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**DEPARTMENT OF SOCIAL WORK
UNIVERSITY OF LUCKNOW, LUCKNOW**

**ANNEXURE -I
INTERVIEW SCHEDULE**

S.No.-

**A STUDY ON PERINATAL CONDITIONS WITH SPECIAL FOCUS ON
QUALITY OF CARE IN RURAL AREA
(With Special Reference To BakshiKaTalab Block Of Lucknow District)**

S.No.	Particulars	Answers
A	Socio-Demographic Data	
1	Name	
2	Age	
3	Educational Status	
	1. Illiterate	
	2. Primary	
	3. High School	
	4. Intermediate	
	5. Graduation	
	6. Post-graduation	
7. Any other (Specify).....		
4	Caste	
	1. General	
	2. Other backward class (OBC)	
	3. Scheduled caste (SC)	
5	Religion	
	1. Hinduism	
	2. Islam	
	3. Christianity	
6	Monthly Income	
	1. 1000-2000	
	2. 2001-4000	
	3. 4001- 6000	
	4. Above to 6000	

7	Type Of Family	
	1. Joint family	
	2. Nuclear family	
8	No. of Parity	
	1. First	
	2. Second	
	3. Third	
	4. Fourth	
	5. More than four (Specify).....	
9	Type of House	
	1. Kachha	
	2. Pukka	
	3. Semi-Pakka	
	4. Hut	
10	Source of drinking water at your home	
	1. Dug well	
	2. Piped Water	
	3. Own hand pump	
	4. Public water tap	
	5. Others (Specify).....	
11	Toilet facility in home	
	1. Yes	
	2. No	
12	Age of Marriage	
	1. 13-15	
	2. 15-18	
	3. 18-21	
	4. 21-24	
	5. Other or actual age (specify).....	
B	Perinatal Care	
13	Your pregnancy is registered with whom health provider	
	1. ANM	
	2. AWW	
	3. ASHA	
	4. Any other health provider (specify).....	

14	In which month of pregnancy was it registered? (Write duration in the box)	
	1. 0 to 3 months	
	2. 4 to 6 months	
	3. 6 to 9 months	
15	Did you get a registration card from the ANM from this pregnancy?	
	1. Yes	
	2. No	
16	Did you get counselling by health professional regarding safe motherhood practices?	
	1. Yes	
	2. No	
17	Did you receive any Antenatal Care/ Checkup During this pregnancy?	
	1. yes	
	2. No	
17.1	If yes, from whom?	
	1. Government Doctor	
	2. Private Doctor	
	3. Health Worker	
	4. Nurse/ ANM	
	5. Trained Birth Attendant	
	6. Dai (untrained birth attendant)	
	7. Other (Specify).....	
18	Where did you receive Antenatal Care?	
	1. At home	
	2. Parent home	
	3. Other's home	
19	How many times did you receive Antenatal checkup?	
	1. One time	
	2. Two time	
	3. Three time	
	4. Four time	
	5. Can't say	
20	Did you receive Tetanus Toxoid injection?	
	1. Yes	
	2. No	

20.1	If yes, in which month of pregnancy did you receive first TT vaccination?	
	1. Within first month of pregnancy	
	2. Within Second month of pregnancy	
	3. Other (specify).....	
	4. Don't Know	
21	In which month of pregnancy did you receive second TT vaccination?	
	1. After the one month of First TT vaccination	
	2. Don't Know	
22	Did you Receive Iron Folic Acid tablet or syrup?	
	1. Yes	
	2. No	
23	Did you receive calcium tablets?	
	1. Yes	
	2. No	
24	Did you receive any supplementary nutrition from Anganwadi center during this pregnancy?	
	1. Yes	
	2. No	
24.1	If yes did you receive regular supply of supplementary nutrition from Anganwadi center?	
	1. Yes always	
	2. Most of the times	
	3. Half of the time	
	4. Sometimes	
25	Did you eat nutrition you received from the Anganwadi center?	
	1. Yes always	
	2. Most of the times	
	3. Half of the time	
	4. Sometimes	
	5. Never	
26	Did you eat more during pregnancy?	
	1. Yes	
	2. No	

26.1	If yes, how many times?			
	1. Yes always			
	2. Most of the times			
	3. Half of the time			
27	During the last three months of pregnancy did you take regular afternoon rest?			
	1. Yes always			
	2. Most of the times			
	3. Sometimes			
28	Which Checkup did you receive during Antenatal Visits?	Yes	No	
	1. Blood Pressure and Anemia Checkup			
	2. Mother's Weight, Babies growth and Mother's Womb Checkup			
	3. Urine Checkup			
29	What care did you get during your perinatal period?			
29.1	Information Sharing	Yes	No	Don't know
29.1.1	You were given adequate information about perinatal test and procedures.			
29.1.2	Everyone involved in your perinatal care received the important information about you.			
29.1.3	You were screened adequately for potential problems with your pregnancy.			
29.1.4	The results of the tests were explained to you in a way you could understand.			
29.1.5	Your health service provider gave you enough information to make decisions for yourself.			
29.2	(29.2) Anticipatory Guidance	Yes	No	Don't know
29.2.1	You were given enough information to meet your needs about breast feeding.			
29.2.2	Your health service provider spent time talking with you about your expectations for labor and delivery.			
29.2.3	Have you received adequate information about your diet during pregnancy?			
29.2.4	You were linked to programme in the community that were helpful to you.			

