0%

Collection: LOGIN
Contains: DATSTAT_ALTPID

Banco Interamericano de Desarrollo

Salud Mesoamerica 2015 (SM2015)

Login page for the Health Facility Survey

Question: DATSTAT_ALTPID
Required

ID:

Collection: MEDICAL_RECORD_REVIEW
Contains: MRR_LOG_IN, MRR_OBSTETRIC

Medical Record Review

Collection: MRR_LOG_IN
Contains: MRR_FACILITY_ID, MRR_FAC_ID, MRR_DATE, MRR_INTERVW_ID1, MRR_INTERVW_ID2

Please note that all questions in this section refer to the measurements and procedures performed on the mother, unless otherwise specified

Page Break

Question: MRR_FACILITY_ID
Required

Scale Summary		
Code	Label	Show-If
1	Orange Walk Town / Northern Regional Hospital	
2	San Jose Village / Zenobia Meggs Health Center	
3	San Felipe Village / San Felipe Health Center	
4	August Pine Ridge Village / August Pine Ridge Health Center	
5	Guinea Grass Village / Guinea Grass Health Center	
6	Santa Martha Village / Santa Martha Health Post	
7	Carmelita Village / Carmelita Health Post	
8	Lousiana Area, Orange Walk town / Lousiana Health post	
9	Fireburn Village / Fireburn Health Post (non functioning due to infrastructure)	
10	San Lazaro Village / Ignacia Moguel Health Post	
11	San Carlos Village / San Carlos Health Post	
12	Indian Church village / Indian Church Health Post	
13	San Antonio Village / San Antonio Health Post	
14	san Roman Village / San Roman Health Post	
15	Orange Walk Town / Mobile Clinic	
16	Corozal Town / Corozal Community Hospital	
17	San Narciso Village / San Narciso Health Center	
18	Caledonia Village / Caledonia Health Center	
19	Libertad Village / Libertad Health Center	
20	Sarteneja Village / Sarteneja Health Center	
21	Progresso Village / Progresso Health Center	
22	Chunox Village / Chunox Health Post	
23	Concepcion Village / Concepcion Health Post	
24	San Joaquin Village / San Joaquin Health Post	
25	Xaibe Village / Xiabe Health Post	
26	Chan Chen Village / Chan Chen Health Post	
27	Corozal Town / Mobile Clinic	
28	Belmopan City / Western Regional Hospital	
29	Belmopan City / Belmopan Health Center	
30	Valley of Peace Village / Valley of Peace	
31	Cotton Tree Village / Cotton Tree Health post	
32	St Matthews Village / St Matthews Health Post	
33	Franks Eddy Village / Franks Eddy Health Post	
34	Santa Martha /St Margaret Village / Santa Martha Health Post (St Margaret)	
35	Belmopan City / Mobile Clinic	
36	San Ignacio / San Ignacio Community Hospital	
37	Benque Viejo Del Carmen / Mopan Clinic	
38	Georgeville / Georgeville Health Center	
39	San Antonio Village / San Antonio Health Post	
40	San Ignacio / Mobile Clinic	
99	Other	

1. Facility ID:

- Orange Walk Town / Northern Regional Hospital
- San Jose Village / Zenobia Meggs Health Center
- San Felipe Village / San Felipe Health Center
- August Pine Ridge Village / August Pine Ridge Health Center
- Guinea Grass Village / Guinea Grass Health Center
- Santa Martha Village / Santa Martha Health Post
- Carmelita Village / Carmelita Health Post
- Lousiana Area, Orange Walk town / Lousiana Health post
- Fireburn Village / Fireburn Health Post (non functioning due to infrastructure)
- San Lazaro Village / Ignacia Moguel Health Post
- San Carlos Village / San Carlos Health Post
- Indian Church village / Indian Church Health Post
- San Antonio Village / San Antonio Health Post
- san Roman Village / San Roman Health Post
- Orange Walk Town / Mobile Clinic
- Corozal Town / Corozal Community Hospital
- San Narciso Village / San Narciso Health Center
- Caledonia Village / Caledonia Health Center
- Libertad Village / Libertad Health Center
- Sarteneja Village / Sarteneja Health Center
- Progresso Village / Progresso Health Center
- Chunox Village / Chunox Health Post
- Concepcion Village / Concepcion Health Post
- San Joaquin Village / San Joaquin Health Post
- Xaibe Village / Xiabe Health Post
- Chan Chen Village / Chan Chen Health Post
- Corozal Town / Mobile Clinic
- Belmopan City / Western Regional Hospital
- Belmopan City / Belmopan Health Center
- Valley of Peace Village / Valley of Peace
- Cotton Tree Village / Cotton Tree Health post

- St Matthews Village / St Matthews Health Post
- Franks Eddy Village / Franks Eddy Health Post
- Santa Martha /St Margaret Village / Santa Martha Health Post (St Margaret)
- Belmopan City / Mobile Clinic
- San Ignacio / San Ignacio Community Hospital
- Benque Viejo Del Carmen / Mopan Clinic
- Georgeville / Georgeville Health Center
- San Antonio Village / San Antonio Health Post
- San Ignacio / Mobile Clinic
- Other

Auto Page Break

Question: MRR_FAC_ID
Required
Show if: (MRR_FACILITY_ID = 99:[Other])

2. Facility ID:

Question: MRR_DATE
Required

3. Date: (DD/MM/YYYY)

Question: MRR_INTERVW_ID1
Required

4. Interviewer ID 1:

Question: MRR_INTERVW_ID2

5. Interviewer ID 2:

Page Break

Collection: MRR_OBSTETRIC
Contains: MATERNAL_COMPLICATIONS
Show if: (FACILITY_TYPE >= 2)

OBSTETRIC COMPLICATIONS

Collection: MATERNAL_COMPLICATIONS
Contains: MRR_WOM_DEL_COMP, MRR_GENERAL, SEPSIS, HEMORRHAGE, PRE-ECLAMPSIA, ECLAMPSIA

Maternal Complications

Question: MRR_WOM_DEL_COMP
Minimum checks: 1

6. Did the woman have any of the following complications?

- [ ] Sepsis
- [ ] Hemorrhage
- [ ] Severe pre-eclampsia
- [ ] Eclampsia
- [ ] None

Page Break

Collection: MRR_GENERAL
Contains: MRR_AGE, MRR_EDU, MRR_MAR_STAT, WOM_GESTAGE, WOM_BABYCOMPL

Question: MRR_AGE
Required

7. Age:

-1 = not recorded

Question: MRR_EDU
Required

Scale Summary		
Code	Label	Show-If
1	None	
2	Primary	
3	Secondary	
4	High school	
5	University	
-1	Not recorded	

8. Education

- None
- Primary
- Secondary
- High school
- University
- Not recorded

Question: MRR_MAR_STAT
Required

Scale Summary		
Code	Label	Show-If
1	Married	
2	Stable union	
3	Single	
4	Other (specify):	
-1	Not recorded	

9. Marital status

- Married
- Stable union
- Single
- Other (specify):
- Not recorded

Question: WOM_GESTAGE
Required

Scale Summary		
Code	Label	Show-If
1	Age:	
-1	Not recorded	

10. Gestational age

- Age: weeks
- Not recorded

Question: WOM_BABYCOMPL
Minimum checks: 1

11. Please note if the child has any of the following complications (select all that apply)

- Sepsis
- Asphyxia
- Low birth weight
- Prematurity
- Other
- No complications

Page Break

Collection: SEPSIS
Contains: WOM_SEP_ADM_DATE, WOM_SEP_ADM_TIME, SEP_BASIC, SEP_COMPLETE
Show if: (MRR_WOM_DEL_COMP is-any-of [Sepsis])

Please note if the following was done for the patient with sepsis.

