**Mother Enrollment**

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| **Instructions** | | **Complete this form after confirming eligibility and obtaining signed consent** | | | |
| 1 | Date of Enrollment | | |\_\_||\_\_| / |\_\_||\_\_| / |\_\_||\_\_|  *D D M M Y Y* | | |
| 2 | Place of Enrollment | | 1 = Home 2 = Health facility | | |\_\_\_| |
| 3 | Age of woman (in years) | | | | |\_\_\_||\_\_\_| |
| 4 | Number of marriages | | | | |\_\_\_| |
| 5 | Age at first marriage (in years) | | | | |\_\_\_||\_\_\_| |
| 6 | Age of menarche (in years) | | | | |\_\_\_||\_\_\_| |
| 7 | Age at first pregnancy (in years) | | | | |\_\_\_||\_\_\_| |
| 8 | Total live births in lifetime **(including the current one)** | | | | |\_\_\_||\_\_\_| |
| 9 | Number of still birth/ death/abortion/MR, DE&C | | | | |\_\_\_| |
| 10 | Was the current delivery | | 1 = Single 2 = Twin  **(If single, enter ‘9’ for 10a and 10b)** | | |\_\_\_| |
|  | 10a. If Twin, sex of the babies | | 1 = Both males; 2 = Both females  3 = One male & one female | | |\_\_\_| |
|  | 10b. If Twin, placenta | | 1 = One 2 = Two 7 = Don’t know | | |\_\_\_| |
| 11 | Current delivery status | | 1 = Vaginal 2 =Caesarian | | |\_\_\_| |
| 12 | History of any supplementation during **THIS** pregnancy | | | |  |
|  | 12a. Zinc | | | 1 = Yes 2 = No | |\_\_\_| |
| 12b. Iron | | | 1 = Yes 2 = No | |\_\_\_| |
| 12c. Folic acid | | | 1 = Yes 2 = No | |\_\_\_| |
| 12d. Calcium | | | 1 = Yes 2 = No | |\_\_\_| |
| 12e. Vitamin A | | | 1 = Yes 2 = No | |\_\_\_| |
| 12f. Other | | | 1 = Yes 2 = No | |\_\_\_| |
| 12f1. If other, please specify | | | **Post Coded** | |
| 13 | Number of Tetanus Toxoid (TT) doses received during **THIS** pregnancy | | | 1 = None 2 = One dose  3 =Two doses 7 = Don’t know | |\_\_\_| |

**NOT DATA ENTERED**

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|  | Interviewer Name and Code | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_\_\_||\_\_\_||\_\_\_| |