

## QUESTIONNAIRE ASSESSING MATERNAL AND CHILD HEALTH INDICES

### Socio-demographic Form

1. Age.....years
2. Age at the time of marriage.....years
3. Height.....meters
4. Weight.....kg
5. Child Age.....years
6. Child Sex           Male.....1  
                          Female.....2
7. Highest level of formal Education  
      NIL.....1  
      Primary.....2  
      Secondary.....3  
      Tertiary.....4
8. Occupation  
      Farming .....1  
      Trading.....2  
      Civil Servant.....3  
      House wife.....4
9. Religious affiliation  
      Muslim.....1  
      Christian .....2
10. Number of children ever born  
      One.....1  
      Two.....2  
      Three.....3  
      Four and above.....4
11. Marital status  
      Married.....1  
      Not married.....2  
      Divorced.....3  
      Widowed.....4
12. Duration of marriage (years)  
      Less Than 5.....1  
      5 to 9.....2

### Household Items

13. Main source of drinking water?  
      Piped water/bore hole into dwelling.....1  
      Public tap/bore hole.....2  
      Open well into dwelling.....3  
      Surface Water.....4  
      Others .....5
14. Type of Toilet Facilities in your House hold?  
      Flush toilet.....1  
      Pit toilet/latrine.....2

	No Facility.....	3
15. What does your household mainly use for cooking?		
	Gas.....	1
	Kerosene.....	2
	Charcoal.....	3
	Fire wood.....	4
16. Do you have a car or bus in your household?		
	Yes.....	1
	No.....	2

**Questions on Maternal and Child Health Indices**

**Section A: Maternal issues**

1. The decision to marry taken by?		
	Both partners.....	1
	Parents.....	2
	Others.....	3
2. Ever experience Domestic violence?		
	Yes.....	1
	No.....	2
3. Ever had discussion on family planning with spouse?		
	Yes.....	1
	No.....	2
4. Ever experienced pregnancy related complications?		
	Yes.....	1
	No.....	2
5. Ever experienced postpartum hemorrhage?		
	Yes.....	1
	No.....	2
6. Ever had Eclampsia?		
	Yes.....	1
	No.....	2
7. Ever experienced Obstructed and/or prolonged Labor?		
	Yes.....	1
	No.....	2
8. Ever had prolonged sickness after child birth?		
	Yes.....	1
	No.....	2
9. Ever Experienced Fistula?		
	Yes.....	1
	No.....	2
10. Ever had sexually transmitted infections (STI)?		
	Yes.....	1
	No.....	2
11. Type of Health personnel for delivery of last child		
	Doctor.....	1

- |   |                                 |   |
|---|---------------------------------|---|
|   | Nurse.....                      | 2 |
|   | Midwife.....                    | 3 |
|   | Traditional birth attendant...4 |   |
| 12. Do you attend ante natal care during pregnancy? |                                 |   |
|   | Yes.....                        | 1 |
|   | No.....                         | 2 |
| 13. Ever had history of miscarriage?                |                                 |   |
|   | Yes.....                        | 1 |
|   | No.....                         | 2 |

**Section B: Child items**

- |   |                            |   |
|---|----------------------------|---|
| 14. Child weight at birth.....  | kg                         |   |
| 15. Does your child weight at birth low?                                |                            |   |
|   | Yes.....                   | 1 |
|   | No.....                    | 2 |
| 16. Does the child suffer any infectious illness two weeks after birth? |                            |   |
|   | Yes.....                   | 1 |
|   | No.....                    | 2 |
|   | If yes please specify..... |   |
| 17. Any child lost in the last five years?                              |                            |   |
|   | Yes.....                   | 1 |
|   | No.....                    | 2 |
| 18. Ever had stillbirth?  |                            |   |
|   | Yes.....                   | 1 |
|   | No.....                    | 2 |