

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

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

(English Version B)

PRIME
SHRAMIK BHARTI
MAITHA, KANPUR DEHAT
1999

B 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 and death, including the health care response of the woman, her family caregiver and birth attendant during the 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 B for deceased women, is comprised of 5 FORMS, one having 4 sections. They are:

- FORM-1: Interviewee’s background
- FORM-2: Problem prevention, recognition and 1st 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
- FORM-5: Inquiry into death of the woman

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. REFER TO MAP I FOR ELIGIBLE CASE ID NO. + CASE TYPE NO.	#####	— — — — — — — —	
005	Interviewer ID No.	##	— — —	

B 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 st contact Date of 1 st CONTACT: (DD/MM/YY) ____/____/____ INTERVIEWER SIGN NAME HERE: _____ _____	01 = Complete interview..... 02 = Incomplete interview 03 = Not interviewed this time 04 = Refused interview 05 = Not at home 06 = House not located 07 = Not Eligible – Hospital Delivery..... 08 = Not Eligible – Out of Time Frame 96 = Other (specify) _____ 99 = Not applicable (not eligible)	---010 010 010
008	Outcome of 2 nd contact. Date of 2 nd CONTACT: (DD/MM/YY) ____/____/____ INTERVIEWER SIGN NAME HERE: _____ _____	01 = Complete interview..... 02 = Incomplete interview 03 = Not interviewed this time 04 = Refused interview 05 = Not at home 06 = House not located 07 = Not Eligible – Hospital Delivery..... 08 = Not Eligible – Out of Time Frame 96 = Other (specify) _____ 99 = Not applicable (no visit)	---010 010 010
009	Outcome of 3 rd contact. Date of 3 rd CONTACT: (DD/MM/YY) ____/____/____ INTERVIEWER SIGN NAME HERE: _____ _____	01 = Complete interview 02 = Incomplete interview 03 = Not interviewed this time 04 = Refused interview 05 = Not at home 06 = House not located 07 = Not Eligible – Hospital Delivery 08 = Not Eligible – Out of Time Frame 96 = Other (specify) _____ 99 = Not applicable (no visit)	---	

B 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	<p>FORMS Used:</p> <p>IF NOT USED, PUT 99</p>	<p>##</p> <p>99 = Not Applicable</p> <p>a. FORM-1</p> <p>b. FORM-2A</p> <p>c. FORM-2B</p> <p>d. FORM-2C</p> <p>e. FORM-2D</p> <p>f. FORM-3</p> <p>g. FORM-4</p> <p>h. FORM-5</p>	<p>---</p> <p>---</p> <p>---</p> <p>---</p> <p>---</p> <p>---</p> <p>---</p> <p>---</p>	
015	<p>Is this case Eligible for MAP III?</p>	<p>01 = Yes</p> <p>02 = No</p>	<p>---</p>	
016	<p>Field-check using the <i>Editor's Checklist</i>.</p> <p>Date of CHECK: (DD/MM/YY)</p> <p>___/___/___</p> <p>FIELD EDITOR SIGN NAME HERE:</p> <p>_____</p>	<p>01 = Yes</p> <p>02 = No</p>	<p>---</p>	

DATA ANALYST FILL IN THIS COLUMN AFTER DATA ENTRY

VAR.	ITEMS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
017	<p>Double data entry.</p> <p>Date of ENTRY: (DD/MM/YY)</p> <p>___/___/___</p> <p>DATA ANALYST SIGN NAME HERE:</p> <p>_____</p>	<p>01 = Yes</p> <p>02 = No</p>	<p>---</p>	
018	<p>Data re-entered after Data Cleaning .</p> <p>DATA ANALYST SIGN NAME HERE WITH DATE:</p> <p>_____</p>	<p>01 = Yes</p> <p>02 = Not Required</p>	<p>---</p>	

B 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 informant 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.

From this point forward, text that is written in this type (in small font size) should be read aloud to the informant. **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 INFORMANT 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 INFORMANT'S CONSENT.**

Good __ (MORNING / AFTERNOON). My name is __ (YOUR NAME). I work with the Sanjivini Project. Our team is talking to women and families in the community 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 __ (WOMAN'S NAME) pregnancy that took place during the year January 15, 1998 to January 14, 1999 and about her death. To do this, I will need about 2 hours__ of your time.

- **GENTLY EXPLAIN THAT, WHILE IT MAY BE PAINFUL TO DISCUSS THE WOMAN'S DEATH, IT IS VERY IMPORTANT TO TRY TO BETTER UNDERSTAND WHAT CAUSED HER DEATH. THIS INFORMATION MAY HELP IN PREVENTING ANY FUTURE DEATHS AMONG WOMEN IN THE COMMUNITY.**

Is this a good time for you?

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

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

Your answers will be treated in a confidential manner. More than 800 women and families are being 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.

You may ask any questions you like, choose not 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 INFORMANT TO ANSWER ‘YES’ OR ‘NO’. ANSWER ANY QUESTIONS TO THE BEST OF YOUR UNDERSTANDING.**
- **ENCOURAGE THE INFORMANT TO INVITE ANYONE WHO WAS PRESENT AT ___ (WOMAN’S NAME) (DELIVERY, MISCARRIAGE, ABORTION) OR DURING ANY ILLNESS RELATED TO THE SAME TO PARTICIPATE IN THE INTERVIEW. HOWEVER, IF S/HE APPEARS HESITANT OR UNWILLING TO BE INTERVIEWED IN A GROUP SETTING, IT MAY BE BEST TO INTERVIEW THE INFORMANT ALONE.**
- **ENCOURAGE THE INFORMANT TO INVITE ANY PERSON WHO WAS PRESENT DURING ___ (WOMAN’S DELIVERY, MISCARRIAGE, ABORTION), OR DURING THE PROBLEM THAT MAY HAVE BEEN RELATED TO HER DEATH TO JOIN IN THE INTERVIEW, IF S/HE FEELS COMFORTABLE IN DOING SO. THE REASON FOR THIS IS THAT THESE PEOPLE MAY BE HELPFUL IN REMINDING HER/HIM OF PERSONS AND DETAILS OF EVENTS. IF THE INFORMANT DOES NOT FEEL COMFORTABLE IN INCLUDING THE OTHERS IT IS ALL RIGHT.**
- **ASK IF S/HE WOULD LIKE TO HAVE THESE PEOPLE PARTICIPATE IN THE INTERVIEW?**
- **WAIT FOR THE INFORMANT TO ANSWER ‘YES’ OR ‘NO’. WAIT FOR OTHERS TO JOIN IF S/HE WOULD LIKE THEM TO PARTICIPATE AND IF THEY ARE AVAILABLE.**

May we proceed?

<p>INTERVIEWER’S SIGNATURE:</p> <p style="text-align: center;"> YES, CONSENTED _____ NO, REFUSED _____ </p>

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

B 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 __ (WOMAN) 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? RECORD THE MONTH AND YEAR THE DELIVERY, MISCARRIAGE OR ABORTION HERE AND THEN CODE. __ __ (MONTH) __ __ (YEAR) If out of Time Frame, STOP! →	## / ##	__ __ / __ __	STOP!
103	IF THIS WAS A DELIVERY, ASK THE INFORMANT... Did __ (WOMAN) intend to have this baby at a health facility? If Abortion or Miscarriage code '99'.	01 = Yes 02 = No → 97 = Don't know → 99 = Not Applicable	__ __	105 105
104	Was the baby was born in a health facility? If Abortion or Miscarriage code '99'.	01 = Yes → 02 = No 97 = Don't know 99 = Not applicable	__ __	STOP!
105	How old was __ (WOMAN) at her last birthday? OR What do you think her age was? PROBE IF NEEDED BY ADDING THE RESPONSES TO THE FOLLOWING QUESTIONS: (1) HOW OLD WAS SHE WHEN SHE FIRST STARTED LIVING WITH HER HUSBAND? (2) HOW MANY YEARS DID SHE LIVE WITH HER HUSBAND? OR (3) HOW OLD IS HER ELDEST CHILD AND (4) HOW MANY YEARS AFTER MARRIAGE WAS THIS CHILD BORN? IF THE RESPONDENT SAYS THAT THE WOMAN GOT MARRIED BEFORE SHE STARTED MENSTURATING , CONSIDER HER 13 YRS OLD. IF RESPONDENT SAYS SHE GOT MARRIED AFTER HER MENSTURAL CYCLE HAD STARTED ASK HER AFTER HOW MUCH TIME. CONSIDER 15 YRS AS AGE OF PUBERTY.	## 97 = Don't know	__ __	

B FORM-1: INTERVIEWEE'S BACKGROUND

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
106	What was __ (WOMAN'S) religion?	01 = Hindu 02 = Muslim 03 = Other (specify) _____ 97 = Don't know	__ __	
107	What is the traditional occupation of __ (WOMAN'S) family? OR To which caste does her 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 96 = Other (specify) _____ 99 = Not applicable	__ __	
108	What was the highest level of education __ (WOMAN) 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 th class → 06 = Above 10 th class → 96 = Other (specify) _____ 97 = Don't know	__ __	110 110
109	Could she 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	__ __	
110	Was she married at the time of this pregnancy? OR Was she staying with her husband/partner?	01 = Yes 02 = No, widowed 03 = No, divorced 04 = No, separated 05 = No, never married → 97 = Don't know	__ __	113
111	What was the highest level of education her 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 th class → 06 = Above 10 th 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	__ __	

