

**Health Results Based Financing Impact Evaluation
Rwanda
FOLLOW-UP SURVEY 2013
Female Questionnaire**

HOUSEHOLD CODE	
Baseline household.....1	
New household.....2	

PROVINCE NAME	PROVINCE CODE	DISTRICT NAME	DISTRICT CODE	SECTOR	SECTOR CODE

GPS COORDINATES OF HOUSEHOLD									
ALTITUDE (meters)									
LATITUDE (SOUTH)			.						
LONGITUDE (EAST)			.						

CELL NAME	CELL CODE

VILLAGE NAME	VILLAGE CODE

NAME OF HEAD OF HOUSEHOLD	PHONE NUMBER OF HEAD OF HOUSEHOLD

NAME OF INTERVIEWER	CODE

VISIT 1	DAY	MONTH	YEAR

VISIT 2	DAY	MONTH	YEAR

VISIT 3	DAY	MONTH	YEAR

CORE RESPONDENT NAME
CORE RESPONDENT PID

RESULT OF THE INTERVIEW	CODE
INTERVIEW DONE	01
PARTIALLY COMPLETED	02
REGISTERED PERSON REFUSED INTERVIEW	03
HOUSEHOLD MEMBERS NOT PRESENT	04
HOUSEHOLD VACATED	05
HOUSE ADDRESS NOT FOUND	06
HH HEAD / OTHER REFUSED TO ALLOW INTERVIEW	07
HOUSEHOLD TEMPORARILY MOVED	08
OTHER, SPECIFY:	96

LANGUAGE	CODE
KINYARWANDA	01
FRENCH	02
ENGLISH	03
OTHER, SPECIFY:	96

INTERVIEW	RESPONDENT	TRANSLATOR USED?	NEVER	CODE
				01
			SOMETIMES	02
			ALWAYS	03

NAME OF SUPERVISOR	CODE

DAY	MONTH	YEAR

NAME OF DATA ENTRY OPERATOR	CODE

DAY	MONTH	YEAR

CONTROL INFORMATION

No. of household members

RESPONDENT: Core Household Woman

Q.no			Record Response						
(10.01)	12 months ago, how was your health on a normal day?	Excellent Good Fair Poor	1 2 3 4						
(10.02)	How is your health today?	Better Worse The same	1 2 3						
(10.03)	Given your health, how are you currently able to do your daily activities, such as working, going to school or playing?	Easily With Some Difficulty With Much Difficulty Unable to Do	1 2 3 4						
(10.04)	In the last 4 weeks, have you been sick at any time?	Yes No	1 2 ▶ (11.01)						
(10.05)	What were you mainly suffering from?			1st	2nd		3rd		
		Fever/ Malaria	1						
		Cough/Chest Infection	2						
		Tuberculosis	3						
		Ashtma episode	4						
		Pneumonia	6						
		Diarrhea without blood	7						
		Diarrhea with blood	8						
		Diarrhea and vomiting	9						
	Vomiting	10							
	Abdominal Pain	11							
	Anemia	12							
	Skin Rash/Infection	13							
	Eye/Ear Infection	14							
	Measles	15							
	Jaundice	16							
	Convulsions	17							
	Sore Throat	18							
	Accident Injuries	19							
	Other, specify	96							
	(10.06)	How long ago did the last episode of the illness start?	Days	1	AMOUNT	CODE			
Weeks			2						
Months			3						
(10.07)	How long ago did the illness stop?	Days	1	AMOUNT	CODE				
		Weeks	2						
		Still Sick	3						
(10.08)	For the last episode, did you consult any health institution/personnel for this illness? (INCLUDING TRADITIONAL HEALER)	Yes	1						
		No	2						
(10.09)	In the last 4 weeks, how many days of regular activity did you miss due to this illness?			Days					

