

Haramaya University, College of Health Sciences
Kersa Demographic Surveillance and Health Research Center
Pregnancy Outcome Registration Form
 (This form should be filled after a known pregnancy is terminated)

	Interviewer's name and ID		Do not write in this column
1	Kebele name and Code	<input type="text"/>	
2	Reason of filling this form: 1. Surveillance 2. Reconciliation	<input type="checkbox"/>	
3	Date of Interview DD/MM/YYYY	<input type="text"/>	
4	House number (if already have number go to Q6)	<input type="text"/>	
5	If new, the nearest house number	<input type="text"/>	
6	Name and ID of head of family	<input type="text"/>	
7	Name and ID of pregnant woman	<input type="text"/>	
8	How long in months was the pregnancy?	<input type="text"/>	
9	Was it your first pregnancy? 1. Yes (q.12) 2. No	<input type="checkbox"/>	
10	How many deliveries did you have?	<input type="text"/>	
11	How many pregnancies did you have including this?	<input type="text"/>	
12	Have you attended antenatal care during this pregnancy? 1. Yes 2. No (q. 14) 3. Don't remember (q. 14)	<input type="checkbox"/>	
13	How many times have you visited health institution for antenatal care?	<input type="text"/>	
14	During this pregnancy have you taken an injection on your arm for prevention of tetanus? 1. Yes 2. No (q. 16)	<input type="checkbox"/>	
15	Which tetanus injection was taken?	Card (DD/MM/YYYY)	Oral report
	TT1		
	TT2		
	TT3		
	TT4		
	TT5		
16	Have you ever experienced abortion? 1. Yes 2. No (q. 18) 3. Don't remember (q. 18)	<input type="checkbox"/>	
17	How many incidents of abortion did you experience in your life?	<input type="text"/>	
18	Date when the pregnancy was terminated DD/MM/YYYY	<input type="text"/>	
19	Outcome of pregnancy 1. Live birth (term) 2. Live birth (pre term) 3. Live birth (post term) 4. Abortion (pregnancy terminated before 7 months) 5. Still birth	<input type="checkbox"/>	