B FORM-1: INTERVIEWEE'S BACKGROUND

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
117	Does the household have...? LOOK FOR THE ITEMS LISTED TO THE RIGHT. IF NOT VISIBLE ASK IF THE HOUSEHOLD HAS THE ITEM.	01 = Yes 02 = No 97 = Don't know a. Electricity b. Radio c. Television d. Kerosene or gas stove e. Sewing machine f. Generator	 ___ __ ___ __ ___ __ ___ __ ___ __ ___ __	
118	How much agricultural land does the household own, if any? IF 'NONE ', PUT 000 FOR UNITS NOT CHOSEN PUT 000.	### 997 = Don't know a. ___ Kattha b. ___ Biswa c. ___ Bigha d. ___ Acre	 ___ ___ ___ ___ ___ ___ ___ ___	
119	How many animals (i.e., horse, cow, buffalo, goat, pig, poultry, snake) does the household keep for economic reasons, if any? IF 'NONE ', PUT 00	## 97 = Don't know a. ___ Cow b. ___ Buffalo c. ___ Bullock d. ___ Goat e. ___ Pig f. ___ Poultry g. ___ Snake	 ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	
120	Does anyone in the household own a mode of transport such as...? READ THE ITEMS IN THE LIST TO THE RIGHT TO COMPLETE THE QUESTION.	01 = Yes 02 = No 97 = Don't know a. Bicycle b. Bullock / cart c. Horse / cart d. Motor cycle / scooter e. Tractor trolley f. Tempo g. Motor car / jeep h. Bus / truck i. Other (specify).....	 ___ __ ___ __ ___ __ ___ __ ___ __ ___ __ ___ __ ___ __ ___ __	

Insert Questionnaire Number

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION A (PREGNANCY)

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
QUESTIONS 2A01 – 2A20 ARE ABOUT THE PREGNANCY HISTORY.				
(SAY) I would like to ask you some questions about __ (WOMAN'S) pregnancies. Please tell me if you do not understand a question and I will clarify it.				
2A01	How many children did she have who are living? IF 'NONE', PUT 00	## 97 = Don't know IF 00 →	_ _ _	2A03
2A02	Among these children... How many are daughters? How many are sons?	## ## 97 = Don't know 99 = Not Applicable	_ _ _ _ _ _	
2A03	How many children did she have who were born alive, but later died, if any? IF 'NONE', PUT 00	## 97 = Don't know	_ _ _	
2A04	Did she ever have a child who was born dead... who never breathed or cried? IF 'NO', PUT 00 IF 'YES', ASK HOW MANY.	## 97 = Don't know	_ _ _	
2A05	Did she ever have a pregnancy that ended by itself <i>before</i> 6 months (a spontaneous abortion)? IF 'NO', PUT 00 IF 'YES', ASK HOW MANY TIMES.	## 97 = Don't know	_ _ _	
2A06	Did she ever have a pregnancy that ended with someone's help <i>before</i> 6 months (an induced abortion)? IF 'NO', PUT 00 IF 'YES', ASK HOW MANY TIMES.	## 97 = Don't know	_ _ _	
2A07	This means that the total number of times she <i>ever</i> gave birth was __. COUNT 2A01 and 2A03-2A04 THIS NUMBER SHOULD INCLUDE ALL BIRTHS, REGARDLESS OF HOW THEY ENDED IF NOT, GO BACK AND REVIEW 2A01 and 2A03-2A04	## 97 = Don't know	_ _ _	
2A08	Before this pregnancy that ended during the year January 15, 1998 – January 14, 1999, were any children delivered by an operation (a Cesarean)? IF 'NO', PUT 00 IF 'YES', ASK HOW MANY. IF THIS WAS THE WOMAN'S '1ST PREGNANCY', PUT 99.	## 97 = Don't know 99 = Not applicable	_ _ _	

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION A (PREGNANCY)

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
<p>(SAY) Now let's talk in some detail about __ (WOMAN'S) most recent pregnancy that ended during the year January 15, 1998 – January 14, 1999. Think about the time of pregnancy only— from when she first knew she was pregnant before any labor pains began...</p> <p>If Abortion or Miscarriage skip 2A09 to 2A15 and code them '99' or '999'. Then go to 2A16.</p>				
2A09	<p>During this pregnancy, did __ (WOMAN) go for a routine checkup to be sure that she and the unborn baby were healthy?</p> <p>IF 'YES', ASK IN WHAT MONTH OF PREGNANCY-- SHE <u>FIRST</u> WENT FOR A CHECKUP.</p> <p>If Abortion or Miscarriage code '99'.</p>	<p>01 = Yes, months 1 - 3 02 = Yes, months 4 - 6 03 = Yes, months 7 - 9 04 = No, did not go for checkup → 97 = Don't know → 99 = Not applicable</p>	<p>___</p>	<p>2A13 2A13</p>
2A10	<p>To whom did she go?</p> <p>ASK FOR THE NAME OF THE CARE PROVIDER (S). IF KNOWN, WRITE THE INFORMATION HERE:</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>	
2A11	<p>Where did she go?</p> <p>ASK FOR THE NAME OF THE PLACES(S). IF KNOWN, WRITE THE INFORMATION HERE:</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/clinic 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>	
2A12	<p>Altogether, how many times did she go for a checkup?</p>	<p>## 97 = Don't know 99 = Not applicable</p>	<p>___</p>	

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION A (PREGNANCY)

<p>2A13</p>	<p>Did ___ (WOMAN) take iron tablets for 'less blood' or anemia? IF YES, ASK ABOUT HOW MANY TABLETS WERE TAKEN ALTOGETHER DURING PREGNANCY. ASK FROM WHOM OR WHERE: <hr/> f Abortion or Miscarriage code '999'.</p>	<p>### 997 = Don't know 999 = Not applicable</p>	<p>— — —</p>	
<p>2A14</p>	<p>Did she receive an injection during pregnancy to keep herself or the baby from getting tetanus (fits)? IF 'NO', PUT 00 IF 'YES', ASK HOW MANY DOSES ASK FROM WHOM OR WHERE: <hr/> f Abortion or Miscarriage code '99'.</p>	<p>## 97 = Don't know 99 = Not applicable</p>	<p>— —</p>	
<p>2A15</p>	<p>Did she have a similar injection (2A14) in her previous pregnancies? IF 'NO', PUT 00 IF 'YES', ASK HOW MANY DOSES. IF THIS WAS THE WOMAN'S FIRST PREGNANCY or ABORTION, PUT 99.</p>	<p>## 97 = Don't know 99 = Not applicable</p>	<p>— —</p>	
<p>2A16</p>	<p>Did ___ (WOMAN) ever have any serious illnesses or injury during the pregnancy such as...? READ EACH ITEM IN THE LIST TO THE RIGHT TO COMPLETE THE QUESTION.</p>	<p>01 = Yes 02 = No 03 = Don't know 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>	
<p>2A17</p>	<p>How many months did this pregnancy last? IF THE PREGNANCY LASTED 6 MONTHS OR MORE →</p>	<p>## (MONTHS) 97 = Don't know</p>	<p>— —</p>	<p>2A21</p>

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION A (PREGNANCY)

2A18	Did this pregnancy end by itself OR did someone do something to help end it?	01 = Ended by itself → 02 = Ended with someone's help 97 = Don't know → 99 = Not applicable	— —	2A21 2A21
2A19	Who helped __ (WOMAN) to end the pregnancy?	01 = Mentioned 02 = Not mentioned 99 = Not applicable a. Woman herself (no one else) 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 (Bhabhi) 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) _____	— —	
2A20	Was this abortion done because she did not want a child at this time OR for some other reasons?	01 = Did not want a child → 02 = Other reasons 97 = Don't know 99 = Not applicable	— —	2A38
QUESTIONS 2A21– 2A37 ARE ABOUT RECOGNITION OF LIFE-THREATENING PROBLEMS.				
(SAY) You are aware that serious problems can happen during pregnancy. I would like to ask about such problems.				
2A21	During the pregnancy, before any labor pains began, was there any plan in case a serious problem happened to __ (WOMAN) or her unborn baby?	01 = Yes 02 = No → 97 = Don't know → 99 = Not applicable	— —	2A25 2A25

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION A (PREGNANCY)

<p>2A22</p>	<p>To whom did she / the family plan to go?</p> <p>ASK FOR THE NAME OF THE CARE PROVIDER(S). IF KNOWN, WRITE THE INFORMATION HERE:</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>	
<p>2A23</p>	<p>Where did she / the family plan to go?</p> <p>ASK FOR THE NAME OF THE PLACE(S). IF KNOWN, WRITE THE INFORMATION HERE:</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/clinic 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>	
<p>2A24</p>	<p>How did she / the family plan to be taken there?</p> <p>.</p>	<p>01 = Mentioned 02 = Not mentioned 99 = Not applicable</p> <p>.....</p> <p>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) _____</p>	<p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p>	

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION A (PREGNANCY)

2A27 WORKSHEET INSTRUCTIONS

TAPE THE INFORMANT'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 pregnancy, before the labor pains began, what were some of the signs of problems that were 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 anyone notice any of these signs or problems...?

- 3. FOR EACH ITEM THAT IS TICKED, ASK 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)
SIGN GROUP 1				
a. Vaginal bleeding (QUALIFY)				
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				
SIGN GROUP 2				
a. Rapid heart beat				
b. Rapid breathing				
c. Cold skin				
d. Extreme weakness OR collapse				
e. Low blood pressure (only if measured)				
SIGN GROUP 3				
a. Swelling of face and hands				
b. Fits / convulsions				
1. Ever occur outside pregnancy?				
c. High blood pressure (only if measured)				
SIGN GROUP 4				
(Skip if Abortion or Miscarriage)				
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

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION A (PREGNANCY)

2A27 WORKSHEET (Cont.)				
SIGN OR PROBLEM	1. UNPROMPTED	2. PROMPTED	3.FIRST NOTICED? (MONTH)	4. HOW LONG? (DAYS / WEEKS)
OTHER				
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 :- Skip this Sign gp if Abortion or Miscarriage)

SIGN GROUP 'OTHER' IS NOT ELIGIBLE .

