**BASELINE SURVEY ON MATERNAL HEALTH & TRANSPORT**

**MATERNAL HEALTH QUESTIONNAIRE**

**About this tool:** This tool is a questionnaire to be conducted with women aged between 13 and 49 years who are currently pregnant or have given birth in the last 12 months. The questionnaire aims to determine the mother’s health, if she experienced any complications during childbirth and what she would do/has done if experiencing maternal complications. This tool was originally used in Adamawa State, Nigeria so some questions may only be relevant to that location, however it can be changed and adapted to fit the specific user’s needs. Items highlighted in red denote items that the user may want to change.

CLUSTER CODE HOUSEHOLD CODE

LOCAL GOVT. AREA RESPONDANT ID

**Introduction:** My name is [insert name] and I am working for [insert organisation]. We are interviewing people here in [insert name of city, town or site] in order to find out about certain behaviours that affect people’s health in this environment.

**Confidentiality and consent:** I am going to ask you some questions, some of which may be very personal. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You may need to know that this exercise is taking place in [insert area]. Your honest answers to these questions will help us better understand what people think, say and do about certain kinds of behaviours. The information collected from you and people like you will help the government to find solution to some health problems affecting people in this environment. We would greatly appreciate your help in responding to this survey. My supervisor may come back later to verify this information.

(Signature of interviewer certifying that informed consent has been given verbally by respondent)

Interviewer’s visit

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Visit 1** | **Visit 2** | **Visit 3** | **Visit 4** | **Visit 5** |
| **Date** |  |  |  |  |  |
| **Result** |  |  |  |  |  |
| **Interviewer** |  |  |  |  |  |

**Result codes:**

**1…Completed;**

**2…Respondent not available;**

**3…Refused;**

**4…Partially completed;**

**5… Others (Specify).**

**INTERVIEWERS: Code Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_**

**DATE OF INTERVIEW: \_\_\_\ \_\_\_\_ \ \_\_\_\_\_ TIME INTERVIEW STARTED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DD MM YYYY**

