

MATERNITY PATIENT RECALL QUESTIONNAIRE

#	Question	Response codes	SKIP TO
1. COVER SHEET INFORMATION			
101.	INTERVIEWER NAME I (Select)		
102.	FACILITY ID#	_ _ _ _	
103.	CLIENT'S ID#	_ _	
104.	DISTRICT NAME		
105.	PROVINCE		
106.	URBAN/RURAL LOCATION OF HEALTH FACILITY	URBAN.....1 RURAL.....2	
107.	OUTCOME OF INTERVIEW	Completed interview.....1 Partially completed and postponed interview....2 Terminated interview.....3 Refusal.....4 Woman was incapacitated5 Other Specify _____	
108.	TIME INTERVIEW BEGINS: USE THE 24 HOUR CLOCK	HOURS..... _ _ _ MINUTES..... _ _ _	
109.	WHERE IS THE INTERVIEW TAKING PLACE?	POSTPARTUM WARD.....1 OTHER (SPECIFY) _____ 8	

[Greet the respondent according to the appropriate time of the day.] My name is [insert name], and I am a data collector for a large research study being conducted by the Kyrgyz Republic Ministry of Health and the World Bank. The study hopes to understand how to improve the health of mothers and babies, and is being conducted in all of the rayon hospitals in the country. As part of this study, we are interviewing women who have recently gone through labor and delivery. I would like to ask you a few questions about the care you received at this hospital. Your answers will not be shared with any staff at this health facility. All findings will be aggregated and presented in a way that no one can identify any individual facility, provider or patient. Your identity will always remain protected. Do I have your permission to ask you about your labor and delivery experience at this hospital? [If necessary, prompt the respondent to respond in yes or no.]

- Yes, consent is given → go to Section 2: Background Information
- No, consent is not given → end the interview and approach another patient, if available.

2. BACKGROUND INFORMATION			
201	How old were you at your last birthday? PROBE IF DK, OTHERWISE ESTIMATE AN AGE FOR THE WOMAN	AGE IN YEARS __ MARK IF ESTIMATE __	
202	Have you ever attended school?	YES.....1 NO.....0	204
203	How many years of schooling have you completed?	YEARS IN SCHOOL __ __	
204	Can you read a newspaper or letter, easily, with difficulty or not all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
205	Are you now single, married, living together, divorced, separated or widowed?	SINGLE.....1 MARRIED.....2 LIVING TOGETHER.....3 SEPARATED.....4 WIDOWED.....5	209 209 209
206	Has your husband ever attended school?	YES.....1 NO.....0 DON'T KNOW.....8	208
207	How many years of school has your husband completed?	YEARS IN SCHOOL __ __ DON'T KNOW.....00	
208	Can he read a newspaper or letter, easily, with difficulty or not all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
209	Do you work outside the home?	YES.....1 NO.....0	
210	Does your household own? Tapped water source inside the house? Electricity in your house? A cell phone? A television? A refrigerator? A bicycle? A motorcycle? A car?	YES NO 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	
211	Do you own your house or do you rent?	OWN HOUSE.....1 RENT HOUSE.....2 OTHER (SPECIFY).....8	

3. REPRODUCTION

301	What is the total number of times that you have been pregnant?	TOTAL NUMBER OF PREGNANCIES __ __	
Now I have some questions about your recent delivery at this facility.			
302	Was your delivery a single birth or a multiple birth?	SINGLETON.....1 MULTIPLE.....2 IF MULTIPLE RECORD NUMBER: __	
303	What was the outcome for your delivery? Was your baby/ies born alive or stillborn? IF WOMAN DELIVERED TWINS, RECORD ANSWER FOR 2ND TWIN ONLY	BORN ALIVE.....1 STILLBORN.....2	305
304	Do you know if your baby died before your labor pains started for your delivery?	YES.....1 NO.....0 DON'T KNOW.....8	
305	Were you shown your baby immediately after delivery?	YES.....1 NO.....0 DON'T KNOW.....8	
306	306A Was a name given to the baby 306B What was the name given to your baby?	Yes ... 1 No 0 BABY NAME _____	307
307	Is [NAME] still alive? [If stillbirth, Q303=stillborn (2), do not ask this question of the woman but record "no" here]	YES.....1 NO.....0	
308	Is/was [NAME] a boy or a girl?	BOY.....1 GIRL.....2	

4. HEALTH CARE FOR THE DELIVERY AT THIS FACILITY

Now I have some questions about health care you have received. I will start with a question about your previous pregnancies and then I will ask you a number of questions about the care you received during your recent pregnancy and delivery at this facility. We understand that some of these questions may be difficult for women to answer. So, if you just do not know the answer or cannot remember the answer, just tell me.

