

BEYOND SURVIVAL QUANTITATIVE SURVEY TOOL

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MARCH 2025				
KEY: Plain font = field-tested Blue font = not field-tested, added after survey administration based on emerging themes from Beyond Survival qualitative interviews				
ENGLISH VERSION			SWAHILI VERSION	
Question #	Question (English)	Response Options (English)	Question (Swahili)	Response Options (Swahili)
COVER SHEET				
C1	Record ID	_____		
C2	Date of interview (DD/MM/YYYY)	___ / ___ / _____		
C3	Interviewer ID	_____		
C4	Hospital name	<input type="checkbox"/> Hospital 1 <input type="checkbox"/> Hospital 2 <input type="checkbox"/> Hospital 3 <input type="checkbox"/> Etc.		
C5	Baby's first name	_____		
C6	Baby date of birth (DD/MM/YYYY)	___ / ___ / _____		
C7	Age of baby (days)	___ days		
C8	Eligibility check - baby age, delivery location			
C9	Sex of baby	<input type="checkbox"/> Girl <input type="checkbox"/> Boy		
C10	Obstetric complications disclosed at time of recruitment (from nurse and/or mother-child booklet) SELECT ALL THAT APPLY	<input type="checkbox"/> Unplanned Caesarean section <input type="checkbox"/> Planned Caesarean section <input type="checkbox"/> Pre-eclampsia / Eclampsia <input type="checkbox"/> Hemorrhage (intrapartum or postpartum) <input type="checkbox"/> Breech presentation <input type="checkbox"/> Sepsis <input type="checkbox"/> Surgical complications <input type="checkbox"/> Antepartum hemorrhage <input type="checkbox"/> Premature rupture of membranes <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> None		
C11	Baby complications disclosed at time of recruitment (from nurse and/or mother-child booklet) SELECT ALL THAT APPLY	<input type="checkbox"/> Premature <input type="checkbox"/> Low birthweight <input type="checkbox"/> Breathing problems (including birth asphyxia) <input type="checkbox"/> Sepsis <input type="checkbox"/> Jaundice <input type="checkbox"/> Macrosomia <input type="checkbox"/> Birth defect <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> None		
C12	Consent obtained for the study?	<input type="checkbox"/> Yes --> SKIP to C14 <input type="checkbox"/> No		



C13	Reason for non-consent (if applicable)	<input type="checkbox"/> Respondent declined <input type="checkbox"/> Husband / partner did not give permission <input type="checkbox"/> Other (specify): _____		
C14	Respondent's preferred language for survey administration	<input type="checkbox"/> English <input type="checkbox"/> Kiswahili		
C15	Interview complete?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Unverified <input type="checkbox"/> Complete		
QUESTIONNAIRE				
GENERAL INFORMATION			MAELEZO YA JUMLA	
Please read the following: "I would like to start by asking some general questions about you. If you don't understand a question or would like me to repeat it please feel free to stop and ask me."			Tafadhali soma yafuatayo: "Ningependa kuanza kwa kuuliza baadhi ya maswali ya jumla kukuhusu wewe. Ikiwa huelewi swali au ungependa nirudie tafadhali jisikie huru kusimama na kuniuliza."	
1	How old were you at your last birthday?	___ __ (age in years)	Ulikuwa na umri upi kwenye siku yako ya kuzaliwa iliyopita?	___ __ (Umri kwa miaka)
2	What is the highest level of school you attended?	<input type="checkbox"/> None <input type="checkbox"/> Incomplete primary <input type="checkbox"/> Complete primary <input type="checkbox"/> Incomplete secondary <input type="checkbox"/> Complete secondary <input type="checkbox"/> Higher	Umehitimu kiwango kipi cha juu cha masomo?	<input type="checkbox"/> Hakuna <input type="checkbox"/> Elimu ya msingi haijakamilika <input type="checkbox"/> Elimu ya msingi imekamilika <input type="checkbox"/> Elimu ya sekondari haijakamilika <input type="checkbox"/> Elimu ya sekondari imekamilika <input type="checkbox"/> Elimu ya juu
3	What is your current marital status? (If single, ask: ever married?)	<input type="checkbox"/> Never married/Single --> SKIP to Q6 <input type="checkbox"/> Currently married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Separated --> SKIP to Q6 <input type="checkbox"/> Divorced --> SKIP to Q6 <input type="checkbox"/> Widowed --> SKIP to Q6 <input type="checkbox"/> Other (please specify): _____ --> SKIP to Q6	Kwa sasa uko katika aina gani ya ndoa? (Iwapo hana mwenzu, muulize iwapo amewahi kuolewa)	<input type="checkbox"/> Sijawahi kuolewa/sijaolewa --> RUKA mpaka swali 6 <input type="checkbox"/> Nimeolewa <input type="checkbox"/> Tumetengana <input type="checkbox"/> Talaka --> RUKA mpaka swali 6 <input type="checkbox"/> Mjane --> RUKA mpaka swali 6 <input type="checkbox"/> Tunaishi pamoja --> RUKA mpaka swali 6 <input type="checkbox"/> Nyingine(tafadhali eleza): _____ --> RUKA mpaka swali 6
4	Is your husband / partner living with you now or is he staying elsewhere?	<input type="checkbox"/> Living with respondent <input type="checkbox"/> Staying elsewhere	Je, mumeo/mpenzi/mwenzio anaishi na wewewakati huu ama anaishi pahali pengine?	<input type="checkbox"/> Kuishi na mhojiwa <input type="checkbox"/> Kuka kwingine
5	Who is the head of your household? By "head of household", I mean the person who financially supports and maintains others in the household.	<input type="checkbox"/> Respondent <input type="checkbox"/> Husband/partner <input type="checkbox"/> Mother-in-law <input type="checkbox"/> Father-in-law <input type="checkbox"/> Respondent's mother <input type="checkbox"/> Respondent's father <input type="checkbox"/> Someone else (please specify): _____	Mkuu wa kaya yako ni nani? Kwa "mkuu wa kaya", namaanisha mtu anayetunza na kuwasimamia wengine kifedha nyumbani.	<input type="checkbox"/> Mjibu/mhojiwa <input type="checkbox"/> Mume/mpenzi <input type="checkbox"/> Mama-mkwe <input type="checkbox"/> Baba-mkwe <input type="checkbox"/> Mamake mhojiwa <input type="checkbox"/> Babake Mhojiwa <input type="checkbox"/> Mtu mwingine (tafadhali taja):
6	What is your religion?	<input type="checkbox"/> Christian (Catholic, Protestant, Evangelical, Other Christian) <input type="checkbox"/> Islam <input type="checkbox"/> Hindu <input type="checkbox"/> No religion / Atheist <input type="checkbox"/> Other religion (specify): _____	Je, dini yako ni gani?	<input type="checkbox"/> Mkristo (Katoliki, Mprotestanti, Mwinjilisti, Mkristo Mwingine) <input type="checkbox"/> Uislamu <input type="checkbox"/> Uhindu <input type="checkbox"/> Hakuna dini / Mkanamungu <input type="checkbox"/> Dini nyingine (eleza): _____

