**Maternal and Child Healthcare Programme**

**Effectiveness Evaluation:**

**John Taolo Gaetsewe (JTG) District in Northern Cape Department of Health**

**Questionnaire and Consent Form**

**Northern Cape Department of Health**

**Research and Development Unit**

**July 2014**

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**13.1 QUESTIONNAIRES**

**GROUP ONE: Antenatal care, delivery, postnatal care and infant feeding pattern**

**SECTION 1.1: Administration**

|  |  |  |
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| **No** | **Control details** | **Response** |
| 1.1.1 | Study ID | id |
| 1.1.2 | Is the respondent of the question a mother or caregiver for the child? | respondent |
| 1.1.3 | Age of the mother | mage |
| 1.1.4 | How old is the child (completed in weeks) | cweek |
| 1.1.5 | Name of local area where you come from | narea |
| * 1. 6 | Name of the facility | nfacility |
| 1.1.7 | Type or level of the facility | tfacility |
| 1.1.8 | Date of interview (dd/mm/yy) | dinterview |
| 1.1.9 | Data checked by supervisor | checked |
| 1.1.10 | Consent form signed | csigned |

***NB: Read the informed consent form to the mother and ask her to give you her consent by signing the consent form. Otherwise, if she does not want to be study respondent, then thank her, and then proceed with another mother****.*

**Informed Consent**

Dear respondent,

We are research assistants working for the Northern Cape Department of Health, Research and Development unit, in Kimberley. The purpose of collecting data is to improve maternal and child health services in the district, and are here to learn about behaviours, perceptions, attitudes, and knowledge about reproductive health and family planning. To achieve this, we are conducting a cross-sectional survey in your district.

We hope to be able to use your responses to make recommendations to help improve Maternal and child health services in the district. If you agree to participate, I would like you to read and sign the under-mentioned consent form that requests your agreement to participate in the study.

All information supplied will be kept strictly confidential. To further enhance the confidentiality aspect of this survey, this consent form will not be cross linked to the respondent’s reference number as recorded on the questionnaire.

**Consent form**

I hereby agree to participate in research on Maternal and Child Health Programme Evaluation study.

I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop participating at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project, and its purpose is not necessarily to benefit me personally or financially in the immediate or short term.

I understand that my participation will remain confidential.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**SECTION 1. 2: Demographic and socioeconomic information** **questionnaire for mothers**

