

NOTE: QUESTIONS 3.1 - 3.22 ONLY APPLY TO PREGNANCIES THAT TERMINATED IN A LIVE BIRTH
(If no live birth in Q2.4, skip to Q4.1)

3.1. CHILD'S NAME

3.2. CHILD'S ID

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3.3. ETHNICITY OF CHILD (aet codes from ²) (If OTH Specifv.....)

3.4 CHILD'S RELATIONSHIP TO HH HEAD (get codes from ³) (If OTH Specify.....)

3.5. CHILD'S LINE NUMBER IN HOUSEHOLD

3.6. DID THE CHILD SLEEP IN THE HOUSE LAST NIGHT (YES = Y; NO = N)

3.7. SEX OF CHILD (M=Male; F=Female)

3.8. ID FOR ROOM WHERE CHILD USUALLY SLEEPS

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3.9.

FATHER'S														NAME			
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3.10. FATHER'S

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AT THE TIME OF BIRTH (Read out each of the items)

3.11 DID THE PREGNANCY END EARLY, ON TIME, OR LATE? (Early=1; On time=2; Late=3)

3.12 WAS THE BABY'S HEAD DELIVERED FIRST? (Y=Yes, N=No, D=Don't Know; , A=Not Applicable (if delivered by C/S) (If Y, D, or A, skip to 3.14)

3.13 WHAT (PART) WAS DELIVERED FIRST? (record answer on dotted line).....

3.14 WAS THE BABY ABLE TO CRY IMMEDIATELY? (Y=Yes, N=No, D=Don't Know) (If YES, skip to 3.16)

3.15 WAS THE BABY ABLE TO BREATHE UNAIDED? (Y=Yes, N=No, D=Don't Know)

IMMEDIATELY AFTER BIRTH (For questions 3.17-3.22, (Y=Yes, N=No, D=Don't Know)

3.16 THE ESTIMATED BABY SIZE: WAS THE BABY:
 (Very Small=1; Smaller Than Usual=2; About Average Size=3; Or Larger Than Usual=4)

3.17 DID THE BABY BLEED FROM THE CORD STUMP? (Y=Yes, N=No, D=Don't Know)

3.18 DID THE BABY HAVE SOME BRUISES OR MARKS OF INJURY ON THE BODY?
 (Y=Yes, N=No, D=Don't know)

3.19 DID THE BABY HAVE SOME MALFORMATIONS
 (ON THE HEAD, BODY OR EXTREMITIES?) (Y=Yes, N=No, D=Don't know)

3.20 DID THE BABY DEVELOP YELLOWNESS OF EYES AND SKIN? (Y=Yes, N=No, D=Don't Know)

3.21 WAS THE BABY ADMITTED/REFERRED TO A NURSERY? (Y=Yes, N=No, D=Don't Know)

3.22 WAS THE BABY TRANSFUSED BLOOD? (Y=Yes, N=No, D=Don't Know)

² **Ethnicity:** KIK=Kikuyu; LUH=Luhya; LUO=Luo; KAM=Kamba; MER=Meru; EMB=Embu; KIS=Kisii; MIJ=Mijikenda; SWA=Swahili; SOM=Somali TAI=Taita; Tav=Taveta; MAS=Masai; KAL=Kalenjin; OTH=Other (specify.....)

³ **Relationships:** AUN= Aunt; BIL=Brother-in-law; BRO= Brother; CHD = Child; CWF = Co-wife; DIL = Daughter-in-law; GCH = Grand child; GDP = Grand parent; HUS = Husband; NEP= Nephew; NIE=Niece; NRL = Not related; PAR = Parent; PIL = Parent-in-Law; SIL=Sister-in-law; SIS=Sister; SLF =Self; SOL= Son-in-law; STP=Step Child; STA=Step parent; UNC=Uncle; UNK = Unknown relation; WIF = Wife; OTH = Other (specify_____).

