Data Dictionary Codebook

03/03/2024 5:34pm

Codes for Missing Data	
Code / Value	**Label**
77	Prefer not to Answer

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument:	**Participant Screening Site Information** (participant_screening_site_information)		
1	[record_no]	Record ID	text
2	[site_ID]	Hospital name	dropdown (autocomplete), Required, Identifier 1 Site 1 2 Site 2 3 Site 3
3	[consent_obtained]	Consent obtained?	yesno, Required 1 Yes 0 No
3	[deliveryplace_screening]	Mother gave birth in a facility?	yesno, Required 1 Yes 0 No
6	[language] Show the field ONLY if: [consent_obtained] = '1'	What language do you prefer?	radio, Required 1 English 2 Kiswahili
7	[reason_for_non_consent_if] Show the field ONLY if: [consent_obtained] = '0'	Reason for non-consent (if applicable)	checkbox, Required 1 reason_for_non_consent_if 1 Respondent declined 2 reason_for_non_consent_if 2 Husband declined 3 reason_for_non_consent_if 3 Other (specify)
8	[if_other_above] Show the field ONLY if: [reason_for_non_consent_if(3)] = '1'	If other above	text
10	[baby_sex] Show the field ONLY if: [consent_obtained] = '1'	Sex of baby	radio 1 Male 2 Female
12	[baby_age] Show the field ONLY if: [consent_obtained] = '1'	Current Age of baby [first_name] (days)	calc, Required Calculation: datediff([baby_dob], [starttime_interview], "d")
14	[obstetric_complications] Show the field ONLY if: [consent_obtained] = '1'	Obstetric complications disclosed at time of recruitment (from nurse and/or mother-child booklet). *SELECT ALL THAT APPLY.*	checkbox, Required 1 obstetric_complications 1 Emergency/Unplanned caesarean section 2 obstetric_complications 2 Elective caesarian section 3 obstetric_complications 3 Pre-eclampsia / Eclampsia 4 obstetric_complications 4 Breech presentation 5 obstetric_complications 5 Hemorrhage (intrapartum or postpartum) 6 obstetric_complications 6 Sepsis 7 obstetric_complications 7 Surgical complications 88 obstetric_complications 88 Other (Specify) 0 obstetric_complications 0 None 77 obstetric_complications 77 Prefer not to answer Field Annotation: @NONEOFTHEABOVE='0'
15	[if_other_obs_complication] Show the field ONLY if: [obstetric_complications(88)] = '1'	If other above	text
16	[baby_complications] Show the field ONLY if: [consent_obtained] = '1'	Baby complications disclosed at time of recruitment (from nurse and/or mother-child booklet) *SELECT ALL THAT APPLY*	checkbox 1 baby_complications 1 Premature 2 baby_complications 2 Low birthweight 3 baby_complications 3 Macrosomia 4 baby_complications 4 Birth asphyxia 5 baby_complications 5 Birth defect 6 baby_complications 6 Sepsis 7 baby_complications 7 Jaundice 88 baby_complications 88 Other (Specify): 0 baby_complications 0 None 77 baby_complications 77 Prefer not to answer Field Annotation: @NONEOFTHEABOVE='0'
17	[other_baby_complication] Show the field ONLY if: [baby_complications(88)] = '1'	If other above	text
18	[participant_screening_site_ information_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Sociodemographics (sociodemographics)

19	[mother_age]	Section Header: *SOCIO-DEMOGRAPHICSPlease 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."* How old were you at your last birthday?	text (number, Min: 0, Max: 99), Required
20	[education_level]	What is the highest level of school you attended?	dropdown, Required 0 None 1 Incomplete primary 2 Complete primary 3 Incomplete secondary 4 Complete secondary 5 Higher
21	[marital_status]	What is your current marital status? *(If single, ask: ever married?)*	dropdown, Required 0 Never married/Single 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 88 Other (please specify)
22	[other_marital_status] Show the field ONLY if: [marital_status] = '88'	If (Other above) please specify	text, Required
23	[living_situation] Show the field ONLY if: [marital_status] = '1' or [marital_status] = '5'	Is your husband / partner living with you now or is he staying elsewhere?	radio 1 Living with respondent 2 Staying elsewhere
24	[hh_head]	Who is the head of your household?(By "head of household", I mean the person who supports and maintains others in the household.")	radio 1 Respondent 2 Husband/partner 3 Mother-in-law 4 Father-in-law 88 Someone else (please specify)
25	[other_hh_head] Show the field ONLY if: [hh_head] = '88'	If someone else above	text
26	[religion]	What is your religion?	dropdown, Required 1 Catholic 2 Protestant 3 Evangelical churches 4 African Instituted churches 5 Orthodox 6 Other Christian 7 Islam 8 Hindu 9 Traditionists 10 No religion / Atheists 88 Other religion (specify): _____
27	[other_religion] Show the field ONLY if: [religion] = '88'	If (Other above) please specify	text, Required
28	[ethnicity]	What is your ethnic group?	dropdown, Required 1 EMBU 2 KALENJIN 3 KAMBA 4 KIKUYU 5 KISII 6 LUHYA 7 LUO 8 MAASAI 9 MERU 10 MIJIKENDA/SWAHILI 11 SOMALI 12 TAITA/TAVETA 88 Other (specify)
29	[other_ethnicity] Show the field ONLY if: [ethnicity] = '88'	If above is other specify	text, Required
30	[employment]	Have you worked for pay (cash or in-kind) in the last 12 months?	radio, Required 1 Yes 0 No
31	[hh_finances]	How would you describe your household's financial situation in the past 12 months?	radio 0 No financial difficulties: able to meet most or all needs

