

PREGNANCY OUTCOME.xlsx

N	fw_uuid Field Worker Id	text -----
N	mother_uuid Individual Id	text -----
N	father_uuid Father Id	text -----
N	visit_uuid Visit UUID	text -----
N	insertDate insertDate	date Day: ----- Month: ----- Year: -----
N	outcomeDate Date of Outcome	date Day: ----- Month: ----- Year: -----
N	numberOfBirths number of outcomes from specific pregnancy	integer -----
N	numberofLiveBirths number of live outcomes from specific pregnancy	integer -----
N	b_place Place of Birth	select_one birthPlace <input type="radio"/> At home ⁵ <input type="radio"/> Hospital ¹ <input type="radio"/> Traditional Birth Attendant's Home ⁴ <input type="radio"/> Health Center/Clinic ² <input type="radio"/> On the way to clinic/hospital ⁹ <input type="radio"/> Private maternity home ³ <input type="radio"/> Other ⁷⁷ <input type="radio"/> CHPS ⁷
N	not_del Why was child not delivered at health facility	select_one notdel <div style="text-align: right; font-size: small;"> selected(\${b_place}, '5') or selected(\${b_place}, '4') or R selected(\${b_place}, '6') </div> <input type="radio"/> Not necessary ¹ <input type="radio"/> Not customary ² <input type="radio"/> Lack of money ³ <input type="radio"/> Too far ⁴ <input type="radio"/> Transport problem ⁵ <input type="radio"/> No one to accompany ⁶ <input type="radio"/> Good services not available ⁷ <input type="radio"/> Not permitted by family ⁸ <input type="radio"/> Better service at home ⁹ <input type="radio"/> No female doctor available ¹⁰ <input type="radio"/> Inconvenient service hour ¹¹ <input type="radio"/> Afraid to go ¹² <input type="radio"/> Long waiting time ¹³ <input type="radio"/> Religious Reasons ¹⁴ <input type="radio"/> Other ⁷⁷
N	not_del_other Other, Specify	text <div style="text-align: right; font-size: small;"> selected(\${not_del}, '77') R </div> -----
N	ass_del Who assisted you during delivery?	select_one assist <input type="radio"/> Doctor ¹

	<input type="radio"/> Nurse/Midwife ² <input type="radio"/> TBA ³ <input type="radio"/> Relative/Friend ⁴ <input type="radio"/> No One ⁵ <input type="radio"/> Other ⁷⁷
N ass_del_other Other, Specify	text selected(\${ass_del}, '77') R
N how_del How was the child delivered?	select_one howdel <input type="radio"/> Normal/Spontaneous ¹ <input type="radio"/> Caesarian Section ² <input type="radio"/> Forceps ³ <input type="radio"/> Other ⁷⁷
N how_del_other Other, Specify	text selected(\${how_del}, '77') R
N rec_anc During the time that you were pregnant, did you receive any Antenatal Care?	select_one yn_anc <input type="radio"/> Yes ¹ <input type="radio"/> No ² <input type="radio"/> Yes (Card Not Available) ³
N why_no_anc Why, No?	select_one notdel selected(\${rec_anc}, '2') R <input type="radio"/> Not necessary ¹ <input type="radio"/> Not customary ² <input type="radio"/> Lack of money ³ <input type="radio"/> Too far ⁴ <input type="radio"/> Transport problem ⁵ <input type="radio"/> No one to accompany ⁶ <input type="radio"/> Good services not available ⁷ <input type="radio"/> Not permitted by family ⁸ <input type="radio"/> Better service at home ⁹ <input type="radio"/> No female doctor available ¹⁰ <input type="radio"/> Inconvenient service hour ¹¹ <input type="radio"/> Afraid to go ¹² <input type="radio"/> Long waiting time ¹³ <input type="radio"/> Religious Reasons ¹⁴ <input type="radio"/> Other ⁷⁷
N where_anc Where did you receive the ANC?	select_one birthPlace selected(\${rec_anc}, '1') R <input type="radio"/> At home ⁵ <input type="radio"/> Hospital ¹ <input type="radio"/> Traditional Birth Attendant's Home ⁴ <input type="radio"/> Health Center/Clinic ² <input type="radio"/> On the way to clinic/hospital ⁹ <input type="radio"/> Private maternity home ³ <input type="radio"/> Other ⁷⁷ <input type="radio"/> CHPS ⁷
N where_anc_Other Other, Specify	text selected(\${where_anc}, '77') R
N who_anc Who attended to you?	select_one assist selected(\${rec_anc}, '1') R <input type="radio"/> Doctor ¹ <input type="radio"/> Nurse/Midwife ² <input type="radio"/> TBA ³ <input type="radio"/> Relative/Friend ⁴ <input type="radio"/> No One ⁵ <input type="radio"/> Other ⁷⁷
N month_pg How many months pregnant were you when you first received	integer selected(\${rec_anc}, '1') R