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| **No** | **Question** |  | **Response** | **Comments** |
| 1.2.1 | What is your marital status? | 1= Married  2= Living together  3= Separated/divorced  4= Widowed  5= Single |  | marital |
| 1.2.2 | What is your highest school grade / tertiary education passed? | 1= School not attended  2= Elementary (grade1-7)  3=High school (grade8-12)  4=Completed college or above |  | school |
| 1.2.3 | What is your ethnic group? | 1= Black African  2= White  3= Coloured  4= Indian or Asian  5= Other (specify)\_\_\_\_\_\_ |  | ethnic |
| 1.2.4 | How many minutes or hours will it take from your residence to the nearest health facility? | 1=Less than 30 minutes  2= 30 to 60 minutes  3=1 to 2 hours  4= More than two hours |  | mrhfacility |
| 1.2.5 | How many minutes or hours will it take you from your residence to the nearest - healthcare facility where child births are attended? | 1=Less than 30 minutes  2= 30 to 60 minutes  3=1 to 2 hours  4= More than two hours |  | mrhfcb |
| 1.2.6 | What mode of transport do you usually use to get to health facility where child births are attended? | 1= Walk  2= Own car  3= Ambulance  4= Taxi /bus  5= Other(specify)\_\_\_\_\_\_\_\_ | *If the answer is 1,2 or 3 please skip Q 1.2.7* | transport |
| 1.2.7 | If you use public transportation to get to health facility for antenatal care how much do you pay? | 1=Less than or equal to R20.00  2= Between R 21 and R30.00  3= Between R31 and R40.00  4= Between R41 and R50.00  5= More than R51.00 |  | ptransport |
| 1.2.8 | At onset of labour (for this child), what mode of transportation did you use to get to the health facility where delivery took place? | 1= Ambulance  2= Own car  3= Taxi /bus  4= Hired car  5= Other(specify)\_\_\_\_\_\_\_\_\_\_  6= Not applicable |  | mtransport |
| 1.2.9 | Are you currently employed to generate income? | 1=Yes  2= No |  | employed |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Question** |  | **Response** | **Comments** |
| 1.2.10 | What is your income source? | 1= Self-employed  2= Government employee  3= Private employee  4= Disability grant  5= Old age grant  6= Child support grant  7= Donation  8= Student bursary  9=Other specify \_\_\_\_\_\_\_\_\_ |  | semploy  gemploy  pemploy  dgrant  oagrant  csgrant  donation  sgrant  iother |
| 1.2.11 | What is the total amount of your monthly income from all income sources? | 1= Less than or equal to R1000.00  2= Between R 1001.00 and R3000.00  3= Between R3001.00 and R5000.00  4= Between R5001.00 and R7500.00  4= More than R7501.00 |  | tmincome |
| 1.2.12 | How many people, including yourself, are depended on this income? | \_\_\_\_\_\_\_\_No of people |  | dependent |
| 1.2.13 | Do you have the following working items in the house? (Tick all the applicable) | 1= Car  2= Refrigerator  3= Television ,DSTV, DVD player  4 = Telephone/cell phone  5= Stove  6=Washing machine, tumble dryer |  | car  refri  televi  teleph  stove  wmachine |
| 1.2.14 | In what type of dwelling are you currently living? | 1=Standalone house  2=House /cluster house  3=Semi-attached house  4=Flat or block of flat  5=Traditional dwelling /hut  6=Informal dwelling /shack  7=Other(specify) -------------- |  | dwelling |
| 1.2.15 | Who owns the house? | 1= Own  2= Rented  3= Relative  4=Spouse/partner |  | house |
| 1.2.16 | What is the main source of water used for drinking | 1 = Piped – inside house  2 = Piped – yard  3 = Piped – public  4 = Bore hole / well  5 = River / Stream  6 = Water tanker  7= Other (specify)------------ |  | swater |

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| **No** | **Question** |  | **Response** | **Comments** |
| 1.2.17 | Is the household connected to electricity | 1= Yes  2= No |  | electricity |
| 1.2.18 | What type of fuel do you use for cooking in the house | 1= Electricity  2= Wood  3= Paraffin  4= Other(Specify)-------------- |  | fuel |
| 1.2.19 | What type of toilet do you use at home? | 1 = Flush toilet  2 = Pit latrine non-shared  3 = Ventilated pit latrine  4 = None  5=Other (specify)-------------- |  | toilet |

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| **SECTION 1.3: Antenatal Care, Behaviour, Partner Involvement and HIV/AIDS**  **1.3.1 Antenatal care questionnaire for mothers** | | | | |
| **No** | **Question** |  | **Response** | **Comments** |
| 1.3.1.1 | Before you got pregnant with your new baby, how did you feel about becoming pregnant? | 1 = I wanted to be pregnant  2 = I wanted to be pregnant later  3 = I didn’t want to be pregnant then or at any time in the future  4= other (specify)\_\_\_\_\_\_\_\_ |  | fpregnant |
| 1.3.1.2 | Did you attend antenatal care during your pregnancy for this child? | 1=Yes  2= No | *If the answer is 2 please skip Q 1.3.1.3 to 1.3.1. 4* | ancattend |
| 1.3.1.3 | When you had your first antenatal care visit for this child, at what weeks did the nurse tell you about your pregnancy? | \_\_\_\_\_\_\_\_\_\_\_\_Weeks |  | fancvisit |
| 1.3.1.4 | Where did you go for your first antenatal care visit? | 1=Public health facility  2=Private health facility  3=Both  4=Other (specify) ---- |  | ffancvisit |
| 1.3.1.5 | Name of the health facility |  |  | nfacility |
| 1.3.1.6 | What type of health care provider did you see at your first antenatal care visit? | 1=Doctor  2= Nurse/midwife  3= Both (nurse or/midwife and doctor)  4= Don’t know |  | typehcp |
| 1.3.1.7 | In total, how many antenatal care visits did you attend during your pregnancy for this child? | \_\_\_\_\_\_\_\_\_\_ |  | tancvisits |
| 1.3.1.8 | At any time during your pregnancy, did you have the following procedures done? (Tick all applicable) | 1=Weight measured  2= Height measured  3= Blood pressure checked  4=Blood test  5= Urine test  6=Abdomen examined  7= Pap Smear test |  | weight  hight  bp  btest  urine  abdomen  paps |
| 1.3.1.9 | During your antenatal care visit did the provider inform you about any pregnancy related risk and danger signs? | 1=Yes  2=No |  | ancrisk |
| 1.3.1.10 | If yes, how many weeks of pregnant were your when they told you about the danger sign(s)? | \_\_\_\_\_\_\_Weeks |  | pdsign |
| 1.3.1.11 | If yes, what was the danger sign(s)? |  |  | tdanger |