Question: WOM_SEP_ADM_DATE
Required

Scale Summary		
Code	Label	Show-If
1	Yes:	
-1	Not recorded	

12. Please note if the following was recorded for patients with sepsis:

Date of admission

- Yes: _____ (DD/MM/YYYY)
- Not recorded

Question: WOM_SEP_ADM_TIME
Required

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

13. Please note if the following was recorded for patients with sepsis:

Hour of admission

- Time: _____ (HH:MM)
- Not recorded

Collection: SEP_BASIC
Contains: WOM_SEP_BASIC_MEDICATIONS, WOM_SEP_BASIC_DISPOSITION, WOM_SEP_BASIC_REF_REAS, WOM_SEP_BASIC_DIS_DATE, WOM_SEP_BASIC_DIS_TIME, WOM_SEP_BASIC_DEATH_DATE, WOM_SEP_BASIC_DEATH_TIME
Show if: (FACILITY_TYPE = 2)

Please record if the following checkups were done. Record the value, date and time of the first checkup.

Custom Layout Question: WOM_SEP_BASIC_CHECK

14.

	Recorded (yes/no)	Value		Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	☐	_____	per minute	_____	_____
Systolic BP	☐	_____	mmHg	_____	_____
Diastolic BP	☐	_____	mmHg	_____	_____
Respiratory rate	☐	_____	per minute	_____	_____
Temperature	☐	_____	°C	_____	_____
Other (specify) _____	☐	_____		_____	_____
Other (specify) _____	☐	_____		_____	_____
Other (specify) _____	☐	_____		_____	_____

Please check if the following lab tests were performed and record results, date and time of the first test

Custom Layout Question: WOM_SEP_BASIC_LAB

15.

	Recorded (yes/no)	Value		Date (DD/MM/YYYY)	Time (HH:MM)
Leukocyte count	☐	_____	x10^9/liter	_____	_____
Other (specify) _____	☐	_____		_____	_____
Other (specify) _____	☐	_____		_____	_____
Other (specify) _____	☐	_____		_____	_____

Please check if the following medications were adminsitered and record dosage, date and time of first administration

Custom Layout Question: WOM_SEP_BASIC_MED

16.

	Administered (yes/no)	Dose		Date (DD/MM/YYYY)	Time (HH:MM)
Amikacin	☐	_____	mg/kg	_____	_____
Clindamicin	☐	_____	mg/kg	_____	_____
Gentamicin	☐	_____		_____	_____

Ampicillin	☐	mg/kg			
Metronidazol	☐	mg/kg			
Other antibiotics (specify)	☐	mg/kg			
Other antibiotics (specify)	☐	mg/kg			
Other antibiotics (specify)	☐	mg/kg			
Other medications (specify)	☐	mg/kg			
Other medications (specify)	☐	mg/kg			
Other medications (specify)	☐	mg/kg			

Question: WOM_SEP_BASIC_MEDICATIONS
Required
Show if: ((WOM_SEP_BASIC_MED_ADM_AMI = 1) and ((WOM_SEP_BASIC_MED_ADM_CLI = 1) or (WOM_SEP_BASIC_MED_ADM_GEN = 1) or (WOM_SEP_BASIC_MED_ADM_AMP = 1) or (WOM_SEP_BASIC_MED_ADM_MET = 1) or (WOM_SEP_BASIC_MED_ADM_OAN1 = 1) or (WOM_SEP_BASIC_MED_ADM_OME1 = 1))) or ((WOM_SEP_BASIC_MED_ADM_CLI = 1) and ((WOM_SEP_BASIC_MED_ADM_GEN = 1) or (WOM_SEP_BASIC_MED_ADM_AMP = 1) or (WOM_SEP_BASIC_MED_ADM_MET = 1) or (WOM_SEP_BASIC_MED_ADM_OAN1 = 1) or (WOM_SEP_BASIC_MED_ADM_OME1 = 1))) or ((WOM_SEP_BASIC_MED_ADM_GEN = 1) and ((WOM_SEP_BASIC_MED_ADM_AMP = 1) or (WOM_SEP_BASIC_MED_ADM_MET = 1) or (WOM_SEP_BASIC_MED_ADM_OAN1 = 1) or (WOM_SEP_BASIC_MED_ADM_OME1 = 1))) or ((WOM_SEP_BASIC_MED_ADM_AMP = 1) and ((WOM_SEP_BASIC_MED_ADM_MET = 1) or (WOM_SEP_BASIC_MED_ADM_OAN1 = 1) or (WOM_SEP_BASIC_MED_ADM_OME1 = 1))) or ((WOM_SEP_BASIC_MED_ADM_MET = 1) and ((WOM_SEP_BASIC_MED_ADM_OAN1 = 1) or (WOM_SEP_BASIC_MED_ADM_OME1 = 1))) or ((WOM_SEP_BASIC_MED_ADM_OAN1 = 1) and (WOM_SEP_BASIC_MED_ADM_OME1 = 1))

Scale Summary

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

17. Were any of the above medications administered at the same time during this hospitalization?

- ○ Yes
- ○ No
- ○ Not recorded

Question: WOM_SEP_BASIC_DISPOSITION
Required

Scale Summary

Code	Label	Show-If
1	Death in hospital	
2	Discharged home	
3	Transferred to another facility	
4	Left against medical advice	
5	Unknown	
995	Other (specify):	
-1	Not recorded	

18. Disposition:

- ○ Death in hospital
- ○ Discharged home
- ○ Transferred to another facility
- ○ Left against medical advice
- ○ Unknown
- ○ Other (specify):
- ○ Not recorded

Auto Page Break

Question: WOM_SEP_BASIC_REF_REAS
Minimum checks: 1
Show if: (WOM_SEP_BASIC_DISPOSITION = 3:[Transferred to another facility])

19. Reason for referral:

- ☐ High temperature
- ☐ High leukocyte
- ☐ Bleeding
- ☐ Lochia
- ☐ Other
- ☐ Not recorded

Question: WOM_SEP_BASIC_DIS_DATE
Required
Show if: (WOM_SEP_BASIC_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

20. Date of discharge/referral

- ○ Date: (DD/MM/YYYY)
- ○ Not recorded

Question: WOM_SEP_BASIC_DIS_TIME
Required
Show if: (WOM_SEP_BASIC_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

21. Time of discharge/referral

- ○ Time: (HH:MM)
- ○ Not recorded

Question: WOM_SEP_BASIC_DEATH_DATE
Required
Show if: (WOM_SEP_BASIC_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

22. Date of death

- ○ Date: (DD/MM/YYYY)
- ○ Not recorded

Question: WOM_SEP_BASIC_DEATH_TIME
Required
Show if: (WOM_SEP_BASIC_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

23. Time of death

- ○ Time: (HH:MM)
- ○ Not recorded

Page Break

Collection: SEP_COMPLETE
Contains: WOM_SEP_COMP_CAUSE, WOM_SEP_COMP_PROCEDURES, WOM_SEP_COMP_MEDICATIONS, WOM_SEP_COMP_DISPOSITION, WOM_SEP_COMP_REF_REAS, WOM_SEP_COMP_DIS_DATE, WOM_SEP_COMP_DIS_TIME, WOM_SEP_COMP_DEATH_DATE, WOM_SEP_COMP_DEATH_TIME
Show if: (FACILITY_TYPE = 3)

Please record if the following checkups were done. Record the value, date and time of the first checkup.

