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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **FOLLOW UP FORM**  About this form: To be used in conjunction with the Condition Assessment form or the Referral condition assessment form, at whichever health facility level is the final location of the patient. Once the patient is in a stable condition and recovering, the form is used to gather socio-demographic data and the patient’s obstetric history. | | | | | | |
| **No.** | **Questions** |  | | | | | |
| B101 | Unique Identification Number |  | | | | | |
| B102 | Date |  | | | | | |
| B103 | Name of Health Worker |  | | | | | |
| B104 | Patients name |  | | | | | |
| B105 | Name of Community where you live? |  | | | | | |
| B106 | How old are you? |  | | | | | |
| B107 | What is your marital status? | Married ---------------------------------- 1 | | | | |  |
| Single ------------------------------------ 2 | | | | |
| Widowed/Separated/Divorced ----- 3 | | | | |
|  |  |  |  |  |  | |  |
|  |  |  |  |  |  | |  |
| **No.** | **Questions** | **Coding categories** | | | | |  |
| H101 | In your house, what is the main material of the walls? | Natural materials or no walls (millet stalks/woven thatch/mud) ------------- 1 | | | | |  |
| Bamboo/plywood/stone with mud -- 2 | | | | |
| Cement/bricks/planks --------------- 3 | | | | |
| Other (Specify)------------------------ 6 | | | | |
| H102 | What is the main floor material? | Natural floor (earth/sand/dung) --------1 | | | | |  |
| Rudimentary floor (wood/palm/bamboo) ---------------2 | | | | |
| Finished floor (polished wood/vinyl/tiles/cement/carpet) ------- 3 | | | | |
| H103 | What is the main material of the roof? | Thatch/mat/cardboard/grass -----1 | | | | |  |
| Iron sheets/tiles/cement -----------2 | | | | |
| Other (specify) -------------------------6 | | | | |
| H104 | What kind of toilet facilities does your household have? | No facility/bush ------------------------1 | | | | |  |
| Bucket toilet ----------------------------2 | | | | |
| Pit toilet/latrine -----------------------3 | | | | |
| Flush toilet ------------------------------4 | | | | |
| H105 | What is the main source of water for members of your household? | Surface water (river/dam/lake/etc.) ---1 | | | | |  |
| Water from spring --------------------2 | | | | |
| Dug well ---------------------------------3 | | | | |
| Borehole --------------------------------4 | | | | |
| Public tap -------------------------------5 | | | | |
| Piped water into yard/plot ---------6 | | | | |
| Piped water into dwelling -----------7 | | | | |
| Tanker truck ----------------------------8 | | | | |
| Bottled water --------------------------9 | | | | |
| Water vendor/sachets -------------10 | | | | |
| Other (specify)------------------------11 | | | | |
|  | | | | |
| H106 | What type of fuel does your household mainly use for cooking? | Dung ----------------------------1 | | | | |  |
| Firewood/straw ---------------2 | | | | |
| Charcoal -----------------------3 | | | | |
| Kerosene ----------------------4 | | | | |
| Gas ------------------------------5 | | | | |
| Electricity ----------------------6 | | | | |
| Other (specify) ----------------7 | | | | |
|  | | | | |
| H107 | Is your house connected to electricity? | Yes ----------------------1 | | | | |  |
| No -----------------------2 | | | | |
|  | In this house, is there anyone who owns the following? |  | | Yes | No | |  |
| H108 | Fridge | 1 | 2 | |
| H109 | TV | 1 | 2 | |
| H110 | Radio | 1 | 2 | |
| H111 | Bicycle | 1 | 2 | |
| H112 | Mobile phone | 1 | 2 | |
| H113 | A bed | 1 | 2 | |
| H114 | A kerosene lamp/ pressure lamp | 1 | 2 | |
| H115 | Wrist watch | 1 | 2 | |
| H116 | Motorcycle | 1 | 2 | |
| H117 | Car/van | 1 | 2 | |
| H118 | Generator | 1 | 2 | |
| H119 | Fan | 1 | 2 | |