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| **No** | **Question** |  | **Response** | **Comments** |
| 1.3.1.12 | Did the health care provider consult you on proper nutrition, for yourself, during this pregnancy? | 1= Yes  2=No |  | nconcult |
| 1.3.1.13 | Did any health care worker counsel you about infant feeding during antenatal care visit? | 1= Yes  2=No |  | inffed |
| 1.3.1.14 | If yes, have they raised the following points during counselling? | 1= Discussed the importance of the first breast milk  2= Not to offer supplemental bottles of formula or water until the child is 4-6 months unless medically recommended  3=Encourage the continuation of breastfeeding at least until 12 months |  | fbmilk  bottle  ecbmilk |
| 1.3.1.15 | Did any of the following aspects keep you or your baby from having your first antenatal care visit in the first three month of your pregnancy? (Tick all applicable) | 1= I couldn’t get an appointment when I wanted  2= I didn’t have enough money to pay for transport  3= I had too many other things going on  4= I couldn’t take time off from work or school  5= I had no one to take care of my children  6= I didn’t know that I was pregnant  7=I didn’t want anyone else to know I was pregnant  8=I didn’t want antenatal care  9= Fear of HIV test  10= other (specify) |  | apoint  tmoney  otherthing  schooloff  ctakecare  kpreg  anyonelse  wanc  fearhiv  otherfanc |
| 1.3.1.16 | At any time during your pregnancy or delivery, did you test for HIV (the virus that causes AIDS)? | 1=Yes  2= No | *If the answer is 2 please skip Q 1.3.1.17 to 1.3.1.22* | tfhiv |
| 1.3.1.17 | If yes, how many weeks pregnant were you when you had your last HIV test? | \_\_\_\_\_\_\_\_\_week |  | wpreghiv |
| 1.3.1.18 | Were you forced to be tested for HIV? (without your informed consent) | 1=Yes  2=No |  | ftfhiv |