7	What is your ethnic group?	<input type="checkbox"/> Kikuyu <input type="checkbox"/> Luhya <input type="checkbox"/> Kalenjin <input type="checkbox"/> Kamba <input type="checkbox"/> Luo <input type="checkbox"/> Mijikenda/Swahili <input type="checkbox"/> Somali <input type="checkbox"/> Other (Embu, Kisii, Maasai, Meru, Taita/Taveta)	Je, kabila lako ni gani?	<input type="checkbox"/> Kikuyu <input type="checkbox"/> Luhya <input type="checkbox"/> Kalenjin <input type="checkbox"/> Kamba <input type="checkbox"/> Luo <input type="checkbox"/> Mijikenda/Swahili <input type="checkbox"/> Somali <input type="checkbox"/> Other (Embu, Kisii, Maasai, Meru, Taita/Taveta)
8	Have you worked for pay (cash or in-kind) in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Umefanya kazi kwa malipo (pesa taslimu au kwa namna ya bidhaa) katika kipindi cha miezi 12 iliyopita?	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana
9	How would you describe your household's financial situation in the past 12 months?	<input type="checkbox"/> No financial difficulties: able to meet most or all needs <input type="checkbox"/> Some financial difficulties: able to meet some needs but not others <input type="checkbox"/> Significant financial difficulties: not able to meet most needs	Je, unaweza kuelezea hali ya kifedha ya familia yako katika kipindi cha miezi 12 iliyopita?	<input type="checkbox"/> Hakuna matatizo ya kifedha: kuweza kukidhi mahitajimengi au yote <input type="checkbox"/> Matatizo fulani ya kifedha: kuweza kukidhi mahitajifulani lakini si mengine <input type="checkbox"/> Shida kubwa za kifedha: kutoweza kukidhi mahitajimengi
10	How long did it take you to get from your house to your health facility today?	<input type="checkbox"/> <15 mins <input type="checkbox"/> 15-30 mins <input type="checkbox"/> 31 mins - 1hr <input type="checkbox"/> >1hr	Ilichukuwa muda gani kutoka kwako hadi kituo cha afya leo hii?	<input type="checkbox"/> Dakika <15 <input type="checkbox"/> Dakika 15-30 <input type="checkbox"/> Dakika 31 - saa 1 <input type="checkbox"/> >Saa 1
11	How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, CIRCLE THE ONE HIGHEST ON THE LIST.	<input type="checkbox"/> Car / Truck <input type="checkbox"/> Public Bus <input type="checkbox"/> Motorcycle / scooter / tuk tuk <input type="checkbox"/> Boat with motor <input type="checkbox"/> Animal-drawn cart <input type="checkbox"/> Bicycle <input type="checkbox"/> Boat without motor <input type="checkbox"/> Walking <input type="checkbox"/> Other (specify)	Unatumia njia gani kwa usafiri kutoka kwako kufika kwa hicho kituo?	<input type="checkbox"/> Gari / Lori <input type="checkbox"/> Basi la abiria <input type="checkbox"/> Pikipiki / Skuta / Bajaji / Bajaji / Tuktuk <input type="checkbox"/> Boti yenye injini <input type="checkbox"/> Mkokoteni unaovutwa na mnyama <input type="checkbox"/> Baiskeli <input type="checkbox"/> Boti bila injini <input type="checkbox"/> Kutembea <input type="checkbox"/> Nyingine (taja)
OBSTETRIC HISTORY			HISTORIA YA UZAZI	
Please read the following: "Now I would like to ask you about all the times you have been pregnant. Again, please ask me if you don't understand the question."			Tafadhali soma yafuatayo: "Sasa ningependa kukuuliza kuhusu nyakati zote ambazo umekuwa mjamzito. Tena, tafadhali niulize ikiwa huelewi swali."	
12	How many times have you been pregnant? (including times when you did not give birth to the baby/ies)	___	Ni mara ngapi umekuwa na ujauzito (ikiwemo zile mara ambazo hukujifungua)?	___
13	How many children do you currently have?	___	Je, una watoto wangapi kwa sasa?	___
14	How many of your children are under the age of 5?	___	Ni watoto wangapi walio chini ya umri wa miaka 5?	___
LATEST PREGNANCY AND DELIVERY			UJAUZITO WA HIVI KARIBUNI NA KUJIFUNGUA	
Please read the following: "Now I would like to ask you about this latest pregnancy and delivery."			Tafadhali soma yafuatayo: "Sasa ningependa kukuuliza kuhusu ujauzito na kujifungua hivi karibuni."	
15	Did you see anyone for antenatal care for this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No --> SKIP to Q20	Je, ulimuona yeyote kwa huduma (kliniki) ya kutunza mimba hii?	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana --> RUKA mpaka swali Q20

16	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	<input type="checkbox"/> Healthcare worker (doctor, clinical officer, midwife / nurse) <input type="checkbox"/> Other person (traditional birth attendant, community health worker / field worker, etc.)	Je, ulimuona nani? Kuna mwingine yeyote?	<input type="checkbox"/> Mhudumu wa afya (Daktari, Afisa mhudumu wa afya/afisa wa kliniki, Mkunga/muuguzi) <input type="checkbox"/> Mtu mwingine (Mkunga wa jadi, Mhudumu wa afya ya jamii, etc.)
17	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	Weeks: ___ ___ Months: ___ ___ <input type="checkbox"/> Don't know	Je, mimba hii ilikuwa ya majuma au miezi mingapi ulipoanza kliniki kwa mara ya kwanza kwa ujauzito huu?	Wiki: ___ ___ Mieze: ___ ___ <input type="checkbox"/> Sijui
18	How many times did you receive antenatal care during this pregnancy?	Number of times: ___ ___ <input type="checkbox"/> Don't know	Je, ulipata huduma ya utuzaji mimba mara ngapi ukiwa na hii mimba?	Number of times: ___ ___ <input type="checkbox"/> Sijui
19	Did you feel the doctors, nurses or other health worker took the best care of you during antenatal care?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Ulihisi madakatari na wauguzi walikushughulikia vyema kwa huduma (kliniki) ya kutunza mimba hii?	<input type="checkbox"/> Hapana, kamwe <input type="checkbox"/> Ndio, mara chache <input type="checkbox"/> Ndio, mara nyingi <input type="checkbox"/> Ndio, kila wakati
20	What health problems did you have during pregnancy (prior to labor starting), if any? READ RESPONSE CATEGORIES ALOUD. SELECT ALL THAT APPLY.	<input type="checkbox"/> Blurred vision <input type="checkbox"/> Swollen face, hands or feet <input type="checkbox"/> Bleeding 'down below'/From the birth canal <input type="checkbox"/> Severe abdominal pain <input type="checkbox"/> Severe headache <input type="checkbox"/> Low blood levels (told by healthcare worker) <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> None of the above --> SKIP to Q22	Ulikuwa na matatizo gani ya kiafya wakati wa ujauzito? SOMA MAKUNDI YA MAJIBU KWA SAUTI. CHAGUA YOTE YANAYOHUSIKA	<input type="checkbox"/> Kutoona vizuri <input type="checkbox"/> Kufura uso, mikono, miguu <input type="checkbox"/> Kuvuja/kutokwa nadamu 'huku chini' <input type="checkbox"/> Maumivu makali ya tumbo <input type="checkbox"/> Maumivu makali ya kichwa <input type="checkbox"/> Kiwango cha chini cha damu (maelezo ya mfanyakazi wa afya) <input type="checkbox"/> Nyingine (eleza)> RUKA mpaka swali 22
21	Did you have to stay overnight in the hospital for this problem(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Je, ulilazimika kulala hospitalini kwa tatizo hili?	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana
22	How far along in the pregnancy were you when you delivered?	<input type="checkbox"/> More than one month before it was due (<37 wks) <input type="checkbox"/> When it was due (37-42 wks) <input type="checkbox"/> After the due date (> 42 wks) <input type="checkbox"/> Don't know	Ulikuwa mjamzito kwa miezi mingapi wakati ulijifungua?	<input type="checkbox"/> Zaidi ya mwezi mmoja kabla ya tarehe ya kujifungua (<37 wiki) <input type="checkbox"/> Wakati wa tarehe ya kujifungua (wiki 37-42 wks) <input type="checkbox"/> Baada ya tarehe ya kujifungua (> 42 wiki) <input type="checkbox"/> Sijui
23	Where did you deliver?	<input type="checkbox"/> Your home --> SKIP to Q25 <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Private hospital <input type="checkbox"/> Private clinic <input type="checkbox"/> Other (please specify): _____	Ulijifungua wapi?	<input type="checkbox"/> Nyumbani --> RUKA mpaka swali Q25 <input type="checkbox"/> Hospitali ya serikali <input type="checkbox"/> Kituo cha afya cha serikali <input type="checkbox"/> Hospitali ya kibinafsi <input type="checkbox"/> Kliniki ya kibinafsi <input type="checkbox"/> Nyingine(eleza): _____
24	Was the delivery by Caesarian section, that is, did they cut your belly open to take the baby out?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kujifungua kulikuwa kwa njia ya upasuaji? Hii inamaanisha kuwa walikata tumbo yako kutoa mtoto	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana
25	How much did your baby weigh at birth? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG from card: ___ . ___ ___ ___ KG from recall: ___ . ___ ___ ___ <input type="checkbox"/> Don't know	Je, mtoto alikuwa na uzani/uzito wa kilo ngapi? REKODI UZITO KATIKA KILO KUTOKA KWA KADI YA AFYA/KLINIKI, IKIWA INAPATIKANA	KG from card: ___ . ___ ___ ___ KG from recall: ___ . ___ ___ ___ <input type="checkbox"/> Sijui

