

**KEM Hospital Research Centre Pune, Vadu Rural Health Program (VRHP)
Vadu Health and Demographic Surveillance System (Vadu HDSS)
Birth Event Form**

Interview start time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (24 hrs)		
	PID	Current Status
Child	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mother	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Father	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q0001	Household (HH) number <i>(Record the number of HH to which the mother belongs)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Village Wadi Household number
Q0002	Name of head of the household Village name Wadi name Landmark Phone number	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Q0003	What is the relationship of child with head of the household?	01 Self 02 Spouse (wife/husband) 03 Son/Daughter 04 Daughter in-law/son in-law 05 Grandson/Grand-daughter 06 Mother/father 07 Mother in-law/Father in-law 08 Brother/Sister 09 Step/Co wife 10 Grandmother/Grandfather 11 Other (Specify) _____ 12 No relation but friends/servants/paying guest 88 Do not know/cannot say
Q0004	Name of the respondent <i>(Respondent should be head of the household or an adult member of the household who has household information)</i>	<hr/>

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Q0005	Date of birth of the child	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q0006	Type of birth	01 Live birth 02 Still birth (<i>if answer is 02 then don't ask question 8,9(a),15,16,17,18(a),18(b),19(a), 19(b)</i>)
Q0007	Sex of the child	01 Male 02 Female
Q0008	Birth registered at	01 Gram panchayat 02 Corporation 03 Others (<i>Specify</i>) _____ 04 So far not registered
Q0009(a)	Child's name	_____
Q0009(b)	Mother's name	_____
Q0009(c)	Father's name	_____
Q0010(a)	Was the child born in Vadu HDSS area?	01 Yes 02 No
Q0010(b)	Does the child's mother permanently belong to Vadu HDSS area?	01 Resident of Vadu HDSS area 02 Visitor to Vadu HDSS area (<i>to any household</i>)
Q0010(c)	If visitor to vadu HDSS area, specify permanent address of the child's mother	_____
Q0011	Order of birth in the present delivery	01 First 02 Second 03 Third
Q0012	Mode of delivery	01 Vaginal normal 02 Forcep delivery 03 Vaccum extraction 04 Elective cesarean section 05 Emergency cesarean section
Q0013	Place of delivery	01 Government hospital 02 Private hospital 03 Home 04 In transit towards hospital 05 Other (<i>specify</i>) _____

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Q0014	Who assisted during labor?	01 Trained Health care provider 02 Untrained Health care provider 03 Doctor 04 Nurse 05 Others (<i>specify</i>) _____
Q0015	Order of present birth (<i>only live birth, include even if the child died immediately after birth</i>)	<input type="checkbox"/> <input type="checkbox"/>
Q0016	Did the child cry immediately after birth?	01 Yes 02 No
Q0017	When was breastfeeding initiated?	01 Within first six hours 02 6-24 hours 03 24-48 hours 04 48-72hours 05 After 72 hours of delivery 06 No breastfeeding so far (<i>specify the reason</i>) _____
Q0018	Did you give colostrum to the child?	01 Yes 02 No
Q0019(a)	Did you feed anything else other than breastfeed to the baby in first 72 hours of birth?	01 Yes 02 No
Q0019(b)	If yes, specify (<i>Select all applicable</i>)	01. Cow/another animal milk 02. Formula milk 03. Sugar 04. Honey 05. Water 06. Other (<i>specify</i>) _____
Q0020(a)	Birth weight (<i>in grams</i>)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grams 88 Don't Know
Q0020(b)	Source of information for birth weight	01. Hospital records 02. Vaccination card 03. Verbal
Q0021(a)	Was the baby born preterm (<i>before 37 weeks of gestation</i>)?	01 Yes 02 No
Q0021(b)	If yes, upload photo of the discharge summary	

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Q0022(a)	Was the child admitted in NICU after birth?	01 Yes 02 No
Q0022(b)	If yes, upload photo of the discharge summary	
Interview end time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (24 hrs)		
Interviewer name: _____ Signature: _____ Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Data entry by: _____ Signature: _____ Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		