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

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION A (PREGNANCY)

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2A28	<p>ATTENTION!</p> <p>HOW MANY SIGN GROUPS ARE ELIGIBLE IN 2A27, IF ANY?</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>2A38</p> <p>2A30</p>
2A29	<p>ATTENTION!</p> <p>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:</p> <p>1. SIGN GROUP 1</p> <p>2. SIGN GROUP 2</p> <p>3. SIGN GROUP 3</p> <p>4. SIGN GROUP 4</p>	<p>01 = To be followed</p> <p>02 = Not to be followed</p> <p>99 = Not applicable (only one group)</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>	
2A30	<p>How serious did __ (WOMAN) think, or did anyone else say, that __ (2A29) were? Were they...?</p> <p>READ RESPONSE OPTIONS 1-3 TO COMPLETE THE QUESITON.</p>	<p>01 = Not at all serious →</p> <p>02 = Possibly serious</p> <p>03= Definitely serious, life-threatening</p> <p>97 = Don't know →</p> <p>99 = Not applicable</p>	---	<p>2A33</p> <p>2A33</p>
2A31	<p>Now from the time these signs (2A29) were first noticed signs, how soon was it before anyone realized they were serious?</p> <p>FOR UNITS NOT CHOSEN, PUT 00.</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

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION A (PREGNANCY)

INSTRUCTIONS FOR 2A34 WORKSHEET

TAPE THE INFORMANT'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 __ (2A29) at home, if anything?

COLUMN 3: ASK: What did __ (PERSON) actually do to help resolve __ (2A29) at home, if anything?

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

CLARIFY IN WHAT ORDER WERE THE ACTIONS TAKEN...1ST, 2ND, 3RD. 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 INFORMANT 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?

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION A (PREGNANCY)

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2A35	Once the problem (2A29) was realized, how soon did these actions begin? FOR UNITS NOT CHOSEN, PUT 00. IF ALL CODE '00' SKIP TO 2A38.	## 00 = → 97 = Don't know 99 = Not applicable a. Within __ minutes b. Within __ hours c. Within __ days d. Within __ weeks	____ ____ ____ ____	2A38
2A0A	Did these actions help... did __ (WOMAN) survive the pregnancy?	01 = Yes 02 = No 99 = Not applicable	____	
2A36	Did she or the family seek any care or treatment for __ (2A29) outside of the home?	01 = Yes → 02 = No 97 = Don't know → 99 = Not applicable	____	2A38 2A38
2A37	What are some reasons why treatment was not sought 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. Woman thought unnecessary e. Too far away f. It was night time g. Not enough 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) _____	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	

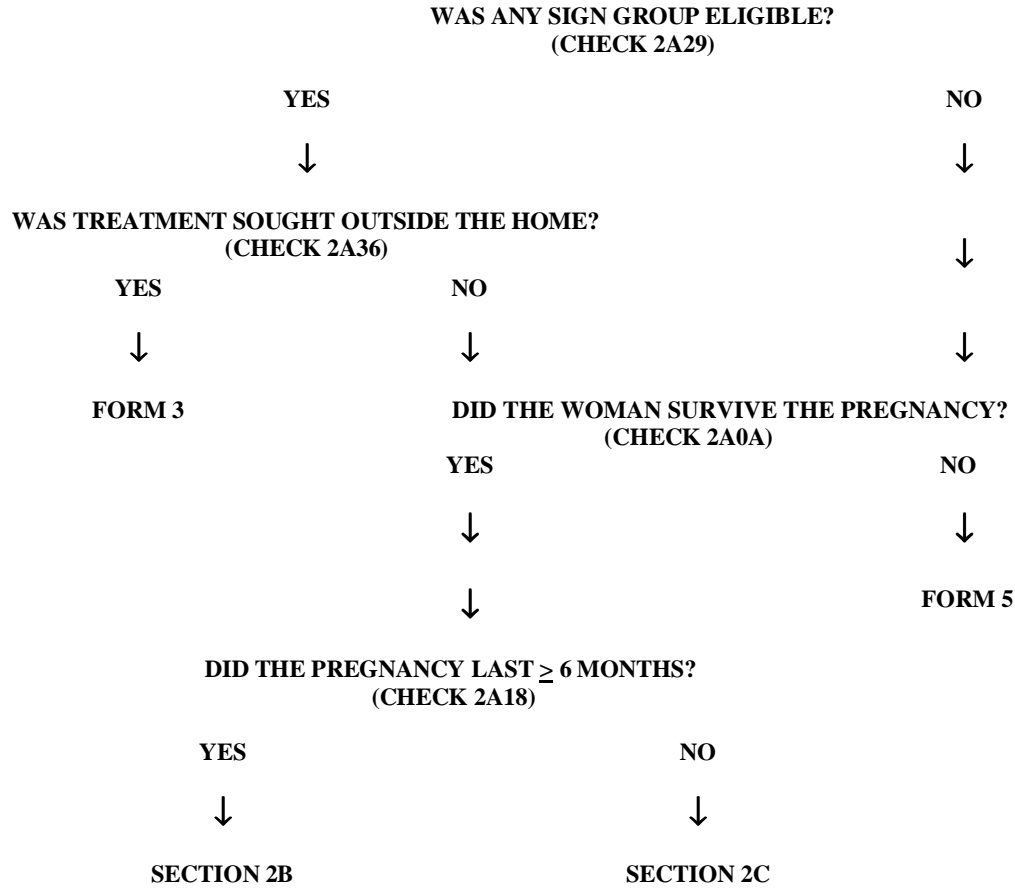
**B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION A (PREGNANCY)**

<p>2A38</p>	<p>ATTENTION!</p> <p>THERE ARE FOUR IMPORTANT THINGS TO ASK YOURSELF ABOUT THIS SITUATION: (1) WAS ANY SIGN GROUP ELIGIBLE , (2) WAS TREATMENT SOUGHT OUTSIDE THE HOME, (3) DID THE WOMAN SURVIVE THE PREGNANCY, (4) DID PREGNANCY LAST ≥ 6 MONTHS? REVIEW THE MAP II FLOW CHART ON THE NEXT PAGE.</p> <p>CODE THE CORRECT RESPONSE OPTION TO THE RIGHT.</p> <p>THEN SKIP AS DIRECTED.</p>	<p>01 = SECTION 2B 02 = SECTION 2C 03 = FORM 3 04 = FORM 5</p>	<p>— —</p>	
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B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION A (PREGNANCY)

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 → SECTION 2C NOW.



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

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B04	During the time that she was having pains-- before the baby was born...about how many times did she urinate?	## 97 = Don't know	__ __	
2B05	Was anything done to make the pains stronger or to help the baby come out? For example, did someone...? READ EACH ITEM IN THE LIST TO THE RIGHT TO COMPLETE THE QUESTION.	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 her womb d. Massage her womb e. Press down on her womb from above f. Make her squat and push down g. Other (specify) _____	__ __ __ __ __ __ __ __ __ __ __ __	
2B06	When did she first begin <i>to</i> push to help the baby to come out? Was it...? READ RESPONSE OPTIONS 1 - 5 TO COMPLETE THE QUESTION.	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 97 = Don't know	__ __	
2B07	Did anyone put a hand inside her vagina to see how close the baby was to coming out? IF 'YES' READ RESPONSE OPTIONS 1-2 TO THE RIGHT TO FIND OUT HOW MANY TIMES.	01 = Yes, between 1 – 3 times 02 = Yes, more than 3 times 03 = No → 97 = Don't know →	__ __	2B09 2B09
2B08	Did this person prepare her/his hands before doing the vaginal check? For example, did s/he...? READ EACH ITEM IN THE LIST TO THE RIGHT TO COMPLETE THE QUESTION.	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) _____	__ __ __ __ __ __ __ __ __ __	

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST 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? READ RESPONSE OPTIONS 1-5 TO COMPLETE THE QUESTION.	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 __ (WOMAN'S) pains became strong (about every 5 minutes apart and did not stop),to when the baby was born? READ RESPONSE OPTIONS 1-5 TO COMPLETE THE QUESTION.	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...? READ RESPONSE OPTIONS 1-4 TO COMPLETE THE QUESTION.	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) 97 = Don't know	__ __	
2B12	Did she 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? IF TWINS, ASK THE INFORMANT TO GIVE THE SEX OF THE TWINS IN THE ORDER THEY WERE BORN. TELL THE INFORMANT THAT YOU WILL ONLY ASK ABOUT THE <u>FIRST</u> TWIN FROM THIS POINT ONWARDS.	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	__ __	

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST 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 →	— —	2B31
2B17	How soon did the baby <i>first</i> begin to cry? READ RESPONSE OPTIONS 1-3 TO COMPLETE THE QUESTION.	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 __ (WOMAN) think, or did anyone say, about the baby's size? Was s/he...? READ RESPONSE OPTIONS 1-3 TO COMPLETE THE QUESTION.	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	— —	2B21 2B21
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 __ (WOMAN) think, or did anyone say, about the baby's age? Was s/he...? READ RESPONSE OPTIONS 1-3 TO COMPLETE THE QUESTION.	01 = Too soon, born before time 02 = Completing full term 03 = Too late, born after time 97 = Don't know 99 = Not applicable	— —	
2B22	ATTENTION! WAS THE BABY BORN IN A HEALTH FACILITY (2B01)?	01 = Yes → 02 = No 99 = Not applicable	— —	2B31

