DATA & SAMPLE COLLECTION MANUAL
MASTER COPY

REDCap Version 1.1
1347th May 202019
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2. Data and Sample Collection in PRECISE

Participants in PRECISE will complete between one and four study visits, from the time they are enrolled to the time they return to the facility with their infant(s) for a post-partum check-up.

Women in Cohort 1 (non-pregnant women of reproductive age) will complete one visit only, at which basic demographic, non-clinical and clinical data will be collected along with blood, urine and vaginal swab samples.

Women in Cohorts 2, 3, 4, and 6 will, ideally, complete four visits, starting with their booking visit. As with women in Cohort 1, women in Cohorts 2, 3, 4, and 6 will have basic demographic, non-clinical and clinical data collected during their first visit along with blood, urine and vaginal swab samples.

Between 28 weeks’ gestation and the onset of labour, and at least 28 days after the study recruitment visit, women in Cohorts 2, 3, 4, and 6 will have non-clinical and clinical data collected, as well as a supplementary questionnaire based on the WHO ANC WOICE tool. In addition, blood and urine samples will be collected.

If women in Cohorts 2, 3, 4, and 6 attend the facility on other occasions, a small subset of clinical data will be collected on the non-PRECISE ANC Visit forms. No samples will be collected from the participants on these visits.

When women in Cohorts 2, 3, 4, and 6 return to the facility to deliver, an intrapartum vaginal swab will be collected; following delivery, a sample of the placental and cord blood will be collected, along with non-clinical and clinical data relating to the delivery and outcome. Clinical data will be collected from the baby(ies) and, if required, a heel prick will be taken from the neonate, if it was not possible to collect a cord blood sample. Before the mother and baby are discharged from the facility, participants will be asked to provide blood and urine samples.

At the 6-week post-partum visit, non-clinical and clinical data will also be collected from the mother and baby. A blood and urine sample will be collected from the mother and, in Kenya, a neonatal stool sample will be taken.

Women in Cohort 5 will have clinical and non-clinical data collected post-partum, along with maternal blood and urine samples, a placental sample and a cord blood sample.

If a woman has already been consented to take part in the study, the following message will appear on the tablet screen to prompt you to go to the Profile/Summary page to confirm whether a woman is eligible to provide data and samples for a second PRECISE visit or whether a visit should be classed as a routine ANC visit.
In addition, the following message will appear on the tablet screen if you start to complete a second PRECISE visit form for a woman who does not meet the eligibility criteria for that visit:

**Warning: This visit is occurring early. It should occur on or after 28 days + (date of enrolment) AND reach at least 28 weeks of gestation. Please ensure completing this form is justified.**

If you see this warning message, leave the Visit 2 form and instead complete a non-PRECISE ANC visit form.
3. Introduction to the PRECISE Training Manual

All research projects differ in their aims and how they are run, it is therefore essential that even the most experienced research staff undergo study-specific training.

This manual is intended to provide PRECISE-specific training for research staff in how to identify and consent women and how to collect the requisite data and samples for the project; the manual can also be used as a reference guide or refresher course.
4. Participant Identification Numbers

Once consented and enrolled in the study, women will be allocated a study identification number which they will retain for the duration of the study.

The study PTIDs comprise 8 digits, separated by a hyphen. The first three digits are based on the international dialling code of each country, to identify which country a participant has been recruited in; the following five digits are then separated by a hyphen and will be randomly selected:

3 digit country code – 5 digit unique number e.g. 054-03454

PTIDs will be generated by the data management team at UBC and each site will be provided with a pre-determined list of PTIDs to be used for data collection specifically at their site. The data managers for each of the PRECISE sites in The Gambia, Mozambique and Kenya should print out individual sheets of labels with one PTID on each sheet, which can be distributed to the data collectors for data collection. The labels will have a pre-determined format and will record the PTID of each PRECISE participant.

Consented women should be provided with a study sticker which they can attach to their health record or card so that data collection can continue under their PTID number at subsequent visits.
5. Basics of Data and Sample Collection

The timing of data and sample collection is very important therefore essential that the date and time on the tablet are checked each morning before data collection starts to ensure the data is correct.

In addition, all data detailed in this manual is essential to the study. Please ensure that ALL questions are answered carefully – do not skip questions, and that you have input the correct information. Check what you have typed/entered before saving the data.

In addition, it is essential that women who have already been recruited into the study are asked for their study ID before data collection starts for that particular visit. Their data must not be collected under a different ID.

PRECISE data will be collected in two REDCap programmes, screening and enrolment. You will first need to use the “Screening Programme” to determine whether a woman is eligible to participate in the study and, if so, in which cohort. Once you have determined if they are eligible, you will then go to the ‘Enrolment Programme’ to capture their data.

When you first log in to REDCap, you will be presented with the following screen:

Click on "My Projects" and then select "PRECISE Screening" or "PRECISE Enrolment" depending on the visit type.
6. PRECISE: Eligibility and Screening

Before women can be enrolled into the study and start participating, their eligibility and willingness to participate first need to be determined. PRECISE will be recruiting women into five different cohorts depending on the following inclusion/exclusion criteria:

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
</table>
| Cohort 1 | - Aged 18 to 49 years  
- Not currently pregnant  
- Not pregnant within last 6 months | - Aged <18 or >49 years  
- Currently pregnant  
- Pregnant within last 6 months  
- Already declined to participate |
| Cohort 2 | - Aged 16 to 49 years  
- Pregnant  
- Have not been referred from another facility | - Aged <16 or >49 years  
- Not pregnant  
- Have been referred from another facility  
- Already declined to participate |
| Cohort 3 | - Aged 16 to 49 years  
- Pregnant  
- Have been referred from another facility  
- By clinical assessment have confirmed hypertension or suspected FGR (without hypertension) | - Aged <16 or >49 years  
- Not pregnant  
- Have not been referred from another facility  
- By clinical assessment do not have confirmed hypertension or suspected FGR (without hypertension)  
- Already declined to participate |
| Cohort 4 | - Aged 16 to 49 years  
- Pregnant  
- Have been referred from another facility  
- By clinical assessment have confirmed IUFD or stillbirth | - Aged <16 or >49 years  
- Not pregnant  
- Have not been referred from another facility  
- By clinical assessment do not have confirmed IUFD or stillbirth  
- Already declined to participate |
| Cohort 5 | - Aged 16 to 49 years  
- Pregnant  
- Have been referred to attend facility with IUFD or recently delivered a stillborn baby | - Aged <16 or >49 years  
- Not pregnant  
- Not attending the facility with IUFD or recently delivered a stillborn baby  
- Already declined to participate |
| Cohort 6 | - Aged 16 to 49 years  
- Pregnant  
- Tested positive for COVID-19 or referred with COVID-19 symptoms | - Aged <16 or >49 years  
- Not pregnant |
The screening form is designed to guide you through the process of determining whether a woman is eligible to take part in the study or not. By working through a series of "yes" and "no" questions directed at the woman, you will be guided towards recruiting her into one of the five cohorts or excluding her from the study.

Once you have selected the "PRECISE - Screening" programme, click on "Collect Data" from the Screening homepage. You will then be presented with the following screen:

For ALL women who are being approached in the clinic waiting areas, select "Screening Antenatal"; "Screening Postpartum" should only ever be selected for women you are approaching in the delivery suite (Kenya only).

**Antenatal Screening (Kenya, The Gambia and Mozambique)**

Having chosen the correct project, click on the "Create New Record" button. You will then be directed to the screening form and are ready to start.
This form is designed to guide you through the process of determining whether a woman is eligible to take part in the study or not. By working through a series of “yes” and “no” questions directed at the woman, you will be guided towards recruiting her into one of the five cohorts or excluding her from the study.

**Cohorts 1 and 2**

**The Gambia** - Start by inputting the screening number and then selecting the date of screening.

**Kenya and Mozambique** – Start by confirming the date of screening.

The tablet will then proceed to ask you some of the following questions.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>How old are you?</strong></td>
</tr>
<tr>
<td>2</td>
<td><strong>Have you already been approached to participate in the PRECISE study?</strong></td>
</tr>
<tr>
<td>3</td>
<td><strong>Are you pregnant?</strong></td>
</tr>
<tr>
<td>4</td>
<td><strong>Have you already received care in this pregnancy in this facility?</strong></td>
</tr>
</tbody>
</table>

1. **How old are you**

   Ask the woman how old she is and select the appropriate response from the drop-down options. If the woman indicates that she is younger than 16 years of age or older than 49 years of age, the tablet will inform you that she is not eligible to participate in the study. If you see this message, no further action is required. Thank the woman for her time and proceed to screen the next potentially eligible woman.

   If the woman confirms she is aged 16 years and above and 49 years and below, the tablet will prompt you to move on to the next question.

2. **Have you already been approached to participate in the PRECISE study?**

   Possible response options: no, yes - consented and enrolled, yes - was not eligible to participate, yes - declined to participate, yes - requested more time and would like to participate, yes - requested more time and still need more time, yes - requested more time and do not wish to participate, yes - screening incomplete

   Select the appropriate response option from the list.

   If you select one of the following response options “yes - was not eligible to participate”, “yes - declined to participate”, “yes - requested more time and still need more time” or “yes - requested more time and do not wish to participate”, no further action is required. Thank the woman for her time and proceed to screen the next potentially eligible woman.
If the woman indicates she requested more time and still needs more time, no further action is required at this time. Thank the woman for her time and proceed to screen the next potentially eligible woman.

If you select "no" or "yes - requested more time and would like to participate", proceed to continue screening the woman to determine her eligibility.

If you select "yes – screening incomplete", "yes – requested more time and would like to participate" or "no", continue with screening to determine the woman’s eligibility.

If the woman confirms that she consented to take part and was enrolled in the study, enter her PRECISE ID in the number box provided. You will then be presented with the following instructions on the screen:

![Image of PRECISE Data Collection Training Manual REDCap v1.21 – 200513190517 Page 13

**Have you already been approached to participate in the PRECISE study?**

Yes - consented and enrolled

**Are you pregnant?**

Possible response options: yes, no, don’t know

Select the appropriate response option. If you select "yes" to the question "Are you pregnant?", the tablet will guide you to the next screening question. If you select "no", you will be prompted to ask the woman the following additional question:

i) Have you been pregnant in the last 6 months (possible response options: yes, no) – Select the appropriate response. If you respond "yes" to this question, the tablet will
indicate the woman is not eligible. No further action is then required. If the woman responds “no”, you will be prompted to ask the following additional questions:

a. Are you currently breastfeeding? (possible response options: yes, no) – Select the appropriate response.

b. Are you happy to take a pregnancy test to confirm you are not pregnant? (possible response options: yes, no in Kenya only Self-report to be NOT pregnant) – Select the appropriate response. If the woman indicates she is not happy to take a pregnancy test, the tablet will indicate the woman is not eligible. No further action is then required. If the woman confirms she is happy to take a pregnancy test, you will be asked to answer the following additional question:

- Was pregnancy test positive or negative? (possible response options: positive, negative, test unavailable, woman unable to take test) – Select the appropriate response. If the test was not available or the woman was unable to take the test, the tablet will indicate the woman is not eligible. No further action is then required. If the test was positive, the tablet will guide you to the next screening question. If the test is negative, you will be prompted to approach the woman for participation in Cohort 1 and to confirm whether she was enrolled (possible response options: yes – consented, no – declined, no – woman requested more time) – Select the appropriate response. If the woman declines to participate or requests more time, no further action is needed at this time. If the woman consents to take part, the tablet will confirm her enrolment in Cohort 1.

- In The Gambia, if the test is negative, you will be prompted to ask the following additional question:
  o Are you happy to go to the health facility to have a vaginal swab (possible response options: yes, no) – You will then be prompted to approach the woman for participation in Cohort 1 as above.

4. Have you already received care in this pregnancy in this facility?
   Possible response options: yes, no
   Ask the woman whether she has already received care in this pregnancy in this facility and select the appropriate response. If you select “yes”, you will be prompted to ask the following additional question:

   i) Do you plan to deliver at this site? (possible response options: yes, no) – Select the appropriate response. If you select “no”, the tablet will indicate the woman is not eligible. No further action is then required. If you select “yes”, you will be presented with the following instruction:

   a. Approach for participation in PRECISE and indicate whether signed consent received (possible response options: yes – consented, no – declined, no – woman requested more time) – Select the appropriate response. If the woman declines to participate or requests more time, no further action is needed at this time. If the woman consents to take part, the tablet will confirm her enrolment in Cohort 2.
In Kenya and Gambia only, you will be asked if this is possibly a ToD at delivery. If yes, the following message will appear on the screen:

#### If yes, then pause screening, hand her a card with this screening number SF0913 and reassess woman using the same screening number after she has had her clinical assessment to see if she is eligible for Cohort 3 or Cohort 4

Follow the instruction below to recruit the women to Cohort 3&4&6

### Cohorts 3, 4 & 6

Screening for eligibility for Cohorts 3, 4 and 6 will mirror the process for women in Cohort 2 until you reach the question, "Have you already received care in this pregnancy in this facility? Do you plan to deliver at this site?" If you select "no" in response to this question, you will be prompted to answer the following additional question:

i) Have you been referred here from another facility? (possible response options: yes, no) - Select the appropriate response. If you select "yes", the following message will appear on the screen:

#### If yes, then pause screening, hand her a card with this screening number SF0913 and reassess woman using the same screening number after she has had her clinical assessment to see if she is eligible for Cohort 3 or Cohort 4 or Cohort 6

Hand the woman a note of her screening ID and ask her to come back to you when she has had her clinical assessment at the facility. Scroll to the bottom of the form and make sure the form is marked as "Incomplete". Once the woman returns to you, search for her screening ID on the Screening Project home screen and select the appropriate ID:

[Select Record]

NEW ● SF4675 (New PTID: ; Existing PTID: ; Previous PTID: )

Return to the section underneath the "pause screening" message and proceed to answer the following additional questions:

i) Does she have a systolic BP >=140 or a diastolic BP>=90mmHg based on the clinical assessment? (possible response options: yes, no, result unavailable) - Select the appropriate response.

ii) Does she have suspected FGR based on the clinical assessment? (possible response options: yes, no, result unavailable) - Select the appropriate response.

iii) Does she have a confirmed fetal death (if undelivered) stillbirth (if delivered) based on the clinical assessment? (possible response options: yes, no, result unavailable) - Select the appropriate response.
iv) Was she tested positive for COVID-19? (possible response options: yes, no, result unavailable) – Select the appropriate response.

v) Was she referred with COVID-19 symptoms? (possible response options: yes, no, result unavailable) – Select the appropriate response.

If you respond “yes” to any of these questions, you will be prompted to approach the woman for participation in PRECISE and to confirm whether she was enrolled (possible response options: yes – consented, no – declined, no – woman requested more time) – Select the appropriate response. If the woman declines to participate or requests more time, no further action is needed at this time. If the woman consents to take part, the tablet will confirm her enrolment in either Cohort 3 or Cohort 4 or Cohort 6, depending on her eligibility.

Once the tablet has confirmed the woman’s enrolment in the study and her study cohort, you will be asked to confirm her PRECISE PTID and whether you gave her her ID card. Input the woman’s PTID into the “Assign PRECISE ID (format: 3 digit country code-####)” field.

It is essential that the PTID is entered correctly so please double check you have got the numbers the right way round. Select “yes” or “no”, as appropriate to confirm whether you have given the woman her ID card.

Ask the woman to attach the label or sticker to her notes or the back of her mobile phone, if applicable, so that she has a record of her unique PTID. It is essential that all of the woman’s data throughout her participation in PRECISE is collected under this PTID and it is therefore important that...
the woman has a copy of her PTID that she can keep safe and show you or your colleagues each time she visits the facility.

To complete the screening process and proceed to data collection, indicate whether the form has been completed by selecting “Complete” from the drop-down menu and then select “Save Record” at the bottom. Click on the black back button in the top left-hand corner of the form twice to return to the “My Projects” screen and then select “PRECISE – Enrolment” to commence data collection.

**Cohort 5 (Kenya only)**

If you are unable to approach women who have been referred to the facility for urgent care for suspected/confirmed interuterine fetal death (IUFD) before they deliver, consent to participate in Cohort 5 can be sought post-partum. For these women only, eligibility should be determined from their medical records or from the nurses who attended the delivery. You should not take the women themselves through the screening questions. The tablet will guide you through the screening process for women who have already delivered so that you can determine their eligibility before you approach them.

<table>
<thead>
<tr>
<th></th>
<th>How old is the woman?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Was the woman referred for an interuterine fetal death or has the woman delivered a stillborn baby?</td>
</tr>
</tbody>
</table>

1. **How old is the woman?**

   Consult the woman’s medical chart or ask the nurse/health facility staff who attended the woman during her delivery to determine her age. Select the appropriate response from the drop-down options.

   If the woman is younger than 16 years of age or older than 50 years of age, the tablet will inform you that she is not eligible to participate in the study. If you see this message, no further action is required. Thank the woman for her time and proceed to screen the next potentially eligible woman.

2. **Was the woman referred for an interuterine fetal death or has the woman delivered a stillborn baby?**

   **Possible response options:** yes, no

   Consult the woman’s medical chart or ask the nurse/health facility staff who attended the woman during her delivery to determine whether she was referred to the facility with a confirmed IUFD or has delivered a stillborn baby. Select the appropriate response option.

   If you select “no”, the tablet will inform you that she is not eligible to participate in the study. No further action is needed.

   If you respond “yes” to this question, you will be prompted to approach the woman for participation in PRECISE and to confirm whether she was enrolled (possible response options:
yes – consented, no – declined, no – woman requested more time) – Select the appropriate response. If the woman declines to participate no further action is needed. If the woman requests more time, give her more time to read the information sheet and consider whether she would be happy to take part in the study.

If the woman consents to take part, the tablet will confirm her enrolment in Cohort 5. Once the tablet has confirmed the woman’s enrolment in the study and her study cohort, you will be asked to confirm her PRECISE PTID and whether you gave her her ID card. Input the woman’s PTID into the “Assign PRECISE ID (format: 3 digit country code-####)” field.

Ask the woman to attach the label or sticker to her notes or the back of her mobile phone, if applicable, so that she has a record of her unique PTID.

To complete the screening process and proceed to data collection, indicate whether the form has been completed by selecting “Complete” from the drop-down menu and then select “Save Record” at the bottom. Click on the black back button in the top left-hand corner of the form twice to return to the “My Projects” screen and then select “PRECISE – Enrolment” to commence data collection.

7. PRECISE: Enrolment

Once a woman has been consented to participate in the study, return to the “My Projects” page and select “PRECISE – Enrolment”. Click on “Collect Data” and then “Create new Record”.

![PRECISE Enrollment screen](image)
Enter the woman’s PRECISE PTID in the "Insert new record name here" box and then click on "Create". Please make sure that you enter the PTID correctly and double check you have typed the numbers in the correct sequence.
The following page appears, listing all of the data collection forms which will be used in PRECISE:

<table>
<thead>
<tr>
<th>Select Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profile/ Summary</td>
</tr>
<tr>
<td>PRECISE Visit 1</td>
</tr>
<tr>
<td>PRECISE Visit 2</td>
</tr>
<tr>
<td>non-PRECISE ANC 1</td>
</tr>
<tr>
<td>non-PRECISE ANC 2</td>
</tr>
<tr>
<td>non-PRECISE ANC 3</td>
</tr>
<tr>
<td>non-PRECISE ANC 4</td>
</tr>
<tr>
<td>non-PRECISE ANC 5</td>
</tr>
<tr>
<td>Birth Mother</td>
</tr>
<tr>
<td>Birth Baby 1</td>
</tr>
<tr>
<td>Birth Baby 2</td>
</tr>
<tr>
<td>Birth Baby 3</td>
</tr>
<tr>
<td>Laboratory 1</td>
</tr>
<tr>
<td>Laboratory 2</td>
</tr>
<tr>
<td>Laboratory 3</td>
</tr>
<tr>
<td>Laboratory 4</td>
</tr>
<tr>
<td>Laboratory 5</td>
</tr>
<tr>
<td>Lost to Followup / Withdrawal</td>
</tr>
</tbody>
</table>

Clicking on each of the "Event" types will then take you to a screen informing you which forms need to be completed during that particular visit. For example, during PRECISE Visit 1, you will see the following screen confirming which forms you need to complete:
The small dot next to each of the form names will turn green when that form has been completed.

If you need to leave a form before it has been completed, for example to enter lab test results or if the participant is told to go to the lab, scroll to the bottom of the screen, leave the form marked as “Incomplete” and select “Save and Continue”. Select “Save and leave record” or “Save and go to next instrument” to go to another form.
The dot next to the form name will turn red to indicate that form has not been completed and to remind you to go back to the form when possible and ensure it is completed before the participant leaves the facility.
8. PRECISE: Profile/Summary

The Profile/Summary page contains information to identify the participant, such as her name, PTID and cohort. In addition, it records her contact details and the dates on which she was consented to take part in the study and which PRECISE visits she has or has not yet completed. This form can therefore be used as a point of reference to determine whether a woman is attending for her second PRECISE visit or a regular ANC visit. It will also inform data collectors when a woman should be returning to the facility for her post-partum follow-up. All of the questions should be asked directly of the woman.

<table>
<thead>
<tr>
<th>1</th>
<th>Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Full name</td>
</tr>
<tr>
<td>3</td>
<td>National ID</td>
</tr>
<tr>
<td>4</td>
<td>HDSS</td>
</tr>
<tr>
<td>5</td>
<td>Is there a mobile phone that we could reach you on?</td>
</tr>
<tr>
<td>6</td>
<td>Is there another mobile phone that we could reach you on?</td>
</tr>
</tbody>
</table>

1. **Cohort**

   Select the appropriate option.

2. **Full name**
   Ask the woman for her first and family name. Record her responses in the text box provided. For example, if the woman tells you her name is Fatu Camara, type “Fatu” and “Camara” into the text box. In future visits, this field will automatically appear on the forms.

3. **National ID**
   Ask the woman what her national ID number is, if applicable. Enter the woman’s ID number into the number box provided.

4. **HDSS**
   Ask the woman what her HDSS number is, if applicable. Enter the woman’s HDSS number into the number box provided.

5. **Phone number**
   Ask the woman whether there is a mobile phone which could be used to contact her on. Type the number, including the dialling code, into the number box provided. Reassure the woman that the number will be available to members of the local PRECISE team only; the number will not be stored with the rest of her study data.
6. **Secondary Phone number**

   Ask the woman whether there is another mobile phone which could be used to contact her on. Type the number, including the dialling code, into the number box provided. As before, reassure the woman that the number will be available to members of the local PRECISE team only; the number will not be stored with the rest of her study data.

   Once you have filled in all the fields, select "Complete" at the bottom. You will note an additional option "Unverified". Please ignore this! Next, click on "Save and go to Next Instrument" to go to the next data collection form, "General Info".

   As you progress through the visit and collect more data, the following fields will be auto-populated:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gestational age at today</td>
</tr>
<tr>
<td>2</td>
<td>Number of weeks between PRECISE Visit 1 and Today</td>
</tr>
<tr>
<td>3</td>
<td>Date of PRECISE Visit 1</td>
</tr>
<tr>
<td>4</td>
<td>Gestational age at PRECISE Visit 1</td>
</tr>
<tr>
<td>5</td>
<td>Date of PRECISE Visit 2</td>
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<tr>
<td>6</td>
<td>Gestational age at PRECISE Visit 2</td>
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<tr>
<td>7</td>
<td>Number of weeks from PRECISE Visit 1 to Visit 2</td>
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<tr>
<td>8</td>
<td>Number of non-PRECISE ANC Visits</td>
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<tr>
<td>9</td>
<td>Gestational age at Birth Visit</td>
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<tr>
<td>10</td>
<td>Delivery Date</td>
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<td>11</td>
<td>Gestational age at Delivery</td>
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<td>Number of Babies</td>
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<td>13</td>
<td>Lost to follow-up or withdrawal</td>
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<tr>
<td>14</td>
<td>ToD Eligibility</td>
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</tbody>
</table>
9. PRECISE Visit 1: General Info

Click on "PRECISE Visit 1" to start data collection. You will then be directed to a page listing each of the data forms you will need to complete for that visit. Start with the first form, "General Info", and then work your way through each of the forms to complete the woman's visit.