Custom Layout Question: WOM_SEP_COMP_CHECK

24.

	Recorded (yes/no)	Value		Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	☐		per minute		
Systolic BP	☐		mmHg		
Diastolic BP	☐		mmHg		
Respiratory rate	☐		per minute		
Temperature	☐		°C		
Other (specify)	☐				
Other (specify)	☐				
Other (specify)	☐				

Question: WOM_SEP_COMP_CAUSE
Minimum checks: 1

25. Please record cause of sepsis (select all that apply)

- ☐ Septic abortion, corioplacentarios remains infected
- ☐ Uterine perforation
- ☐ Chorioamnionitis
- ☐ Abscesses
- ☐ Infected ectopic pregnancies
- ☐ Pelviperitonitis
- ☐ Vaginal tears
- ☐ Episiotomy channel infected
- ☐ Other (specify)
- ☐ Not recorded

Question: WOM_SEP_COMP_PROCEDURES
Minimum checks: 1

26. Please record which procedures were done (select all that apply)

- ☐ MVA (Manual vacuum aspiration)
- ☐ Revision of uterine cavity
- ☐ Normal delivery
- ☐ Caesarean
- ☐ Hysterectomy
- ☐ Laparotomy
- ☐ Surgical repair
- ☐ Other (specify)
- ☐ Not recorded

Please check if the following medications were adminsitered and record dosage, date and time of first administration

Custom Layout Question: WOM_SEP_COMP_MED

27.

	Administered (yes/no)	Dose		Date (DD/MM/YYYY)	Time (HH:MM)
Amikacin	☐		mg/kg		
Clindamicin	☐		mg/kg		
Gentamicin	☐		mg/kg		
Ampicillin	☐		mg/kg		
Metronidazol	☐		mg/kg		
Other antibiotics (specify)	☐		mg/kg		
Other antibiotics (specify)	☐		mg/kg		
Other antibiotics (specify)	☐		mg/kg		
Other medications (speci					

(specify) mg/kg

Other medications (specify) mg/kg

Other medications (specify) mg/kg

Question: WOM_SEP_COMP_MEDICATIONS
Required
Show if: ((WOM_SEP_COMP_MED_ADM_AMI = 1) and ((WOM_SEP_COMP_MED_ADM_CLI = 1) or (WOM_SEP_COMP_MED_ADM_GEN = 1) or (WOM_SEP_COMP_MED_ADM_AMP = 1) or (WOM_SEP_COMP_MED_ADM_MET = 1) or (WOM_SEP_COMP_MED_ADM_OAN1 = 1) or (WOM_SEP_COMP_MED_ADM_OME1 = 1))) or ((WOM_SEP_COMP_MED_ADM_CLI = 1) and ((WOM_SEP_COMP_MED_ADM_GEN = 1) or (WOM_SEP_COMP_MED_ADM_AMP = 1) or (WOM_SEP_COMP_MED_ADM_MET = 1) or (WOM_SEP_COMP_MED_ADM_OAN1 = 1) or (WOM_SEP_COMP_MED_ADM_OME1 = 1))) or ((WOM_SEP_COMP_MED_ADM_GEN = 1) and ((WOM_SEP_COMP_MED_ADM_AMP = 1) or (WOM_SEP_COMP_MED_ADM_MET = 1) or (WOM_SEP_COMP_MED_ADM_OAN1 = 1) or (WOM_SEP_COMP_MED_ADM_OME1 = 1))) or ((WOM_SEP_COMP_MED_ADM_AMP = 1) and ((WOM_SEP_COMP_MED_ADM_MET = 1) or (WOM_SEP_COMP_MED_ADM_OAN1 = 1) or (WOM_SEP_COMP_MED_ADM_OME1 = 1))) or ((WOM_SEP_COMP_MED_ADM_MET = 1) and ((WOM_SEP_COMP_MED_ADM_OAN1 = 1) or (WOM_SEP_COMP_MED_ADM_OME1 = 1))) or ((WOM_SEP_COMP_MED_ADM_OAN1 = 1) and (WOM_SEP_COMP_MED_ADM_OME1 = 1))

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

28. Were any of the above medications administered at the same time during this hospitalization?

- Yes
- No
- Not recorded

Question: WOM_SEP_COMP_DISPOSITION
Required

Scale Summary		
Code	Label	Show-If
1	Death in hospital	
2	Discharged home	
3	Transferred to another facility	
4	Left against medical advice	
5	Unknown	
995	Other (specify):	
-1	Not recorded	

29. Disposition:

- Death in hospital
- Discharged home
- Transferred to another facility
- Left against medical advice
- Unknown
- Other (specify):
- Not recorded

Auto Page Break

Question: WOM_SEP_COMP_REF_REAS
Minimum checks: 1
Show if: (WOM_SEP_COMP_DISPOSITION = 3:[Transferred to another facility])

30. Reason for referral:

- [ ] High temperature
- [ ] High leukocyte
- [ ] Bleeding
- [ ] Lochia
- [ ] Other
- [ ] Not recorded

Question: WOM_SEP_COMP_DIS_DATE
Required
Show if: (WOM_SEP_COMP_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

31. Date of discharge/referral

- ( ) Date: (DD/MM/YYYY)
- ( ) Not recorded

Question: WOM_SEP_COMP_DIS_TIME
Required
Show if: (WOM_SEP_COMP_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

32. Time of discharge/referral

- ( ) Time: (HH:MM)
- ( ) Not recorded

Question: WOM_SEP_COMP_DEATH_DATE
Required
Show if: (WOM_SEP_COMP_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

33. Date of death

- ( ) Date: (DD/MM/YYYY)
- ( ) Not recorded

Question: WOM_SEP_COMP_DEATH_TIME
Required
Show if: (WOM_SEP_COMP_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

34. Time of death

- ( ) Time: (HH:MM)
- ( ) Not recorded

Page Break

Collection: HEMORRHAGE
Contains: WOM_HEM_ADM_DATE, WOM_HEM_ADM_TIME, HEM_BASIC, HEM_COMPLETE
Show if: (MRR_WOM_DEL_COMP is-any-of [Hemorrhage])

Please note if the following was done for the patient with hemorrhage

Question: WOM_HEM_ADM_DATE
Required

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

35. Please note if the following was recorded for patients with hemorrhage:

Date of admission

- Date: (DD/MM/YYYY)
- Not recorded

Question: WOM_HEM_ADM_TIME
Required

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

36. Please note if the following was recorded for patients with hemorrhage:

Hour of admission

- Time: (HH:MM)
- Not recorded

Collection: HEM_BASIC
Contains: WOM_HEM_BASIC_MEDICATIONS, WOM_HEM_BASIC_DISPOSITION, WOM_HEM_BASIC_REF_REAS, WOM_HEM_BASIC_DIS_DATE, WOM_HEM_BASIC_DIS_TIME, WOM_HEM_BASIC_DEATH_DATE, WOM_HEM_BASIC_DEATH_TIME
Show if: (FACILITY_TYPE = 2)

Please record if the following checkups were done. Record the value, date and time of the first checkup.