**CHECKED BY SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CODE Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Coder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Section 1: Background Information** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Questions and filters** | **Coding categories** | | | | **Skip** |
| **B101** | In what month and year were you born? | Month [\_\_\_|\_\_\_]  Don’t know month ………..  Year [\_\_\_|\_\_\_ [\_\_\_|\_\_\_]  Don’t know year ………..… | | | |  |
| **B102** | How old were you on your **last** birthday?  **[COMPARE WITH B101 IF NEEDED AND CORRECT B102]** | Age in completed years [\_\_\_|\_\_\_] | | | |  |
| **B103** | Have you ever attended school? | Yes………………….. ….. 1  No…………………. ……. 2 | | | | **NO, Skip to B105** |
| **B104** | What is the highest level of school you completed: Qu’ranic, primary, secondary or tertiary education? | Qu’ranic education only ----------------1  Did not complete primary school ------2  Primary school completed -------------- 3  Secondary -------------------------------- 4  Tertiary school/University degree  -------------------- -------------------------- 5 | | | |  |
| **B105** | What is your marital status? | Married ------------------------------ 1  Single -------------------------------- 2  Widowed/Separated/Divorced---- 3 | | | |  |
| **B106** | What is your religion? | Christianity ------------------------1  Islam --------------------------------2  Traditional religion---------------3  Others (specify) ---------------  ----------------------------------------6 | | | |  |
|  | What languages do you speak?  **[DO NOT READ OUT OPTIONS; PROBE FULLY]** |  |  | Yes | No |  |
| B107 | English | 1 | 2 |
| B108 | Hausa | 1 | 2 |
| B109 | Fulfulde | 1 | 2 |
| B110 | Margi | 1 | 2 |
| B111 | Higi | 1 | 2 |
| B112 | Kilba | 1 | 2 |
| B113 | Njayi | 1 | 2 |
| B114 | Gaanda | 1 | 2 |
| B115 | Yungur | 1 | 2 |
| B116 | Bata | 1 | 2 |
| B117 | Bwatiye | 1 | 2 |
| B118 | Chamba | 1 | 2 |
| B119 | Lunguda | 1 | 2 |
| B120 | Others (Specify) ----------------------- | 1 | 2 |
| **B121** | How many people (including yourself and children) live in this household? **Including** anyone who resides elsewhere for most part of the year? | Number of people [\_\_\_|\_\_\_] | | | |  |
| **B122** | How many people (including yourself and children) live in this household? **Excluding** anyone who resides elsewhere for most part of the year? | Number of people [\_\_\_|\_\_\_] | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 2: Maternal Health Characteristics**  **One woman in the household aged 13-49 years**  **Interviewer:** When you get to the identified woman for interview you must first complete the consent procedure (above) before proceeding with the interview.  **IF TWO ELEGIBLES COMES FROM THE SAME HOUSEHOLD, ONLY CHOOSE ONE BASED ON THE FOLLOWING CRITERIA:**   1. **Closest relationship to the head of household (wife 1st, daughter 2nd, sister 3rd, other relative 4th)** 2. **If more than 1 woman is selected, choose the youngest**   **If the woman has given birth 12 months ago and is currently pregnant, ask her questions related to her CURRENT pregnancy** | | | |
| **No.** | **Questions and filters** | **Coding categories** | **Skip** |
| **M101** | Have you ever given birth?  **[‘Baby cried or showed signs of life after delivery’]** | Yes ---------------------------------- 1  No ----------------------------------- 2 | **If NO Skip to M105** |
| **M102** | How old were you when you gave birth to your first child? | Age in completed  years |  |
| **M103** | When did you last give birth?  **[IF LESS THAN ONE MONTH CODE 000] CONVERT TO MONTHS IF GIVEN IN YEAR** | Months  Can’t Remember ----------------- |  |
| **M104** | **[CHECK M103]: Was your last delivery less than 12 months ago?** | Yes ---------------1  No----------------2 |  |
| **M105** | Are you currently pregnant?  **[IF M105 IS NO AND M101 IS NO/NOT SURE, TERMINATE INTERVIEW. IF M101 IS NO & M105 IS NO/NOT SURE, TERMINATE INTERVIEW]**  **[CONTINUE INTERVIEW ONLY IF WOMAN HAS GIVEN BIRTH WITHIN 12 MONTHS OR IS CURRENTLY PREGNANT]** | Yes ---------------------------------- 1  No ----------------------------------- 2  Not Sure ---------------------------- 3 |  |