The General Info form collects information on where the woman is currently living and also how she has travelled to the facility to receive ANC care. All questions should be asked of the woman herself.

| 1 | What is the name of the health facility where the woman is being seen? |
| 2 | Which village do you live in? |
| 3 | What is the address of where you currently live? |
| 4 | Where did you come from when you arrived at this facility? |
| 5 | How did you get here today? |
| 6 | How long did it take you to get here? |

1. **What is the name of the health facility where the woman is being seen?**
   - Possible response options: Kenya – Rabai, Mariakani; Mozambique – Xinavane, Manhica; The Gambia – Farafenni, Illiassa, Ngeyen Sanjal
   - Select the appropriate option from those listed.

2. **Which village do you live in?**
   - Ask the woman the name of the village where she lives and select the appropriate response. If the woman does not know the name of her village, select "don’t know". If the name of the woman’s village is not listed as a response option, select "other" and use the address textbox underneath to write down the name of the village along with the rest of her address.

3. **What is the address of where you currently live?**
   - Ask the woman for her address. Please note that this is the address of the household where she is living at the moment; the woman may be staying with family during her pregnancy rather than in her own home and it is therefore very important that you ensure the address you record is where she is staying right now. In Mozambique, you should record the administrative post, locality and neighbourhood name; in Kenya, you should record the district/community unit, division/constituency, location/ward and sublocation; in The Gambia you should record the village, compound, household HDSS ID number. This is essential data so please ensure you collect as much data as you can so that we can pinpoint exactly where the woman is staying!

4. **Where did you come from when you arrived at this facility?**
   - Possible response options: Home, work, friend’s home, health facility, other (specify)
   - Ask the woman where she came from when she arrived at the facility and record her response by selecting the appropriate option. If the woman tells you she has come from
another health facility, ask her for the name of the health facility. Record her response by typing the facility name into the text box provided. If the woman has come from somewhere not listed, select “other” and use the text box provided to record her response.

4. How did you get here today?
   Possible response options: On foot, own bicycle, own motorbike, own car, public bus, lift in friend/relative’s car, lift on friend/relative’s motorbike, lift on friend/relative’s bike, taxi - car, taxi-motorbike, tuk-tuk/ auto-rickshaw, other (specify)

   Ask the woman how she got to the facility today and record her response by selecting the appropriate option from those listed. If the woman used more than one form of transport to attend the facility, ask her which mode of transport she spent the most time using. If the woman used another form of transport which is not listed, select “other” and use the text box provided to record her response.

5. How long did it take you to get here?
   Possible response options: less than 15 minutes, 15 to 30 minutes, 30 minutes to 1 hour, more than 1 hour

   Ask the woman how long it took her to get to the facility and record her response by selecting the relevant option.

Once you have completed all of the fields, indicate whether the form has been completed by selecting “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please ignore this! Next, select “Save and go to Next Instrument” at the bottom. You will then be taken to the next form, “Baseline Maternal”.

10. 03 - PRECISE Visit 1: Baseline Maternal

All the questions on the form should be asked directly of the woman. If you need to change a response to a question in the event that you select the incorrect response option, click on the "Reset" button next to each question.

### Demography, Education, Work/Study

1. In what year were you born?
2. In what month were you born?
3. What is your ethnicity?
4. What is your religion?
5. What is the highest level of school you attended?
6. What kind of work do you do?
7. Do you currently live alone?

### Living situation and male partner

8. Do you currently live with partner?
9. Do you currently live with your own parents?
10. Do you currently live with parents-in-law?
11. Do you currently live with other relatives?
12. Do you currently live with friends?
13. Do you currently live with your own children?
14. Do you currently live with other children?
15. Do you currently live with people other than the ones listed?
16. How many members does the household have?
17. What is your current marital status?

---

**Demography, Education, Work/Study**

1. **In what year were you born?**
   
Enter the woman’s year of birth using the number pad provided. To remove the number pad to continue collecting data for the other fields, press the back button on the right-hand side of the home button at the bottom of the frame of the tablet. If the woman does not know her year of birth, ask her how old she was on her last birthday. Enter the woman’s age at her last birthday using the number pad provided.

   **NB. If the woman does not know her date of birth OR how old she is, refer to your site-specific protocol for how to proceed.**

2. **In what month were you born?**
   
Enter the woman’s month of birth by selecting the appropriate option. If the woman does not know her month of birth, select "yes" in response to the question “Don’t know month”.

---
3. What is your ethnicity?
   Possible response options: Caucasian, Black African, Asian, Other

In PRECISE, the ethnicity of women will be recorded according to the following categories:

   Caucasian - Origins in Europe, Middle East, North Africa (Arabic origins), Western Russia (including Afghanistan and South Russia) and Hispanics of European origin.

   Black African - Origins in any of the original peoples of Africa. In PRECISE, this is further broken down into the following groups:

   - The Gambia - Mandinka, Wolof, Sarahule, Jola, Fula, Other (specify)
   - Kenya - Kalenjin, Kamba, Kikuyu, Kisii, Luo, Luo, Maasai, Menu, Mijikenda/Swahlili, Somali, Taita/Taveta, Turkana, Samuru, Other (specify)
   - Mozambique - Makonde, Yao, Makhwmi, Shona, Tsonga (Ronga, Changane, Tswa), Chope, Btonga, Chuwabo, Sena, Nyungwe, Other (specify)

   Asian - Origins in the Indian sub-continent (e.g., India, Pakistan, Bangladesh and Sri Lanka), Far East and Southeast Asia (e.g., China, Japan, Korea, Philippines, Thailand, Eastern Russia

   Other - Includes origins not represented above, such as Inuit, Maori, Australian Aborigine, North and South American Native Peoples, Hispanics of Caribbean, Central & South American origin, and Pacific Islanders

If the woman is of mixed ethnicity, for example if her mother and father belong to different ethnic groups, ask her for her mother’s ethnicity. Record the woman’s ethnicity by selecting the appropriate option. If the woman’s self-identified ethnic group is not listed as a response option, select “other” and use the free text box to write down her ethnicity.

4. What is your religion?
   Possible response options: Muslim, Christian, Traditional/spiritualist/animist, Hinduism, Sikhism, Buddhism, Judaism, Parsi/Zoroastrian, Donyi-Polo, Sanamahi, Baha’i, Bisaka group/Faith of Unity, Kirat, None, Other (specify)

Record the woman’s religion by selecting the appropriate option. If the woman’s self-reported religion is not listed as a response option, select “other” and use the free text box to write down her religion.

5. What is the highest level of school you attended?
   Possible response options: None, primary, secondary, higher

Record the highest level of school the woman attended by selecting the appropriate option. For example, if the woman did not attend school, select “none”. Record the highest level regardless of whether or not the year was completed. For example, if she attended secondary school for only two weeks, select “secondary”.
By "school" we mean formal schooling, which includes primary, secondary and post-secondary school, and any other intermediate levels of schooling in the formal school system. It includes technical or vocational training beyond the primary-school level, such as long-term courses in mechanics or secretarial work. However, this definition of school does not include preschool, Bible school or Koranic (Arabic) school, or short courses like typing or sewing.

6. **What kind of work do you do?**
   Possible response options: housewife, student, professional, factory, large-scale agriculture, market trader, construction, other (specify)

   Record the woman’s primary occupation (work), i.e. what work she does most of the time, by selecting the appropriate option. If the woman has an occupation which is not listed, select "other" and use the text box provided to record her response. Please note that many women may have more than one occupation; for example, they may be market traders AND housewives.

7. **Do you currently live alone?**
   Possible response options: yes, no

   Record the woman’s response by selecting the appropriate option.

**Living situation and male partner**

8. **Do you currently live with partner?**
   Possible response options: yes, no

   Record the woman’s response by selecting the appropriate option.

9. **Do you currently live with your own parents?**
   Possible response options: yes, no

   Record the woman’s response by selecting the appropriate option.

10. **Do you currently live with parents-in-law?**
    Possible response options: yes, no

    Record the woman’s response by selecting the appropriate option.

11. **Do you currently live with other relatives?**
    Possible response options: yes, no

    Record the woman’s response by selecting the appropriate option.

12. **Do you currently live with friends?**
    Possible response options: yes, no

    Record the woman’s response by selecting the appropriate option.
13. Do you currently live with your own children?
   Possible response options: yes, no

   Record the woman’s response by selecting the appropriate option.

14. Do you currently live with other children?
   Possible response options: yes, no

   Record the woman’s response by selecting the appropriate option.

15. Do you currently live with people other than the ones listed?
   Possible response options: yes, no

   Record the woman’s response by selecting the appropriate option. If the woman indicates
   she lives with people other than those listed above, use the text box provided to record who
   else she lives with.

16. How many members does the household have?
   Possible response options: 1, 2, 3, 4, 5, 6, 7, 8, 9 or more

   Record the number of people living in the same household as the woman by selecting the
   appropriate option. In The Gambia, this should be the number of people living in the same
   hut as the woman, not the total number of people living in the same compound. In Kenya, a
   household should be considered to be the space that a family unit lives in.

17. What is your current marital status?
   Possible response options: Never married (or single), co-habiting, currently married (and only
   wife), currently married (one of two or more wives), separated, divorced, widowed

   Record the woman’s marital status by selecting the appropriate option. If the woman
   indicates she is married or co-habiting, you will be prompted to answer the following
   additional question:

   i) How long have you and your husband/partner been together? – Record the number
      of years in the number box provided.

Once you have completed all of the fields, indicate whether the form has been completed by
selecting “Complete” from the drop-down menu. You will note an additional option
“Unverified”. Please ignore this! Next, select “Save and go to Next Instrument” at the
bottom. You will then be taken to the next form, “Environment”. 
11. 04 - PRECISE Visit 1: Environment

All the questions on the form should be asked directly of the woman.

### Home Environment

1. What is the primary construction material of the housing unit’s exterior walls?
2. What is the primary fuel source your household uses for heat?
3. What is the primary fuel source your household uses for cooking?
4. What is the primary fuel source your household uses for lighting?
5. What is the main source of drinking water used by members of your household?
6. What is the main source of water used by members of your household for other purposes such as cooking and handwashing?
7. Where is that water source located?
8. How long does it take for members of your household to go there, get water and come back?
9. What kind of toilet facility do members of your household usually use?
10. Where is this toilet facility located?
11. Do you share this facility with others who are not members of your household?
12. Where do you or other members of your household most often wash your hands?
13. Do you or other members of your household have any soap or detergent or ash/mud/sand in your house for washing hands?

### Additional Grameen PPI

14. Does your household own any irons?
15. Additional household questions for Kenya only
16. Additional household questions for Mozambique only
17. Additional household questions for The Gambia only

### Socio-geographical Variables

18. Are there neighbours or other families in your community who would help your household if there were pregnancy related problems?
19. Is there a community group or organisation (formal or informal) that offers help to women who have problems during pregnancy?
20. Who makes the decisions about money in your household?
21. Who makes decisions about money related to pregnancy and pregnancy care?
22. Do you have access to money/sufficient funds to arrange transport to seek care at the nearest facility?

**Home environment**

1. What is the primary construction material of the housing unit’s exterior walls?
   
   Possible response options: Stone & mortar, metal sheeting, reinforced concrete, brick, cement bricks, logs, earth, mud or earth bricks, mud & straw, wood sheeting, tin/cardboard/paper or sacks, thick plastic, thin plastic, reeds/sticks/bamboo or palm, thick fabric, thin fabric, other (specify)

   By exterior walls, we mean the walls which hold up the building and support the roof and protect the inside of the building from the weather. Record what the exterior walls of the woman’s house are built with by selecting the appropriate response. If the woman’s response is not covered by the options on the list, select “Other” and use the text box provided to record her response.
2. What is the primary fuel source your household uses for heat?
Possible response options: None, low-voltage electricity from grid (legal or illegal connection), medium or high-voltage electricity from grid (legal or illegal connection), electricity from generator, electricity from solar cells/wind turbine or small hydroelectric dam, liquid fuel (petrol, kerosene), gas fuel (methane from tank, biogas), coal or charcoal, vegetable or animal-based fats or oils, paraffin wax or battery-powered source, wood/sawdust/grass or other natural material, heat not needed in region, don’t know

By primary fuel source for heating, we mean the fuel used the majority of the time by the household to provide heat; by household we mean the building which the woman herself lives and sleeps in. Record the woman’s response by selecting the appropriate response. If the woman does not know, select “don’t know”.

3. What is the primary fuel source your household uses for cooking?
Possible response options: None, low-voltage electricity from grid (legal or illegal connection), medium or high-voltage electricity from grid (legal or illegal connection), electricity from generator, electricity from solar cells/wind turbine or small hydroelectric dam, liquid fuel (petrol, kerosene), gas fuel (methane from tank, biogas), coal or charcoal, vegetable or animal-based fats or oils, paraffin wax or battery-powered source, wood/sawdust/grass or other natural material, don’t know

By primary fuel source for cooking, we mean the fuel used the majority of the time by the household to cook food; by household we mean the building which the woman herself lives and sleeps in. Record the main type of fuel the woman indicates her household uses for cooking by selecting the appropriate response. If the woman does not know, select “don’t know”.

4. What is the primary fuel source your household uses for lighting?
Possible response options: None, low-voltage electricity from grid (legal or illegal connection), medium or high-voltage electricity from grid (legal or illegal connection), electricity from generator, electricity from solar cells/wind turbine or small hydroelectric dam, liquid fuel (petrol, kerosene), gas fuel (methane from tank, biogas), coal or charcoal, vegetable or animal-based fats or oils, paraffin wax or battery-powered source, wood/sawdust/grass or other natural material, don’t know

By primary fuel source for lighting, we mean the fuel used the majority of the time by the household to provide lighting; by household we mean the building which the woman herself lives and sleeps in. Record the main type of fuel the woman indicates her household uses for lighting by selecting the appropriate response. If the woman does not know, select “don’t know”.
5. What is the main source of drinking water used by members of your household?

Possible response options: Piped into dwelling, piped into yard or plot, piped to neighbour, public tap or standpipe, tubewell or borehole, protected dug well, unprotected dug well, protected spring, unprotected spring, rainwater, tanker-truck, cart with small tank, water kiosk, surface water (river, dam, lake, pond, stream, canal, irrigation channel), bottled water, sachet water, other (specify)

By main source of drinking water, we mean where most of the water the household drinks comes from; by household we mean the building which the woman herself lives and sleeps in. Record the woman’s response by selecting the appropriate option.

If the woman’s response is not covered by the options on the list, select “Other” and use the text box provided to record her response.
6. **What is the main source of water used by members of your household for other purposes such as cooking and handwashing?**

   Possible response options: Piped into dwelling, piped into yard or plot, piped to neighbour, public tap or standpipe, tubewell or borehole, protected dug well, unprotected dug well, protected spring, unprotected spring, rainwater, tanker-truck, cart with small tank, water kiosk, surface water (river, dam, lake, pond, stream, canal, irrigation channel), bottled water, sachet water, other (specify)

   By main source of water for cooking and handwashing, we mean where most of the water the household uses for cooking and washing hands comes from; by household we mean the building which the woman herself lives and sleeps in. Record the woman’s response by selecting the appropriate option.

   If the woman’s response is not covered by the options on the list, select "Other" and use the text box provided to record her response.

7. **Where is that water source located?**

   Possible response options: In own dwelling, in own yard or plot, elsewhere

   Ask the woman where the water source members of her household use for other purposes such as cooking and handwashing. Record the woman’s response by selecting the appropriate option.

8. **How long does it take for members of your household to go there, get water and come back?**

   By household, we mean the building which the woman herself lives and sleeps in. Ask the woman how long it takes for members of her household to go to the water sources to collect water and record the time in minutes in the number box provided. If the woman does not know, select “don’t know”.
Sanitation

9. What kind of toilet facility do members of your household usually use?
   Possible response options: Flush or pour flush toilet, Ventilated improved pit latrine, Pit latrine with slab, Pit latrine without slab, Open pit, Composting toilet, Bucket, Hanging toilet or hanging latrine, No facility or bush or field, Other (specify)

   By household, we mean the building which the woman herself lives and sleeps in. Ask the woman what kind of toilet facility her household uses most of the time, using printed flashcards to explain the types of toilet facility and record her response by selecting the appropriate response.
If the woman’s response is not covered by the options on the list, select “Other” and use the text box provided to record her response.

If the woman indicates that her household has a flushing toilet, you will then be prompted to ask her where the toilet flushes to (additional response options: Piped sewer system, Septic tank, Pit latrine, Open drain, DK where).

10. Where is this toilet facility located?
   Possible response options: In own dwelling, in own yard or plot, elsewhere

   Ask the woman where the toilet facility her household uses most of the time is situated and select the appropriate option.

11. Do you share this facility with others who are not members of your household?
    Possible response options: yes, no

    By household, we mean the building which the woman herself lives and sleeps in. Ask the woman if her household shares the toilet facility with other members of the community and record her response by selecting the appropriate response. In The Gambia, by household we mean the building a woman sleeps in.

12. Where do you or other members of your household most often wash your hands?
    Possible response options: Fixed facility (sink or tap) in dwelling, fixed facility (sink or tap) in yard or plot, Mobile object (bucket or jug kettle), No handwashing place in dwelling or yard or plot, Other (specify)

    By household, we mean the building which the woman herself lives and sleeps in. Ask the woman where members of her household mainly wash their hands and record her response by selecting the appropriate response. If the woman’s response is not covered by the options on the list, select “Other” and use the text box provided to record her response.

13. Do you have any soap or detergent or ash/mud/sand in your house for washing hands?
    Possible response options: yes, no

    Ask the woman whether her household uses soap or another substance when washing their hands and record her response by selecting the appropriate response.

Additional Grameen PPI

14. Does your household own any irons?
    Possible response options: yes, no

    By household, we mean the building which the woman herself lives and sleeps in. Ask the woman whether her household owns any working irons and select the appropriate response. If the woman does respond yes, ask her what type of iron(s) her household owns (possible additional response options: electric, non-electric, charcoal). Record her response by selecting the appropriate option.
15. **Additional questions about the woman’s household – Kenya only**

For data collection in Kenya, ask the woman the following additional questions:

i) What is the main material of the floor of your home (excluding kitchen and bathrooms)? *(possible response options: uncovered or other/packed earth, wood or parquet, marble or granite, cement, mosaic or tile)* – Record the woman’s response by selecting the appropriate option.

ii) What is the highest school grade that the female head/spouse has completed? *(possible response options: none or pre-school, primary standards 1 to 6, primary standard 7, primary standard 8 or secondary forms 1 to 3, no female head/spouse, secondary form 4 or higher)* – Record the woman’s response by selecting the appropriate option. Please note that the question specifically asks about “completed” grades and not grades attended. If the woman attended primary standard 8 for two weeks only, then you should record primary standard 7 as the highest grade she has completed.

iii) What kind of business (type of industry) is the main occupation of the male head/spouse connected with? *(possible response options: does not work, no male head/spouse, agriculture/hunting/forestry/fishing/mining or quarrying, any other)* – Record the woman’s response by selecting the appropriate option.

iv) How many habitable rooms does this household occupy in its main dwelling (do not count bathrooms, toilets, storerooms, or garage)? *(possible response options: 1, 2, 3, 4 or more)* – Record the woman’s response by selecting the appropriate option.

v) How many mosquito nets does your household own? *(possible response options: none, 1, 2 or more)* – Record the woman’s response by selecting the appropriate option.

vi) How many towels does your household own? *(possible response options: none, one, two or more)* – Record the woman’s response by selecting the appropriate option.

vii) How many frying pans does your household own? *(possible response options: none, one, two or more)* – Record the woman’s response by selecting the appropriate option.

16. **Additional questions about the woman’s household – Mozambique only**

For data collection in Mozambique, ask the woman the following additional questions:

i) What is the main material of the floor of your home (excluding kitchen and bathrooms)? *(possible response options: uncovered or other/packed earth, wood or parquet, marble or granite, cement, mosaic or tile)* – Record the woman’s response by selecting the appropriate option.

ii) Does the household have a clock (wall, wrist, or pocket)? *(possible response options: yes, no)* – Record the woman’s response by selecting the appropriate option.

iii) Does the household have a radio, stereo system, or cassette player? *(possible response options: no, radio only, stereo system or cassette player (regardless of radio)* – Record the woman’s response by selecting the appropriate option.

iv) Does the household have a bicycle, motorcycle, or car? *(possible response options: none, one, two or more)* – Record the woman’s response by selecting the appropriate option.

v) How many beds does the household have (single, double, bunk beds, or for children)? *(possible response options: none, one, two or more)* – Record the woman’s response by selecting the appropriate option.
17. **Additional questions about the woman’s household – The Gambia only**

For data collection in The Gambia, ask the woman the following additional questions:

i) Does your household have a fridge? *(possible response options: yes, no)* – Record the woman’s response by selecting the appropriate option.

ii) Does your household have a television? *(possible response options: yes, no)* – Record the woman’s response by selecting the appropriate option.

iii) Does your household have a fan? *(possible response options: yes, no)* – Record the woman’s response by selecting the appropriate option.

iv) Can the female head of the household or the first wife read and write? *(possible response options: yes, no)* – Record the woman’s response by selecting the appropriate option.

**Socio-geographical variables**

18. **Are there neighbours or other families in your community who would help your household if there were pregnancy-related problems?**

Possible responses: yes, no, don’t know

Record the woman’s response by selecting the relevant option. If the woman does not know, select “don’t know”.

If the woman responds yes, ask her an additional question about the type of help her household would receive *(possible additional response options: Transport, financial support, emotional or moral support, other (specify), don’t know)*. Select the appropriate response.

19. **Is there a community group or organisation (formal or informal) that offers help to women who have problems during pregnancy?**

Possible responses: yes, no, don’t know

Record the woman’s response by selecting the relevant option. If the woman does not know, select “don’t know”.

If the woman responds yes, ask her an additional question about whether she actively participates in the group or organisation by attending meetings, contributing financially, activism etc. *(possible additional responses: yes, no, don’t know)*. Select the appropriate response.

20. **Who makes decisions about money in your household?**

Possible responses: Self, husband, male partner, father, father-in-law, mother, mother-in-law, brother, brother-in-law, sister, sister-in-law, reproductive age woman, don’t know

Record the woman’s response by selecting the appropriate response option. Select the main decision maker; i.e. the person who has the final say. If the woman does not know, select “don’t know”.

21. Who makes decisions about money related to pregnancy and pregnancy care?
   Possible responses: Self, husband, male partner, father, father-in-law, mother, mother-in-law, brother, brother-in-law, sister, sister-in-law, reproductive age woman, don't know

   Record the woman's response by selecting the appropriate response option. Select the main decision maker; i.e., the person who has the final say. If the woman does not know, select "don't know".

22. Do you have access to sufficient funds to arrange transport to seek care at the nearest facility?
   Possible responses: yes, no, don't know

   Record the woman's response by selecting the appropriate response. If the woman does not know, select "don't know".

Once you have completed all of the fields, indicate whether the form has been completed by selecting "Complete" from the drop-down menu. You will note an additional option "Unverified". Please ignore this! Next, select "Save and go to Next Instrument" at the bottom. You will then be taken to the next form, "Past History".
12. 05 - PRECISE Visit 1: Past History

<table>
<thead>
<tr>
<th>Obstetric history</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Have you ever given birth to a boy or girl who was born alive?</td>
</tr>
<tr>
<td>2 Have you ever had a pregnancy that miscarried or was aborted?</td>
</tr>
<tr>
<td>3 Have you ever given birth to a boy or girl who was stillborn?</td>
</tr>
<tr>
<td>4 Did you ever give birth by Caesarean, that is, did they cut your belly open to take the baby out?</td>
</tr>
<tr>
<td>5 Have you used contraception in the last year?</td>
</tr>
<tr>
<td>6 Have you received fertility treatment for this conception?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-existing medical conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?</td>
</tr>
<tr>
<td>8 Have you ever been put on a kidney machine?</td>
</tr>
<tr>
<td>9 Have you ever been treated for “worms”?</td>
</tr>
<tr>
<td>10 Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes?</td>
</tr>
<tr>
<td>11 Have you ever been told by a doctor or other health worker that you have heart disease or a chronic heart condition?</td>
</tr>
<tr>
<td>12 Have you had seizures unrelated to pregnancy/postpartum?</td>
</tr>
<tr>
<td>13 Do you have chronic or active hepatitis?</td>
</tr>
<tr>
<td>14 Do you have asthma?</td>
</tr>
<tr>
<td>15 Do you have any other medical condition diagnosed?</td>
</tr>
</tbody>
</table>

**Obstetric History**

1. **Have you ever given birth to a boy or girl who was born alive?**
   
   Possible response options: yes, no

   Record the woman’s response by selecting the appropriate option. If the woman responds yes, ask three additional questions:

   i) **How many boys?** – Record the woman’s response by typing the number in the number box provided. For example, if the woman says she has given birth to 2 boys who were born alive, place a “2” in the number box. If the woman responds that she has not given birth to any boys who were born alive, place a “0” in the number box. Do not leave the box empty.

   ii) **How many girls?** – Record the woman’s response by typing the number in the number box provided. For example, if the woman says she has given birth to 3 girls who were born alive, place a “3” in the number box. If the woman responds that she has not given birth to any girls who were born alive, place a “0” in the number box. Do not leave the box empty.

   iii) **How many children do you have who are still alive?** – Record the number of children the woman indicates are still alive by typing the correct number in the number box. This should be the total number of children the woman has, including any who may
not live with her as part of her household. If the woman responds that she none of her children are still alive, place a “0” in the number box. Do not leave the box empty.

