

**KEM Hospital Research Centre Pune, Vadu Rural Health Program (VRHP)
Vadu Health and Demographic Surveillance System (Vadu HDSS)
Pregnancy Form (Current or Previous)**

Interview start time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (24 hrs)		
PID	Current Status	
Woman <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Woman <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<i>(The respondent can be pregnant women or any other adult family member from the household)</i>		
Q0001	Household number (of the household number to which the woman belongs)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q0002	Name of the household head	_____
Q0003	Name of the respondent (Respondent should pregnant women or an adult member of the household)	_____
Q0004	Name of the pregnant woman	_____
Q0005	Respondent relationship with pregnant woman	01 Self 02 Spouse (husband/wife) 03 Son/Daughter 04 Son-in-law/Daughter-in-law 05 Grandson/Grand-daughter 06 Father/Mother 07 Father-in-law/Mother-in-law 08 Brother/Sister 09 Step/Co wife 10 Grandfather/Grandmother 11 Other (Specify) _____ 12 No relation, but friends/servants/paying guest 88 Do not know/cannot say
Q0006	Is the pregnancy ongoing	1. Yes <i>(if yes skip Q 0008, Q 0012 and Q 0013)</i> 2. No <i>(if no skip Q 0007 and Q 0010)</i>
Q 0007	What was the date of your/her last menstrual period (LMP)? <i>(ask only if respondent is the pregnant women herself)</i>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 88 Don't know/ Can't remember

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Q0008	If no to Q6, date of pregnancy outcome	□□/□□/□□□□
Q0009	Duration of pregnancy at present or at the time of pregnancy outcome	□□ Week
Q0010	Did you/the pregnant woman have/has an ultrasound test done during this pregnancy	01 Yes 02 No 03 Not sure
Q0011	Was/is there any complication during antenatal period?	01 Antepartum hemorrhage 02 Intrauterine death 03 Intra uterine growth retardation 04 Oligohydramnios 05 Increase in blood pressure 06 Increase in blood glucose 07 Other (Specify) _____ 08 No complications
Q0012	Outcome of pregnancy	01 Live birth 02 Still birth 03 Abortion (if 01 or 02, fill birth form) (if 03, then ask Q0012a)
Q0012a	Type of Abortion	01 Spontaneous abortion 02 Induced abortion (Medical termination of pregnancy or MTP)
Q0013	Did you/the pregnant women have/has any complication at the time of delivery?	01 Yes 02 No (if 02, then skip Q0014)
Q0014	If yes, specify	01 Eclampsia 02 Uterine infection 03 Post -partum hemorrhage 04 Pre-term labor 05 Prolonged labor 06 Uterine prolapse 07 Other (Specify) _____

Interview end time: □□:□□ (24 hrs)

Interviewer name: _____ Signature: _____ Date: □□/□□/□□□□

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Data entry by _____ Signature: _____ Date: //