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| **No** | **Question** |  | **Response** | **Comments** |
| 1.3.1.19 | Were you scared about the confidentiality of the HIV test result? | 1=Yes  2=No |  | schivtest |
| 1.3.1.20 | Do you know the result of the test? | 1=Yes  2= No |  | krtest |
| 1.3.3.21 | What was the result of the test? | 1= Positive  2= Negative  3= Choose not to answer |  | rtesthiv |
| 1.3.3.22 | Were you told about what process to follow, if you tested positive? | 1=Yes  2=No  3 = Not applicable |  | pfollow |
| 1.3.1.23 | Were you told about to start antiretroviral (ARV) therapy? | 1=Yes  2=No  3=Not applicable |  | tsarv |
| 1.3.1.24 | When did you start taking ARV? | 1= Before pregnancy  2= After pregnancy  3 = Not applicable |  | sarvt |
| 1.3.1.25 | If you didn’t test during pregnancy what was the reason | 1= I knew that I am positive prior to pregnancy  2= No one offered me HIV testing  3= I was not willing to test  4=Fear of confidentiality of HIV result (information)  5= Other(specify)\_\_\_\_\_ |  | rfntest |
| 1.3.1.26 | Were you advised about these issues or discussed with you any consequences of the items listed below? (Tick which is applicable) | 1= How smoking during pregnancy could affect my baby  2= How drinking alcohol during pregnancy could affect my baby  3= Medicines that are safe to take during my pregnancy  4=Doing tests to screen for birth defects or diseases that run in my family  5= The signs and symptoms of preterm labour  6= What to do if my labour starts early  7= Getting tested for HIV  8= What to do if I feel depressed during my pregnancy or after my baby is born  9=Nutritional diet |  | csmoke  calcohol  smedicine  bdefect  ptlabor  lsearly  gthiv  depres  diet |
| **1.3.2 Cigarettes and alcohol during pregnancy** | | | | |
| Nr | Question |  | Response | Comments |
| 1.3.2.1 | Have you smoked any cigarettes since you were pregnant | 1=Yes  2= No | *If the answer is 2 please skip Q 1.3.2.2 to 1.3.2.3* | scigdpreg |
| 1.3.2.2 | During the first 3 months of your pregnancy how many cigarettes did you smoke on an average per day? | 1= 41 or more  2= 21 to 40  3= 11 to 20  4= 6 to 10  5= 1 to 5  6= Less than 1  7= I didn’t smoke then  8= Not smoker |  | acperdayf |
| 1.3.2.3 | During the last 3 months of your pregnancy, how many cigarettes did you smoke on an average per day? | 1= 41  2= 21 to 40  3= 11 to 20  4= 6 to 10  5= 1 to 5  6= Less than 1  7= I didn’t smoke then  8= Non smoker |  | acperdayl |
| 1.3.2.4 | Have you had any alcoholic drinks during pregnancy? | 1=Yes  2= No | *If the answer is 2 please skip Q 1.3.2.5* | alcoholdp |
| 1.3.2.5 | During the first 3 months of your pregnancy, how many alcoholic drinks did you have on an average a week? | 1= 14 drinks or more a week  2= 7 to 13 drinks a week  3= 4 to 6 drinks a week  4= 1 to 3 drinks a week  5= Less than 1 drink a week  6= I didn’t drink then |  | alcoholdpf |

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| **1.3.3 Partner and relative involvement** | | | | |
| **No** | **Question** |  | **Response** | **Comments** |
| 1.3.3.1 | Do you know the father of this child? | 1=Yes  2= No |  | kfather |
| 1.3.3.2 | Are you still in relationship with this child father? | 1=Yes  2= No |  | relation |
| 1.3.3.3 | What kind of relationship is that? | 1= Husband  2= Partner  3= Living together  4= No relationship |  | trelation |
| 1.3.3.4 | If you are in a relationship with the father of the child, after conception do you use condom during sex? | 1= Yes use condom always  2= Sometimes  3= Always do unprotected sex  4= Not in sexual relationship |  | ucondomf |
| 1.3.3.5 | Since the conception of the child have you had a new sexual partner(s) (other than the child of the father) even if for a one night stand? | 1=Yes  2=No | *If the answer is 2 please skip Q 1.3.3.6* | nspartner |
| 1.3.3.6 | If you had a new sexual partner(s) (other than the child of the father) do you use condom during sex? | 1= Yes, always use condom  2= Sometimes  3= Always do unprotected sex |  | ucnspartner |
| 1.3.3.7 | Is the father of the child aware of the child? | 1=Yes  2= No |  | fawarec |
| 1.3.3.8 | Did the father of the child come with you to antenatal care visit (s)? | 1= Yes  2= No |  | fancv |
| 1.3.3.9 | Did the father of this child test for HIV/AIDS since you were pregnant? | 1=Yes  2= No  3=I don’t know | *If the answer is 2 please skip Q 1.3.3.10* | fthiv |
| 1.3.3.10 | If he tested what was the result? | 1=Positive  2=Negative  3= Choose not to answer |  | rfthiv |