2. Have you ever had a pregnancy that miscarried or was aborted?
   Possible response options: yes, no

   Please check site protocols to confirm the local definition of miscarriage. Record the woman’s response by selecting the appropriate option. If the woman responds “yes”, ask the following additional question:

   i) How many times? – Use the number pad provided to record the number of pregnancies the woman indicates she has miscarried or have been aborted.

   If the woman does not know the gestation, try prompting her to find out whether it was early in pregnancy, perhaps before she “started to show”.

3. Have you ever given birth to a boy or girl who was stillborn?
   Possible response options: yes, no

   Please check site protocols to confirm the local definition of stillborn. Record the woman’s response by selecting the appropriate option. If the woman responds yes, ask two additional questions:

   i) How many in total? – Use the number pad to record the number of stillborn babies the woman indicates she has given birth to. If the woman does not know how many stillborn babies she has delivered, select “yes” as the response to the question “don’t know the total of stillborn?”.

   ii) How many boys? – Record the woman’s response by typing the number in the number box provided. For example, if the woman says she has given birth to 1 boy who was stillborn, place a “1” in the number box. If the woman responds that she has not given birth to any boys who were stillborn, place a “0” in the number box. Do not leave the box empty.

   iii) How many girls? – Record the woman’s response by typing the number in the number box provided. For example, if the woman says she has given birth to 1 girl who was stillborn, place a “1” in the number box. If the woman responds that she has not given birth to any girls who were stillborn, place a “0” in the number box. Do not leave the box empty.

4. Did you ever give birth by Caesarean, that is, did they cut your belly open to take the baby out?
   Possible response options: yes, no

   Record the woman’s response by selecting the appropriate option.

5. Have you used contraception in the last year?
   Possible response options: yes, no, don’t know

   Record the woman’s response by selecting the appropriate option. If the woman does not know, select “don’t know”.

   i) How many in total? – Use the number pad to record the number of stillborn babies the woman indicates she has given birth to. If the woman does not know how many stillborn babies she has delivered, select “yes” as the response to the question “don’t know the total of stillborn?”.

   ii) How many boys? – Record the woman’s response by typing the number in the number box provided. For example, if the woman says she has given birth to 1 boy who was stillborn, place a “1” in the number box. If the woman responds that she has not given birth to any boys who were stillborn, place a “0” in the number box. Do not leave the box empty.

   iii) How many girls? – Record the woman’s response by typing the number in the number box provided. For example, if the woman says she has given birth to 1 girl who was stillborn, place a “1” in the number box. If the woman responds that she has not given birth to any girls who were stillborn, place a “0” in the number box. Do not leave the box empty.
If the woman responds yes to this question, ask her the following additional question:

i) What method did you use? (Possible response options: female sterilisation, male sterilisation, IUD, injectables, implants, pill, condom, female condom, emergency contraception, standard days method, lactational amenorrhea method, rhythm method, withdrawal, other modern method, other traditional method). Record ALL methods the woman reports using by ticking the boxes next to the options listed. For example, if the woman informs you that she and her partner used the combined pill and a barrier method, tick the boxes next to "combined hormonal oral" and "barrier".

If the woman responds no to using contraception in the last year, ask her the following additional question:

i) Would you have used contraception if it were available? (Possible response options: No, yes, DK) - Record the woman’s response by selecting the appropriate option. For example, if she indicates she would have used contraception if available, select "yes".

6. Have you received fertility treatment for this conception?
   Possible response options: yes, no, don't know
   Record the woman’s response by selecting the appropriate option. If the woman does not know, select "don't know". By fertility treatment we mean, has the woman had hormone injections to help her get pregnant or used a donor egg or donor sperm.

Pre-existing medical conditions

7. Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?
   Possible response options: yes, no, don’t know
   Record the woman’s response by selecting the appropriate option. If the woman does not know, select “don’t know”.

8. Have you ever been put on a kidney machine?
   Possible response options: yes, no, don’t know
   Record the woman’s response by selecting the appropriate option. If the woman does not know, select “don’t know”.

9. Have you ever been treated for “worms”?
   Possible response options: yes, no, don’t know
   Record the woman’s response by selecting the appropriate option. If the woman does not know, select “don’t know”.

10. Have you ever been told by a doctor or other healthworker that you have high blood sugar or diabetes?
    Possible response options: yes, no, don’t know
    Record the woman’s response by selecting the appropriate option. If the woman does not know, select “don’t know”.

11. Have you ever been told by a doctor or other healthworker that you have high blood sugar or diabetes?
    Possible response options: yes, no, don’t know
    Record the woman’s response by selecting the appropriate option. If the woman does not know, select “don’t know”.

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11. Have you ever been told by a doctor or other healthworker that you have heart disease or a chronic heart condition?

Possible response options: yes, no, don’t know

Record the woman’s response by selecting the appropriate option. If the woman does not know, select “don’t know”.

12. Have you ever had seizures unrelated to pregnancy/postpartum?

Possible response options: yes, no, don’t know

Record the woman’s response by selecting the appropriate option. If the woman does not know, select “don’t know”.

13. Do you have chronic or active hepatitis?

Possible response options: yes, no, don’t know

Record the woman’s response by selecting the appropriate option. If the woman does not know, select “don’t know”.

14. Do you have asthma?

Possible response options: No, yes, DK

Possible response options: yes, no, don’t know

Record the woman’s response by selecting the appropriate option. If the woman does not know, select “don’t know”.

15. Do you have any other medical condition diagnosed before pregnancy?

Possible response options: yes, no, don’t know

Record the woman’s response by selecting the appropriate option. If the woman does not know, select “don’t know”. If the woman responds “yes”, specify the condition. Use the textbox provided to name the other medical condition. If the woman does not know the name of the condition, type “don’t know”.

Once you have completed all of the fields, indicate whether the form has been completed by selecting “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please ignore this! Next, select “Save and go to Next Instrument” at the bottom. You will then be taken to the next form, “Nutrition”.


13. **06 - PRECISE Visit 1: Nutrition**

All women participating in the PRECISE study should be asked to complete the Nutrition questionnaire during their first visit (booking).

<table>
<thead>
<tr>
<th>Question</th>
<th>Mozambique only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. During the last 24 hours, have you eaten any foods made from grains, like: porridge, bread, rice, pasta/noodles, millet or other foods made from grains?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>2. In the last month, how often have you eaten any foods made from grains, like: porridge, bread, rice, pasta/noodles, millet or other foods made from grains?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>3. During the last 24 hours, have you eaten any vegetables or root that are orange-coloured inside, like: pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>4. In the last month, how often have you eaten any vegetables or root that are orange-coloured inside, like: pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>5. During the last 24 hours, have you eaten any white roots and tubers or plantains, such as: white potatoes, white yams, cassava/radish, or any other foods made from white-fleshed roots or tubers, or plantains?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>6. In the last month, how often have you eaten any white roots and tubers or plantains, such as: white potatoes, white yams, cassava/radish, or any other foods made from white-fleshed roots or tubers, or plantains?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>7. During the last 24 hours, have you eaten any dark green leafy vegetables, such as: List examples of any medium-to-dark green leafy vegetables, including wild-foraged leaves?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>8. In the last month, how often have you eaten any dark green leafy vegetables, such as: List examples of any medium-to-dark green leafy vegetables, including wild-foraged leaves?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>9. During the last 24 hours, have you eaten any fruits that are dark yellow or orange inside, like: ripe mango, ripe papaya?</td>
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</tr>
<tr>
<td>10. In the last month, how often have you eaten any fruits that are dark yellow or orange inside, like: ripe mango, ripe papaya?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>11. During the last 24 hours, have you eaten any other vegetables?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>12. In the last month, how often have you eaten these foods?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>13. During the last 24 hours, have you eaten any other fruits?</td>
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<tr>
<td>14. In the last month, how often have you eaten these foods?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>15. During the last 24 hours, have you eaten any meat made from animal organs, such as: liver, kidney, heart or other organ meats or blood-based foods, including from wild game?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>16. In the last month, how often have you eaten any meat made from animal organs, such as: liver, kidney, heart or other organ meats or blood-based foods, including from wild game?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>17. During the last 24 hours, have you eaten any other types of meat or poultry, like: beef, pork, lamb, goat, rabbit, wild game meat, chicken, duck, other birds?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>In the last month, how often have you eaten any other types of meat or</td>
<td>beef, pork, lamb, goat, rabbit, wild game</td>
</tr>
<tr>
<td>poultry, like:</td>
<td>meat, chicken, duck, other birds?</td>
</tr>
<tr>
<td>During the last 24 hours, have you eaten any eggs: eggs from poultry or</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>any other bird?</td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you eaten any eggs: eggs from poultry</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>or any other bird?</td>
<td></td>
</tr>
<tr>
<td>During the last 24 hours, have you eaten any fish or seafood, whether</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>fresh or dried: fresh or dried fish, shellfish or seafood?</td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you eaten any fish or seafood,</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>whether fresh or dried: fresh or dried fish, shellfish or seafood?</td>
<td></td>
</tr>
<tr>
<td>During the last 24 hours, have you eaten any beans or peas, such as:</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>mature beans or peas (fresh or dried seed), lentils or bean/pea products, including hummus, tofu and tempeh?</td>
<td></td>
</tr>
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<td>In the last month, how often have you eaten any beans or peas, such as:</td>
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<tr>
<td>During the last 24 hours, have you eaten any nuts or seeds, like:</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>any tree nut, ground nut, peanut or certain seeds or nut/seed “butters”</td>
<td></td>
</tr>
<tr>
<td>or pastes?</td>
<td></td>
</tr>
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<tr>
<td>or pastes?</td>
<td></td>
</tr>
<tr>
<td>During the last 24 hours, have you eaten any milk or milk products</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>such as: milk, cheese, yoghurt or other milk products but NOT including</td>
<td></td>
</tr>
<tr>
<td>butter, ice cream, cream or sour cream?</td>
<td></td>
</tr>
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</tr>
<tr>
<td>During the last 24 hours, have you eaten any condiments and</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>seasonings, such as: condiments and seasonings: ingredients used in</td>
<td></td>
</tr>
<tr>
<td>small quantities for flavour, such as chillies, spices, herbs, fish</td>
<td></td>
</tr>
<tr>
<td>powder, tomato paste, flavour cubes or seeds?</td>
<td></td>
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<td>powder, tomato paste, flavour cubes or seeds?</td>
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</tr>
<tr>
<td>During the last 24 hours, have you eaten freshly cooked fried snacks,</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>like: samosa, wada, fritter?</td>
<td></td>
</tr>
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<tr>
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<td></td>
</tr>
<tr>
<td>During the last 24 hours, have you eaten savoury snacks in packets,</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>like: potato crisps, Lays, kukure and other similar snacks?</td>
<td></td>
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</tr>
<tr>
<td>During the last 24 hours, have you eaten bakery items, such as:</td>
<td>Mozambique only</td>
</tr>
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<td>cake, biscuits, puffs?</td>
<td></td>
</tr>
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<td>In the last month, how often have you eaten bakery items, such as:</td>
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<td></td>
</tr>
<tr>
<td>During the last 24 hours, have you eaten sweets?</td>
<td>Mozambique only</td>
</tr>
<tr>
<td>In the last month, how often have you eaten sweets?</td>
<td></td>
</tr>
<tr>
<td>During the last 24 hours, have you eaten fast food/street food/restaurant food?</td>
<td>Mozambique only</td>
</tr>
</tbody>
</table>
40. In the last month, how often have you eaten fast food/street food/restaurant food?
41. During the last 24 hours, have you consumed any fizzy drinks, such as: Coca Cola, Fanta, Limca? Mozambique only
42. In the last month, have you consumed any fizzy drinks, such as: Coca Cola, Fanta, Limca? Mozambique only
43. During the last 24 hours, have you consumed any other drinks? Mozambique only
44. In the last month, how often have you consumed these items? Mozambique only

Start by explaining to the woman what is meant by "During the last 24 hours". Here we mean, "Yesterday, during the day or night did you eat or drink xxxx".

You must make sure that you ask the woman about ALL of the food groups in the table, using local examples to explain what you mean, if necessary. For example, if the woman does not understand what is meant by foods made from grains, ask her if she has eaten ugali or, if she does not know whether she has eaten any nuts, ask her whether she has eaten domoda or Durango.

1. During the last 24 hours, have you eaten any foods made from grains, like: porridge, bread, rice, pasta/noodles, millet or other foods made from grains? Mozambique only
   Possible response options: yes, no
   Record the woman’s response by selecting the appropriate option.

2. In the last month, how often have you eaten any foods made from grains, like: porridge, bread, rice, pasta/noodles, millet or other foods made from grains?
   Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week
   Record the woman’s response by selecting the appropriate option.

3. During the last 24 hours, have you eaten any vegetables or root that are orange-coloured inside, like: pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside? Mozambique only
   Possible response options: yes, no
   Record the woman’s response by selecting the appropriate option.

4. In the last month, how often have you eaten any vegetables or root that are orange-coloured inside, like: pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?
   Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week
   Record the woman’s response by selecting the appropriate option.
5. During the last 24 hours, have you eaten any white roots and tubers or plantains, such as: white potatoes, white yams, cassava/radish, or any other foods made from white-fleshed roots or tubers, or plantains? Mozambique only
   Possible response options: yes, no

   Record the woman’s response by selecting the appropriate option.

6. In the last month, how often have you eaten any white roots and tubers or plantains, such as: white potatoes, white yams, cassava/radish, or any other foods made from white-fleshed roots or tubers, or plantains?
   Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week

   Record the woman’s response by selecting the appropriate option.

7. During the last 24 hours, have you eaten any dark green leafy vegetables, such as: List examples of any medium-to-dark green leafy vegetables, including wild-foraged leaves?
   Mozambique only
   Possible response options: yes, no

   Record the woman’s response by selecting the appropriate option.

8. In the last month, how often have you eaten any dark green leafy vegetables, such as: List examples of any medium-to-dark green leafy vegetables, including wild-foraged leaves?
   Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week

   Record the woman’s response by selecting the appropriate option.

9. During the last 24 hours, have you eaten any fruits that are dark yellow or orange inside, like: ripe mango, ripe papaya? Mozambique only
   Possible response options: yes, no

   Record the woman’s response by selecting the appropriate option.

10. In the last month, how often have you eaten any fruits that are dark yellow or orange inside, like: ripe mango, ripe papaya?
    Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week

    Record the woman’s response by selecting the appropriate option.
11. During the last 24 hours, have you eaten any other vegetables? **Mozambique only**
   
   Possible response options: yes, no

   Record the woman’s response by selecting the appropriate option.

12. In the last month, how often have you eaten these foods? **Mozambique only**
   
   Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week

   Record the woman’s response by selecting the appropriate option.

13. During the last 24 hours, have you eaten any other fruits? **Mozambique only**
   
   Possible response options: yes, no

   Record the woman’s response by selecting the appropriate option.

14. In the last month, how often have you eaten these foods? **Mozambique only**
   
   Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week

   Record the woman’s response by selecting the appropriate option.

15. During the last 24 hours, have you eaten any meat made from animal organs, such as: liver, kidney, heart or other organ meats or blood-based foods, including from wild game? **Mozambique only**
   
   Possible response options: yes, no

   Record the woman’s response by selecting the appropriate option.

16. In the last month, how often have you eaten any meat made from animal organs, such as: liver, kidney, heart or other organ meats or blood-based foods, including from wild game? **Mozambique only**
   
   Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week

   Record the woman’s response by selecting the appropriate option.

17. During the last 24 hours, have you eaten any other types of meat or poultry, like: beef, pork, lamb, goat, rabbit, wild game meat, chicken, duck, other birds? **Mozambique only**
   
   Possible response options: yes, no

   Record the woman’s response by selecting the appropriate option.
18. In the last month, how often have you eaten any other types of meat or poultry, like: beef, pork, lamb, goat, rabbit, wild game meat, chicken, duck, other birds?  
Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week

Record the woman’s response by selecting the appropriate option.

19. During the last 24 hours, have you eaten any eggs: eggs from poultry or any other bird?  
Mozambique only  
Possible response options: yes, no

Record the woman’s response by selecting the appropriate option.

20. In the last month, how often have you eaten any eggs: eggs from poultry or any other bird?  
Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week

Record the woman’s response by selecting the appropriate option.

21. During the last 24 hours, have you eaten any fish or seafood, whether fresh or dried: fresh or dried fish, shellfish or seafood?  Mozambique only  
Possible response options: yes, no

Record the woman’s response by selecting the appropriate option.

22. In the last month, how often have you eaten any fish or seafood, whether fresh or dried: fresh or dried fish, shellfish or seafood?  
Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week

Record the woman’s response by selecting the appropriate option.

23. During the last 24 hours, have you eaten any beans or peas, such as: mature beans or peas (fresh or dried seed), lentils or bean/pea products, including hummus, tofu and tempeh?  Mozambique only  
Possible response options: yes, no

Record the woman’s response by selecting the appropriate option.

24. In the last month, how often have you eaten any beans or peas, such as: mature beans or peas (fresh or dried seed), lentils or bean/pea products, including hummus, tofu and tempeh?  
Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week

Record the woman’s response by selecting the appropriate option.
25. During the last 24 hours, have you eaten any nuts or seeds, like: any tree nut, ground nut, peanut or certain seeds or nut/seed "butters" or pastes? Mozambique only
   Possible response options: yes, no
   Record the woman’s response by selecting the appropriate option.

26. In the last month, how often have you eaten any nuts or seeds, like: any tree nut, ground nut, peanut or certain seeds or nut/seed "butters" or pastes?
   Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week
   Record the woman’s response by selecting the appropriate option.

27. During the last 24 hours, have you eaten any milk or milk products such as: milk, cheese, yoghurt or other milk products but NOT including butter, ice cream, cream or sour cream? Mozambique only
   Possible response options: yes, no
   Record the woman’s response by selecting the appropriate option.

28. In the last month, how often have you eaten any milk or milk products such as: milk, cheese, yoghurt or other milk products but NOT including butter, ice cream, cream or sour cream?
   Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week
   Record the woman’s response by selecting the appropriate option.

29. During the last 24 hours, have you eaten any condiments and seasonings, such as: condiments and seasonings: ingredients used in small quantities for flavour, such as chillies, spices, herbs, fish powder, tomato paste, flavour cubes or seeds? Mozambique only
   Possible response options: yes, no
   Record the woman’s response by selecting the appropriate option.

30. In the last month, how often have you eaten any condiments and seasonings, such as: condiments and seasonings: ingredients used in small quantities for flavour, such as chillies, spices, herbs, fish powder, tomato paste, flavour cubes or seeds?
   Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week
   Record the woman’s response by selecting the appropriate option.
31. During the last 24 hours, have you eaten savoury snacks in packets, like: potato crisps, Lays, kukure and other similar snacks? **Mozambique only**
Possible response options: yes, no

Record the woman’s response by selecting the appropriate option.

32. In the last month, how often have you eaten savoury snacks in packets, like: potato crisps, Lays, kukure and other similar snacks?
Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week

Record the woman’s response by selecting the appropriate option.

33. During the last 24 hours, have you eaten freshly cooked fried snacks, like: samosa, wada, fritter? **Mozambique only**
Possible response options: yes, no

Record the woman’s response by selecting the appropriate option.

34. In the last month, how often have you eaten freshly cooked fried snacks, like: samosa, wada, fritter?
Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week

Record the woman’s response by selecting the appropriate option.

35. During the last 24 hours, have you eaten bakery items, such as: cake, biscuits, puffs? **Mozambique only**
Possible response options: yes, no

Record the woman’s response by selecting the appropriate option.

36. In the last month, how often have you eaten bakery items, such as: cake, biscuits, puffs?
Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week

Record the woman’s response by selecting the appropriate option.

37. During the last 24 hours, have you eaten sweets? **Mozambique only**
Possible response options: yes, no

Record the woman’s response by selecting the appropriate option.
38. In the last month, how often have you eaten sweets?  
   Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week  
   Record the woman’s response by selecting the appropriate option.

39. During the last 24 hours, have you eaten fast food/street food/restaurant food? Mozambique only  
   Possible response options: yes, no  
   Record the woman’s response by selecting the appropriate option.

40. In the last month, how often have you eaten fast food/street food/restaurant food?  
   Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week  
   Record the woman’s response by selecting the appropriate option.

41. During the last 24 hours, have you consumed any fizzy drinks, such as: Coca Cola, Fanta, Limca? Mozambique only  
   Possible response options: yes, no  
   Record the woman’s response by selecting the appropriate option.

42. In the last month, how often have you consumed any fizzy drinks, such as: Coca Cola, Fanta, Limca?  
   Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week  
   Record the woman’s response by selecting the appropriate option.

43. During the last 24 hours, have you consumed any other drinks? Mozambique only  
   Possible response options: yes, no  
   Record the woman’s response by selecting the appropriate option.

44. In the last month, how often have you consumed these items? Mozambique only  
   Possible response options: every day, 2-4 times per week, 5-6 times per week, once a week, less than once a week  
   Record the woman’s response by selecting the appropriate option.
Once you have completed all of the fields, indicate whether the form has been completed by selecting "Complete" from the drop-down menu. You will note an additional option "Unverified". Please ignore this!

Next, select "Save and go to Next Instrument" at the bottom. You will then be taken to the next form, "This Pregnancy".
**14. 07 - PRECISE Visit 1: This Pregnancy**

The form is a combination of questions which should be asked directly of the woman and questions which the health worker should answer directly through checking medical records and carrying out a physical examination of the woman.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. When did your last menstrual period (LMP) start?</td>
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<tr>
<td>2. How certain are you/is she of this date?</td>
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<tr>
<td>3. What was the woman’s estimated due date (EDD)? Kenya, Cohort 5 only</td>
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<tr>
<td>4. Have you had an ultrasound scan in this pregnancy?</td>
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<tr>
<td>5. What is the fetal sex?</td>
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<td>7. Was an EDD assigned?</td>
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<td>8. Was a fetal abnormality detected?</td>
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<td>9. What was the transcerebellar diameter?</td>
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<td>10. What was the crown-rump length?</td>
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<td>11. What was the biparietal diameter?</td>
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<td>12. What was the head circumference?</td>
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<td>13. What was the abdominal circumference?</td>
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<td>14. What was the femur length?</td>
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<td>15. Is there a sub-chorionic haematoma? The Gambia and Kenya only</td>
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<td>16. Is there a clinical suspicion of fetal growth restriction?</td>
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<td>17. Is there a clinical indication for macrosomia?</td>
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<td>18. What was the amniotic fluid index?</td>
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<td>23. What was the left uterine artery resistance index? The Gambia and Kenya only</td>
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<td>24. What was the right uterine artery resistance index? The Gambia and Kenya only</td>
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<td>26. What was the right pulsatility index? The Gambia and Kenya only</td>
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<td>27. What was the L notch? The Gambia and Kenya only</td>
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<td>28. What was the R notch? The Gambia and Kenya only</td>
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<tr>
<td>29. Has she had/did she have a second ultrasound?</td>
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</table>

<table>
<thead>
<tr>
<th>Pregnancy Information</th>
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<tbody>
<tr>
<td>30. Does/Did this baby have the same father as your other children?</td>
</tr>
<tr>
<td>31. Have you had nausea or vomiting so far in this pregnancy?</td>
</tr>
<tr>
<td>32. Did you have any vaginal bleeding in the first few months of your pregnancy?</td>
</tr>
<tr>
<td>33. What position do you fall asleep in?</td>
</tr>
</tbody>
</table>
Gestational Age Determination

1. When did your last menstrual period (LMP) start?
   Record the date of the woman’s LMP in the box provided in yyyy-mm-dd format.