Section 11: Mental Health

RESPONDENT: Core Household Woman

Q.no			Record Response		
(11.01)	I would like to get an idea of how you have been feeling in the last 6 months. During the last 6 months, did you feel any of the following often, sometimes or never for at least 2 weeks? (1=Often, 2=Sometimes, 3=Never)		Often	Sometimes	Never
		a. Slowed down and taking longer in your way of doing things	1	2	3
		a. Deep sadness	1	2	3
		c. No longer enjoying the things you used to enjoy in your life	1	2	3
		d. Like Life is Hopeless	1	2	3
(11.02)	In the last 4 weeks, have you received counseling for depression and/or anxiety?	Yes 1			
		No 2 ▶ (11.04)			
(11.03)	Where did you seek counseling?	Government Hospital 1			
		Government Clinic 2			
		Government Health Post 3			
		Private Hospital 4			
		Private Clinic 5			
		Health center 6			
		Private Health Post 7			
		Pharmacy 8			
		Medical Personnel 9			
		Traditional Healer 10			
		Faith/Church Healer 11			
		Community Health Worker 12			
		Other, specify 96			
(11.04)	Are you currently on any medication to treat depression/anxiety?	Yes 1			
		No 2			

Section 12: Reproductive Health

RESPONDENT: Core Household Woman

Q.no			Record Response	
(12.01)	How many children have you given birth to in your life? (If ZERO record 0)		MALE	
			FEMALE	
(12.02)	How long would you wait from now until the birth of your <u>first/next</u> child?	Doesn't want more	1	
		Infertile	2	
		Years	3	
		Soon/Now	4	
		After Marriage	5	
		Other, specify	96	
(12.03)	Are you currently pregnant?	Yes	1	(12.05)
		No	2	
(12.04)	In the next few weeks, if you discovered you were pregnant, would that be a big problem, a small problem, or not a problem for you?	Big Problem	1	
		Small Problem	2	
		No Problem	3	
		Can't Get Pregnant	4	
(12.05)	Do you approve or disapprove of couples using contraceptive methods to avoid getting pregnant?	Approve	1	
		Disapprove	2	
(12.06)	Have you heard about...? RECORD YES OR NO FOR EACH. Yes.....1 No.....2		Yes	No
		a. Contraceptive Pill	1	2
		b. IUD/AKDR/Spiral	1	2
		c. Contraceptive Injections	1	2
		d. Implants/Norplant	1	2
		e. Female Condom	1	2
		f. Female Sterilization	1	2
		g. Lactational Amen. Method	1	2
		h. Male Condom	1	2
		i. Male Sterilization	1	2
		j. Cycle Beads	1	2
		k. Withdrawal	1	2
l. Other, specify	1	2		
(12.07)	Have you ever used...? RECORD YES OR NO FOR EACH. Yes.....1 No.....2 ENUMERATOR: IF RESPONSE IS NO TO ALL, SKIP TO 12.09		Yes	No
		a. Contraceptive Pill	1	2
		b. IUD/AKDR/Spiral	1	2
		c. Contraceptive Injections	1	2
		d. Implants/Norplant	1	2
		e. Female Condom	1	2
		f. Female Sterilization	1	2
		g. Lactational Amen. Method	1	2
		h. Male Condom	1	2
		i. Male Sterilization	1	2
		j. Cycle Beads	1	2
		k. Withdrawal	1	2
l. Other, specify	1	2		

(12.08)	How old were you when you first used...? RECORD AGE IN YEARS			
		a.Contraceptive Pill		
		b. IUD/AKDR/Spiral		
		c. Contraceptive Injections		
		d. Implants/Norplant		
		e. Female Condom		
		f. Female Sterilization		
		g. Lactational Amen. Method		
		h. Male Condom		
		i. Male Sterilization		
		j. Cycle Beads		
		k. Withdrawal		
		l. Other, specify		
(12.09)	Do you currently have a sexual partner?	Yes 1 No 2 ▶ (12.13)		
(12.10)	Do you think that your partner approves or disapproves of couples using contraceptive methods to avoid pregnancy?	Approve 1 Disapprove 2		
(12.11)	Do you talk with your partner about contraceptives?	Yes 1 No 2		
(12.12)	Do you think your partner wants more children, fewer children or the same number of children as you do?	Same 1 More 2 Fewer 3 Don't know 4		
(12.13)	Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes 1 No 2 ▶ (12.20) Refuse to Respond 3 ▶ (12.20)		
(12.14)	Which method are you currently using? RECORD YES OR NO FOR EACH. Yes.....1 No.....2		Yes	No
		a.Contraceptive Pill	1	2
		b. IUD/AKDR/Spiral	1	2
		c. Contraceptive Injections	1	2
		d. Implants/Norplant	1	2
		e. Female Condom	1	2
		f. Female Sterilization	1	2
		g. Lactational Amen. Method	1	2
		h. Male Condom	1	2
		i. Male Sterilization	1	2
		j. Cycle Beads	1	2
		k. Withdrawal	1	2
		l. Other, specify	1	2

