

KYSELYLOMAKE: FSD3061 ÄITIYSTERVEYDENHUOLTO KIINAN MAASEUDULLA 2008 - 2009

QUESTIONNAIRE: FSD3061 MATERNITY CARE IN RURAL CHINA 2008 - 2009

Tämä kyselylomake on osa yllä mainittua Yhteiskuntatieteelliseen tietoaarkistoon arkistoitua tutkimusaineistoa.

Kyselylomaketta hyödyntävien tulee viitata siihen asianmukaisesti lähdeviitteellä.

Lisätiedot: <http://www.fsd.uta.fi/>

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Code of questionnaire

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Illegal: (1=yes)

migrant: (1=yes)

CHIMACA project

Questionnaire for post-intervention interview survey for women

Survey place

_____ province _____ county _____ township _____ village

Name of Mother _____

Investigation date 200__ / __ __ / __ __ (yyyymmdd)

| Investigation contents | | Code |
|------------------------|---|------|
| A Background | | |
| A1 | (A1a)Where did your Huko (registered permanent residence) belong to during the period of your pregnancy and delivery? _____ province _____ county _____ township | |
| | (A1b)The type of your huko was (1) urban huko (2) rural huko (3) I don't know | |
| A2 | (A2a)Where did you live at the early part of the pregnancy (until 3 months of pregnancy) ? (1) the same township where your huko belonged to (2) not in the same township but in the same county, where _____ (A2b) (name of the township) (3) not in the same county (4) I don't know | |
| | (A2b) _____ | |
| A3 | (A3a)Where did you live during the end of the pregnancy (3 months before delivery, or 26 weeks ~40 weeks of pregnancy)? (1) the same township where your huko belonged to (2) not in the same township but in the same county, where _____ (A3b) (name of the township) (3) not in the same county (4) I don't know | |
| | (A3b) _____ | |
| A4 | (A4a)Where did you live at the time of the delivery? (1) the same township where your huko belonged to (2) not in the same township but in the same county, where _____ (A4b) (name of the township) (3) not in the same county (4) I don't know | |
| | (A4b) _____ | |

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| A5 | How old are you? _____years (Real-year-old, not Nominal age) | |
| A6 | (A6a) What is your educational level? (1) illiteracy or semi- illiteracy (2) primary school (3) middle school (4) high school (5) college or higher | |
| | (A6b) Or you have accepted education for ___years (If the woman did not complete a school or she does not know her exact educational level) | |
| A7 | <p>What is your occupation?</p> <p>(1) Farmer (Agriculture, forestry, animal husbandry and fishery)</p> <p>(2) city - farmer – laborer</p> <p>(3) rural farmer – laborer</p> <p>(4) urban and rural unemployed and semi-unemployed</p> <p>(5) industrialist without agricultural residence registration</p> <p>(6) Private commercial household</p> <p>(7) attendant in the tertiary industry</p> <p>(8) Governor of government agency or institution</p> <p>(9) Senior or secondary executive in large or medium-sized enterprise(not the owner)</p> <p>(10) Owner of private enterprise</p> <p>(11) Professional technical personnel</p> <p>(12) The staff of company or some kind of department</p> <p>(13) Student</p> <p>(14) Retired</p> | |
| A8 | <p>(A8a) Where did the Huko of your husband(registered permanent residence) belong to during the period of your pregnancy and delivery? _____province _____county _____township</p> <p>(A8b) The type of the Huko of your husband was (1) urban huko (2) rural huko (3) I don't know</p> | |
| A9 | <p>How old is the father of child? _____years (Real-year-old, not Nominal age)</p> <p>(If information about the father can not be provided, go to question A12)</p> | |
| A10 | (A10a) What is the educational level of baby's father? (1) illiteracy or semi- illiteracy (2) primary school (3) middle school (4) high school (5) college or higher | |
| | (A10b) Or he has accepted education for ___years (If the man did not complete a school or she does not know his exact educational level) | |
| A11 | <p>What is father's occupation?</p> <p>(1) Farmer (Agriculture, forestry, animal husbandry and fishery)</p> <p>(2) city - farmer – laborer</p> <p>(3) rural farmer – laborer</p> <p>(4) urban and rural unemployed and semi-unemployed</p> <p>(5) industrialist without agricultural residence registration</p> <p>(6) Private commercial household</p> | |