401	Have you ever had a birth by cesarean delivery? That is, a delivery where they cut your belly open to deliver the baby/ies?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8																																														
402	Did you see anyone for antenatal care for your recent pregnancy?	YES.....1 NO.....0	409																																													
403	Whom did you see for antenatal care for your recent pregnancy? LIST ALL PROVIDERS VISITED	A. FAMILY PHYSICIAN1 B. NURSE2 C. MIDWIFE.....3 D. OB/GYN.....4																																														
404	Where did you receive antenatal care for your recent pregnancy? LIST MULTIPLE LOCATIONS IF NECESSARY	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">PUBLIC:</th> <th style="text-align: center; border-bottom: 1px solid black;">YES</th> <th style="text-align: center; border-bottom: 1px solid black;">NO</th> </tr> </thead> <tbody> <tr> <td>A. FAMILY MEDICINE CENTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. FAMILY GROUP PRACTICE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. FAP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. POLYCLINIC.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. OTHER (SPECIFY)_____</td> <td></td> <td></td> </tr> <tr> <td style="border-top: 1px solid black;"></td> <td style="text-align: center; border-top: 1px solid black;">8</td> <td></td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"><u>PRIVATE:</u></td> </tr> <tr> <td>E. PRIVATE HOSPITAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. PRIVATE HEALTH CENTER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>G. OTHER PRIVATE SECTOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>(SPECIFY)_____</td> <td></td> <td></td> </tr> <tr> <td style="border-top: 1px solid black;"></td> <td style="text-align: center; border-top: 1px solid black;">8</td> <td></td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"><u>NON-GOVERNMENTAL (NGO):</u></td> </tr> <tr> <td>H. NGO HEALTH FACILITY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	PUBLIC:	YES	NO	A. FAMILY MEDICINE CENTER	1	2	B. FAMILY GROUP PRACTICE.....	1	2	C. FAP	1	2	D. POLYCLINIC.....	1	2	E. OTHER (SPECIFY)_____				8		<u>PRIVATE:</u>			E. PRIVATE HOSPITAL	1	2	F. PRIVATE HEALTH CENTER.....	1	2	G. OTHER PRIVATE SECTOR.....	1	2	(SPECIFY)_____				8		<u>NON-GOVERNMENTAL (NGO):</u>			H. NGO HEALTH FACILITY.....	1	2	
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405	How many times did you receive antenatal care for your recent pregnancy? (Enter 8 for DK/Can't remember)	NUMBER OF ANC VISITS 7 = 7 or more	__																																													
406	In how many of these antenatal care visits did your provider perform a vaginal examination? (Enter 8 for DK/Can't remember)	7 = 7 or more	__																																													

407	Did your provider explain why he/she conducted a vaginal examination?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	409
408	What was the reason the provider provided for conducting a vaginal examination?	ROUTINE.....1 I THOUGHT THERE WAS A PROBLEM.....2 PROVIDER SAID THERE WAS A PROBLEM.....3 DON'T KNOW/CAN'T REMEMBER.....8	
NOW I AM GOING TO ASK YOU TO THINK ABOUT YOUR CURRENT VISIT TO THIS HEALTH FACILITY FOR YOUR RECENT DELIVERY			
409	After you arrived at this health facility for the birth of [NAME(S)], did someone take your blood pressure?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
410	Did someone ask you to give them a urine sample?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
411	Now I have some questions about HIV testing. However, please know in advance that we will not ask you your HIV status. While you were at the health facility for the birth of [NAME(S)], did someone ask you what your HIV status was?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
412	While you were at the health facility for the birth of [NAME(S)], did someone offer you an HIV test?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER..... 8	
413	For your birth of [NAME(S)], did your labor start at home, en route to the health facility, once you were already at the hospital?	HOME.....1 EN ROUTE TO FACILITY.....2 ONCE AT FACILITY.....3 DON'T KNOW/CAN'T REMEMBER..... 8	
414	For your birth of [NAME/(S)], did your labor start spontaneously or did someone do something to bring on your labor?	SPONTANEOUS LABOR.....1 SOMEONE DID SOMETHING TO START LABOR.....2 DON'T KNOW/CAN'T REMEMBER..... 8	416 416
415	For your birth of [NAME/S], what was done to bring on your labor?	IV LINE INSERTED IN ARM.....1 OTHER (SPECIFY).....8 _____ _____	