(12.15)	Where did you obtain the current method when you started using it (first time)?	Medical Doctor	1	
		Nurse/Midwife	2	
		Community Health Worker	3 ▶ (12.17)	
		Lab Technician	4	
		Pharmacist	5	
		Traditional Healer	6 ▶ (12.17)	
		Spiritual Healer	7 ▶ (12.17)	
		Traditional Birth Attendant	8 ▶ (12.17)	
		Family Member	9 ▶ (12.17)	
		Friend/Neighbor	10 ▶ (12.17)	
		Other, specify	96 ▶ (12.17)	
(12.16)	Did a Community Health Worker refer you or accompany you to your family planning consultation?	Yes	1	
		No	2	
(12.17)	Where did you obtain the current method the last time?	Medical Doctor	1	
		Nurse/Midwife	2	
		Community Health Worker	3	
		Lab Technician	4	
		Pharmacist	5	
		Traditional Healer	6	
		Spiritual Healer	7	
		Traditional Birth Attendant	8	
		Family Member	9	
		Friend/Neighbor	10	
		Other, specify	96	
(12.18)	How long have you been using the current method?		YEARS	
			MONTHS	
			WEEKS	
(12.19)	How much did you pay for your last refill?		RWF	
(12.20)	Have any of the following ever talked to you about family planning methods? RECORD YES OR NO FOR EACH.		Yes	No
		a. Partner/spouse	1	2
		a. Health Facility Staff	1	2
		b. Community Health Worker	1	2
		c. Friends/Family	1	2
		d. Local/Central Government	1	2
		Other, specify	1	2
(12.21)	Suppose a women goes to the health facility. Will she receive a gift if she uses any of the following services? RECORD YES OR NO FOR EACH.		Yes	No
		a. Ante-natal care?	1	2
		b. Delivery	1	2
		c. Post-natal care	1	2

(12.22)	ENUMERATOR: Did the respondent say "YES" to either 12.21a OR 12.21b OR 12.21c?	Yes 1		
		No 2 ► (13.01)		
(12.23)	Where did you hear that you could get a gift for these services? RECORD YES OR NO FOR EACH.		Yes	No
		Community Health Worker 1	1	2
		Health Facility Staff 2	1	2
		Poster at Health Facility 3	1	2
		Pamphlets/Brochures 4	1	2
		Friend/Neighbor 5	1	2
		Other, specify 96	1	2

Section 13: Pregnancy History

RESPONDENT: Core Household Woman

Q.no			Record Response	
(13.01)	ENUMERATOR: CHECK QUESTION 12.03. IF NO ▶ 13.04			
(13.02)	How many months pregnant are you?		MONTHS	
(13.03)	At the time you became pregnant, did you want to become pregnant then, did you want to be pregnant later, or did you not want to have any (more) children at all?	Then 1		
		Later 2		
		No More 3		
(13.04)	Do you have any children to whom you have given birth who are now living with you?	Yes 1		
		No 2 ▶ (13.06)		
(13.05)	A. How Many Sons live with you?		Sons	
	B. How Many Daughters live with you?		Daughters	
(13.06)	Do you have any children to whom you have given birth who are still alive but do not live with you?	Yes 1		
		No 2 ▶ (13.08)		
(13.07)	A. How Many Sons live elsewhere?		Sons	
	B. How Many Daughters live elsewhere?		Daughters	
(13.08)	Have you ever given birth to a child who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	Yes 1		
		No 2 ▶ (13.10)		
(13.09)	A. How Many Sons died?		Sons	
	B. How Many Daughters died?		Daughters	
(13.10)	SUM THE ANSWERS TO 13.05, 13.07 & 13.09. ENTER TOTAL HERE. IF NONE, RECORD 00.			
(13.11)	Please confirm the total number of children you have given birth to is (13.10)	Yes 1		
		No 2		
		IF NOT CORRECT, PROBE AND CORRECT 13.05, 13.07 & 13.09 AS NECESSARY		
(13.12)	Have you ever had a pregnancy that miscarried was aborted or ended in stillbirth?	Yes 1		
		No 2 ▶ (13.20)		
(13.13)	How many pregnancies have ended in a miscarriage or stillbirth?			