			1 Some financial difficulties: able to meet some needs but not others 2 Significant financial difficulties: not able to meet most needs"
32	[time_to_facility]	How long did it take you to get from your house to your health facility today?	dropdown, Required 1 < 15 mins 2 15-30 mins 3 31 mins - 1hr 4 >1hr Custom alignment: LH
33	[means_of_transport]	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."*	radio, Required 1 Car / Truck 2 Public Bus 3 Motorcycle / scooter / 4 TukTuk 5 Boat with motor 6 Animal-drawn cart 7 Bicycle 8 Boat without motor 9 Walking 88 Other (specify)
34	[other_transport] Show the field ONLY if: [means_of_transport] = '88'	If other specify	text, Required
51	[sociodemographics_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Obstetrics History (obstetrics_history)			
52	[no_of_pregnancies]	Section Header: *Obstetrics HistoryPlease 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."* How many times have you been pregnant? (including times when you did not give birth to the baby/ies)	text (number, Min: 1, Max: 99), Required
53	[no_of_children]	How many children do you currently have?	text (number, Min: 1), Required
54	[children_u5]	How many of your children are under the age of 5 ?	text (number, Min: 1), Required
55	[anc_care]	Section Header: *Please read the following: "Now I would like to ask you about this latest pregnancy and delivery."* Did you see anyone for antenatal care for this pregnancy?	yesno, Required 1 Yes 0 No
56	[personnel_seen] Show the field ONLY if: [anc_care] = '1'	Whom did you see? Anyone else? SELECT ALL THAT APPLY *PROBE TO IDENTIFY EACH TYPE OF PERSON."*	checkbox, Required 1 personnel_seen 1 Doctor 2 personnel_seen 2 Clinical officer 3 personnel_seen 3 Midwife/ nurse 4 personnel_seen 4 Traditional birth attendant 5 personnel_seen 5 Community health worker / field worker 88 personnel_seen 88 Other (please specify): 77 personnel_seen 77 Prefer not to answer
57	[other_personnel] Show the field ONLY if: [personnel_seen (88)] = '1'	other personnel seen for ANC	text, Required
58	[no_of_anc] Show the field ONLY if: [anc_care]= '1'	How many times did you receive antenatal care during this pregnancy?	radio, Required 0 0 times 1 1 time 2 2 times 3 3 times 4 4 times 5 5 times 6 6 times 7 7 times 8 8 times 9 > 8 times 99 Don't know
59	[best_care_anc] Show the field ONLY if: [anc_care]= '1'	Did you feel the doctors, nurses or other health worker took the best care of you during antenatal care?	dropdown, Required 0 No, never 1 Yes, a few times 2 Yes, most of the time 3 Yes, all the time
60	[probs_before_labor]	What health problems did you have during pregnancy (prior to labor starting), if any? *"READ RESPONSE CATEGORIES ALOUD. SELECT ALL THAT APPLY."*	checkbox 1 probs_before_labor 1 Headache

			2 probs_before_labor 2 Dizziness 3 probs_before_labor 3 Blurred vision 4 probs_before_labor 4 Swollen face 5 probs_before_labor 5 Swollen hands/feet 6 probs_before_labor 6 Pale or anemic 7 probs_before_labor 7 Nausea / vomiting 8 probs_before_labor 8 Fatigue 9 probs_before_labor 9 Unusual discharge 10 probs_before_labor 10 Bleeding 'down below' 11 probs_before_labor 11 Abdominal pain 88 probs_before_labor 88 Other (specify): _____ 0 probs_before_labor 0 None 77 probs_before_labor 77 Prefer not to answer Field Annotation: @NONEOFTHEABOVE='0'
61	[other_health_problem] Show the field ONLY if: [probs_before_labor(88)] = '1'	If other above	text
	Show the field ONLY if: [probs_before_labor(1)] = '1' or [pr obs_before_labor(2)] = '1' or [prob s_before_labor(3)] = '1' or [probs_ before_labor(4)] = '1' or [probs_be fore_labor(5)] = '1' or [probs_befor e_labor(6)] = '1' or [probs_before_l abor(7)] = '1' or [probs_before_lab or(8)] = '1' or [probs_before_labor (9)] = '1' or [probs_before_labor(1 0)] = '1' or [probs_before_labor(8 8)] = '1'	[FOR EACH PROBLEM SELECTED ABOVE]: Would you say this problem was severe? (By severe, I mean a big health problem with your pregnancy that was bad enough that it required medical attention.)	descriptive
63	[headache_1] Show the field ONLY if: [probs_before_labor(1)] = '1'	Headache [severe]	radio 1 Yes 0 No 99 Don't know
64	[dizziness_1] Show the field ONLY if: [probs_before_labor(2)] = '1'	Dizziness [severe]	radio 1 Yes 0 No 99 Don't know
65	[blurred_vision_1] Show the field ONLY if: [probs_before_labor(3)] = '1'	Blurred vision [severe]	radio 1 Yes 0 No 99 Don't know
66	[swollen_face_1] Show the field ONLY if: [probs_before_labor(4)] = '1'	Swollen face [severe]	radio 1 Yes 0 No 99 Don't know
67	[swollen_limbs_1] Show the field ONLY if: [probs_before_labor(5)] = '1'	Swollen hands/feet [severe]	radio 1 Yes 0 No 99 Don't know
68	[anemic_1] Show the field ONLY if: [probs_before_labor(6)] = '1'	Pale or anemic [severe]	radio 1 Yes 0 No 99 Don't know
69	[vomiting_1] Show the field ONLY if: [probs_before_labor(7)] = '1'	Nausea / vomiting [severe]	radio 1 Yes 0 No 99 Don't know
70	[fatigue_1] Show the field ONLY if: [probs_before_labor(8)] = '1'	Fatigue [severe]	radio 1 Yes 0 No 99 Don't know
71	[unusual_discharge_1] Show the field ONLY if: [probs_before_labor(9)] = '1'	Unusual discharge [severe]	radio 1 Yes 0 No 99 Don't know
72	[bleeding_1] Show the field ONLY if: [probs_before_labor(10)] = '1'	Bleeding 'down below' [severe]	radio 1 Yes 0 No 99 Don't know
73	[abdominal_pain_1] Show the field ONLY if: [probs_before_labor(11)] = '1'	Abdominal pain [severe]	radio 1 Yes 0 No 99 Don't know
74	[others_1] Show the field ONLY if: [probs_before_labor(88)] = '1'	[if_other_health_problem] [severe]	radio 1 Yes 0 No

