BID

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Collection: LOGIN
Contains: DATSTAT_ALTPID

BID 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_GENERAL_QUESTIONS, MRR_ANC, MRR_DELIVERY, MRR_POSTPARTUM, COMMENT_NO_COMPL

Medical Record Review

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

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_GENERAL_QUESTIONS
Contains: MRR_AGE, MRR_EDU, MRR_MAR_STAT, NEO_GESTAGE, MRR_RECORDS

General questions
Please review the medical record for the selected case, and extract the required information.

Question: MRR_AGE
Required

6. 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	

7. 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	

8. Marital status
- ○ Married
- ○ Stable union
- ○ Single
- ○ Other (specify):
- ○ Not recorded

Question: NEO_GESTAGE
Required

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

9. Gestational age
- ○ Age: _____ weeks
- ○ Not recorded

Question: MRR_RECORDS
Minimum checks: 1

10. What type of attention did the woman receive in this facility?

(SELECT ALL THAT APPLY)
- ☐ Prenatal care
- ☐ Delivery process
- ☐ Postnatal care

Page Break

Collection: MRR_ANC
Contains: MRR_ANC_NUM, MRR_VISIT_1, MRR_VISIT_2, MRR_VISIT_3, MRR_VISIT_4, MRR_VISIT_5, MRR_VISIT_6, MRR_VISIT_7, MRR_VISIT_8, MRR_VISIT_9, MRR_VISIT_10, MRR_VISIT_11, MRR_VISIT_12, MRR_VISIT_13, MRR_VISIT_14, MRR_VISIT_15, MRR_ANC_LAB_TEST, MRR_ANC_TET, MRR_ANC_RUBELLA, MRR_MENS_DATE, MRR_ANC_DATE, MRR_PRE_OUT
Show if: (MRR_RECORDS is-any-of [Prenatal care])

ANC Visit
Please select medical chart of women 15-49 years old who have been pregnant in the last two years according to the sampling strategy.

Question: MRR_ANC_NUM
Required

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

11. Please review antenatal care section of medical record and note how many antenatal care visits were done

   ○ Number: [_____]
   ○ Not recorded

Auto Page Break

Collection: MRR_VISIT_1
Contains: MRR_ANC_SPE1, MRR_ANC_CON1
Show if: (MRR_ANC_NUM.SPEC >= 1)

Question: MRR_ANC_SPE1
Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

12. Please record who delivered ANC services during the first visit?

- ○ Doctor
- ○ Nurse
- ○ Midwife
- ○ Community health coordinator
- ○ Intern
- ○ Other (specify) [_____]
- ○ Not recorded

Question Block: MRR_ANC_CON1
Contains: MRR_ANC_CON1_WT, MRR_ANC_CON1_BP, MRR_ANC_CON1_FUND, MRR_ANC_CON1_EDEMA, MRR_ANC_CON1_REFL
Required

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

13. Please review antenatal care section of medical record and note if the following was performed during 1st ANC visit for woman

	Yes	No	Not recorded
Weight	○	○	○
Blood pressure	○	○	○
Fundal height	○	○	○
Presence of edema	○	○	○
Reflexes	○	○	○

Please review antenatal care section of medical record and note if the following was performed during ANC visit for fetus.

Custom Layout Question: MRR_ANC_CON_BABY1

14.

	1st visit	Date (DD/MM/YYYY)
Fetal heart rate	[____▼]	[_____]
Fetal movement	[____▼]	[_____]

Collection: MRR_VISIT_2
Contains: MRR_ANC_SPE2, MRR_ANC_CON2, MRR_ANC_CON2_BABY
Show if: (MRR_ANC_NUM.SPEC >= 2)

Question: MRR_ANC_SPE2
Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

15. Please record who delivered ANC services during the second visit?

- ○ Doctor
- ○ Nurse
- ○ Midwife
- ○ Community health coordinator
- ○ Intern

○ Other (specify) [_____]

○ Not recorded

Question Block: MRR_ANC_CON2
Contains: MRR_ANC_CON2_WT, MRR_ANC_CON2_BP, MRR_ANC_CON2_FUND, MRR_ANC_CON2_EDEMA, MRR_ANC_CON2_REFL
Required

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

16. Please review antenatal care section of medical record and note if the following was performed during 2nd ANC visit for woman

	Yes	No	Not recorded
Weight	○	○	○
Blood pressure	○	○	○
Fundal height	○	○	○
Presence of edema	○	○	○
Reflexes	○	○	○

Question Block: MRR_ANC_CON2_BABY
Contains: MRR_ANC_CON_BABY_FHR_2, MRR_ANC_CON_BABY_FM_2
Required

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

17. Please review antenatal care section of medical record and note if the following was performed during 2nd ANC visit for fetus.