| **M106** | How old is your pregnancy?  **[IF GIVEN IN WEEKS, CONVERT TO MONTHS]** | **Months** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **M107** | In this pregnancy/In your last pregnancy, how many times did you visit a health facility during your antenatal period? | Number of times | | | |  |
| **M108** | During (any of) your antenatal care visit(s), were you told about the danger signs in pregnancy (pregnancy complications)? | Yes- --------------------------------1  No ----------------------------------2 | | | |  |
|  | During this/last pregnancy, did you experience any of the following problem(s)?  **[READ OUT OPTIONS]** |  | | Yes | No | **If no to all questions, skip to D101** |
| M109 | Fever | 1 | 2 |
| M110 | Swollen legs | 1 | 2 |
| M111 | Vaginal bleeding | 1 | 2 |
| M112 | Anemia (lack of blood) due to bleeding | 1 | 2 |
| M113 | Anemia due to malnutrition | 1 | 2 |
| **M114** | **[IF YES TO ANY OF QUESTIONS ABOVE, ASK]**  Did you recognise the signs first at home or during an antenatal visit? | Home ------------------------------- 1  Antenatal visit --------------------- 2 | | | |  |
|  | **[IF YES TO ANY OF THE PROBLEMS, ASK:]**  **MULTIPLE RESPONSE POSSIBLE**  When you experienced these signs, what was done? |  | | Yes | No |  |
| M115 | I was treated in the Hospital where I have my antenatal care | 1 | 2 |
| M116 | Attended to by Traditional Birth Attendant | 1 | 2 |
| M117 | Taken to Hospital/Clinic | 1 | 2 |
| M118 | Given native herbs to drink | 1 | 2 |
| M119 | Applied nature herbs or balm | 1 | 2 |
| M120 | Others [Specify] | 1 | 2 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 3: Delivery/New-born Care (Ask only mothers who have given birth in the past 12 months)** | | | | | | | | | | | | |
| **No** | **Questions and filters** | **Coding categories** | | | | | | | | | | **Skip** |
| **D101** | **[CHECK M101. HAS THE RESPONDENT GIVEN BIRTH WITHIN THE LAST 12 MONTHS?]** | Yes ---------------------------------------------1  No ----------------------------------------------2 | | | | | | | | | | **If NO skip to Section 4** |
| **D102A** | Your last baby who was born less than 12 months ago, Is the baby still living? | Yes………1  No………2 | | | | | | | | | | **If YES, go to D103** |
| **D102B** | At what age did the baby die?  [**IF AGE GIVEN IN MONTHS OR WEEKS, CONVERT TO DAYS AND RECORD]** | Days | | | | | | | | | |  |
| **D103** | When your baby (NAME) was born, was he/she very big, bigger than average, smaller than average or very small? | Very Big --------------------------------------1  Bigger than Average -------------------------2  Average ---------------------------------------3  Smaller than Average ------------------------4  Very Small-------------------------------------5  Don’t Know ---------------------------------- 8 | | | | | | | | | |  |
| **D104** | Where did you give birth to your baby (Name)?  **DO NOT READ OUT OPTIONS** | At home/relative’s home-------------------------1  House of the TBA -----------------------------2  Government Hospital ------------------------3  Primary Health Care Centre----------------------4  On the means of transport that was taking me to the health facility --------------------------5  Others (Specify)---------------------------------6 | | | | | | | | | |  |
| **D105A** | **(FOR HOSPITAL DELIVERIES ONLY)**  Did you have a Caesarian section?  **[EXPLAIN WHAT A CAESARIAN SECTION IS TO THE RESPONDENT]** | Yes……………..1  No……………….2 | | | | | | | | | |  |
|  | Who assisted with the delivery of your baby (Name)?  **[MULTIPLE CODES POSSIBLE]** |  | | | | | Yes | | | | No |  |
| D106 | Doctor | | | | 1 | | | | 2 |
| D107 | Nurse/Midwife | | | | 1 | | | | 2 |
| D108 | Traditional Birth Attendant | | | | 1 | | | | 2 |
| D109 | Com./Village H. Worker | | | | 1 | | | | 2 |
| D110 | Community Health Extension Worker | | | | 1 | | | | 2 |
| D111 | Alone/Self assisted | | | | 1 | | | | 2 |
| D112 | Driver | | | | 1 | | | | 2 |
| D113 Other (please specify) | | | | | | | | | |
|  | If Respondent’s answer is “At Home” to D104, ask:  Why didn’t you deliver in a health facility?  **Any other reason?**  **[DO NOT READ OUT OPTIONS; PROBE FULLY]**  **CIRCLE ALL MENTIONED** |  | | | | Yes | | | | No | |  |
| D114 | | Cost too much | | 1 | | | | 2 | |
| D115 | | Facility too far from home | | 1 | | | | 2 | |
| D116 | | No money for transport | | 1 | | | | 2 | |