Custom Layout Question: WOM_HEM_BASIC_CHECK

37.	Recorded (yes/no)	Value		Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	☐		per minute		
Systolic BP	☐		mmHg		
Diastolic BP	☐		mmHg		
Respiratory rate	☐		per minute		
Temperature	☐		°C		
Other (specify)	☐				
Other (specify)	☐				
Other (specify)	☐				

Please check if the following medications were adminsitered and record dosage, date and time of first administration

Custom Layout Question: WOM_HEM_BASIC_MED

38.	Administered (yes/no)	Dose		Date (DD/MM/YYYY)	Time (HH:MM)
Oxytocin	☐		units		
Ringer lactate	☐				
Gentamicin	☐		mg/kg		
Other uterotonics (specify)	☐		units		
Other medications (specify)	☐				
Other medications (specify)	☐				
Other medications (specify)	☐				

Question: WOM_HEM_BASIC_MEDICATIONS
Required
Show if: ((WOM_HEM_BASIC_MED_OUT_NAME = 1) and ((WOM_HEM_BASIC_MED_ADM_LAC = 1) or (WOM_HEM_BASIC_MED_ADM_GEN = 1) or (WOM_HEM_BASIC_MED_ADM_OUT = 1) or (WOM_HEM_BASIC_MED_ADM_OME1 = 1))) or ((WOM_HEM_BASIC_MED_ADM_LAC = 1) and ((WOM_HEM_BASIC_MED_ADM_GEN = 1) or (WOM_HEM_BASIC_MED_ADM_OUT = 1) or (WOM_HEM_BASIC_MED_ADM_OME1 = 1))) or ((WOM_HEM_BASIC_MED_ADM_GEN = 1) and ((WOM_HEM_BASIC_MED_ADM_OUT = 1) or (WOM_HEM_BASIC_MED_ADM_OME1 = 1))) or ((WOM_HEM_BASIC_MED_ADM_OUT = 1) and (WOM_HEM_BASIC_MED_ADM_OME1 = 1))

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

39. Were any of the above medications administered at the same time during this hospitalization?

- Yes
- No
- Not recorded

Question: WOM_HEM_BASIC_DISPOSITION
Required

Scale Summary		
Code	Label	Show-If
1	Death in hospital	
2	Discharged home	
3	Transferred to another facility	
4	Left against medical advice	
5	Unknown	
995	Other (specify):	
-1	Not recorded	

40. Disposition:

- Death in hospital
- Discharged home
- Transferred to another facility
- Left against medical advice
- Unknown
- Other (specify):
- Not recorded

Auto Page Break

Question: WOM_HEM_BASIC_REF_REAS
Minimum checks: 1
Show if: (WOM_HEM_BASIC_DISPOSITION = 3:[Transferred to another facility])

41. Reason for referral:

- ☐ Low blood pressure
- ☐ Low hemoglobin
- ☐ Bleeding
- ☐ Lochia
- ☐ Other
- ☐ Not recorded

Question: WOM_HEM_BASIC_DIS_DATE
Required
Show if: (WOM_HEM_BASIC_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

42. Date of discharge/referral

- ○ Date: (DD/MM/YYYY)
- ○ Not recorded

Question: WOM_HEM_BASIC_DIS_TIME
Required
Show if: (WOM_HEM_BASIC_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

43. Time of discharge/referral

- ○ Time: (HH:MM)
- ○ Not recorded

Question: WOM_HEM_BASIC_DEATH_DATE
Required
Show if: (WOM_HEM_BASIC_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

44. Date of death

- ○ Date: (DD/MM/YYYY)
- ○ Not recorded

Question: WOM_HEM_BASIC_DEATH_TIME
Required
Show if: (WOM_HEM_BASIC_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

45. Time of death

- ○ Time: (HH:MM)
- ○ Not recorded

Page Break

Collection: HEM_COMPLETE
Contains: WOM_HEM_COMP_CAUSE, WOM_HEM_COMP_PROCEDURES, WOM_HEM_COMP_MEDICATIONS, WOM_HEM_COMP_DISPOSITION, WOM_HEM_COMP_REF_REAS, WOM_HEM_COMP_DIS_DATE, WOM_HEM_COMP_DIS_TIME, WOM_HEM_COMP_DEATH_DATE, WOM_HEM_COMP_DEATH_TIME
Show if: (FACILITY_TYPE = 3)

Please record if the following checkups were done. Record the value, date and time of the first checkup.

Custom Layout Question: WOM_HEM_COMP_CHECK

46.

	Recorded (yes/no)	Value		Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	☐		per minute		
Systolic BP	☐		mmHg		
Diastolic BP	☐		mmHg		
Respiratory rate	☐		per minute		
Temperature	☐		°C		
Other (specify)	☐				
Other (specify)	☐				
Other (specify)	☐				

Please check if the following lab tests were performed and record results, date and time of the first test

Custom Layout Question: WOM_HEM_COMP_LAB

47.

	Recorded (yes/no)	Value		Date (DD/MM/YYYY)	Time (HH:MM)
Protrombin time (PT)	☐		second(s)		
PTT (Partial thromboplastin time)	☐		second(s)		
Platelets	☐		×10^9/L		
Hemoglobin	☐		g/dL		
Hematocrit	☐				
Other (specify)	☐				
Other (specify)	☐				
Other (specify)	☐				

Question: WOM_HEM_COMP_CAUSE
Minimum checks: 1

48. Please record cause of hemorrhage (select all that apply)

- ☐ Complicated abortion
- ☐ Retained placenta
- ☐ Placenta previa
- ☐ Placental abruption
- ☐ Uterine rupture
- ☐ Uterine atony
- ☐ Ectopic pregnancy
- ☐ Tears of the cervix
- ☐ Vaginal tears
- ☐ Other (specify)
- ☐ Not recorded

Question: WOM_HEM_COMP_PROCEDURES
Minimum checks: 1

49. Please record which procedures were done (select all that apply)

- ☐ MVA (Manual vacuum aspiration)
- ☐ Revision of uterine cavity
- ☐ Caesarean
- ☐ Hysterectomy
- ☐ Laparotomy
- ☐ Surgical repair
- ☐ Other (specify)
- ☐ Not recorded

Please check if the following medications were adminsitered and record dosage, date and time of first administration

Custom Layout Question: WOM_HEM_COMP_MED

50.