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

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B23	<p><i>Immediately</i> (within one minute) after the baby was born did someone...?</p> <p>READ EACH ITEM IN THE LIST TO THE RIGHT TO COMPLETE THE QUESTION.</p>	<p>01 = Yes 02 = No 97 = Don't know 99 = Not applicable</p> <p>.....</p> <p>a. Wipe the baby's face b. Clean secretions out nose/mouth c. Rub or gently stimulate the body d. Dry the baby with a clean cloth e. Wrap the baby in clean dry cloth f. Place the baby next to your skin g. Help the baby to suckle h. Other (specify) _____</p>	<p>— —</p> <p>— —</p> <p>— —</p> <p>— —</p> <p>— —</p> <p>— —</p> <p>— —</p>	
2B24	What instrument was used to cut the baby's umbilical cord?	<p>01 = Broken glass or bangle 02 = Knife 03 = New razor blade 04 = Old razor blade 05 = Scissors 06 = Sickle 96 = Other (specify) _____ 97 = Don't know 99 = Not applicable</p>	<p>— —</p>	
2B25	How was this instrument prepared?	<p>01 = Washed in spirits or antiseptic 02 = Washed in water only 03 = Boiled in water 04 = Boiled in water and antiseptic 05 = Baked in oven or burnt in fire 06 = Wiped with cloth only 07 = Nothing special was done → 96 = Other (specify) _____ 97 = Don't know 99 = Not applicable</p>	<p>— —</p>	2B27
2B26	When was this instrument prepared?	<p>01 = More than 1 week before birth 02 = Within a week of birth 03 = On the day of delivery 04 = After delivery 96 = Other (specify) _____ 97 = Don't know 99 = Not applicable</p>	<p>— —</p>	
2B27	What material was used to tie the cord?	<p>01 = Thread 96 = Other (specify) _____ 97 = Don't know 99 = Not applicable</p>	<p>— —</p>	

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST 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	___	2B30
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 __ (WOMAN'S) case, how long did it take for the placenta to come out? Was it...? READ RESPONSE OPTIONS 1-2 TO COMPLETE THE QUESTION.	01 = Less than 1 hour 02 = More than 1 hour (specify) ____ 03 = Placenta did not come out → 96 = Other (specify) _____ 97 = Don't know	___	2B33
2B32	Did the placenta and membranes all come out?	01 = Yes 02 = No 97 = Don't know 99 = Not Applicable	___	
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	___	

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

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

Insert Questionnaire Number

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

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B40	During the first 24 hours after birth about how many times did she urinate?	## 97 = Don't know	_ _	
QUESTIONS 2B41 – 2B49 ARE ABOUT RECOGNIZING LIFE-THREATENING PROBLEMS OF THE WOMAN.				
(SAY) Just as problems can sometimes happen during pregnancy, they can also happen during labor, birth or in the first day (24 hours) after birth. I would now like to ask you about these problems.				
2B41	What are some signs of serious problems that can happen during childbirth?	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) _____	_ _	
2B42	THIS QUESTION IS ABOUT SIGNS OF SERIOUS PROBLEMS THAT MAY HAVE BEEN NOTICED AND, THEREFORE, ELIGIBLE TO BE FOLLOWED. GO TO WORKSHEET 2B42 ON THE NEXT PAGE AND FOLLOW THE INSTRUCTIONS. THEN, BEFORE GOING ON TO 2B43, REFER TO THE 2B42 WORKSHEET AND CODE EACH SIGN GROUP LISTED TO THE RIGHT, AS INDICATED.	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'	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	

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

2B 42 WORKSHEET

TAPE THE INFORMANT’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 were 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 anyone notice any of these signs or problems...?

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

SIGN OR PROBLEM	1. UNPROMPTED	2. PROMPTED	3. BEFORE BIRTH?	4. AFTER BIRTH?
SIGN GROUP 1				
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				
SIGN GROUP 2				
a. Rapid heart beat				
b. Rapid breathing				
c. Cold skin				
d. Extreme weakness OR collapse				
e. Low blood pressure (only if measured)				
SIGN GROUP 3				
a. Swelling of the face and hands				
b. Fits / convulsions				
1. Ever occurred outside of pregnancy?				
c. High blood pressure (only if measured)				
SIGN GROUP 4 (confirm)				
a. Strong labor pains lasted > 24 hours				
SIGN GROUP ‘OTHER’				
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

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST 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)				

4. 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.

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

Insert Questionnaire Number

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

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B43	<p>ATTENTION!</p> <p>HOW MANY SIGN GROUPS ARE ELIGIBLE IN 2B42, IF ANY?</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	___	2B53 2B45
2B44	<p>ATTENTION!</p> <p>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:</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 (only one group) a. Sign group 1 b. Sign group 2 c. Sign group 3 d. Sign group 4	___ ___ ___ ___	
2B45	<p>How serious did __ (WOMAN) think, or did anyone else say, that __ (2B44) were?</p> <p>READ RESPONSE OPTIONS 1-3 TO COMPLETE THE QUESTION.</p>	01 = Not at all serious → 02 = Possibly serious, 03 = Definitely serious, life- threatening 97 = Don't know → 99 = Not applicable	___	2B48 2B48
2B46	<p>Once these signs (2B44) were first noticed, how soon was it before anyone realized they were serious?</p> <p>FOR UNITS NOT CHOSEN, PUT 00.</p>	## 97 = Don't know 99 = Not applicable a. Within __ minutes b. Within __ hours c. Within __ days	___ ___ ___	

Insert Questionnaire Number

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

INSTRUCTIONS FOR 2B49 WORKSHEET

TAPE THE INFORMANT'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 __ (2B44) at home, if anything?

COLUMN 3: ASK: What did __ (PERSON) actually do to help resolve __ (2B44) at home, if anything?

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

CLARIFY IN WHAT ORDER WERE THE ACTIONS TAKEN...1ST, 2ND, 3RD. 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 INFORMANT 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?

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

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B50	Once the problem (2B44) was realized, how soon did the actions begin? FOR UNITS NOT CHOSEN, PUT 00. IF ALL CODE '00' SKIP TO 2B53.	## 00 = → 97 = Don't know 99 = Not applicable a. Within __ minutes b. Within __ hours c. Within __ days	____ ____ ____	2B53
2B0B	Did these actions help... did __ (WOMAN) survive the 1 st day (24 hours) after birth? IF 'NO', TAKE TIME. GENTLY EXPLAIN THAT YOU WOULD LIKE TO ASK ADDITIONAL QUESTIONS IN ORDER TO BETTER UNDERSTAND WHAT HAPPENED ...	01 = Yes 02 = No 97 = Don't know 99 = Not applicable	____	
2B51	Did __ (WOMAN) or her family seek treatment outside of the home for __ (2B44)?	01 = Yes → 02 = No 97 = Don't know → 99 = Not applicable	____	2B53 2B53
2B52	What are some reasons why treatment was not sought 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. Woman 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	ATTENTION! WAS THE BABY BORN IN A HEALTH FACILITY (CHECK FOR '03', '04', '05' OR '06' IN 2B01)?	01 = Yes → 02 = No	____	2B67

Insert Questionnaire Number

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

2B54	ATTENTION! WAS THE BABY STILLBORN (2B16)?	01 = Yes → 02 = No 99 = Not Applicable	— —	2B67
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VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
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QUESTIONS 2B55- 2B63 ARE ABOUT RECOGNIZING LIFE-THREATENING PROBLEMS OF THE BABY.

(SAY) Now let me ask you about the baby...

2B55	<p>THIS QUESTION IS ABOUT SIGNS OF SERIOUS PROBLEMS THAT MAY HAVE BEEN NOTICED IN THE BABY AND THEREFORE ELIGIBLE TO BE FOLLOWED.</p> <p>GO TO WORKSHEET 2B55 ON THE NEXT PAGE AND FOLLOW THE INSTRUCTIONS.</p> <p>THEN, BEFORE GOING ON TO 2B56, REFER TO THE 2B55 WORKSHEET AND CODE EACH SIGN GROUP LISTED TO THE RIGHT, AS INDICATED.</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. Sigh group 'other'</p>	<p>— —</p> <p>— —</p> <p>— —</p> <p>— —</p>	
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Insert Questionnaire Number

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

2B55 WORKSHEET

TAPE THE INFORMANT'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, birth, or the first day (24 hours) after birth, what signs of problems were 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 anyone notice any of these signs or problems...?

- 3. FOR EACH ITEM THAT IS TICKED, ASK 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)?
SIGN GROUP 1				
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				
SIGN GROUP 2 (conform if...)				
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)				
SIGN GROUP 3				
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				
SIGN GROUP 'OTHER'				
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)				

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

Insert Questionnaire Number

2B55 WORKSHEET (Cont.)				
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

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

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B56	<p>ATTENTION!</p> <p>HOW MANY SIGN GROUPS ARE ELIGIBLE IN 2B55, IF ANY?</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	— —	2B67 2B58
2B57	<p>ATTENTION!</p> <p>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:</p> <p>1. SIGN GROUP 1 2. SIGN GROUP 2 3. SIGN GROUP 3</p>	01 = To be followed 02 = Not to be followed 99 = Not applicable (only one group) a. Sign group 1 b. Sign group 2 c. Sign group 3	— — — — — —	
2B58	<p>How serious did __ (WOMAN) think, or did anyone else say, that __ (2B57) were? Were they...?</p> <p>READ RESPONSE OPTIONS 1-3 TO COMPLETE THE QUESTION.</p>	01 = Not at all serious → 02 = Possibly serious 03 = Definitely serious, life-threatening 97 = Don't know → 99 = Not applicable	— —	2B61 2B61
2B59	<p>Now from the time these signs (2B57) were first noticed, how soon was it before anyone realized they were serious?</p> <p>FOR UNITS NOT CHOSEN, PUT 00.</p>	## 97 = Don't know 99 = Not applicable a. Within __ minutes b. Within __ hours c. Within __ days d. Within __ weeks	— — — — — — — —	

Insert Questionnaire Number

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

INSTRUCTIONS FOR 2B62 WORKSHEET

TAPE THE INFORMANT'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 __ (2B57) at home, if anything?