Fetal heart rate	-- Select one -- ▼
Fetal movement	-- Select one -- ▼

Collection: MRR_VISIT_3
Contains: MRR_ANC_SPE3, MRR_ANC_CON3, MRR_ANC_CON3_BABY
Show if: (MRR_ANC_NUM.SPEC >= 3)

Question: MRR_ANC_SPE3
Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

18. Please record who delivered ANC services during the third visit?

○ Doctor

○ Nurse

○ Midwife

○ Community health coordinator

○ Intern

○ Other (specify) [_____]

○ Not recorded

Question Block: MRR_ANC_CON3
Contains: MRR_ANC_CON3_WT, MRR_ANC_CON3_BP, MRR_ANC_CON3_FUND, MRR_ANC_CON3_EDEMA, MRR_ANC_CON3_REFL
Required

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

19. Please review antenatal care section of medical record and note if the following was performed during 3rd ANC visit for woman

Yes	No	Not recorded

	Yes	No	Not recorded
Weight	○	○	○
Blood pressure	○	○	○
Fundal height	○	○	○
Presence of edema	○	○	○
Reflexes	○	○	○

Question Block: MRR_ANC_CON3_BABY
Contains: MRR_ANC_CON_BABY_FHR_3, MRR_ANC_CON_BABY_FM_3
Required

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

20. Please review antenatal care section of medical record and note if the following was performed during 3rd ANC visit for fetus.

Fetal heart rate	-- Select one -- ▼
Fetal movement	-- Select one -- ▼

Collection: MRR_VISIT_4
Contains: MRR_ANC_SPE4, MRR_ANC_CON4, MRR_ANC_CON4_BABY
Show if: (MRR_ANC_NUM.SPEC >= 4)

Question: MRR_ANC_SPE4
Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

21. Please record who delivered ANC services during the fourth visit?
- ○ Doctor
- ○ Nurse
- ○ Midwife
- ○ Community health coordinator
- ○ Intern
- ○ Other (specify) [_____]
- ○ Not recorded

Question Block: MRR_ANC_CON4
Contains: MRR_ANC_CON4_WT, MRR_ANC_CON4_BP, MRR_ANC_CON4_FUND, MRR_ANC_CON4_EDEMA, MRR_ANC_CON4_REFL
Required

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

22. Please review antenatal care section of medical record and note if the following was performed during 4th ANC visit for woman

	Yes	No	Not recorded
Weight	○	○	○
Blood pressure	○	○	○
Fundal height	○	○	○
Presence of edema	○	○	○
Reflexes	○	○	○

Question Block: MRR_ANC_CON4_BABY
Contains: MRR_ANC_CON_BABY_FHR_4, MRR_ANC_CON_BABY_FM_4
Required

Scale Summary	

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

23. Please review antenatal care section of medical record and note if the following was performed during 4th ANC visit for fetus.

Fetal heart rate	-- Select one -- ▾
Fetal movement	-- Select one -- ▾

Collection: MRR_VISIT_5
Contains: MRR_ANC_SPE5, MRR_ANC_CON5, MRR_ANC_CON5_BABY
Show if: (MRR_ANC_NUM.SPEC >= 5)

Question: MRR_ANC_SPE5
Required

	Scale Summary	
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

24. Please record who delivered ANC services during the fifth visit?
- ○ Doctor
- ○ Nurse
- ○ Midwife
- ○ Community health coordinator
- ○ Intern
- ○ Other (specify) [   ]
- ○ Not recorded

Question Block: MRR_ANC_CON5
Contains: MRR_ANC_CON5_WT, MRR_ANC_CON5_BP, MRR_ANC_CON5_FUND, MRR_ANC_CON5_EDEMA, MRR_ANC_CON5_REFL
Required

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

25. Please review antenatal care section of medical record and note if the following was performed during 5th ANC visit for woman

	Yes	No	Not recorded
Weight	○	○	○
Blood pressure	○	○	○
Fundal height	○	○	○
Presence of edema	○	○	○
Reflexes	○	○	○

Question Block: MRR_ANC_CON5_BABY
Contains: MRR_ANC_CON_BABY_FHR_5, MRR_ANC_CON_BABY_FM_5
Required

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

26. Please review antenatal care section of medical record and note if the following was performed during 5th ANC visit for fetus.