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| | <p>(7) attendant in the tertiary industry</p> <p>(8) Governor of government agency or institution</p> <p>(9) Senior or secondary executive in large or medium-sized enterprise(not the owner)</p> <p>(10) Owner of private enterprise</p> <p>(11) Professional technical personnel</p> <p>(12) The staff of company or some kind of department</p> <p>(13) Student</p> <p>(14) Retired</p> | |
| A12 | <p>(A12a)If you can not provide the information about the father of the child, why?</p> <p>(1) dead (2) not known (3) divorced (4) other reasons, what?_____ (A12b)</p> | |
| A13 | <p>How many members were in your family during the year before the child was born?_____ (99=I don't know)</p> | |
| A14 | <p>The total income of your family during the year before the child was born was _____Yuan (99=I don't know)</p> | |
| A15 | <p>The total expenditure of your family during the year before the child was born was _____Yuan (99=I don't know)</p> | |
| A16 | <p>How long does it take from your house to the village clinic using the ordinary transportation? _____minutes</p> | |
| A17 | <p>How long does it take from your house to the township hospital using the ordinary transportation? _____minutes</p> | |
| A18 | <p>Were you a member of the New Cooperative Medical Scheme (NCMS) during the year before the child was born? (If the woman does not choose (1) then go to question B1)</p> <p>(1)Yes (2)No (3) I don't know</p> | |
| A19 | <p>(A19a)If you have been a member of the NCMS, do you apply for maternal care reimbursement?</p> <p>(1)Yes (2) No (3)I don't know</p> <p>(A19b)If no, why?</p> <p>(1)Illegal birth (2)birth out of wedlock (3)migrant (4)don't know the procedure of reimbursement (5)other,_____ (A19c)</p> | |
| A20 | <p>Do you know whether you can apply for reimbursement for any of the services?(multi-choices)</p> <p>(1) Prenatal visits (2) Hospital delivery (3) Postnatal visits (4) I don't know</p> | |
| B Earlier pregnancies and Index pregnancy | | |

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| B1 | (B1a) Before the birth of this child, had you been pregnant? (1) Yes (2) No | |
| | If Yes, You have been pregnant for _____ time(s) (B1b) | |
| | If Yes, You have had spontaneous abortion(s) for _____ time(s) (B1c) | |
| | If Yes, You have had induced abortion(s) for _____ time(s) (B1d) | |
| | If Yes, You have had stillbirth(s) for _____ time(s) (B1e) | |
| | How many children do you have now? _____ (B1f) | |
| | Your first child: (B1g) gender _____ (1=boy, 2=girl, 3=I don't know) (B1h) birthday _____ | |
| | Your second child: (B1g) gender _____ (1=boy, 2=girl, 3=I don't know) (B1h) birthday _____ | |
| | Your third child: (B1g) gender _____ (1=boy, 2=girl, 3=I don't know) (B1h) birthday _____ | |
| | Your fourth child: (B1g) gender _____ (1=boy, 2=girl, 3=I don't know) (B1h) birthday _____ | |
| B2 | (B2a) Was your youngest baby healthy at birth? (1) Yes. (2) No. (3) I don't know | |
| | (B2b) If not, what kind of problems did the baby have? _____ | |
| B3 | (B3a) Is your youngest baby healthy now? (1) Yes (2) No (3) I don't know | |
| | (B3b) (s)he is not well. Why _____ | |
| | (B3c) (s)he is dead. When _____ / _____ / _____ (date, yyyyymmdd)? | |
| B4 | (B4a) Birth weight of the baby _____ Jin _____ Liang. (1 Jin=1/2 kilogram, and 1 Jin=10 Liang) | |
| | (B4b) If not known, ask: Your baby at birth was (1) very small (2) somewhat small (3) ordinary (4) somewhat large (5) very large | |
| B5 | How many (B5a) weeks/ (B5b) months of pregnant you were when the delivery occurred? _____ weeks/months. | |
| | (B5c) If not known ask: Was the baby born (1) too early (2) in time (3) too late | |
| B6 | (B6a) When you were pregnant, did your husband live most of the time in the same house as you? | |

