



46429352

Round 25

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This form is only for women aged 15 - 49 years. You MUST interview the woman herself. Only complete this if you are registering the woman as a new Member

## Woman's Identification

Surname, First Name(s) \_\_\_\_\_

BSID \_\_\_\_\_ Temp ID \_\_\_\_\_ Visit ref. # \_\_\_\_\_ Visit Date Y Y Y Y M M D D

Staff member \_\_\_\_\_ Visit type \_\_\_\_\_

## Section 1. Pregnancy Totals

I would like to ask you about all the pregnancies that you ever had in your lifetime. By this I mean all the children born to you, whether they were born alive or dead, whether still living or not, whether living with you or elsewhere, and all the pregnancies that you have had that did not result in a live birth. I understand that is not easy to talk about children who have died, or pregnancies that terminated before full term, but it is extremely important that you tell us about them, so that we can develop programmes that will help South Africa improve children's health.

### Part A

- Have you ever given birth? Yes  No  → Q6
- Do you have any sons or daughters to whom you have given birth who are living with you? Yes  No 

How many sons live with you?	Sons at home	_____
And how many daughters?	Daughters at home	_____
<small>If none, record '00'</small>		
- Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? Yes  No 

How many sons are alive but do not live with you?	Sons elsewhere	_____
How many daughters are alive but do not live with you?	Daughters elsewhere	_____
- Have you ever given birth to a boy or girl who was born alive but later died? Yes  No 

*If 'No' probe: Any baby who cried or showed signs of life but died only a few hours or days after birth?*

How many boys have died?	Boys dead	_____
And how many girls?	Girls dead	_____
And any other babies?	Other dead (Sex DK)	_____
- Sum the answers to all questions above and enter the total Live birth total \_\_\_\_\_  
If none, record '00'
- Women sometimes have pregnancies that do not result in a live born child. A pregnancy can end very early, in a miscarriage or an abortion or the child can be born dead. Have you had any such pregnancy that did not result in a live birth? Yes  No 

In all, how many such pregnancies have there been?	Pregnancy losses	_____
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- How many pregnancies has this woman had? One or more  → Section 2  
None  → Form complete

### Part B

ONLY COMPLETE THIS SECTION AFTER YOU HAVE FINISHED THE PREGNANCY RECORD

- FROM YEAR OF INTERVIEW SUBTRACT THE YEAR OF THE LAST PREGNANCY
 

Year of Interview	_____
Year of last pregnancy	_____
Difference	_____
- IS THE DIFFERENCE TWO YEARS OR MORE? Yes  No 

Have you had any completed pregnancies since the last pregnancy mentioned?	Yes <input type="radio"/> → Add to pregnancy record
	No <input type="radio"/>
- PART A (Q5) LIVE BIRTH TOTAL \_\_\_\_\_  
SECTION 2. LIVE BIRTH TOTAL \_\_\_\_\_
- COMPARE: ARE THE TOTALS THE SAME OR DIFFERENT? NUMBER ARE SAME   
NUMBERS ARE DIFFERENT  → CHECK PART A AND SECTION 2. MAKE CHANGES AND RECONCILE TOTALS
- Are you pregnant now? Yes  → CHECK HHR FORM, SECTION 2 Q20, THAT THIS PREGNANCY IS RECORDED  
No   
DK

**Section 2. Record of all Pregnancies**

Now I would like to ask you about all your pregnancies starting with the first. It is important that we record all pregnancies, including those that ended in a stillbirth or miscarriage.

Record twins and triplets on separate lines and draw a circle round the line numbers to link them.

**Pregnancy 1**

1. On what date did the pregnancy end / did you give birth?  Y  Y  Y  Y |  M  M |  D  D

2. Was that a single or multiple pregnancy? Single  Multiple

3. Was the baby born alive, born dead, or did the pregnancy end in a miscarriage or abortion? Born Alive  → Q5 Born Dead  Miscarriage/ Abortion  → Q11

4. Did the baby cry, move or breathe when it was born? Yes  No  → Q11

5. What was the name given to that child?  
First name

6. IS THIS CHILD A REGISTERED MEMBER OF THE HOUSEHOLD? Yes  →       → Q8 Record DSID or Templd from HHR No

7. Is [NAME] a boy or a girl? Boy  Girl

8. Is [NAME] still alive? Yes  No  → Q10

9. How old was [NAME] at his/her last birthday? Age  years → Next preg.

10. How old was [NAME] when he/she died??  
If less than 2 months, record days  
If less than 2 years, record months  
 Days   
 Months  → Next preg.  
 Years

11. How many weeks or months did the pregnancy last?  Weeks   
 Months

**Pregnancy 2**

1. On what date did the pregnancy end / did you give birth?  Y  Y  Y  Y |  M  M |  D  D

2. Was that a single or multiple pregnancy? Single  Multiple

3. Was the baby born alive, born dead, or did the pregnancy end in a miscarriage or abortion? Born Alive  → Q5 Born Dead  Miscarriage/ Abortion  → Q11

4. Did the baby cry, move or breathe when it was born? Yes  No  → Q11

5. What was the name given to that child?  
First name

6. IS THIS CHILD A REGISTERED MEMBER OF THE HOUSEHOLD? Yes  →       → Q8 Record DSID or Templd from HHR No

7. Is [NAME] a boy or a girl? Boy  Girl

8. Is [NAME] still alive? Yes  No  → Q10

9. How old was [NAME] at his/her last birthday? Age  years → Next preg.

10. How old was [NAME] when he/she died??  
If less than 2 months, record days  
If less than 2 years, record months  
 Days   
 Months  → Next preg.  
 Years

11. How many weeks or months did the pregnancy last?  Weeks   
 Months

12. FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREGNANCY 1.  
IS THE DIFFERENCE 2 YEARS OR MORE? Yes  No  → Next preg.