	Administered (yes/no)	Dose	Date (DD/MM/YYYY)	Time (HH:MM)
Oxytocin	☐	units		
Gentamicin	☐	mg/kg		
Other uterotonics (specify)	☐	units		
Other medications (specify)	☐			
Other medications (specify)	☐			
Other medications (specify)	☐			

Question: WOM_HEM_COMP_MEDICATIONS
Required
Show if: ((WOM_HEM_COMP_MED_ADM_OXI = 1) and ((WOM_HEM_COMP_MED_ADM_GEN = 1) or (WOM_HEM_COMP_MED_ADM_OUT = 1) or (WOM_HEM_COMP_MED_ADM_OME1 = 1))) or ((WOM_HEM_COMP_MED_ADM_GEN = 1) and ((WOM_HEM_COMP_MED_ADM_OUT = 1) or (WOM_HEM_COMP_MED_ADM_OME1 = 1))) or ((WOM_HEM_COMP_MED_ADM_OUT = 1) and (WOM_HEM_COMP_MED_ADM_OME1 = 1))

Scale Summary

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

51. Were any of the above medications administered at the same time during this hospitalization?

- ○ Yes
- ○ No
- ○ Not recorded

Question: WOM_HEM_COMP_DISPOSITION
Required

Scale Summary

Code	Label	Show-If
1	Death in hospital	
2	Discharged home	
3	Transferred to another facility	
4	Left against medical advice	
5	Unknown	
995	Other (specify):	
-1	Not recorded	

52. Disposition:

- ○ Death in hospital
- ○ Discharged home
- ○ Transferred to another facility
- ○ Left against medical advice
- ○ Unknown
- ○ Other (specify):
- ○ Not recorded

Auto Page Break

Question: WOM_HEM_COMP_REF_REAS
Minimum checks: 1
Show if: (WOM_HEM_COMP_DISPOSITION = 3:[Transferred to another facility])

53. Reason for referral:

- ☐ Low blood pressure
- ☐ Low hemoglobin
- ☐ Bleeding
- ☐ Lochia
- ☐ Other
- ☐ Not recorded

Question: WOM_HEM_COMP_DIS_DATE
Required
Show if: (WOM_HEM_COMP_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

54. Date of discharge/referral

- ○ Date: (DD/MM/YYYY)
- ○ Not recorded

Question: WOM_HEM_COMP_DIS_TIME
Required
Show if: (WOM_HEM_COMP_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

55. Time of discharge/referral

- ○ Time: (HH:MM)
- ○ Not recorded

Question: WOM_HEM_COMP_DEATH_DATE
Required
Show if: (WOM_HEM_COMP_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

56. Date of death

- ○ Date: (DD/MM/YYYY)
- ○ Not recorded

Question: WOM_HEM_COMP_DEATH_TIME
Required
Show if: (WOM_HEM_COMP_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

57. Time of death

- ○ Time: (HH:MM)
- ○ Not recorded

Page Break

Collection: PRE-ECLAMPSIA
Contains: WOM_PRE_ADM_DATE, WOM_PRE_ADM_TIME, PRE_BASIC, PRE_COMP
Show if: (MRR_WOM_DEL_COMP is-any-of [Severe pre-eclampsia])

Please note if the following was recorded for patients with pre-eclampsia.

Question: WOM_PRE_ADM_DATE
Required

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

58. Please note if the following was recorded for patients with pre-eclampsia:

Date of admission

- Date: (DD/MM/YYYY)
- Not recorded

Question: WOM_PRE_ADM_TIME
Required

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

59. Please note if the following was recorded for patients with pre-eclampsia:

Hour of admission

- Time: (HH:MM)
- Not recorded

Collection: PRE_BASIC
Contains: WOM_PRE_BASIC_MEDICATIONS, WOM_PRE_BASIC_DISPOSITION, WOM_PRE_BASIC_REF_REAS, WOM_PRE_BASIC_DIS_DATE, WOM_PRE_BASIC_DIS_TIME, WOM_PRE_BASIC_DEATH_DATE, WOM_PRE_BASIC_DEATH_TIME
Show if: (FACILITY_TYPE = 2)

Please record if the following checkups were done. Record the value, date and time of the first checkup.

Custom Layout Question: WOM_PRE_BASIC_CHECK

60.

	Recorded (yes/no)	Value		Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	☐		per minute		
Systolic BP	☐		mmHg		
Diastolic BP	☐		mmHg		
Respiratory rate	☐		per minute		
Temperature	☐		°C		
Other (specify)	☐				
Other (specify)	☐				
Other (specify)	☐				

Please check if the following lab tests were performed and record results, date and time of the first test

Custom Layout Question: WOM_PRE_BASIC_LAB

61.

	Recorded (yes/no)	Negative	Number of +	Value		Date (DD/MM/YYYY)	Time (HH:MM)
Urine protein	☐	☐			g/day		
Other (specify)	☐	☐					
Other (specify)	☐	☐					
Other (specify)	☐	☐					

Please check if the following medications were adminsitered and record dosage, date and time of first administration

Custom Layout Question: WOM_PRE_BASIC_MED

62.

	Administered (yes/no)	Dose		Date (DD/MM/YYYY)	Time (HH:MM)
Magnesium sulfate	☐		gr		
Hidralazin	☐		mg		
Nifedipin	☐				

		mg		
Other antihypertensive (specify)				
Other medications (specify)		mg		
Other medications (specify)				
Other medications (specify)				

Question: WOM_PRE_BASIC_MEDICATIONS
Required
Show if: ((WOM_PRE_BASIC_MED_ADM_MGS = 1) and ((WOM_PRE_BASIC_MED_ADM_HID = 1) or (WOM_PRE_BASIC_MED_ADM_NIF = 1) or (WOM_PRE_BASIC_MED_ADM_OAH = 1) or (WOM_PRE_BASIC_MED_ADM_OME1 = 1))) or ((WOM_PRE_BASIC_MED_ADM_HID = 1) and ((WOM_PRE_BASIC_MED_ADM_NIF = 1) or (WOM_PRE_BASIC_MED_ADM_OAH = 1) or (WOM_PRE_BASIC_MED_ADM_OME1 = 1))) or ((WOM_PRE_BASIC_MED_ADM_NIF = 1) and ((WOM_PRE_BASIC_MED_ADM_OAH = 1) or (WOM_PRE_BASIC_MED_ADM_OME1 = 1))) or ((WOM_PRE_BASIC_MED_ADM_OAH = 1) and (WOM_PRE_BASIC_MED_ADM_OME1 = 1))

Scale Summary

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

63. Were any of the above medications administered at the same time during this hospitalization?

- Yes
- No
- Not recorded

Question: WOM_PRE_BASIC_DISPOSITION
Required

Scale Summary

Code	Label	Show-If
1	Death in hospital	
2	Discharged home	
3	Transferred to another facility	
4	Left against medical advice	
5	Unknown	
995	Other (specify):	
-1	Not recorded	

64. Disposition:

- Death in hospital
- Discharged home
- Transferred to another facility
- Left against medical advice
- Unknown
- Other (specify):
- Not recorded

Auto Page Break

Question: WOM_PRE_BASIC_REF_REAS
Minimum checks: 1
Show if: (WOM_PRE_BASIC_DISPOSITION = 3:[Transferred to another facility])