			99 Don't know
75	[overnight_stay] Show the field ONLY if: [probs_before_labor(1)] = '1' or [pr obs_before_labor(2)] = '1' or [prob s_before_labor(3)] = '1' or [probs_ before_labor(4)] = '1' or [probs_be fore_labor(5)] = '1' or [probs_befor e_labor(6)] = '1' or [probs_before_l abor(7)] = '1' or [probs_before_lab or(8)] = '1' or [probs_before_labor (9)] = '1' or [probs_before_labor(1 0)] = '1' or [probs_before_labor(8 8)] = '1'	Did you have to stay overnight in the hospital for this problem(s)?	yesno, Required 1 Yes 0 No
76	[gestation_at_delivery]	How far along in the pregnancy were you when you delivered?	dropdown, Required 1 More than one month before it was due (< 37 wks) 2 When it was due (37-42 wks) 3 After the due date (> 42 wks) 99 Don't know
77	[place_of_delivery]	Section Header: *Labor and delivery* Where did you deliver?	dropdown, Required 1 Your home 2 Government hospital 3 Government health center 4 Private hospital 5 Private clinic 88 Other (please specify):
78	[other_place_delivery] Show the field ONLY if: [place_of_delivery] = '88'	If other above, specify	text
79	[cs_delivery] Show the field ONLY if: [place_of_delivery] = '2' or [place_ of_delivery] = '3' or [place_of_deliv ery] = '4' or [place_of_delivery] = '5' or [place_of_delivery] = '88'	Was the delivery by Caesarian section that is, did they cut your belly open to take the baby out??	yesno 1 Yes 0 No
80	[instrumental_delivery] Show the field ONLY if: [place_of_delivery] = '2' or [place_ of_delivery] = '3' or [place_of_deliv ery] = '4' or [place_of_delivery] = '5' or [place_of_delivery] = '88'	Did the doctor/or person who helped deliver the baby ([first_name]) have to use an instrument to pull the baby out?	radio 1 Yes 0 No 99 Don't know
81	[baby_weight]	How much did your baby ([first_name]) weigh at birth?	dropdown, Required 1 KG from card 2 KG from recall 99 Don't know
82	[weight_source] Show the field ONLY if: [baby_weight] = '1' or [baby_ weight] = '2'	Baby weight in KG	text
83	[probs_during_labor]	What health problems did you have, if any, while you were at the facility for birth? Note: this includes labor, delivery, and postpartum in the facility. *"READ RESPONSE CATEGORIES ALOUD. SELECT ALL THAT APPLY."*	checkbox 1 probs_during_labor 1 Fever 2 probs_during_labor 2 Loss of consciousness 3 probs_during_labor 3 Heavy/ excessive bleeding 4 probs_during_labor 4 Abdominal pain 5 probs_during_labor 5 High blood pressure 6 probs_during_labor 6 Convulsions 7 probs_during_labor 7 Infection 8 probs_during_labor 8 Abnormal discharge 9 probs_during_labor 9 Surgical complications 88 probs_during_labor 88 Other (Specify) 0 probs_during_labor 0 None 77 probs_during_labor 0 Prefer not to answer Field Annotation: @NONEOFTHEABOVE='0'
84	[other_2] Show the field ONLY if: [probs_during_labor(88)] = '1'	If other above	text
85	Show the field ONLY if: [probs_during_labor(1)] = '1' or [probs_during_labor(2)] = '1' or [probs_during_labor(3)] = '1' or [probs_during_labor(4)] = '1' or [probs_during_labor(5)] = '1' or [probs_during_labor(7)] = '1' or [probs_during_labor(8)] = '1' or [probs_during_labor(9)] = '1' or [probs_during_labor(88)] = '1'	[FOR EACH PROBLEM SELECTED ABOVE]: Would you say this problem was severe? (By severe, I mean a big health problem with your pregnancy that was bad enough that it required medical attention.)	descriptive
86	[fever_2] Show the field ONLY if: [probs_during_labor(1)] = '1'	Fever [severe]	radio 1 Yes

			0 No 99 Don't know
87	[conscious_loss_2] Show the field ONLY if: [probs_during_labor(2)] = '1'	Loss of consciousness [severe]	radio 1 Yes 0 No 99 Don't know
88	[heavy_bleeding_2] Show the field ONLY if: [probs_during_labor(3)] = '1'	Heavy/ excessive bleeding [severe]	radio 1 Yes 0 No 99 Don't know
89	[abd_pain_2] Show the field ONLY if: [probs_during_labor(4)] = '1'	Abdominal pain [severe]	radio 1 Yes 0 No 99 Don't know
90	[high_pressure_2] Show the field ONLY if: [probs_during_labor(5)] = '1'	High blood pressure [severe]	radio 1 Yes 0 No 99 Don't know
91	[convulsions_2] Show the field ONLY if: [probs_during_labor(6)] = '1'	Convulsions [severe]	radio 1 Yes 0 No 99 Don't know
92	[infection_2] Show the field ONLY if: [probs_during_labor(7)] = '1'	Infection [severe]	radio 1 Yes 0 No 99 Don't know
93	[abn_discharge_2] Show the field ONLY if: [probs_during_labor(8)] = '1'	Abnormal discharge [severe]	radio 1 Yes 0 No 99 Don't know
94	[post_op_comp_2] Show the field ONLY if: [probs_during_labor(9)] = '1'	Surgical complications [severe]	radio 1 Yes 0 No 99 Don't know
95	[other_labor_prob] Show the field ONLY if: [probs_during_labor(88)] = '1'	[if_other_above_delivery] [severe]	radio 1 Yes 0 No 99 Don't know
96	[baby_prob_facility]	What health problems did your baby [first_name]) have, if any, while still at the facility? *"READ RESPONSE CATEGORIES ALOUD. SELECT ALL THAT APPLY."*	checkbox 1 baby_prob_facility 1 Baby born premature 2 baby_prob_facility 2 Low birth weight 3 baby_prob_facility 3 Failure to cry at birth 4 baby_prob_facility 4 Birth defect 5 baby_prob_facility 5 Breathing problems 6 baby_prob_facility 6 Jaundice (baby was yellow) 7 baby_prob_facility 7 Fever 8 baby_prob_facility 8 Low blood sugar 88 baby_prob_facility 88 Other problems (specify) 0 baby_prob_facility 0 None 77 baby_prob_facility 77 Prefer not to answer Field Annotation: @NONEOFTHEABOVE='0'
97	[facility_baby_prob] Show the field ONLY if: [baby_prob_facility(88)] = '1'	If other above	text
98	Show the field ONLY if: [baby_prob_facility(1)] = '1' or [baby_prob_facility(2)] = '1' or [baby_prob_facility(3)] = '1' or [baby_prob_facility(4)] = '1' or [baby_prob_facility(5)] = '1' or [baby_prob_facility (6)] = '1' or [baby_prob_facility(7)] = '1' or [baby_prob_facility(8)] = '1' or [baby_prob_facility(88)] = '1'	[FOR EACH PROBLEM SELECTED ABOVE]: Would you say this problem was severe? (By severe, I mean a big health problem with your pregnancy that was bad enough that it required medical attention.)	descriptive
99	[prematurity] Show the field ONLY if: [baby_prob_facility(1)] = '1'	Baby was born premature [severe]	radio 1 Yes 0 No 99 Don't know
100	[low_birth_weight] Show the field ONLY if: [baby_prob_facility(2)] = '1'	Low birth weight [severe]	radio 1 Yes 0 No 99 Don't know
101	[asphyxia] Show the field ONLY if: [baby_prob_facility(3)] = '1'	Failure to cry at birth [severe]	radio 1 Yes 0 No 99 Don't know