416	For your recent delivery at this facility, did anyone offer you the opportunity to have a companion with you during your labor and delivery?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
417	For your recent delivery at this facility, did you choose to have a companion with you during labor/delivery?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	419 419
418	For your recent delivery at this facility, who did you choose to accompany you during labor OR delivery of [NAME(S)]?	HUSBAND.....1 MOTHER.....2 MOTHER-IN-LAW.....3 SISTER.....4 OTHER FAMILY MEMBER.....5 SISTER IN LAW.....6 TRADITIONAL BIRTH ATTENDANT.....7 OTHER (SPECIFY).....8	
419	For your recent delivery at this facility, did anyone ask you if you wanted to get up and walk around while you were in labor?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
420	For your recent delivery at this facility, did you choose to get up and walk around during labor?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
421	For your recent delivery at this facility, did anyone ask you if you wanted to drink liquids or eat any food while you were in labor?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
422	For your recent delivery at this facility, did you choose to drink liquids or eat food during labor?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
423	For your delivery at this facility, did you have privacy while you were in labor, that is, did some curtains surround you?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
424	For your recent delivery at this facility, was anything done to speed up or to strengthen your labor?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	426 426

425	For your recent delivery at this facility, what was done to speed up or to strengthen your labor?	RECEIVED AN INJECTION DURING LABOR.....1 GIVEN MEDICATION IN AN IV LINE DURING LABOR.....2 OTHER (SPECIFY).....8	427																					
426	For your recent delivery in this facility, did you receive any injections during labor, that is <i>before the birth of your baby/ies</i> ?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8																						
427	For your recent delivery at this facility, during your labor, were you covered with a drape, or was your body exposed to people around you?	YES, COVERED WITH DRAPE.....1 NOT COVERED.....0 DON'T KNOW/CAN'T REMEMBER.....8																						
428	For your recent delivery in at this facility, how was the baby lying in your womb <i>right before birth</i> ? Was [NAME'S] head down, feet down or was [NAME(S)] lying sideways across your womb? IF TWINS, REFER TO THE 2 ND TWIN	HEAD DOWN.....1 FEET DOWN.....2 SIDWAYS/ACROSS WOMB.....3 DON'T KNOW/CAN'T REMEMBER.....8																						
429	For your recent delivery at this facility, did a health care provider ask you what position you wanted to choose during your labor OR for the delivery of your baby?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8																						
430	For your recent delivery at this facility, who assisted you with the birth of [NAME(S)]? LIST ALL PROVIDERS PRESENT	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>DOCTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NURSE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MIDWIFE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TBA.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	DOCTOR	1	2	NURSE	1	2	MIDWIFE.....	1	2	TBA.....	1	2	OTHER.....	1	2	(SPECIFY)			
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(SPECIFY)																								
431	Was [NAME] delivered by cesarean, that is, did they cut your belly open to take the baby out?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	434 434																					