Fetal heart rate	-- Select one -- ▾
Fetal movement	-- Select one -- ▾

Collection: MRR_VISIT_6
Contains: MRR_ANC_SPE6, MRR_ANC_CON6, MRR_ANC_CON6_BABY
Show if: (MRR_ANC_NUM.SPEC >= 6)

Question: MRR_ANC_SPE6

Required

Code	Scale Summary Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

27. Please record who delivered ANC services during the sixth visit?

- ○ Doctor
- ○ Nurse
- ○ Midwife
- ○ Community health coordinator
- ○ Intern
- ○ Other (specify) [_____]
- ○ Not recorded

Question Block: MRR_ANC_CON6
Contains: MRR_ANC_CON6_WT, MRR_ANC_CON6_BP, MRR_ANC_CON6_FUND, MRR_ANC_CON6_EDEMA, MRR_ANC_CON6_REFL
Required

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

28. Please review antenatal care section of medical record and note if the following was performed during 6th ANC visit for woman

	Yes	No	Not recorded
Weight	○	○	○
Blood pressure	○	○	○
Fundal height	○	○	○
Presence of edema	○	○	○
Reflexes	○	○	○

Question Block: MRR_ANC_CON6_BABY
Contains: MRR_ANC_CON_BABY_FHR_6, MRR_ANC_CON_BABY_FM_6
Required

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

29. Please review antenatal care section of medical record and note if the following was performed during 6th ANC visit for fetus.

Fetal heart rate	-- Select one -- ▼
Fetal movement	-- Select one -- ▼

Collection: MRR_VISIT_7
Contains: MRR_ANC_SPE7, MRR_ANC_CON7, MRR_ANC_CON7_BABY
Show if: (MRR_ANC_NUM.SPEC >= 7)

Question: MRR_ANC_SPE7
Required

Code	Scale Summary Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

30. Please record who delivered ANC services during the seventh visit?

- ○ Doctor
- ○ Nurse
- ○ Midwife

○ Community health coordinator
○ Intern
○ Other (specify) [　　　　　　　　　]
○ Not recorded

Question Block: MRR_ANC_CON7
Contains: MRR_ANC_CON7_WT, MRR_ANC_CON7_BP, MRR_ANC_CON7_FUND, MRR_ANC_CON7_EDEMA, MRR_ANC_CON7_REFL
Required

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

31. Please review antenatal care section of medical record and note if the following was performed during 7th ANC visit for woman

	Yes	No	Not recorded
Weight	○	○	○
Blood pressure	○	○	○
Fundal height	○	○	○
Presence of edema	○	○	○
Reflexes	○	○	○

Question Block: MRR_ANC_CON7_BABY
Contains: MRR_ANC_CON_BABY_FHR_7, MRR_ANC_CON_BABY_FM_7
Required

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

32. Please review antenatal care section of medical record and note if the following was performed during 7th ANC visit for fetus.

Fetal heart rate	-- Select one -- ▼
Fetal movement	-- Select one -- ▼

Collection: MRR_VISIT_8
Contains: MRR_ANC_SPE8, MRR_ANC_CON8, MRR_ANC_CON8_BABY
Show if: (MRR_ANC_NUM.SPEC >= 8)

Question: MRR_ANC_SPE8
Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

33. Please record who delivered ANC services during the eighth visit?
○ Doctor
○ Nurse
○ Midwife
○ Community health coordinator
○ Intern
○ Other (specify) [　　　　　　　　　]
○ Not recorded

Question Block: MRR_ANC_CON8
Contains: MRR_ANC_CON8_WT, MRR_ANC_CON8_BP, MRR_ANC_CON8_FUND, MRR_ANC_CON8_EDEMA, MRR_ANC_CON8_REFL
Required

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

34. Please review antenatal care section of medical record and note if the following was performed during 8th ANC visit for woman

	Yes	No	Not recorded
Weight	○	○	○
Blood pressure	○	○	○
Fundal height	○	○	○
Presence of edema	○	○	○
Reflexes	○	○	○

Question Block: MRR_ANC_CON8_BABY
Contains: MRR_ANC_CON_BABY_FHR_8, MRR_ANC_CON_BABY_FM_8
Required

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

35. Please review antenatal care section of medical record and note if the following was performed during 8th ANC visit for fetus.

Fetal heart rate	-- Select one -- ▼
Fetal movement	-- Select one -- ▼

Collection: MRR_VISIT_9
Contains: MRR_ANC_SPE9, MRR_ANC_CON9, MRR_ANC_CON9_BABY
Show if: (MRR_ANC_NUM.SPEC >= 9)

Question: MRR_ANC_SPE9
Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

36. Please record who delivered ANC services during the ninth visit?
- ○ Doctor
- ○ Nurse
- ○ Midwife
- ○ Community health coordinator
- ○ Intern
- ○ Other (specify) [   ]
- ○ Not recorded

Question Block: MRR_ANC_CON9
Contains: MRR_ANC_CON9_WT, MRR_ANC_CON9_BP, MRR_ANC_CON9_FUND, MRR_ANC_CON9_EDEMA, MRR_ANC_CON9_REFL
Required

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

37. Please review antenatal care section of medical record and note if the following was performed during 9th ANC visit for woman

	Yes	No	Not recorded
Weight	○	○	○
Blood pressure	○	○	○
Fundal height	○	○	○
Presence of edema	○	○	○
Reflexes	○	○	○

Question Block: MRR_ANC_CON9_BABY
Contains: MRR_ANC_CON_BABY_FHR_9, MRR_ANC_CON_BABY_FM_9
Required

Scale Summary

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

38. Please review antenatal care section of medical record and note if the following was performed during 9th ANC visit for fetus.