29.2.5	You were given adequate information about depression in pregnancy.			
29.3	Sufficient Time	Yes	No	Don't know
29.3.1	Your health service provider always had a time to answer your question.			
29.3.2	Your health service provider made time for you to talk and listen.			
29.4	(29.4) Approachability	Yes	No	Don't know
29.4.1	Your health Service provider abrupt with you.			
29.4.2	You rushed during your perinatal care visit.			
29.5	Availability	Yes	No	Don't know
29.5.1	Do you know how to get in touched with your health service provider?			
29.5.2	You could reach your health service provider when necessary.			
29.6	Support and Respect	Yes	No	Don't know
29.6.1	Your health service provider respected your knowledge and experience.			
C	Delivery Practices / Care			
30	Where did you give birth to baby?			
	1. Home			
	2. Hospital			
31	(In case of delivery at home)			
	Who Assisted with at the time of delivery?			
	Hospital Personnel			
	1. Government Doctor/ Nurse			
	2. Skilled Birth Attendant			
	3. Other (Specify).....			
32	(In case of delivery at hospital)			
	Which type of Institution?			
	1. Government Institution			
	2. Private Institution			
32.1	If private, what are the reasons to go for the private institution?			
	1. Referred by the government doctor			
	2. Unavailability of Services			
	3. Family decision			
	4. Other (Specify).....			

33	Was the delivery normal or Caesarean?	
	1. Normal	
	2. Caesarean	
34	Why did you decide to go for government Institutional delivery?	
	1. Rushed in Emergency	
	2. Conveniently located	
	3. It was planned that way	
	4. Good quality of services	
	5. Availability of Doctor and staff nurse at all time	
	6. Services are free	
7. Referred by the Doctor		
35	What mode of transport was used to take you to hospital?	
	1. Ambulance	
	2. Taxi/ Auto	
	3. Own Vehicle	
36	Who decided to rush you to the Hospital?	
	1. Family	
	2. ANM	
	3. ASHA	
	4. Dai	
5. Other (Specify).....		
37	Who accompanied you to Hospital?	
	1. Family member's (Specify).....	
	2. ANM	
	3. ASHA	
	4. Dai	
	5. None	
6. Other (Specify).....		
38	Did you pay any fee for services provided during delivery?	
	1. Yes	
	2. No	
	3. If yes, how much amount.....	

39	Who conducted the delivery in Hospital?	
	1. Doctor	
	2. Nurse/ ANM	
	3. Don't Know	
40	How long did you stay in the hospital after delivery?	
	1. Within a day	
	2. Two days	
	3. Three days	
	4. Four days	
41	Age of the Baby.....	
42	Sex of the Baby	
	1. Male	
43	2. Female	
	Did the baby cry immediately after birth?	
44	1. Yes	
	2. No	
44	What was your baby's first feed?	
	1. Breast milk (Colostrum)	
	2. Honey	
	3. Cow's Milk	
	4. Glucose water	
	5. Plain water	
	6. Ghee/ oil	
7. Packed powder Milk		
45	When did you start breast feeding the baby?	
	1. Soon after the birth	
	2. Few hours after the birth	
	3. One day after the birth	
46	4. Two day after the birth	
	What was the reason in case of late initiation of breast feeding?	
	1. Discomfort to mother	
	2. No milk secretion	
46	3. Family Customs and belief	
	4. Due to health issues	

47	Did you give colostrum to your baby?	
	1. Yes	
	2. No	
47.1	If no, then why?	
	1. Ignorance about advantages	
	2. Prevented by elderly female	
	3. Prevented by husband	
	4. Absence of milk Secretion	
	5. Customs	
	6. Other (Specify).....	
48	Did you know the advantages of giving colostrum to the baby?	
	1. Yes	
	2. No	
49	Was OPV given to the Neonate at birth?	
	1. Yes	
	2. No	
50	During the first week after your most recent delivery, did a health professional check on your newborn's health?	
	1. Yes	
	2. No	
51	How many times new born health was checked within one week after delivery?	
	Number of times.....	
52	Was your Child weighed after birth?	
	1. Yes	
	2. No	
53	Was new born temperature measured by health professional within one week after delivery?	
	1. Yes	
	2. No	
54	Did you get counselling for breast feeding after the delivery?	
	1. Yes	
	2. No	

55	When was BCG Vaccine given to the Neonate?	
	1. At the time of birth	
	2. Within one week	
	3. Within one month	
	4. Other (Specify).....	
5. Not given		

56	Quality care	SA	A	N	D	SD
56.1	Tangibles					
	1. The hospital in which you were taken for the delivery Have the modern equipment					
	2. The hospital have the visually appealing facilities					
	3. Doctors and other service providers have the professional appearance					
56.2	4. The hospital have all visually appealing materials associated with the maternal and newborn care					
	Reliability					
56.2	1. The hospital was provided all the services as promised and needed.					
	2. The hospital maintained your record error free.					
56.3	Responsiveness					
	1. Doctors and other service providers offer prompt services to patient.					
56.4	2. Doctors were available at the time of delivery/need.					
	Assurance					
	1. The hospital is able to handle patient's problems.					
	2. Doctors and other service providers were able to instill confidence in you.					
56.4	3. Doctors and other service providers were courteous at all time.					
	4. Doctors and service provider answered all the questions asked by you.					

	Empathy	SA	A	N	D	SD
56.5	1. You were given individual attention during your treatment.					
	2. The hospital has the convenient consultation hours.					
	3. Doctors and other service providers deal with you in a caring fashion.					

(SA- Strongly Agree, A- Agree, N- Neutral, D- Disagree, SD- Strongly Disagree)

Name of the Researcher.....

Date of Interview.....