4. PREGNANCY RELATED MORBIDITY DETAILS

NOTE: THIS SECTION MUST BE FILLED OUT FOR ALL PREGNANCY OUTCOMES AND THE RESPONDENT MUST BE THE FEMALE WHO GAVE BIRTH. HISTORIES APPLY ONLY FOR THE PERIOD OF PREGNANCY, DURING LABOUR AND WITHIN 6 WEEKS AFTER DELIVERY/PREGNANCY TERMINATION.

4.1 VAGINAL BLEEDING

4.1.1 DID YOU HAVE *PAINLESS VAGINAL BLEEDING* THAT WAS RECURRENT BUT IN SMALL TRICLE, ANYTIME DURING PREGNANCY? **Y= YES; N=NO; 8= DON'T REMEMBER**

Wakati ulipokuwa mja mzito je, ulitokwa na damu kidogo kidogo kwenye njia ya uzazi mara kwa mara bila kuhisi uchungu wowote?

4.1.2 DID YOU HAVE VAGINAL BLEEDING THAT WAS *PRECEDED BY A SUDDEN AND SEVERE PAIN* IN THE LOWER ABDOMEN? **Y= YES; N=NO; 8= DON'T REMEMBER**

Je, ulipokuwa mja mzito ulitokwa na damu kwenye njia ya uzazi ambayo ilitanguliwa na uchungu mwingi wa ghafla katika sehemu ya chini ya tumbo?

4.1.3 DID YOU HAVE HEAVY VAGINAL BLEEDING *AFTER DELIVERY/TERMINATION*?

Y= YES; N=NO; 8= DON'T REMEMBER

Je, baada ya kujifungua ulitokwa na damu nyingi kwenye njia ya uzazi?

4.2 HIGH BLOOD PRESSURE DURING PREGNANCY

4.2.1a) DID YOU HAVE UNUSUAL SWELLING OF THE FEET, FACE AND HANDS WHILE PREGNANT?

Y= YES; N=NO; 8= DON'T REMEMBER (IF ANSWER IS 'N' OR 8) SKIP TO → Q= 4.2.2a)

4.2.1b) WHEN DID YOU BEGIN TO EXPERIENCE THIS SWELLING?

1= BEFORE 5TH MONTH OF PREGNANCY; 2= AFTER 5TH MONTH; 3= THROUGHOUT PREGNANCY

4.2.2a) DID YOU HAVE HIGH BLOOD PRESSURE?

Y= YES; N=NO; 8= DON'T REMEMBER (IF ANSWER IS 'N' OR 8) SKIP TO → Q= 4.2.3a)

4.2.2b). DID YOU HAVE THIS PROBLEM BEFORE YOU BECAME PREGNANT?

Y= YES; N=NO; 8= DON'T REMEMBER

4.2.3a) DID YOU HAVE CONVULSION/FITS THAT NEVER OCCURRED BEFORE PREGNANCY?

Y= YES; N=NO; 8= DON'T REMEMBER (IF ANSWER IS 'N' OR 8) SKIP TO → Q= 4.2.4

Je, uliwahi kupatwa na shida ya kutetemeka au kuanguka kama mtu aliye na kifafa ambayo hukuwa nayo kabla ya kuwa mja mzito?

4.2.3b) WHEN DID YOU EXPERIENCE THESE CONVULSIONS?