COLUMN 3: ASK: What did __ (PERSON) actually do to help resolve __ (2B57) at home, if anything?

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

CLARIFY IN WHAT ORDER WERE THE ACTIONS TAKEN...1ST, 2ND, 3RD. 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 INFORMANT 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?

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

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B63	How soon did action begin, once the problem (2B57) was realized? FOR UNITS NOT CHOSEN, PUT 00. IF ALL CODE '00' SKIP TO 2B67.	## 00 = → 97 = Don't know 99 = Not applicable a. Within __ minutes b. Within __ hours c. Within __ days	___	2B67
2B64	Did these actions help...did the baby survive the 1 st day (24 hours) of life? IF 'NO', TAKE TIME. GENTLY EXPLAIN THAT YOU WOULD LIKE TO ASK ADDITIONAL QUESTIONS IN ORDER TO BETTER UNDERSTAND WHAT HAPPENED ...	01 = Yes 02 = No → 99 = Not applicable	___	2B67
2B65	Did __ (WOMAN) or her family seek treatment for this problem (2B57) outside of the home?	01 = Yes → 02 = No 97 = Don't know → 99 = Not applicable	___	2B67 2B67
2B66	What are some reasons why treatment was not sought 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. Woman thought unnecessary e. Too far away f. It was night time g. Not enough 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) _____	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	

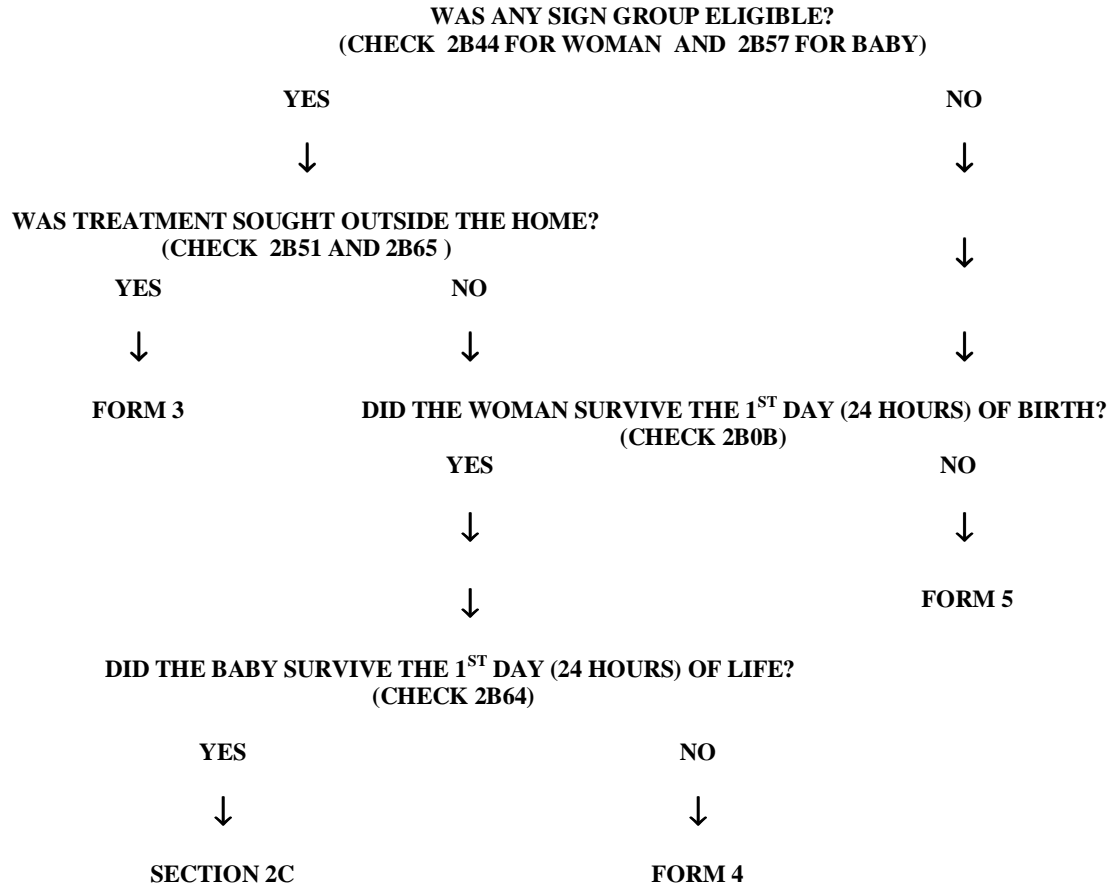
Insert Questionnaire Number

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

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2B67	<p>ATTENTION!</p> <p>THERE ARE THREE IMPORTANT THINGS TO ASK YOURSELF ABOUT THIS SITUATION: (1) WAS ANY SIGN GROUP ELIGIBLE, (2) WAS TREATMENT SOUGHT OUTSIDE OF THE HOME , (3) DID THE WOMAN SURVIVE THE 1ST DAY OF BIRTH , (4) DID THE BABY SURVIVE THE 1ST DAY OF LIFE?</p> <p>REVIEW THE MAP II FLOW CHART ON THE NEXT PAGE.</p> <p>CODE THE CORRECT RESPONSE.</p> <p>THEN SKIP AS DIRECTED.</p> <p>.</p>	<p>01 = SECTION 2C 02 = FORM 3 03 = FORM 4 04 = FORM 5</p>	<p style="text-align: center;">_ _</p>	

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

MAP II FLOW CHART



B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST 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>READ EACH ITEM IN THE LIST TO THE RIGHT TO COMPLETE THE QUESTION.</p>	01 = Yes 02 = No 97 = Don't know 99 = Not applicable a. 1 st day b. 2 nd day c. 3 rd day d. 4 th - 7 th day e. After the 7 th day	--- --- --- ---	
2C05	<p>How many days after the __ (DELIVERY, MISCARRIAGE OR ABORTION) did __ (WOMAN'S) bleeding or discharge last?</p>	## 97 = Don't know 90 = if > 30 days	---	
2C06	<p>Did she go outside of the home for a routine checkup to be sure everything was normal after the __ (DELIVERY, MISCARRIAGE OR ABORTION)?</p> <p>IF 'YES', ASK WHEN (IN WEEKS) THE WOMAN FIRST WENT FOR THE CHECKUP.</p> <p>BE SURE THAT THE INFORMANT IS REFERRING TO THE WOMAN AND NOT THE BABY.</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) _____ 97 = Don't know	---	2C09
2C07	<p>To whom did she go?</p> <p>ASK FOR THE NAME OF THE PROVIDER(S), IF KNOWN, WRITE THE INFORMATION HERE:</p> <p>_____</p> <p>_____</p> <p>_____</p>	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) _____	--- --- --- --- --- --- ---	
2C08	<p>Where did she go?</p> <p>ASK FOR THE NAME OF THE PLACE(S), IF KNOWN, WRITE THE INFORMATION HERE.</p> <p>_____</p> <p>_____</p> <p>_____</p>	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/clinic f. Govt. Hospital g. Pharmacy h. Other (specify) _____	--- --- --- --- --- --- ---	

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION C (POSTPARTUM OR POST ABORTION)

VAR.	QUESTION AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
QUESTIONS 2C09 – 2C18 ARE ABOUT RECOGNIZING LIFE-THREATENING PROBLEMS.				
<p>(SAY) Now I would like to ask about problems that can happen during the after __ (DELIVERY, MISCARRIAGE OR ABORTION). Think about the time beginning from the second day through six weeks...</p>				
<p>2C09</p>	<p>Tell me, what are some of the signs of serious problems that can happen after a __ (DELIVERY, MISCARRIAGE OR ABORTION)... '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>2C10</p>	<p>THIS QUESTION IS ABOUT SIGNS OF SERIOUS PROBLEMS THAT MAY HAVE BEEN NOTICED AND THEREFORE ELIGIBLE TO BE FOLLOWED.</p> <p>GO TO WORKSHEET 2C10 ON THE NEXT PAGE AND FOLLOW THE INSTRUCTIONS.</p> <p>THEN, BEFORE GOING ON TO 2C11, REFER TO THE 2C10 WORKSHEET AND CODE EACH SIGN GROUP LISTED TO THE RIGHT, AS INDICATED.</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>	

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

2C10 WORKSHEET INSTRUCTIONS

TAPE THE INFORMANT'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 signs of problems that were 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 anyone notice any of these signs or problems...?

- 3. FOR EACH ITEM THAT IS TICKED, ASK THE 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)
SIGN GROUP 1				
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				
SIGN GROUP 2				
a. Rapid heart beat				
b. Rapid breathing				
c. Cold skin				
d. Extreme weakness OR collapse				
e. Low blood pressure (only if measured)				
SIGN GROUP 3				
a. High fever (>101.3 F)				
b. With hard, painful abdomen				
c. Vaginal discharge with abnormal smell or color (pus)				
SIGN GROUP 4				
a. Swelling of face and hands				
b. Fits / convulsions				
1. Ever occur outside pregnancy?				
c. High blood pressure (only if measured)				
SIGN GROUP 'OTHER'				
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

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST 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 TICKED

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.