	OF STILLBIRTHS:			
(13.14)	How many pregnancies have ended in an abortion?			
(13.15)	PLEASE SUM 13.13 AND 13.14			
(13.16)	When did the last such pregnancy (miscarriage, stillbirth, abortion) end?		MONTH (MM)	
			YEAR (YYYY)	
(13.17)	How many months pregnant were you when the last such pregnancy (miscarriage, stillbirth, abortion) ended?		MONTHS	

Section 13.2: Birth History

RESPONDENT: Core Household Woman

INTERVIEWER: RECORD NAMES OF ALL BIRTHS IN 13.21. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

[illegible]

Section 13.2: Birth History

RESPONDENT: Core HH woman

<div>(13.28) RECORD ID CODE OF CHILD IN HOUSEHOLD ROSTER</div> <div>► (13.30)</div>	PREGNANCY NUMBER	(13.29) How old was (NAME) when he/she died?		(13.30) Were there any other live births after (NAME)? THIS INCLUDES CHILDREN WHO DIED SHORTLY AFTER BIRTH	(13.31) INTERVIEWER: DOES THE NUMBER OF BIRTHS RECORDED MATCH 13.10 and 13.20			
		DAYS 01				YES 01	► NEXT BIRTH	YES 01
		MONTHS 02				NO 02		NO 02
		YEARS 03						
		NUMBER	CODE					
	01							
	02							
	03							
	04							
	05							
	06							
	07							
	08							
	09							
	10							

Section 13.3: Antenatal and Postnatal Care

RESPONDENT: Core household woman currently pregnant or had pregnancy after January 2011

INTERVIEWER: MUST LIST PREGNANCIES IN ORDER OF MOST RECENT SINCE JANUARY 2011 (CURRENT PREGNANCY IS LISTED FIRST) MULTIPLE BIRTHS ARE LISTED AS ONE PREGNANCY.

<div>(13.32)</div> <div>CONFIRM TOTAL NUMBER OF PREGNANCIES INCLUDING CURRENT PREGNANCY SINCE JANUARY 2011</div>	<div>PREGNANCY NUMBER</div>	<div>(13.33)</div> <div>Did the community health worker provide you information on receiving antenatal care during this pregnancy?</div>	<div>(13.34)</div> <div>Was the information provided by the Community Health Worker in charge of maternal and neonatal health in your village?</div>	<div>(13.35)</div> <div>How many months were you pregnant when the Community Health Worker became aware of this pregnancy?</div>	<div>(13.36)</div> <div>How did the Community Health Worker become aware of your pregnancy?</div>	<div>(13.37)</div> <div>Were you upset that your pregnancy was revealed at that point?</div>	<div>(13.38)</div> <div>Did the Community Health Worker refer or accompany you to receive antenatal care during this pregnancy?</div>	<div>(13.39)</div> <div>Did you consult any health institution / personnel for antenatal care for this pregnancy?</div>	
<div>IF ZERO, RECORD 0</div> <div>(13.109)</div>		<div>YES</div> <div>01</div>	<div>YES</div> <div>01</div>	<div># MTHS</div>	<div>WOMAN INFORMED THE CHW</div> <div>01 ▶ (13.38)</div>	<div>YES</div> <div>01</div>	<div>YES</div> <div>01</div>	<div>YES</div> <div>01</div>	
		<div>NO</div> <div>02</div>	<div>NO</div> <div>02</div>		<div>CHW HEARD FROM FAMILY MEMBER</div> <div>02</div>			<div>NO</div> <div>02</div>	
		<div>▶ (13.39)</div>	<div>DON'T KNOW</div> <div>96</div>		<div>CHW HEARD FROM COMMUNITY</div> <div>03</div>			<div>▶ (13.54)</div>	
								<div>CHW GUESSED</div> <div>04</div>	<div>NO</div> <div>02</div>
								<div>OTHER, SPECIFY</div> <div>05</div>	
		<div>01</div>							
		<div>02</div>							
		<div>03</div>							