26	<p>What health problems did you have, if any, while you were at the facility for birth?</p> <p>Note: this includes labor, delivery, and postpartum in the facility.</p> <p>READ RESPONSE CATEGORIES ALOUD. SELECT ALL THAT APPLY.</p>	<input type="checkbox"/> Fever <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Heavy/ excessive bleeding <input type="checkbox"/> Abdominal pain <input type="checkbox"/> High blood pressure <input type="checkbox"/> Convulsions <input type="checkbox"/> Infection <input type="checkbox"/> Abnormal discharge <input type="checkbox"/> Surgical complications <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> None	<p>Ulikuwa na matatizo gani wakati wa leba, kujifungua, au mara tu baada ya kujifungua ukiwa bado hospitalini? SOMA MAKUNDI YA MAJIBU KWA SAUTI. CHAGUA YOTE YANAYOHUSIKA</p>	<input type="checkbox"/> Joto mwilini <input type="checkbox"/> Kupoteza fahamu <input type="checkbox"/> Kutokwa na damu nyingikupita kiasi <input type="checkbox"/> Maumivu ya tumbo <input type="checkbox"/> Damu kukimbia/presha <input type="checkbox"/> Mshtuko/kifafa(Convulsions) <input type="checkbox"/> Maambukizi/Uchafu kwadamu(Infection) <input type="checkbox"/> Utokaji uchafu usio wakawaida <input type="checkbox"/> Matatizo baada ya upasuaji <input type="checkbox"/> Nyingine (eleza): _____ <input type="checkbox"/> Hakuna
27	<p>What health problems did your baby have, if any, while still at the facility?</p> <p>READ RESPONSE CATEGORIES ALOUD. SELECT ALL THAT APPLY.</p>	<input type="checkbox"/> Baby born premature <input type="checkbox"/> Low birth weight <input type="checkbox"/> Failure to cry at birth <input type="checkbox"/> Birth defect <input type="checkbox"/> Breathing problems <input type="checkbox"/> Jaundice (baby was yellow) <input type="checkbox"/> Fever <input type="checkbox"/> Low blood sugar <input type="checkbox"/> Other problems (specify): _____ <input type="checkbox"/> None	<p>Je, wakati wowote wakati wa leba, kuzaa, au mara tu baada ya kujifungua mtoto wako alipatwa na matatizo yoyote ya kiafya? SOMA MAKUNDI YA MAJIBU KWA SAUTI. CHAGUA YOTE YANAYOHUSIKA</p>	<input type="checkbox"/> Mtoto alizaliwa kabla yawakati <input type="checkbox"/> Uzito mdogo wakuzaliwa <input type="checkbox"/> Kukosa hewa/kukosakulia alipozaliwa <input type="checkbox"/> Kasoro ya kuzaliwa nayo <input type="checkbox"/> Matatizo ya kupumua <input type="checkbox"/> Mtoto alikua na rangi yamanjano (jaundice) <input type="checkbox"/> Joto mwilini <input type="checkbox"/> Sukari ya chini kwenyedamu <input type="checkbox"/> Matatizo mengine(eleza): _____ <input type="checkbox"/> Hakuna
28	<p>Was your baby ever admitted to a Neonatal intensive care unit or newborn unit at the hospital?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Je, mtoto wako aliwahi kulazwa katika chumba cha wagonjwa mahututi cha Neonatal au kitengo cha watoto wachanga hospitalini?</p>	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana
29	<p>At any time during labor, delivery, or right after delivery were you or your baby referred, or told to go to another hospital, for additional treatment?</p> <p>SELECT ALL THAT APPLY.</p>	<input type="checkbox"/> Yes - Mother referred <input type="checkbox"/> Yes - Baby referred <input type="checkbox"/> No - neither referred --> SKIP to Q31	<p>Je, wakati wowote wakati wa leba, kuzaa, au mara tu baada ya kuzaa je, wewe au mtoto wako ulipewa rufaa, au uliambiwa uende hospitali nyingine, kwa matibabu ya ziada? CHAGUA YOTE YANAYOHUSIKA</p>	<input type="checkbox"/> Ndio, mama alipewa rufaa <input type="checkbox"/> Ndio, mtoto alipewa rufaa <input type="checkbox"/> Hapana - Hakuna alipewa rufaa--> RUKA mpaka swali Q31
30	<p>Did you ultimately go to another hospital for additional treatment for yourself and/or your baby?</p>	<input type="checkbox"/> Yes, went to other facility for treatment <input type="checkbox"/> No, did not go to other facility for treatment	<p>Je, hatimaye ulianda hospitali nyingine kwa matibabu ya ziada kwako na/au mtoto wako?</p>	<input type="checkbox"/> Ndiyo, alipelekwa kituo kingine cha afya kwa matibabu <input type="checkbox"/> Hapana,hakupelekwa kituo kingine cha afya kwamatibabu
31	<p>Did you ever hold your baby at birth?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No --> SKIP to Q34	<p>Uliwahi kumshika mtoto wako wakati alipozaliwa?</p>	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana --> RUKA mpaka swali Q34
32	<p>After the birth, was your baby put on your chest?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No --> SKIP to Q34 <input type="checkbox"/> Don't know --> SKIP to Q34	<p>Je, mtoto alilazwa kwa kifua chako baada ya kuzaliwa?</p>	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana --> RUKA mpaka swali Q34 <input type="checkbox"/> Sijui --> RUKA mpaka swali Q34
33	<p>How long after birth was your baby put on the bare skin of your chest?</p> <p>IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.</p>	<input type="checkbox"/> Immediately (<1 hr) ___ __ hours ___ __ days	<p>Je, mtoto alilazwa kwa kifua chako muda gani baada ya kuzaliwa? IKIWA NI CHINI YA SAA 1, REKODI '00' MASAA; IKIWA NI CHINI YA MASAA 24, REKODI MASAA; VINGINEVYO, REKODI SIKU.</p>	<input type="checkbox"/> Immediately (<1 hr) ___ __ Masaa ___ __ Siku
34	<p>While in the facility, how frequently did you get to hold your baby?</p>	<input type="checkbox"/> Continuously <input type="checkbox"/> Most of the time <input type="checkbox"/> Only for feeding or at designated times <input type="checkbox"/> Rarely	<p>Ukiwa kwenye kituo hicho, ulipata mtoto wako mara ngapi?</p>	<input type="checkbox"/> Kwa kuendelea <input type="checkbox"/> Mara nyingi <input type="checkbox"/> Wakati wa kunyonya au nyakati maalum <input type="checkbox"/> Mara chache