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| | (1) Yes (2) No (3) Other, _____ (B6b) . | |
| B7 | Which of the following statements describes best your working outside the house (farming work in the fields or in paid work) during pregnancy? | |
| | (1)I worked the same as before the pregnancy until the last month of pregnancy or birth | |
| | (2)I worked less heavily than before pregnancy from (B7b) _____ months | |
| | (3)I stopped working completely from (B7c) _____ months | |
| B8 | Did you have any prenatal (= antenatal) visits to a doctor or midwife during your pregnancy? (1)Yes (2)No (Continue to the question B27) | |
| B9 | At which month of pregnancy did you have your first prenatal visit? _____months (999=I don't remember) | |
| B10 | (B10a) When you were pregnant, you have _____times of prenatal visits in public health facilities, which include: | |
| | (B10b) in county level public health facilities _____ times | |
| | (B10c) in township level public health facilities _____ times | |
| B11 | (B11a) When you were pregnant, you have _____times of prenatal visits in some other health facilities, which include: | |
| | (B11b) at village clinic _____ times | |
| | (B11c) at township or higher level private hospital _____times | |
| | (B11d) at home _____ times | |
| B12 | If you went to township hospital for prenatal visits, who gave you the advice? | |
| | (B12a) I wanted to (1)yes (2)no | |
| | (B12b) My family asked me to (1)yes (2)no | |
| | (B12c) Village doctors (1)yes (2)no | |
| | (B12d) Village family planning worker or women's workers (1)yes (2)no | |
| | (B12e) Doctor of township hospital (1)yes (2)no | |
| | (B12f) Staff of township family planning station (1)yes (2)no | |
| (B12g) Other, who _____ | | |
| B13 | Did you have any problems mentioned below to make the visits? | |
| | (B13a) The visits took too much time. (1)yes (2)no (3)don't remember | |
| | (B13b) I had transportation problems. (1)yes (2)no (3)don't remember | |
| | (B13c) The visits cost too much. (1)yes (2)no (3)don't remember | |

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| | <p>(B13d) My relatives didn't like me to have visits (1)yes (2)no (3)don't remember</p> <p>(B13e) I had problems with childcare. (1)yes (2)no (3)don't remember</p> <p>(B13f) I had problems in organising the household (1)yes (2)no (3)don't remember</p> <p>(B13g) I had to work. (1)yes (2)no (3)don't remember</p> <p>(B13h)The care was poor. (1)yes (2)no (3)don't remember</p> <p>(B13i) The personnel were not kind. (1)yes (2)no (3)don't remember</p> <p>(B13j) The visits were not worthwhile. (1)yes (2)no (3)don't remember</p> <p>(B13k)Other problems, what _____</p> | |
| B14 | <p>(B14a)Did you visit county hospital during pregnancy?</p> <p>(1) No.</p> <p>(2) Yes, township doctor/midwife advised.</p> <p>(3) Yes, by my own initiative.</p> <p>(4) Yes, by other _____(B14b)</p> | |
| B15 | <p>Did the person who did your antenatal visit:</p> <p>(B15a) Ask if you had any problems (1) Yes (2) No (3) Don't remember</p> <p>(B15b) Check duration of pregnancy (1) Yes (2) No (3) Don't remember</p> <p>(B15c) Ask about previous pregnancies and childbirths (1) Yes (2) No (3) Don't remember</p> <p>(B15d) Advise on nutrition in pregnancy (1) Yes (2) No (3) Don't remember</p> <p>(B15e)Advise on avoiding alcohol, smoking and hazardous substances (1)Yes (2) No (3) Don't remember</p> <p>(B15f) Counsel on labour (signs of start, what to do, what to expect) (1) Yes (2) No (3) Don't remember</p> <p>(B15g) Discuss type of delivery (1) Yes (2) No (3) Don't remember</p> <p>(B15h) Advise when and why to seek care (such as problems and emergencies) (1) Yes (2) No (3) Don't remember</p> <p>(B15i) Advise on follow up visits (1) Yes (2) No (3) Don't remember</p> <p>(B15j) Advise on assessing fetal movements (1) Yes (2) No (3) Don't remember</p> <p>(B15k) Measure blood pressure _____ times (0=No 999=I don't remember)</p> <p>(B15l) Test urine _____ times (0=No 999=I don't remember)</p> <p>(B15m)Test blood for anaemia (need to explain anaemia) _____ times (0=No 999=I don't remember)</p> <p>(B15n)Do other blood tests _____ times (0=No 999=I don't remember)</p> | |