| D117 | | Poor quality service | | 1 | | | | 2 | |
| D118 | | Health workers are harsh | | 1 | | | | 2 | |
| D119 | | Husband refused | | 1 | | | | 2 | |
| D120 | | Mother-in-law refused | | 1 | | | | 2 | |
| D121 | | Not Necessary | | 1 | | | | 2 | |
| D122 | | Prefer home delivery | | 1 | | | | 2 | |
| D123 | | Shy/Embarrassed to go the facility/Providers are male | | 1 | | | | 2 | |
| D124 Others [Specify] | | | | | | | | | |
|  | Immediately after delivery, did the baby experience any of the following........:  **[READ OUT THE OPTIONS ONE BY ONE, CIRCLE APPROPRIATELY, PROBE FULLY FOR OTHERS]** |  | | | Yes | | | | No | | | **IF NO TO ALL, SKIP TO D138** |
| D125 | Breathing faster than usual | | 1 | | | | 2 | | |
| D126 | Short rapid breaths | | 1 | | | | 2 | | |
| D127 | Difficulty in breathing | | 1 | | | | 2 | | |
| D128 | Not breathing at all | | 1 | | | | 2 | | |
| D129 | Vomiting | | 1 | | | | 2 | | |
| D130 Others (specify) | | | | | | | | | |
|  | **[If Yes to any of the above, ASK]**  What was done for the baby? |  | | | | Yes | | No | | | |  |
| D131 | Taken to Hospital/Clinic | | | 1 | | 2 | | | |
| D132 | Given native herbs to drink | | | 1 | | 2 | | | |
| D133 | Blow the mouth/nose | | | 1 | | 2 | | | |
| D134 | Used bulb syringe/mouth to suck out mucus | | | 1 | | 2 | | | |
| D135 | Did nothing | | | 1 | | 2 | | | |
| D136 | Turned the baby upside down and slapped the baby | | | 1 | | 2 | | | |
| **D137** | **[Ask all who went to the hospital/clinic in D131]**  Who told you to take the child to the hospital? | Self................1  Husband......2  Neighbour.......3  Traditional Birth Attendant....4  Community Health Extension Worker...5  Other relative.......6  Others Specify [ ].......7 | | | | | | | | | |  |
|  | During your last delivery, did you experience any of the following:  **READ OUT THE OPTIONS ONE BY ONE, CIRCLE APPROPRIATELY** |  | | | | Yes | | No | | | | **IF NO TO ALL, GO TO D150** |
| D138 | | Bleeding **before** the baby was born | | 1 | | 2 | | | |
| D139 | | Excessive bleeding **after** the baby was born | | 1 | | 2 | | | |
| D140 | | Prolapsed of the umbilical cord | | 1 | | 2 | | | |
| D141 | | Prolonged labour lasting more than 12 hours | | 1 | | 2 | | | |
| D142 | | Abnormal presentation **(EXPLAIN TO RESPONDENT)** | | 1 | | 2 | | | |
| D143 | | Retained placenta **[PLACENTA NOT COMING OUT WITHIN 20 MINUTES AFTER BIRTH]** | | 1 | | 2 | | | |
|  | **[IF YES TO ANY OF THE PROBLEMS, ASK:]**  When you experienced these signs, what was done? |  | | | | Yes | | No | | | |  |
| D144 | I was treated in Hospital where I delivered | | | 1 | | 2 | | | |
| D145 | Attended to by Traditional Birth Attendant | | | 1 | | 2 | | | |
| D146 | Taken to any other Hospital/Clinic | | | 1 | | 2 | | | |
| D147 | Given native herbs to drink | | | 1 | | 2 | | | |
| D148 | Applied nature herbs or balm | | | 1 | | 2 | | | |
| D149 | Others Specify [Specify] | | | 1 | | 2 | | | |
|  | Did you experience any of these problems after the birth of your baby?  **[READ OUT THE OPTIONS ONE BY ONE, CIRCLE APPROPRIATELY]** |  | | | | Yes | | No | | | |  |
| D150 | Fever | | | 1 | | 2 | | | |
| D151 | Offensive Vaginal Discharge | | | 1 | | 2 | | | |
| D152 | Severe abdominal pain | | | 1 | | 2 | | | |
| D153 | Vaginal Bleeding | | | 1 | | 2 | | | |
| D154 | Breast Engorgement (swollen painful breast) | | | 1 | | 2 | | | |
| D155 | Others (specify) | | | 1 | | 2 | | | |
|  | **[IF YES TO ANY OF THE SIGNS IN QUESTION ABOVE, ASK:**] What did you do subsequently? |  | | | | Yes | | No | | | |  |
| D156 | I went to the Hospital/clinic | | | 1 | | 2 | | | |
| D157 | I called the Traditional Birth Attendant for advice & treatment | | | 1 | | 2 | | | |
| D158 | Visited a chemist/PPMV for treatment | | | 1 | | 2 | | | |
| D159 | Took some medicine I had at home | | | 1 | | 2 | | | |
| D160 | Applied native herbs/balm | | | 1 | | 2 | | | |
| D161 | Did nothing | | | 1 | | 2 | | | |
| D162 | Others Specify | | | 1 | | 2 | | | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 4: Transport** | | | | | | | | | |
| **T101** | Do you have a mobile phone? | Yes -------------------------------------------1  No ----------------------------------------------2 | | | | | | | **If YES go to T103** |