Fetal heart rate	-- Select one -- ▼
Fetal movement	-- Select one -- ▼

Collection: MRR_VISIT_10
Contains: MRR_ANC_SPE10, MRR_ANC_CON10, MRR_ANC_CON10_BABY
Show if: (MRR_ANC_NUM.SPEC >= 10)

Question: MRR_ANC_SPE10
Required

Scale Summary

Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

39. Please record who delivered ANC services during the tenth visit?
- ○ Doctor
- ○ Nurse
- ○ Midwife
- ○ Community health coordinator
- ○ Intern
- ○ Other (specify) [   ]
- ○ Not recorded

Question Block: MRR_ANC_CON10
Contains: MRR_ANC_CON10_WT, MRR_ANC_CON10_BP, MRR_ANC_CON10_FUND, MRR_ANC_CON10_EDEMA, MRR_ANC_CON10_REFL
Required

Scale Summary

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

40. Please review antenatal care section of medical record and note if the following was performed during 10th ANC visit for woman

	Yes	No	Not recorded
Weight	○	○	○
Blood pressure	○	○	○
Fundal height	○	○	○
Presence of edema	○	○	○
Reflexes	○	○	○

Question Block: MRR_ANC_CON10_BABY
Contains: MRR_ANC_CON_BABY_FHR_10, MRR_ANC_CON_BABY_FM_10
Required

Scale Summary

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

41. Please review antenatal care section of medical record and note if the following was performed during 10th ANC visit for fetus.

Fetal heart rate	-- Select one -- ▼
Fetal movement	-- Select one -- ▼

Collection: MRR_VISIT_11
Contains: MRR_ANC_SPE11, MRR_ANC_CON11, MRR_ANC_CON11_BABY
Show if: (MRR_ANC_NUM.SPEC >= 11)

Question: MRR_ANC_SPE11
Required

	Scale Summary	
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

42. Please record who delivered ANC services during the eleventh visit?

- ○ Doctor
- ○ Nurse
- ○ Midwife
- ○ Community health coordinator
- ○ Intern
- ○ Other (specify) [_____]
- ○ Not recorded

Question Block: MRR_ANC_CON11
Contains: MRR_ANC_CON11_WT, MRR_ANC_CON11_BP, MRR_ANC_CON11_FUND, MRR_ANC_CON11_EDEMA, MRR_ANC_CON11_REFL
Required

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

43. Please review antenatal care section of medical record and note if the following was performed during 11th ANC visit for woman

	Yes	No	Not recorded
Weight	○	○	○
Blood pressure	○	○	○
Fundal height	○	○	○
Presence of edema	○	○	○
Reflexes	○	○	○

Question Block: MRR_ANC_CON11_BABY
Contains: MRR_ANC_CON_BABY_FHR_11, MRR_ANC_CON_BABY_FM_11
Required

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

44. Please review antenatal care section of medical record and note if the following was performed during 11th ANC visit for fetus.

Fetal heart rate	-- Select one -- ▼
Fetal movement	-- Select one -- ▼

Collection: MRR_VISIT_12
Contains: MRR_ANC_SPE12, MRR_ANC_CON12, MRR_ANC_CON12_BABY
Show if: (MRR_ANC_NUM.SPEC >= 12)

Question: MRR_ANC_SPE12
Required

	Scale Summary	
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

45. Please record who delivered ANC services during the twelfth visit?

- ○ Doctor
- ○ Nurse

- ○ Midwife
- ○ Community health coordinator
- ○ Intern
- ○ Other (specify) [_____]
- ○ Not recorded

Question Block: MRR_ANC_CON12
Contains: MRR_ANC_CON12_WT, MRR_ANC_CON12_BP, MRR_ANC_CON12_FUND, MRR_ANC_CON12_EDEMA, MRR_ANC_CON12_REFL
Required

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

46. Please review antenatal care section of medical record and note if the following was performed during 12th ANC visit for woman

	Yes	No	Not recorded
Weight	○	○	○
Blood pressure	○	○	○
Fundal height	○	○	○
Presence of edema	○	○	○
Reflexes	○	○	○

Question Block: MRR_ANC_CON12_BABY
Contains: MRR_ANC_CON_BABY_FHR_12, MRR_ANC_CON_BABY_FM_12
Required

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

47. Please review antenatal care section of medical record and note if the following was performed during 12th ANC visit for fetus.