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| | (B15o) Palpate abdomen_____ times (0=No 999=I don't remember) | |
| | (B15p) Listen to fetal heart_____ times (0=No 999=I don't remember) | |
| | (B15q) Do ultrasound scans_____ times (0=No 999=I don't remember) | |
| B16 | (B16a) Did you use maternity card during your pregnancy? (1) No, I did not get a card. (2) No, I got a card but I did not use it. (3) Yes, I got a card but it was not filled every visit. (4) Yes, I got a card and it was filled every visit. (5) The card was kept in the hospital and I don't know (6) Other, what _____(B16b) | |
| | | |
| B17 | (B17a) Did you get any written material related to pregnancy and child birth (booklets, leaflets etc) during your visits? (1) Yes (2) No (3) I don't remember. (B17b) If no, would you have liked to get? (1) Yes (2) No (3) I don't know. | |
| | | |
| B18 | How did you feel about the service quality of prenatal visits? (1 = Very good, 2 = Good, 3 = Not good, not bad, 4 = Bad, 5 = Very bad, 9 = I did not use) at township hospital 1 2 3 4 5 9 (B18a) | |
| | at MCH station or at county hospital 1 2 3 4 5 9 (B18b) | |
| B19 | Would you recommend the township level health facility to visit for prenatal care to a pregnant friend? (1)Yes. (2) No. (3) I don't know. (4) No use of care. | |
| B20 | Would you recommend the county level health facility to visit for prenatal care to a pregnant friend? (1)Yes. (2) No. (3) I don't know. (4) No use of care. | |
| B21 | How much did your prenatal care cost totally?_____ Yuan (90000=I don't know,99999=I don't remember) | |
| B22 | (B22a) Did you get reimbursement from CHIMACA project? (1) Yes (2) no (3) I don't know. (4) I don't remember. (B22b) if not ,why_____ | |
| | (B22c) If yes, how much?_____ Yuan (90000=I don't know,99999=I don't remember) | |
| | You got reimbursement for what? (B22d) prenatal care (1)yes (2)no (B22e) hospital delivery (1)yes (2)no (B22f) postnatal care (1)yes (2)no (B22g)I don't know (1)yes (2)no | |
| B23 | Did CMS cover your prenatal care costs?_____yuan (90000=I don't know,99999=I don't remember) | |