432	Did you have your cesarean operation before you went into labor or after your labor had already started?	BEFORE LABOR STARTED.....1 AFTER LABOR STARTED.....2 DON'T KNOW, CAN'T REMEMBER.....8	
433	What was the reason for your cesarean operation?	The doctor/nurse told me I had to.01 I was bleeding.....02 The baby was stuck.....03 I was in labor pain for a long time.....04 The baby was not in the right position.....05 I had a disease.....06 My womb was broken/ruptured.....07 There were problems with the baby.....08 There was no medical reason.....10 Don't know.....00	ALL GO TO 436
434	Was [NAME] delivered using forceps (that is, an instrument to help pull the baby out) or suction to help pull the baby out? IF TWINS, REFER TO 2 ND TWIN	YES FORCEPS.....1 YES SUCTION.....2 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
435	For your recent delivery at this facility, what position were you in when you actually delivered [NAME(S)]? That is, were you on your back, on your hands and knees, squatting or in another position?	ON YOUR BACK.....1 ON HANDS AND KNEES.....2 SQUATTING.....3 OTHER (SPECIFY) _____8	
436	For your recent delivery at this facility, shortly before you delivered your baby, did anyone cut the opening of your vagina (episiotomy) to make more room for the baby's head?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
CHECK RESPONSE TO 431. IF BABY DELIVERED BY CESAREAN SECTION, GO TO QUESTION 450.			
437	For your recent delivery at this facility, as it came close to the time you delivered your baby and you were pushing/bearing down, did anyone stand above you and push downward/apply pressure on your womb?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	

438	Do you know if the baby came out in the normal position?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
Now I have some questions about you and your baby shortly after she/he was born). (IF TWINS, REFER TO 2 ND TWIN)			
439	For your recent delivery at this facility: Now, I have some questions about the time <i>just after the delivery of [NAME(S).]</i> In the first few minutes after the delivery of your baby did anyone give you an injection in your thigh or buttock?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
440	For your recent delivery at this facility: <i>Just after the delivery of [NAME(S).]</i> In the first few minutes after the delivery of your baby, did anyone give you medication intravenously (through a tube in your arm)?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
441	For your recent delivery at this facility. Just after the delivery of [NAME(S).] In the first few minutes after the delivery of your baby did anyone give you tablets to swallow or hold in your mouth?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
442	For your recent delivery at this facility: Just after the delivery of [NAME(S).] In the first few minutes after the delivery of your baby did anyone place tablets in your rectum?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
443	Can you remember if you received this [injection/medication] BEFORE the delivery of the placenta?	YES.....1 NO.....0 PLACENTA DELIVERED RIGHT AFTER BABY.....3 DON'T KNOW/CAN'T REMEMBER.....8	

444	For your recent delivery at this facility, after the delivery of [NAME(S)], did the birth attendant help you deliver the placenta, that is, did he/she place his/her hand firmly on your lower abdomen with one hand and hold the umbilical cord in the other hand?	YES.....1 NO.....0 PLACENTA DELIVERED IMMEDIATELY AFTER BIRTH WITHOUT ASSISTANCE.....3 DON'T KNOW/CAN'T REMEMBER.....8	
445	After the recent delivery of [NAME(S)], in the first few minutes <i>after the delivery of the placenta</i> , did anyone give you an injection in your thigh?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
446	After the delivery of [NAME(S)], in the first few minutes <i>after the delivery placenta</i> , did anyone give you tablets to take or hold in your mouth?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
447	For your recent delivery at this facility, after the delivery of your baby, did the birth attendant firmly massage your lower abdomen to help make your womb contract (become hard)?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
	447A. For your recent delivery at this facility, <i>after the delivery of the placenta</i> , did the birth attendant firmly massage your lower abdomen to help make your womb contract (become hard)?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
448	When [NAME(S)] was born, what instrument was used to cut the umbilical cord(s)?	RAZOR BLADE.....1 SCISSORS.....3 THREAD.....4 OTHER (SPECIFY).....5 <hr/> DON'T KNOW/CAN'T REMEMBER.....8	
449	For your recent delivery at this facility, did your birth attendant/s place his/her hand inside your womb after delivery of your baby?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	