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION C (POSTPARTUM OR POST ABORTION)

VAR.	QUESTION AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2C11	<p>ATTENTION!</p> <p>HOW MANY SIGN GROUPS ARE ELIGIBLE IN 2C10, IF ANY?</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>	— —	2C21 2C13
2C12	<p>ATTENTION!</p> <p>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:</p> <p>1. SIGN GROUP 1</p> <p>2. SIGN GROUP 2</p> <p>3. SIGN GROUP 3</p> <p>4. SIGN GROUP 4</p>	<p>01 = To be followed</p> <p>02 = Not to be followed</p> <p>99 = Not applicable (only one group)</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>	— — — — — — — — — —	
2C13	<p>How serious did __ (WOMAN) think, or did anyone else say, that __ (2C12) were? Were they...?</p> <p>READ RESPONSE OPTIONS 1 - 3 TO COMPLETE THE QUESTION.</p>	<p>01 = Not at all serious →</p> <p>02 = Possibly serious</p> <p>03 = Definitely serious, life-threatening</p> <p>97 = Don't know →</p> <p>99 = Not applicable</p>	— —	2C16 2C16
2C14	<p>Once these signs (2C12) were noticed, how soon was it before anyone realized they were serious?</p> <p>FOR UNITS NOT CHOSEN, PUT 00.</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>	— — — — — — — —	

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

INSTRUCTIONS FOR 2C17 WORKSHEET

TAPE THE INFORMANT'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 __ (2C12) at home, if anything?

COLUMN 3: ASK: What did __ (PERSON) actually do to help resolve __ (2C12) at home, if anything?

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

CLARIFY IN WHAT ORDER WERE THE ACTIONS TAKEN...1ST, 2ND, 3RD. 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 INFORMANT 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?

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST 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? FOR UNITS NOT CHOSEN, PUT 00. IF ALL CODED '00' SKIP TO 2C21.	## 00 = → 97 = Don't know 99 = Not applicable a. Within __ minutes b. Within __ hours c. Within __ days d. Within __ weeks	--- --- --- ---	2C21
2C0C	Did these actions help... did __ (WOMAN) survive the first 6 weeks after birth (days 2 – 42)? IF 'NO', TAKE TIME. GENTLY EXPLAIN THAT YOU WOULD LIKE TO ASK ADDITIONAL QUESTIONS IN ORDER TO BETTER UNDERSTAND WHAT HAPPENED ...	01 = Yes 02 = No 97 = Don't know 99 = Not applicable	---	
2C19	Did __ (WOMAN) or her family seek treatment outside of the home for __ (2C12)?	01 = Yes → 02 = No 97 = Don't know → 99 = Not applicable	---	2C21 2C21
2C20	What are some reasons why treatment was not sought outside of the home?	01 = Mentioned 02 = Not mentioned 99 = Not applicable a. Provider said unnecessary b. Provider came home c. Family said unnecessary d. Woman thought unnecessary e. Too far away f. Too busy 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) _____	--- --- --- --- --- --- --- --- --- --- --- --- --- --- --- --- ---	

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION C (POSTPARTUM OR POST ABORTION)

VAR	QUESTION AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2C21	<p>ATTENTION!</p> <p>THERE ARE FOUR IMPORTANT THINGS TO ASK YOURSELF ABOUT THIS SITUATION: (1) WAS ANY SIGN GROUP ELIGIBLE, (2) WAS TREATMENT SOUGHT OUTSIDE THE HOME, (3) DID THE WOMAN SURVIVE 1ST SIX WEEKS AFTER BIRTH, (4) DID THE BABY SURVIVE THE 1ST DAY OF LIFE? ?</p> <p>REVIEW THE MAP II FLOW CHART ON THE NEXT PAGE.</p> <p>CODE THE CORRECT RESPONSE.</p> <p>THEN SKIP AS DIRECTED.</p> <p>IF THE CORRECT OPTION IS TO STOP (03) , RECORD THE TIME IN HOUR:MINUTES HERE: ___:___ THEN END THE INTERVIEW AND THANK THE INFORMANT.</p>	<p>01 = FORM 2D 02 = FORM 3 03 = STOP 04 = FORM 5</p>	<p>— —</p>	

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

MAP II FLOW CHART

**WAS ANY SIGN GROUP ELIGIBLE?
(CHECK 2C12)**

YES

NO



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

YES

NO



FORM 3

**DID THE WOMAN SURVIVE THE 1ST 6 WEEKS AFTER BIRTH?
(CHECK 2COC)**

YES

NO



FORM 5

**DID THE BABY SURVIVE THE 1ST DAY OF LIFE?
(CHECK 2B64 AND 323)**

YES

NO



SECTION 2D

STOP !

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE

SECTION D (NEWBORN)

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
QUESTIONS 2D01 – 2D 17 ARE ABOUT THE NEWBORN HISTORY.				
(SAY) Now, I would like to ask you some questions about the baby during her/his first month of life...				
2D01	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	___	
2D02	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) _____	___ ___ ___ ___ ___ ___ ___ ___ ___ ___	
2D03	Did __ (WOMAN) breast-feed the baby?	01 = Yes 02 = No → 97 = Don't know →	___	2D08 2D08
2D04	How soon after birth did she begin breast-feeding the baby? FOR UNITS NOT CHOSEN, PUT 00.	## 97 = Don't know 99 = Not applicable a. Within __ minutes b. Within __ hours c. Within __ days	___ ___ ___	
2D05	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 → 97 = Don't know → 99 = Not applicable	___	2D08 2D08
2D06	At what age (in weeks) did the baby stop breast-feeding?	## 97 = Don't know 99 = Not applicable	___	
2D07	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	___	

Insert Question Number

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST 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) _____ 97 = Don't know 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) _____ 97 = Don't know 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) _____ 97 = Don't know	— —	
2D11	How soon after birth (in days) was the baby bathed?	## 97 = Don't know	— —	
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) _____	— —	

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE

SECTION D (NEWBORN)

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2D13	When was the baby first taken 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 = Was not taken → 96 = Other (specify) _____ 97 = Don't know →	— —	2D16 2D16
2D14	To whom did s/he 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 s/he go 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/Clinic f. Govt. Hospital g. Pharmacy h. Other (specify) _____	— — — — — — — — — — — — — — — —	

Insert Question Number

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST 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 were 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 anyone notice any of these signs or problems in the baby in the first month of life...?

- 3. FOR EACH ITEM THAT IS TICKED, ASK THE INFORMANT 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)
SIGN GROUP 1				
a. Rapid breathing (> 60 min)				
b. Drawing in of the chest				
SIGN GROUP 2				
a. Unable to open mouth				
b. Stiff, body arching backward				
c. Jerky movement, especially with stimulation				
SIGN GROUP 3				
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'				
SIGN GROUP 4				
a. Change in bowel habit				
b. Watery frequent stools (>6 per 24 hr)				
c. Blood or mucous in stool				
SIGN GROUP 'OTHER'				
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 on palms or soles				
k. Swollen eyes with discharge				
l. Boils on the skin				
m. Bleeding (other than stools)				

Insert Question Number

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST 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.

Insert Question Number

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION D (NEWBORN)

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2D18	<p>ATTENTION!</p> <p>HOW MANY SIGN GROUPS ARE ELIGIBLE IN 2D17, IF ANY?</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	— —	2D29 2D20
2D19	<p>ATTENTION!</p> <p>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:</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 (only one group) a. Sign group 1 b. Sign group 2 c. Sign group 3 d. Sign group 4	— — — — — — — —	
2D20	<p>How serious did __ (WOMAN) think, or did anyone else say, that __ (2D19) were? Were they...?</p> <p>READ RESPONSE OPTIONS 1-3 TO COMPLETE THE QUESTION.</p>	01 = Not at all serious → 02 = Possibly serious 03 = Definitely serious, life-threatening 97 = Don't know → 99 = Not applicable	— —	2D23 2D23
2D21	<p>Once these signs (2D19) were first noticed, how soon was it before anyone realized they were serious?</p> <p>FOR UNITS NOT CHOSEN, PUT 00.</p>	## 97 = Don't know 99 = Not applicable a. Within __ minutes b. Within __ hours c. Within __ days d. Within __ weeks	— — — — — — — —	

Insert Question Number

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION D (NEWBORN)

INSTRUCTIONS FOR 2D24 WORKSHEET

TAPE THE INFORMANT'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 for __ (2D19) at home, if anything?

COLUMN 3: ASK: What did __ (PERSON) actually do to help resolve for __ (2D19) at home, if anything?

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

CLARIFY IN WHAT ORDER WERE THE ACTIONS TAKEN...1ST, 2ND, 3RD. 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 INFORMANT 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?

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE

SECTION D (NEWBORN)

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
2D25	How soon did these actions begin, once the problem (2D19) was realized? FOR UNITS NOT CHOSEN, PUT 00. IF ALL CODE '00' SKIP TO 2D29.	## 00 = → 97 = Don't know 99 = Not applicable a. Within __ minutes b. Within __ hours c. Within __ days	____ ____ ____	2D29
2D26	Did these actions help... did the baby survive the 1 st month of life? IF 'NO', TAKE TIME. GENTLY EXPLAIN THAT YOU WOULD LIKE TO ASK MORE QUESTIONS LATER IN ORDER TO BETTER UNDERSTAND WHAT HAPPENED TO THE BABY...	01 = Yes 02 = No 99 = Not applicable	____	
2D27	Did anyone seek treatment outside of the home for __ (2D19)?	01 = Yes → 02 = No 97 = Don't know → 99 = Not applicable	____	2D29 2D29
2D28	What are some reasons why treatment was not sought outside the home?	01 = Mentioned 02 = Not mentioned 99 = Not applicable a. Provider said unnecessary b. Provider came to home c. Family said unnecessary d. Woman thought unnecessary e. Too far away f. Too busy 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) _____	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	

B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE

SECTION D (NEWBORN)

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

**B FORM-2: PROBLEM PREVENTION, RECOGNITION AND 1ST RESPONSE
SECTION D (NEWBORN)**

MAP II FLOW CHART

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

YES

NO



**WAS TREATMENT SOUGHT OUTSIDE THE HOME?
(CHECK 2D27)**

YES

NO



FORM 3

**DID THE BABY SURVIVE THE 1ST MONTH OF LIFE?
(CHECK 2D26)**

YES

NO



STOP !