13. Were there any other pregnancies between the previous pregnancy and this pregnancy? Yes  → Add preg. to record No

**Pregnancy 3**

1. On what date did the pregnancy end / did you give birth?  Y  Y  Y  Y |  M  M |  D  D

2. Was that a single or multiple pregnancy? Single  Multiple

3. Was the baby born alive, born dead, or did the pregnancy end in a miscarriage or abortion? Born Alive  → Q5 Born Dead  Miscarriage/ Abortion  → Q11

4. Did the baby cry, move or breathe when it was born? Yes  No  → Q11

5. What was the name given to that child?  
First name

6. IS THIS CHILD A REGISTERED MEMBER OF THE HOUSEHOLD? Yes  →  Record DSID or Templd from HHR → Q8 No

7. Is [NAME] a boy or a girl? Boy  Girl

8. Is [NAME] still alive? Yes  No  → Q10

9. How old was [NAME] at his/her last birthday? Age  years → Next preg.

10. How old was [NAME] when he/she died??  Days   Months   Years  → Next preg.  
If less than 2 months, record days  
If less than 2 years, record months

11. How many weeks or months did the pregnancy last?  Weeks   Months

12. FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREGNANCY 2.  
IS THE DIFFERENCE 2 YEARS OR MORE? Yes  No  → Next preg.

13. Were there any other pregnancies between the previous pregnancy and this pregnancy? Yes  → Add preg. to record No

**Pregnancy 4**

1. On what date did the pregnancy end / did you give birth?  Y  Y  Y  Y |  M  M |  D  D

2. Was that a single or multiple pregnancy? Single  Multiple

3. Was the baby born alive, born dead, or did the pregnancy end in a miscarriage or abortion? Born Alive  → Q5 Born Dead  Miscarriage/ Abortion  → Q11

4. Did the baby cry, move or breathe when it was born? Yes  No  → Q11

5. What was the name given to that child?  
First name

6. IS THIS CHILD A REGISTERED MEMBER OF THE HOUSEHOLD? Yes  →  Record DSID or Templd from HHR → Q8 No

7. Is [NAME] a boy or a girl? Boy  Girl

8. Is [NAME] still alive? Yes  No  → Q10

9. How old was [NAME] at his/her last birthday? Age  years → Next preg.

10. How old was [NAME] when he/she died??  Days   Months   Years  → Next preg.  
If less than 2 months, record days  
If less than 2 years, record months

11. How many weeks or months did the pregnancy last?  Weeks   Months

12. FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREGNANCY 3.  
IS THE DIFFERENCE 2 YEARS OR MORE? Yes  No  → Next preg.

13. Were there any other pregnancies between the previous pregnancy and this pregnancy? Yes  → Add preg. to record No

**Pregnancy 5**

1. On what date did the pregnancy end / did you give birth?  Y  Y  Y  Y |  M  M |  D  D
2. Was that a single or multiple pregnancy? Single  Multiple
3. Was the baby born alive, born dead, or did the pregnancy end in a miscarriage or abortion? Born Alive  → Q5 Born Dead  Miscarriage/ Abortion  → Q11
4. Did the baby cry, move or breathe when it was born? Yes  No  → Q11
5. What was the name given to that child?   
First name
6. IS THIS CHILD A REGISTERED MEMBER OF THE HOUSEHOLD? Yes  →  Record DSID or Templd from HHR → Q8 No
7. Is [NAME] a boy or a girl? Boy  Girl
8. Is [NAME] still alive? Yes  No  → Q10
9. How old was [NAME] at his/her last birthday? Age  years → Next preg.
10. How old was [NAME] when he/she died??  Days   Months   Years  → Next preg.  
If less than 2 months, record days  
If less than 2 years, record months
11. How many weeks or months did the pregnancy last?  Weeks   Months
12. FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREGNANCY 4.  
IS THE DIFFERENCE 2 YEARS OR MORE? Yes  No  → Next preg.
13. Were there any other pregnancies between the previous pregnancy and this pregnancy? Yes  → Add preg. to record No

**Pregnancy 6**

1. On what date did the pregnancy end / did you give birth?  Y  Y  Y  Y |  M  M |  D  D
2. Was that a single or multiple pregnancy? Single  Multiple
3. Was the baby born alive, born dead, or did the pregnancy end in a miscarriage or abortion? Born Alive  → Q5 Born Dead  Miscarriage/ Abortion  → Q11
4. Did the baby cry, move or breathe when it was born? Yes  No  → Q11
5. What was the name given to that child?   
First name
6. IS THIS CHILD A REGISTERED MEMBER OF THE HOUSEHOLD? Yes  →  Record DSID or Templd from HHR → Q8 No
7. Is [NAME] a boy or a girl? Boy  Girl
8. Is [NAME] still alive? Yes  No  → Q10
9. How old was [NAME] at his/her last birthday? Age  years → Next preg.
10. How old was [NAME] when he/she died??  Days   Months   Years  → Next preg.  
If less than 2 months, record days  
If less than 2 years, record months
11. How many weeks or months did the pregnancy last?  Weeks   Months
12. FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREGNANCY 5.  
IS THE DIFFERENCE 2 YEARS OR MORE? Yes  No  → Next preg.
13. Were there any other pregnancies between the previous pregnancy and this pregnancy? Yes  → Add preg. to record No

MORE PREGNANCIES TO RECORD? IF SO, USE ANOTHER PGH