1= THROUGHOUT PREGNANCY; 2= DURING LABOUR; 3= AFTER DELIVERY/TERMINATION;

4 = DURING 1, 2 & 3

4.2.4 DID YOU HAVE SEVERE HEADACHES DURING PREGNANCY OR AFTER DELIVERY/TERMINATION?

Y= YES; N=NO; 8= DON'T REMEMBER

4.3 FEBRILE ILLNESSES (¹ Note 'H/W' = Health Worker)

4.3.1 DID YOU HAVE FEVER ANY TIME DURING PREGNANCY OR AFTER DELIVERY/TERMINATION?

Y= YES; N=NO; 8= DON'T REMEMBER

4.3.2 DID YOU SUFFER FROM MALARIA DURING PREGNANCY OR AFTER DELIVERY/TERMINATION?

1=YES (TOLD BY H/W¹, NO TEST); 2=YES (TOLD BY H/W, AFTER TEST); 3=YES (BUT NOT BY H/W)

4=NO; 8=DON'T REMEMBER

4.3.4. DID YOU EXPERIENCE BURNING SENSATION WHEN PASSING URINE FOR WHICH YOU SOUGHT HEALTH CARE WHILE PREGNANT? Y= YES; N=NO; 8= DON'T REMEMBER <i>Wakati ulipokuwa mja mzito, je, ulipata shida ya kuwashwa unapoenda haja Ndogo ambayo ilikubidi utafute matibabu?</i>	<input type="checkbox"/>
4.3.5. DID YOU EXPERIENCE YELLOWISH DISCOLORATION OF THE EYES AND PALMS WHILE PREGNANT OR AFTER DELIVERY/TERMINATION? Y= YES; N=NO; 8= DON'T REMEMBER	<input type="checkbox"/>
4.3.6. DID YOU EXPERIENCE ANY OTHER ILLNESS ASSOCIATED WITH FEVER FOR WHICH YOU SOUGHT HEALTH CARE? Y= YES; N=NO; 8= DON'T REMEMBER (IF Y, LIST 3 MOST SERIOUS BELOW)	<input type="checkbox"/>
1.	
2.	
3.	
4.4 GENERAL SYMPTOMS (¹ Note 'H/W' = Health Worker)	
4.4.1 DID YOU EXPERIENCE A DISABLING GENERAL BODY WEAKNESS WHILE PREGNANT? Y= YES; N=NO; 8= DON'T REMEMBER	<input type="checkbox"/>
4.4.2 DID YOU HAVE POOR APPETITE DURING PREGNANCY? Y= YES; N=NO; 8= DON'T REMEMBER	<input type="checkbox"/>
4.4.3. DID YOU SUFFER FROM ANEMIA (LACK OF BLOOD) DURING PREGNANCY OR AFTER DELIVERY/TERMINATION? 1=YES (TOLD BY H/W ¹ , NO TEST); 2=YES (TOLD BY H/W, AFTER TEST); 3=YES (BUT NOT BY H/W) 4=NO; 8=DON'T REMEMBER	<input type="checkbox"/>
4.4.4 DID YOU EVER FEEL ANY MOVEMENTS OF THE BABY DURING THE PREGNANCY? Y= YES; N=NO; 8= DON'T REMEMBER (IF 'N' OR '8' GO TO Q 4.4.6)	<input type="checkbox"/>
4.4.5 IN YOUR OPINION, DID THE BABY MOVE POORLY OR STOP MOVING DURING THE PREGNANCY? Y= YES; N=NO; 8= DON'T REMEMBER	<input type="checkbox"/>
4.4.6 DID YOU EXPERIENCE ANY OTHER SERIOUS HEALTH PROBLEMS DURING PREGNANCY, LABOR OR AFTER DELIVERY FOR WHICH YOU DID NOT SEEK HEALTH CARE? Y= YES; N=NO; 8= DON'T REMEMBER (IF Y, LIST 3 MOST SERIOUS BELOW)	<input type="checkbox"/>
1.	
2.	
3.	
SPECIFIC PROBLEMS DURING LABOR & AFTERWARDS	
4.5.1. WAS THE DELIVERY/TERMINATION PRECEDED WITH LABOUR PAINS? Y= YES; N=NO; 8= DON'T REMEMBER (IF 'N' OR '8' GO TO Q 4.5.3)	<input type="checkbox"/>
4.5.1 WAS THE LABOUR INDUCED OR DID IT OCCUR SPONTANEOUSLY? 1= INDUCED 2= SPONTANEOUS	<input type="checkbox"/>
4.5.2 HOW LONG DID THE LABOUR LAST? 1= LESS THAN 8 - 10 HOURS; 2= MORE THAN 10 HOURS; 8= DON'T REMEMBER	<input type="checkbox"/>
4.5.3. WAS THE DELIVERY/TERMINATION FOLLOWED BY THE PLACENTA (AFTER-BIRTH)? Y= YES; N=NO; 8= DON'T REMEMBER (IF 'N' OR '8' GO TO Q 4.5.5)	<input type="checkbox"/>
4.5.4. HOW LONG AFTER DELIVERY/TERMINATION DID THE PLACENTA (AFTER-BIRTH) COME OUT? 1= WITHIN 1 HOUR 2= MORE THAN ONE HOUR 8 = DON'T REMEMBER	<input type="checkbox"/>