   If the woman does not know the exact date of her LMP, ask her whether her LMP was in the first half of the month or the second half of the month. If the woman tells you that her LMP was in the first half of the month, select “7” on the pop-up calendar; if the woman tells you that her LMP was in the second half of the month select “21”; if the woman only remembers the month and not when in the month her LMP was, select “15” on the pop-up calendar. If the woman does not know when her last menstrual period started, select “yes” as the response option to the question “Don’t know?”

   For Cohort 5, check the woman’s ANC card and record the date of her LMP on the pop-up calendar. If the date is not recorded in the woman’s ANC card or booklet, ask the woman herself.

2. How certain are you/is she of this date?
   Possible response options: Uncertain, certain by menstrual cycle, certain by cycle and scan confirmed, certain by cycle and revised by scan

   Ask the woman how certain she is of the date her LMP started and select the appropriate response.

3. What was the woman’s estimated due date (EDD)? – Kenya, Cohort 5 only
   Check the woman’s ANC card or booklet and select the appropriate day, month and year on the pop-up calendar to record the woman’s EDD. If the woman’s EDD is not known, select “DK”.

4. Have you had an ultrasound scan in this pregnancy?
   Possible response options: yes, no, don’t know

   Record the woman’s response by selecting the appropriate option. If the woman responds yes to having had an ultrasound scan in this pregnancy, an additional tab will appear at the top of the page.

   Please note that this field relates to obstetric ultrasound scans only.
Ultrasound 1

Ask the woman whether she has a copy of the scan report document and complete as many of the fields below based on the information recorded. If the woman does not have a copy of the report with her, ask her for the information below.

5. What is the fetal sex?
   Possible response options: Likely male, likely female, not seen, not reported
   Record the woman’s response by selecting the appropriate response.

6. What was the date of the first scan?
   Record the date of the scan in the box provided in yyyy-mm-dd format.
   If the woman does not know the date of the scan or it is not recorded on the scan report, select “yes”. If the date of the first scan is not known, ask the following additional question:
   i) Was the scan very early before you started to ‘show’? (possible response options: no, yes, don’t know) – Select the appropriate option.

7. Was an EDD assigned?
   Possible response options: yes, no, don’t know
   Select the appropriate option. If the woman does not know the EDD assigned or it is not recorded on the scan report, select “don’t know”. If an EDD was assigned, answer the following additional question:
   i) What EDD was assigned? – Record the date in the box provided in yyyy-mm-dd format
   If an EDD was assigned but is not known, answer the following additional question:
   ii) EDD unknown? (possible response options: yes, no) – Select “yes”.

8. Was a fetal abnormality detected?
   Possible response options: none, not assessed, central nervous system, cardiac, urogenital, gastrointestinal, musculoskeletal, respiratory, multiple, other abnormality, not visualised
   Consult the scan report and select the appropriate response option. Do not ask this question directly of the woman.

9. What was the transcerebellar diameter?
   Record the TCD in millimetres to two decimal places using the number pad. If the TCD is not known, select “yes” as the response to the question “Don’t know TCD?”
10. What was the crown-rump length?

Record the CRL in millimetres to two decimal places using the number pad. If the CRL is not known, select “yes” as the response to the question “Don’t know CRL?”

11. What was the biparietal diameter?

Record the BPD in millimetres to two decimal places using the number pad. If the BPD is not known, select “yes” as the response to the question “Don’t know BPD?”

12. What was the head circumference?

Record the HC in millimetres to two decimal places using the number pad. If the HC is not known, select “yes” as the response to the question “Don’t know HC?”

13. What was the abdominal circumference?

Record the AC in millimetres to two decimal places using the number pad. If the AC is not known, select “yes” as the response to the question “Don’t know AC?”

14. What was the femur length?

Record the FL in millimetres to two decimal places using the number pad. If the FL is not known, select “yes” as the response to the question “Don’t know FL?”

15. Is there a sub-chorionic haematoma? The Gambia and Kenya only

Possible response options: yes, no, don’t know

Record whether there is a sub-chorionic haematoma by selecting the appropriate response option. If it is not known whether there is a sub-chorionic haematoma, select “don’t know”.

16. Is there a clinical suspicion of fetal growth restriction?

Possible response options: yes, no, don’t know

Record whether there is a clinical suspicion of FGR by selecting the appropriate response option. If it is not known whether there is a clinical suspicion of FGR, select “don’t know”.

17. Is there a clinical indication for macrosomia? The Gambia and Kenya only

Possible response options: yes, no, don’t know

Record whether there is a clinical suspicion of macrosomia by selecting the appropriate response option. If it is not known whether there is a clinical indication of macrosomia, select “don’t know”.

18. What was the amniotic fluid index?

Record the AFI in millimetres to two decimal places using the number pad. If the AFI is not known, select “yes” as the response to the question “Don’t know AFI?”
19. What was the depth of the deepest amniotic fluid pocket? **The Gambia and Kenya only**

Record the depth of the deepest amniotic fluid pocket by typing the measurement in millimetres to two decimal places on the number pad provided. If the depth is not known, select "yes" as the response to the question "Don’t know depth of deepest amniotic fluid pocket?".

20. What was the umbilical resistance index? **The Gambia and Kenya only**

Record the umbilical resistance index by typing the measurement to two decimal places on the number pad provided. If the index is not known, select "yes" as the response to the question "Don’t know umbilical RI?".

21. What was the umbilical pulsatility index? **The Gambia and Kenya only**

Record the umbilical pulsatility index by typing the measurement to two decimal places on the number pad provided. If the index is not known, select "yes" as the response to the question "Don’t know umbilical PI?".

22. What was the umbilical end diastolic velocity? **The Gambia and Kenya only**

Possible response options: Present/intermittently absent, absent/intermittently reversed, reversed, no result

Record the umbilical end diastolic velocity by selecting the relevant option. If the umbilical end diastolic velocity is not known, select "yes" as the response to the question "Don’t know umbilical EDV?"

23. What was the left uterine resistance index? **The Gambia and Kenya only**

Record the left uterine resistance index by typing the measurement to two decimal places on the number pad provided. If the left uterine resistance index is not known, select "yes" as the response to the question "Don’t know L Ut RI?"

24. What was the right uterine resistance index? **The Gambia and Kenya only**

Record the right uterine resistance index by typing the measurement to two decimal places on the number pad provided. If the right uterine resistance index is not known, select "yes" as the response to the question "Don’t know R Ut RI?"

25. What was the left pulsatility index? **The Gambia and Kenya only**

Record the left pulsatility index by typing the measurement to two decimal places on the number pad provided. If the left pulsatility index is not known, select "yes" as the response to the question "Don’t know L Ut PI?"

26. What was the right pulsatility index? **The Gambia and Kenya only**

Record the right pulsatility index by typing the measurement to two decimal places on the number pad provided. If the right pulsatility index is not known, select "yes" as the response to the question "Don’t know R Ut PI?"
27. What was the left notch? The Gambia and Kenya only
Possible response options: Absent, present, indeterminate, not visualized, no result

Record whether the left notch was seen on the scan by selecting the relevant response option. If the left notch is not known, select “yes” as the response to the question “Don’t know L notch?”

28. What was the right notch? The Gambia and Kenya only
Possible response options: Absent, present, indeterminate, not visualized, no result

Record whether the right notch was seen on the scan by selecting the relevant response option. If the right notch is not known, select “yes” as the response to the question “Don’t know R notch?”

29. Has she/did she have a second ultrasound?
Possible response options: yes, no, don’t know

Record whether the woman had a second ultrasound scan by selecting the appropriate option. If the woman responds “yes”, you will be directed to collect the same information as above for each and every additional scan the woman has had on a new form.

Pregnancy Information

30. Does/Did this baby have the same father as your other children?
Possible response options: No, yes, donor sperm, don’t know, not applicable (first pregnancy)

Record the woman’s response by selecting the appropriate option. Please note that "N/A" stands for not applicable and should be used for women in their first pregnancy only, as they do not have any other children.

31. Have you had nausea or vomiting so far in this pregnancy?
Possible response options: yes, no, don’t know

Record the woman’s response by selecting the appropriate option. If the woman does not know, select “don’t know”.

32. Did you have any vaginal bleeding in the first few months of your pregnancy?
Possible response options: yes, no, don’t know

Record the woman’s response by selecting the appropriate option. If the woman does not know, select “don’t know”.

If the woman responds “yes” to having vaginal bleeding, ask her the following additional question:

i) How big was the blood spot? Prompt her to indicate how large the blood spot was by using a comparison. For example, in The Gambia, “Was the blood spot the same size as a one dalasi piece?”; in Kenya, “Was the blood spot the same size as a twenty-shilling coin?”; in Mozambique, “Was it about 1 tsp worth?” (possible response options: no, yes, DK) – Record the woman’s response by selecting the appropriate option.
33. **What position do you fall asleep in?**
   *Possible response options: on back, on stomach, on side*

   Ask the woman which position she falls asleep in. This is the position she goes to sleep in or assumes when she first goes to bed. Record her response by selecting the appropriate response option.

34. **Have you already received care for this pregnancy in this facility?**
   *Possible response options: yes, no*

   Record the woman’s response by selecting the appropriate option. If the woman responds “no” to this question, ask her the following additional question:

   i) Have you received care for this pregnancy at another facility? Did you receive care for this most recent pregnancy at another facility? *(possible response options: no, yes).* Record the woman’s response by selecting the appropriate option.

   If the woman responds “yes” to this question, ask her the following additional question:

   i) Who advised you to attend that other facility? *(possible response options: my partner/family, my health care provider, I decided myself, I decided with my partner/family).* Record the woman’s response by selecting the appropriate option.

Once you have completed all of the fields, indicate whether the form has been completed by selecting “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please ignore this! Next, select “Save and go to Next Instrument” at the bottom. You will then be taken to the next form, “Medication.”
15. 08 - PRECISE Visit 1: Medication

All questions on the form should be asked directly of the woman.

<table>
<thead>
<tr>
<th>Supplements/Medication</th>
<th>Possible response options: yes, no, don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Are you currently taking any vitamins or supplements/Did you take any vitamins or supplements during this most recent pregnancy?</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Other Medication</th>
<th>Possible response options: yes, no, don’t know</th>
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<tbody>
<tr>
<td><strong>2</strong> Are you currently taking any blood pressure (BP) medication/Did you take any blood pressure (BP) medication during this most recent pregnancy?</td>
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<tr>
<td><strong>3</strong> Are you currently taking any medication for diabetes/Did you take any medication for diabetes during this most recent pregnancy?</td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> Are you currently taking a thyroid supplement/Did you take a thyroid supplement during this most recent pregnancy?</td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> Are you currently taking antibiotics/Did you take antibiotics during this most recent pregnancy?</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> Are you currently taking antiretroviral therapy/Did you take antiretroviral therapy during this most recent pregnancy?</td>
<td></td>
</tr>
<tr>
<td><strong>7</strong> Are you currently taking an anti-seizure medication (not magnesium sulphate)/Did you take an anti-seizure medication (not magnesium sulphate) during this most recent pregnancy?</td>
<td></td>
</tr>
<tr>
<td><strong>8</strong> Are you currently taking aspirin/Did you take aspirin during this most recent pregnancy?</td>
<td></td>
</tr>
<tr>
<td><strong>9</strong> Are you currently taking any other medication/Did you take any other medication during this most recent pregnancy?</td>
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</table>

<table>
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<tr>
<th>Smoking</th>
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<tr>
<td><strong>10</strong> Do you currently use tobacco products?</td>
</tr>
</tbody>
</table>

Supplements/Medication

1. Are you currently taking any vitamins or supplements?
   Possible response options: yes, no, don’t know

   Ask the woman whether she is currently taking any vitamins or supplements and record the woman’s response by selecting the appropriate option.

   If the woman responds “yes” to this question, ask her the following additional questions:
   
i) Are you currently taking folate? (possible response options: yes, no, don’t know) – Select the appropriate response option.

   ii) Are you currently taking iron? (possible response options: yes, no, don’t know) – Select the appropriate response option.

   iii) Are you currently taking vitamin D? (possible response options: yes, no, don’t know) – Select the appropriate response option.

   iv) Are you currently taking calcium? (possible response options: yes, no, don’t know) – Select the appropriate response option.
v) Are you currently taking/Did you take any other supplements? (possible response options: yes, no, don’t know) - Select the appropriate response option.

Medication

2. Are you currently taking any blood pressure (BP) medication?
   Possible response options: yes, no, don’t know

   Ask the woman whether she is currently taking any BP medication and record the woman’s response by selecting the appropriate option.

   If the woman responds “yes” to this question, ask the following additional question:

   i) Which BP medication are you currently taking/did you take? (possible response options: methyldopa, labetalol, nifedipine, other (specify), Don’t Know). For women in Cohorts 2, 3 and 4, ask the question before the forward slash and record the woman’s response by selecting the appropriate option. If the woman is taking/took a medication which is not listed, select “other” and use the text box provided to record the name of the medication.

   If the woman does not know the name of the medication, ask her whether she has the bottle/packet with her. If she does, ask her to show it to you and either select the medication or type the name into the text box. If she does not have the bottle/packet with her, select “Don’t Know”.

3. Are you currently taking any medication for diabetes?
   Possible response options: yes, no, don’t know

   Ask the woman whether she is currently taking any medication for diabetes and record the woman’s response by selecting the appropriate option. If the woman responds “yes” to this question, ask her the following additional question:

   i) Which diabetes medication are you currently taking/did you take? (possible response options: insulin, metformin, other oral hypoglycaemic agents (specify), Don’t Know). Record the woman’s response by selecting the appropriate option.

   If the woman does not know the name of the medication, ask her whether she has the bottle/packet with her. If she does, ask her to show it to you and either select the medication or type the name into the text box. If she does not have the bottle/packet with her, select “Don’t Know”.

4. Are you currently taking a thyroid supplement?
   Possible response options: yes, no, don’t know

   Ask the woman whether she is currently taking a thyroid supplement and record the woman’s response by selecting the appropriate option.
5. Are you currently taking antibiotics?
   Possible response options: yes, no, don’t know
   Ask the woman whether she is currently taking any antibiotics and record the woman’s response by selecting the appropriate option.

6. Are you currently taking antiretroviral therapy?
   Possible response options: yes, no, don’t know
   Ask the woman whether she is currently taking any antiretroviral therapy and record the woman’s response by selecting the appropriate option.
   If the woman responds “yes” to this question, ask her the following additional question:
     i) Please specify the type (possible response options: dual therapy, fixed dose combination, other HAART, post-exposure prophylaxis, Don’t Know). Record the woman’s response by selecting the appropriate medication type.
   If the woman does not know which type of therapy she is taking, ask her whether she has the bottle/packet with her. If she does, ask her to show it to you and either select the therapy type. If she does not have the bottle/packet with her, select “Don’t Know”.

7. Are you currently taking an anti-seizure medication (not magnesium sulphate)?
   Possible response options: yes, no, don’t know
   Ask the woman whether she is currently taking an anti-seizure medication and record the woman’s response by selecting the appropriate option.

8. Are you currently taking aspirin?
   Possible response options: yes, no, don’t know
   Ask the woman whether she is currently taking aspirin and record the woman’s response by selecting the appropriate option.
   If the woman responds “yes” to this question, ask her the following additional question:
     i) Why are you taking aspirin/why did you take aspirin? (possible response options: headache, advised to take it, other reason (specify), Don’t Know). Record the woman’s response by selecting the appropriate option. If the reason the woman took aspirin is not listed as a response option, select “other reason” and use the text box provided to record her reason.

9. Are you currently taking any other medication?
   Possible response options: yes, no, don’t know
   Ask the woman whether she is currently taking any other medication and record the woman’s response by selecting the appropriate option.
   If the woman responds “yes” to this question, ask her the following two additional questions:
i) Please specify which other medication you are currently taking/took? - Record the woman's response in the text box provided. If the woman does not know the medication name, ask her whether she has the bottle/packet with her. If she does, ask her to show it to you and either select the therapy type. If she does not have the bottle/packet with her, type “Don’t Know” in the text box.

ii) What is/was the medication for? - Record the woman’s response in the text box provided.

Smoking

10. Do you currently use tobacco products?
Possible response options: yes, no, do not wish to answer, do not wish to ask

Record the woman’s response by selecting the appropriate option. If you are not comfortable asking or do not want to ask the woman the question, then you must select “do not wish to ask”. If you do ask the woman the question but the woman does not want to answer, then select “do not wish to answer”.

Do not assume the woman will not want to answer a question because you do not want to ask it. It is very important that you choose the correct response option here and do not make assumptions.

If the woman responds yes to this question, ask her the following additional questions:

i) Please specify which tobacco products you currently use? (possible response options: cigarettes, kreteks, pipes full of tobacco, cigars/cheroots/cigarillos, water pipe, snuff by mouth, snuff by nose, chewing tobacco, betel quid with tobacco, other (specify)) – Record ALL products the woman indicates she currently uses by ticking the boxes next to the relevant items in the list.

ii) (Cigarette smokers only) On average, how many do you currently smoke each day? – Record the number of cigarettes the woman indicates she smokes each day by typing the relevant number in the number box.

iii) (Other tobacco products used) How many times each day do you use these? – Record the number of times each day the woman indicates she uses tobacco products by typing the relevant number in the number box.

If the woman responds no to the question about currently using tobacco products, ask her the following additional questions:

i) Did you use any at all before pregnancy? (possible response options: yes, no, don’t know) – Record the woman’s response by selecting the appropriate option.

ii) Do you live with people who smoke in your presence or are you regularly exposed to cigarette smoke in your workplace? (possible response options: yes, no, do not wish to answer, do not wish to ask) – Record the woman’s response by selecting the appropriate option.

Once you have completed all of the fields, indicate whether the form has been completed by selecting “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please ignore this! Next, select “Save and go to Next Instrument” at the bottom. You will then be taken to the next form, “Clinical Assessment”.

 precinct data collection training manual redcap v1.21 – 20051390517
### 16. 15b – PRECISE Visit 1: CODIV-19

This form collects information about COVID-19 symptoms during the COVID pandemic. It is applicable to women in all cohorts after they are enrolled into the study. It is essential that this form is completed at every PRECISE visit a woman makes to the facility. Questions 1 to 5 will be asked to all women at every visit. If the woman answers ‘yes’ to question 5, questions 6-27 will be asked.

<table>
<thead>
<tr>
<th>Maternal symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you EVER been exposed to someone with documented or suspected COVID-19 infection (such as co-workers, family members, or others)</td>
</tr>
<tr>
<td>2. Do you think you have already had COVID-19, but were not tested?</td>
</tr>
<tr>
<td>3. How much have you been isolating over the last week?</td>
</tr>
<tr>
<td>4. Have you had a test for COVID-19?</td>
</tr>
<tr>
<td>5. How do you physically feel right now?</td>
</tr>
<tr>
<td>6. Do you have a fever or feel too hot?</td>
</tr>
<tr>
<td>7. Do you have chills or shivers (feel too cold)?</td>
</tr>
<tr>
<td>8. If the woman’s temperature was measured, what was the woman’s temperature?</td>
</tr>
<tr>
<td>9. Do you have a consistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)?</td>
</tr>
<tr>
<td>10. Are you experiencing unusual fatigue?</td>
</tr>
<tr>
<td>11. Do you have a headache?</td>
</tr>
<tr>
<td>12. Have you felt nausea or experienced vomiting?</td>
</tr>
<tr>
<td>13. Are you experiencing dizziness or light-headedness?</td>
</tr>
<tr>
<td>14. Are you experiencing unusual shortness of breath or having trouble breathing?</td>
</tr>
<tr>
<td>15. Do you have a sore or painful throat?</td>
</tr>
<tr>
<td>16. Do you have a loss of smell/taste?</td>
</tr>
<tr>
<td>17. Do you have an unusually hoarse throat?</td>
</tr>
<tr>
<td>18. Are you feeling an unusual chest pain or tightness in your chest?</td>
</tr>
<tr>
<td>19. Do you have unusual abdominal pain or stomach ache?</td>
</tr>
<tr>
<td>20. Are you experiencing diarrhoea?</td>
</tr>
<tr>
<td>21. Do you have unusual strong muscle pains or aches?</td>
</tr>
<tr>
<td>22. Have you had raised, red, itchy, welts on the skin or sudden swelling of the face or lips?</td>
</tr>
<tr>
<td>23. Have you had any red/purple sores or blisters on your feet, including your toes?</td>
</tr>
<tr>
<td>24. Do you have any of the following symptoms: confusion, disorientation or drowsiness?</td>
</tr>
<tr>
<td>25. Do your eyes have any unusual eye-soreness or discomfort (e.g. light sensitivity, excessive tears, or pink/red eye)?</td>
</tr>
<tr>
<td>26. Have you been skipping meals?</td>
</tr>
<tr>
<td>27. Are there other important symptoms you want to share with us?</td>
</tr>
</tbody>
</table>
Maternal symptoms

1. Have you EVER been exposed to someone with documented or suspected COVID-19 infection (such as co-workers, family members, or others)

Possible response options: Yes, documented COVID-19 cases only, Yes, suspected COVID-19 cases only, Yes, both documented and suspected COVID-19 cases, Not that I know of.

Ask the woman if she has ever been exposed to someone with documented or suspected COVID-19 infection (such as co-workers, family members, or others) and record her answer by selecting the appropriate option.

2. Do you think you have already had COVID-19, but were not tested?

Possible response options: yes, no

Ask the woman if she thinks she has had COVID-19 already but were not tested and record her answer by ticking the appropriate "yes" or "no" box.

3. How much have you been isolating over the last week?

Possible response options: I have not left the house, I rarely leave the house and when I do, I have little interaction with other (eg for exercise), I rarely leave the house but had to visit somewhere with lots of people (eg hospital/clinic, groceries), I have to leave the house often and am in contact with other people (eg still working outside the house or using public transport)

Ask the woman how much she has been isolating over the last week. Record the woman's response by selecting the appropriate option.

4. Have you had a test for COVID-19?

Possible response options: yes, no

Ask the woman if she has had a test for COVID-19 and record her answer by ticking the appropriate "yes" or "no" box.

5. How do you physically feel right now?

Possible response options: I feel physically normal, I’m not feeling quite right

Ask the woman how she feels physically at the moment. Record her answer by selecting the appropriate option. If the woman answers I’m not feeling quite right, continue to ask her questions 6-27 of this questionnaire.

6. Do you have a fever or feel too hot?

Possible response options: yes, no

Ask the woman if she has a fever or if she feels too hot. Record her answer by ticking the appropriate "yes" or "no" box.

7. Do you have chills or shivers (feel too cold)?

Possible response options: yes, no
Ask the woman if she has chills or shivers (i.e., feel too cold). Record her answer by ticking the appropriate "yes" or "no" box.

8. If the woman’s temperature was measured, what was the woman’s temperature?
   Possible response options: Number box in °C, number box in °F, temperature was not measured.

   If the woman’s temperature has been measured, record the measurement in °C or °F in the corresponding number box. If there is no temperature measurement available, record it by ticking the box ‘temperature was not measured’.

9. Do you have a consistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)?
   Possible response options: yes, no

   Ask the woman if she has a consistent cough (i.e., coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours). By ‘3 or more coughing episodes in 24 hours’, we mean in a 3 or more episodes in a day. Record the woman’s answer by ticking the appropriate "yes" or "no" box.

10. Are you experiencing unusual fatigue?
    Possible response options: yes, no

    Ask the woman if she is experiencing unusual fatigue (i.e., more tired than usual). Record her answer by ticking the appropriate "yes" or "no" box.

11. Do you have a headache?
    Possible response options: yes, no

    Ask the woman if she has a headache and record her answer by ticking the appropriate "yes" or "no" box.

12. Have you felt nausea or experienced vomiting?
    Possible response options: yes, no

    Ask the woman if she has nausea or experienced vomiting. Record her answer by ticking the appropriate "yes" or "no" box.