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| B24 | Did other insurance or your employer cover your prenatal care costs? _____yuan (90000=I don't know,99999=I don't remember) | |
| B25 | (B25a)How much did you pay yourself for prenatal care? (1) Nothing (2) _____(B25b), Yuan as a package (3) _____(B25c), Yuan, for different items. (4) I don't know | |
| B26 | If you or your family paid prenatal care services by yourself (partly or totally), do you think the price was (1)Far too much (2)Too much (3)Reasonable (4)Cheap (5) I don't know | |
| B27 | If you did not visit, even though you were referred to, why was that? (B27a) I thought it was not necessary. (1)yes (2)no (B27b)I had not enough time. (1)yes (2)no (B27c) I had not enough money. (1)yes (2)no (B27d) I had a transportation problem. (1)yes (2)no (B27e) I was afraid of going to the higher level hospital. (1)yes (2)no (B27f) Other, indicate what _____ | |
| B28 | Did you (or your family members) search any information related to pregnancy and child birth from the internet? (1)Yes. (2) No. (3) I don't know | |
| C Delivery | | |
| C1 | (C1a) Where did you give birth? (1)County or higher level hospital or maternal and child care institute, name _____(C1b) (2) Township hospital, name _____(C1b) (3) Village health clinic (4) Family planning station (5) At home (go to C2) (7) Elsewhere, where _____(C1b) | |
| C2 | If you delivered at home indicate reasons: (C2a)I thought it was not necessary to go to hospital. (C2b) The delivery was quick and I had no time to go elsewhere. (C2c) I had not enough money. (C2d) The hospital was far away or difficult to reach and I had no transportation. (C2e) The treatment in hospital is known to be poor. (C2f) Other, indicate what _____ | |
| C3 | (C3a)Who assisted the delivery? (women delivered at home go to D1) (1) Midwife (2) Doctor (3) FP worker or village worker (4) Family member (5) Someone else, who _____(C3b) (6) Nobody | |
| C4 | (C4a) How did the birth take place (if no C-section, continue to the question C6)? (1)Normal vaginal birth (2) Birth assisted by instrument. (3) Assisted breech birth. (4) Caesarean section | |

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| | <p>If the delivery was a c-section it was made because of</p> <p>(C4b)"Emergency" (the child's or my condition was in danger) (1)yes (2)no</p> <p>(C4c)My doctor / midwife recommended it for other than emergency reason. (1)yes (2)no</p> <p>(C4d)I wanted to have it. (1)yes (2)no</p> <p>(C4e)Some of my family members wanted to have it. (1)yes (2)no</p> <p>(C4f) Other, indicate what _____</p> <p>(C4g)I don't know. (1)yes (2)no</p> | |
| | <p>(C4h) If you wanted to have the c-section, indicate reasons for that (Choose 1-5 choices as women like)</p> <p>(1)I thought it is better for the child to be born by c-section.</p> <p>(2)I thought it is better for the mother to give birth by c-section.</p> <p>(3)I was afraid of pain.</p> <p>(4)I was afraid of my baby's health.</p> <p>(5)C-section made it possible to fix the date of birth</p> <p>(6)I have learnt from TV, radio or journals that it is a good way to deliver.</p> <p>(7)My friend(s) or neighbours have advised to ask for a c-section.</p> <p>(8)My relative(s) has (have) advised to ask for a c-section.</p> <p>(9)I had poor experiences of normal delivery during my earlier pregnancy.</p> <p>(10)My relatives or friends have had poor experiences of normal delivery.</p> <p>(11)My relatives or friends have had good experiences of c-sections.</p> <p>(12)Other, what _____ (C4i)</p> | |
| C5 | <p>(C5a) When was the decision of c-section was made?</p> <p>(1)During pregnancy, at _____ (C5b)gestational weeks</p> <p>(2)Just before the labour. (3) During the labour. (4) I don't know.</p> | |
| C6 | <p>(C6a) Did you get pain relief (all kinds of methods – not only drugs) during your delivery?</p> <p>(1) Yes. What kind of pain relief _____ (C6b). (2) No</p> <p>(3) I don't remember. (4)I don't know</p> | |
| C7 | <p>What factors influenced to choose just that hospital</p> <p>(C7a)My doctor/midwife advised me to go there. (1)yes (2)no</p> <p>(C7b)It was the nearest hospital. (1)yes (2)no</p> <p>(C7c)It was convenient to go there. (1)yes (2)no</p> <p>(C7d)I knew the doctor in the hospital. (1)yes (2)no</p> <p>(C7e)The care was better than in other hospitals. (1)yes (2)no</p> <p>(C7f)The fee was less than in other hospitals. (1)yes (2)no</p> <p>(C7g)It was safer than other hospitals. (1)yes (2)no</p> <p>(C7h)Other reasons, _____</p> | |
| C8 | <p>(C8a) If you delivered in county hospital, did township doctor/midwife recommend you to go there?</p> <p>(1) I was recommended by a township doctor/midwife during prenatal visits.</p> <p>(2) I was transferred there during delivery (because of problems).</p> <p>(3) I chose to go there myself or my family members chose it.</p> <p>(4) Other, what _____ (C8b)</p> | |

