

Questionnaire

English Version Questionnaire

Questionnaire ID no. _____

General instructions

1. Choose one of the alternatives given for each question

2. If your answer is not found among the given alternative tell your answer to the interviewer


S. No_	Questions	Response	Code	skip
I. Socio-demographic characteristics				
101	The age of your infant?	_____		Next visit
102	What is the sex of your baby?	1. Male 2. Female		
103	How old are you?	_____ years		
104	Can you read and write?	1. Yes 2. No _____		106
105	What is the highest level of education you attained?	1. No formal education 2. Primary (1-8 th) 3. Secondary (9 th -12 th) 4. College and above		
106	What is your current marital status?	1. Single 2. Married _____ 3. Divorce/ separated 4. Widowed 5. Other (specify) _____		107
107	What is educational status of your husband?	1. No formal education 2. Primary (1-8 th) 3. Secondary (9 th -12 th) 4. College and above		
108	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Others (specify) _____		
109	What is your ethnic group?	1. Oromo 2. Amhara 3. Tigre 4. Other (specify) _____		
110	Your occupational status	1. Governmental employee 2. Private employee 3. Housewife 4. Farmer 5. Daily laborer 6. Merchant 7. Student 8. Other (specify) _____		

111	Your residence?	1. Urban 2. Rural		
Part II: Obstetric and maternal health service information				
201	How many times did you gave birth?	_____		
202	How many times you became pregnant (including abortion, stillbirth)?	_____		
203	How many times do you experienced abortion?	_____		
204	Did you attend ANC during your recent pregnancy?	1. Yes 2. No _____		→ 209
205	How many times have you attended ANC in your recent pregnancy?	1. One 2. Two 3. Three 4. Four and above		
206	Whom did you see during your recent ANC visit?	1. Physician 2. Health officer 3. Midwife/nurse 4. HEWS 5. Other(specify)_____		
207	Did you receive counseling during your recent ANC period?	1. Yes 2. No _____		→209
208	About what did you counseled? (Multiple answer is possible)	1. Breast feeding 2. Maternal nutrition 3. Family planning 4. Hygiene 5. HIV awareness 6. Essential newborn care 7. Newborn danger signs 8. Immunization 9. Other(specify)_____		
209	Where did you deliver your recent baby?	1. Hospital 2. Health center 3. Health post 4. Private health institution 5. Home 6. Other(specify)_____		
210	Who assisted you during your recent delivery?	1. Health professional 2. HEWs 3. TBA 4. TTBA 5. Relative(friend) 6. No one		
211	What was your mode of delivery?	1.Spontaneous vaginal delivery 2.Instrumental assisted delivery 3.Caesarean section		
212	Were you seen by health workers immediately after delivery?	1. Yes 2. No _____		→ 301
213	By whom did you seen?	1. Physician 2. Health officer		

		3. Midwife/nurse 4. HEWs 5. Other(specify)_____		
214	Did you receive counselling about neonatal danger signs during PNC?	1. Yes 2. No		
215	If yes to q-214, About what did you counseled? (Multiple answer is possible)	1.Breast feeding 2.Maternal nutrition 3.Family planning 4.Childbirth complications 5.Postnatal care 6.Essential newborn care 7.Newborn danger signs 8.Immunizations 8.Other(specify)_____		

Part III Maternal knowledge of Essential New born Care

3.1 Breast Feeding

301	When is the appropriate time for initiation of Breastfeeding?	1. Within one hour 2. After one hour 3. don't know	
	Did you know that colostrum feeding is important for the new born?	1.Yes 2.No	
302	Have you squeezed out/removed the colostrum before you start breastfeeding?	1.Yes 2.No	
303	Did you feed your newborn the first milk (colostrum) that came out from your breasts?	1.Yes 2. No	
304	Have you provided anything other than breast milk for the new born?	1. Yes 2.No 	307
305	If yes for the above question, when did you give it for the first time?	_____	
306	What did you gave to the new born immediately after delivery? (Multiple answer is possible)	1.Nothing 2.Cow's milk 3.Plain water 4.Formula feed 5.Sugar water 8.Other (specify)	
307	Did you know that breast should be given on demand for the new born?	1.Yes 2.No	
308	Do you think that the newborn baby should be nursed in a room separated from his/her mother after delivery	1. Yes 2. No	
309	Did you now exclusive breast feeding is recommended for 6 months?	1.Yes 2.No	
3.2. Immunization			
310	Was your baby immunized at birth?	Yes No	
311	Did you know that the new born need to be vaccinated at birth	Yes No	

312	What is the importance of vaccination?	1.To prevent disease 2.I don't know 3.Other (specify)	
3.3 Thermal care			
313	Did you know about thermal care?	Yes No	
314	What did you do to keep your baby warm? (Multiple answer is possible)	1.Skin to skin contact 2. Immediately wrapped the baby cloth 3.Cover head with a cape	
315	Which types of cloth you used to wrap the baby after bath?	1. New cloth 2. Clean and dry old cloth 3. Soiled and old cloth 8. Other, Specify_____	
316	What is the correct time to bath your baby after delivery?	1.Within 24 hours 2.After 24 hours 8.Other(specify)	
317	Temperature of the water is?	1. Warm 2. Cold	
3.4 Cord care			
318	Do you know about cord care?	1. Yes 2.No	
319	What did you use to tie a cord?	1. Sterile cord tie 2.Unsterile material 3. I don't know 8. other (specify)_____	
320	Which instrument is used to cut the cord?	1. New blade 2. Used blade 3. Knife 4. Scissor 5. Other (specify)____ 8. Do not know	
321	What did you do to the umbilical stump after the cord is cut?	1.Cover with cloth 2.Uncover, keep dry and clean 8.I do not know	
322	Did you apply anything on the stump after the baby's cord was cut?	1.Yes 2.No	
323	If yes, what was applied? (Multiple answer is possible)	1.Butter 2.Vaseline/oil 3. Antiseptics 4.Cow dung 5. Ash/soil 8.Other (specify)_____	
324	What do you do if you see a sign of cord infection? (Multiple answer is possible)	1. Give home remedies 2. Delay until it heals by itself 3. Seek care from health facility 4. Other (specify)_____	

Thank you for your cooperation!!