IN 301 THE WOMAN?</b></p>	01 = Yes 02 = No →	— —	330



**FORM 3: DECISION MAKING AND REFERRAL**

<p><b>331</b></p>	<p>About how much money did your family have to spend on...?</p> <p><b>IF THE WOMAN SAYS “DON’T KNOW” LEAVE THE BOXES BLANK AND SKIP TO 333. .... →</b></p> <p><b>IF ONLY TOTAL EXPENSES ARE REPORTED FILL ‘0000’ IN ‘A-E’.</b></p> <p><b><u>READ THE ITEMS IN THE LIST TO THE RIGHT TO COMPLETE THE QUESTION.</u></b></p> <p><b>SPECIFY IN RUPEES THE AMOUNT PAID FOR EACH COMPONENT.</b></p>	<p>##### 99999 = Not applicable</p> <p>.....</p> <p>a. Transportation b. Services (care) c. Medicines d. Supplies e. Blood f. TOTAL</p>	<p>----- ----- ----- ----- ----- -----</p>	<p><b>333</b></p>
<p><b>332</b></p>	<p>How did your family manage to pay for the treatment received at the facility?</p> <p><b>IF NO MONEY WAS SPENT ON THE TREATMENT CODE ‘99’.</b></p>	<p>01 = Mentioned 02 = Not mentioned 97 = Don’t know 99 = Not applicable</p> <p>.....</p> <p>a. Family savings b. Loan from relatives c. Loan from friend / neighbor d. Loan from SHG / community fund e. Loan from money lender f. Mortgaged / sold family asset g. Other (specify) _____</p>	<p>----- ----- ----- ----- ----- -----</p>	
<p><b>333</b></p>	<p>If __ (301) received blood, what was the source?</p>	<p>01 = Mentioned 02 = Not mentioned 97 = Don’t know 99 = Not applicable</p> <p>.....</p> <p>a. Hospital bank b. Pvt. blood bank (separate from hospital) c. Donation from family d. Donation from friend / neighbor e. Other (specify) _____</p>	<p>-----</p>	
<p><b>334</b></p>	<p>What is your opinion of the treatment provided at this health facility? Were you...?</p> <p><b><u>READ THE RESPONSE OPTIONS TO THE RIGHT TO COMPLETE THE QUESTION.</u></b></p>	<p>01 = Very satisfied 02 = Somewhat satisfied 03 = Dissatisfied</p>	<p>-----</p>	
<p><b>335</b></p>	<p>Would you recommend this health facility to a relative or neighbor if she or her baby experienced a life-threatening problem?</p>	<p>01 = Yes 02 = No</p>	<p>-----</p>	

FORM 3: DECISION MAKING AND REFERRAL

<p>336</p>	<p><b>ATTENTION!</b></p> <p><b>THERE ARE TWO IMPORTANT THINGS TO ASK YOURSELF ABOUT THIS SITUATION: (1) DID THE PREGNANCY CONTINUE OR BABY SURVIVE AND (2) WHAT WAS THE TIME PERIOD OF REFERRAL?</b></p> <p><b>REVIEW THE MAP II FLOW CHART ON THE NEXT PAGE.</b></p> <p><b>CODE THE CORRECT RESPONSE. AND SKIP AS DIRECTED.</b></p> <p><b>IF THE CORRECT RESPONSE IS 'STOP' , RECORD THE TIME HERE (HOURS:MIN): __ : __. THEN END THE INTERVIEW AND THANK THE WOMAN.</b></p>	<p>01 = SECTION 2B 02 = SECTION 2C 03 = SECTION 2D 04 = FORM 4 05 = STOP!</p>	<p>— —</p>	
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**FORM 3: DECISION MAKING AND REFERRAL**

