

# GRAND STUDY Six-Month Survey (T3)

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Participant ID \_\_\_\_\_

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Study arm:

- Individual ANC  
 Group ANC

## Section 1: Baby Information

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1. Is the baby still alive?

- Yes (Proceed to Q2)  
 No (Proceed to Section 2: Family Planning)  
 Refused to respond

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2. Has your baby experienced any health problems since our last survey?

- Yes  
 No  
 Refused to respond

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2a. If yes, did you seek/obtain care from a health facility?

- Yes  
 No  
 Refused to respond

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3. Are you giving your baby breastmilk?

- Yes  
 No  
 Refused to respond

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4. How old was your baby when you began giving other liquids?

- 1 month  
 2 months  
 3 months  
 4 months  
 5 months  
 6 months  
 7 months  
 8 months  
 9 months  
 Other  
 Don't know  
 Refused to respond

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5. How old was your baby when you began giving supplemental foods?

- 1 month  
 2 months  
 3 months  
 4 months  
 5 months  
 6 months  
 7 months  
 8 months  
 9 months  
 Other  
 Don't know  
 Refused to respond
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## Section 2: Family Planning

**Just a few more questions. These are about family planning.**

6. Are you currently pregnant?

- Yes
- No
- Refused to respond

7. Are you currently using any family planning methods to prevent pregnancy?

- Yes
- No
- Refused to respond

7a. If yes, which methods are you using?

- Lactation Amenorrhea Method (LAM)
- Cycle beads
- Withdrawal
- Condoms
- Pills/oral contraception
- Injectable
- Implants
- IUD
- Emergency contraception
- Sterilization (female)
- Vasectomy (male)
- None
- Other
- Refused to respond

7c. Did you receive the type of family planning method you desired?

- Yes
- No
- Refused to respond