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| **SECTION 1.4 Delivery, Infant health and Feeding practice, Postnatal Care and Service Satisfaction Level Questionnaire**  **1.4.1 Labour and delivery questionnaires** | | | | |
| **No** | **Question** |  | **Response** | **Comments** |
| 1.4.1.1 | Where did you give birth? | 1=Public health facility clinic  2=Public –health facility hospital  3=Private health facility (private)  4=Home  5= On my way to a health facility (inside in ambulance)  6=Other (specify)\_\_\_\_\_\_ | *If the answer is 4,5 or 6 please skip Q 1.4.1.2 to 1.4.1.3* | delvplace  odelvpalce |
| 1.4.1.2 | Name healthy facility where you gave birth? |  |  | ndelvplace |
| 1.4.1.3 | Who assisted with the delivery? | 1= Doctor  2= Midwife/nurse  3=Traditional Birth Attendant  4=Other(specify)\_\_\_\_\_\_\_ |  | delvassit  odelvassit |
| 1.4.1.4 | If delivered at home, what are the reasons why you did not have the delivery at a health facility? |  |  | rhomedelv |
| 1.4.1.5 | Before delivery how many weeks were you? | \_\_\_\_\_\_\_\_Weeks |  | bdnweeks |
| 1.4.1.6 | What was the status of the baby during the delivery? | 1= Premature  2= Stillbirth  3= Full term |  | babystat |
| 1.4.1.7 | Type of delivery | 1= Normal vaginal delivery  2= Instrument  3 = Caesarean - section |  | tdelve |
| 1.4.1.8 | If the delivery type was Caesarean – section was it planned before? | 1=Yes  2=No  3= Not applicable |  | caesarean |
| 1.4.1.9 | On which day and time of the day did you go to the health facility for delivery? | \_\_\_\_\_\_\_\_a day (Monday-Sunday)  \_\_\_\_\_\_Time (AM or PM |  | day  time |

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| **No** | **Question** |  | **Response** | **Comments** |
| 1.4.1.9 | Did you have to go to another facility for delivery because the facility you first visited was closed? | 1=Yes  2= No |  | fclosed |
| 1.4.1.10 | Did you have to be referred from a clinic to hospital or other higher level health facility for delivery due to complications or other reason? | 1= Yes  2=No |  | rdcoplica |
| 1.4.1.11 | How long after you arrived at a clinic or CHC were you informed to go to the other place (Hospital)? | \_\_\_\_\_\_\_\_minute /hours |  | howlong |
| 1.4.1.12 | Where were you referred to? | 1=Government hospital (name of the facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  2=Private hospital  3=Other (specify) |  | placeref |
| 1.4.1.13 | How long did you stay at the health facility after your delivery? Number of days | \_\_\_\_\_\_\_\_hours  \_\_\_\_\_\_\_\_days |  | stay |
| 1.4.1.14 | Were you counselled about infant feeding before discharge? | 1= Yes  2=No |  | cinffeed |
| 1.4.1.15 | Were you satisfied how the referral was dealt with? | 1=Yes  2=No  3= Not applicable |  | refsat |
| 1.4.1.16 | Will you recommend to other mothers to give birth in the health facility that you delivered your baby? | 1= Yes  2=No |  | rectomom |