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| C9 | (C9a) Did the doctor ask you to stay in hospital before your delivery (1) Yes (2) No | |
| | (C9b) Doctor asked you to stay in hospital before your delivery for ____ nights | |
| | (C9c) How many nights did you stay in the hospital before your delivery?_____nights | |
| | (C9d) If you got into hospital later than the time advised by your doctor, the most important reason was: (1)I had not much money (2)It was not necessary (3)I was too busy (3) Family asked me to (4)Relatives or friends suggested (5)other reason, why(C9e)_____ | |
| C10 | (C10a) Did the doctor ask you to stay in hospital after your delivery (1) Yes (2) No | |
| | (C10b) Doctor asked you to stay in hospital after your delivery for ____ nights | |
| | (C10c) How many nights did you actually stay in the hospital after your delivery?_____nights | |
| | (C10d) If you left hospital earlier than the time advised by your doctor after you had delivered, the most important reason was: (1)I had not much money (2)It was not necessary (3)I was too busy (3) Family asked me to (4)Relatives or friends suggested (5)other reason, why(C10e)_____ | |
| C11 | The next question related to satisfaction or your experiences during delivery care (1 = Very good, 2 = Good, 3 = Not good, not bad, 4 = Bad, 5 = Very bad, 9 = I did not use) | |
| | Professional skills (how experienced doctors and midwives were) during the labour and your stay in hospital were at township level health facility 1 2 3 4 5 9 (C11a) | |
| | at county level health facility 1 2 3 4 5 9 (C11b) | |
| | hospital environment of the delivery hospital was at township level health facility 1 2 3 4 5 9 (C11c) | |
| | at county level health facility 1 2 3 4 5 9 (C11d) | |
| Doctor/ midwife's attitude to you in the delivery hospital was at township level health facility 1 2 3 4 5 9 (C11e) | | |

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| | at county level health facility 1 2 3 4 5 9 (C11f) | |
| C12 | Would you recommend the hospital where you gave birth to visit for delivery to a pregnant friend? (1)Yes. (2) No. (3) I don't know. (4)I didn't use | |
| C13 | How much did your delivery care cost totally?_____ Yuan(90000=I don't know,99999=I don't remember) | |
| C14 | Did CMS cover your delivery care costs?_____yuan(90000=I don't know,99999=I don't remember) | |
| C15 | Did other insurance or your employer cover your delivery care costs?_____yuan (90000=I don't know,99999=I don't remember) | |
| C16 | (C16a)How much did you pay yourself for delivery care? (1) Nothing (2) _____(C16b), Yuan as a package (3) _____(C16c), Yuan, for different items. (4) I don't know | |
| C17 | If you or your family paid delivery care services by yourself (partly or totally), do you think the price was (1)Far too much (2)Too much (3)Reasonable (4)Cheap (5) I don't know | |
| D Postnatal care | | |
| D1 | (D1a) During 42days after delivery, how many postnatal visits (health care worker has visited you or you have visited health care worker – do not calculate telephone calls) did you totally have?_____ (I don't remember 99) | |
| | (D1b) at home_____ times | |
| | (D1c) In county level health facility _____times | |
| | (D1d) In township level health facility _____times | |
| | (D1e) At village clinic_____times | |
| | at other health facility, what(D1f) _____, _____(D1g) times | |
| D2 | If you had visits, did the person who did the visit (at least once): (D2a) Ask you about your feelings (1) Yes. (2) No. (3) Don't remember | |
| | (D2b) Ask you about problems related to you or your baby (1) Yes. (2) No. (3) Don't remember | |
| | (D2c) Check your blood pressure (1) Yes. (2) No. (3) Don't remember | |
| | (D2d) Check your temperature (1) Yes. (2) No. (3) Don't remember | |
| | (D2e) Palpate abdomen to check the situation of uterus (1) Yes. (2) No. (3) Don't remember | |

