|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Technical Details** |
|  | Date of interview | DD/MM/YYYY |  |
|  | Study ID |  | Name and her phone number to pop up once ID is entered. |
|  | Name |  | Verify from earlier records |
|  | Phone no. |  | Verify and edit from earlier records |
|  | Husband’s Phone number |  | Verify and edit from earlier records |
|  | Interviewer ID | SM  AD | Initials of Interviewer at Bangladesh site to be added here |

**IMPRESS\_ 2nd Follow-up Interview (After delivery)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pregnancy outcome- From health records** | | | |
| 1. | Date/time of delivery | DD/MM/YYYY\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_ |  |
| 2. | Birth outcome: | a. Live Birth  b. Still Birth  c. Early neonatal death | If B skip the rest of the questions |
| 3. | Nature of Delivery | a. Normal  b. Normal, forceps assisted  c. Cesarean | If normal a or b skip next question |
| 4. | Type of caesarean section | a. Elective  b. Emergency  If b, reason for the same…………………. |  |
| 5. | Gestational week at delivery | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_weeks based on LMP  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_weeks based on last ultrasound | From baseline records |
| 6. | Birth weight | kg\_\_\_\_\_\_\_\_ grams\_\_\_\_\_\_ |  |
| 7. | Height at birth | \_\_\_\_\_\_\_\_ cm |  |
| 8. | Head Circumference |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Infant Health** | | |
| 8. | Are there any birth defects? | a. Yes  b. No | If No skip to Q10 |
| 9. | If Yes, | Please Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Space for description |
| 10. | Need for NICU care | a. Yes  b. No | If no, skip to Q.12 |
| 11. | Duration of NICU care | \_\_\_\_\_\_\_days  \_\_\_\_\_\_\_hours |  |
| 12. | Any complications | a. Yes  b. No  If yes, Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Space for description |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Information from Ultrasound report** | | | | | | |
| 13. | Ultrasound trimester |  | T1 | T2 | T3 T3 | To be linked with Baseline and 1st follow up Ultrasound details. If not entered earlier, to be entered here.  Option of entering here. |
| Date of Ultrasound |  |  |  |
| Weight |  |  |  |
| Gestational age |  |  |  |
| Any other congenital abnormalities | a. Yes  b. No  If yes, Specify\_\_\_\_\_\_\_\_\_\_\_\_ | a. Yes  b. No  If yes, Specify\_\_\_\_\_\_\_\_\_\_\_\_ | a. Yes  b. No  If yes, Specify\_\_\_\_\_\_\_\_\_\_\_\_ |