102	[birth_defect] Show the field ONLY if: [baby_prob_facility(4)] = '1'	Birth defect [severe]	radio 1 Yes 0 No 99 Don't know
103	[breathing_problems] Show the field ONLY if: [baby_prob_facility(5)] = '1'	Breathing problems [severe]	radio 1 Yes 0 No 99 Don't know
104	[jaundice] Show the field ONLY if: [baby_prob_facility(6)] = '1'	Baby was yellow (jaundice) [severe]	radio 1 Yes 0 No 99 Don't know
105	[fever_1] Show the field ONLY if: [[baby_prob_facility(7)] = '1'	Fever [severe]	radio 1 Yes 0 No 99 Don't know
106	[low_sugar] Show the field ONLY if: [[baby_prob_facility(8)] = '1'	Low blood sugar [severe]	radio 1 Yes 0 No 99 Don't know
107	[other_baby_prob] Show the field ONLY if: [baby_prob_facility(88)] = '1'	[facility_baby_problem] [severe]	checkbox 1 other_1 1 Yes 0 other_1 0 No 99 other_1 99 Don't know
108	[admission_nbu]	Was your baby ([first_name]) ever admitted to a Neonatal intensive care unit or newborn unit at the hospital?	yesno, Required 1 Yes 0 No
109	[referral]	At any time during labor, delivery, or right after delivery were you or your baby ([first_name]) referred, or told to go to another hospital, for additional treatment?	checkbox, Required 2 referral_in_labor 2 Yes - Mother referred 1 referral_in_labor 1 Yes - Baby referred 0 referral_in_labor 0 No - neither referred 77 referral_in_labor 77 Prefer not to answer Field Annotation: @NONEOFTHEABOVE='0'
110	[went_for_referral] Show the field ONLY if: [referral(2)] = '1' or [referral(1)] = '1'	Did you ultimately go to another hospital for additional treatment for yourself and/or your baby?	radio, Required 1 Yes, went to other facility for treatment 0 No, did not go to other facility for treatment
111	[hold_baby]	Did you ever hold your baby ([first_name]) at birth?	radio 1 Yes 0 No 99 Don't know
112	[baby_chest] Show the field ONLY if: [hold_baby] = '1'	After the birth, was your baby ([first_name]) put on your chest?	radio 1 Yes 0 No 99 Don't know
113	[duration_on_chest] Show the field ONLY if: [baby_chest] = '1'	How long after birth was your baby ([first_name]) put on the bare skin of your chest? (IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.) *(IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.)*	text, Required
114	[hold_baby_frequency]	While in the facility, how frequently did you get to hold your baby ([first_name]) ?	dropdown, Required 4 Continuously 3 Most of the time 2 Only for feeding or at designated times 1 Rarely
115	[mother_pn_check]	Section Header: *Post-Natal Carel 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?	yesno, Required 1 Yes 0 No
116	[time_first_check] Show the field ONLY if: [mother_pn_check] = '1'	How long after delivery did the first check take place?	dropdown, Required 1 1-24 hrs 2 After 24 hours 3 After 1 week
117	[check_cord]	Section Header: *During the irst 2 days after your baby's birth, did any health care provider do the following* a) Examined cord	radio, Required 1 Yes 0 No 99 Don't know

118	[measure_temp]	b)Measure your baby's temperature?	radio, Required 1 Yes 0 No 99 Don't know
119	[breastfeeding_talk]	Section Header: *While you and your baby were in the facility, did any health care provider do the following:* Talk with you about breastfeeding?	radio, Required 1 Yes 0 No 99 Don't know
120	[bfeeding_observed]	Observe your baby breastfeeding?	radio, Required 1 Yes 0 No 99 Don't know
121	[cordcare_demo]	Show how you can clean the cord?	radio, Required 1 Yes 0 No 99 Don't know
122	[danger_signs_talk]	Tell you how to recognize if your baby needs immediate medical attention?	radio, Required 1 Yes 0 No 99 Don't know
123	[confidence_bfeeding]	When you left the facility, how confident did you feel in your ability to breastfeed your baby ([first_name])?	radio, Required 2 Confident 1 Somewhat confident 0 Not confident
124	[know_danger_signs]	When you left the facility, how confident did you feel in your ability to recognize danger signs of illness in your baby?	radio 2 Confident 1 Somewhat confident 0 Not confident
125	[mother_hosp_stay]	How many days after you delivered did you stay at the facility? *If less than 1 day, please write/enter 0*	text (number, Max: 99), Required
126	[baby_hosp_stay]	How many days after the baby ([first_name]) was born did the baby stay at the facility? *If less than 1 day, please write/enter 0*	text (number), Required
127	[preferred_name]	Section Header: *Respectful Maternity CareNow 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 speciically 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. 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)(FOR THE INTERVIEWER, PLEASE STICK TO ONE LANGUAGE OF ADMINISTRATION FOR THIS SET OF QUESTIONS)* Did the doctors, nurses, or other health care providers call you by your preferred name?	radio, Required 0 No, never 1 Yes, a few times 2 Yes, most of the time 3 Yes, all the time
128	[respectful_care]	Did the doctors, nurses, or other staff at the facility treat you with respect?	radio, Required 0 No, never 1 Yes, a few times 2 Yes, most of the time 3 Yes, all the time
129	[friendly_treatment]	Did the doctors, nurses, and other staff at the facility treat you in a friendly manner?	radio, Required 0 No, never 1 Yes, a few times 2 Yes, most of the time 3 Yes, all the time
130	[cover_for_exams]	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?	radio, Required 0 No, never 1 Yes, a few times 2 Yes, most of the time 3 Yes, all the time
131	[involved_decisions]	Did you feel like the doctors, nurses or other staff at the facility involved you in decisions about your care?	radio, Required 0 No, never 1 Yes, a few times 2 Yes, most of the time 3 Yes, all the time 4 Did not have to make any decisions
132	[perm_to_examine]	Did the doctors, nurses or other staff at the facility ask your permission/consent before carrying out procedures and examinations?	radio, Required 0 No, never

			1 Yes, a few times 2 Yes, most of the time 3 Yes, all the time
133	[delivery_position] Show the field ONLY if: [cs_delivery] = '0'	During the delivery, do you feel like you were able to be in the position of your choice?	radio, Required 0 No, never 1 Yes, a few times 2 Yes, most of the time 3 Yes, all the time
134	[explained_procedures]	Did the doctors and nurses explain to you why they were carrying out examinations or procedures?	radio, Required 0 No, never 1 Yes, a few times 2 Yes, most of the time 3 Yes, all the time
135	[explained_medicine]	Did the doctors and nurses explain to you why they were giving you any medicine?	radio, Required 0 No, never 1 Yes, a few times 2 Yes, most of the time 3 Yes, all the time 4 Did not get any medicine
136	[freely_ask]	Did you feel you could ask the doctors, nurses or other staff at the facility any questions you had?	radio, Required 0 No, never 1 Yes, a few times 2 Yes, most of the time 3 Yes, all the time
137	[talk_feelings]	Did the doctors and nurses at the facility talk to you about how you were feeling?	radio, Required 0 No, never 1 Yes, a few times 2 Yes, most of the time 3 Yes, all the time
138	[staff_attention]	When you needed help, did you feel the doctors, nurses or other staff at the facility paid attention?	radio 0 No, never 1 Yes, a few times 2 Yes, most of the time 3 Yes, all the time
139	[best_care]	Did you feel the doctors, nurses or other staff at the facility took the best care of you?	radio, Required 0 No, never 1 Yes, a few times 2 Yes, most of the time 3 Yes, all the time
6	[lang_pcmc]	*Note the language that the PCMC was administered in*	radio, Required 1 English 2 Kiswahili
140	[buying_supplies]	Section Header: *Health system* While at the facility, did you or your family/relatives have to buy medicines or supplies? *Probe: For example, medicines like oxytocin? Supplies like gloves or bleach?*	yesno, Required 1 Yes 0 No
141	[satisfied_care]	Section Header: *Please read the following: "How much do you agree with the following statements about the health facility where you delivered your baby?"* I am satisfied with the care I received at this health facility. *STICK TO ONE LANGUAGE OF ADMINISTRATION FOR THIS QUESTION*	radio 5 Strongly agree 4 Agree 3 Neither agree nor disagree 2 Disagree 1 Strongly disagree
142	[approach_facility]	I believe that I can approach this healthcare facility for any medical problem.	radio, Required 5 Strongly agree 4 Agree 3 Neither agree nor disagree 2 Disagree 1 Strongly disagree
143	[alt_delivery]	If I have another child, I would go back to this healthcare facility to give birth.	radio, Required 5 Strongly agree 4 Agree 3 Neither agree nor disagree 2 Disagree 1 Strongly disagree
144	[other_alt_delivery] Show the field ONLY if: [alt_delivery] = '2' or [alt_delivery] = '1'	Where would you plan to deliver if you have another child?	radio 1 Different health facility 2 Home 88 Other (specify):
240	[obstetrics_history_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Babys Health (babys_health)