65. Reason for referral:

- [ ] High blood pressure
- [ ] Urine protein
- [ ] Bleeding
- [ ] Lochia
- [ ] Seizures
- [ ] Other
- [ ] Not recorded

Question: WOM_PRE_BASIC_DIS_DATE
Required
Show if: (WOM_PRE_BASIC_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

66. Date of discharge/referral

- ( ) Date: (DD/MM/YYYY)
- ( ) Not recorded

Question: WOM_PRE_BASIC_DIS_TIME
Required
Show if: (WOM_PRE_BASIC_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

67. Time of discharge/referral

- ( ) Time: (HH:MM)
- ( ) Not recorded

Question: WOM_PRE_BASIC_DEATH_DATE
Required
Show if: (WOM_PRE_BASIC_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

68. Date of death

- ( ) Date: (DD/MM/YYYY)
- ( ) Not recorded

Question: WOM_PRE_BASIC_DEATH_TIME
Required
Show if: (WOM_PRE_BASIC_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

69. Time of death

- ( ) Time: (HH:MM)
- ( ) Not recorded

Page Break

Collection: PRE_COMP
Contains: WOM_PRE_COMP_MEDICATIONS, WOM_PRE_COMP_RESULT, WOM_PRE_COMP_DISPOSITION, WOM_PRE_COMP_REF_REAS, WOM_PRE_COMP_DIS_DATE, WOM_PRE_COMP_DIS_TIME, WOM_PRE_COMP_DEATH_DATE, WOM_PRE_COMP_DEATH_TIME
Show if: (FACILITY_TYPE = 3)

Please record if the following checkups were done. Record the value, date and time of the first checkup.

Custom Layout Question: WOM_PRE_COMP_CHECK1

70.

	Recorded (yes/no)	Value		Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	☐		per minute		
Systolic BP	☐		mmHg		
Diastolic BP	☐		mmHg		
Respiratory rate	☐		per minute		
Temperature	☐		°C		
Other (specify)	☐				
Other (specify)	☐				
Other (specify)	☐				

Please check if the following checkups were done and the date and time of the first checkup

Custom Layout Question: WOM_PRE_COMP_CHECK2

71.

	Recorded (yes/no)	Date (DD/MM/YYYY)	Time (HH:MM)
Patellar reflex	☐		
Other (specify)	☐		
Other (specify)	☐		
Other (specify)	☐		

Please check if the patient had the following symptoms are recorded and note the date and time of the first symptom observed

Custom Layout Question: WOM_PRE_COMP_SYMP

72.

	Symptom	Date (DD/MM/YYYY)	Time (HH:MM)
Seizures			
Oliguria			
Other (specify)			
Other (specify)			
Other (specify)			

Please check if the following lab tests were performed and record results, date and time of the first test

Custom Layout Question: WOM_PRE_COMP_LAB1

73.

	Recorded (yes/no)	Value		Date (DD/MM/YYYY)	Time (HH:MM)
Platelet count	☐		x10^9/L		
Aspartate-amino transferase	☐		U/liter		
Alanin-amino transferase	☐		U/liter		
Lactate dehydrogenase	☐		U/liter		
Other (specify)	☐				
Other (specify)	☐				
Other (specify)	☐				

Please check if the following lab tests were performed and record results, date and time of the first test

Custom Layout Question: WOM_PRE_COMP_LAB2

74.

	Recorded (yes/no)	Negative	Number of +	Value		Date ((DD/MM/YYYY)	Time (HH:MM)
Urine protein	☐	☐			g/day		
Other (specify)	☐	☐					
Other (specify)	☐	☐					

Other (specify)

Please check if the following medications were adminsitered and record dosage, date and time of first administration

Custom Layout Question: WOM_PRE_COMP_MED

75.

	Administered (yes/no)	Dose	Date (DD/MM/YYYY)	Time (HH:MM)
Magnesium sulfate		gr		
Hidralazin		mg		
Nifedipin		mg		
Betamethasone		mg		
Dexamethasone		mg		
Other antihypertensive (specify)		mg		
Other medications (specify)				
Other medications (specify)				
Other medications (specify)				

Question: WOM_PRE_COMP_MEDICATIONS
Required
Show if: ((WOM_PRE_COMP_MED_ADM_MGS = 1) and ((WOM_PRE_COMP_MED_ADM_HID = 1) or (WOM_PRE_COMP_MED_ADM_NIF = 1) or (WOM_PRE_COMP_MED_ADM_BET = 1) or (WOM_PRE_COMP_MED_ADM_DEX = 1) or (WOM_PRE_COMP_MED_ADM_OAH = 1) or (WOM_PRE_COMP_MED_ADM_OME1 = 1))) or ((WOM_PRE_COMP_MED_ADM_HID = 1) and ((WOM_PRE_COMP_MED_ADM_NIF = 1) or (WOM_PRE_COMP_MED_ADM_BET = 1) or (WOM_PRE_COMP_MED_ADM_DEX = 1) or (WOM_PRE_COMP_MED_ADM_OAH = 1) or (WOM_PRE_COMP_MED_ADM_OME1 = 1))) or ((WOM_PRE_COMP_MED_ADM_NIF = 1) and ((WOM_PRE_COMP_MED_ADM_BET = 1) or (WOM_PRE_COMP_MED_ADM_DEX = 1) or (WOM_PRE_COMP_MED_ADM_OAH = 1) or (WOM_PRE_COMP_MED_ADM_OME1 = 1))) or ((WOM_PRE_COMP_MED_ADM_BET = 1) and ((WOM_PRE_COMP_MED_ADM_DEX = 1) or (WOM_PRE_COMP_MED_ADM_OAH = 1) or (WOM_PRE_COMP_MED_ADM_OME1 = 1))) or ((WOM_PRE_COMP_MED_ADM_DEX = 1) and ((WOM_PRE_COMP_MED_ADM_OAH = 1) or (WOM_PRE_COMP_MED_ADM_OME1 = 1))) or ((WOM_PRE_COMP_MED_ADM_OAH = 1) and (WOM_PRE_COMP_MED_ADM_OME1 = 1))

Scale Summary

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

76. Were any of the above medications administered at the same time during this hospitalization?

- Yes
- No
- Not recorded

Question: WOM_PRE_COMP_RESULT
Required

Scale Summary

Code	Label	Show-If
1	Caesarean	
2	Normal vaginal	
995	Other	
-1	Not recorded	

77. Result of the pregnancy:

- Caesarean
- Normal vaginal
- Other
- Not recorded

Question: WOM_PRE_COMP_DISPOSITION
Required

Scale Summary

Code	Label	Show-If
1	Death in hospital	
2	Discharged home	
3	Transferred to another facility	
4	Left against medical advice	
5	Unknown	
995	Other (specify):	
-1	Not recorded	

78. Disposition:

- Death in hospital
- Discharged home
- Transferred to another facility
- Left against medical advice
- Unknown
- Other (specify):

Not recorded

Auto Page Break

Question: WOM_PRE_COMP_REF_REAS
Minimum checks: 1
Show if: (WOM_PRE_COMP_DISPOSITION = 3:[Transferred to another facility])

79. Reason for referral:

- [ ] High blood pressure
- [ ] Urine protein
- [ ] Bleeding
- [ ] Lochia
- [ ] Seizures
- [ ] Other
- [ ] Not recorded