FORM 4

B FORM-3: DECISION MAKING AND REFERRAL

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
<p>REMINDER: USE ONE COPY OF FORM-3 FOR EACH TIME THE WOMAN OR BABY WAS TAKEN OUTSIDE OF THE HOME FOR TREATMENT.</p>				
<p>QUESTIONS 301 – 316 ARE ABOUT DECISION-MAKING AND REFERRAL.</p>				
<p>(SAY) 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>301</p>	<p>ATTENTION!</p> <p>WHAT PROBLEM LED TO SEEKING TREATMENT OUTSIDE OF THE HOME</p>	<p>01 = 2A29 (WOMAN) 02 = 2B44 (WOMAN) 03 = 2B57 (BABY) 04 = 2B44 / 2B57 (WOMAN / BABY) 05 = 2C12 (WOMAN) 06 = 2D19 (BABY) 07 = 2A20 (ABORTION AT A HEALTH FACILITY)</p>	<p>— —</p>	
<p>302</p>	<p>Who <i>first</i> suggested the need to seek treatment outside of the home?</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 96. Other (specify) _____ 97. Don't know</p>	<p>— —</p>	

B 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? ASK FOR THE NAME OF THE PERSON. IF KNOWN, WRITE THE INFORMATION HERE: _____	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) _____ 97 = Don't know	___	
306	Where did __ (301) <i>first</i> go? ASK NAME OF THE PLACE. IF KNOWN, WRITE THE INFORMATION HERE: _____	01 = Someone's home (specify) _____ 02 = Village Dr. clinic 03 = Sub-center 04 = PHC/CHC 05 = Nursing Home/Pvt. Hospital/Clinic 06 = Govt. Hospital 07 = Pharmacy 96 = Other (specify) _____ 97 = Don't know	___	
307	Did __ (301) receive treatment here?	01 = Yes, received treatment → 02 = No, did not receive treatment, sent elsewhere 03 = Self referral 97 = Don't know →	___	313 313
308	Why was __ (301) unable to receive treatment here?	01 = Mentioned 02 = Not mentioned 97 = Don't know 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? ASK FOR THE NAME OF THE PERSON. IF KNOWN, WRITE THE INFORMATION HERE: _____	01 = Dhankun 02 = Dai 03 = Bhagat/Ojha 04 = Village Dr. (Ved/Hakim/RMP) 05 = Nurse (ANM/LHV) 06 = English Dr. (MBBS) 07 = Pharmacist 08 = No one → 96 = Other (specify) _____ 97 = Don't know 99 = Not applicable	___	313

B FORM-3: DECISION MAKING AND REFERRAL

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
310	Where did __ (301) <i>next</i> go? ASK NAME OF THE PLACE. IF KNOWN, WRITE THE INFORMATION HERE: _____	01 = Someone's home (specify) _____ 02 = Village Dr. clinic 03 = Sub-center 04 = PHC/CHC 05 = Nursing Home/Pvt. Hospital/Clinic 06 = Govt. Hospital 07 = Pharmacy 96 = Other (specify) _____ 97 = Don't know 99 = Not applicable	___	
311	Did __ (301) receive treatment here?	01 = Yes, received treatment → 02 = No, did not receive treatment, sent elsewhere 03 = Self Referral 97 = Don't know → 99 = Not applicable	___	313 313
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?	## 97 = Don't know	___	
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	___	

B FORM-3: DECISION MAKING AND REFERRAL

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
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	___	
QUESTIONS 317 – 319 ARE ABOUT TIME TO REACH THE TREATMENT FACILITY.				
(SAY) The family recognized this problem and sought treatment outside of the home. I would like to learn more about how much time it took to reach the place where treatment was received. Please think carefully about each question.				
317	Once a decision to go outside of the home for treatment was made, how soon did transportation reach to take __ (301)? FOR UNITS NOT CHOSEN, PUT 00.	## 97 = Don't know 99 = Not applicable a. Within __ minutes b. Within __ hours	___ ___	
318	Once transportation arrived at the home, how soon did__ (301) reach the place where treatment was <i>finally</i> received? FOR UNITS NOT CHOSEN, PUT 00.	## 97 = Don't know a. Within __ minutes b. Within __ hours c. Within __ days	___ ___ ___	

B FORM-3: DECISION MAKING AND REFERRAL

325	Did the baby survive the first month (28 days) of life? IF 'NO' GENTLY EXPLAIN THAT YOU WOULD LIKE TO ASK MORE QUESTIONS TO BETTER UNDERSTAND WHAT HAPPENED...	01 = Yes 02 = No 99 = Not applicable	___	
326	What problem did the health care provider say the baby had?	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	ATTENTION! WAS THE PERSON IN 301 THE WOMAN?	01 = Yes 02 = No →	___	330
30A	ATTENTION! WHEN DID THIS REFERRAL OCCUR?	01 = During pregnancy 02 = During labor, birth or first 24 hours after birth → 03 = During postpartum (6 weeks, after 24 hours of birth) → 99 = Not applicable	___	30D 30F
30B	Did the woman survive the treatment that was provided outside the home on this referral?	01 = Yes 02 = No 99 = Not applicable	___	
30C	Did the woman survive pregnancy? IF 'NO' GENTLY EXPLAIN THAT YOU WOULD LIKE TO ASK MORE QUESTIONS TO BETTER UNDERSTAND WHAT HAPPENED...	01 = Yes → 02 = No → 99 = Not applicable	___	328 328
30D	Did the woman survive the treatment that was provided outside the home on this referral?	01 = Yes 02 = No 99 = Not applicable	___	

B FORM-3: DECISION MAKING AND REFERRAL

<p>30E</p>	<p>Did the woman survive labor, birth and the first day (24 hours) of birth?</p> <p>IF 'NO' GENTLY EXPLAIN THAT YOU WOULD LIKE TO ASK MORE QUESTIONS TO BETTER UNDERSTAND WHAT HAPPENED...</p>	<p>01 = Yes → 02 = No → 99 = Not applicable</p>	<p>— —</p>	<p>328 328</p>
<p>30F</p>	<p>Did the woman survive the treatment that was provided outside the home on this referral?</p>	<p>01 = Yes 02 = No 99 = Not applicable</p>	<p>— —</p>	
<p>30G</p>	<p>Did the woman survive the first six weeks after birth?</p> <p>IF 'NO' GENTLY EXPLAIN THAT YOU WOULD LIKE TO ASK MORE QUESTIONS TO BETTER UNDERSTAND WHAT HAPPENED...</p>	<p>01 = Yes → 02 = No → 99 = Not applicable</p>	<p>— —</p>	<p>328 328</p>

B FORM-3: DECISION MAKING AND REFERRAL

<p>331</p>	<p>About how much money did the family have to spend on...? IF RESPONDENT SAYS “DON’T KNOW” LEAVE THE BOXES BLANK AND SKIP TO 333. →</p> <p>IF ONLY TOTAL EXPENSES ARE REPORTED FILL ‘0000’ IN ‘A-E’.</p> <p><u>READ THE ITEMS IN THE LIST TO THE RIGHT TO COMPLETE THE QUESTION.</u></p> <p>SPECIFY IN RUPEES THE AMOUNT PAID FOR EACH COMPONENT.</p>	<p>##### 99999= Not applicable a. Transportation b. Services (care) c. Medicines d. Supplies e. Blood f. TOTAL</p>	<p>----- ----- ----- ----- -----</p>	<p>333</p>
<p>332</p>	<p>How did the family manage to pay for the treatment received at the facility?</p> <p>If no money was spent on the treatment code ‘99’.</p>	<p>01 = Mentioned 02 = Not mentioned 99 = Not applicable 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>333</p>	<p>If __ (301) received blood, what was the source?</p>	<p>01 = Mentioned 02 = Not mentioned 99 = Not applicable 97 = Don’t Know 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>334</p>	<p>What is your opinion OR the family’s opinion of the treatment provided at this health facility? Were you/they...? <u>READ THE RESPONSE OPTIONS TO THE RIGHT TO COMPLETE THE QUESTION.</u></p>	<p>01 = Very satisfied 02 = Somewhat satisfied 03 = Dissatisfied 97 = Don’t know</p>	<p>---</p>	
<p>335</p>	<p>Would you/they 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 97 = Don’t know</p>	<p>---</p>	

B FORM-3: DECISION MAKING AND REFERRAL

<p>336</p>	<p>ATTENTION!</p> <p>THERE ARE FOUR IMPORTANT THINGS TO ASK YOURSELF ABOUT THIS SITUATION: (1) WHAT WAS THE TIME PERIOD OF REFERRAL (2) IF PREGNANCY, DID THE PREGNANCY LAST \geq 6 MONTHS, (3) DID THE WOMAN SURVIVE, (4) DID THE BABY SURVIVE (4)?</p> <p>REVIEW THE MAP II FLOW CHART ON THE NEXT PAGE.</p> <p>CODE THE CORRECT RESPONSE. AND SKIP AS DIRECTED.</p> <p>IF THE CORRECT RESPONSE IS 'STOP', RECORD THE TIME HERE (HOURS:MIN): ____ : ____ . THEN END THE INTERVIEW AND THANK THE INFORMANT.</p>	<p>01 = SECTION 2B 02 = SECTION 2C 03 = SECTION 2D 04 = FORM 4 05 = FORM 5 06 = STOP!</p>	<p>— —</p>	
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B FORM-3: DECISION MAKING AND REFERRAL

MAP II FLOW CHART

REFERRAL OCCURRED DURING PREGNANCY

**DID THE WOMAN SURVIVE PREGNANCY?
(CHECK 30B)**

YES

NO



FORM 5

DID THE PREGNANCY LAST ≥ 6 MONTHS?