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| | (D2f) Check the amount, colour and smell of lochia (bleeding) (1) Yes. (2) No. (3) Don't remember | |
| | (D2g) Examine breasts and ask about feeding (1) Yes. (2) No. (3) Don't remember | |
| | (D2h) Advice when and why to seek care (1) Yes. (2) No. (3) Don't remember | |
| | (D2i) Advice in hygiene of postpartum time (1) Yes. (2) No. (3) Don't remember | |
| | (D2j) Advice you in nutrition. (1) Yes. (2) No. (3) Don't remember | |
| | (D2k) Advice in FP and sexual relations (1) Yes. (2) No. (3) Don't remember | |
| | (D2l) Advice in breastfeeding (1) Yes. (2) No. (3) Don't remember | |
| | (D2m) Examine the baby (1) Yes. (2) No. (3) Don't remember | |
| | (D2n) Weigh the baby (1) Yes. (2) No. (3) Don't remember | |
| | (D2o) Advice you in caring the baby (1) Yes. (2) No. (3) Don't remember | |
| D3 | (D3a) If you received information from health care workers only by telephone calls, how many calls did you have? _____ (I don't remember 99) Who gave you the call? _____ | |
| D4 | (D4a) When did you breast feed your baby for the first time? (1) Within half an hour after the delivery (2) Within 24 hours after the delivery (3) More than 24 hours after the delivery (4) Never. Why? _____ (D4b) | |
| D5 | How long did you breast feed (only) your baby? _____ months | |
| D6 | (D6a) When did you start to give milk substitute to your baby at the first time (excluding the possible substitute given just after the birth before the breastfeeding has really started)? (1) I started _____ (D6b) months. (2) I have not started, but I plan to give at _____ (D6c) months. (3) I am not planning to give milk substitute at all. (4) I don't know. | |
| D7 | (D7a) Did your baby get vaccination? (check the vaccination card) (1) yes, _____ (D7b) times and _____ (D7c) types (2) no (3) I don't know | |

| | | |
|-----------------|--|--|
| D8 | Postnatal care during the visits was (1 = Very good, 2 = Good, 3 = Not good, not bad, 4 = Bad, 5 = Very bad, 9 = I did not use) | |
| | at home 1 2 3 4 5 9 (D8a) | |
| | at township hospital 1 2 3 4 5 9 (D8b) | |
| | at MCH station or at county hospital 1 2 3 4 5 9 (D8c) | |
| D9 | How much did your postnatal care cost totally? _____ Yuan (90000=I don't know,99999=I don't remember) | |
| D10 | Did CMS cover your postnatal care costs? _____yuan (90000=I don't know,99999=I don't remember) | |
| D11 | Did other insurance or your employer cover your postnatal visits costs? _____yuan (90000=I don't know,99999=I don't remember) | |
| D12 | (D12a) How much did you pay yourself for postnatal care? (1) Nothing (2) _____ (D12b) , Yuan as a package (3) _____ (D12c) , Yuan, for different items. (4) I don't know | |
| | | |
| | | |
| D13 | If you or your family paid postnatal care services by yourself (partly or totally), do you think the price was (1)Far too much (2)Too much (3)Reasonable (4)Cheap (5) I don't know | |
| E | The degree of cooperating of the responder (1)very good (2)good (3)common (4)bad (5)very bad | |
| checking | Time of the first checking _____ Signature: _____ Time of the second checking _____ Signature: _____ Time of the third checking _____ Signature: _____ | |