241	[ever_breastfed]	Section Header: *Please read the following: Now I would like to ask some questions about your baby - [first_name]* Did you ever breastfeed baby [first_name] ?	yesno, Required 1 Yes 0 No
242	[still_breastfeeding] Show the field ONLY if: [ever_breastfed] = '1'	Are you still breastfeeding [first_name]?	yesno 1 Yes 0 No
243	[other_feeds]	In the last 24 hours, was [first_name] given anything other than breastmilk to eat or drink - anything at all like water, infant formula, or herbs?	yesno, Required 1 Yes 0 No
244	[baby_overall_health]	In the past 30 days, how would you rate [first_name] 's overall health?	radio, Required 5 Very Good 4 Good 3 Neither poor nor good 2 Poor 1 Very poor
245	[concerns_baby_health]	What are your biggest concerns about your [first_name] 's health right now, if any? *DO NOT READ RESPONSE OPTIONS ALOUD. SELECT ALL THAT APPLY.*	checkbox 1 concerns_baby_health 1 Unable to drink milk or breastfeed 2 concerns_baby_health 2 Umbilical cord problem (e.g., bleeding, redness, pus, or swelling) 3 concerns_baby_health 3 Breathing problems 4 concerns_baby_health 4 Excessive / Inconsolable crying 5 concerns_baby_health 5 Convulsions / twitches 6 concerns_baby_health 6 Fever 7 concerns_baby_health 7 Diarrhea / passing stool 8 concerns_baby_health 8 Other illness (cough, etc.) 9 concerns_baby_health 9 Skin problems 88 concerns_baby_health 88 Other (specify): _____ 0 concerns_baby_health 0 No concerns 77 concerns_baby_health 77 Prefer not to answer Field Annotation: @NONEOFTHEABOVE='0'
246	[other_concerns] Show the field ONLY if: [concerns_baby_health(88)] = '1'	if other concern above	text
247	[adm_postdischarge]	Since discharge from the health facility, has [first_name] been taken to the clinic or hospital because of sickness / problems?	yesno 1 Yes 0 No
248	[concern_admission] Show the field ONLY if: [adm_postdischarge] = '1'	What was the main concern(s) that prompted you to bring [first_name] for care? *(select all that apply)*	checkbox, Required 1 concern_admission 1 Unable to drink milk or breastfeed 2 concern_admission 2 Umbilical cord problem (e.g., bleeding, redness, pus, or swelling) 3 concern_admission 3 Breathing problems 4 concern_admission 4 Excessive / Inconsolable crying 5 concern_admission 5 Convulsions / twitches 6 concern_admission 6 Fever 7 concern_admission 7 Diarrhea / passing stool 8 concern_admission 8 Other illness (cough, etc.) 9 concern_admission 9 Skin problems 88 concern_admission 88 Other (specify) 77 concern_admission 77 Prefer not to answer Field Annotation: @NONEOFTHEABOVE='0'
249	[other_concern_adm] Show the field ONLY if: [concern_admission(88)] = '1'	if other above	text
250	[baby_health_trajectory]	Compared to when [first_name] was born a few weeks ago, do you feel like his/her health is starting to get better, staying the same, or getting worse?	radio, Required 3 Getting better 2 Staying the same 1 Getting worse 99 Don't know
251	[other_babyfeeds]	Section Header: *Maternal agency (baby)Please read the following: "Now I would like to ask about who usually makes decisions in your household about your baby's care. What I would like to know is who makes the inal decision, not who was consulted in the decision- making process."* Who usually makes decisions about giving your baby foods other than breastmilk? (for example: water, infant formula, or herbs?)	radio 1 Respondent 2 Husband/Partner 3 Respondent and Husband/partner jointly 88 Someone else
252	[other_baby_foods] Show the field ONLY if: [other_babyfeeds] = '88'	is someone else above	text
253	[decision_baby_sick]	Who usually makes decisions about caring for [first_name] when s/he is ill (for example:	radio

		whether to give medicines, whether and where to seek care)	1 Respondent 2 Husband/Partner 3 Respondent and Husband/partner jointly 88 Someone else
254	[other_care_ill_baby] Show the field ONLY if: [decisions_baby_sick] = '88'	If above is someone else	text
269	[babys_health_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Motherhood Experiences And General Health (motherhood_experiences_and_general_health)			
270	[happy_mother]	Section Header: *Feelings about motherhood Please read the following: "Now I would like to ask some questions about your feelings about motherhood. It is normal to have different feelings about motherhood, and this is not a judgement; we would like to understand what support is needed for women after birth in their new role as a mother. "* Are you happy being a mother?	radio, Required 0 Never 1 Rarely 2 Sometimes 3 Often 4 Always
271	[confidence_caring_baby]	How much confidence do you have in caring for your baby well?	radio 0 Not at all 1 A little 2 A moderate amount 3 Very much 4 An extreme amount
272	[help_baby_care]	How much help do you get caring for your baby?	radio 0 None at all 1 A little 2 A moderate amount 3 Very much 4 A great deal
273	[body_satisfaction]	How satisfied are you with the way your body looks, compared to before childbirth?	radio, Required 0 Very dissatisfied 1 Dissatisfied 2 Neither satisfied nor dissatisfied 3 Satisfied 4 Very satisfied
274		Section Header: *Physical and Mental Health 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 dliculties 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 dliculties 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 dliculty you have had, on average, over the past 30 days, while doing the activity as you usually do it. Use this scale when responding. FOR THE INTERVIEWER, PLEASE STICK TO ONE LANGUAGE OF ADMINISTRATION FOR THIS SET OF QUESTIONS.* In the past 30 days, how much difficulty did you have in:	descriptive
275	[standing]	Standing for long periods such as 30 minutes?	radio 0 None 1 Mild 2 Moderate 3 Severe 4 cannot do
276	[hh_chores]	Taking care of your household responsibilities?	radio, Required 0 None 1 Mild 2 Moderate 3 Severe 4 cannot do
277	[learn_new_task]	Learning a new task, for example, learning how to get to a new place?	radio, Required 0 None 1 Mild 2 Moderate 3 Severe 4 cannot do
278	[joining_activities]	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?	radio 0 None 1 Mild 2 Moderate 3 Severe 4 cannot do
279	[emotionally_affected]	How much have you been emotionally affected by your health problems?	radio 0 None 1 Mild