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| **1.4.2 Infant health and feeding pattern questionnaire** | | | | |
| **No** | **Question** |  | **Response** | **Comments** |
| 1.4.2.1 | Baby birth weight? (read it from Road To Health Card /booklet) in gram | \_\_\_\_\_\_kilogram |  | bweight |
| 1.4.2.2 | Was the baby placed in ICU or an incubator immediately after birth because the child was preterm or had other complications? | 1= Yes  2=No |  | icu |
| 1.4.2.3 | After your baby was born, were you or the baby transferred to another hospital? | 1= Yes  2=No | *If the answer is 2 please skip Q 1.4.2.4 to 1.4.2.5* | babytransf |
| 1.4.2.4 | If yes, who was the problem related to? | 1=Mother  2=Child  3= Both |  | problem |
| 1.4.2.5 | If yes, what was the reason? |  |  | reason |
| 1.4.2.6 | In how many days after discharge from Maternity did you first see the health care provider for six days baby check-up? | \_\_\_\_\_\_days |  | fseehcp |
| 1.4.2.7 | Did the child receive BCG immunization at birth (read it from the RTHC) | 1= Yes  2=No  3= Not documented on RTHC  4= No RTHC with her | *If the answer is 1 please skip Q 1.4.2.8* | bcgimmu |
| 1.4.2.8 | If the answer is no what was the reason? | 1= Supply out of stock  2=The baby was in medical condition  3=Other (specify)\_\_\_\_\_\_ |  | rbcgimmu |
| 1.4.2.9 | Did any of these things keep your baby from having a well-baby check-up at six day? (Tick all that apply) | 1= Financial problem  2=Long distance  3= Other responsibility  4=I didn’t see the need  5=Bad attitude of service providers  6=Long waiting time 7=My baby was too sick to go for routine care  8=Other (specify)\_\_\_\_\_\_ |  | finprob  ldistance  respons  nneed  badattitu  lwaiting  toosick  owelbaby |
| 1.4.2.10 | Was your baby sick, needing clinic visit or hospitalization? | 1=Yes  2=No | *If the answer is 2 please skip Q 1.4.2.11* | babysick |

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| **No** | **Question** |  | **Response** | **Comments** |
| 1.4.2.11 | Where have you taken your new baby when he or she was sick and needed care? (tick all that apply) | 1=Hospital clinic  2= CHCs  3=Clinic  4=Private doctor’s office  5=Traditional healer  6= Other (specify) |  | hclinic  chc  clinic  pdoctor  tradheal  babyother |
| 1.4.2.12 | Did you breastfeed your child in the first hour after birth, even if it is for a short period of time? | 1= Yes  2=No |  | bbfeed |
| 1.4.2.13 | Are you currently breastfeeding or cup feeding with your breast milk? | 1= Yes  2=No |  | cbfeed |
| 1.4.2.14 | If no have you completely stopped breastfeeding? | 1= Yes  2=No |  | sbfeed |
| 1.4.2.15 | If you stopped breastfeeding for how many weeks did you breastfeed before stopping? ( if you did not breastfeed at all tick 1, if it is less than one week tick one week) | 1= zero  2= One week  3=Less than two week but greater than one week  4=Less than six week but greater than two week |  | lbfeed |
| 1.4.2.16 | In the last seven days including today have you given the following food to your baby? (tick that apply) | 1=Breast milk  2=Formula milk  3=Liquid foods such as rice water, water, tea  4= Herbal medicine  5= Over the counter medicines  6= Prescribed medicines  7=Other (specify)\_\_\_\_\_ |  | bmilk  fmilk  lfood  herbal  otcmed  presmed  ofood |
| 1.4.2.17 | In general, how would you rate your child health? | 1=Excellent  2=Very good  3=Good  4= Fair  5= Poor |  | rchealth |