35	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Before you left the facility, did anyone check on your health?	<input type="checkbox"/> Yes <input type="checkbox"/> No --> SKIP to Q37	Ningependa kuongea na wewe kuhusu kuchunguzwa afya baada ya kuzaa, kwa mfano, mtu kukuuliza maswali kuhusu afya yako ama kukukagua. Kuna yeyote aliyechunguza afya yako kabla ya kutoka kwenye kituo, baada ya kujifungua?	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana --> RUKA mpaka swali Q37
36	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	<input type="checkbox"/> Hours: ___ <input type="checkbox"/> Days: ___ <input type="checkbox"/> Weeks: ___	Uchunguzi wa kwanza ulifanywa muda gani baada ya kujifungua? IKIWA NI CHINI YA SIKU MOJA, REKODI MASAA. IKIWA NI CHINI YA WIKI MOJA, REKODI SIKU	<input type="checkbox"/> Masaa: ___ <input type="checkbox"/> Siku: ___ <input type="checkbox"/> Wiki: ___
37	During the first 2 days after your baby's birth, did any health care provider do the following before you left the facility? a) examine the cord? b) measure your baby's temperature?	a) Examined cord: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know b) Measured baby's temperature: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Katika siku mbili za kwanza baada ya mtoto wako kuzaliwa, je, mtoa huduma yeyote wa afya alifanya yafuatayo kabla hujaondoka kwenye kituo? a) Angalia kitovu? b) Pima hali ya joto ya mwili?	a) Angalia kitovu: <input type="checkbox"/> Ndio <input type="checkbox"/> Hapana <input type="checkbox"/> Sijui b) Pima hali ya joto ya mwili: <input type="checkbox"/> Ndio <input type="checkbox"/> Hapana <input type="checkbox"/> Sijui
38	While you and your baby were in the facility, did any health care provider do the following: a) talk with you about breastfeeding? b) observe your baby breastfeeding? c) show how you can clean the cord? d) tell you how to recognize if your baby needs immediate medical attention?	a) Talked about breastfeeding: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know b) Observed breastfeeding: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know c) Demonstrated cord care: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know d) Discussed danger signs for baby: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Baada yakujifungua, je, mhadumu yeyote wa afya alifanya yafwatayo Kukuongelea kuhusu kumnyonyesha mtoto? Aliangalia mtoto akinyonya ? Kukuonyesha vile unaweza safisha kitovu? Kukueleza jinsi ya kutambua ikiwa mtoto anahitaji matibabu ya dharura/haraka?	a) Kukuongelea kuhusu kumnyonyesha mtoto: <input type="checkbox"/> Ndio <input type="checkbox"/> Hapana <input type="checkbox"/> Sijui b) Aliangalia mtoto akinyonya : <input type="checkbox"/> Ndio <input type="checkbox"/> Hapana <input type="checkbox"/> Sijui c) Kukuonyesha vile unaweza safisha kitovu: <input type="checkbox"/> Ndio <input type="checkbox"/> Hapana <input type="checkbox"/> Sijui d) Kukueleza jinsi ya kutambua ikiwa mtoto anahitaji matibabu ya dharura/haraka: <input type="checkbox"/> Ndio <input type="checkbox"/> Hapana <input type="checkbox"/> Sijui
39	When you left the facility, how confident did you feel in your ability to breastfeed your baby?	<input type="checkbox"/> Confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Not confident	Ulipoondoka kwenye kituo hiki, ulijiamini kiasi gani katika uwezo wako wa kumnyonyesha mtoto wako?	<input type="checkbox"/> Nilijiamini <input type="checkbox"/> Nilijiamini kwa kiasi fulani <input type="checkbox"/> Sikujiamini
40	When you left the facility, how confident did you feel in your ability to recognize danger signs of illness in your baby?	<input type="checkbox"/> Confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Not confident	Ulipoondoka kwenye kituo hiki, ulijiamini kiasi gani katika uwezo wako wa kutambua dalili za hatari za ugonjwa kwa mtoto wako?	<input type="checkbox"/> Nilijiamini <input type="checkbox"/> Nilijiamini kwa kiasi fulani <input type="checkbox"/> Sikujiamini
41	How many days after you delivered did you stay at the facility? (If less than 1 day, please write/enter 0)	Days: ___	Ni muda upi baada ya kujifungua ulikaa hospitalini?	Siku: ___
42	How many days after the baby was born did the baby stay at the facility? (If less than 1 day, please write/enter 0)	Days: ___	Ni siku ngapi baada ya mtoto kuzaliwa, mtoto alikaa kwenye kituo hicho?	Siku: ___
RESPECTFULNESS OF CARE AT DELIVERY			HESHIMA KATIKA HUDUMA WAKATI WA KUJIFUNGUA	

	<p>Now I will ask you some questions about how you were treated at the health facility. Tell me if the following things happened all the time, most of the time, a few times, or it never happened. You can say a few times if it happened one or two times, and most of the time will be if it happened 3 or more times, but not always. For some questions I will ask specifically if something occurred during labor, delivery, or after delivery. If I do not specify please answer based on your experiences during the entire time you were in the facility from labor till discharge.</p> <p>(PROBE FOR ALL QUESTIONS: if respondent just responds, yes, ask them: Did this occur a few times, most of the time, or all the time) (INTERVIEWER: PLEASE STICK TO ONE LANGUAGE OF ADMINISTRATION FOR THIS SET OF QUESTIONS)</p>		<p>Sasa nitakuuliza baadhi ya maswali kuhusu jinsi ulivyotibiwa kwenye kituo cha afya. Niambie ikiwa mambo yafuatayo yalitokea wakati wote, mara nyingi, mara chache, au hayajawahi kutokea. Unaweza kusema mara chache ikiwa ilitokea maramoja au mbili, na mara nyingi itakuwa ikiwa ilitokea mara 3 au zaidi, lakini si mara zote. Kwa maswali kadhaa nitauliza haswa ikiwa kitu kilitokea wakati wa leba, kujifungua, au baada ya kujifungua. Nisipobainisha tafadhali jibu kulingana na uzoefu wako wakati wote ulipokuwa kwenye kituo kutoka kwa leba hadi ulipotoka.</p> <p>(TARATIBU KWA MASWALI YOTE: Ikiwa mhojiwa anajibu tu, ndiyo, waulize: Je, hii ilitokea mara chache, mara nyingi, au wakati wote) (MHOJI: TAFADHALI ZINGATIA/TUMIA LUGHA MOJA TU KWA SETI HII YA MASWALI)</p>	
43	Did the doctors, nurses, or other health care providers call you by your preferred name?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Je, madaktari, wauguzi, au watoa huduma wengine wa afya walikuita kwa jina lako?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote
44	Did the doctors, nurses, or other staff at the facility treat you with respect?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Je, madaktari, wauguzi, au wafanyakazi wengine katika kituo walikuhudumia kwa heshima?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote
45	Did the doctors, nurses, and other staff at the facility treat you in a friendly manner?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Je, madaktari, wauguzi, na wafanyakazi wengine katika kituo walikuhudumia kwa njia ya kirafiki?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote
46	During examinations in the labor room, were you covered up with a cloth or blanket or screened with a curtain so that you did not feel exposed?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Wakati ulipokuwa ukiangaliwa katika chumba cha labour, Je! ulifunikwa na kitambaa au blanketi au ukawekewa pazia ili usijisikie wazi?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote
47	Did you feel like the doctors, nurses or other staff at the facility involved you in decisions about your care?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time <input type="checkbox"/> Did not have to make any decisions	Je, unahisi kama madaktari, wauguzi na wafanyakazi kazi wengine katika kituo walikuhusisha katika uamuzi wa huduma yako?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote <input type="checkbox"/> Sikuhitaji kufanya maamuzi yoyote
48	Did the doctors, nurses or other staff at the facility ask your permission/consent before carrying out procedures and examinations?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Je, madaktari, wauguzi au wafanyakazi wengine katika kituo waliuliza ruhusa / kibali chako kabla ya kufanya taratibu kwako?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote

49	During the delivery, do you feel like you were able to be in the position of your choice?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Wakati wa kujifungua, unahisi kama uliweza kukaa kwa njia uliyochagua?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote
50	Did the doctors and nurses explain to you why they were carrying out examinations or procedures?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Je, madaktari na wauguzi walikuelezea kwa nini walikuwa wanafanya uchunguzi au taratibu kwako?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote
51	Did the doctors and nurses explain to you why they were giving you any medicine?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time <input type="checkbox"/> Did not get any medicine	Je, madaktari na wauguzi walikuelezea kwa nini walikuwa wanakupea dawa zozote?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote <input type="checkbox"/> Sikupata dawa yoyote
52	Did you feel you could ask the doctors, nurses or other staff at the facility any questions you had?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Je, Ulihisi kama ungeweza kuuliza madaktari, wauguzi au wafanyakazi wengine katika kituo hicho maswali yoyote uliyokuwa nayo?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote
53	Did the doctors and nurses at the facility talk to you about how you were feeling?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Je, madaktari na wauguzi katika kituo walizungumza na wewe kuhusu jinsi ulivyohisi?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote
54	When you needed help, did you feel the doctors, nurses or other staff at the facility paid attention?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Ulipohitaji usaidizi, ulihisi kuwa madaktari, wauguzi au wafanyakazi wengine katika kituo hicho walikuwa makini?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote
55	Did you feel the doctors, nurses or other staff at the facility took the best care of you?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Je, Ulihisi kama madaktari, wauguzi au wafanyakazi wengine katika kituo walikupa huduma bora zaidi?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote
56	While at the facility, did you or your family/relatives have to buy medicines or supplies? <i>Probe: For example, medicines like oxytocin? Supplies like gloves or bleach?</i>	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Ukiwa kwenye kituo hicho, wewe au familia/jamaa zako walilazimika kununua dawa au vifaa? Uchunguzi: Kwa mfano, dawa kama vile oxytocin? Vifaa kama vile glavu au bleach?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote
57	Do you think there was enough health staff in the facility to care for you?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Je, unadhani kulikuwa na wafanyakazi wa afya wa kutosha katika kituo wa kukuhudumia?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote
58	Do you feel the doctors or nurses did everything they could to help control your pain?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Je, Unahisi kama madaktari au wauguzi walifanya kila kitu walichoweza ili kusaidia kudhibiti uchungu wako?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote
59	Were you allowed to have someone you wanted (from outside of staff at the facility, such as family or friends) to stay with you during the labor / delivery?	<input type="checkbox"/> No, never <input type="checkbox"/> Yes, a few times <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, all the time	Je, ulikubalishwa kuwa na mtu yeyote uliyetaka (kama familia au rafiki) kukaa na wewe wakati wa leba / kujifungua?	<input type="checkbox"/> Hapana <input type="checkbox"/> Ndio, wakati mchache <input type="checkbox"/> Ndio, wakati mwingi <input type="checkbox"/> Ndio, wakati wote

