## Infant Health

1. This survey will ask about infant health in your local area. (SELECT_ONE)
   - Continue

2. How many children have you given birth to? (SELECT_ONE)
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 11
   - 12
   - 13
   - 14
   - 15 or more

3. On average, in the last six months, how many members usually live in your household counting yourself? (SELECT_ONE)
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 11
   - 12
   - 13
   - 14
   - 15 or more

4. During December-February, how many visits did you have planned with your health provider to monitor your pregnancy? (SELECT_ONE)
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 11

5. How many of the visits during December - February did you attend? (SELECT_ONE)
   - 0
   - 1
6. If you missed a visit during December - February, why were you not able to attend? (SELECT_MANY)
   - Did not miss any visit
   - Health facility closed
   - Turned away from health facility
   - Treatment unavailable
   - No transportation
   - Lack of money
   - Partner or family does not approve
   - I did not have a visit planned
   - Other
   - Decline to respond

7. Why else were you not able to attend your visit?
   - Text

8. Since March and up to the current date, how many visits did you have planned with your health provider to monitor your pregnancy? (SELECT_ONE)
   - 0 - 6 - 12
   - 1 - 7 - 13
   - 2 - 8 - 14
   - 3 - 9 - 15 or more
   - 4 - 10
   - 5 - 11

9. How many visits have you attended since March? (SELECT_ONE)
   - 0 - 5 - 10
   - 1 - 6 - 11
   - 2 - 7 - 12
   - 3 - 8 - 13
   - 4 - 9 - 14
10. If you missed a visit since March, why were you not able to attend? (SELECT_MANY)
   - Did not miss any visit
   - Health facility closed
   - Turned away from health facility
   - Treatment unavailable
   - No transportation
   - Lack of money
   - Unable to access due to lockdown restrictions
   - Fear of being infected with COVID-19
   - Partner or family does not approve
   - I did not have a visit planned
   - Other
   - Decline to respond

11. Specify why you were not able to attend a visit since March.
    - Text

12. To the best of your recollection, please indicate the first day of your last menstrual period before your most recent pregnancy
    - Date

13. Are you still pregnant? (SELECT_ONE)
    - Yes
    - No
    - Don’t know
    - Prefer not to answer

14. What was the result of your pregnancy? (SELECT_ONE)
    - Birth of a live infant
    - Stillbirth
    - Miscarriage
    - Abortion
    - Decline to respond
15. To the best of your recollection, what was the date of the birth?
   - Date

16. To the best of your recollection, what was the date of the miscarriage or stillbirth?
   - Date

17. Where did you give birth? (SELECT_ONE)
   - Hospital
   - Health facility
   - Home
   - Other

18. How long in days did you stay at the facility?
   - Number

19. Who was the primary person that assisted with your delivery? (SELECT_ONE)
   - Doctor
   - Midwife
   - Nurse
   - Community health worker
   - Traditional healer
   - Relative
   - Other
   - None

20. What services did your newborn receive following the delivery? (SELECT_MANY)
   - Thermal care
   - Rescue breathing
   - Cord care
   - Eye care
   - Treatment for infection
   - Kangaroo Mother Care
   - Other
   - Don’t know

21. Did you intend to give birth in a health facility but were unable to do so? (SELECT_ONE)
- Yes
- No

22. If yes, why were you unable to do so? (SELECT_MANY)
   - Health facility closed
   - Turned away from health facility
   - Provider or treatment unavailable
   - No transportation
   - Lack of money
   - Unable to access due to lockdown restrictions
   - Fear of being infected with COVID-19
   - Partner or family does not approve
   - Other
   - Decline to respond

23. Why did you choose to deliver at home? (SELECT_MANY)
   - Preferred to deliver at home
   - Health facility closed
   - Turned away from health facility
   - No transportation
   - Lack of money
   - Unable to access due to lockdown restrictions
   - Fear of being infected with COVID-19
   - Partner or family does not approve
   - Other
   - Decline to respond

24. Specify why you were unable to give birth in a health facility.
   - Text