| **T102** | Do you have access to a mobile phone within the community you can use in cases of emergencies? | Yes -------------------------------------------1  No ----------------------------------------------2 | | | | | | |  |
|  | What type of vehicle do you access to in case of emergency?  **[READ OUT THE OPTIONS ONE BY ONE, CIRCLE APPROPRIATELY]** |  | | | | Yes | | No |  |
| T103 | | ETS Driver  **(explain if not known)** | | 1 | | 2 |
| T104 | | Car (Private) | | 1 | | 2 |
| T105 | | Car (Public) | | 1 | | 2 |
| T106 | | Bicycle | | 1 | | 2 |
| T107 | | Motor Cycle | | 1 | | 2 |
| T108 | | Tri-Cycle | | 1 | | 2 |
| T109 | | Cow/Donkey | | 1 | | 2 |
| T110 | | Cart | | 1 | | 2 |
| T111 | | Truck | | 1 | | 2 |
| T112 | | None (I walk) | | 1 | | 2 |
| T113 | | Others (Specify) | | 1 | | 2 |
|  | What preparations did you make during your last birth **(EVER GIVEN BIRTH) /** Have you made in this pregnancy (respondent currently pregnant) in readiness for delivery?  [**DO NOT READ OUT OPTIONS**] |  | | | | Yes | | No |  |
| T114 | | Saved money for contingencies | | 1 | | 2 |
| T115 | | Identified the transporter | | 1 | | 2 |
| T116 | | Decides where to deliver | | 1 | | 2 |
| T117 | | Bought Clean Delivery Kit | | 1 | | 2 |
| T118 | | Recognition of danger signs | | 1 | | 2 |
| T119 | | Identified a skilled provider/facility for birth | | 1 | | 2 |
| T120 | | Know how to contact or reach the provider/facility | | 1 | | 2 |
| T121 | | Identified the TBA in the community to contact | | 1 | | 2 |
| T122 | | Agree who take decision in emergency if husband is away | | 1 | | 2 |
| T123 | | Others (Specify) | | 1 | | 2 |
| **T124** | **[If saved money for contingencies in T114, ASK]:**  How much did/do you save for contingencies in this pregnancy or your last pregnancy? | Total Amount Saved    Can’t remember --------------------------- 2 | | | | | | |  |
| **T125** | How much did/does it **cost** you to transport yourself to nearest health facility in this community? | Total Amount paid    Walk to the facility -------------------------- 1 | | | | | | |  |
| **T126** | How would you pay for transport (cash, micro credit, community loan) to visit hospital? | Cash------------------------------------------1  Micro Credit --------------------------------2  Community Loan --------------------------3  Not Applicable ----------------------------- 4 | | | | | | |  |
| **T127** | If you have ever had to pay for transport during a maternal emergency, did you pay immediately or after the referral? | Immediately -------------------------------- 1  After the Referral -------------------------- 2  Did not pay --------------------------------- 3 | | | | | | |  |
| **T128** | If you have ever required transport during an emergency how long did it take to arrange transport? | Less than 30 minutes ---------------------- 1  30 minutes – 1 hour ------------------------ 2  1 hour – 2 hours ---------------------------- 3  More than 2 hours -------------------------- 4  Longer (please specify) ---------------------5 | | | | | | |  |
| **T129** | If you have ever required transport during an emergency how long did it take to reach the appropriate facility?  **IF NEVER REQUIRED, ASK: How long will it take to reach the facility** | Less than 30 minutes ---------------------- 1  30 minutes – 1 hour ------------------------ 2  1 hour – 2 hours ---------------------------- 3  2 hours – 3 hours -------------------------- 4  Above 3 hours ------------------------------ 5  Longer (please specify) -------------------6 | | | | | | |  |
| **T130** | In this community, do you have emergency transport for pregnant women who need to be taken to a facility urgently? | Yes ------------------------------------------ 1  No ------------------------------------------- 2 | | | | | | |  |
| **T131** | Does the community have dedicated funds for emergency transport of pregnant women who need to be taken urgently to a facility? | Yes ------------------------------------------ 1  No ------------------------------------------- 2 | | | | | | |  |
|  | **[IF YES IN T130]** have you, a family member or someone else from the community whom you know, ever used this emergency transport? |  | | | Yes | | No | |  |
| T132 | Self | |  | |  | |
| T133 | Family member | |  | |  | |
| T134 | Community member | |  | |  | |

INTERVIEWER: THANK THE RESPONDENT AND CLOSE THE INTERVIEW