	Please read the following: "How much do you agree with the following statements about the health facility where you delivered your baby?"		Tafadhali soma yafuatayo: "Je, unakubaliana kwa kiasi gani na taarifa zifuatazo kuhusu kituo cha afya ulikojifungua mtoto wako?"	
60	I am satisfied with the care I received at this health facility.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree	Nimeridhishwa na huduma niliyopata katika kituo	<input type="checkbox"/> Kubali kabisa <input type="checkbox"/> Kubali <input type="checkbox"/> Nisikubali wala kupinga <input type="checkbox"/> Sikubali <input type="checkbox"/> Sikubaliani kabisa
61	I believe that I can approach this health facility for any medical problem.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree	Ninaamini kuwa ninaweza kutembelea kituo hiki cha huduma ya afya kwa tatizo lolote la matibabu.	<input type="checkbox"/> Kubali kabisa <input type="checkbox"/> Kubali <input type="checkbox"/> Nisikubali wala kupinga <input type="checkbox"/> Sikubali <input type="checkbox"/> Sikubaliani kabisa
62	If I have another child, I would go back to this health facility to give birth.	<input type="checkbox"/> Strongly agree --> SKIP to Q64 <input type="checkbox"/> Agree --> SKIP to Q64 <input type="checkbox"/> Neither agree nor disagree --> SKIP to Q64 <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree	Ikiwa nitapata mtoto mwingine, nitarudi kwenye kituo hiki cha huduma ya afya kujifungua.	<input type="checkbox"/> Kubali kabisa -->RUKA mpaka swali 64 <input type="checkbox"/> Kubali --> RUKA mpaka swali 64 <input type="checkbox"/> Nisikubali wala kupinga --> RUKA mpaka swali 64 <input type="checkbox"/> Sikubali <input type="checkbox"/> Sikubaliani kabisa
63	Where would you plan to deliver if you have another child?	<input type="checkbox"/> Different health facility <input type="checkbox"/> Home <input type="checkbox"/> Other (specify): _____	Ungepanga kujifungua wapi ikiwa utapata mtoto mwingine?	<input type="checkbox"/> Kituo tofauti cha afya <input type="checkbox"/> Nyumbani <input type="checkbox"/> Kwengine (taja)
BABY HEALTH AND FEEDING			AFYA YA MTOTO NA LISHE	
Please read the following: "Now I would like to ask some questions about your baby."			Tafadhali soma yafuatayo: "Sasa ningependa kuuliza baadhi ya maswalikuhusu mtoto wako."	
64	Did you ever breastfeed this baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No --> SKIP to Q66	Uliwahi mnyonyesha au kuwanyonyesha watoto hawa?	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana -->RUKA mpaka swali 66
65	Are you still breastfeeding the baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bado unamnyonyesha mtoto/watoto wako?	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana
66	In the last 24 hours, was your baby given anything other than breastmilk to eat or drink -- anything at all like water, infant formula, or herbs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Katika saa 24 zilizopita, mtoto wako alipewa kitu chochote kingine isipokuwa maziwa ya mama kula au kunywa - chochote kama vile maji, maziwa ya watoto wachanga, au dawa za kienyeji?	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana
67	Who usually makes decisions about giving your baby foods other than breastmilk? (for example: water, infant formula, or herbs?) (What I would like to know is who makes the final decision, not who was consulted in the decision-making process.)	<input type="checkbox"/> Respondent <input type="checkbox"/> Husband/Partner <input type="checkbox"/> Respondent and Husband/partner jointly <input type="checkbox"/> Someone else (respondent's mother-in-law or father-in-law, respondents mother or father, etc.)	Nani kawaida hufanya maamuzi kuhusu vyakula vingine vya ziada vya mtoto wako mbali na maziwa ya mama? (kwa mfano: maji, maziwa ya watoto wachanga, au dawa za kienyeji?) (Ninachotaka kujua ni nani anafanya uamuzi wa mwisho, sio nani alishauriwa katika mchakato wa kufanya maamuzi)	<input type="checkbox"/> Wewe <input type="checkbox"/> Mwenzi/mume wako <input type="checkbox"/> Wewe na mwenzi wako pamoja <input type="checkbox"/> Mtu mwingine (mama mkwe, baba mkwe, mamake mhojiwa, au babake mhojiwa ,n.k)
68	In the past 30 days, how would you rate your baby's overall health?	<input type="checkbox"/> Good <input type="checkbox"/> Neutral <input type="checkbox"/> Poor	Katika siku 30 zilizopita, unaweza kukadiria vipi afya kwa ujumla ya mtoto wako/Mtoto wako amekuwa akiendeleaje kiafya??	<input type="checkbox"/> Vizuri <input type="checkbox"/> Sio vibaya sio nzuri/kawaida <input type="checkbox"/> Vibaya