Fetal heart rate	-- Select one -- ▼
Fetal movement	-- Select one -- ▼

Collection: MRR_VISIT_13
Contains: MRR_ANC_SPE13, MRR_ANC_CON13, MRR_ANC_CON13_BABY
Show if: (MRR_ANC_NUM.SPEC >= 13)

Question: MRR_ANC_SPE13
Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

48. Please record who delivered ANC services during the thirteenth visit?
- ○ Doctor
- ○ Nurse
- ○ Midwife
- ○ Community health coordinator
- ○ Intern
- ○ Other (specify) [_____]
- ○ Not recorded

Question Block: MRR_ANC_CON13
Contains: MRR_ANC_CON13_WT, MRR_ANC_CON13_BP, MRR_ANC_CON13_FUND, MRR_ANC_CON13_EDEMA, MRR_ANC_CON13_REFL
Required

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

49. Please review antenatal care section of medical record and note if the following was performed during 13th ANC visit for woman

	Yes	No	Not recorded
Weight	○	○	○
Blood pressure	○	○	○
Fundal height	○	○	○
Presence of edema	○	○	○
Reflexes	○	○	○

Question Block: MRR_ANC_CON13_BABY
Contains: MRR_ANC_CON_BABY_FHR_13, MRR_ANC_CON_BABY_FM_13
Required

Scale Summary

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

50. Please review antenatal care section of medical record and note if the following was performed during 13th ANC visit for fetus.

Fetal heart rate	-- Select one -- ▼
Fetal movement	-- Select one -- ▼

Collection: MRR_VISIT_14
Contains: MRR_ANC_SPE14, MRR_ANC_CON14, MRR_ANC_CON14_BABY
Show if: (MRR_ANC_NUM.SPEC >= 14)

Question: MRR_ANC_SPE14
Required

Scale Summary

Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

51. Please record who delivered ANC services during the fourteenth visit?

- ○ Doctor
- ○ Nurse
- ○ Midwife
- ○ Community health coordinator
- ○ Intern
- ○ Other (specify) [ ]
- ○ Not recorded

Question Block: MRR_ANC_CON14
Contains: MRR_ANC_CON14_WT, MRR_ANC_CON14_BP, MRR_ANC_CON14_FUND, MRR_ANC_CON14_EDEMA, MRR_ANC_CON14_REFL
Required

Scale Summary

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

52. Please review antenatal care section of medical record and note if the following was performed during 14th ANC visit for woman

	Yes	No	Not recorded
Weight	○	○	○
Blood pressure	○	○	○
Fundal height	○	○	○
Presence of edema	○	○	○
Reflexes	○	○	○

Question Block: MRR_ANC_CON14_BABY
Contains: MRR_ANC_CON_BABY_FHR_14, MRR_ANC_CON_BABY_FM_14

Required

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

53. Please review antenatal care section of medical record and note if the following was performed during 14th ANC visit for fetus.

Fetal heart rate	-- Select one -- ▼
Fetal movement	-- Select one -- ▼

Collection: MRR_VISIT_15
Contains: MRR_ANC_SPE15, MRR_ANC_CON15, MRR_ANC_CON15_BABY
Show if: (MRR_ANC_NUM.SPEC >= 15)

Question: MRR_ANC_SPE15
Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

54. Please record who delivered ANC services during the fifteenth visit?
- ○ Doctor
- ○ Nurse
- ○ Midwife
- ○ Community health coordinator
- ○ Intern
- ○ Other (specify) [_____]
- ○ Not recorded

Question Block: MRR_ANC_CON15
Contains: MRR_ANC_CON15_WT, MRR_ANC_CON15_BP, MRR_ANC_CON15_FUND, MRR_ANC_CON15_EDEMA, MRR_ANC_CON15_REFL
Required

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

55. Please review antenatal care section of medical record and note if the following was performed during 15th ANC visit for woman

	Yes	No	Not recorded
Weight	○	○	○
Blood pressure	○	○	○
Fundal height	○	○	○
Presence of edema	○	○	○
Reflexes	○	○	○

Question Block: MRR_ANC_CON15_BABY
Contains: MRR_ANC_CON_BABY_FHR_15, MRR_ANC_CON_BABY_FM_15
Required

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

56. Please review antenatal care section of medical record and note if the following was performed during 15th ANC visit for fetus.

Fetal heart rate	-- Select one -- ▼
Fetal movement	-- Select one -- ▼

Question Block: MRR_ANC_LAB_TEST
Contains: MRR_ANC_LAB_TEST_BG, MRR_ANC_LAB_TEST_RH, MRR_ANC_LAB_TEST_GLU, MRR_ANC_LAB_TEST_HIV, MRR_ANC_LAB_TEST_PLATE,

MRR_ANC_LAB_TEST_ACIDBL, MRR_ANC_LAB_TEST_ACIDUR, MRR_ANC_LAB_TEST_VDRL, MRR_ANC_LAB_TEST_HB, MRR_ANC_LAB_TEST_URINE
Required
Show if: (MRR_ANC_NUM.SPEC was-answered)