Section 13.3: Antenatal and Postnatal Care

RESPONDENT: Core household woman currently pregnant or had pregnancy after January 2011

INTERVIEWER: MUST LIST PREGNANCIES IN ORDER OF MOST RECENT SINCE JANUARY 2011 (CURRENT PREGNANCY IS LISTED FIRST) MULTIPLE BIRTHS ARE LISTED AS ONE PREGNANCY.

PREGNANCY NUMBER	(13.40) Who did you see for antenatal care for this pregnancy? (IF MORE THAN ONE, THEN THE PRIMARY)	(13.41) Where did you seek antenatal care for this pregnancy? (IF MORE THAN ONE, THEN PRIMARY)	(13.42) IF HOSPITAL, CLINIC, CENTER, OR HEALTH POST PROBE FOR NAME OF FACILITY AND RECORD CODE FROM Q13.41.	(13.43) How many months were you pregnant when you went for your first antenatal care visit for this pregnancy?	(13.44) Did you receive any gift following your first antenatal care visit?	(13.45) Were you promised a gift for you first antenatal care visit?
		GOVERNMENT HOSPITAL 01				
		GOVERNMENT HEALTH CENTER 02				
		GOVERNMENT HEALTH POST 03				
	MEDICAL DOCTOR 01	GOVERNMENT CLINIC 04				
	NURSE/MIDWIFE 02	PRIVATE HOSPITAL 05				
	COMMUNITY HEALTH WORKER 03	PRIVATE HEALTH CENTER 06				
	LAB TECHNICIAN 04	PRIVATE HEALTH POST 07				
	PHARMACIST 05	PRIVATE CLINIC 08				
	TRADITIONAL HEALER 06	PHARMACY 09				
	SPIRITUAL HEALER 07	TRADITIONAL HEALER 10				
	TRADITIONAL BIRTH ATTENDANT 08	FAITH/CHURCH HEALER 11				YES 01 ► (13.47)
	FAMILY MEMBER 09	COMMUNITY HEALTH WORKER 12				NO 02 ► (13.48)
	FRIEND/NEIGHBOR 10	HOME 13				
	OTHER (SPECIFY) 96	OTHER (SPECIFY) 96				
	NAME	CODE	# MTHS			
01						
02						
03						

RESPONDENT: Core household woman currently pregnant or had pregnancy after January 2011

[illegible]

Section 13.3: Antenatal and Postnatal Care

RESPONDENT: Core household woman currently pregnant or had pregnancy after January 2011

INTERVIEWER: MUST LIST PREGNANCIES IN ORDER OF MOST RECENT SINCE JANUARY 2011 (CURRENT PREGNANCY IS LISTED FIRST) MULTIPLE BIRTHS ARE LISTED AS ONE PREGNANCY.

[illegible]

Section 13.3: Antenatal and Postnatal Care

RESPONDENT: Core household woman currently pregnant or had pregnancy after January 2011

INTERVIEWER: MUST LIST PREGNANCIES IN ORDER OF MOST RECENT SINCE JANUARY 2011 (CURRENT PREGNANCY IS LISTED FIRST) MULTIPLE BIRTHS ARE LISTED AS ONE PREGNANCY.

[illegible]

Section 13.3: Antenatal and Postnatal Care

RESPONDENT: Core household woman currently pregnant or had pregnancy after January 2011

INTERVIEWER: MUST LIST PREGNANCIES IN ORDER OF MOST RECENT SINCE JANUARY 2011 (CURRENT PREGNANCY IS LISTED FIRST) MULTIPLE BIRTHS ARE LISTED AS ONE PREGNANCY.