**MAP II FLOW CHART**

**REFERRAL OCCURRED DURING PREGNANCY**

**DID PREGNANCY CONTINUE ≥ 6 MONTHS?  
(CHECK 329)**

**YES  
↓**

**NO  
↓**

**SECTION 2B**

**STOP!**

**REFERRAL OCCURRED DURING CHILDBIRTH**

**DID THE BABY SURVIVE THE FIRST DAY OF LIFE?  
(CHECK 323)**

**YES  
↓**

**NO  
↓**

**FORM 2C**

**FORM 4**

**REFERRAL OCCURRED DURING POSTPARTUM PERIOD**

**DID THE BABY SURVIVE THE FIRST MONTH OF LIFE?  
(CHECK 325)**

**YES  
↓**

**NO  
↓**

**FORM 2D**

**STOP!**

**REFERRAL OCCURRED DURING NEWBORN PERIOD**

**DID THE BABY SURVIVE THE FIRST MONTH OF LIFE?  
(CHECK 325)**

**YES  
↓**

**NO  
↓**

**STOP!**

**FORM 4**



**FORM-4: INQUIRY INTO DEATH OF THE BABY**

<p><b>404</b></p>	<p>What were you told the <i>main</i> cause of death was by the health care provider, <i>if anything</i>?</p>	<p>01 = Birth asphyxia                  02 = Birth trauma                  03 = Physical deformity                  04 = Low birth weight problems(other than RDS)                  05 = Tetanus neonatorum                  06 = Respiratory distress due to prematurity                  07 = Infection (general)                  08 = Infection (diarrhea)                  09 = Infection (pneumonia)                  10 = Infection (specify) _____                  11 = Not told anything                  96 = Other (specify) _____                  97 = Don't know</p>	<p>— —</p>	
<p><b>405</b></p>	<p>Why does the family think the baby died?</p> <p><b>WRITE THE INFORMANT'S RESPONSE HERE:</b></p> <p><b>A LIST OF CAUSES ATTRIBUTED BY THE INFORMANT WILL BE DEVELOPED AND CODED AT CENTRAL OFFICE.</b>  <b>Refer to "Shramik Bharti's Free List" and code.</b></p>	<p>01 = Cause of death                  02 = Not cause of death</p> <p>.....</p> <p>a. _____                  b. _____                  c. _____                  d. _____                  e. _____                  f. _____                  g. _____                  h. _____                  I. _____                  J. _____                  K. _____                  L. _____                  M. _____</p>	<p>— —</p>	
<p><b>406</b></p>	<p>How old (in days) was the baby when s/he died?</p> <p><b>IF STILLBORN, PUT OO.</b></p>	<p>##</p>	<p>— —</p>	
<p><b>407</b></p>	<p>Where was the baby when s/he died?</p>	<p>01 = At home                  02 = On the way to a health facility                  03 = At the health facility                  96 = Other (specify) _____</p>	<p>— —</p>	
<p><b>408</b></p>	<p><b>ASK IF THERE IS A RECORD OF THE BABY'S DEATH.</b></p> <p><b>IF YES, ASK IF THE YOU MAY HAVE PERMISSION TO REVIEW IT.</b></p> <p><b>IF 'YES', ASK WHERE THE RECORD CAN BE LOCATED.</b></p> <p><b>IF KNOWN, WRITE THE NAME AND LOCATION OF THE FACILITY HERE:</b></p> <p>_____</p>	<p>01 = Record exists, permission given                  02 = Record exists, permission not given                  03 = No record exists                  97 = Don't know</p>	<p>— —</p>	

**FORM-4: INQUIRY INTO DEATH OF THE BABY**

<b>409</b>	<p><b>ATTENTION!</b></p> <p><b>THERE IS ONE IMPORTANT THING TO ASK YOURSELF ABOUT THIS SITUATION: (1) WHEN DID THE BABY DIE?</b></p> <p><b>REVIEW THE MAP II FLOW CHART BELOW.</b></p> <p><b>CODE THE CORRECT RESPONSE.</b></p> <p><b>THEN SKIP AS INDICATED.</b></p> <p><b>IF THE CORRECT RESPONSE IS 'STOP' . RECORD THE TIME (HOURS : MINUTES): __ : __.</b></p>	<p>01 = FORM 2C 02 = STOP!</p>	<p>__ __</p>	
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**MAP II FLOW CHART**

**DID THE BABY SURVIVE THE FIRST DAY OF LIFE?**



**DID THE BABY SURVIVE THE FIRST MONTH OF LIFE?**

