

DEMOGRAPHIC AND HEALTH SURVEYS
 NEWBORN CARE MODULE
 MODEL WOMAN'S QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
NAME AND LINE NUMBER OF WOMAN _____												
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY _____								
				MONTH _____								
INTERVIEWER'S NAME	_____	_____	_____	YEAR _____								
				INT. NO. _____								
RESULT*	_____	_____	_____	RESULT* _____								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS _____								
TIME	_____	_____										
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED												
LANGUAGE OF QUESTIONNAIRE**		LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**								
0 1												
LANGUAGE OF QUESTIONNAIRE**		**LANGUAGE CODES:										
ENGLISH		01 ENGLISH	03 LANGUAGE 3	05 LANGUAGE 5								
		02 LANGUAGE 2	04 LANGUAGE 4	06 LANGUAGE 6								
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR								
NAME	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					NAME	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					NUMBER
	NUMBER		NUMBER	NUMBER								
			NUMBER	NUMBER								

(1) This section should be adapted for country-specific survey design.

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH								
		NAME _____	NAME _____								
NB1	Was (NAME) wiped dry within a few minutes after birth?	YES 1 NO 2 DON'T KNOW 8									
NB2	How long after the birth was (NAME) bathed for the first time? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 998									
NB3	CHECK 430: PLACE OF DELIVERY	CODE CODE 11, 12, OR 96 21 - 36 CIRCLED <input type="checkbox"/> (SKIP TO NB7) ←									
NB4	What was used to cut the cord?	RAZOR BLADE 1 KNIFE 2 SCISSORS 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									
NB5	Was it new or had it ever been used before?	NEW 1 USED BEFORE 2 DON'T KNOW 8									
NB6	Was it boiled before it was used to cut the cord?	YES 1 NO 2 DON'T KNOW 8									
NB7	Was anything applied to the stump of the cord at any time?	YES 1 NO 2 (SKIP TO 434B) ← DON'T KNOW 8									
NB8 (1)	What was applied? Anything else?	CHLORHEXIDINE A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET) .. B MUSTARD OIL C ASH D ANIMAL DUNG E OTHER _____ X (SPECIFY)									
CH1 (2)	CHECK NB7: SUBSTANCE APPLIED TO CORD	CODE 'A' CODE 'A' NOT CIRCLED CIRCLED <input type="checkbox"/> (SKIP TO CH3) ←									
CH2 (2) (3)	Was chlorhexidine applied to the stump at any time? SHOW SAMPLE OF CHLORHEXIDINE.	YES 1 NO 2 (SKIP TO 434B) ← DON'T KNOW 8									

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH				
		NAME _____	NAME _____				
CH3 (2) (3)	How long after the cord was cut was chlorhexidine first applied? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 DON'T KNOW 998					
CH4 (2) (3)	For how many days was chlorhexidine applied to the stump?	1 DAY 1 2-7 DAYS 2 MORE THAN 7 DAYS 3 DON'T KNOW 8					
CH5 (2) (3)	How many times per day was chlorhexidine applied to the stump: once a day, twice a day, three times a day, or four or more times a day?	ONCE A DAY 1 TWICE A DAY 2 THREE TIMES A DAY 3 FOUR OR MORE TIMES A DAY 4 DON'T KNOW 8					

- (1) Substances applied to the umbilical cord, and terminology used to refer to them, should be adapted to the local context.
 (2) Questions on chlorhexidine are suggested only for countries with national chlorhexidine programs.
 (3) Use local term for chlorhexidine.