69	Since leaving the health facility, has your baby been admitted to the hospital because of sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tangu kutoka hospitalini, mtoto wako amelazwa hospitali kwa sababu ya ugonjwa / matatizo?	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana
70	Who usually makes decisions about caring for your baby when s/he is ill (for example: whether to give medicines, whether and where to seek care)?	<input type="checkbox"/> Respondent <input type="checkbox"/> Husband/Partner <input type="checkbox"/> Respondent and Husband/partner jointly <input type="checkbox"/> Someone else (respondent's mother-in-law or father-in-law, respondents mother or father, etc.)	Nani kwa kawaida hufanya maamuzi kuhusu kumtunza mtoto wako akiwa mgonjwa (kwa mfano: kama ampe dawa, iwapo atafute matunzo na wapi)	<input type="checkbox"/> Wewe <input type="checkbox"/> Mwenzi/mume wako <input type="checkbox"/> Wewe na mwenzi wako pamoja <input type="checkbox"/> Mtu mwingine (mama mkwe, baba mkwe, mamake mhojiwa, babake mhojiwa, n.k)
	INTERVIEWER: CHECK COVER SHEET: DID THE BABY HAVE A COMPLICATION AT DELIVERY?	<input type="checkbox"/> Yes --> proceed to Q71 <input type="checkbox"/> No --> SKIP to Q73	MHOJI: KAGUA KARATASI YA JALADA: JE, MTOTO ALIKUWA NA TATIZO WAKATI WA KUZALIWA?	<input type="checkbox"/> Ndio --> Enda kwa swali 71 <input type="checkbox"/> Hapana --> RUKA mpaka swali 73
71	Have you gone for any follow-up care related to your baby's birth complication? For example: have you ever gone to the neonatal or pediatric outpatient clinic to follow up on the baby's birth complication?	<input type="checkbox"/> Yes -> SKIP to Q73 <input type="checkbox"/> No	Je, umeenda kwa huduma ya kufuatilia tatizo mtoto alilopata wakati alipozaliwa? Kwa mfano: umewahi kwenda kwenye kliniki ya watoto wachanga au ya watoto watoto kufuatilia tatizo mtoto alilopata wakati alipozaliwa?	<input type="checkbox"/> Ndio --> RUKA mpaka swali 73 <input type="checkbox"/> Hapana
72	If no, why not? SELECT ALL THAT APPLY	<input type="checkbox"/> Clinic was not open / available <input type="checkbox"/> Not enough money <input type="checkbox"/> Could not get permission to go <input type="checkbox"/> Did not know the baby needed to go <input type="checkbox"/> Did not have an appointment <input type="checkbox"/> Did not feel that the baby needed to go (baby was doing well) <input type="checkbox"/> Other (specify): _____	Ikiwa hapana, kwa nini? CHAGUA YOTE YANAYOHUSIKA	<input type="checkbox"/> Kliniki haikuwa wazi / haikupatikana <input type="checkbox"/> Pesa hazikutosha <input type="checkbox"/> Sikuweza kupata ruhusa ya kwenda <input type="checkbox"/> Sikujua mtoto alihitaji kwenda <input type="checkbox"/> Sikuwa na miadi <input type="checkbox"/> Sikuona kuwa mtoto alihitaji kwenda (mtoto alikuwa anaendelea vizuri) <input type="checkbox"/> Nyingine (eleza): _____
73	How confident are you in caring for your baby well?	<input type="checkbox"/> Confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Not confident	Je, unajiamini kiasi gani katika kumtunza mtoto wako vizuri?	<input type="checkbox"/> Nilijiamini <input type="checkbox"/> Nilijiamini kwa kiasi fulani <input type="checkbox"/> Sikujiamini
HOUSEHOLD FINANCIAL SITUATION			HALI YA KIFEDHA YA KAYA	
Please read the following: "Now I would like to ask about your household's financial situation since you had your baby."			Tafadhali soma yafuatayo: Sasa, ningependa kukuuliza kuhusu hali ya kifedha ya familia yako tangu kuzaliwa kwa mtoto wenu	
74	Did you have to borrow money or sell property / possessions to pay for treatment related to this birth? (either for delivery or postpartum)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Je, ulilazimika kukopa pesa au kuuza mali / mali ili kulipia matibabu yanayohusiana na uzazi huu? (ama kwa kujifungua au baada ya kujifungua)	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana
75	Have your family's financial conditions worsened after delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Je, hali ya kifedha ya familia yako imekuwa mbaya zaidi baada ya kujifungua?	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana
76	In the past 7 days, were there times when you did not have food or enough money to buy food?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kwa siku saba zilizopita, kuna wakati ulikosa kupata chakula cha kutosha ama pesa ya kutosha kununua chakula?	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana
77	Who usually makes decisions about medical expenses for household members? (What I would like to know is who makes the final decision, not who was consulted in the decision-making process)	<input type="checkbox"/> Respondent <input type="checkbox"/> Husband/Partner <input type="checkbox"/> Respondent and Husband/partner jointly <input type="checkbox"/> Someone else (respondent's mother-in-law or father-in-law, respondents mother or father, etc.)	Ni nani kawaida anayefanya maamuzi kuhusu gharama za matibabu kwa wanafamilia? (Ninachotaka kujua ni nani anafanya maamuzi wa mwisho, sio nani alishauriwa katika mchakato wa kufanya maamuzi)	<input type="checkbox"/> Wewe <input type="checkbox"/> Mwenzi/mume wako <input type="checkbox"/> Wewe na mwenzi wako pamoja <input type="checkbox"/> Mtu mwingine (mama mkwe, baba mkwe, mamake mhojiwa, babake mhojiwa, n.k)

MATERNAL PHYSICAL HEALTH AND FUNCTION		AFYA YA KIMWILI NA UTENDAJI WA MAMA	
<p>Please read the following: "Now, I would like to ask you some more questions about your everyday activities. This part of the interview is about difficulties people have because of health conditions. By health condition I mean diseases or illness, or other health problems that may be short or long lasting; injuries; mental or emotional problems. Remember to keep all of your health problems in mind as you answer the questions. When I ask you about difficulties in doing an activity think about: increased effort, discomfort or pain, slowness, changes in the way you do the activity. When answering, I'd like you to think back over the past 30 days. I would also like you to answer these questions thinking about how much difficulty you have had, on average, over the past 30 days, while doing the activity as you usually do it. Use this scale when responding. (Read scale aloud): None, mild, moderate, severe, cannot do."</p>		<p>Tafadhali soma yafuatayo: "Sasa, ningependa kukuuliza maswali zaidi kuhusu shughuli zako za kila siku. Sehemu hii ya mahojiano inahusu changamoto watu wanazo kutokana na matatizo ya kiafya. Kwa 'matatizo ya kiafya' namaanisha magonjwa, maradhi, au matatizo mengine ya kiafya yanayoweza kuwa ya muda mfupi au mrefu; majeraha; matatizo ya akili au kihisia. Kumbuka kuzingatia matatizo yako yote ya kiafya unapojibu maswali. Nitapokuuliza kuhusu changamoto za kufanya shughuli fulani, fikiria kuhusu: juhudi zaidi, usumbufu au maumivu, ucheleweshaji, mabadiliko katika jinsi unavyofanya shughuli hiyo. Unapojibu, ningependa ufikirie siku 30 zilizopita. Pia, ningependa ujibu maswali haya ukifikiria kuhusu kiwango cha ugumu uliokuwa nao, kiwastani, katika siku 30 zilizopita, huku ukifanya shughuli kama unavyofanya kawaida. Tumia kiwango hiki unapojibu. (Soma kiwango kwa sauti): Hakuna, kidogo, wastani, sana, au siwezi kufanya."</p>	
<p>In the past 30 days, how much difficulty did you have in:</p>		<p>Kwa siku 30 zilizopita, umekuwa na ugumu kiasi gani kwa:</p>	
78	<p>Standing for long periods such as 30 minutes?</p>	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Cannot do	<p>Kusimama kwa muda mrefu mfano dakika 30?</p> <input type="checkbox"/> Hakuna <input type="checkbox"/> Kidogo <input type="checkbox"/> Wastani <input type="checkbox"/> Sana <input type="checkbox"/> Siwezi Kufanya
79	<p>Taking care of your household responsibilities?</p>	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Cannot do	<p>Kujifanyia kazi zako za nyumbani?</p> <input type="checkbox"/> Hakuna <input type="checkbox"/> Kidogo <input type="checkbox"/> Wastani <input type="checkbox"/> Sana <input type="checkbox"/> Siwezi Kufanya
80	<p>Learning a new task, for example, learning how to get to a new place?</p>	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Cannot do	<p>Kujifunza kazi mpya mfano, kujifunza jinsi ya kufika mahali</p> <input type="checkbox"/> Hakuna <input type="checkbox"/> Kidogo <input type="checkbox"/> Wastani <input type="checkbox"/> Sana <input type="checkbox"/> Siwezi Kufanya
81	<p>How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?</p>	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Cannot do	<p>Ulikuwa na shida kiasi gani kushiriki matukio ya kijamii (mfano sherehe, kidini) kwa njia sawa kama wengine?</p> <input type="checkbox"/> Hakuna <input type="checkbox"/> Kidogo <input type="checkbox"/> Wastani <input type="checkbox"/> Sana <input type="checkbox"/> Siwezi Kufanya

