AFRICAN POPULATION AND HEALTH RESEARCH CENTRE
NAIROBI URBAN HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM (NUHDSS)
PREGNANCY OUTCOME AND BIRTH REGISTRATION FORM

1	**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	ID OF ROOM WHERE WOMAN SLEEPS	
1.7	WOMAN'S HOUSEHOLD ID	
1.8	RESULT OF INTERVIEW (**CODE SHEET A[7]**)…………………………………………………………	

2	**RESPONDENT'S PARTICULARS**	
2.1	IS RESPONDENT THE WOMAN WHO WAS PREGNANT? (1=YES; 2=NO) **[IF 1 SKIP TO Q3.1]**	
2.2	What is your full name? …………………………………………………………………………………………………….	
2.3	Do you live in the same household as (NAME OF WOMAN WHO WAS PREGNANT)? (1=YES; 2=NO) **[IF 1 SKIP TO Q2.5]**	
2.4	RECORD ID OF ROOM WHERE RESPONDENT SLEEPS	
2.5	What is your relationship to (NAME OF WOMAN)? **(CODE SHEET A[2])**	

3	**PREGNANCY OUTCOME DETAILS**	
3.1	How many times have you ever been pregnant in your life? **[PLEASE INCLUDE ALL PREGNANCIES EVEN THOSE THAT DID NOT RESULT INTO LIVE BIRTHS].**	
3.2	How many of these pregnancies did not result in a livebirth?	
3.3	How many foetuses were in this pregnancy?	
3.4	What was/were the outcome(s) of the pregnancy? FW: ASK FOR OUTCOME OF EACH FOETUS ACCORDING TO THE NUMBER IN Q3.2 AND RECORD IN THE BOXES (1 = LIVE BIRTH; 2 = STILLBIRTH; 3 = MISCARRIAGE; 4= ABORTION; 1ST OUTCOME 3.31 5 = NOT PREGNANT; 6 = CENSORED IF WOMAN MOVED OR DIED) 2ND OUTCOME 3.32 **[IF Q3.4 IS NOT LIVE BIRTH, SKIP TO Q8.1]** 3RD OUTCOME 3.33 **[IF MORE THAN 1 LIVE BIRTH, FILL 4A FOR EACH LIVE BIRTH]** 4TH OUTCOME 3.34	
3.5	On what date did the delivery occur/ pregnancy end? [DD/MM/YYYY]	
3.6	What was the duration (in months) of pregnancy when the delivery occurred/ pregnancy ended?	
	Where did you deliver? 1=HOUSE; 2=HEALTH FACILITY; 3=ENROUTE TO HEALTH FACILITY; 4=TBA HOME; 5=TBA FACILITY; 6=ELSEWHERE ; 8=DON'T KNOW)	
3.7	Please tell me the name of the area where the delivery occurred/pregnancy ended. PROVINCE DISTRICT	
3.8	RECORD PLACE OF DELIVERY/PREGNANCY ENDING **(CODE SHEET A[5])**	
3.10	**[FW: CHECK Q3.4, IF 1 ASK]:** What is (NAME OF CHILD) birth order considering all live births? **[IF FIRST BIRTH, GO TO 3.12]**	
3.1	When did you have the previous birth before (NAME OF CHILD)?	

	[1]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 fetus before 28 completed weeks of gestation.
	                    Abortion refers to any induced expulsion of fetus before week 28 of gestation.	

<table>
<tr><td></td><td>[FW: CHECK Q3.4; IF NOT 4 SKIP TO Q3.13]</td><td></td></tr>
<tr><td>3.12</td><td>Did you get any assistance to end the pregnancy?   (1=YES; 2=NO)</td><td>☐</td></tr>
<tr><td>3.1</td><td>Who assisted you during delivery/ to end the pregnancy?   [01=DOCTOR; 02=CLINICAL OFFICER; 03=NURSE/MIDWIFE; 04=NURSE AIDE; 05=TBA; 06=NEIGHBOUR/RELATIVE/FRIEND; 07=NO ONE; 96=OTHER (specify)……………………………………………………………………………………………...]</td><td>☐</td></tr>
</table>

4A	CHILD'S DETAILS

4.1	NAME OF CHILD	
4.2	CHILD'S NICKNAME ………….…..	
4.3	Is (NAME) male or female? (1= MALE; 2=FEMALE)	☐
4.4	Where does (NAME) live? (1=WITHIN SAME HOUSEHOLD; 2=OTHER HOUSEHOLD IN THE DSA; 3=ELSEWHERE IN NAIROBI; 4=ELSEWHERE)	☐
4.5	CHILD'S ID	☐☐☐☐☐☐☐☐☐☐☐☐☐
4.6	ID OF CHILD'S HOUSEHOLD **[IF LIVING IN THE SAME DSA BUT NOT THE SAME HOUSEHOLD]** ☐☐☐☐☐☐☐☐☐☐☐☐	
4.7	What is the relationship of the child to (NAME OF HOUSEHOLD HEAD)? **(CODE SHEET A[1])**	☐☐
4.8	What ethnic group does (NAME) belong to? **[CODE SHEET A[6]]**	☐☐

4B	CHILD'S FATHER DETAILS

4.9	Is (NAME OF CHILD) biological father alive? (1=YES; 2=NO; 8=DON'T KNOW) **[IF 2 OR 8 SKIP TO Q8.1]**	☐
4.10	What is the father's **full** name? ……………………………………………………………………………	
4.11	Where does the father live? (1=WITHIN SAME DSA SLUM; 2=OTHER DSA SLUM; 3=NON-DSA NAIROBI SLUM 4=NAIROBI NON-SLUM; 5= OTHER URBAN AREA; 6=RURAL KENYA, 7=OUTSIDE KENYA, 8=DON'T KNOW) **[IF 3, 4, 5, 6, 7 OR 8, SKIP TO Q8.1]**	☐
4.1	Does the father stay in this household? (1=YES; 2=NO) **[IF 1 SKIP TO Q4.14]**	☐
4.13	ID OF FATHER'S HOUSEHOLD	☐☐☐☐☐☐☐☐☐☐☐☐
4.14	FATHER'S ID FROM RELEVANT HRB	☐☐☐☐☐☐☐☐☐☐☐☐
8.1	RATE THE INTERVIEW [5= VERY GOOD TO 1= VERY BAD]	☐
4.15	END TIME	☐☐☐☐

9	OFFICE/FIELD CHECK DETAILS

9.1	TEAM LEADER'S CODE	☐☐☐☐
9.2	FIELD SUPERVISOR'S CODE	☐☐☐☐
9.3	DSS COORDINATOR'S CODE	☐☐☐☐
9.4	DATA ENTRY CLERK'S CODE	☐☐☐☐
9.5	DATA ENTRY SUPERVISOR'S CODE	☐☐☐☐