Question: WOM_PRE_COMP_DIS_DATE
Required
Show if: (WOM_PRE_COMP_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

80. Date of discharge/referral

- ( ) Date: (DD/MM/YYYY)
- ( ) Not recorded

Question: WOM_PRE_COMP_DIS_TIME
Required
Show if: (WOM_PRE_COMP_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

81. Time of discharge/referral

- ( ) Time: (HH:MM)
- ( ) Not recorded

Question: WOM_PRE_COMP_DEATH_DATE
Required
Show if: (WOM_PRE_COMP_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

82. Date of death

- ( ) Date: (DD/MM/YYYY)
- ( ) Not recorded

Question: WOM_PRE_COMP_DEATH_TIME
Required
Show if: (WOM_PRE_COMP_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

83. Time of death

- ( ) Time: (HH:MM)
- ( ) Not recorded

Page Break

Collection: ECLAMPSIA
Contains: WOM_ECL_ADM_DATE, WOM_ECL_ADM_TIME, ECL_BASIC, ECL_COMP
Show if: (MRR_WOM_DEL_COMP is-any-of [Eclampsia])

Please note if the following was recorded for patients with eclampsia.

Question: WOM_ECL_ADM_DATE
Required

Scale Summary		
Code	Label	Show-If
1	Yes:	
-1	Not recorded	

84. Please note if the following was recorded for patients with eclampsia:

Date of admission

- Yes: _____ (DD/MM/YYYY)
- Not recorded

Question: WOM_ECL_ADM_TIME
Required

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

85. Please note if the following was recorded for patients with eclampsia:

Hour of admission

- Time: _____ (HH:MM)
- Not recorded

Collection: ECL_BASIC
Contains: WOM_ECL_BASIC_MEDICATIONS, WOM_ECL_BASIC_DISPOSITION, WOM_ECL_BASIC_REF_REAS, WOM_ECL_BASIC_DIS_DATE, WOM_ECL_BASIC_DIS_TIME, WOM_ECL_BASIC_DEATH_DATE, WOM_ECL_BASIC_DEATH_TIME
Show if: (FACILITY_TYPE = 2)

Please record if the following checkups were done. Record the value, date and time of the first checkup.

Custom Layout Question: WOM_ECL_BASIC_CHECK

86.

	Recorded (yes/no)	Value		Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	☐	_____	per minute	_____	_____
Systolic BP	☐	_____	mmHg	_____	_____
Diastolic BP	☐	_____	mmHg	_____	_____
Respiratory rate	☐	_____	per minute	_____	_____
Temperature	☐	_____	°C	_____	_____
Other (specify) _____	☐	_____		_____	_____
Other (specify) _____	☐	_____		_____	_____
Other (specify) _____	☐	_____		_____	_____

Please check if the following lab tests were performed and record results, date and time of the first test

Custom Layout Question: WOM_ECL_BASIC_LAB

87.

	Recorded (yes/no)	Negative	Number of +	Value		Date (DD/MM/YYYY)	Time (HH:MM)
Urine protein	☐	☐	_____	_____	g/day	_____	_____
Other (specify) _____	☐	☐	_____	_____		_____	_____
Other (specify) _____	☐	☐	_____	_____		_____	_____
Other (specify) _____	☐	☐	_____	_____		_____	_____

Please check if the following medications were administered and record dosage, date and time of first administration

Custom Layout Question: WOM_ECL_BASIC_MED

88.

	Administered (yes/no)	Dose		Date (DD/MM/YYYY)	Time (HH:MM)
Magnesium sulfate	☐	_____	gr	_____	_____
Hidralazin	☐	_____	mg	_____	_____
Nifedipin	☐	_____		_____	_____

Other antihypertensive (specify)		mg		
Other medications (specify)		mg		
Other medications (specify)				
Other medications (specify)				

Question: WOM_ECL_BASIC_MEDICATIONS
Required
Show if: ((WOM_ECL_BASIC_MED_ADM_MGS = 1) and ((WOM_ECL_BASIC_MED_ADM_HID = 1) or (WOM_ECL_BASIC_MED_ADM_NIF = 1) or (WOM_ECL_BASIC_MED_ADM_OAH = 1) or (WOM_ECL_BASIC_MED_ADM_OME1 = 1))) or ((WOM_ECL_BASIC_MED_ADM_HID = 1) and ((WOM_ECL_BASIC_MED_ADM_NIF = 1) or (WOM_ECL_BASIC_MED_ADM_OAH = 1) or (WOM_ECL_BASIC_MED_ADM_OME1 = 1))) or ((WOM_ECL_BASIC_MED_ADM_NIF = 1) and ((WOM_ECL_BASIC_MED_ADM_OAH = 1) or (WOM_ECL_BASIC_MED_ADM_OME1 = 1))) or ((WOM_ECL_BASIC_MED_ADM_OAH = 1) and (WOM_ECL_BASIC_MED_ADM_OME1 = 1))

Scale Summary

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

89. Were any of the above medications administered at the same time during this hospitalization?

- Yes
- No
- Not recorded

Question: WOM_ECL_BASIC_DISPOSITION
Required

Scale Summary

Code	Label	Show-If
1	Death in hospital	
2	Discharged home	
3	Transferred to another facility	
4	Left against medical advice	
5	Unknown	
995	Other (specify):	
-1	Not recorded	

90. Disposition:

- Death in hospital
- Discharged home
- Transferred to another facility
- Left against medical advice
- Unknown
- Other (specify):
- Not recorded

Auto Page Break

Question: WOM_ECL_BASIC_REF_REAS
Minimum checks: 1
Show if: (WOM_ECL_BASIC_DISPOSITION = 3:[Transferred to another facility])

91. Reason for referral:

- [ ] High blood pressure
- [ ] Urine protein
- [ ] Bleeding
- [ ] Lochia
- [ ] Seizures
- [ ] Other
- [ ] Not recorded

Question: WOM_ECL_BASIC_DIS_DATE
Required
Show if: (WOM_ECL_BASIC_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

92. Date of discharge/referral

- ( ) Date: (DD/MM/YYYY)
- ( ) Not recorded

Question: WOM_ECL_BASIC_DIS_TIME
Required
Show if: (WOM_ECL_BASIC_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

93. Time of discharge/referral

- ( ) Time: (HH:MM)
- ( ) Not recorded

Question: WOM_ECL_BASIC_DEATH_DATE
Required
Show if: (WOM_ECL_BASIC_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

94. Date of death

- ( ) Date: (DD/MM/YYYY)
- ( ) Not recorded

Question: WOM_ECL_BASIC_DEATH_TIME
Required
Show if: (WOM_ECL_BASIC_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

95. Time of death

- ( ) Time: (HH:MM)
- ( ) Not recorded

Page Break

Collection: ECL_COMP
Contains: WOM_ECL_COMP_MEDICATIONS, WOM_ECL_COMP_RESULT, WOM_ECL_COMP_DISPOSITION, WOM_ECL_COMP_REF_REAS, WOM_ECL_COMP_DIS_DATE, WOM_ECL_COMP_DIS_TIME, WOM_ECL_COMP_DEATH_DATE, WOM_ECL_COMP_DEATH_TIME
Show if: (FACILITY_TYPE = 3)

Please record if the following checkups were done. Record the value, date and time of the first checkup.