13. Are you experiencing dizziness or light-headedness?
    Possible response options: yes, no

    Ask the woman if she is experiencing dizziness or light-headedness. Record her answer by ticking the appropriate "yes" or "no" box.

14. Are you experiencing unusual shortness of breath or having trouble breathing?
    Possible response options: yes, no

    Ask the woman if she is experiencing unusual shortness of breath or having trouble breathing. Record her answer by ticking the appropriate "yes" or "no" box.
15. Do you have a sore or painful throat?
   Possible response options: yes, no
   Ask the woman if she has a sore or painful throat and record her answer by ticking the appropriate "yes" or "no" box.

16. Do you have a loss of smell/taste?
   Possible response options: yes, no
   Ask the woman if she has lost her sense of smell or taste and record her answer by ticking the appropriate "yes" or "no" box.

17. Do you have an unusually hoarse throat?
   Possible response options: yes, no
   Ask the woman if she has an unusually hoarse throat and record her answer by ticking the appropriate "yes" or "no" box.

18. Are you feeling an unusual chest pain or tightness in your chest?
   Possible response options: yes, no
   Ask the woman if she is feeling an unusual chest pain or tightness in her chest and record her answer by ticking the appropriate "yes" or "no" box.

19. Do you have unusual abdominal pain or stomach-ache?
   Possible response options: yes, no
   Ask the woman if she is has an unusual abdominal pain or stomach-ache and record her answer by ticking the appropriate "yes" or "no" box.

20. Are you experiencing diarrhoea?
    Possible response options: yes, no
    Ask the woman if she is experiencing unusual diarrhoea and record her answer by ticking the appropriate "yes" or "no" box.

21. Do you have unusual strong muscle pains or aches?
    Possible response options: yes, no
    Ask the woman if she has unusual strong muscle pains or aches and record her answer by ticking the appropriate "yes" or "no" box.

22. Have you had raised, red, itchy, welts on the skin or sudden swelling of the face or lips?
    Possible response options: yes, no
    Ask the woman if she has raised, red, itchy, welts (i.e. marks or scars) on the skin or sudden swelling of the face or lips and record her answer by ticking the appropriate "yes" or "no" box.
23. Have you had any red/purple sores or blisters on your feet, including your toes?  
Possible response options: yes, no

Ask the woman if she has had any red/purple sores or blisters on her feet, including your toes and record her answer by ticking the appropriate "yes" or "no" box.

24. Do you have any of the following symptoms: confusion, disorientation or drowsiness?  
Possible response options: yes, no

Ask the woman if she has felt confusion, disorientation or drowsiness and record her answer by ticking the appropriate "yes" or "no" box.

25. Do your eyes have any unusual eye-soreness or discomfort (e.g. light sensitivity, excessive tears, or pink/red eye)?  
Possible response options: yes, no

Ask the woman if she has felt any unusual eye-soreness or discomfort (e.g. light sensitivity, excessive tears, or pink/red eye). Record her answer by ticking the appropriate "yes" or "no" box.

26. Have you been skipping meals?  
Possible response options: yes, no

Ask the woman if she has been skipping meals because she has lost appetite (hasn’t felt hungry) or because she was too unwell to eat and record her answer by ticking the appropriate "yes" or "no" box.

27. Are there other important symptoms you want to share with us?  
Possible response options: yes, no

Ask the woman if there are any other important symptoms she wants to share and record her answer by ticking the appropriate "yes" or "no" box. If the woman answers Yes record the symptoms she describes in the text box.

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**Maternal clinical assessment**

| 1 | What is the woman’s body weight today? |
| 2 | What is the woman’s height today?     |
| 3 | What is the woman’s sitting height?   |
| 4 | What is the woman’s lower leg length? |
| 5 | What is the woman’s mid-upper arm circumference? |

This section of the database collects information on clinical assessments which should comprise part of the woman’s routine antenatal care such as measurements of her height and weight. This form should be completed by clinically-trained staff only.
<table>
<thead>
<tr>
<th></th>
<th>What is the woman’s respiratory rate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>What is the woman’s pulse rate?</td>
</tr>
<tr>
<td>8</td>
<td>What is the woman’s pulse oximetry?</td>
</tr>
<tr>
<td>9</td>
<td>What is the woman’s haemoglobin concentration?</td>
</tr>
<tr>
<td>10</td>
<td>What is/was the woman’s perfusion index at her ANC visit? <strong>Mozambique only</strong></td>
</tr>
<tr>
<td>11</td>
<td>What is/was the woman’s carboxyhaemoglobin saturation (SpOC)? <strong>Mozambique only</strong></td>
</tr>
<tr>
<td>12</td>
<td>What is the woman’s resting systolic blood pressure?</td>
</tr>
<tr>
<td>13</td>
<td>What is the woman’s resting diastolic blood pressure?</td>
</tr>
<tr>
<td>14</td>
<td>Was dipstick urinalysis for proteinuria done?</td>
</tr>
<tr>
<td>15</td>
<td>Was dipstick urinalysis of urinary nitrates done?</td>
</tr>
<tr>
<td>16</td>
<td>Was dipstick urinalysis for leukocytes done?</td>
</tr>
<tr>
<td>17</td>
<td>Was dipstick urinalysis for glucose done?</td>
</tr>
</tbody>
</table>

**Fetal assessment**

| 18 | Within the last 24 hours, have you felt decreased fetal movement? |
| 19 | Is/Was the fetal heart rate present or absent? |
| 20 | What is the symphysis fundal height (cm)? **Gambia and Mozambique** |
| 21 | Is FGR suspected? **Kenya Only** |

**Maternal clinical assessment**

1. **What is the woman’s body weight today?**
   
   Record her weight to 1 decimal place in the second number box provided, then take and record a second and third measurement. See separate Clinical Procedures training manual for more detail on how to take the measurement.

2. **What is the woman’s height today?**
   
   Record the woman’s height to one decimal place in the number box provided, then take and record a second measurement. See separate Clinical Procedures training manual for more detail on how to take the measurement.

3. **What is the woman’s sitting height?**
   
   Record the measurement to one decimal place in the number box provided, then take and record a second measurement. See separate Clinical Procedures training manual for more detail on how to take the measurement.

4. **What is the woman’s lower leg length?**
   
   Record the measurement in to one decimal place in the number box provided. See separate Clinical Procedures training manual for more detail on how to take the measurement.

5. **What is the woman’s mid-upper arm circumference?**
6. What is the woman’s respiratory rate?

Record the woman’s respiratory rate in breaths per minute over a thirty second period and then input the resulting number in the box provided. If the woman’s respiratory rate is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.

7. What is the woman’s pulse rate?

Using the CRADLE device, measure the woman’s pulse rate in beats per minute and input the reading into the number box provided. See separate Clinical Procedures training manual for more detail on using the CRADLE device. If the woman’s pulse rate is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.

8. What is the woman’s pulse oximetry?

Using the Masimo Oximeter, measure the woman’s pulse oximetry and record the percentage of oxygen saturation in her blood in the number box provided. See separate Clinical Procedures training manual for more detail on using the Masimo Oximeter device. If the woman’s pulse oximetry is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.

9. What is the woman’s haemoglobin concentration?

Using the Masimo Oximeter, measure the woman’s haemoglobin concentration and record the concentration in grams per decilitre the number box provided. See separate Clinical Procedures training manual for more detail on using the Masimo Oximeter device. If the woman’s haemoglobin concentration is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.
10. What is/was the woman’s perfusion index at her ANC visit? Mozambique only

Using the Masimo Oximeter, measure the woman’s perfusion index and record the reading in the number box provided. See separate Clinical Procedures training manual for more detail on using the Masimo Oximeter device. If the woman’s perfusion index is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.

11. What is/was the woman’s carboxyhaemoglobin saturation (SpOC)? Mozambique only

Using the Masimo Oximeter, measure the woman’s carboxyhaemoglobin saturation and record the reading in the number box provided. See separate Clinical Procedures training manual for more detail on using the Masimo Oximeter device. If the woman’s carboxyhaemoglobin saturation is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.

12. What is the woman’s resting systolic blood pressure?

Using the CRADLE device, measure the woman’s resting systolic blood pressure. You will need to take at least two measurements and input the readings into the number boxes provided. If the difference between the first two measurements is more than 10mmHg apart, you will need to take a third reading. If the difference between the first two measurements is less than 10mmHg apart, then a red “0” will appear in the “Third reading required” box. Proceed to the questions on dipstick analysis. See separate Clinical Procedures training manual for more detail on using the CRADLE device.

13. What is the woman’s resting diastolic blood pressure?

Using the CRADLE device, measure the woman’s resting systolic and diastolic blood pressure. You will need to take at least two measurements and input the readings into the number boxes provided. If the difference between the first two measurements is more than 10mmHg apart, you will need to take a third reading. If the difference between the first two measurements is less than 10mmHg apart, then a red “0” will appear in the “Third reading required” box. Proceed to the questions on dipstick analysis. See separate Clinical Procedures training manual for more detail on using the CRADLE device.

14. Was dipstick urinalysis for proteinuria done?
Possible response options: yes, no, don’t know

Record whether dipstick urinalysis for proteinuria was done by selecting the appropriate option. If dipstick urinalysis for proteinuria was done, answer the following additional question:

i) What was the result? (possible response options: negative/trace, 1+ or 0.3g/L, 2+ or 1 g/L, 3+ or >=3 g/L, not done). Record the result of the test by selecting the appropriate option.
15. **Was dipstick urinalysis of urinary nitrites done?**  
   Possible response options: yes, no, don’t know

   Record whether dipstick urinalysis of urinary nitrites was done by selecting the appropriate option. If dipstick urinalysis for urinary nitrites was done, answer the following additional question:
   
   i) What was the result? (possible response options: none, 1+, 2+, 3+). Record the result of the test by selecting the appropriate option.

16. **Was dipstick urinalysis for leukocytes done?**  
   Possible response options: yes, no, don’t know

   Record whether dipstick urinalysis for leukocytes was done by selecting the appropriate option. If dipstick urinalysis for leukocytes was done, answer the following additional question:
   
   i) What was the result? (possible response options: none, 1+, 2+, 3+). Record the result of the test by selecting the appropriate option.

17. **Was dipstick urinalysis for glucose done?**  
   Possible response options: yes, no, don’t know

   Record whether dipstick urinalysis for glucose was done by selecting the appropriate option. If dipstick urinalysis for glucose was done, answer the following additional questions:
   
   i) What was the result? (possible response options: none, 1+, 2+, 3+). Record the result of the test by selecting the appropriate option.
   
   ii) If the test result was higher than 1+, was a clinical diagnosis of gestational diabetes mellitus made? (possible response options: yes, no, Don’t Know). Record whether the woman was diagnosed with GDM by selecting the appropriate response from the drop-down menu.

**Fetal assessment**

18. **Within the last 24 hours, have you felt decreased fetal movement?**  
   Possible response options: yes, no, don’t know

   By ’within the last 24 hours’, we mean yesterday or today. If it is too early for the woman to have felt fetal movement, select “no”.

   Ask the woman the question whether she has felt decreased fetal movement within the last 24 hours and record the woman’s response by selecting the appropriate option.

19. **Is/Was the fetal heart rate (FHR) present or absent?**  
   Possible response option: present, absent, not done, don’t know

   Check for the FHR and record whether it is present or absent by selecting the appropriate response.

   If the FHR was absent, you will be asked to answer the following additional questions:
i) Date on which the FHR was present or absent - Record the date in the box provided in yyyy-mm-dd format. If the date is not known, select "yes" as a response to the question "date don't know".

ii) Time at which FHR was confirmed to be absent - Record the time in the box provided in hh:mm format, using the 24 hour clock (i.e. 13:45 for 1.45pm). If the time is not known, select "yes" as a response to the question "time don't know".

iii) How was FHR measured? (possible response options: Pinard, Doppler, Cardiotocography, Don't know) - Select the appropriate response option.

20. Is FGR suspected? (yes, no, don’t know) If yes woman is eligible for ToD FGR

20.1 What is the symphysis fundal height (SFH) (cm)?

Record the SFH in cm in the number box provided. If the SFH is not known or was not measured, select "yes" as the response option to the question "Don't know SFH?"

You should then see the woman’s Gestational age at enrolment, how the gestational age was calculated and the woman’s eligibility for the ToD cohorts indicated in red in the boxes at the bottom. These fields are automatically calculated for you.

Once you have completed all of the fields, indicate whether the form has been completed by selecting "Complete" from the drop-down menu. You will note an additional option "Unverified". Please ignore this! Next, select "Save and go to Next Instrument" at the bottom. You will then be taken to the next form, "Investigations & Complications".
This form should be completed using facility records and/or the woman’s medical record. After completing this form, please go to the Laboratory form to record the types and results of any tests which have been done.

<table>
<thead>
<tr>
<th><strong>Prenatal screening</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1 Has the woman previously been screened for Rh status?</td>
<td></td>
</tr>
<tr>
<td>2 Has the woman previously been screened for HIV in this pregnancy?</td>
<td></td>
</tr>
<tr>
<td>3 Has the woman previously been screened for TB in this pregnancy?</td>
<td></td>
</tr>
<tr>
<td>4 Has the woman previously been screened for malaria in this pregnancy?</td>
<td></td>
</tr>
<tr>
<td>5 Has the woman previously been screened for syphilis in this pregnancy?</td>
<td></td>
</tr>
<tr>
<td>6 Were the woman’s stools previously tested for ova and parasites in this pregnancy?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Investigations</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Has the woman’s haemoglobin concentration been measured in this pregnancy to date/Has the woman’s haemoglobin concentration been tested since the last PRECISE visit?</td>
<td></td>
</tr>
<tr>
<td>8 Has the woman’s white cell count been tested in this pregnancy to date/Has the woman’s white cell count been tested since the last PRECISE visit?</td>
<td></td>
</tr>
<tr>
<td>9 Has the woman’s platelet count been tested in this pregnancy to date/Has the woman’s platelet count been tested since the last PRECISE visit?</td>
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<tr>
<td>10 Has the woman’s serum creatinine level been tested in this pregnancy to date/Has the woman’s serum creatinine level been tested since the last PRECISE visit?</td>
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<tr>
<td>11 Has the woman’s aspartate transaminase level been tested in this pregnancy to date/Has the woman’s aspartate transaminase level been tested since the last PRECISE visit?</td>
<td></td>
</tr>
<tr>
<td>12 Has the woman’s alanine aminotransferase level been tested in this pregnancy to date/Has the woman’s alanine aminotransferase level been tested since the last PRECISE visit?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Visit summary</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Was the woman admitted to an antenatal ward for monitoring and/or treatment?</td>
<td></td>
</tr>
<tr>
<td>14 Was the woman admitted to the labour ward?</td>
<td></td>
</tr>
<tr>
<td>15 Was the woman admitted to a maternity waiting home?</td>
<td></td>
</tr>
<tr>
<td>16 Was the woman referred to another service within the facility?</td>
<td></td>
</tr>
<tr>
<td>17 Was the woman referred to another facility?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Sample Collection</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Was maternal blood collected?</td>
<td></td>
</tr>
<tr>
<td>19 Was maternal urine collected?</td>
<td></td>
</tr>
<tr>
<td>20 Vaginal swab collected?</td>
<td></td>
</tr>
</tbody>
</table>
by selecting the appropriate response. If this information has not been recorded on her card/in her booklet, or you do not know whether she has been tested, select “don’t know”.

2. Has the woman previously been screened for HIV in this pregnancy?
   Possible response options: yes, no, don’t know

   Check the woman’s medical chart or record to see whether she has previously been screened for HIV. Record whether a test was previously done by selecting the appropriate response. If this information has not been recorded on her card/in her booklet, or you do not know whether she has been screened, select “don’t know”.

3. Has the woman previously been screened for TB in this pregnancy?
   Possible response options: yes, no, don’t know

   Check the woman’s medical chart or record to see whether she has previously been screened for TB. Record whether a test was previously done by selecting the appropriate response. If this information has not been recorded on her card/in her booklet, or you do not know whether she has been screened, select “don’t know”.

   If the woman has previously been screened for TB, answer the following additional question:

   i) Which test was used? (possible response options: skin test, IGRA). Select the appropriate response.

4. Has the woman previously been screened for malaria in this pregnancy?
   Possible response options: yes, no, don’t know

   Check the woman’s medical chart or record to see whether she has previously been screened for malaria. Record whether a test was previously done by selecting the appropriate response. If this information has not been recorded on her card/in her booklet, or you do not know whether she has been screened, select “don’t know”.

   If the woman has previously been screened for malaria, answer the following additional question:

   i) Which test was used? (possible response options: blood film, RDT, PCR, other (specify), don’t know). Select the appropriate response to record the type of test used.

5. Has the woman previously been screened for syphilis in this pregnancy?
   Possible response options: yes, no, don’t know

   Check the woman’s medical chart or record to see whether she has previously been screened for syphilis. Record whether a test was previously done by selecting the appropriate response. If this information has not been recorded on her card/in her booklet, or you do not know whether she has been screened, select “don’t know”.

6. Were the woman’s stools previously tested for ova and parasites in this pregnancy?
   Possible response options: yes, no, don’t know

   Check the woman’s medical chart or record to see whether her stools have previously been tested for ova and parasites to confirm an infection. Record whether her stools have been
tested by selecting the appropriate response. If this information has not been recorded on her card/in her booklet, or you do not know whether she has been screened, select “don’t know”.

**Investigations**

7. Has the woman’s haemoglobin concentration been tested in this pregnancy to date? Has the woman’s haemoglobin concentration been tested since the last PRECISE visit?
   **Possible response options:** yes, no, not tested, unavailable, don’t know
   
   Check the woman’s pregnancy card or booklet to see whether her haemoglobin concentration has already been tested during this pregnancy and select the appropriate response. If the woman’s haemoglobin level has not been tested, select “not tested”; if the test could not be done because the test was not available, select “unavailable”. If this information is not recorded on her card/in her booklet, select “don’t know”.

8. Has the woman’s white cell count been tested in this pregnancy to date? Has the woman’s white cell count been tested since the last PRECISE visit?
   **Possible response options:** yes, no, not tested, unavailable, don’t know
   
   Check the woman’s medical chart or record to see whether her WCC has already been tested during this pregnancy and select the appropriate response. If the woman’s WCC was not tested, select “not tested”; if the test could not be done because the test was not available, select “unavailable”. If this information is not recorded on her card/in her booklet, select “don’t know”.

9. Has the woman’s platelet count been tested in this pregnancy to date? Has the woman’s platelet count been tested since the last PRECISE visit?
   **Possible response options:** yes, no, not tested, unavailable, don’t know
   
   Check the woman’s medical chart or record to see whether her platelet count has already been tested in this pregnancy and select the appropriate response. If the woman’s platelet count has not been tested, select “not tested”; if the test could not be done because the test was not available, select “unavailable”. If this information is not recorded on her card/in her booklet, select “don’t know”.

10. Has the woman’s serum creatinine level been tested in this pregnancy to date? Has the woman’s serum creatinine level been tested since the last PRECISE visit?
    **Possible response options:** yes, no, not tested, unavailable, don’t know
    
    Check the woman’s medical chart or record to see whether her serum creatinine level has already been tested in this pregnancy and select the appropriate response. If the woman’s serum creatinine level has not been tested, select “not tested”; if the test could not be done because the test was not available, select “unavailable”. If this information is not recorded on her card/in her booklet, select “don’t know”.
11. Has the woman’s aspartate transaminase level been tested in this pregnancy to date?/Has the woman’s aspartate transaminase level been tested since the last PRECISE visit?
   Possible response options: yes, no, not tested, unavailable, don’t know
   Check the woman’s medical chart or record to see whether her aspartate transaminase level has already been tested in this pregnancy and select the appropriate response. If the woman’s aspartate transaminase level has not been tested, select “not tested”; if the test could not be done because the test was not available, select “unavailable”. If this information is not recorded on her card/in her booklet, select “don’t know”.

12. Has the woman’s alanine aminotransferase level been tested in this pregnancy to date?/Has the woman’s alanine aminotransferase level been tested since the last PRECISE visit?
   Possible response options: yes, no, not tested, unavailable, don’t know
   Check the woman’s medical chart or record to see whether her alanine aminotransferase level has already been tested in this pregnancy and select the appropriate response. If the woman’s alanine aminotransferase level has not been tested, select “not tested”; if the test could not be done because the test was not available, select “unavailable”. If this information is not recorded on her card/in her booklet, select “don’t know”.

Visit Summary

13. Was the woman admitted to an antenatal ward for monitoring and/or treatment?
   Possible response options: yes, no
   Record whether the woman was admitted to an antenatal ward for monitoring and/or treatment by selecting the appropriate response from the drop-down menu.

14. Was the woman admitted to the labour ward?
   Possible response options: yes, no
   Record whether the woman was admitted to the labour ward by selecting the appropriate response from the drop-down menu.

15. Was the woman admitted to a maternity waiting home?
   Possible response options: yes, no
   Record whether the woman was admitted to a maternity waiting home by selecting the appropriate response from the drop-down menu.

16. Was the woman referred to another service within the facility?
   Possible response options: yes, no
   Record whether the woman was referred to another service within the facility by selecting the appropriate response from the drop-down menu.

17. Was the woman referred to another facility?
   Possible response options: yes, no
   Record whether the woman was referred to another facility by selecting the appropriate response from the drop-down menu.
Sample Collection

18. Was maternal blood collected?
   Possible response options: Yes, no

   Record whether a blood sample was taken from the woman during her visit by selecting the appropriate response option. If a blood sample was not taken, answer the following additional question:

   i) If no, why? (possible response options: no consent, participant refused, no staff member available to collect blood, no staff member available to process the sample, research team were unable to successfully draw blood, participant left before blood was collected, other (specify), don’t know) – Select the appropriate response option. If you select “other”, use the text box provided to provide more detail.

19. Was maternal urine collected?
   Possible response options: Yes, no

   Record whether a urine sample was taken from the woman during her visit by selecting the appropriate response option. If a urine sample was not taken, answer the following additional question:

   ii) If no, why? (possible response options: no consent, participant refused, no staff member available to collect the sample, no staff member available to process the sample, participant unable to produce sample, other (specify), don’t know) – Select the appropriate response option. If you select “other”, use the text box provided to provide more detail.

20. Was vaginal swab collected?
   Possible response options: Yes, no

   Record whether a vaginal swab sample was taken from the woman during her visit by selecting the appropriate response option. If a vaginal swab was not taken, answer the following additional question:

   i) If no, why? (possible response options: no consent, participant refused, no staff member available to collect the sample, no staff member available to process the sample, other (specify), don’t know) – Select the appropriate response option. If you select “other”, use the text box provided to provide more detail.

Once you have completed all of the fields, indicate whether the form has been completed by selecting “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please ignore this! Next, select “Save and go to Next Instrument” at the bottom. You will then be taken to the next form, “Comments”. If you have any comments about the woman’s visit, record them here. However, please note that you do not HAVE to record anything here if there is nothing relevant or important to
record. Select "Complete" at the bottom and then "Save Record". You will then be taken back to the PRECISE Visit 1 screen. Click on the "PRECISE Visit 1" box at the top underneath the participant's ID to return to the main Enrolment screen. Scroll down the list and select "Laboratory" to continue with data collection.

For women in Cohorts 3, 4 and 6, you should first complete the HTN/FGR/IUFD/COVID-19 form before proceeding to "Laboratory".
This form is a repetition of the General Information form completed during the woman’s First PRECISE Visit. Start by confirming the date on which you are collecting data. The database will then calculate the gestational age based on the date and the GA at the woman’s last visit. If it is too early for the woman to undergo her second PRECISE VISIT, the following message will appear on the screen:

“Warning: This visit is occurring early. It should occur on or after 28 days + (date of first PRECISE visit) AND reach at least 28 weeks of gestation. Please ensure completing this form is justified.”

If this message appears on the screen, do not start collecting data for the woman’s second PRECISE visit. Instead, click on the “Event – PRECISE Visit 2 button” and select non-PRECISE ANC 1, 2, 3, 4 or 5 as appropriate.

1. What is the name of the health facility where the woman is being seen?
   Possible response options: Kenya – Rabai, Mariakani; Mozambique – Xinavane, Manhica; The Gambia – Farafenni, Illassa, Ngeyen Sanjal

   Select the appropriate option from those listed.
2. Which village do you live in?