			2 Moderate 3 Severe 4 Extreme
280	[concentrating]	Concentrating on doing something for ten minutes?	radio 0 None 1 Mild 2 Moderate 3 Severe 4 Cannot do
281	[walking]	Walking a long distance such as a kilometer [or equivalent]?	radio 0 None 1 Mild 2 Moderate 3 Severe 4 Cannot do
282	[bathing]	Washing your whole body?	radio 0 None 1 Mild 2 Moderate 3 Severe 4 Cannot do
283	[dressing]	Getting dressed?	radio 0 None 1 Mild 2 Moderate 3 Severe 4 Cannot do
284	[stranger_interaction]	Dealing with people you do not know?	radio 0 None 1 Mild 2 Moderate 3 Severe 4 Cannot do
285	[friendship]	Maintaining a friendship?	radio 0 None 1 Mild 2 Moderate 3 Severe 4 Cannot do
286	[daily_work]	Your day-to-day work/school?	radio 0 None 1 Mild 2 Moderate 3 Severe 4 Cannot do
6	[lang_whodas]	*Note the language that the WHODAS was administered in*	radio, Required 1 English 2 Kiswahili
287	[difficulty_days]	Overall, in the past 30 days, how many days were these difficulties present?	radio 3 Every day 2 Most days 1 A few days 0 Never
288	[overall_health_rating]	In the past 30 days, how would you rate your overall health?	radio 4 Very Good 3 Good 2 Neither poor nor good 1 Poor 0 Very poor
289	[pain_post_discharge]	How would you rate your pain when you first arrived home from the facility?	radio 0 None 1 Mild 2 Moderate 3 Severe 4 Extreme
290	[pain_last24_hrs]	How would you rate your pain in the past 24 hours?	radio 0 None 1 Mild 2 Moderate 3 Severe 4 Extreme
291	[treatment_pp]	In the last 30 days, have you seen anyone (besides routine postpartum care) for treatment?	yesno

		treatment?	1 Yes 0 No
292	[problem_postpartum]	If yes, what did you seek care for?	text
293	[sickness_after_birth]	Since you gave birth, were you told you have anything wrong / medical condition? If so, what? (READ RESPONSE OPTIONS ALOUD). *SELECT ALL THAT APPLY, UNLESS THE RESPONDENT SAYS NO (SELECT "NOTHING WRONG / NO MEDICAL CONDITION:)*	checkbox, Required 1 sickness_after_birth 1 Blood pressure problem 2 sickness_after_birth 2 Bleeding problem 3 sickness_after_birth 3 Infection 88 sickness_after_birth 88 Other (specify): _____ 0 sickness_after_birth 0 Nothing wrong / no medical conditions 77 sickness_after_birth 77 Prefer not to answer Field Annotation: @NONEOFTHEABOVE='0'
294	[other_sickness] Show the field ONLY if: [sickness_after_birth(88)] = '1'	If other above	text
295	[reportable_illness]	Do you have any other medical conditions or problems you would like to report?	yesno 1 Yes 0 No
296	[reported_illness] Show the field ONLY if: [reportable_illness] = '1'	If yes above specify	text
297	[mom_health_trajectory]	Compared to when you gave birth a few weeks ago, do you feel like your health is starting to get better, staying the same, or getting worse?	radio, Required 2 Getting better 1 Staying the same 0 Getting worse 99 Don't know
298		Section Header: *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 conidential, 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* Over the last 2 weeks, how often have you been bothered by the following problems?	descriptive
299	[gad1]	Feeling nervous, anxious or on edge	radio 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day
300	[gad2]	Not being able to stop or control worrying	radio 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day
301	[gad_2_total]	GAD 2 score *if total score is equal to 3 or higher refer*	calc Calculation: [gad1]+[gad2]
6	[lang_gad]	*Note the language that the WHODAS was administered in*	radio, Required 1 English 2 Kiswahili
302	[phq1]	Little interest or pleasure in doing things	radio, Required 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day
303	[phq2]	Feeling down, depressed or hopeless	radio, Required 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day
304	[phq2_score]	PHQ 2 score *if a score 3 or higher is obtained refer for further care*	calc Calculation: [phq1]+[phq2]
6	[lang_phq]	*Note the language that the WHODAS was administered in*	radio, Required 1 English 2 Kiswahili
305	[phq_gad_decision]	Total calculated GAD 2 OR PHQ 2 score	radio 0 Score less than 3, Do Not Refer 1 Score of 3 or more,Refer
342	[motherhood_experiences_and_ gener]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Household Socioeconomic Status And Decision Making** (household_socioeconomic_status_and_decision_making)			

343	[borrow_money]	Section Header: *Please read the following: "Now I would like to ask about your household's inancial situation since you had your baby."* Did you have to borrow money or sell property / possessions to pay for treatment related to this birth? (either for delivery or postpartum)	yesno 1 Yes 0 No
344	[financial_status]	Have your family's financial conditions worsened after delivery?	yesno 1 Yes 0 No
345	[lack_food]	In the past 7 days, were there times when you did not have food or enough money to buy food?	yesno 1 Yes 0 No
346	[postbaby_health_self]	Section Header: *Please read the following: "Now I would like to ask about who usually makes decisions in your household. Please think about who usually makes these decisions now that you have a baby, and who usually made these decisions before this pregnancy (if different)." What I would like to know is who makes the inal decision, not who was consulted in the decision-making process.* Now that you have a new baby: Who usually makes decisions about health care for yourself?	radio 1 Respondent 2 Husband/Partner 3 Respondent and Husband/partner jointly 88 Someone else (specify):
347	[other_mother_health] Show the field ONLY if: [postbaby_health_self] = '88'	if above someone else	text
348	[self_health_prebaby]	Before this pregnancy: Who usually made decisions about health care for yourself?	radio 1 Respondent 2 Husband/Partner 3 Respondent and Husband/partner jointly 88 Someone else (specify):
349	[other_prebaby_health] Show the field ONLY if: [self_health_prebaby] = '88'	if someone else above	text
350	[med_costs_postbaby]	Now that you have a new baby: Who usually makes decisions about medical expenses for household members?	radio, Required 1 Respondent 2 Husband/Partner 3 Respondent and Husband/partner jointly 88 Someone else (specify):
351	[other_cost_postbaby] Show the field ONLY if: [med_costs_postbaby] = '88'	If someone else above	text
352	[prebaby_med_costs]	Before this pregnancy: Who usually made decisions about medical expenses for household members?	radio 1 Respondent 2 Husband/Partner 3 Respondent and Husband/partner jointly 88 Someone else (specify):
353	[other_med_costs] Show the field ONLY if: [prebaby_med_costs] = '88'	If someone else above	text
354	[visit_relatives]	Now that you have a new baby: Who usually makes decisions about visits to your family or relatives?	radio 1 Respondent 2 Husband/Partner 3 Respondent and Husband/partner jointly 88 Someone else (specify):
355	[other_rel_postbaby] Show the field ONLY if: [visit_relatives] = '88'	If someone else above	text
356	[prebaby_relatives]	Before this pregnancy: Who usually made decisions about visits to your family or relatives?	radio 1 Respondent 2 Husband/Partner 3 Respondent and Husband/partner jointly 88 Someone else (specify):
357	[other_famprebaby] Show the field ONLY if: [prebaby_relatives] = '88'	If someone else above	text
358	[postbaby_perm_hosp]	Section Header: *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?"* Now that you have a new baby: Is getting permission to go to the doctor a big problem or not a big problem?	radio, Required 1 Big problem 0 Not a big problem
359	[prebaby_perm_hosp]	Before this pregnancy/birth: Was getting permission to go to the doctor a big problem or not a big problem?	radio, Required 1 Big problem 0 Not a big problem
360	[postbaby_money]	Now that you have a new baby: Is getting money needed for medical advice or treatment a big problem or not a big problem?	radio, Required 1 Big problem 0 Not a big problem
361	[prebaby_money]	Before this pregnancy/birth: Was getting money needed for medical advice or treatment a big problem or not a big problem?	radio, Required 1 Big problem 0 Not a big problem
362	[postbaby_dist_hosp]	Now that you have a new baby: Is the distance to the health facility a big problem or not a big problem?	radio, Required 1 Big problem 0 Not a big problem