82	How much have you been emotionally affected by your health problems?	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Cannot do	Umeathiriwa kwa kiasi kipi katika hali ya kisaikolojia na hali yako ya kiafya?	<input type="checkbox"/> Hakuna <input type="checkbox"/> Kidogo <input type="checkbox"/> Wastani <input type="checkbox"/> Sana <input type="checkbox"/> Siwezi Kufanya
	In the past 30 days, how much difficulty did you have in:		Kwa siku 30 zilizopita, umekuwa na ugumu kiasi gani kwa:	
83	Concentrating on doing something for ten minutes?	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Cannot do	Kuweka akili zako zote katika kufanya kitu kwa dakika 10 mfululizo?	<input type="checkbox"/> Hakuna <input type="checkbox"/> Kidogo <input type="checkbox"/> Wastani <input type="checkbox"/> Sana <input type="checkbox"/> Siwezi Kufanya
84	Walking a long distance such as a kilometre [or equivalent]?	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Cannot do	Kutembea umbali wa kilomita au nusu maili?	<input type="checkbox"/> Hakuna <input type="checkbox"/> Kidogo <input type="checkbox"/> Wastani <input type="checkbox"/> Sana <input type="checkbox"/> Siwezi Kufanya
85	Washing your whole body?	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Cannot do	Kuoga?	<input type="checkbox"/> Hakuna <input type="checkbox"/> Kidogo <input type="checkbox"/> Wastani <input type="checkbox"/> Sana <input type="checkbox"/> Siwezi Kufanya
86	Getting dressed?	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Cannot do	Kuvaa?	<input type="checkbox"/> Hakuna <input type="checkbox"/> Kidogo <input type="checkbox"/> Wastani <input type="checkbox"/> Sana <input type="checkbox"/> Siwezi Kufanya
87	Dealing with people you do not know?	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Cannot do	Kushirikiana na watu ambao huwafahamu?	<input type="checkbox"/> Hakuna <input type="checkbox"/> Kidogo <input type="checkbox"/> Wastani <input type="checkbox"/> Sana <input type="checkbox"/> Siwezi Kufanya
88	Maintaining a friendship?	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Cannot do	Kuhifadhi urafiki?	<input type="checkbox"/> Hakuna <input type="checkbox"/> Kidogo <input type="checkbox"/> Wastani <input type="checkbox"/> Sana <input type="checkbox"/> Siwezi Kufanya
89	Your day-to-day work/school?	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Cannot do	Kazi yako ya kila siku/shule?	<input type="checkbox"/> Hakuna <input type="checkbox"/> Kidogo <input type="checkbox"/> Wastani <input type="checkbox"/> Sana <input type="checkbox"/> Siwezi Kufanya
90	Overall, in the past 30 days, how many days were these difficulties present?	<input type="checkbox"/> Every day <input type="checkbox"/> Most days <input type="checkbox"/> A few days <input type="checkbox"/> Never	Kwa jumla, kwa siku 30 zilizopita, ugumu huu ulikuwa kwa siku ngapi?	<input type="checkbox"/> Kila siku <input type="checkbox"/> Siku nyingi <input type="checkbox"/> Siku chache <input type="checkbox"/> Kamwe/hakuna
91	In the past 30 days, how would you rate your overall health?	<input type="checkbox"/> Good <input type="checkbox"/> Neutral <input type="checkbox"/> Poor	Kwa siku 30 zilizopita ungesemaje kuhusiana na hali yako ya kiafya?	<input type="checkbox"/> Vizuri <input type="checkbox"/> Sio vibaya sio nzuri/kawaida <input type="checkbox"/> Vibaya

92	How would you rate your pain when you first arrived home from the facility?	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme	Ulikuwa unahisi maumivu kiasi gani ulipowasili nyumbani kutoka kwenye kituo?	<input type="checkbox"/> Hakuna kabisa <input type="checkbox"/> Maumivu kidogo sana <input type="checkbox"/> Maumivu ya wastani/kiasi <input type="checkbox"/> Maumivu makali <input type="checkbox"/> Maumivu makali sana
93	How would you rate your pain in the past 24 hours?	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme	Je umekua na maumivu kiasi gani katika masaa	<input type="checkbox"/> Hakuna kabisa <input type="checkbox"/> Maumivu kidogo sana <input type="checkbox"/> Maumivu ya wastani/kiasi <input type="checkbox"/> Maumivu makali <input type="checkbox"/> Maumivu makali sana
	INTERVIEWER: CHECK COVER SHEET: DID THE MOTHER HAVE A COMPLICATION AT DELIVERY?	<input type="checkbox"/> Yes --> proceed to Q94 <input type="checkbox"/> No --> SKIP to Q96	MHOJI: KAGUA KARATASI YA JALADA: JE, MAMA ALIKUWA NA TATIZO WAKATI WA KUJIFUNGUA?	<input type="checkbox"/> Ndio --> Enda kwa swali 94 <input type="checkbox"/> Hapana -->RUKA mpaka swali 96
94	Have you gone for any follow-up care related to your birth complication? For example: have you ever gone to the GYN clinic to follow up on your birth complication?	<input type="checkbox"/> Yes -> SKIP to interviewer instructions for Q96 <input type="checkbox"/> No	Je, umeenda kwa huduma ya kufuatilia tatizo ulilopata wakati wa kujifungua? Kwa mfano,umewahi kwenda kwenye kliniki ya magonjwa ya wanawake kufuatilia tatizo ulilopata wakati wa kujifungua	<input type="checkbox"/> Ndio --> RUKA hadi maelekezo ya mhoji kwa swali 96 <input type="checkbox"/> Hapana
95	If no, why not? SELECT ALL THAT APPLY	<input type="checkbox"/> Clinic was not open / available <input type="checkbox"/> Not enough money <input type="checkbox"/> Could not get permission to go <input type="checkbox"/> Did not know I needed to go <input type="checkbox"/> Did not have an appointment <input type="checkbox"/> Did not feel that I needed to go (was feeling well) <input type="checkbox"/> Other (specify): _____	Ikiwa hapana, kwa nini? CHAGUA YOTE YANAYOHUSIKA	<input type="checkbox"/> Kliniki haikuwa wazi / haikupatikana <input type="checkbox"/> Pesa hazikutosha <input type="checkbox"/> Sikuweza kupata ruhusa ya kwenda <input type="checkbox"/> Sikujua nilihitaji kwenda <input type="checkbox"/> Sikuwa na miadi <input type="checkbox"/> Sikuona kuwa nilihitaji kwenda (nilikuwa najisikia vizuri) <input type="checkbox"/> Nyingine (eleza): _____
MATERNAL EMOTIONAL HEALTH / WELLBEING			AFYA YA KIHISIA YA MAMA/USTAWI	
Please read the following: "The next few questions I will ask about how you have been feeling/your mood since delivery, feel free to ask for a break or stop at any time. I want to remind you that this is confidential and no one will know how you answered. Also, if after this section you'd like to talk more about the questions, I will give you information on where to seek help."			Tafadhali soma yafuatayo: "Sasa nitakuuliza kuhusu hisia zako tangu kujifungua. Nataka kukukumbusha kwamba hii ni siri na hakuna atakayejua jinsi umejibu. Pia, ikiwa baadaya sehemu hii ungependa kuzungumzia zaidi kuhusu maswali haya, nitakupa maelezo kuhusu mahali pa kutafuta msaada."	
	Over the last 2 weeks, how often have you been bothered by the following problems? :		Kwa wiki mbili zilizopita, ni mara ngapi umesumbuliwa na shida zifuatazo?	
96	Feeling nervous, anxious or on edge	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	Umejihisi kuwa na hofu, wasiwasi au kutokuwa na amani	<input type="checkbox"/> Hajajitokeza kabisa <input type="checkbox"/> Siku kadhaa <input type="checkbox"/> Zaidi ya nusu ya siku hizo <input type="checkbox"/> Karibu kila siku
97	Not being able to stop or control worrying	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	Umeshindwa kujizuia au kudhibiti wasiwasi?	<input type="checkbox"/> Hajajitokeza kabisa <input type="checkbox"/> Siku kadhaa <input type="checkbox"/> Zaidi ya nusu ya siku hizo <input type="checkbox"/> Karibu kila siku