Ask the woman the name of the village where she lives and select the appropriate response. If the woman does not know the name of her village, select “don’t know”. If the name of the woman’s village is not listed as a response option, select “other” and use the address textbox underneath to write down the name of the village along with the rest of her address.

3. What is the address of where you currently live?

Ask the woman for her address. Please note that this is the address of the household where she is living at the moment; the woman may be staying with family during her pregnancy rather than in her own home and it is therefore very important that you ensure the address you record is where she is staying right now. In Mozambique, you should record the administrative post, locality and neighbourhood name; in Kenya, you should record the district/county/community unit, division/constituency, location/ward and sublocation; in The Gambia you should record the village, compound, household HDSS ID number. This is essential data so please ensure you collect as much data as you can so that we can pinpoint exactly where the woman is staying!

4. Where did you come from when you arrived at this facility?

Possible response options: Home, work, friend’s home, health facility, other (specify)

Ask the woman where she came from when she arrived at the facility and record her response by selecting the appropriate option. If the woman tells you she has come from another health facility, ask her for the name of the health facility. Record her response by typing the facility name into the text box provided. If the woman has come from somewhere not listed, select “other” and use the text box provided to record her response.

5. How did you get here today?

Possible response options: On foot, own bicycle, own motorbike, own car, public bus, lift in friend/relative’s car, lift on friend/relative’s motorbike, lift on friend/relative’s bike, taxi - car, taxi-motorbike, tuk-tuk/auto-rickshaw, other (specify)

Ask the woman how she got to the facility today and record her response by selecting the appropriate option from those listed. If the woman used more than one form of transport to attend the facility, ask her which mode of transport she spent the most time using. If the woman used another form of transport which is not listed, select “other” and use the text box provided to record her response.

6. How long did it take you to get here?

Possible response options: less than 15 minutes, 15 to 30 minutes, 30 minutes to 1 hour, more than 1 hour

Ask the woman how long it took her to get to the facility and record her response by selecting the relevant option.

Once you have completed all of the fields, indicate whether the form has been completed by selecting “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please ignore this! Next, select “Save and go to Next Instrument” at the bottom. You will then be taken to the next form, “Medication”.
This form is similar to the one completed during the woman’s first PRECISE visit. If you need to change a response to a question in the event that you select the incorrect response option, click on the "Reset" button next to each question.

### Supplements/Medication

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Are you currently taking any vitamins or supplements?</td>
</tr>
<tr>
<td>2</td>
<td>Are you currently taking any blood pressure (BP) medication?</td>
</tr>
<tr>
<td>3</td>
<td>Are you currently taking any medication for diabetes?</td>
</tr>
<tr>
<td>4</td>
<td>Are you currently taking a thyroid supplement?</td>
</tr>
<tr>
<td>5</td>
<td>Are you currently taking antibiotics?</td>
</tr>
<tr>
<td>6</td>
<td>Are you currently taking antiretroviral therapy?</td>
</tr>
<tr>
<td>7</td>
<td>Are you currently taking an anti-seizure medication (not magnesium sulphate)?</td>
</tr>
<tr>
<td>8</td>
<td>Are you currently taking aspirin?</td>
</tr>
<tr>
<td>9</td>
<td>Are you currently taking any other medication?</td>
</tr>
</tbody>
</table>

**Supplements/Medication**

1. **Are you currently taking any vitamins or supplements?**
   
   Possible response options: yes, no, don’t know
   
   Ask the woman whether she is currently taking any vitamins or supplements and record the woman’s response by selecting the appropriate option.
   
   If the woman responds “yes” to this question, ask her the following additional questions:
   
   vi) Are you currently taking/Did you take folic acid? (possible response options: yes, no, don’t know) – Select the appropriate response option.
   
   vii) Are you currently taking/Did you take iron? (possible response options: yes, no, don’t know) - Select the appropriate response option.
   
   viii) Are you currently taking/Did you take vitamin D? (possible response options: yes, no, don’t know) - Select the appropriate response option.
   
   ix) Are you currently taking/Did you take calcium? (possible response options: yes, no, don’t know) - Select the appropriate response option.
   
   x) Are you currently taking/Did you take any other supplements? (possible response options: yes, no, don’t know) - Select the appropriate response option.

2. **Are you currently taking any blood pressure (BP) medication?**
   
   Possible response options: yes, no, don’t know
   
   Ask the woman whether she is currently taking any BP medication and record the woman’s response by selecting the appropriate option. If the woman responds “yes” to this question, ask the following additional question:
   
   ii) Which BP medication are you currently taking/did you take? (possible response options: methyldopa, labetalol, nifedipine, other (specify), Don’t Know). Record the woman’s response by selecting the appropriate option. If the woman is taking/took
3. Are you currently taking any medication for diabetes?
Possible response options: yes, no, don’t know

Ask the woman whether she is currently taking any medication for diabetes and record the woman’s response by selecting the appropriate option. If the woman responds “yes” to this question, ask her the following additional question:

ii) Which diabetes medication are you currently taking/did you take? (possible response options: insulin, metformin, other oral hypoglycaemic agents (specify), Don’t Know). Record the woman’s response by selecting the appropriate option.

If the woman does not know the name of the medication, ask her whether she has the bottle/packet with her. If she does, ask her to show it to you and either select the medication or type the name into the text box. If she does not have the bottle/packet with her, select “Don’t Know”.

4. Are you currently taking a thyroid supplement?
Possible response options: yes, no, don’t know

Ask the woman whether she is currently taking a thyroid supplement and record the woman’s response by selecting the appropriate option.

5. Are you currently taking antibiotics?
Possible response options: yes, no, don’t know

Ask the woman whether she is currently taking any antibiotics and record the woman’s response by selecting the appropriate option.

6. Are you currently taking antiretroviral therapy?
Possible response options: yes, no, don’t know

Ask the woman whether she is currently taking any antiretroviral therapy and record the woman’s response by selecting the appropriate option.

If the woman responds “yes” to this question, ask her the following additional question:

ii) Please specify the type (possible response options: dual therapy, fixed dose combination, other HAART, post-exposure prophylaxis, Don’t Know). Record the woman’s response by selecting the appropriate medication type.

If the woman does not know which type of therapy she is taking, ask her whether she has the bottle/packet with her. If she does, ask her to show it to you and either select the therapy type. If she does not have the bottle/packet with her, select “Don’t Know”.

a medication which is not listed, select “other” and use the text box provided to record the name of the medication.

If the woman does not know the name of the medication, ask her whether she has the bottle/packet with her. If she does, ask her to show it to you and either select the medication or type the name into the text box. If she does not have the bottle/packet with her, select “Don’t Know”.
7. Are you currently taking an anti-seizure medication (not magnesium sulphate)?
   Possible response options: yes, no, don’t know
   Ask the woman whether she is currently taking an anti-seizure medication and record the
   woman’s response by selecting the appropriate option.

8. Are you currently taking aspirin?
   Possible response options: yes, no, don’t know
   Ask the woman whether she is currently taking aspirin and record the woman’s response by
   selecting the appropriate option. If the woman responds “yes” to this question, ask her the
   following additional question:

   i) Why are you taking aspirin/why did you take aspirin? (possible response options:
      headache, advised to take it, other reason (specify), Don’t Know). Record the
      woman’s response by selecting the appropriate option. If the reason the woman took
      aspirin is not listed as a response option, select “other reason” and use the text box
      provided to record her reason.

9. Are you currently taking any other medication?
   Possible response options: yes, no, don’t know
   Ask the woman whether she is currently taking any other medication and record the woman’s
   response by selecting the appropriate option.
   If the woman responds “yes” to this question, ask her the following two additional questions:

   ii) Please specify which other medication you are currently taking/took? – Record the
       woman’s response in the text box provided. If the woman does not know the
       medication name, ask her whether she has the bottle/packet with her. If she does,
       ask her to show it to you and either select the therapy type. If she does not have the
       bottle/packet with her, type “Don’t Know” in the text box.

   iv) What is/was the medication for? – Record the woman’s response in the text box
       provided.

Once you have completed all of the fields, indicate whether the form has been completed by selecting
“Complete” from the drop-down menu. You will note an additional option “Unverified”. Please
ignore this! Next, select “Save and go to Next Instrument” at the bottom. You will then be taken to
the next form, “Clinical Assessment”.

21. 15b – PRECISE Visit 1: CODIV-19

This form collects information about COVID-19 symptoms during the COVID pandemic. It is applicable to women in all cohorts after they are enrolled into the study. It is essential that this form is completed at every PRECISE visit a woman makes to the facility. Questions 1 to 5 will be asked to all women at every visit. If the woman answers ‘yes’ to question 5, questions 6-27 will be asked.

<table>
<thead>
<tr>
<th>Maternal symptoms</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Have you EVER been exposed to someone with documented or suspected COVID-19 infection (such as co-workers, family members, or others)</td>
</tr>
<tr>
<td>11</td>
<td>Do you think you have already had COVID-19, but were not tested?</td>
</tr>
<tr>
<td>12</td>
<td>How much have you been isolating over the last week?</td>
</tr>
<tr>
<td>13</td>
<td>Have you had a test for COVID-19?</td>
</tr>
<tr>
<td>14</td>
<td>How do you physically feel right now?</td>
</tr>
<tr>
<td>15</td>
<td>Do you have a fever or feel too hot?</td>
</tr>
<tr>
<td>16</td>
<td>Do you have chills or shivers (feel too cold)?</td>
</tr>
<tr>
<td>17</td>
<td>If the woman’s temperature was measured, what was the woman’s temperature?</td>
</tr>
<tr>
<td>18</td>
<td>Do you have a consistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)?</td>
</tr>
<tr>
<td>19</td>
<td>Are you experiencing unusual fatigue?</td>
</tr>
<tr>
<td>20</td>
<td>Do you have a headache?</td>
</tr>
<tr>
<td>21</td>
<td>Are you experiencing unusual shortness of breath or having trouble breathing?</td>
</tr>
<tr>
<td>22</td>
<td>Are you experiencing unusual shortness of breath or having trouble breathing?</td>
</tr>
<tr>
<td>23</td>
<td>Do you have a sore or painful throat?</td>
</tr>
<tr>
<td>24</td>
<td>Do you have a loss of smell/taste?</td>
</tr>
<tr>
<td>25</td>
<td>Do you have an unusually hoarse throat?</td>
</tr>
<tr>
<td>26</td>
<td>Are you feeling an unusual chest pain or tightness in your chest?</td>
</tr>
<tr>
<td>27</td>
<td>Do you have unusual abdominal pain or stomach ache?</td>
</tr>
<tr>
<td>28</td>
<td>Are you experiencing diarrhoea?</td>
</tr>
<tr>
<td>29</td>
<td>Do you have unusual strong muscle pains or aches?</td>
</tr>
<tr>
<td>30</td>
<td>Have you had raised, red, itchy, welts on the skin or sudden swelling of the face or lips?</td>
</tr>
<tr>
<td>31</td>
<td>Have you had any red/purple sores or blisters on your feet, including your toes?</td>
</tr>
<tr>
<td>32</td>
<td>Do you have any of the following symptoms: confusion, disorientation or drowsiness?</td>
</tr>
<tr>
<td>33</td>
<td>Do your eyes have any unusual eye-soreness or discomfort (e.g., light sensitivity, excessive tears, or pink/red eye)?</td>
</tr>
<tr>
<td>34</td>
<td>Have you been skipping meals?</td>
</tr>
<tr>
<td>35</td>
<td>Are there other important symptoms you want to share with us?</td>
</tr>
</tbody>
</table>
Maternal symptoms

28. Have you EVER been exposed to someone with documented or suspected COVID-19 infection (such as co-workers, family members, or others)
   Possible response options: Yes, documented COVID-19 cases only, Yes, suspected COVID-19 cases only, Yes, both documented and suspected COVID-19 cases, Not that I know of.
   Ask the woman if she has ever been exposed to someone with documented or suspected COVID-19 infection (such as co-workers, family members, or others) and record her answer by selecting the appropriate option.

29. Do you think you have already had COVID-19, but were not tested?
   Possible response options: yes, no
   Ask the woman if she thinks she has had COVID-19 already but were not tested and record her answer by ticking the appropriate "yes" or "no" box.

30. How much have you been isolating over the last week?
   Possible response options: I have not left the house, I rarely leave the house and when I do, I have little interaction with other (eg for exercise), I rarely leave the house but had to visit somewhere with lots of people (eg hospital/clinic, groceries), I have to leave the house often and am in contact with other people (eg still working outside the house or using public transport)
   Ask the woman how much she has been isolating over the last week. Record the woman's response by selecting the appropriate option.

31. Have you had a test for COVID-19?
   Possible response options: yes, no
   Ask the woman if she has had a test for COVID-19 and record her answer by ticking the appropriate "yes" or "no" box.

32. How do you physically feel right now?
   Possible response options: I feel physically normal, I'm not feeling quite right
   Ask the woman how she feels physically at the moment. Record her answer by selecting the appropriate option. If the woman answers I'm not feeling quite right, continue to ask her questions 6-27 of this questionnaire.

33. Do you have a fever or feel too hot?
   Possible response options: yes, no
   Ask the woman is she has a fever or if she feels too hot. Record her answer by ticking the appropriate "yes" or "no" box.

34. Do you have chills or shivers (feel too cold)?
   Possible response options: yes, no
35. If the woman’s temperature was measured, what was the woman’s temperature?
   Possible response options: Number box in C, number box in F, temperature was not measured.

   If the woman’s temperature has been measured, record the measurement in °C or °F in the corresponding number box. If there is no temperature measurement available, record it by ticking the box ‘temperature was not measured’.

36. Do you have a consistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)?
   Possible response options: yes, no

   Ask the woman if she has a consistent cough (i.e., coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours). By ‘3 or more coughing episodes in 24 hours’, we mean in a 3 or more episodes in a day. Record the woman’s answer by ticking the appropriate ‘yes’ or ‘no’ box.

37. Are you experiencing unusual fatigue?
   Possible response options: yes, no

   Ask the woman if she is experiencing unusual fatigue (i.e. more tired than usual). Record her answer by ticking the appropriate ‘yes’ or ‘no’ box.

38. Do you have a headache?
   Possible response options: yes, no

   Ask the woman if she has a headache and record her answer by ticking the appropriate ‘yes’ or ‘no’ box.

39. Have you felt nausea or experienced vomiting?
   Possible response options: yes, no

   Ask the woman if she has nausea or experienced vomiting. Record her answer by ticking the appropriate ‘yes’ or ‘no’ box.

40. Are you experiencing dizziness or light-headedness?
   Possible response options: yes, no

   Ask the woman if she is experiencing dizziness or light-headedness. Record her answer by ticking the appropriate ‘yes’ or ‘no’ box.

41. Are you experiencing unusual shortness of breath or having trouble breathing?
   Possible response options: yes, no

   Ask the woman if she is experiencing unusual shortness of breath or having trouble breathing. Record her answer by ticking the appropriate ‘yes’ or ‘no’ box.
42. Do you have a sore or painful throat?
Possible response options: yes, no
Ask the woman if she has a sore or painful throat and record her answer by ticking the appropriate "yes" or "no" box.

43. Do you have a loss of smell/taste?
Possible response options: yes, no
Ask the woman if she has lost her sense of smell or taste and record her answer by ticking the appropriate "yes" or "no" box.

44. Do you have an unusually hoarse throat?
Possible response options: yes, no
Ask the woman if she has an unusually hoarse throat and record her answer by ticking the appropriate "yes" or "no" box.

45. Are you feeling an unusual chest pain or tightness in your chest?
Possible response options: yes, no
Ask the woman if she is feeling an unusual chest pain or tightness in her chest and record her answer by ticking the appropriate "yes" or "no" box.

46. Do you have unusual abdominal pain or stomach-ache?
Possible response options: yes, no
Ask the woman if she has an unusual abdominal pain or stomach-ache and record her answer by ticking the appropriate "yes" or "no" box.

47. Are you experiencing diarrhoea?
Possible response options: yes, no
Ask the woman if she is experiencing unusual diarrhoea and record her answer by ticking the appropriate "yes" or "no" box.

48. Do you have unusual strong muscle pains or aches?
Possible response options: yes, no
Ask the woman if she has unusual strong muscle pains or aches and record her answer by ticking the appropriate "yes" or "no" box.

49. Have you had raised, red, itchy, welts on the skin or sudden swelling of the face or lips?
Possible response options: yes, no
Ask the woman if she has raised, red, itchy, welts (i.e. marks or scars) on the skin or sudden swelling of the face or lips and record her answer by ticking the appropriate "yes" or "no" box.
50. Have you had any red/purple sores or blisters on your feet, including your toes?
   Possible response options: yes, no

   Ask the woman if she has had any red/purple sores or blisters on her feet, including her toes and record her answer by ticking the appropriate "yes" or "no" box.

51. Do you have any of the following symptoms: confusion, disorientation or drowsiness?
   Possible response options: yes, no

   Ask the woman if she has felt confusion, disorientation or drowsiness and record her answer by ticking the appropriate "yes" or "no" box.

52. Do your eyes have any unusual eye-soreness or discomfort (e.g. light sensitivity, excessive tears, or pink/red eye)?
   Possible response options: yes, no

   Ask the woman if she has felt any unusual eye-soreness or discomfort (e.g. light sensitivity, excessive tears, or pink/red eye). Record her answer by ticking the appropriate "yes" or "no" box.

53. Have you been skipping meals?
   Possible response options: yes, no

   Ask the woman if she has been skipping meals because she has lost appetite (hasn’t felt hungry) or because she was too unwell to eat and record her answer by ticking the appropriate "yes" or "no" box.

54. Are there other important symptoms you want to share with us?
   Possible response options: yes, no

   Ask the woman if there are any other important symptoms she wants to share and record her answer by ticking the appropriate "yes" or "no" box. If the woman answers Yes record the symptoms she describes in the text box.
This form is similar to the one completed during the woman’s first PRECISE visit, however not all of the questions asked during the woman’s first PRECISE visit will be asked here. This form should be completed by clinically-trained staff only.

<table>
<thead>
<tr>
<th>Maternal clinical assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the woman’s body weight today?</td>
</tr>
<tr>
<td>2. What is the woman’s mid-upper arm circumference?</td>
</tr>
<tr>
<td>3. What is the woman’s respiratory rate?</td>
</tr>
<tr>
<td>4. What is the woman’s pulse rate?</td>
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<tr>
<td>5. What is the woman’s pulse oximetry?</td>
</tr>
<tr>
<td>6. What is the woman’s haemoglobin concentration?</td>
</tr>
<tr>
<td>7. What is/was the woman’s perfusion index at her ANC visit? Mozambique only</td>
</tr>
<tr>
<td>8. What is/was the woman’s carboxyhaemoglobin saturation (SpOC)? Mozambique only</td>
</tr>
<tr>
<td>9. What is the woman’s resting systolic blood pressure?</td>
</tr>
<tr>
<td>10. What is the woman’s resting diastolic blood pressure?</td>
</tr>
<tr>
<td>11. Was dipstick urinalysis for proteinuria done?</td>
</tr>
<tr>
<td>12. Was dipstick urinalysis of urinary nitrates done?</td>
</tr>
<tr>
<td>13. Was dipstick urinalysis for leukocytes done?</td>
</tr>
<tr>
<td>14. Was dipstick urinalysis for glucose done?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fetal assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Within the last 24 hours, have you felt decreased fetal movement?</td>
</tr>
<tr>
<td>16. Is/Was the fetal heart rate present or absent?</td>
</tr>
<tr>
<td>17. What is the symphysis fundal height?</td>
</tr>
</tbody>
</table>

**Maternal clinical assessment**

1. **What is the woman’s body weight today?**

   Record her weight in the second number box provided, then take and record a second and third measurement. See separate Clinical Procedures training manual for more detail on how to take the measurement.

2. **What is the woman’s mid-upper arm circumference?**

   Record the measurement to one decimal place in the number box provided, then take and record a second measurement. See separate Clinical Procedures training manual for more detail on how to take the measurement.

3. **What is the woman’s respiratory rate?**

   Record the woman’s respiratory rate in breaths per minute over a thirty second period and then input the resulting number in the box provided. If the woman’s respiratory rate is not known or was not measured, select "yes" in response to the question "Not available", otherwise ignore the question "Not available" and proceed to the next question.
4. What is the woman’s pulse rate?

Using the CRADLE device, measure the woman’s pulse rate in beats per minute and input the reading into the number box provided. See separate Clinical Procedures training manual for more detail on using the CRADLE device. If the woman’s pulse rate is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.

5. What is the woman’s pulse oximetry?

Using the Masimo Oximeter, measure the woman’s pulse oximetry and record the percentage of oxygen saturation in her blood in the number box provided. See separate Clinical Procedures training manual for more detail on using the Masimo Oximeter device. If the woman’s pulse oximetry is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.

6. What is the woman’s haemoglobin concentration?

Using the Masimo Oximeter, measure the woman’s haemoglobin concentration and record the concentration in grams per decilitre the number box provided. See separate Clinical Procedures training manual for more detail on using the Masimo Oximeter device. If the woman’s haemoglobin concentration is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.

7. What is/was the woman’s perfusion index at her ANC visit? Mozambique only

Using the Masimo Oximeter, measure the woman’s perfusion index and record the reading in the number box provided. See separate Clinical Procedures training manual for more detail on using the Masimo Oximeter device. If the woman’s perfusion index is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.

8. What is/was the woman’s carboxyhaemoglobin saturation (SpOC)? Mozambique only

Using the Masimo Oximeter, measure the woman’s carboxyhaemoglobin saturation and record the reading in the number box provided. See separate Clinical Procedures training manual for more detail on using the Masimo Oximeter device. If the woman’s carboxyhaemoglobin saturation is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.

9. What is the woman’s resting systolic blood pressure?

Using the CRADLE device, measure the woman’s resting systolic blood pressure. You will need to take at least two measurements and input the readings into the number boxes provided. If the difference between the first two measurements is more than 10mmHg apart, you will need to take a third reading. If the difference between the first two measurements is less than 10mmHg apart, then a red “0” will appear in the “Third reading
10. What is the woman's resting diastolic blood pressure?

Using the CRADLE device, measure the woman's resting systolic and diastolic blood pressure. You will need to take at least two measurements and input the readings into the number boxes provided. If the difference between the first two measurements is more than 10mmHg apart, you will need to take a third reading. If the difference between the first two measurements is less than 10mmHg apart, then a red "0" will appear in the "Third reading required" box. Proceed to the questions on dipstick analysis. See separate Clinical Procedures training manual for more detail on using the CRADLE device.

11. Was dipstick urinalysis for proteinuria done?

Possible response options: yes, no, Don't Know

Record whether dipstick urinalysis for proteinuria was done by selecting the appropriate option. If dipstick urinalysis for proteinuria was done, answer the following additional question:

i) What was the result? (possible response options: negative/trace, 1+ or 0.3g/L, 2+ or 1 g/L, 3+ or >=3 g/L, not done). Record the result of the test by selecting the appropriate option.

You should then see the woman's eligibility for the hypertension ToD cohort indicated in red in the box underneath. This field is automatically calculated for you.

12. Was dipstick urinalysis of urinary nitrites done?

Possible response options: yes, no, Don't Know

Record whether dipstick urinalysis of urinary nitrites was done by selecting the appropriate option. If dipstick urinalysis for urinary nitrites was done, answer the following additional question:

i) What was the result? (possible response options: none, 1+, 2+, 3+). Record the result of the test by selecting the appropriate option.

13. Was dipstick urinalysis for leukocytes done?

Possible response options: yes, no, Don't Know

Record whether dipstick urinalysis for leukocytes was done by selecting the appropriate option. If dipstick urinalysis for leukocytes was done, answer the following additional question:

i) What was the result? (possible response options: none, 1+, 2+, 3+). Record the result of the test by selecting the appropriate option.

14. Was dipstick urinalysis for glucose done?

Possible response options: yes, no, Don't Know
Record whether dipstick urinalysis for glucose was done by selecting the appropriate option. If dipstick urinalysis for glucose was done, answer the following additional questions:

i) What was the result? (possible response options: none, 1+, 2+, 3+). Record the result of the test by selecting the appropriate option.

ii) If the test result was higher than 1+, was a clinical diagnosis of gestational diabetes mellitus made? (possible response options: yes, no, Don't know). Record whether the woman was diagnosed with GDM by selecting the appropriate response from the drop-down menu.