Antenatal Care?		-----
N num_anc	integer	R
How many ANC visits did you make before you delivered?	selected({rec_anc}, '1')	
N rec_ipt	select_one complete	R
During the time that you were pregnant, did you receive IPT in front of a nurse?	selected({rec_anc}, '1')	
	<input type="radio"/> Yes 1	
	<input type="radio"/> No 2	
N first_rec	integer	R
How many months pregnant were you when you first received IPT?	selected({rec_ipt}, '1')	
N many_ipt	integer	R
How many times did you take IPT in front of a nurse during the pregnancy?	selected({rec_ipt}, '1')	
N childuuid	text	
Child UUID	-----	
N chd_weight	select_one complete	R
Was the child weighed at birth?	selected({rec_anc}, '1')	
	<input type="radio"/> Yes 1	
	<input type="radio"/> No 2	
N chd_size	select_one size	
How much did the child weigh (estimated baby size)	<input type="radio"/> Very small 1	
	<input type="radio"/> Small 2	
	<input type="radio"/> Average 3	
	<input type="radio"/> Large 4	
	<input type="radio"/> Larger than usual 5	
N weig_hcard	text	R
Record weight in kilograms from Health Card	selected({chd_weight}, '1')	
N type	select_one outcometype	
Outcome Type	<input type="radio"/> Live Birth 1	
	<input type="radio"/> Still Birth 2	
	<input type="radio"/> Miscarriage 3	
	<input type="radio"/> Abortion 4	
N id1001	select_one complete	
Did you ever breastfeed the child?	<input type="radio"/> Yes 1	
	<input type="radio"/> No 2	
N id1002	select_one how_lng	R
How long after delivery did you first put child to the breast?	selected({id1001}, '1')	
	<input type="radio"/> Immediately after birth 1	
	<input type="radio"/> Within 30 minutes after birth 2	
	<input type="radio"/> One hour after birth 3	
	<input type="radio"/> More than 1 hour after birth 4	
N id1003	select_one complete	
In the first 2 days after birth was the child given anything other than breastmilk to drink (water, infant formula)	<input type="radio"/> Yes 1	
	<input type="radio"/> No 2	
N id1004	select_one complete	R
Are you still breastfeeding the child?	selected({id1001}, '1')	
	<input type="radio"/> Yes 1	
	<input type="radio"/> No 2	
N id1005	select_one feed_chd	
What did you feed the child with in the first 6 months of birth?	<input type="radio"/> Breastmilk ONLY (Exclusive breast feeding) 1	
	<input type="radio"/> Artificial (Formula) milk ONLY 2	
	<input type="radio"/> Breast milk + Artificial milk 3	
	<input type="radio"/> Breast milk + Gripe water/boiled water/cod liver oil/ tea/juice/soup/ medicine/porridge 4	

	<input type="radio"/> Artificial milk + Gripe water/boiled water/cod liver oil/tea/juice/soup/medicine/porridge 5 <input type="radio"/> Gripe water/ boiled water/ tea/ juice/ soup/ medicine/ solid food, weaning food/porridge/glucose 6
N id1006 Do you have plans to have more children?	select_one more_chd <input type="radio"/> Yes 1 <input type="radio"/> No 2 <input type="radio"/> Undecided 3
N id1007 If YES, how long will you want to wait before becoming pregnant again?	select_one preg_chd selected(\${id1006}, '1') <input type="radio"/> Less than 1 year 1 <input type="radio"/> 1 - 2 years 2 <input type="radio"/> More than 2 years 3
N id1008 Are you currently using any family planning method to delay or prevent pregnancy?	select_one complete <input type="radio"/> Yes 1 <input type="radio"/> No 2
N id1009 If Yes/NO, what will be your specific family planning method of preference when finally you decide to use one?	select_one fam_plan_method <input type="radio"/> Lactation Amenorrhea Method (LAM) 1 <input type="radio"/> Withdrawal 2 <input type="radio"/> Condoms 3 <input type="radio"/> Pills/oral contraception 4 <input type="radio"/> Injectable 5 <input type="radio"/> Implants 6 <input type="radio"/> IUD 7 <input type="radio"/> Emergency contraception 8 <input type="radio"/> Other Specify 77 <input type="radio"/> None 11