[illegible]

Section 13.3: Antenatal and Postnatal Care

RESPONDENT: Core household woman currently pregnant or had pregnancy after January 2011

INTERVIEWER: MUST LIST PREGNANCIES IN ORDER OF MOST RECENT SINCE JANUARY 2011 (CURRENT PREGNANCY IS LISTED FIRST) MULTIPLE BIRTHS ARE LISTED AS ONE PREGNANCY.

[illegible]

RESPONDENT: Core household woman currently pregnant or had pregnancy after January 2011

PREGNANCY NUMBER	(13.84) Is the infant(s) still living with you?			(13.85) RECORD THE INDIVIDUAL ID CODE OF THE CHILD FROM ROSTER			(13.86) ONLY FOR CHILD(REN) THAT ARE <u>NOT</u> HOUSEHOLD MEMBER(S)			(13.87) Did the community health worker provide you information on receiving post-natal care during this pregnancy?	(13.88) Did the Community Health Worker refer or accompany you to receive post-natal care during this pregnancy?		
	YES 01						How old was the child on his/her last birthday?						
	NO 02												
	▶ (13.86)						RECORD AGE IN YEARS						
							IF LESS THAN 1 YEAR, WRITE 0						
	A. FIRST CHILD	B. SECOND CHILD	C. THIRD CHILD	A. FIRST CHILD	B. SECOND CHILD	C. THIRD CHILD	A. FIRST CHILD	B. SECOND CHILD	C. THIRD CHILD	YES 01	NO 02 ▶ (13.89)	YES 01	NO 02
ID CODE	ID CODE	ID CODE	ID CODE	ID CODE	ID CODE	AGE IN YRS	AGE IN YRS	AGE IN YRS					
01													
02													
03													

RESPONDENT: Core household woman currently pregnant or had pregnancy after January 2011

INTERVIEWER: MUST LIST PREGNANCIES IN ORDER OF MOST RECENT SINCE JANUARY 2011 (CURRENT PREGNANCY IS LISTED FIRST) MULTIPLE BIRTHS ARE LISTED AS ONE PREGNANCY.

PREGNANCY NUMBER	(13.89) After the birth/miscarriage, were you seen by a health professional or traditional birth attendant to check on your health?	(13.90) How long after the birth/miscarriage did you receive the first post-natal check?	(13.91) Who checked on your health the first time?	(13.92) Where did this check take place?	(13.93) IF HOSPITAL, CLINIC OR, HEALTH POST CENTER, PROBE FOR NAME OF FACILITY AND RECORD CODE FROM Q13.62.	(13.94) Did you receive any gift following the first postnatal care visit?	(13.95) Were you promised a gift for your first postnatal care visit?		
				GOVERNMENT HOSPITAL 01					
				GOVERNMENT HEALTH CENTER 02					
				GOVERNMENT HEALTH POST 03					
				MEDICAL DOCTOR 01				GOVERNMENT CLINIC 04	
				NURSE/MIDWIFE 02				PRIVATE HOSPITAL 05	
				HOURS 01				COMMUNITY HEALTH WORKER 03	PRIVATE HEALTH CENTER 06
				DAYS 02				LAB TECHNICIAN 04	PRIVATE HEALTH POST 07
				WEEKS 03				PHARMACIST 05	PRIVATE CLINIC 08
				MONTHS 04				TRADITIONAL HEALER 06	PHARMACY 09
	YES 01		SPIRITUAL HEALER 07	TRADITIONAL HEALER 10	YES 01 ▶ (13.97)	YES 01			
	NO 02		TRADITIONAL BIRTH ATTENDANT 08	FAITH/CHURCH HEALER 11		NO 02			
	▶ (13.100)		FAMILY MEMBER 09	COMMUNITY HEALTH WORKER 12		NO 02 ▶ (13.98)			
		A.	B.	FRIEND/NEIGHBOR 10	HOME 13				
		NUMBER	CODE	OTHER (SPECIFY) 96	OTHER (SPECIFY) 96	NAME	CODE		
01									
02									
03									

Section 13.3: Antenatal and Postnatal Care

RESPONDENT: Core household woman currently pregnant or had pregnancy after January 2011

INTERVIEWER: MUST LIST PREGNANCIES IN ORDER OF MOST RECENT SINCE JANUARY 2011 (CURRENT PREGNANCY IS LISTED FIRST) MULTIPLE BIRTHS ARE LISTED AS ONE PREGNANCY.