**Fetal assessment**

15. **Within the last 24 hours, have you felt decreased fetal movement?**
   
   Possible response options: yes, no, don’t know
   
   By ‘within the last 24 hours’, we mean yesterday or today. If it is too early for the woman to have felt fetal movement, select “no”.
   
   Ask the woman the question whether she has felt decreased fetal movement within the last 24 hours and record the woman’s response by selecting the appropriate option.

16. **Is/Was the fetal heart rate (FHR) present or absent?**
   
   Possible response options: present, absent, not done, don’t know
   
   Check for the FHR and record whether it is present or absent by selecting the appropriate response.
   
   If the FHR was absent, you will be asked to answer the following additional questions:

   iv) Date on which the FHR was present or absent - Record the date in the box provided in yyyy-mm-dd format. If the date is not known, select “yes” as a response to the question “date don’t know”.
   
   v) Time at which FHR was confirmed to be absent - Record the time in the box provided in hh:mm format, using the 24 hour clock. If the time is not known, select “yes” as a response to the question “time don’t know”.
   
   vi) How was FHR measured? (possible response options: Pinard, Dopetone, Cardiotocography, Don’t know) – Select the appropriate response option.

17. **What is the symphysis fundal height (SFH) (cm)?**
   
   Record the SFH in cm in the number box provided. If the SFH is not known or was not measured, select “yes” as the response option to the question “Don’t know SFH?”

You should then see the woman’s eligibility for the IUFD/stillbirth and FGR ToD cohorts indicated in red in the boxes at the bottom. These fields are automatically calculated for you.

Once you have completed all of the fields, indicate whether the form has been completed by selecting “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please ignore this! Next, select “Save and go to Next Instrument” at the bottom. You will then be taken to the next form, “Investigations and Complications”.

**PRECISE**
20.23. 13 – PRECISE Visit 2: Investigations & Complications

This form is similar to the one completed during the woman’s first PRECISE visit, however not all of the questions asked during the woman’s first PRECISE visit will be asked here. This form should be completed by clinically-trained staff only.

<table>
<thead>
<tr>
<th>Investigations</th>
</tr>
</thead>
</table>
| 1. Has the woman’s haemoglobin concentration been measured in this pregnancy to date/Has the woman’s haemoglobin concentration been tested since the last PRECISE visit?
| 2. Has the woman’s white cell count been tested in this pregnancy to date/Has the woman’s white cell count been tested since the last PRECISE visit?
| 3. Has the woman’s platelet count been tested in this pregnancy to date/Has the woman’s platelet count been tested since the last PRECISE visit?
| 4. Has the woman’s serum creatinine level been tested in this pregnancy to date/Has the woman’s serum creatinine level been tested since the last PRECISE visit?
| 5. Has the woman’s aspartate transaminase level been tested in this pregnancy to date/Has the woman’s aspartate transaminase level been tested since the last PRECISE visit?
| 6. Has the woman’s alanine aminotransferase level been tested in this pregnancy to date/Has the woman’s alanine aminotransferase level been tested since the last PRECISE visit?

<table>
<thead>
<tr>
<th>Visit summary</th>
</tr>
</thead>
</table>
| 7. Was the woman admitted to an antenatal ward for monitoring and/or treatment?
| 8. Was the woman admitted to the labour ward?
| 9. Was the woman admitted to a maternity waiting home?
| 10. Was the woman referred to another service within the facility?
| 11. Was the woman referred to another facility?

<table>
<thead>
<tr>
<th>Sample Collection</th>
</tr>
</thead>
</table>
| 12. Was maternal blood collected?
| 13. Was maternal urine collected?|

Investigations

1. Has the woman’s haemoglobin concentration been tested in this pregnancy to date/Has the woman’s haemoglobin concentration been tested since the last PRECISE visit?

Possible response options: No, yes, not tested, not applicable, unavailable, don’t know

Check the woman’s pregnancy card or booklet to see whether her haemoglobin concentration has already been tested during this pregnancy and select the appropriate response. If the woman’s haemoglobin level has not been tested, select “not tested”; if the test could not be done because the test was not available, select “unavailable”. If this information is not recorded on her card/in her booklet, select “don’t know”. If this is the woman’s first ANC visit or her first PRECISE visit, select “not applicable”.

PRECISE Data Collection Training Manual REDCap v1.21 - 200513180617
2. Has the woman's white cell count been tested in this pregnancy to date? Has the woman's white cell count been tested since the last PRECISE visit?
   Possible response options: No, yes, not tested, not applicable, unavailable, don't know

   Check the woman's medical chart or record to see whether her WCC has already been tested during this pregnancy and select the appropriate response. If the woman's WCC was not tested, select "not tested"; if the test could not be done because the test was not available, select "unavailable". If this information is not recorded on her card/in her booklet, select "don't know". If this is the woman's first ANC visit or her first PRECISE visit, select "not applicable".

3. Has the woman's platelet count been tested in this pregnancy to date? Has the woman's platelet count been tested since the last PRECISE visit?
   Possible response options: No, yes, not tested, not applicable, unavailable, don't know

   Check the woman's medical chart or record to see whether her platelet count has already been tested in this pregnancy and select the appropriate response. If the woman's platelet count has not been tested, select "not tested"; if the test could not be done because the test was not available, select "unavailable". If this information is not recorded on her card/in her booklet, select "don't know". If this is the woman's first ANC visit or her first PRECISE visit, select "not applicable".

4. Has the woman's serum creatinine level been tested in this pregnancy to date? Has the woman's serum creatinine level been tested since the last PRECISE visit?
   Possible response options: No, yes, not tested, not applicable, unavailable, don't know

   Check the woman's medical chart or record to see whether her serum creatinine level has already been tested in this pregnancy and select the appropriate response. If the woman's serum creatinine level has not been tested, select "not tested"; if the test could not be done because the test was not available, select "unavailable". If this information is not recorded on her card/in her booklet, select "don't know". If this is the woman's first ANC visit or her first PRECISE visit, select "not applicable".

5. Has the woman's aspartate transaminase level been tested in this pregnancy to date? Has the woman's aspartate transaminase level been tested since the last PRECISE visit?
   Possible response options: No, yes, not tested, not applicable, unavailable, don't know

   Check the woman's medical chart or record to see whether her aspartate transaminase level has already been tested in this pregnancy and select the appropriate response. If the woman's aspartate transaminase level has not been tested, select "not tested"; if the test could not be done because the test was not available, select "unavailable". If this information is not recorded on her card/in her booklet, select "don't know". If this is the woman's first ANC visit or her first PRECISE visit, select "not applicable".

6. Has the woman's alanine aminotransferase level been tested in this pregnancy to date? Has the woman's alanine aminotransferase level been tested since the last PRECISE visit?
   Possible response options: No, yes, not tested, not applicable, unavailable, don't know

   Check the woman's medical chart or record to see whether her alanine aminotransferase level has already been tested in this pregnancy and select the appropriate response. If the woman's alanine aminotransferase level has not been tested, select "not tested"; if the test
could not be done because the test was not available, select "unavailable". If this information is not recorded on her card/in her booklet, select "don’t know". If this is the woman’s first ANC visit or her first PRECISE visit, select "not applicable".

Visit Summary

7. Was the woman admitted to an antenatal ward for monitoring and/or treatment?
   Possible response options: yes, no, don’t know

   Record whether the woman was admitted to an antenatal ward for monitoring and/or treatment by selecting the appropriate response from the drop-down menu.

8. Was the woman admitted to the labour ward?
   Possible response options: yes, no, don’t know

   Record whether the woman was admitted to the labour ward by selecting the appropriate response from the drop-down menu.

9. Was the woman admitted to a maternity waiting home?
   Possible response options: yes, no, don’t know

   Record whether the woman was admitted to a maternity waiting home by selecting the appropriate response from the drop-down menu.

10. Was the woman referred to another service within the facility?
    Possible response options: yes, no, don’t know

    Record whether the woman was referred to another service within the facility by selecting the appropriate response from the drop-down menu.

11. Was the woman referred to another facility?
    Possible response options: yes, no, don’t know

    Record whether the woman was referred to another facility by selecting the appropriate response from the drop-down menu.

Sample Collection

12. Was maternal blood collected?
    Possible response options: Yes, no

    Record whether a blood sample was taken from the woman during her visit by selecting the appropriate response option. If a blood sample was not taken, answer the following additional question:

    i) If no, why? (possible response options: no consent, participant refused, no staff member available to collect blood, no staff member available to process the sample, research team were unable to successfully draw blood, participant left before blood was collected, other (specify), don’t know) – Select the appropriate response option.
    If you select “other”, use the text box provided to provide more detail.
13. Was maternal urine collected?
   Possible response options: Yes, no

   Record whether a urine sample was taken from the woman during her visit by selecting the appropriate response option. If a urine sample was not taken, answer the following additional question:

   i) If no, why? (possible response options: no consent, participant refused, no staff member available to collect the sample, no staff member available to process the sample, participant unable to produce sample, other (specify), don’t know) – Select the appropriate response option. If you select “other”, use the text box provided to provide more detail.

   Once you have completed all of the fields, indicate whether the form has been completed by selecting “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please ignore this! Next, select “Save and go to Next Instrument” at the bottom. You will then be taken to the next form, “Additional Mat”.
21.24. 14 – PRECISE Visit 2 – Additional Mat

The questions on this form should be asked directly of the woman and only of women in **Cohort 2**.

<table>
<thead>
<tr>
<th>Maternal Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In the past 2 weeks, have you had red, inflamed or bleeding gums?</td>
</tr>
<tr>
<td>2. In the past 2 weeks, have you had chest pain?</td>
</tr>
<tr>
<td>3. In the past 2 weeks, have you felt lightheaded?</td>
</tr>
<tr>
<td>4. In the past 2 weeks, have you had decreased exercise tolerance?</td>
</tr>
<tr>
<td>5. In the past 2 weeks, has your heart been beating very fast or too fast (palpitations)?</td>
</tr>
<tr>
<td>6. In the past 2 weeks, have you been breathing faster than usual?</td>
</tr>
<tr>
<td>7. In the past 2 weeks, have you had difficulty breathing?</td>
</tr>
<tr>
<td>8. In the past 2 weeks, have you lost any teeth?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHODAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. In the past 30 days, how much difficulty did you have in standing for long periods such as 30 minutes?</td>
</tr>
<tr>
<td>10. In the past 30 days, how much difficulty did you have in taking care of household responsibilities?</td>
</tr>
<tr>
<td>11. In the past 30 days, how much difficulty did you have in learning a new task, for example, learning how to get to a new place?</td>
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<tr>
<td>12. How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?</td>
</tr>
<tr>
<td>13. How much have you been emotionally affected by your health problems?</td>
</tr>
<tr>
<td>14. In the past 30 days, how much difficulty did you have in concentrating on doing something for ten minutes?</td>
</tr>
<tr>
<td>15. In the past 30 days, how much difficulty did you have in walking a long distance such as a kilometre [or equivalent]?</td>
</tr>
<tr>
<td>16. In the past 30 days, how much difficulty did you have in washing your whole body?</td>
</tr>
<tr>
<td>17. In the past 30 days, how much difficulty did you have in getting dressed?</td>
</tr>
<tr>
<td>18. In the past 30 days, how much difficulty did you have in dealing with people you do not know?</td>
</tr>
<tr>
<td>19. In the past 30 days, how much difficulty did you have in maintaining a friendship?</td>
</tr>
<tr>
<td>20. In the past 30 days, how much difficulty did you have in your day-to-day work/school?</td>
</tr>
<tr>
<td>21. Overall, in the past 30 days, how many days were these difficulties present?</td>
</tr>
<tr>
<td>22. In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition?</td>
</tr>
<tr>
<td>23. In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition?</td>
</tr>
<tr>
<td>24. In the past 30 days, how would you rate your overall health?</td>
</tr>
</tbody>
</table>
Maternal symptoms

1. In the past 2 weeks, have you had red, inflamed or bleeding gums?
   Possible response options: yes, no
   Ask the woman whether she has had red, inflamed or bleeding gums in the past 2 weeks and record her answer by ticking the appropriate "yes" or "no" box.

2. In the past 2 weeks, have you had chest pain?
   Possible response options: yes, no
   Ask the woman whether she has had chest pain in the past 2 weeks and record her answer by ticking the appropriate "yes" or "no" box.

3. In the past 2 weeks, have you felt lightheaded?
   Possible response options: yes, no
   Ask the woman whether she has felt lightheaded in the past 2 weeks and record her answer by ticking the appropriate "yes" or "no" box.

4. In the past 2 weeks, have you had decreased exercise tolerance?
   Possible response options: yes, no
   Ask the woman whether she has had decreased exercise tolerance in the past 2 weeks and record her answer by ticking the appropriate "yes" or "no" box.

5. In the past 2 weeks, has your heart been beating very fast or too fast (palpitations)?
   Possible response options: yes, no
   Ask the woman whether her heart has been beating very fast or too fast in the past 2 weeks and record her answer by ticking the appropriate "yes" or "no" box.

6. In the past 2 weeks, have you been breathing faster than usual?
   Possible response options: yes, no
   Ask the woman whether she has been breathing faster than usual in the past 2 weeks and record her answer by ticking the appropriate "yes" or "no" box.

7. In the past 2 weeks, have you had difficulty breathing?
   Possible response options: yes, no
   Ask the woman whether she has had difficulty breathing in the past 2 weeks and record her answer by ticking the appropriate "yes" or "no" box.

8. In the past 2 weeks, have you lost any teeth?
   Possible response options: yes, no
   Ask the woman whether she has lost any teeth in the past 2 weeks and record her answer by ticking the appropriate "yes" or "no" box.
WHODAS 2.0 (12-item version)

The WHODAS 12-item questionnaire asks women about their everyday activities and should be administered by Health Workers only. This part of the dataset is about difficulties people have because of health conditions. By health conditions we mean diseases or illness, or other health problems that may be short or long lasting; injuries; mental or emotional problems; and problems with alcohol or drugs. When asking the woman about difficulties in doing an activity, ask her to think about things such as increased effort, discomfort or pain, slowness, changes in the way she does the activities. Use Flashcard #1 to remind her of what we mean by difficulty as she answers each question.

Ask the woman to think back over the past 30 days when answering, and to think of how much difficulty she has had, on average, while doing the activity as she usually does it. Hand flashcard #2 to the woman and ask her to use the scale of severity when responding.

9. In the past 30 days, how much difficulty did you have in standing for long periods such as 30 minutes?
   Possible response options: None, mild, moderate, severe, extreme or cannot do

   Ask the woman how much difficulty she has had in standing for long periods such as 30 minutes over the past 30 days. Show her flashcard #1 to describe what is meant by “difficulty” and flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.
10. In the past 30 days, how much difficulty did you have in taking care of household responsibilities?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in taking care of household responsibilities over the past 30 days. Show her flashcard #1 to describe what is meant by “difficulty” and flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.

11. In the past 30 days, how much difficulty did you have in learning a new task, for example, learning how to get to a new place?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in learning a new task over the past 30 days. Show her flashcard #1 to describe what is meant by “difficulty” and flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.

12. How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in joining in community activities over the past 30 days. Show her flashcard #1 to describe what is meant by “difficulty” and flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.

13. How much have you been emotionally affected by your health problems?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much she has been emotionally affected by her health problem over the past 30 days. Show her flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.

14. In the past 30 days, how much difficulty did you have in concentrating on doing something for ten minutes?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in concentrating on doing something for ten minutes. Show her flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.

15. In the past 30 days, how much difficulty did you have in walking a long distance such as a kilometre [or equivalent]?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in walking a long distance such as a kilometre or equivalent over the past 30 days. Show her flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.
16. In the past 30 days, how much difficulty did you have in washing your whole body?  
Possible response options: None, mild, moderate, severe, extreme or cannot do  
Ask the woman how much difficulty she has had in washing her whole body over the past 30 days. Show her flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.

17. In the past 30 days, how much difficulty did you have in getting dressed?  
Possible response options: None, mild, moderate, severe, extreme or cannot do  
Ask the woman how much difficulty she has had in getting dressed over the past 30 days. Show her flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.

18. In the past 30 days, how much difficulty did you have in dealing with people you do not know?  
Possible response options: None, mild, moderate, severe, extreme or cannot do  
Ask the woman how much difficulty she has had in dealing with people she does not know over the past 30 days. Show her flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.

19. In the past 30 days, how much difficulty did you have in maintaining a friendship?  
Possible response options: None, mild, moderate, severe, extreme or cannot do  
Ask the woman how much difficulty she has had in maintaining a friendship over the past 30 days. Show her flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.

20. In the past 30 days, how much difficulty did you have in your day-to-day life at work/school?  
Possible response options: None, mild, moderate, severe, extreme or cannot do  
Ask the woman how much difficulty she has had in her day-to-day life at work/school over the past 30 days. Show her flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.

21. Overall, in the past 30 days, how many days were these difficulties present?  
Ask the woman how many days in the past 30 days she had these difficulties and record her response in the number box provided.

22. In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition?  
Ask the woman how many days in the past 30 days she has been totally unable to carry out her usual activities or work because of any health condition. Record her response in the number box provided.
23. **In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition?**

Ask the woman how many days in the past 30 days she has cut back or reduced her usual activities or work because of any health condition. Record her response in the number box provided.

24. **In the past 30 days, how would you rate your overall health?**
   
   Possible response options: very good, good, neither poor nor good, poor, very poor

Ask the woman how she would rate her overall health over the past 30 days and record her response by selecting the appropriate option.

Once you have completed all of the fields, indicate whether the form has been completed by selecting “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please ignore this! Next, select “Save and go to Next Instrument” at the bottom. You will then be taken to the next form, “Comments”. If you have any comments about the woman’s visit, record them here. However, please note that you do not HAVE to record anything here if there is nothing relevant or important to record. Select “Complete” at the bottom and then “Save Record”. You will then be taken back to the PRECISE Visit 2 screen. Click on the “PRECISE Visit 2” box at the top underneath the participant’s ID to return to the main Enrolment screen. Scroll down the list and select “Laboratory” to continue with data collection.

For women in Cohorts 3 and 4, you should first complete the HTN/FGR/IUFD form before proceeding to “Laboratory”.
This form collects additional information on the pregnancies of women who have been diagnosed with a placental disorder. It is therefore applicable to Cohorts 3, 4 and 5 only or women in Cohort 2 who develop a placental disorder after they are enrolled into the study. It is essential that this form is completed at every PRECISE visit a woman makes to the facility, if she has been diagnosed with one of the placental disorders being researched by PRECISE.

### Maternal symptoms

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Within the last 24 hours, have you had a headache?</td>
</tr>
<tr>
<td>2</td>
<td>Within the last 24 hours, have you had visual symptoms</td>
</tr>
<tr>
<td>3</td>
<td>Within the last 24 hours, have you had chest pain?</td>
</tr>
<tr>
<td>4</td>
<td>Within the last 24 hours, have you experienced shortness of breath?</td>
</tr>
<tr>
<td>5</td>
<td>Within the last 24 hours, have you had any abdominal pain?</td>
</tr>
<tr>
<td>6</td>
<td>Within the last 24 hours, have you had any vaginal bleeding?</td>
</tr>
<tr>
<td>7</td>
<td>Within the last 24 hours, have you felt decreased fetal movement?</td>
</tr>
</tbody>
</table>

### Lab

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>What is the woman's pulse oximetry?</td>
</tr>
</tbody>
</table>

### Investigations

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
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</thead>
<tbody>
<tr>
<td>9</td>
<td>Were blood tests requested?</td>
</tr>
<tr>
<td>10</td>
<td>Was any other investigation(s) carried out?</td>
</tr>
</tbody>
</table>

### Fetal assessment

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Was an ultrasound done following the diagnosis of hypertension, suspected fetal growth restriction (FGR), or interuterine fetal death (IUFD)?</td>
</tr>
</tbody>
</table>

**Maternal symptoms**

1. **Within the last 24 hours, have you had a headache?**
   
   Possible response options: yes, no, don’t know
   
   Ask the woman whether she has had a headache within the last 24 hours (i.e. yesterday or today) and record her response by selecting the appropriate option.

2. **Within the last 24 hours, have you had visual symptoms?**
   
   Possible response options: yes, no, don’t know
   
   By visual symptoms we mean, blurry vision, flashing lights, floaters, seeing stars or spots or other visual disturbances. Ask the woman whether she has had visual symptoms within the last 24 hours (i.e. yesterday or today) and record her response by selecting the appropriate option.

3. **Within the last 24 hours, have you had chest pain?**
   
   Possible response options: yes, no, don’t know
   
   Ask the woman whether she has had chest pain within the last 24 hours (i.e. yesterday or today) and record her response by selecting the appropriate option.
4. Within the last 24 hours, have you experienced shortness of breath?
   Possible response options: yes, no, don’t know
   Ask the woman whether she has had experienced shortness of breath within the last 24 hours (ie. yesterday or today) and record her response by selecting the appropriate option.

5. Within the last 24 hours, have you experienced any abdominal pain?
   Possible response options: yes, no, don’t know
   Ask the woman whether she has had experienced any abdominal pain within the last 24 hours (ie. yesterday or today) and record her response by selecting the appropriate option.

6. Within the last 24 hours, have you had any vaginal bleeding?
   Possible response options: yes, no, don’t know
   Ask the woman whether she has had any vaginal bleeding within the last 24 hours (ie. yesterday or today) and record her response by selecting the appropriate option. If the woman responds “yes” to having vaginal bleeding, ask her the following additional question:

   i) How big was the blood spot? Prompt her to indicate how large the blood spot was by using a comparison. For example, in The Gambia, “Was the blood spot the same size as a one dalasi piece?”; in Kenya, “Was the blood spot the same size as a twenty shilling coin?”; in Mozambique, “Was it about 1 tsp worth?” (possible response options: yes, no, don’t know) – Record the woman’s response by selecting the appropriate option.

7. Within the last 24 hrs, have you felt decreased fetal movement?
   Possible response options: yes, no, don’t know
   Ask the woman whether she has felt decreased fetal movement within the last 24 hours (ie. yesterday or today) and record her response by selecting the appropriate response. If the woman responds “don’t know”, try prompting her and explaining about fetal movements throughout the day. For further information and a definition of “reduced fetal movement” see Appendix E.

   If the woman responds yes to having felt decreased fetal movement, ask the following additional question:

   i) When were fetal movements last felt? – If the woman knows the time, record the time in the box provided in hh:mm format, using the 24 hour clock; if the woman does not know, select “DK”.

8. What is the woman’s pulse oximetry (%)?
   Using the Masimo Oximeter, measure the woman’s pulse oximetry and record the percentage of oxygen saturation in her blood in the number box provided. See separate Clinical Procedures training manual for more detail on using the Masimo Oximeter device. If the woman’s pulse oximetry is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.
Investigations

9. Were blood tests requested?
   Possible response options: yes, no

   Record whether any blood tests were requested and carried out by selecting the appropriate response option. If blood tests were requested, answer the following additional questions:

   i) Was the woman’s haemoglobin level tested? (possible response options: no - test not required, yes, no - test not available) – Select the appropriate response option from those listed.

   ii) Was the woman’s white cell count (WCC) tested? (possible response options: no - test not required, yes, no - test not available) – Select the appropriate response option from those listed.

   iii) Was the woman’s platelet count tested? (possible response options: no - test not required, yes, no - test not available) – Select the appropriate response option from those listed.

   iv) Was the woman’s serum creatinine tested? (possible response options: no - test not required, yes, no - test not available) – Select the appropriate response option from those listed.

   v) Was the woman’s aspartate transaminase (AST) tested? (possible response options: no - test not required, yes, no - test not available) – Select the appropriate response option from those listed.

   vi) Was the woman’s alanine aminotransferase (ALT) tested? (possible response options: no - test not required, yes, no - test not available) – Select the appropriate response option from those listed.

10. Was any other investigation(s) carried out?
    Possible response options: yes, no

    Record whether any other investigations were carried out by selected the appropriate response option.