450	Was your baby dried off with a towel immediately after his/her birth, within a few minutes of delivery? IF TWINS, REFER TO 2 ND TWIN	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
451	Did someone place the baby on your chest, against your skin, immediately after delivery of the baby? IF TWINS, REFER TO 2 ND TWIN	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	454 454
452	Was your baby wrapped in a cloth while lying against your chest or was your baby naked against your skin?	WRAPPED IN CLOTH.....1 BABY NAKED AGAINST YOUR SKIN.....2 DON'T KNOW/CAN'T REMEMBER.....8	454 454
453	(If naked against skin), was your baby covered with a towel or cloth while lying against your skin?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	455 455 455
454	Was your baby wrapped in a towel or cloth immediately after birth?	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
455	Once your baby was born, did any of your birth attendants hold the baby upside down? IF TWINS, REFER TO 2 ND TWIN	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
456	Once your baby was born, did any of your birth attendants slap your baby to get him/her to cry? IF TWINS, REFER TO 2 ND TWIN	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	
457	Did anyone weigh [NAME] just after birth? IF TWINS, REFER TO 2 ND TWIN	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	460 460
458	What was [NAME'S] weight? IF TWINS, REFER TO 2 ND TWIN	WEIGHT IN GRAMS: __ __ __ __	
459	INDICATE WHERE THE RESPONSE FOR WEIGHT CAME FROM	WEIGHT TAKEN FROM BABY HEALTH CARD...1 WEIGHT GIVEN BY MOTHER'S RESPONSE.....2	
460	For your recent delivery at this facility, was [NAME] born at term (on time) early (preterm) or late?	TERM (ON TIME).....1 PRETERM (EARLY).....2 LATE3 DON'T KNOW/CAN'T REMEMBER.....8	

461	For your recent delivery at this facility, do you know how many weeks you were pregnant when you delivered [NAME]?	WEEKS __ __ DON'T KNOW, CAN'T REMEMBER.....00							
CHECK QUESTION 303. IF OUTCOME IS STILLBIRTH, GO TO Q467									
462	Did you breastfeed [NAME]? IF TWINS, REFER TO 2 ND TWIN	YES.....1 NO.....0	463						
463	Did you breastfeed [NAME] within the first hour after delivery? IF TWINS, REFER TO 2 ND TWIN	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8	465 465						
464	Why did you not breastfeed your baby?	HAD A C-SECTION.....1 HAD OTHER COMPLICATION.....2 NO ONE TOLD ME I SHOULD.....3 I DID NOT WANT TO.....4 OTHER.....8 SPECIFY _____ _____							
465	Did you or anyone else give anything to the baby to eat or drink within the first hour after delivery? IF TWINS, REFER TO 2 ND TWIN	YES.....1 NO.....0 DON'T KNOW/CAN'T REMEMBER.....8							
466	About how long after birth was your baby bathed for the first time? IF TWINS, REFER TO 2 ND TWIN	WITHIN 1 HOUR.....1 1-5 HOURS.....2 6-24 HOURS.....3 2-3 DAYS.....4 AFTER 3 DAYS.....5 NOT BATHED YET.....6 DON'T KNOW/CAN'T REMEMBER.....8							
467	How many nights have you slept in the health facility <u>since the delivery of your baby?</u>	NIGHTS SLEPT AT HEALTH FACILITY __ DON'T KNOW/CAN'T REMEMBER.....8							
468	What was the date of the birth of [NAME]? IF TWINS, REFER TO 2 ND TWIN (Enter all zeros for don't know/can't remember)	BABY <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> D D M M Y Y							

469	During your labor and delivery at this health facility, did anyone physically mistreat you? That is, did anyone hit you, slap you, physically threaten you or in any other way cause you physical harm? PLEASE SELECT ALL THAT APPLY	YES, HIT.....1 YES, SLAPPED.....2 YES, OTHER (SPECIFY) _____3 NO PHYSICAL MISTREATMENT.....4 DON'T KNOW/CAN'T REMEMBER.....8	
470	During your labor and delivery at this health facility, did anyone verbally mistreat you? That is, did anyone threaten you verbally or shout at you? PLEASE SELECT ALL THAT APPLY	YES, THREATENED.....1 YES, SHOUT.....2 YES, OTHER (SPECIFY).....3 _____4 NO VERBAL MISTREATMENT.....4 DON'T KNOW/CAN'T REMEMBER.....0	
471	During your labor and delivery at this health facility, were you treated respectfully?	YES.....1 NO.....0	
472	If you had a choice, would you return to this facility for maternal health services?	YES.....1 NO.....0 DO NOT HAVE A CHOICE.....8	475
473	What was the most important reason you chose this health facility today instead of a different source of care?	LOCATION CLOSE TO HOME.....1 LOW COST.....2 TRUST IN PROVIDERS/HIGH QUALITY CARE.3 AVAILABILITY OF DRUGS.....4 AVAILABILITY OF FEMALE PROVIDER.....5 RECOMMENDATION OR REFERRAL.....6 YES, OTHER (SPECIFY).....8 _____	
474	What was the next most important reason you chose this health facility today instead of a different source of care, if there is any other reason?	NO OTHER REASON.....1 LOCATION CLOSE TO HOME.....2 LOW COST.....3 TRUST IN PROVIDERS/HIGH QUALITY CARE.4 AVAILABILITY OF DRUGS.....5 AVAILABILITY OF FEMALE PROVIDER.....6 RECOMMENDATION OR REFERRAL.....7 YES, OTHER (SPECIFY).....8 _____	
I'm going to read you a series of statements regarding this health facility. Please tell me if you agree, neither agree nor disagree, or disagree with each statement. Some statements may not apply to your situation. Please let me know if a statement does not apply to you.			