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

57. Please note if the following laboratory tests was performed (at least once during the whole pregnancy period).

	Yes	No	Not recorded
Blood group	○	○	○
Rh factor	○	○	○
Blood glucose	○	○	○
HIV test	○	○	○
Platelets	○	○	○
Uric acid in blood	○	○	○
Uric acid in urine	○	○	○
VDRL	○	○	○
Hb level	○	○	○
Urinanalysis	○	○	○

Question Block: MRR_ANC_TET
Contains: MRR_ANC_TET1, MRR_ANC_TET2
Required
Show if: (MRR_ANC_NUM.SPEC was-answered)

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

58. Please note if tetanus toxoid vaccination was administered:

(SELECT ONE PER ROW):	Yes	No	Not recorded
1st dose	○	○	○
1nd dose	○	○	○

Question: MRR_ANC_RUBELLA
Required
Show if: (MRR_ANC_NUM.SPEC was-answered)

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

59. Please note if test for rubella antibodies was done?

○ Yes
○ No
○ Not recorded

Question: MRR_MENS_DATE
Required
Show if: (MRR_ANC_NUM.SPEC was-answered)

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

60. Please note date of last menstrual period

○ Date: [   ] (DD/MM/YYYY)
○ Not recorded

Question: MRR_ANC_DATE
Required
Show if: (MRR_ANC_NUM.SPEC was-answered)

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

61. Date of first antenatal care visit

○ Date: [＿＿＿＿＿] (DD/MM/YYYY)

○ Not recorded

Question: MRR_PRE_OUT
Required
Show if: (MRR_ANC_NUM.SPEC was-answered)

Scale Summary		
Code	Label	Show-If
1	Delivery	
2	Abortion	
3	Stillbirth	
995	Other (specify):	
-1	Not recorded	

62. What was the outcome of pregnancy?

○ Delivery

○ Abortion

○ Stillbirth

○ Other (specify): [＿＿＿＿＿＿＿＿＿]

○ Not recorded

Auto Page Break

Jump-To: JMP_ABORTO
Description:
Jump-To-Item: MRR_APP_FP
Jump-If: (MRR_PRE_OUT = 2:[Abortion]) and (MRR_RECORDS is-any-of [Postnatal care])

Jump-To: JMP_STILLBIRTH
Description:
Jump-To-Item: MRR_APP_FP
Jump-If: (MRR_PRE_OUT = 3:[Stillbirth]) and (MRR_RECORDS is-any-of [Postnatal care])

Collection: MRR_DELIVERY
Contains: MRR_DEL_ADM_DATE, MRR_DEL_ADM_TIME, MRR_DEL_DATE, MRR_DEL_TIME, MRR_AC_COM_WOR, MRR_AC_MIDWIFE, MRR_OXY, MRR_PAR, PAR_REW,
FET_HEART, FET_HEART_DES, REF, REF_REA, MRR_DEL_MODE
Show if: (MRR_RECORDS is-any-of [Delivery process]) and (FACILITY_TYPE >= 2)

Delivery Process
Please select medical chart of women who have delivered in the last two years according to the sampling strategy.

Question: MRR_DEL_ADM_DATE
Required

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

63. Date of admission
- ○ Date: [   ] (DD/MM/YYYY)
- ○ Not recorded

Question: MRR_DEL_ADM_TIME
Required

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

64. Time of admission
- ○ Time: [   ] (HH:MM)
- ○ Not recorded

Question: MRR_DEL_DATE
Required

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

65. Date of delivery
- ○ Date: [   ] (DD/MM/YYYY)
- ○ Not recorded

Question: MRR_DEL_TIME
Required

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

66. Time of delivery
- ○ Time: [   ] (HH:MM)
- ○ Not recorded

Question: MRR_AC_COM_WOR
Required

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

67. Was woman accompanied by community worker to come deliver in the health facility?
- ○ Yes
- ○ No
- ○ Not recorded

Question: MRR_AC_MIDWIFE
Required

Scale Summary		

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

68. Was woman accompanied by midwife to come deliver in the health facility?

○ Yes

○ No

○ Not recorded

Please check if the woman was administered the following:

Custom Layout Question: MRR_OXY_1

69.

	Administered (yes/no)	Date (DD/MM/YYYY)	Time (HH:MM)
Oxytocin	☐		
Other uterotonics	☐		

Question: MRR_OXY
Required
Show if: (MRR_OXY_ADMIN_OXY = 1)

Scale Summary		
Code	Label	Show-If
1	Intramuscular	
2	Intravenous	
-1	Not recorded	

70. How was oxytocin administered?

○ Intramuscular

○ Intravenous

○ Not recorded

Question: MRR_PAR
Required

Scale Summary		
Code	Label	Show-If
1	Included in medical file	
2	Included but not filled	
-1	Not included	

71. Please check if partograph is included in this medical chart

○ Included in medical file

○ Included but not filled

○ Not included

Auto Page Break

Question Block: PAR_REW
Contains: PAR_1, PAR_2, PAR_3, PAR_4, PAR_5, PAR_6, PAR_7, PAR_8, PAR_9, PAR_10, PAR_11, PAR_12, PAR_13, PAR_14
Required
Show if: (MRR_PAR = 1:[Included in medical file])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