4.5.5 WOMEN NORMALLY HAVE A DARK-BROWNISH VAGINAL DISCHARGE (LOCHIA) FOR FEW DAYS AFTER DELIVERY. FOR THE PERIOD YOU HAD THIS DISCHARGE, DID IT EVER DEVELOP A BAD/UNUSUAL SMELL?

Y= YES; N=NO; 8= DON'T REMEMBER

Kwa kawaida wanawake baada ya kujifungua hutokwa na maji ya 'brown' kwenye njia ya uzazi kwa siku chache. Je, uilpokuwa ukitokwa na maji hayo , yali wahi kuwa na harufu isiyo ya kawaida?

4.5.6 SOME WOMEN FAIL TO CONTROL URINE AND/OR STOOL AFTER A PROLONGED & DIFFICULT DELIVERY. DID YOU EXPERIENCE SUCH PROBLEM? 1= YES (URINE); 2= YES (STOOL) 3= YES (BOTH) 4=NO;

Wanawake wengine hushindwa kuzuia haja ndogo au kubwa baada ya kujifungua kwa shida. Je, ulikuwa na shida kama hii?

4.5.7. SOME WOMEN ALSO EXPERIENCE UNUSUAL CHANGE IN THEIR EMOTIONS AND MOOD FOLLOWING DELIVERY. DID YOU HAVE SUCH SYMPTOMS? Y= YES; N=NO;

Wanawake wengine, moods au tabia zao hubadilika baada ya kujifungua. Je, wewe ulikuwa na hali hiyo?

4.6. DID YOU ATTEND ANTENATAL CLINIC DURING THE PREGNANCY?

Y= YES; N=NO; → (IF 'N' GO TO Q5.1)

4.6.1 DID YOU HAVE AN ANTENATAL CARD OR BOOKLET?

1= YES, SEEN 2= YES, BUT NOT AVAILABLE 3= NO → (IF '2' OR '3' GO TO Q5.1)

4.6.2 CHECK FROM THE CARD WHETHER THE FOLLOWING SERVICES WERE RECEIVED;

4.6.2a) TWO DOSES OF TT VACCINATION (Y= YES N= NO)

4.6.2b) IRON/FOLIC ACID SUPPLEMENTATION (Y= YES N= NO)

4.6.2c) VITAMIN A CAPUSLES (Y=YES N=NO)

4.6.2d) SYPHILIS TEST/VDRL (Y=YES N=NO)

5. RESPONDENT'S PARTICULARS

5.1. RESPONDENT'S NAME

5.2 RESPONDENT'S ID

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5.3 RESPONDENT'S RELATIONSHIP TO THE WOMAN (get code from ² on page 2) (If OTH Specify.....)

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5.4 END TIME

6. OFFICE/FIELD CHECK DETAILS

6.1 FS CODE & CHECK DATE

6.2 OFFICE CODE & CHECK DATE

6.3. RECORD ANY GENERAL COMMENTS ABOUT INTERVIEW, THE CHILD OR THE MOTHER

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