**FORM 1: PREGNANCY QUESTIONNAIRE**

1. Date of interview |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|
2. Province |\_\_\_|\_\_\_|
3. District |\_\_\_|\_\_\_|

1. Administrative post |\_\_\_|\_\_\_|
2. Locality |\_\_\_|\_\_\_|
3. Community |\_\_\_|\_\_\_|
4. Enumeration area |\_\_\_|\_\_\_|
5. Hamlet/Communal unit |\_\_\_|\_\_\_|
6. Area/Block |\_\_\_|\_\_\_|
7. Household |\_\_\_|\_\_\_|\_\_\_|
8. What is the name of head of household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent**

***INTERVIEWER: Read the consent form to the respondent. Ask the respondent if he or she has any questions. Once any questions are answered, ask the respondent if he or she is willing to take part in the study.***

***INTERVIEWER: Did respondent give consent? Yes=1, No=2,*** |\_\_|

***If 1 → P11a***

***If 2 → Thank respondent for their time and end the interview.***

P11a. Does the head of household [Name] have a cellphone? Yes / NO

* 1. If YES: What is his/her [Name] phone number? |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|
	2. If NO
1. What is the respondent’s name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Interviewer: If the respondent is the head of household, just write the name then go to P12b.*

P12a. Do you [Respondent’s name] have a cellphone? Yes / NO

* 1. If YES: What is your phone number? |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| 🡺 P13
	2. If NO

P12b. **Interviewer: Ask only if P11a=NO and P12a=NO**

Is there anyone in this household who has phone? Yes / NO

1. If YES:
	1. What is his/her name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. What is his/her [Name] phone number? |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| 🡺 P13
2. If NO What is the name of pregnant woman? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have a health card? (Yes, seen=1, Yes, not seen=2, No=3) |\_\_\_|
4. How old were you at your lastbirthday? (in complete years) |\_\_\_|\_\_\_|
5. When was the last menstrual period (LMP)? |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|
6. For how many months have you been pregnant? |\_\_\_|\_\_\_|
7. When is the probable date of delivery? |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|

 **END OF SURVEY**