363	[prebaby_dist_hosp]	Before this pregnancy/birth: Was the distance to the health facility a big problem or not a big problem?	radio, Required 1 Big problem 0 Not a big problem
364	[postbaby_alone_hosp]	Now that you have a new baby: Is not wanting to go alone to the health facility a big problem or not a big problem?	radio, Required 1 Big problem 0 Not a big problem
365	[prebaby_alone_hosp]	Before this pregnancy/birth: Was not wanting to go alone to the health facility a big problem or not a big problem?	radio, Required 1 Big problem 0 Not a big problem
389	[household_socioeconomic_sta tus_a]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Interview Closing (interview_closing)			
403	[lang_primarily_used] Show the field ONLY if: [consent_obtained] = '1'	Section Header: *"Thank you for participating in this survey, we have come to the end of the questionnaire. Do you have any questions for me?"* Language survey primarily administered in:	radio, Required 1 English 2 Swahili 3 Mix-English and Kiswahili
405	[interview_duration] Show the field ONLY if: [consent_obtained] = '1'	Interview Duration (minutes)	calc Calculation: datediff([starttime_interview], [interview_end_time], "m") Field Annotation: @READONLY
406	[interview_completion] Show the field ONLY if: [consent_obtained] = '1'	Interview completed	yesno 1 Yes 0 No
407	[reason_non_completion] Show the field ONLY if: [interview_completion] = '0'	If no above, state reason	text
408	[interview_closing_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

DERIVED VARIABLES added in analytic dataset

Variable name	Variable description	Variable values
mother_age_cat	Maternal age (categorical)	1. 18-24 years 2. 25-34 years 3. >=35 years
older_mother	Older mother age 35+	0. 18-34 1. >=35
education_cat	Maternal education (collapsed categories)	1. Primary or less 2. Secondary 3. Higher
education_cat1	Maternal education: Primary or less	0. Secondary or higher 1. Primary or less
education_cat2	Maternal education: Secondary	0. Primary or less, higher 1. Secondary
education_cat3	Maternal education: Higher	0. Primary or secondary 1. Higher
married	Marital status	0. Not married or in union 1. Married or in union (living with partner)
hh_head_cat	Household head (collapsed categories)	1. Respondent 2. Husband/partner 3. Other family member or other person
means_of_transport_cat	Means of transport to facility (collapsed categories)	1. private motorized vehicle (car/ truck, motorcycle, scooter, Tuk-Tuk) 2. Public bus 3. Walking 4. Other
ethnicity_cat	Ethnicity (collapsed categories)	1. Luhya 2. Mijikenda/Swahili 3. Kikuyu 4. Luo 5. Other (Kalenjin, Kamba, Kisii, Meru, Somali, Taita/Taveta, Other)
time_to_facility_1hr	Time to facility (collapsed categories)	1. <=1 hour 2. >1 hour
religion_cat	Religion (collapsed categories)	1. Catholic 2. Protestant 3. Evangelical churches 4. Other

no_of_pregnancies_2	Number of pregnancies (categorical)	1. 1 2. 2 3. 3 4. 4 5. 5 or more
no_of_children_2	Number of living children (categorical)	1. 1 2. 2 3. 3 4. 4 5. 5 or more
firsttime_mother	First time mother	0. No 1. Yes
no_of_anc_2	Number of ANC visits (collapsed categories)	0. 0 visits 1. 1-4 visits 2. 5-7 visits 3. 8 or more visits
low_birthweight	Baby low birthweight per maternal self-report	0. No 1. Yes
skin_to_skin_care	Skin to skin care	1. <1 hour after birth 2. 1+ hours after birth 3. Held at birth but not put on chest 4. Not held at birth
baby_pnc_check	Baby PNC check prior to discharge: cord check and temperature check within 2 days of birth	0. No 1. Yes
pnc_edu_complete_yn	Complete PNC education: provider talked about breastfeeding, observed breastfeeding, demonstrated cord care, and talked about danger signs	0. No 1. Yes
pnc_edu_complete_cat	Complete PNC education (categorical)	1. Complete teaching 2. Some teaching 3. No teaching
mother_hosp_stay_cat	Duration of maternal hospital stay (categorical)	1. 0-1 days 2. 2-4 days 3. 5-7 days 4. 8 or more days
baby_hosp_stay_cat	Duration of newborn hospital stay (categorical)	1. 0-1 days 2. 2-4 days 3. 5-7 days 4. 8 or more days
EBF	Exclusive breastfeeeding (only breastmilk in past 24 hrs)	0. No 1. Yes
PHQ2_GAD2_TOTAL	PHQ-2 score + GAD-2 score	0 through 6
gadphq_screen_positive	Score of >=3 on GAD-2 or PHQ-2	0. No 1. Yes
PHQ_screen_positive	Score of >=3 on PHQ-2	0. No 1. Yes
gad_screen_positive	Score of >=3 on GAD-2	0. No 1. Yes
Q2	PCMC: preferred_name	0. No, never□ 1. Yes, a few times□ 2. Yes, most of the time□ 3. Yes, all the time□
Q3	PCMC: respectful_care	0. No, never□ 1. Yes, a few times□ 2. Yes, most of the
Q4	PCMC: friendly_treatment	0. No, never□ 1. Yes, a few times□ 2. Yes, most of the time□ 3. Yes, all the time□