98	Little interest or pleasure in doing things	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	Kutokuwa na hamu au raha ya kufanya mambo	<input type="checkbox"/> Hajajitokeza kabisa <input type="checkbox"/> Siku kadhaa <input type="checkbox"/> Zaidi ya nusu ya siku hizo <input type="checkbox"/> Karibu kila siku
99	Feeling down, depressed or hopeless	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	Kuvunjika moyo, kuhuzunika au kukosa matumaini	<input type="checkbox"/> Hajajitokeza kabisa <input type="checkbox"/> Siku kadhaa <input type="checkbox"/> Zaidi ya nusu ya siku hizo <input type="checkbox"/> Karibu kila siku
Instructions to Interviewer: Please add up the points for Q96-Q97. Please also add up the points for Q98-Q99. If total score on EITHER set of questions is equal to 3 or higher, please refer the patients to [insert specific local instructions for Health Worker on how to handle mental health-related case referral.]				
Worry is normal when you have a new baby. How often have you worried about the following things in the last 30 days?			Kuhisi wasiwasi ni jambo la kawaida unapokuwa na mtoto mchanga. Ni mara ngapi umekuwa na wasiwasi kuhusu mambo yafuatayo katika siku 30 zilizopita?	
100	Your recovery from giving birth?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	Kupona kwako baada ya kujifungua?	<input type="checkbox"/> Hajajitokeza kabisa <input type="checkbox"/> Siku kadhaa <input type="checkbox"/> Zaidi ya nusu ya siku hizo <input type="checkbox"/> Karibu kila siku
101	Your baby's health?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	Afya ya mtoto wako?	<input type="checkbox"/> Hajajitokeza kabisa <input type="checkbox"/> Siku kadhaa <input type="checkbox"/> Zaidi ya nusu ya siku hizo <input type="checkbox"/> Karibu kila siku
102	Your baby's feeding and growth?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	Kumlisha na ukuaji wa mtoto wako?	<input type="checkbox"/> Hajajitokeza kabisa <input type="checkbox"/> Siku kadhaa <input type="checkbox"/> Zaidi ya nusu ya siku hizo <input type="checkbox"/> Karibu kila siku
ACCESS TO CARE BARRIERS			VIKWAZO VYA UPATIKANAJI WA HUDUMA	
Please read the following: "Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem?"			Mambo mengi yanaweza kuwazuia wanawake wasipate ushauri ama matibabu ya afya yao. Unapokuwa mgonjwa na unataka kupata ushauri ama matibabu ya afya, je mambo yafuatayo huwa ni shida au la?	
103	Getting permission to go to the doctor?	<input type="checkbox"/> Big problem <input type="checkbox"/> Not a big problem	Kupata ruhusa ya kwenda kwa daktari?	<input type="checkbox"/> Ni shida kubwa <input type="checkbox"/> Sio shida kubwa
104	Getting money needed for medical advice or treatment?	<input type="checkbox"/> Big problem <input type="checkbox"/> Not a big problem	Kupata pesa zinazohitajika kupata ushauri ama matibabu?	<input type="checkbox"/> Ni shida kubwa <input type="checkbox"/> Sio shida kubwa
105	Distance to the health facility?	<input type="checkbox"/> Big problem <input type="checkbox"/> Not a big problem	Umbali wa kituo cha afya?	<input type="checkbox"/> Ni shida kubwa <input type="checkbox"/> Sio shida kubwa
106	Not wanting to go alone to the health facility?	<input type="checkbox"/> Big problem <input type="checkbox"/> Not a big problem	Kutotaka kwenda peke yako kwenye kituo cha afya?	<input type="checkbox"/> Ni shida kubwa <input type="checkbox"/> Sio shida kubwa

107	Getting enough support for your physical recovery in the weeks since you gave birth? By support, I mean help with doing heavy chores, household duties, etc.	<input type="checkbox"/> Big problem <input type="checkbox"/> Not a big problem	Kupata msaada wa kutosha kwa ajili ya kupona kwako kimwili katika wiki zilizopita tangu ulipojifungua? Kwa msaada, namaanisha msaada wa kufanya kazi nzito, majukumu ya nyumbani, nk	<input type="checkbox"/> Ni shida kubwa <input type="checkbox"/> Sio shida kubwa
RETURN TO WORK				
Now I would like to ask about your plans for returning to work.				
108	Do you intend to go back to paid work within the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - I am a student <input type="checkbox"/> Don't know	Sasa ningependa kuuliza kuhusu mipango yako ya kurudi kazini.	<input type="checkbox"/> Ndiyo <input type="checkbox"/> Hapana <input type="checkbox"/> Mimi ni mwanafunzi <input type="checkbox"/> Sijui
109	What are the biggest barriers affecting your decision to return to paid work? SELECT ALL THAT APPLY	<input type="checkbox"/> Health problems due to mother complication <input type="checkbox"/> Health problems due to baby complication <input type="checkbox"/> Childcare concerns <input type="checkbox"/> Baby feeding concerns <input type="checkbox"/> Desire / motivation to go back to work <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> None	Je, unakusudia kurudi kwenye kazi ya malipo ndani ya miezi 12 ijayo? Ni vikwazo vipi vikubwa vinavyoathiri uamuzi wako wa kurudi kwenye kazi ya malipo? CHAGUA YOTE YANAYOHUSIKA	<input type="checkbox"/> Matatizo ya kiafya kutokana na matatizo ya mama <input type="checkbox"/> Matatizo ya kiafya kutokana na matatizo ya mtoto <input type="checkbox"/> Shida za malezi ya mtoto <input type="checkbox"/> Shida za kulisha mtoto <input type="checkbox"/> Hamu / motisha ya kurudi kazini <input type="checkbox"/> Nyingine (eleza): _____ <input type="checkbox"/> Hakuna
RECOMMENDATIONS TO IMPROVE CARE			MAPENDEKEZO YA KUBORESHA HUDUMA	
Please read the following: "I would like to end by asking about how we can better serve you and other new mothers in the future. If you don't understand a question or would like me to repeat it please feel free to stop and ask me."			Ningependa kumalizia kwa kuuliza kuhusu jinsi tunavyoweza kukuhudumia vyema wewe na akina mama wengine wapya katika siku zijazo. Ikiwa hutaelewa swali au ungependa nirudie, jisikie huru kunisimamisha na kuniuliza.	
INTERVIEWER: CHECK COVER SHEET: DID THE MOTHER HAVE A COMPLICATION AT DELIVERY?		<input type="checkbox"/> Yes --> proceed to Q110 <input type="checkbox"/> No --> SKIP to interview instruction for Q111	MHOJI: KAGUA KARATASI YA JALADA: JE, MAMA ALIKUWA NA TATIZO WAKATI WA KUJIFUNGUA?	<input type="checkbox"/> Ndiyo --> endelea na Swali 110 <input type="checkbox"/> Hapana --> RUKA hadi maelekezo ya mahojiano kwa Swali 111
110	Thinking back to when you gave birth to your baby: What, if anything, could the health facility have done differently in managing your complication that would have improved your situation now?	Free text response: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Nothing	Kufikiria nyuma wakati ulipojifungua mtoto wako: je, kuna jambo lolote ikiwa lipo, kituo cha afya kingeweza kufanya tofauti katika kudhibiti matatizo yako ya kiafya ambalo lingeboresha hali yako sasa?	Free text response: _____ <input type="checkbox"/> Sijui <input type="checkbox"/> Hapana
INTERVIEWER: CHECK COVER SHEET: DID THE BABY HAVE A COMPLICATION AT DELIVERY?		<input type="checkbox"/> Yes --> proceed Q111 <input type="checkbox"/> No --> SKIP to Q112	MHOJI: KAGUA KARATASI YA JALADA: JE, MTOTO ALIKUWA NA TATIZO WAKATI WA KUZALIWA?	<input type="checkbox"/> Ndio --> Enda kwa swali 111 <input type="checkbox"/> Hapana --> Ruka mpaka swali 112
111	What, if anything, could the health facility have done differently in managing your baby's complication that would have improved your situation now?	Free text response: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Nothing	Je, kuna jambo lolote ikiwa lipo, kituo cha afya kingeweza kufanya tofauti katika kudhibiti matatizo ya kiafya ya mtoto wako ambalo lingeboresha hali yako sasa?	Free text response: _____ <input type="checkbox"/> Sijui <input type="checkbox"/> Hapana

112	What was the most helpful thing that the health system (facility, providers) did to support you in the weeks since you gave birth?	Free text response: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Nothing	Je, ni jambo gani la manufaa zaidi ambalo kituo cha afya na wahudumu walifanya ili kukusaidia katika wiki zilizofuata baada ya kujifungua?	Free text response: _____ <input type="checkbox"/> Sijui <input type="checkbox"/> Hapana
113	What, if anything, could the health system (health facility, health workers) have done differently to support you in the weeks since you gave birth?	Free text response: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Nothing	Je, kuna jambo lolote ikiwa lipo, mfumo wa afya (kituo cha afya, wahudumu wa afya) ungeweza kufanya tofauti ili kukusaidia katika wiki kadhaa tangu ulipojifungua?	Free text response: _____ <input type="checkbox"/> Sijui <input type="checkbox"/> Hapana
	Please read the following: "Thank you for participating in this survey, we have come to the end of the questionnaire. Do you have any questions for me?"		Asante kwa kushiriki katika utafiti huu, tumefika mwisho wa dodoso/mahojiano. Je, una maswali yoyote kwangu?	