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| **1.4.3 Postnatal Care** **Questionnaire for Mothers** | | | | |
| **No** | **Question** |  | **Response** | **Comments** |
| 1.4.3.1 | Did you receive any information on family planning options available for women in the postnatal period before your discharge from Maternity? | 1= Yes  2= No  3= Not applicable |  | fpo |
| 1.4.3.2 | Did you receive family planning upon discharge? | 1=Yes  2= No  3= Not applicable |  | fpud |
| 1.4.3.3 | If no what was the reason? | 1= No one offered me  2= I did not want to be at the family planning at the time  3=Other(specify)\_\_\_\_\_ |  | rforno |
| 1.4.3.4 | Are you planning to have more children? | 1= Yes  2= No  3= I don’t know |  | mchild |
| 1.4.3.5 | When are you planning to have next child? | 1= In 1 year  2=In 2 years  3= In more than 2 years  4= I am pregnant now.  5= Not at all  6= Don’t know |  | nchild |
| 1.4.3.6 | How old were you at the birth of your first born child? | \_\_\_\_\_\_\_\_\_\_Age |  | agefborn |
| 1.4.3.7 | Are you using any contraceptive methods currently? | 1= Yes  2= No | *If the answer is 2 please skip Q 1.4.3.8* | contra |
| 1.4.3.8 | What contraceptive methods do you use currently?(tick all that apply) | 1= Pills  2= IUD (Intra uterine device)  3= Injections  4= Condoms  5=Spermicide (cream, jelly)  6=Female sterilization: tubal ligation  7=Rhythm (calendar/mucous check)  8=Lactational Amenorrhea Method  9= Withdrawal  10=Other method (specify)\_\_\_\_\_\_\_\_\_\_\_ |  | contram  ocontram |
| 1.4.3.9 | Do you know where you can get contraceptives? | 1= Yes  2= No |  | getcontra |
| **No** | **Question** |  | **Response** | **Comments** |
| 1.4.3.10 | Does the mother have RTHC booklet? | 1= Yes she has the new RTHC booklet  2= No |  | booklet |
| 1.4.3.11 | Is there documentation of the HIV status of the mother or the infant | 1= Yes  2= No |  | dhivstat |
| 1.4.3.12 | If yes, what is the result? | 1= Negative  2=Positive  3= Code or stamp not able to interpret |  | rdhivstat |
| 1.4.3.13 | Your satisfaction with Postnatal Care (six –weeks) (Ask whether baby and mother checked?) | 1= Very satisfied  2=Somewhat satisfied  3=Neither satisfied nor dissatisfied  4= Dissatisfied  5= Very dissatisfied |  | satpncs |
| 1.4.3.14 | Would you say that, in general, your health is | 1=Excellent  2= Very good  3=Good  4=Fair  5= Poor |  | ghealth |

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| --- | --- | --- | --- | --- |
| **1.4.4 Antenatal care services satisfaction questionnaire** | | | | |
| **No** | **Question** |  | **Response** | **Comments** |
| 1.4.4.1 | There are many feelings and experiences women may have with antenatal care. Please indicate the statement(s) that most closely describe your feelings or experiences with antenatal care during this child pregnancy. | 1=I was happy with the antenatal care I received  2=I felt disrespected by clinic or hospital staff during antenatal care  3 = I did not have antenatal care visit(s) | *If the answer is 3 please skip Q 1.4.4.2 to 1.4.1.6* | fanc |
| 1.4.4.2 | On average, during your pregnancy what was the amount of time you had to wait after you arrived at the facility for your visit(s) was | 1= Less than one hour  2= Less than two hour but greater than one hour  3= More than 3 hours but greater than 2 hours  **4**=More than five hours |  | wtimeanc |
| 1.4.4.3 | On average, during the first antenatal visit, the amount of time the doctor, nurse, or midwife spent with you during your visits | 1=Less than 30 minutes  2= Less than one hour but greater than 30 minutes  3= Less than two hour but greater than one hour  4=More than two hours |  | hcptsdfanc |
| 1.4.4.4 | Rate the advice you received on how to take care of yourself and baby | 1= Excellent  2= Very good  3= Good  4= Dissatisfied  5= Very dissatisfied |  | rateservi |
| 1.4.4.5 | Rate the understanding and respect that the staff showed towards you | 1= Excellent  2= Very good  3= Good  4= Dissatisfied  5= Very dissatisfied |  | staffrespect |
| 1.4.4.6 | In general how satisfied are you with the quality of antenatal care services you received? | 1= Very satisfied  2= Satisfied  3= Good  4= Dissatisfied  5= Very dissatisfied |  | qualityanc |
| 1.4.4.7 | For future pregnancy would you come to same facility for antenatal care services? | 1=Yes  2= No  3= I don’t know |  | comeagain |
| 1.4.4.8 | Do you recommend this health facility for antenatal care services to others? | 1=Yes  2= No  3= Not applicable |  | recomnd |