

Data Extraction

PARTICIPANT STUDY ID

Date and Time of data collection - Data Quality Check

Date of data collection/ interview

(DD-MM-YYYY)

First and Last Name of data collector

How many attempts were made by phone to reach this participant

(ENTER A NUMBER e.g. 1)

Were additional strategies used to trace this participant?

- ☐ Yes
☐ No

Describe the additional strategies

Is this person lost to follow up?

- ☐ Yes
☐ No

FOR INTERVENTION SITES ONLY - EXTRACT DATA FROM GROUP ANC REGISTER

1. Did woman attend any group meetings?

- ☐ Yes
☐ No

2. HIV status known

- ☐ Yes
☐ No

3. Partner HIV tested

- ☐ Yes
☐ No

4. Which group meetings did the woman attend?

- ☐ M1
☐ M2
☐ M3
☐ M4
☐ M5
(Select all that apply)

5. Woman has LLIN?

- ☐ Yes
☐ No

6. Given IFAS? (ever)

- ☐ Yes
☐ No

7. For meeting 1, select all that apply

- ☐ Has IFA
☐ Took IFA
☐ Bed net
☐ Gave SP
☐ N/A, missed meeting

8. For meeting 2, select all that apply

- ☐ Has IFA
☐ Took IFA
☐ Bed net
☐ Gave SP
☐ N/A, missed meeting

9. For meeting 3, select all that apply

- ☐ Has IFA
- ☐ Took IFA
- ☐ Bed net
- ☐ Gave SP
- ☐ N/A, missed meeting

10. For meeting 4, select all that apply

- ☐ Has IFA
- ☐ Took IFA
- ☐ Bed net
- ☐ Gave SP
- ☐ N/A, missed meeting

11. For meeting 5, select all that apply

- ☐ Has IFA
- ☐ Took IFA
- ☐ Bed net
- ☐ Gave SP
- ☐ N/A, missed meeting

12. Meeting 1 blood pressure

12. Meeting 1: Systolic

12. Meeting 1: Diastolic

13. Meeting 2 blood pressure

13. Meeting 2: Systolic

13. Meeting 2: Diastolic

14. Meeting 3 blood pressure

14. Meeting 3: Systolic

14. Meeting 3: Diastolic

15. Meeting 4 blood pressure

15. Meeting 4: Systolic

15. Meeting 4: Diastolic

16. Meeting 5 blood pressure

16. Meeting 5: Systolic

16. Meeting 5: Diastolic

17. Other danger sign identified from self-assessment card?

18. BP counseling

- ☐ Yes
- ☐ No

19. Place of delivery specified?

- ☐ Yes
- ☐ No

20. Place of delivery

21. Plan: transport

- ☐ Yes
- ☐ No
- ☐ N/A

22. Plan: emergency cash
☐ Yes
☐ No
☐ N/A
23. Plan: companion
☐ Yes
☐ No
☐ N/A
24. Plan: decision maker
☐ Yes
☐ No
☐ N/A
25. FP desired? Meeting 4
☐ Yes
☐ No
☐ N/A
26. FP desired? Meeting 5
☐ Yes
☐ No
☐ N/A
27. Chosen desired method? Meeting 4 (G4)
☐ Yes
☐ No
- 27i. Specify method
☐ Injectable
☐ Implants
☐ Withdrawal
☐ Condoms
☐ Pill/Oral contraceptives
☐ IUD
☐ Emergency contraception
☐ Sterilisation
☐ Standard days or rhythm method
☐ LAM
☐ Other
- Other G4 method

28. Chosen desired method? Meeting 5 (G5)
☐ Yes
☐ No
- 28i. Specify method
☐ Injectable
☐ Implants
☐ Withdrawal
☐ Condoms
☐ Pill/Oral contraceptives
☐ IUD
☐ Emergency contraception
☐ Sterilisation
☐ Standard days or rhythm method
☐ LAM
☐ Other
- Other G5 method

29. If LAM select method, transition method chosen?
☐ Yes
☐ No
☐ N/A

29i. Specify method

- ☐ Injectable
- ☐ Implants
- ☐ Withdrawal
- ☐ Condoms
- ☐ Pill/Oral contraceptives
- ☐ IUD
- ☐ Emergency contraception
- ☐ Sterilisation
- ☐ Standard days or rhythm method
- ☐ Other

Other transition method