| H120 | Do you have animals in this house, like ducks or chickens? How many? |  | | | | |  |
| **Write the number; 0 if none; 999 if respondent doesn’t know** |
| H121 | Do you have animals in this house, like goats, sheep or cattle? How many? |  | | | | |  |
| **Write the number; 0 if none; 999 if respondent doesn’t know** |
| H122 | Do you have animals in this house, like horses, donkeys or mules? How many? |  | | | | |  |
| **Write the number; 0 if none; 999 if respondent doesn’t know** |
|  |  |  |  |  |  | |  |
|  |  |  |  |  |  | |  |
| **No.** | **Questions** | **Coding categories** | | | | |  |
| M101 | Have you ever given birth before? | Yes ---------------------------------- 1 | | | | |  |
| **[‘Baby cried or showed signs of life after delivery’]** | No ----------------------------------- 2 | | | | |  |
| M102 | How many pregnancies have you had previously? | Number; | | | | |  |
| M103 | How many live births have you had? | Number; | | | | |  |
| M104 | How many children do you have that are alive today? | Number; | | | | |  |
|  | During previous pregnancies, did you experience any of the following problem(s)? |  | | Yes | No | |  |
|  | M105 | Fever | 1 | 2 | |  |
| **[READ OUT OPTIONS]** | M106 | Swollen feet/hands/ face | 1 | 2 | |  |
|  | M107 | Prolonged labour | 1 | 2 | |  |
|  | M108 | Severe headache | 1 | 2 | |  |
|  | M109 | Bleeding | 1 | 2 | |  |
|  |  | M110 | Retained placenta | 1 | 2 | |  |
|  |  | M111 | Eclampsia | 1 | 2 | |  |
|  |  | M112 | Baby’s abnormal presentation | 1 | 2 | |  |
| M113 | During this pregnancy, how many times did you visit a health facility during your antenatal period? | Number of times; | | | | |  |
|  | What preparations did you make in this pregnancy in readiness for delivery? |  | | Yes | | No |  |
|  | M114 | Saved money for contingencies | 1 | | 2 |  |
| [**DO NOT READ OUT OPTIONS**] | M115 | Identified the transporter | 1 | | 2 |  |
|  | M116 | Decides where to deliver | 1 | | 2 |  |
|  | M117 | Bought Clean Delivery Kit | 1 | | 2 |  |
|  | M118 | Recognition of danger signs | 1 | | 2 |  |
|  | M119 | Identified a skilled provider/facility for birth | 1 | | 2 |  |
|  | M120 | Know how to contact or reach the provider/facility | 1 | | 2 |  |
|  | M121 | Identified the TBA in the community to contact | 1 | | 2 |  |
|  | M122 | Agree who take decision in emergency if husband is away | 1 | | 2 |  |
|  | M123 | Others (Specify) | 1 | | 2 |  |
| M124 | What caused you to seek medical care on this occasion? |  | | | | |  |
| M125 | Who and where was the first place you sought medical care? |  | | | | |
| M126 | Who helped you travel to the health centre? (Husband, mother, friend etc.) |  | | | | |
|  |  |  |  |  |  | |  |
|  |  |  |  |  |  | |  |
| **No.** | **Questions** | **Coding categories** | | | | |  |
| T101 | Do you have a mobile phone? | Yes -------------------------------------------1 | | | | | **If YES go to T103** |
| No --------------------------------------------2 | | | | |
| T102 | Do you have access to a mobile phone within the community you can use in cases of emergencies? | Yes -------------------------------------------1 | | | | |  |
| No --------------------------------------------2 | | | | |
|  | What type of vehicle did you use to get to the facility? |  | | Yes | No | |  |
|  | T103 | ETS Driver (*insert Name of Association etc.*) | 1 | 2 | |
| **[READ OUT THE OPTIONS ONE BY ONE, CIRCLE APPROPRIATELY]** | **(explain with little detail if not known)** |
|  | T104 | Car (Private) | 1 | 2 | |
|  | T105 | Car (Public) | 1 | 2 | |
|  | T106 | Bicycle | 1 | 2 | |
|  | T107 | Motor Cycle | 1 | 2 | |
|  | T108 | Tri-Cycle/Keke NAPEP | 1 | 2 | |
|  | T109 | Cow/Donkey | 1 | 2 | |
|  | T110 | Cart | 1 | 2 | |
|  | T111 | Truck | 1 | 2 | |
|  | T112 | None (I walk) | 1 | 2 | |
|  | T113 | Others (Specify) | 1 | 2 | |
|  |
|  |