Q9	PCMC: cover_for_exams	0. No, never□ 1. Yes, a few times□ 2. Yes, most of the time□ 3. Yes, all the time□
Q10	PCMC: involved_decisions	0. No, never□ 1. Yes, a few times□ 2. Yes, most of the time□
Q11	PCMC: perm_to_examine	0. No, never□ 1. Yes, a few times□ 2. Yes, most of the
Q12	PCMC: delivery_position	0. No, never□ 1. Yes, a few times□ 2. Yes, most of the time□ 3. Yes, all the time□
Q14	PCMC: explained_procedures	0. No, never□ 1. Yes, a few times□ 2. Yes, most of the time□ 3. Yes, all the time□
Q15	PCMC: explained_medicines	0. No, never□ 1. Yes, a few times□ 2. Yes, most of the time□ 3. Yes, all the time□ 4. Did not get any medicines
Q16	PCMC: freely_ask	0. No, never□ 1. Yes, a few times□ 2. Yes, most of the time□ 3. Yes, all the time□
Q17	PCMC: talk_feelings	0. No, never□ 1. Yes, a few times□ 2. Yes, most of the time□ 3. Yes, all the time□
Q19	PCMC: staff_attention	0. No, never□ 1. Yes, a few times□ 2. Yes, most of the time□ 3. Yes, all the time□
Q23	PCMC: best_care	0. No, never□ 1. Yes, a few times□ 2. Yes, most of the time□ 3. Yes, all the time□
q10_new	PCMC: involved _decisions (N/A values recoded to 3)	0. No, never□ 1. Yes, a few times□ 2. Yes, most of the time□ 3. Yes, all the time□

q15_new	PCMC: explained_medicines (N/A values recoded to 3)	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time
q12_new	PCMC: delivery_position (missing values recoded to 3	0. No, never 1. Yes, a few times 2. Yes, most of the time 3. Yes, all the time
Dign	PCMC Dignity domain score (Q2, Q3, Q4)	0 to 9
Priv	PCMC Privacy/ Confidentiality domain score (Q9)	0 to 3
Auto	PCMC Autonomy domain score (q10_new, Q11, q12_new)	0 to 9
Auto2	PCMC Autonomy domain score with delivery position removed (q10_new, Q11)	0 to 6
Comm	PCMC Communication domain score (Q14, q15_new, Q16)	0 to 9
Supp	PCMC Supportive care domain score (Q17, Q19)	0 to 6
trus	PCMC Trust domain score (Q23)	0 to 3
pcmc	PCMC total score (Q2, Q3, Q4, Q9, q10_new, Q11, q12_new, Q14, q15_new, Q16, Q17, Q19, Q23)	0 to 39
pcmc2	PCMC total score (omitting q12_new)	0 to 36
S1	WHODAS: standing	1. None 2. Mild 3. Moderate 4. Severe 5. Cannot do
S2	WHODAS: hh_chores	1. None 2. Mild 3. Moderate 4. Severe 5. Cannot do
S3	WHODAS: learn_new_task	1. None 2. Mild 3. Moderate 4. Severe 5. Cannot do
S4	WHODAS: joining_activities	1. None 2. Mild 3. Moderate 4. Severe 5. Cannot do
S5	WHODAS: emotionally_affected	1. None 2. Mild 3. Moderate 4. Severe 5. Cannot do
S6	WHODAS: concentrating	1. None 2. Mild 3. Moderate 4. Severe 5. Cannot do
S7	WHODAS: walking	1. None 2. Mild 3. Moderate 4. Severe 5. Cannot do

S8	WHODAS: bathing	1. None 2. Mild 3. Moderate 4. Severe 5. Cannot do
S9	WHODAS: dressing	1. None 2. Mild 3. Moderate 4. Severe 5. Cannot do
S10	WHODAS: stranger_interaction	1. None 2. Mild 3. Moderate 4. Severe 5. Cannot do
S11	WHODAS: friendship	1. None 2. Mild 3. Moderate 4. Severe 5. Cannot do
S12	WHODAS: daily_work	1. None 2. Mild 3. Moderate 4. Severe 5. Cannot do
cog	WHODAS domain score: Cognition (S3, S6)	2 to 10
mob	WHODAS domain score: Moblity (S1, S7)	2 to 10
Life	WHODAS domain score: Life activity (S2, S12)	2 to 10
self	WHODAS domain score: Self-care (S8, S9)	2 to 10
get	WHODAS domain score: Getting along (S10, S11)	2 to 10
part	WHODAS domain score: Participation (S4, S5)	2 to 10
whodas	Overall WHODAS 12.0 score	12 to 60
WHODAS_D	In the top (worst quartile) vs. bottom 3 quartiles of WHODAS score	0. No 1. Yes
COG_D	In the top (worst quartile) vs. bottom 3 quartiles of WHODAS Cognition domain score	0. No 1. Yes
MOB_D	In the top (worst quartile) vs. bottom 3 quartiles of WHODAS Mobility domain score	0. No 1. Yes
LIFE_D	In the top (worst quartile) vs. bottom 3 quartiles of WHODAS Life Activities domain score	0. No 1. Yes
SELF_D	In the top (worst quartile) vs. bottom 3 quartiles of WHODAS Self Care domain score	0. No 1. Yes
GET_D	In the top (worst quartile) vs. bottom 3 quartiles of WHODAS Getting Along domain score	0. No 1. Yes
PART_D	In the top (worst quartile) vs. bottom 3 quartiles of WHODAS Participation domain score	0. No 1. Yes
ANY_COMPLICATION	Any self-reported maternal or newborn complication (listed in study protocol or not)	0. No 1. Yes

both_complications	Any self-reported maternal and newborn complication (listed in study protocol or not)	0. No 1. Yes
complication_alt	Any self-reported complications (listed in study protocol or not) - categorical	No complication Mom complication only Baby complication only Both mom and baby complication
severe_complication	Any severe complication: (at least one of the following: mom overnight hospital stay for health problem in pregnancy; NBU admission; mom referral; baby referral)	0. No 1. Yes
obs_Severe	Any severe complication - maternal (mom overnight hospital stay for health problem in pregnancy, and/or mom referral)	0. No 1. Yes
baby_Severe	Any severe complication - baby (NBU admission and/or baby referral)	0. No 1. Yes
obstetric_complications_no	Number of maternal complications	0 to 4
obstetric_complications_no1	Mother with 1 complication (listed in study protocol or not)	0. No 1. Yes
obstetric_complications_no2	Mother with 2 or more complications (listed in study protocol or not)	0. No 1. Yes
obs_anemia	Maternal complication: anemia	0. No 1. Yes
obs_comp_strict	Maternal complication listed in the study protocol (CS, pre-eclampsia/eclampsia, obstetric hemorrhage)	0. No 1. Yes
OBS_COMP_OTHER	Other obstetric complication: combining 'other' category plus categories with very few responses (breech, surgical complications, PROM)	0. No 1. Yes
baby_complications_no	Number of newborn complications	0 to 5
baby_complications_no1	Newborn with 1 complication (listed in study protocol or not)	0. No 1. Yes
baby_complications_no2	Newborn with 2 or more complications (listed in study protocol or not)	0. No 1. Yes
baby_meco	Newborn complication: meconium aspiration	0. No 1. Yes
baby_breathing	Newborn complication: breathing problems (asphyxia + meconium aspiration +LRTI)	0. No 1. Yes
baby_comp_strict	Baby complication listed in study protocol (preterm, LBW, sepsis, breathing problems including asphyxia)	0. No 1. Yes
strict_complication	Complications (categorical) per study protocol	1. None 2. Mother_only 3. Baby only 4. both mother and baby