**FORM 2: PREGNANCY OUTCOME (live birth, stillbirth, miscarriage/abortion) QUESTIONNAIRE**

1. Date of interview |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|
2. Province |\_\_\_|\_\_\_|
3. District |\_\_\_|\_\_\_|
4. Administrative post |\_\_\_|\_\_\_|
5. Locality |\_\_\_|\_\_\_|
6. Community |\_\_\_|\_\_\_|
7. Enumeration area |\_\_\_|\_\_\_|
8. Hamlet/Communal unit |\_\_\_|\_\_\_|
9. Area/Block |\_\_\_|\_\_\_|

1. Household |\_\_\_|\_\_\_|\_\_\_|
2. 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 Yes (1) → PO12***
* ***If No (2) → Thank respondent for their time and end the interview.***

1. What is the respondent’s name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Interviewer: If the respondent is the head of household, please just write the name then go to PO12b.*

PO12a. Does the head of household [Name] have a cellphone? Yes / NO

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

PO12b. Do you [Respondent’s name] have a cellphone? Yes / NO

1. If YES: What is your phone number? |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| 🡺 PO13

If NO

PO12c. **Interviewer: Ask only if P12a=NO and P12b=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? |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| 🡺 PO13
2. If NO
3. What is the name of the mother? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you have a health card? (Yes, seen=1, Yes, not seen=2, No=3) |\_\_\_|
5. How old were you at your last birthday? (Woman’s age in complete years) |\_\_\_|\_\_\_|
6. When did you deliver or did the pregnancy end? |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|
7. Where did you give birth? (Health facility=1, Home=2 and Other place=3) |\_\_\_|

1. How long did this pregnancy last? Duration of gestation (in months) |\_\_\_|\_\_\_|

**If less than 6 months 🡺 PO23**

1. Was it multiple births (Yes=1, No=2) |\_\_\_| **If “2” 🡺 PO22**
2. How many are born alive? |\_\_\_|
3. How many are born dead (stillbirth)? |\_\_\_|

**Skip to “Table for live birth information”**

1. Was the baby born alive, born dead or lost before birth? (live birth=1; stillbirth=2): |\_\_\_| **If “2”** 🡺 **end of interview**

**Table for live birth information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identification of baby  (1) | Full Name  (2) | Sex (Male=1, Female=2)  (3) | Birth weight  (gram)  (4) | Birth registration (Yes=1, No=2)  (5) |
|  |  | |\_\_\_| | **|\_\_|\_\_|\_\_|\_\_|.|\_\_|** |  |
|  |  | |\_\_\_| | **|\_\_|\_\_|\_\_|\_\_|.|\_\_|** |  |

**END OF SURVEY**