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

PO1.	Date of interview	_ _ / _ _ / _	_			
PO2.	Province		II			
PO3.	District		III			
PO4.	Administrative post		II			
PO5.	Locality		lI			
PO6.	Community		ll			
PO7.	Enumeration area		III			
PO8.	Hamlet/Communal unit		lll			
PO9.	Area/Block		lI			
PO10.	Household	l	.			
PO11.	Name of head of household					
PO12.	Respondent's name					
Conse	nt INTERVIEWER: Read the consent form to the questions. Once any questions are answered in the study. INTERVIEWER: Did respondent give consen	d, ask the respondent if I				
PO13.	→If 2 → Thank respondent for their time and Name of the mother	end the interview.				
PO14.	Do you have a health card? (Yes, seen=1, Yes, not seen=2, No=3)					
PO15.	How old were you at your last birthday? (Woman's age in complete years)					
PO16.	When did you deliver or did the pregnancy end?   _ / _ / _ / _					
PO17.	Where did you give birth? (Health facility=1, Home=2 and Other place=3)					
PO18.	How long did this pregnancy last? Duration of gestation (in months)   _   If less than 6 months → end of interview					
PO19.						
	Was it multiple births (Yes=1, No=2)	ll	<u>If "2" → PO22</u>			

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

PO21.	How many are born dead (stillbirth)?  _ Skip to "Table for live birth information"	_
PO22.	. Was the baby born alive, born dead or lost before birth? (line     If "2" → end of interview	ve birth=1; stillbirth=2):

## **Table for live birth information**

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