

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE
NAIROBI URBAN HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM (NUHDSS)
PREGNANCY OUTCOME FORM (ONLY TO BE ANSWERED BY WOMAN WHO WAS PREGNANT)

1.0 BACKGROUND

- 1.1 START TIME [][][][]
- 1.2 FIELDWORKER'S CODE [][]
- 1.3 DATE OF INTERVIEW (DD/MM/YYYY) [][][][][][][][]
- 1.4 NAME OF WOMAN WHO WAS PREGNANT.....
- 1.5 WOMAN'S ID [][][][][][][][][][][][][][][]
- 1.6 WOMAN'S LINE NUMBER IN THE HOUSEHOLD LISTING [][]
- 1.7 ID OF ROOM WHERE WOMAN SLEEPS [][][][][][][][][][]
- 1.8 WOMAN'S HOUSEHOLD ID [][][][][][][][][][][]
- 1.9 RESULT OF INTERVIEW (**CODE SHEET A⁷**) []

2 RESPONDENT'S PARTICULARS

- 2.1 IS RESPONDENT THE PERSON WOMAN WHO WAS PREGNANT? (N=NO, Y=YES [IF Y, **SKIP TO 3.1**]) []
- 2.2 What is your **full** name?.....
- 2.3 DOES RESPONDENT LIVE IN THE SAME HOUSEHOLD AS PERSON WHO MOVED IN? (Y= Yes; N= No) []
[IF Y SKIP TO 2.6]
- 2.4 RECORD ID OF ROOM WHERE RESPONDENT SLEEPS [][][][][][][][][][]
- 2.5 What is your relationship to (NAME OF WOMAN)? (**CODE SHEET A²**) []

3 PREGNANCY OUTCOME DETAILS

- 3.1 How many times have you been pregnant in your lifetime? [][]
Please include all pregnancies even those that did not result into live births.
[FW: ASK THIS QUESTION ONLY IF RESPONDENT IS THE WOMAN WHO WAS PREGNANT]
- 3.2 How many foetuses were there in this pregnancy? []
- 3.3 What was/were the outcome(s) of the pregnancy?¹
FW: ASK FOR OUTCOME OF EACH FOETUS ACCORDING TO THE NUMBER IN Q 3.2 AND RECORD IN THE BOXES
(LBR = LIVE BIRTH; STB = STILLBIRTH; MIS = MISCARRIAGE; ABT= ABORTION;
NPG = NOT PREGNANT; CEN= CENSORED IF WOMAN MOVED OR DIED)
- | | | |
|--|------|--------|
| | 3.3a | [][] |
| | 3.3b | [][] |
| | 3.3c | [][] |
| | 3.3d | [][] |
- 3.3e IF CENSORED OR NPG EXPLAIN
-
-
- [IF NPG OR CEN SKIP TO 3.12]**
- 3.4 What date did the delivery occur/pregnancy end? (DD/MM/YYYY) [][][][][][][][]
- ¹Outcomes: **Live birth** refers to a baby who was born alive after 28 completed weeks of gestation.
Still birth refers to a baby who was born dead after 28 completed weeks of gestation.
Miscarriage refers to spontaneous expulsion of foetus before 28 completed weeks of gestation.
Abortion refers to any induced expulsion of foetus before week 28 of gestation.

3.5 Please tell me the name of the area where the delivery occurred/pregnancy ended

PROVINCE

DISTRICT

3.6 RECORD PLACE OF DELIVERY/PREGNANCY ENDING (CODE SHEET A⁵)

[CHECK 3.3, IF OUTCOME WAS ABT OR MIS SKIP TO 3.10. IF OUTCOME WAS LBR SKIP TO 3.12]

FOR STILL BIRTHS ONLY

3.7 Where did you deliver? Did you deliver in the house, at a health facility, enroute to health facility or elsewhere?

(1=HOUSE; 2=HEALTH FACILITY; 3=ENROUTE TO HEALTH FACILITY; 4=TBA HOME;

5=TBA FACILITY; 6=ELSEWHERE (SPECIFY.....))

3.8 Who assisted you during delivery? (1=DOCTOR; 2=CLINICAL OFFICER; 3=NURSE/MIDWIFE; 4=NURSE AIDE;

5=TBA; 6=FRIEND/RELATIVE/NEIGHBOR; 7=NO ONE; 96=OTHER (SPECIFY.....))

3.9 Was the delivery normal (spontaneous), or were any instruments such as forceps/vacuum used

or was the delivery by caesarean? (1=NORMAL/SPONTANEOUS; 2=INSTRUMENTS USED; 3= CAESAREAN;

6=OTHER, SPECIFY.....))

[SKIP TO 3.12]

FOR MISCARRIAGE OR ABORTION

3.10 Did you get any medical assistance to end the pregnancy? (N=NO; Y=YES)

3.11 Did you get any medical assistance after the end of the pregnancy (within 6 weeks after end of pregnancy)?

(N=NO; Y=YES)

3.12 RATE THE INTERVIEW [5= (VERY GOOD) TO 1= (VERY BAD)]

3.13 END TIME

4.0 OFFICE/FIELD CHECK DETAILS

4.1 TEAM LEADER'S CODE

4.2 FIELD SUPERVISOR'S CODE

4.3 DSS COORDINATOR'S CODE

4.4 DATA ENTRY CLERK'S CODE

4.5 DATA ENTRY SUPERVISOR'S CODE