72. Please review the partograph and note if the following is recorded

	Yes	No
Patient name	○	○
Curve is completed until the moment of birth	○	○
Interpretation of the real curve in respect of warning curve	○	○
Graphical representation of fetal heart rate	○	○
Interpretation of changes in fetal heart rate	○	○
Graph of the frequency of uterine contractions	○	○
Interpretation of changes in uterine contraction	○	○
Systolic blood pressure	○	○
Diastolic blood pressure	○	○
Pulse	○	○
Position of the baby	○	○
Contractions intensity	○	○
Location of the pain	○	○
Intensity of the pain	○	○

Question: FET_HEART
Required
Show if: (MRR_PAR = 1:[Included in medical file])

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

73. Was slowdown in fetal heart rate observed?
   ○ Yes
   ○ No
   ○ Not recorded

Auto Page Break

Question: FET_HEART_DES
Required
Show if: (FET_HEART = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Refereed to another health facility	
2	C-section	
3	Delivered in this health facility	
995	Other (specify)	
-1	Not recorded	

74. Please record what as done when fetal heart rate slowed down
   ○ Refereed to another health facility
   ○ C-section
   ○ Delivered in this health facility
   ○ Other (specify) [   ]
   ○ Not recorded

Question: REF
Required

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

75. Was the woman referred?
   ○ Yes
   ○ No
   ○ Not recorded

Auto Page Break

- -

Question: REF_REA
Required
Show if: (REF = 1:[Yes])

	Scale Summary	
Code	Label	Show-If
1	slow fetal hear rate	
2	bleeding	
3	large fetus	
4	fetal head is above pubis	
5	uterine hypodynamy	
6	uterine hypertonus	
7	prolonged labor	
995	other (specify)	
-1	Not recorded	

76. Why she was referred?
- ○ slow fetal hear rate
- ○ bleeding
- ○ large fetus
- ○ fetal head is above pubis
- ○ uterine hypodynamy
- ○ uterine hypertonus
- ○ prolonged labor
- ○ other (specify) _____
- ○ Not recorded _____

Question: MRR_DEL_MODE
Required
Show if: (MRR_PRE_OUT = 1:[Delivery]) and (MRR_PAR = 1:[Included in medical file])

	Scale Summary	
Code	Label	Show-If
1	Normal vaginal	
2	Vacuum delivery	
3	Forceps	
4	Vaginal breech	
5	Caesarean (emergency)	
6	Caesarean (elective)	
7	Other (specify):	
-1	Not recorded	

77. Mode of delivery
- ○ Normal vaginal
- ○ Vacuum delivery
- ○ Forceps
- ○ Vaginal breech
- ○ Caesarean (emergency)
- ○ Caesarean (elective)
- ○ Other (specify): _____
- ○ Not recorded

Page Break

Collection: MRR_POSTPARTUM
Contains: MRR_POS_CARE_DATE, MRR_POS_CARE_TIME, MMR_POS_SPEC, MRR_POS_TYPE, MMR_POS_BABY_GEN, MMR_NEW_ATT, MRR_APP_FP, MRR_NAME_FP, MRR_DISPOSITION, MRR_REF_REAS, MRR_REF_PL, MRR_DIS_DATE, MRR_DIS_TIME, MRR_DEATH_DATE, MRR_DEATH_TIME
Show if: (MRR_RECORDS is-any-of [Postnatal care]) and (FACILITY_TYPE >= 2)

Postpartum period
Please select medical chart of women who have got post-partum care in the last two years according to the sampling strategy.
Please check the postpartum care part of the medical chart and check if the following is recorded for woman after delivery.

Custom Layout Question: MRR_POS3_CHECK

78.

	How many times during the 1st 3 hours?	4 times in 1st hour (yes/no)	2 times in 2nd hour (yes/no)	2 times in 3rd hour (yes/no)
Diastolic BP		☐	☐	☐
Systolic BP		☐	☐	☐
Temperature		☐	☐	☐
Pulse		☐	☐	☐
Respiratory rate		☐	☐	☐
Uterine involution		☐	☐	☐
Presence of abnormal bleeding		☐	☐	☐
Lochia characteristics		☐	☐	☐
Other (specify)		☐	☐	☐
Other (specify)		☐	☐	☐
Other (specify)		☐	☐	☐

Please check discharge part of the medical chart and record if the following check ups were done

Custom Layout Question: MRR_DIS_CHECK1

79.

	Recorded (yes/no)	Values	Date (DD/MM/YYYY)	Time (HH:MM)
BP	☐			
Temperature	☐			
Pulse	☐			
Respiratory rate	☐			
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Please check discharge part of the medical chart and record if the following check ups were done

Custom Layout Question: MRR_DIS_CHECK2

80.