Custom Layout Question: WOM_ECL_COMP_CHECK1

96.

	Recorded (yes/no)	Value		Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	☐		per minute		
Systolic BP	☐		mmHg		
Diastolic BP	☐		mmHg		
Respiratory rate	☐		per minute		
Temperature	☐		°C		
Other (specify)	☐				
Other (specify)	☐				
Other (specify)	☐				

Please check if the following checkups were done and the date and time of the first checkup

Custom Layout Question: WOM_ECL_COMP_CHECK2

97.

	Recorded (yes/no)	Date (DD/MM/YYYY)	Time (HH:MM)
Patella reflex	☐		
Other (specify)	☐		
Other (specify)	☐		
Other (specify)	☐		

Please check if the patient had the following symptoms and note the date and time of the first observed symptom

Custom Layout Question: WOM_ECL_COMP_SYMP

98.

	Symptom	Date (DD/MM/YYYY)	Time (HH:MM)
Seizures			
Oliguria			
Other (specify)			
Other (specify)			
Other (specify)			

Please check if the following lab tests were performed and record results, date and time of the first test

Custom Layout Question: WOM_ECL_COMP_LAB1

99.

	Recorded (yes/no)	Value		Date (DD/MM/YYYY)	Time (HH:MM)
Platelet count	☐		x 10^9/L		
Aspartate-amino transferase	☐		U/liter		
Alanin-amino transferase	☐		U/liter		
Lactate dehydrogenase	☐		U/liter		
Other (specify)	☐				
Other (specify)	☐				
Other (specify)	☐				

Please check if the following lab tests were performed and record results, date and time of the first test

Custom Layout Question: WOM_ECL_COMP_LAB2

100.

	Recorded (yes/no)	Negative	Number of +	Value		Date (DD/MM/YYYY)	Time (HH:MM)
Urine protein	☐	☐			g/day		
Other (specify)	☐	☐					
Other (specify)	☐	☐					

Other (specify)

Please check if the following medications were adminsitered and record dosage, date and time of first administration

Custom Layout Question: WOM_ECL_COMP_MED

101.

	Administered (yes/no)	Dose	Date (DD/MM/YYYY)	Time (HH:MM)
Magnesium sulfate	☐	gr		
Hidralazin	☐	mg		
Nifedipin	☐	mg		
Betamethasone	☐	mg		
Dexamethasone	☐	mg		
Other antihypertensive (specify)	☐	mg		
Other medications (specify)	☐			
Other medications (specify)	☐			
Other medications (specify)	☐			

Question: WOM_ECL_COMP_MEDICATIONS
Required
Show if: ((WOM_ECL_COMP_MED_ADM_MGS = 1) and ((WOM_ECL_COMP_MED_ADM_HID = 1) or (WOM_ECL_COMP_MED_ADM_NIF = 1) or (WOM_ECL_COMP_MED_ADM_BET = 1) or (WOM_ECL_COMP_MED_ADM_DEX = 1) or (WOM_ECL_COMP_MED_ADM_OAH = 1) or (WOM_ECL_COMP_MED_ADM_OME1 = 1))) or ((WOM_ECL_COMP_MED_ADM_HID = 1) and ((WOM_ECL_COMP_MED_ADM_NIF = 1) or (WOM_ECL_COMP_MED_ADM_BET = 1) or (WOM_ECL_COMP_MED_ADM_DEX = 1) or (WOM_ECL_COMP_MED_ADM_OAH = 1) or (WOM_ECL_COMP_MED_ADM_OME1 = 1))) or ((WOM_ECL_COMP_MED_ADM_NIF = 1) and ((WOM_ECL_COMP_MED_ADM_BET = 1) or (WOM_ECL_COMP_MED_ADM_DEX = 1) or (WOM_ECL_COMP_MED_ADM_OAH = 1) or (WOM_ECL_COMP_MED_ADM_OME1 = 1))) or ((WOM_ECL_COMP_MED_ADM_BET = 1) and ((WOM_ECL_COMP_MED_ADM_DEX = 1) or (WOM_ECL_COMP_MED_ADM_OAH = 1) or (WOM_ECL_COMP_MED_ADM_OME1 = 1))) or ((WOM_ECL_COMP_MED_ADM_DEX = 1) and ((WOM_ECL_COMP_MED_ADM_OAH = 1) or (WOM_ECL_COMP_MED_ADM_OME1 = 1))) or ((WOM_ECL_COMP_MED_ADM_OAH = 1) and (WOM_ECL_COMP_MED_ADM_OME1 = 1))

Scale Summary

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

102. Were any of the above medications administered at the same time during this hospitalization?

- ○ Yes
- ○ No
- ○ Not recorded

Question: WOM_ECL_COMP_RESULT
Required

Scale Summary

Code	Label	Show-If
1	Caesarean	
2	Normal vaginal	
995	Other	
-1	Not recorded	

103. Result of the pregnancy:

- ○ Caesarean
- ○ Normal vaginal
- ○ Other
- ○ Not recorded

Question: WOM_ECL_COMP_DISPOSITION
Required

Scale Summary

Code	Label	Show-If
1	Death in hospital	
2	Discharged home	
3	Transferred to another facility	
4	Left against medical advice	
5	Unknown	
995	Other (specify):	
-1	Not recorded	

104. Disposition:

- ○ Death in hospital
- ○ Discharged home
- ○ Transferred to another facility
- ○ Left against medical advice
- ○ Unknown
- ○ Other (specify):

Not recorded

Auto Page Break

Question: WOM_ECL_COMP_REF_REAS
Minimum checks: 1
Show if: (WOM_ECL_COMP_DISPOSITION = 3:[Transferred to another facility])

105. Reason for referral:

- [ ] High blood pressure
- [ ] Urine protein
- [ ] Bleeding
- [ ] Lochia
- [ ] Seizures
- [ ] Other
- [ ] Not recorded

Question: WOM_ECL_COMP_DIS_DATE
Required
Show if: (WOM_ECL_COMP_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

106. Date of discharge/referral

- ( ) Date: (DD/MM/YYYY)
- ( ) Not recorded

Question: WOM_ECL_COMP_DIS_TIME
Required
Show if: (WOM_ECL_COMP_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

107. Time of discharge/referral

- ( ) Time: (HH:MM)
- ( ) Not recorded

Question: WOM_ECL_COMP_DEATH_DATE
Required
Show if: (WOM_ECL_COMP_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

108. Date of death

- ( ) Date: (DD/MM/YYYY)
- ( ) Not recorded

Question: WOM_ECL_COMP_DEATH_TIME
Required
Show if: (WOM_ECL_COMP_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

109. Time of death

- ( ) Time: (HH:MM)
- ( ) Not recorded

Page Break

Question: COMMENT_COMPL_MATERNA
Required

110. Enter relevant comments about this section

You have reached the end of the survey.

Please click the button 'submit' to submit your responses and close the survey. You cannot modify any responses after the survey has been submitted.

If you believe that this page was reached in error, please click 'Previous' and revise your responses as necessary.

Thank you for your time today.