

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 A<sup>7</sup>**) [ ]

**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 A<sup>2</sup>**) [ ]

**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?<sup>1</sup>  
 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) [ ][ ][ ][ ][ ][ ][ ][ ][ ]

<sup>1</sup>Outcomes: **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 A<sup>5</sup>)

**[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