	Recorded (yes/no)
Uterine involution	☐
Presence of abnormal bleeding	☐
Lochia characteristic	☐

Question: MRR_POS_CARE_DATE
Required

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

81. Please record date of the first postpartum check up
○ Date: [   ] (DD/MM/YYYY)
○ Not recorded

Question: MRR_POS_CARE_TIME
Required

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

82. Please record time of the first postpartum check up

○ Time: [   ] (HH:MM)
○ Not recorded

Question: MMR_POS_SPEC
Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify):	
-1	Not recorded	

83. Who delivered postpartum care for mother?
○ Doctor
○ Nurse
○ Midwife
○ Community health coordinator
○ Intern
○ Other (specify): [   ]
○ Not recorded

Question: MRR_POS_TYPE
Required

Scale Summary		
Code	Label	Show-If
1	Singleton	
2	Multiple	
0	Not recorded	

84. Mode of delivery:
○ Singleton
○ Multiple
○ Not recorded

Question: MMR_POS_BABY_GEN
Required

Scale Summary		
Code	Label	Show-If
1	Boy	
2	Girl	
0	Not recorded	

85. Gender of the baby
○ Boy
○ Girl
○ Not recorded

Question: MMR_NEW_ATT
Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intenr	
0	None	
995	Other (specify):	
-1	Not recorded	

86. Who attended the newborn baby immediately after delivery?
○ Doctor
○ Nurse
○ Midwife
○ Community health coordinator
○ Intenr
○ None
○ Other (specify): [   ]
○ Not recorded

Please check if the following procedure was done for new born baby and record date and time of the first procedure

---

Custom Layout Question: MRR_NEW_CHECK1

87.

	Recorded	Date (DD/MM/YYYY)	Time (HH:MM)
Administration of Vitamin K			
Application of oxitetracilina ophthalmic prophylaxis and/or chloramphenicol			
Making umbilical cure wwith water and chlorhexidine			
Evaluation of malformations presence			
Skin color assessment			
Application of BCG vaccination			
Gestational age assessment (Cpurro or Balard)			
Evaluation of danger signs			

Please note if the following measurements were made, their values and the date and time of first measurement

Custom Layout Question: MRR_NEW_CHECK2

88.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
APGAR score in 1 min	☐			
APGAR score in 5 min	☐			
Pulse	☐			
Respiratory rate	☐			
Weight	☐			
Height	☐			
Temperature	☐			

Question: MRR_APP_FP
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
3	Referred	
-1	Not recorded	

89. Did the women get contraception?

○ Yes
○ No
○ Referred
○ Not recorded

Auto Page Break

Question: MRR_NAME_FP
Minimum checks: 1
Show if: (MRR_APP_FP = 1:[Yes])

90. Please note the name of contraception

☐ Condom
☐ IUD
☐ Pills
☐ Tubal ligation
☐ Rhythm
☐ Other (specify): [＿＿＿＿＿＿＿]
☐ Not recorded

Question: MRR_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	

91. Disposition:

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

Auto Page Break

Question: MRR_REF_REAS
Required
Show if: (MRR_DISPOSITION = 3:[Transferred to another facility])

Scale Summary		
Code	Label	Show-If
1	Complications during delivery	
2	Maternal complications after delivery	
3	Neonatal complications	
995	Other	
-1	Not recorded	

92. Reason for referral:
- ○ Complications during delivery
- ○ Maternal complications after delivery
- ○ Neonatal complications
- ○ Other
- ○ Not recorded

Question: MRR_REF_PL
Required
Show if: (MRR_DISPOSITION = 3:[Transferred to another facility])

93. The place to which she was referred:

[   ]

Question: MRR_DIS_DATE
Required
Show if: (MRR_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	

94. Date of discharge/referral
- ○ Date: [   ] (DD/MM/YYYY)
- ○ Not recorded

Question: MRR_DIS_TIME
Required
Show if: (MRR_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	

95. Time of discharge/referral
- ○ Time: [   ] (HH:MM)
- ○ Not recorded

Question: MRR_DEATH_DATE
Required
Show if: (MRR_DISPOSITION = 1:[Death in hospital])

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

96. Date of death
- ○ Date: [   ] (DD/MM/YYYY)
- ○ Not recorded

Question: MRR_DEATH_TIME
Required
Show if: (MRR_DISPOSITION = 1:[Death in hospital])

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

97. Time of death
- ○ Time: [   ] (HH:MM)
- ○ Not recorded

Page Break

Question: COMMENT_NO_COMPL

98. Enter relevant comments about this section

You've reached the end of this part of the survey.

Please click the button 'Submit' to send your responses and close the survey. You may not revise any of the responses after submitting the survey.

If you think you have reached this page by error, please click on 'Previous' and revise your responses as necessary.

Thank you for your time today..

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