[illegible]

Section 13.3: Antenatal and Postnatal Care

RESPONDENT: Core household woman currently pregnant or had pregnancy after January 2011

INTERVIEWER: MUST LIST PREGNANCIES IN ORDER OF MOST RECENT SINCE JANUARY 2011 (CURRENT PREGNANCY IS LISTED FIRST) MULTIPLE BIRTHS ARE LISTED AS ONE PREGNANCY.

PREGNANCY NUMBER	(13.102) How long after the birth/miscarriage did you receive the first iron dose?		(13.103) Who provided you with the iron dose?		(13.104) For how many days did you take the iron tablets or iron syrup?	(13.105) After the birth/miscarriage did you receive a vitamin A dose?	(13.106) How long after the birth/miscarriage did you receive the vitamin A dose?		(13.107) Who provided you with the vitamin A dose?		(13.108) How many total doses did you receive in the first 6 weeks after delivery?		
			MEDICAL DOCTOR 01						MEDICAL DOCTOR 01				
	HOURS 01		NURSE/MIDWIFE 02						NURSE/MIDWIFE 02				
	DAYS 02		COMMUNITY HEALTH WORKER 03						COMMUNITY HEALTH WORKER 03				
	WEEKS 03		LAB TECHNICIAN 04				HOURS 01		LAB TECHNICIAN 04				
	MONTHS 04		PHARMACIST 05				DAYS 02		PHARMACIST 05				
			TRADITIONAL HEALER 06				WEEKS 03		TRADITIONAL HEALER 06				
			SPIRITUAL HEALER 07				MONTHS 04		SPIRITUAL HEALER 07				
			TRADITIONAL BIRTH ATTENDANT 08				YES 01		TRADITIONAL BIRTH ATTENDANT 08				
		FAMILY MEMBER 09		NO 02 ▶ (13.109)		FAMILY MEMBER 09							
A.		B.				A.		B.					
NUMBER		CODE		FRIEND/NEIGHBOR 10				NUMBER		CODE		FRIEND/NEIGHBOR 10	
				OTHER (SPECIFY) 96		# OF DAYS						OTHER (SPECIFY) 96	
												# doses	
01													
02													
03													

Section 13.4: Patient Satisfaction & Knowledge

RESPONDENT: Core Household Women

Q.no			Record Response		
(13.109)	In the last 3 months, have you met with a Community Health Worker (CHW) either in your home or in the community?	Yes, in the community 1 Yes, home visit 2 No 3 ► (13.114)			
(13.110)	Did the CHW provide any of the following services? RECORD YES OR NO FOR EACH. Yes.....1 No.....2	a. Pre-natal care referral b. Accompany you to health facility for pre-natal visit c. Institutional delivery referral d. Accompany you to health facility for institutional delivery e. Post-natal care referral f. Accompany you to health facility for post-natal visit g. VCT referral/ PMTCT referral h. Accompany you for VCT/PMTCT visit i. Family Planning j. Child vaccination k. Child nutrition l. Information, Education and Communication Campaigns	Yes 1 1 1 1 1 1 1 1 1 1 1 1	No 2 2 2 2 2 2 2 2 2 2 2 2	
(13.111)	How satisfied were you with the following? 1=Satisfied 2= Neither satisfied/unsatisfied 3= Unsatisfied	a. Community Health Workers being knowledgeable and responsive b. Enough Community Health Workers c. Community Health Worker's time availability to attend to you d. Community Health Workers accompanying you to receive services at the health facility e. Community health worker respect for privacy and confidentiality f. Community Health Workers show respect? g. Community Health Worker are good role models	Satisfied 1 1 1 1 1 1 1	Neither satisfied/unsatisfied 2 2 2 2 2 2 2	Unsatisfied 3 3 3 3 3 3 3
(13.112)	Would you recommend Community Health Workers to others?	Yes 1 ► (13.114) No 2			
(13.113)	Why wouldn't you recommend them?	Poor quality of care 1 Not helpful 2 Treatment too expensive 3 Difficult to assess 4 Other, specify 96			
(13.114)	In the last year, have you visited a health center?	Yes 1 No 2 ► (13.118)			
(13.115)	Which health center did you visit?		NAME		
			CODE		