475	It is convenient to travel from your house to the health facility.	STRONGLY AGREE.....1 AGREE.....2 NEITHER AGREE NOR DISAGREE.....3 DISAGREE.....4 STRONGLY DISAGREE.....5	
476	The health facility is clean.	STRONGLY AGREE.....1 AGREE.....2 NEITHER AGREE NOR DISAGREE.....3 DISAGREE.....4 STRONGLY DISAGREE.....5	
477	The health staff is courteous and respectful.	STRONGLY AGREE.....1 AGREE.....2 NEITHER AGREE NOR DISAGREE.....3 DISAGREE.....4 STRONGLY DISAGREE.....5	
478	The health workers did a good job of explaining your condition.	STRONGLY AGREE.....1 AGREE.....2 NEITHER AGREE NOR DISAGREE.....3 DISAGREE.....4 STRONGLY DISAGREE.....5	
479	It is easy to get medicine that health workers prescribe.	STRONGLY AGREE.....1 AGREE.....2 NEITHER AGREE NOR DISAGREE.....3 DISAGREE.....4 STRONGLY DISAGREE.....5	
480	The registration fees of this visit to the health facility were reasonable.	STRONGLY AGREE.....1 AGREE.....2 NEITHER AGREE NOR DISAGREE.....3 DISAGREE.....4 STRONGLY DISAGREE.....5	
481	The lab fees of this visit to the health facility were reasonable.	STRONGLY AGREE.....1 AGREE.....2 NEITHER AGREE NOR DISAGREE.....3 DISAGREE.....4 STRONGLY DISAGREE.....5	
482	The medication fees of this visit to the health facility were reasonable.	STRONGLY AGREE.....1 AGREE.....2 NEITHER AGREE NOR DISAGREE.....3 DISAGREE.....4 STRONGLY DISAGREE.....5	
483	The transport fees for this visit to the health facility were reasonable.	STRONGLY AGREE.....1 AGREE.....2 NEITHER AGREE NOR DISAGREE.....3 DISAGREE.....4 STRONGLY DISAGREE.....5	

484	The amount of time you spent waiting to be seen by a health worker was reasonable.	STRONGLY AGREE.....1 AGREE.....2 NEITHER AGREE NOR DISAGREE.....3 DISAGREE.....4 STRONGLY DISAGREE.....5	
485	You had enough privacy during your visit.	STRONGLY AGREE.....1 AGREE.....2 NEITHER AGREE NOR DISAGREE.....3 DISAGREE.....4 STRONGLY DISAGREE.....5	
486	The health worker spent a sufficient amount of time with you.	STRONGLY AGREE.....1 AGREE.....2 NEITHER AGREE NOR DISAGREE.....3 DISAGREE.....4 STRONGLY DISAGREE.....5	
487	The overall quality of services provided was satisfactory.	STRONGLY AGREE.....1 AGREE.....2 NEITHER AGREE NOR DISAGREE.....3 DISAGREE.....4 STRONGLY DISAGREE.....5	
488	TIME INTERVIEW ENDS THANK THE RESPONDENT	HOURS..... __ __ MINUTES..... __ __	
489	WAS ANY MEMBER OF THE HEALTH FACILITY STAFF PRESENT IN THE ROOM AT ANY POINT DURING THE INTERVIEW	YES.....1 NO.....0	