YES

NO



SECTION 2B

SECTION 2C

REFERRAL OCCURRED DURING LABOR, BIRTH OR THE 1ST DAY (24 HOURS) AFTER BIRTH

**DID THE WOMAN SURVIVE THE 1ST DAY (24 HOURS) AFTER BIRTH?
(CHECK 30E)**

YES

NO



FORM 5

**DID THE BABY SURVIVE THE 1ST DAY (24 HOURS) OF LIFE?
(CHECK 2B64 AND 323)**

YES

NO



SECTION 2C

FORM 4

ATTENTION! SEE NEXT PAGE IF REFERRAL OCCURRED DURING POSTPARTUM OR NEWBORN

B FORM-3: DECISION MAKING AND REFERRAL

MAP FLOW CHART (CONT.)

REFERRAL OCCURRED DURING THE POSTPARTUM PERIOD

**DID THE WOMAN SURVIVE THE 1ST SIX WEEKS AFTER BIRTH?
(CHECK 30G)**

YES

NO



FORM 5

**DID THE BABY SURVIVE THE 1ST DAY (24 HOURS) OF LIFE?
(CHECK 2B64 AND 323)**

YES

NO



SECTION 2D

STOP !

REFERRAL OCCURRED DURING NEWBORN PERIOD

**DID THE BABY SURVIVE THE 1ST MONTH (28 DAYS) OF LIFE?
(CHECK 325)**

YES

NO



STOP !

FORM 4

B FORM-4: INQUIRY INTO DEATH OF THE BABY

<p>404</p>	<p>What was the family told the <i>main</i> cause of death was by the health care provider, if anything?</p>	<p>01 = Birth asphyxia 02 = Birth trauma 03 = Physical deformity 04 = Low birth weight problems (if different from RDS) 05 = Tetanus neonatorum 06 = Respiratory distress due to pre-maturity 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>405</p>	<p>Why does the family think the baby died?</p> <p>WRITE THE INFORMANT'S RESPONSE HERE:</p> <p>A LIST OF CAUSES ATTRIBUTED BY THE INFORMANT WILL BE DEVELOPED AND CODED AT CENTRAL OFFICE. Refer to "Shramik Bharti's Free List" and code.</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>406</p>	<p>How old (in days) was the baby when s/he died?</p> <p>IF STILLBORN, PUT OO.</p>	<p>## 97 = Don't know</p>	<p>— —</p>	
<p>407</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) _____ 97 = Don't know</p>	<p>— —</p>	
<p>408</p>	<p>ASK IF THERE IS A RECORD OF THE BABY'S DEATH.</p> <p>IF YES, ASK IF THE YOU MAY HAVE PERMISSION TO REVIEW IT.</p> <p>IF 'YES', ASK WHERE THE RECORD CAN BE LOCATED.</p> <p>IF KNOWN, WRITE THE NAME AND LOCATION OF THE FACILITY HERE:</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>	

B FORM-4: INQUIRY INTO DEATH OF THE BABY

<p>409</p>	<p>ATTENTION!</p> <p>THERE ARE TWO IMPORTANT THINGS TO ASK YOURSELF ABOUT THIS SITUATION: (1) WHEN DID THE BABY DIE AND (2) DID THE WOMAN SURVIVE THE 1ST DAY (24 HOURS) OF BIRTH?</p> <p>REVIEW THE MAP II FLOW CHART BELOW.</p> <p>CODE THE CORRECT RESPONSE.</p> <p>THEN SKIP AS INDICATED.</p> <p>IF THE CORRECT RESPONSE IS 'STOP' . RECORD THE TIME (HOURS : MINUTES): ____ : ____.</p>	<p>01 = FORM 2C 02 = STOP!</p>	<p>— —</p>	
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B FORM-4: INQUIRY INTO DEATH OF THE BABY

MAP II FLOW CHART

**BABY DIED DURING LABOR, BIRTH OR 1ST DAY (24 HOURS) OF LIFE
(CHECK 405)**

**DID THE WOMAN SURVIVE THE 1ST DAY (24 HOURS) OF BIRTH?
(CHECK 2B0B, 30E AND/OR 504)**

YES	NO
↓	↓
FORM 2C	STOP!

**BABY DIED DURING THE 1ST MONTH (28 DAYS) OF LIFE
(CHECK 405)**

YES	NO
↓	↓
STOP!	STOP!

B FORM-5: INQUIRY INTO DEATH OF THE WOMAN

FORM-5 CONTAINS ADDITIONAL QUESTIONS ABOUT THE LIFE-THREATENING PROBLEM LEADING UP TO __ (WOMAN'S) DEATH.				
VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
501	<p>Can you tell me all that you remember about the changes in __ (WOMAN'S) condition up to the time of her death?</p> <p>TAPE THE INFORMANT'S RESPONSE. IDENTIFY THE QUESTION NUMBER.</p>	<p>01 = Informant's narrative recorded <u>AND</u> coded</p> <p>02 = Not recorded</p>	__ __	
502	<p>What was the family told the <i>main</i> cause of death was by the health care provider, <i>if anything</i>?</p>	<p>01 = Non-septic abortion</p> <p>02 = Septic abortion</p> <p>03 = Antepartum hemorrhage</p> <p>04 = Prolonged labor</p> <p>05 = Obstructed labor</p> <p>06 = Postpartum hemorrhage</p> <p>07 = Eclampsia</p> <p>08 = Did not give any reason</p> <p>96 = Other (specify) _____</p> <p>97 = Don't know</p>	__ __	
503	<p>Why does the family think __ (WOMAN) died?</p> <p>WRITE THE INFORMANT'S RESPONSE HERE:</p> <p>A LIST OF CAUSES ATTRIBUTED BY THE INFORMANT WILL BE DEVELOPED AND CODED AT CENTRAL OFFICE.</p> <p>Refer to "Shramik Bharti's Free List" and code.</p>	<p>01 = Cause of death</p> <p>02 = Not cause of death</p> <p>.....</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p> <p>f. _____</p> <p>g. _____</p> <p>h. _____</p> <p>I. _____</p> <p>J. _____</p> <p>K. _____</p> <p>l. _____</p>	__ __	
504	<p>When did she die in relation to pregnancy?</p>	<p>01 = During pregnancy (< 6 months)</p> <p>02 = During pregnancy (≥ 6 months)</p> <p>03 = During labor, before birth</p> <p>04 = During birth</p> <p>05 = Within 24 hours after birth</p> <p>06 = During 2nd – 7th day postpartum</p> <p>07 = During 8th – 14^h day postpartum</p> <p>08 = During 15th–21st day postpartum</p> <p>09 = During 22nd-42nd day postpartum</p> <p>96 = Other (specify) _____</p> <p>97 = Don't know</p>	__ __	
505	<p>Where was __ (WOMAN) when she died?</p>	<p>01 = At home</p> <p>02 = On the way to a health facility</p> <p>03 = At the health facility</p> <p>96 = Other (specify) _____</p> <p>97 = Don't know</p>	__ __	

B FORM-5: INQUIRY INTO DEATH OF THE WOMAN

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
506	<p>ASK IF THERE IS A RECORD OF THE WOMAN'S DEATH.</p> <p>IF YES, ASK IF THE YOU MAY HAVE PERMISSION TO REVIEW IT.</p> <p>IF 'YES', ASK WHERE THE RECORD CAN BE LOCATED.</p> <p>IF KNOWN, WRITE THE NAME AND LOCATION OF THE FACILITY HERE:</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>	
507	<p>ATTENTION!</p> <p>THERE ARE THREE IMPORTANT THING TO ASK YOURSELF ABOUT THIS SITUATION: (1) WHEN DID THE WOMAN DIE, (2) DID THE BABY SURVIVE THE 1ST DAY (24 HOURS) OF LIFE, (3) DID THE BABY SURVIVE THE 1ST MONTH OF LIFE?</p> <p>REVIEW THE MAP II FLOW CHART BELOW.</p> <p>CODE THE CORRECT RESPONSE.</p> <p>THEN SKIP AS INDICATED.</p> <p>IF THE CORRECT RESPONSE IS 'STOP' RECORD THE TIME (HOURS : MINUTES): ____ : ____.</p>	<p>01 = FORM 2D 02 = FORM 4 03 = STOP!</p>	<p>— —</p>	

B FORM-5: INQUIRY INTO DEATH OF THE WOMAN

MAP II FLOW CHART

**WOMAN DIED DURING PREGNANCY
(CHECK 504)**



STOP !

**WOMAN DIED DURING LABOR, BIRTH OR THE 1ST DAY (24 HOURS) AFTER BIRTH
(CHECK 504)**

**DID THE BABY SURVIVE THE 1ST DAY (24 HOURS) OF LIFE?
(CHECK 2B64)**

YES

NO



FORM 2D

FORM 4!

**WOMAN DIED DURING THE 1ST SIX WEEKS AFTER BIRTH
(CHECK 504)**

**DID THE BABY SURVIVE THE 1ST DAY (24 HOURS) OF LIFE?
(CHECK 2B64)**

YES

NO



FORM 2D

STOP !