Q.no			Record Response		
(13.116)	Which services did you receive at the health center? RECORD YES OR NO FOR EACH. Yes.....1 No.....2		Yes	No	
		a. Preventative care	1	2	
		b. Curative care	1	2	
		c. Ante-natal care	1	2	
		d. Delivery	1	2	
		e. Post-natal care	1	2	
		f. Under-5 consultation	1	2	
		g. Family Planning consultation	1	2	
		h. Other, specify	1	2	
(13.117)	How satisfied were you with the following? 1=Satisfied 2= Neither satisfied/unsatisfied 3= Unsatisfied		Satisfied	Neither satisfied/unsatisfied	Unsatisfied
		a. Facility staff being knowledgeable	1	2	3
		b. Facility staff being responsive and respectful	1	2	3
		c. Facility staff respect for privacy and confidentiality	1	2	3
		d. Availability of facility staff to attend to you	1	2	3
		e. Facility cleanliness	1	2	3
		f. Facility capacity to accommodate all patients	1	2	3
		g. Time needed to travel to facility	1	2	3
		h. Availability of pharmaceutical products at the health facility	1	2	3

Section 13.5: Health Knowledge

RESPONDENT: Core Household Women

(13.118)	Why is it important that people wash their hands after using the latrine?	Yes	No
A	It removes dirt from the hands	1	2
B	Prevents HIV	1	2
C	It avoids spread of dangerous diseases, such as diarrhea, cholera, and intestinal parasites	1	2
D	It prevents skin infections	1	2
(13.119)	What kind of water is safe to drink?	Yes	No
A	Treated water near animals	1	2
B	Treated stagnate water	1	2
C	Treated water from a spring or deep well	1	2
D	Treated water in streams and rivers	1	2
(13.120)	What will you give to a 1 and a half year old with watery diarrhea without dehydration?	Yes	No
A	Give 1 liter a day of ORT	1	2
B	3-4 glasses a day ORT	1	2
C	1/4th -1/2 cp of ORT for every watery stool	1	2
D	Give 1 liter of water per day ONLY	1	2
(13.121)	Which of the following are danger signs for pregnant women?	Yes	No
A	Fever	1	2
B	Vaginal Bleeding	1	2
C	Swelling of hands, face, AND feet	1	2
D	Loss of appetite	1	2
(13.122)	Which of the following signs are dangerous signs for a baby?	Yes	No
A	The baby is convulsing	1	2
B	The baby has a fever	1	2
C	The baby is not breastfeeding	1	2
D	The baby is breathing too quickly	1	2
(13.123)	Which of the following diseases can be prevented with a vaccine?	Yes	No
A	Poliomyelitis	1	2
B	Measles	1	2
C	Tetanus	1	2
D	Tuberculosis	1	2
E	AIDS	1	2
(13.124)	Which are effective methods of contraception?	Yes	No
A	Oral contraceptives (pills)	1	2
B	Depoprovera injection (DMPA)	1	2
C	IUD	1	2
D	Breastfeeding	1	2
E	Withdrawal	1	2

Section 13.6: Height and Weight

RESPONDENT: Core household woman

Q.no			Record Response				
(13.125)	RECORD INDIVIDUAL'S AGE FROM SECTION 1		YEARS				
			MONTHS				
(13.126)	READ ALOUD THE ANTHROPOMETRIC CONSENT FORM TO ALL CORE HOUSEHOLD WOMEN	Measured 1					
		Refused 2 ► NEXT PERSON					
		Other, specify 3 ► NEXT PERSON					
(13.127)	RECORD DATE OF MEASUREMENT		MM				
			DD				
			YYYY				
(13.128)	RECORD HEIGHT IN CENTIMETERS				.		CM
(13.129)	RECORD METHOD FOR MEASURING HEIGHT	Standing 1					
		Lying 2					
(13.130)	RECORD WEIGHT IN KILOGRAMS				.		KG