Fetal assessment

11. Was an ultrasound done following the diagnosis of hypertension, suspected fetal growth restriction (FGR) or intrauterine fetal death (IUFD)?
    Possible response options: yes, no, don’t know

    Record whether an ultrasound was done following the diagnosis of hypertension, suspected FGR or IUFD by selecting the appropriate option. If an ultrasound was done, you will be prompted the answer the following additional questions:

    i) What was the date of the ultrasound? - Record the date of the scan in the date box provided using yyyy-mm-dd format. If the date of the scan is not known, select “yes” as the response to the question “Date of the first scan unknown?”.

    ii) Was a fetal abnormality diagnosed? – (possible response options: yes, no) – Select the appropriate response option. If an abnormality was diagnosed, specify the type (possible response options: none, not assessed, central nervous system, cardiac, urogenital, gastrointestinal, musculoskeletal, respiratory, multiple, other abnormality, not visualised) – Select the appropriate option from those listed.
iii) What was the TCD? – Record the TCD in mm in the number box provided. If the TCD is not known, select “yes” in response to the question “Don't know TCD?”

iv) What was the CRL? - Record the CRL in mm in the number box provided. If the CRL is not known, select “yes” in response to the question “Don't know CRL?”

v) What was the BPD? - Record the BPD in mm in the number box provided. If the BPD is not known, select “yes” in response to the question “Don't know BPD?”

vi) What was the HC? - Record the HC in mm in the number box provided. If the HC is not known, select “yes” in response to the question “Don't know HC?”

vii) What was the AC? - Record the AC in mm in the number box provided. If the AC is not known, select “yes” in response to the question “Don't know AC?”

viii) What was the FL? - Record the FL in mm in the number box provided. If the FL is not known, select “yes” in response to the question “Don't know FL?”

ix) Is there a clinical suspicion of FGR? (possible response options: yes, no) – Select the appropriate option.

tax) What was the AFI? - Record the AFI in mm in the number box provided. If the AFI is not known, select “yes” in response to the question “Don't know AFI?”

xi) What was the depth of the deepest amniotic fluid pocket? - Record the depth in mm of the deepest amniotic pocket in the number box provided. If the depth is not known, select “yes” in response to the question “Don't know depth of deepest amniotic pocket?”

xii) What was the umbilical RI? - Record the umbilical RI in the number box provided. If the RI is not known, select “yes” in response to the question “Don't know umbilical RI?”

xiii) What was the umbilical PI? - Record the umbilical PI in the number box provided. If the PI is not known, select “yes” in response to the question “Don't know umbilical PI?”

xiv) What was the umbilical EDV? - Record the umbilical EDV in the number box provided. If the EDV is not known, select “yes” in response to the question “Don't know umbilical EDV?”

xv) What was the L Ut RI? - Record the L Ut RI in the number box provided. If the L Ut RI is not known, select “yes” in response to the question “Don't know L Ut RI?”

xvi) What was the R Ut RI? - Record the R Ut RI in the number box provided. If the R Ut RI is not known, select “yes” in response to the question “Don't know R Ut RI?”

xvii) What was the mean Ut RI? - Record the mean Ut RI in the number box provided. If the mean Ut RI is not known, select “yes” in response to the question “Don't know mean Ut RI?”

xviii) What was the L Ut PI? - Record the L Ut PI in the number box provided. If the L Ut PI is not known, select “yes” in response to the question “Don't know L Ut PI?”

xix) What was the R Ut PI? - Record the R Ut PI in the number box provided. If the R Ut PI is not known, select “yes” in response to the question “Don't know R Ut PI?”

xx) What was the mean Ut PI? - Record the mean Ut PI in the number box provided. If the mean Ut PI is not known, select “yes” in response to the question “Don't know mean Ut PI?”
Once you have completed all of the fields, indicate whether the form has been completed by selecting "Complete" from the drop-down menu. You will note an additional option "Unverified". Please ignore this! Next, select "Save Record" at the bottom. Click on the black back button in the top left-hand corner of the form to leave the form.

If you have recorded that blood tests were requested, please remember to go to the "Laboratory" form to enter the test results.
This form collects information about COVID-19 symptoms during the COVID pandemic. It is applicable to women in all cohorts after they are enrolled into the study. It is essential that this form is completed at every PRECISE visit a woman makes to the facility. Questions 1 to 5 will be asked to all women at every visit. If the woman answers 'yes' to question 5, questions 6-27 will be asked.

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Have you EVER been exposed to someone with documented or suspected COVID-19 infection (such as co-workers, family members, or others)</td>
</tr>
<tr>
<td>20</td>
<td>Do you think you have already had COVID-19, but were not tested?</td>
</tr>
<tr>
<td>21</td>
<td>How much have you been isolating over the last week?</td>
</tr>
<tr>
<td>22</td>
<td>Have you had a test for COVID-19?</td>
</tr>
<tr>
<td>23</td>
<td>How do you physically feel right now?</td>
</tr>
<tr>
<td>24</td>
<td>Do you have a fever or feel too hot?</td>
</tr>
<tr>
<td>25</td>
<td>Do you have chills or shivers (feel too cold)?</td>
</tr>
<tr>
<td>26</td>
<td>If the woman's temperature was measured, what was the woman's temperature?</td>
</tr>
<tr>
<td>10</td>
<td>Are you experiencing unusual fatigue?</td>
</tr>
<tr>
<td>15</td>
<td>Do you have a headache?</td>
</tr>
<tr>
<td>16</td>
<td>Have you felt nausea or experienced vomiting?</td>
</tr>
<tr>
<td>13</td>
<td>Are you experiencing dizziness or light-headedness?</td>
</tr>
<tr>
<td>42</td>
<td>Are you experiencing unusual shortness of breath or having trouble breathing?</td>
</tr>
<tr>
<td>43</td>
<td>Do you have a sore or painful throat?</td>
</tr>
<tr>
<td>44</td>
<td>Do you have a loss of smell/taste?</td>
</tr>
<tr>
<td>45</td>
<td>Do you have an unusually hoarse throat?</td>
</tr>
<tr>
<td>46</td>
<td>Are you feeling an unusual chest pain or tightness in your chest?</td>
</tr>
<tr>
<td>47</td>
<td>Do you have unusual abdominal pain or stomach ache?</td>
</tr>
<tr>
<td>48</td>
<td>Are you experiencing diarrhoea?</td>
</tr>
<tr>
<td>49</td>
<td>Do you have unusual strong muscle pains or aches?</td>
</tr>
<tr>
<td>50</td>
<td>Have you had raised, red, itchy, welts on the skin or sudden swelling of the face or lips?</td>
</tr>
<tr>
<td>51</td>
<td>Have you had any red/purple sores or blisters on your feet, including your toes?</td>
</tr>
<tr>
<td>52</td>
<td>Do you have any of the following symptoms: confusion, disorientation or drowsiness?</td>
</tr>
<tr>
<td>53</td>
<td>Do your eyes have any unusual eye-soreness or discomfort (e.g. light sensitivity, excessive tears, or pink/red eye)?</td>
</tr>
<tr>
<td>54</td>
<td>Have you been skipping meals?</td>
</tr>
<tr>
<td>55</td>
<td>Are there other important symptoms you want to share with us?</td>
</tr>
</tbody>
</table>
Maternal symptoms

55. Have you EVER been exposed to someone with documented or suspected COVID-19 infection (such as co-workers, family members, or others)

   Possible response options: Yes, documented COVID-19 cases only, Yes, suspected COVID-19 cases only, Yes, both documented and suspected COVID-19 cases, Not that I know of.

Ask the woman if she has ever been exposed to someone with documented or suspected COVID-19 infection (such as co-workers, family members, or others) and record her answer by selecting the appropriate option.

56. Do you think you have already had COVID-19, but were not tested?

   Possible response options: yes, no

Ask the woman if she thinks she has had COVID-19 already but were not tested and record her answer by ticking the appropriate "yes" or "no" box.

57. How much have you been isolating over the last week?

   Possible response options: I have not left the house, I rarely leave the house and when I do, I have little interaction with other (eg for exercise), I rarely leave the house but had to visit somewhere with lots of people (eg hospital/clinic, groceries), I have to leave the house often and am in contact with other people (eg still working outside the house or using public transport)

Ask the woman how much she has been isolating over the last week. Record the woman's response by selecting the appropriate option.

58. Have you had a test for COVID-19?

   Possible response options: yes, no

Ask the woman if she has had a test for COVID-19 and record her answer by ticking the appropriate "yes" or "no" box.

59. How do you physically feel right now?

   Possible response options: I feel physically normal, I'm not feeling quite right

Ask the woman how she feels physically at the moment. Record her answer by selecting the appropriate option. If the woman answers I'm not feeling quite right, continue to ask her questions 6-27 of this questionnaire.

60. Do you have a fever or feel too hot?

   Possible response options: yes, no

Ask the woman if she has a fever or if she feels too hot. Record her answer by ticking the appropriate "yes" or "no" box.

61. Do you have chills or shivers (feel too cold)?

   Possible response options: yes, no
Ask the woman if she has chills or shivers (i.e. feel too cold). Record her answer by ticking the appropriate "yes" or "no" box.

62. If the woman’s temperature was measured, what was the woman’s temperature?
   Possible response options: Number box in C, number box in F, temperature was not measured.

   If the woman’s temperature has been measured, record the measurement in °C or °F in the corresponding number box. If there is no temperature measurement available, record it by ticking the box ‘temperature was not measured’.

63. Do you have a consistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)?
   Possible response options: yes, no

   Ask the woman if she has a consistent cough (i.e., coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours). By ‘3 or more coughing episodes in 24 hours’, we mean in a 3 or more episodes in a day. Record the woman’s answer by ticking the appropriate "yes" or "no" box.

64. Are you experiencing unusual fatigue?
   Possible response options: yes, no

   Ask the woman if she is experiencing unusual fatigue (i.e. more tired than usual). Record her answer by ticking the appropriate "yes" or "no" box.

65. Do you have a headache?
   Possible response options: yes, no

   Ask the woman if she has a headache and record her answer by ticking the appropriate "yes" or "no" box.

66. Have you felt nausea or experienced vomiting?
   Possible response options: yes, no

   Ask the woman if she has nausea or experienced vomiting. Record her answer by ticking the appropriate "yes" or "no" box.

67. Are you experiencing dizziness or light-headedness?
   Possible response options: yes, no

   Ask the woman if she is experiencing dizziness or light-headedness. Record her answer by ticking the appropriate "yes" or "no" box.

68. Are you experiencing unusual shortness of breath or having trouble breathing?
   Possible response options: yes, no

   Ask the woman if she is experiencing unusual shortness of breath or having trouble breathing. Record her answer by ticking the appropriate "yes" or "no" box.
69. Do you have a sore or painful throat?
   Possible response options: yes, no
   Ask the woman if she has a sore or painful throat and record her answer by ticking the appropriate "yes" or "no" box.

70. Do you have a loss of smell/taste?
   Possible response options: yes, no
   Ask the woman if she has lost her sense of smell or taste and record her answer by ticking the appropriate "yes" or "no" box.

71. Do you have an unusually hoarse throat?
   Possible response options: yes, no
   Ask the woman if she has an unusually hoarse throat and record her answer by ticking the appropriate "yes" or "no" box.

72. Are you feeling an unusual chest pain or tightness in your chest?
   Possible response options: yes, no
   Ask the woman if she is feeling an unusual chest pain or tightness in her chest and record her answer by ticking the appropriate "yes" or "no" box.

73. Do you have unusual abdominal pain or stomach-ache?
   Possible response options: yes, no
   Ask the woman if she has unusual abdominal pain or stomach-ache and record her answer by ticking the appropriate "yes" or "no" box.

74. Are you experiencing diarrhoea?
   Possible response options: yes, no
   Ask the woman if she is experiencing unusual diarrhoea and record her answer by ticking the appropriate "yes" or "no" box.

75. Do you have unusual strong muscle pains or aches?
   Possible response options: yes, no
   Ask the woman if she has unusual strong muscle pains or aches and record her answer by ticking the appropriate "yes" or "no" box.

76. Have you had raised, red, itchy, welts on the skin or sudden swelling of the face or lips?
   Possible response options: yes, no
   Ask the woman if she has raised, red, itchy, welts (i.e. marks or scars) on the skin or sudden swelling of the face or lips and record her answer by ticking the appropriate "yes" or "no" box.
77. Have you had any red/purple sores or blisters on your feet, including your toes?
   Possible response options: yes, no

   Ask the woman if she has had any red/purple sores or blisters on her feet, including your toes and record her answer by ticking the appropriate "yes" or "no" box.

78. Do you have any of the following symptoms: confusion, disorientation or drowsiness?
   Possible response options: yes, no

   Ask the woman if she has felt confusion, disorientation or drowsiness and record her answer by ticking the appropriate "yes" or "no" box.

79. Do your eyes have any unusual eye-soreness or discomfort (e.g. light sensitivity, excessive tears, or pink/red eye)?
   Possible response options: yes, no

   Ask the woman if she has felt any unusual eye-soreness or discomfort (e.g. light sensitivity, excessive tears, or pink/red eye). Record her answer by ticking the appropriate "yes" or "no" box.

80. Have you been skipping meals?
   Possible response options: yes, no

   Ask the woman if she has been skipping meals because she has lost appetite (hasn’t felt hungry) or because she was too unwell to eat and record her answer by ticking the appropriate "yes" or "no" box.

81. Are there other important symptoms you want to share with us?
   Possible response options: yes, no

   Ask the woman if there are any other important symptoms she want to share and record her answer by ticking the appropriate "yes" or "no" box. If the woman answers Yes record the symptoms she describes in the text box.
23.27. 16 - Non-PRECISE ANC Visit

This form collects information from other ANC visits which are not part of PRECISE on several key areas. It should be completed ONLY if the woman is attending the facility as part of her routine ANC care and not as a PRECISE visit.

<table>
<thead>
<tr>
<th>Maternal clinical assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  What is the woman’s resting systolic blood pressure?</td>
</tr>
<tr>
<td>2  What is the woman’s resting diastolic blood pressure?</td>
</tr>
<tr>
<td>3  Was dipstick urinalysis for proteinuria done?</td>
</tr>
<tr>
<td>4  Within the last 24 hours, have you felt decreased fetal movement?</td>
</tr>
<tr>
<td>5  Is/Was the fetal heart rate present or absent?</td>
</tr>
<tr>
<td>6  What is the symphysis fundal height (cm)?</td>
</tr>
</tbody>
</table>

Maternal clinical assessment

1. What is the woman’s resting systolic blood pressure?

Using the CRADLE device, measure the woman’s resting systolic blood pressure. You will need to take at least two measurements and input the readings into the number boxes provided. If the difference between the first two measurements is more than 10mmHg apart, you will need to take a third reading. See separate Clinical Procedures training manual for more detail on using the CRADLE device.

2. What is the woman’s resting diastolic blood pressure?

Using the CRADLE device, measure the woman’s resting systolic blood pressure. You will need to take at least two measurements and input the readings into the number boxes provided. If the difference between the first two measurements is more than 10mmHg apart, you will need to take a third reading. See separate Clinical Procedures training manual for more detail on using the CRADLE device.

3. Was dipstick urinalysis for proteinuria done?

Possible response options: yes, no, don’t know

Record whether dipstick urinalysis for proteinuria was done by selecting the appropriate option. If dipstick urinalysis for proteinuria was done, answer the following additional question:

i) What was the result? (possible response options: negative/trace, 2-1+ or 0.3g/L, 3-2+ or 1 g/L, 4-3+ or >=3 g/L, not done). Record the result of the test by selecting the appropriate option.

You should then see the woman’s eligibility for the hypertension ToD cohort indicated in red in the box underneath. This field is automatically calculated for you.
4. Within the last 24 hours, have you felt decreased fetal movement?
   Possible response options: yes, no, don’t know

   By ‘within the last 24 hours’, we mean yesterday or today. If it is too early for the woman to
   have felt fetal movement, select “no”.

   Ask the woman the question whether she has felt decreased fetal movement within the last
   24 hours and record the woman’s response by selecting the appropriate option.

5. Is/Was the fetal heart rate (FHR) present or absent?
   Possible response option: present, absent, not done, don’t know

   Check for the FHR and record whether it is present or absent by selecting the appropriate
   response.

   If the FHR was absent, you will be asked to answer the following additional questions:

   vii) Date on which the FHR was present or absent - Record the date in the box provided in yyyy-mm-dd format. If the date is not known, select “yes” as a response to the question “date don’t know”.
   viii) Time at which FHR was confirmed to be absent - Record the time in the box provided in hh:mm format, using the 24 hour clock. If the time is not known, select “yes” as a response to the question “time don’t know”.
   ix) How was FHR measured? (possible response options: Pintard, Doppler, Cardiotocography, Don’t know) – Select the appropriate response option.

6. What is the symphysis fundal height (SFH) (cm)?

   Record the SFH in cm in the number box provided. If the SFH is not known or was not
   measured, select “yes” as the response option to the question “Don’t know SFH?”

   You should then see the woman’s eligibility for the IUFD/stillbirth and FGR ToD cohorts indicated in
   red in the boxes at the bottom. These fields are automatically calculated for you.

   Once you have completed all of the fields, indicate whether the form has been completed by selecting
   “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please
   ignore this! Next, select “Save Record” at the bottom. Click on the black back button in the top left-
   hand corner of the form to leave the form.
24.28. 02 - Birth Mother: General Info

This form is a repetition of the form from the woman’s first and second PRECISE visits and should be completed for Cohorts 2, 3, 4 and 5 only.

1. What is the name of the health facility where the woman is being seen?

   Possible response options: Kenya - Rabai, Mariakani; Mozambique - Xinavane, Manhica; The Gambia - Farafenni, Illiassa, Ngeyen Sanjal

   Select the appropriate option from those listed.

   If you are collecting data in the community, from a woman who delivered at home or at a non-PRECISE facility, select the facility that you are affiliated with. For example, if you are based at Illiassa and normally collect study data there, select “Illiassa”.

2. Which village do you live in?

   Ask the woman the name of the village where she lives and select the appropriate response. If the woman does not know the name of her village, select “don’t know”. If the name of the woman’s village is not listed as a response option, select “other” and use the address textbox underneath to write down the name of the village along with the rest of her address.

3. What is the address of where you currently live?

   Ask the woman for her address. Please note that this is the address of the household where she is living at the moment; the woman may be staying with family during her pregnancy rather than in her own home and it is therefore very important that you ensure the address you record is where she is staying right now. In Mozambique, you should record the administrative post, locality and neighbourhood name; in Kenya, you should record the district/county/community unit, division/constituency, location/ward and sublocation; in The Gambia you should record the village, compound, household HDSS ID number. This is essential data so please ensure you collect as much data as you can so that we can pinpoint exactly where the woman is staying!

4. Where did you come from when you arrived at this facility?

   Possible response options: Home, work, friend’s home, health facility, other (specify)

   Ask the woman where she came from when she arrived at the facility and record her response by selecting the appropriate option. If the woman tells you she has come from another health facility, ask her for the name of the health facility. Record her response by

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1. What is the name of the health facility where the woman is being seen?

   Possible response options: Kenya - Rabai, Mariakani; Mozambique - Xinavane, Manhica; The Gambia - Farafenni, Illiassa, Ngeyen Sanjal

   Select the appropriate option from those listed.

2. Which village do you live in?

   Ask the woman the name of the village where she lives and select the appropriate response. If the woman does not know the name of her village, select “don’t know”. If the name of the woman’s village is not listed as a response option, select “other” and use the address textbox underneath to write down the name of the village along with the rest of her address.

3. What is the address of where you currently live?

   Ask the woman for her address. Please note that this is the address of the household where she is living at the moment; the woman may be staying with family during her pregnancy rather than in her own home and it is therefore very important that you ensure the address you record is where she is staying right now. In Mozambique, you should record the administrative post, locality and neighbourhood name; in Kenya, you should record the district/county/community unit, division/constituency, location/ward and sublocation; in The Gambia you should record the village, compound, household HDSS ID number. This is essential data so please ensure you collect as much data as you can so that we can pinpoint exactly where the woman is staying!

4. Where did you come from when you arrived at this facility?

   Possible response options: Home, work, friend’s home, health facility, other (specify)

   Ask the woman where she came from when she arrived at the facility and record her response by selecting the appropriate option. If the woman tells you she has come from another health facility, ask her for the name of the health facility. Record her response by
typing the facility name into the text box provided. If the woman has come from somewhere not listed, select “other” and use the text box provided to record her response.

5. **How did you get here today?**
   
   Possible response options: On foot, own bicycle, own motorbike, own car, public bus, lift in friend/relative’s car, lift on friend/relative’s motorbike, lift on friend/relative’s bike, taxi - car, taxi-motorbike, tuk-tuk/auto-rickshaw, other (specify)

   Ask the woman how she got to the facility today and record her response by selecting the appropriate option from those listed. If the woman used more than one form of transport to attend the facility, ask her which mode of transport she spent the most time using. If the woman used another form of transport which is not listed, select “other” and use the text box provided to record her response.

6. **How long did it take you to get here?**
   
   Possible response options: less than 15 minutes, 15 to 30 minutes, 30 minutes to 1 hour, more than 1 hour

   Ask the woman how long it took her to get to the facility and record her response by selecting the relevant option.
### Admission

1. Was an intrapartum vaginal swab collected?
2. What was the location of the delivery?
3. What was the date of arrival at the facility for delivery admission?
4. What was the time of arrival at the facility for delivery admission?
5. What was the date of first assessment at the facility for delivery admission?
6. What was the time of first assessment at the facility for delivery admission?
7. Did the woman have antenatal care prior to this delivery admission?
8. During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?
9. During this pregnancy, were you given a tablet to prevent malaria?
10. Was an insecticide-treated mosquito net issued?
11. Was the woman screened for gestational diabetes mellitus (GDM)?
12. Was the fetal heart rate measured on admission to facility?

### Investigations

13. Was the woman’s haemoglobin concentration measured? (hemocue)
14. Was the woman’s white cell count (WCC) tested?
15. Was the woman’s platelet count tested?
16. Was the woman’s serum creatinine level tested?
17. Was the woman’s aspartate transaminase level tested?
18. Was the woman’s alanine aminotransferase level tested?

### Delivery

19. Please indicate the number of baby(ies) in this pregnancy
20. Was an attendant present at the delivery?
21. How was the delivery initiated?

### Monitoring Before Birth

22. During the admission and before birth, was the woman’s blood pressure checked?
23. During the admission and before birth, was the woman’s urinary protein checked?
24. During the admission and before birth, was the mother’s temperature checked?
25. During the admission and before birth, was the mother’s heart rate checked?
26. During the admission and before birth, was the mother’s respiratory rate checked?
27. During the admission and before birth, was the mother’s oxygen saturation checked?
28. During the admission and before birth, was the mother’s haemoglobin concentration checked?
Admission

1. **Was intrapartum vaginal swab collected?**
   Possible response options: Yes, no

   Select the appropriate response option. If no, answer the following additional question:
   
   i) If no, why? (possible response options: no consent, participant refused, no staff member available to collect the sample, no staff member available to process the sample, participant did not deliver in one of the study sites, other (specify), don’t know) – Select the appropriate response option. If you select “other”, use the text box provided to provide more detail. If the woman delivered at home or a non-PRECISE facility, select “participant did not deliver in one of the study sites”.

2. **What was the location of the delivery?**
   Possible response options: home, PHC, district hospital, regional hospital, tertiary hospital, private hospital/clinic, en route, other, don’t know

   Ask the person who attended the woman on her admission for the delivery location and record where the woman delivered the baby by selecting the appropriate response.

   If you select “PHC”, you will be prompted to record which PHC (possible response options: Kenya – Rabai, Moz – Xinavane, The Gambia – Sara Kunda, Illiasa, Ngeyen Sanjal, Njaba Kunda, other, don’t know) – Select the appropriate response. If you select “other”, use the text box provided to record the name of the facility.

   If you select “district hospital”, you will be prompted to record which district hospital (possible response options: Kenya – Mariakani, Moz – Manhica, The Gambia – Farafenni, other, don’t know) – Select the appropriate response. If you select “other”, use the text box provided to record the name of the facility.

3. **What was the date of arrival at the facility for delivery admission?**

   Ask the woman the date she arrived in the facility and record the date in the box provided in yyyy-mm-dd format. If you cannot ask the woman directly, ask the person who attended the woman during delivery. If you cannot ask the person who attended the delivery, check the woman’s delivery notes. If the date of arrival at the facility is not known, select “yes” as the response to the question “Don’t know”.

   **Community-based data collection:** If the woman delivered at home or at another facility, rephrase the question as “What was the date of delivery?”

4. **What was the time of arrival at the facility for delivery admission?**

   Ask the woman the time she arrived in the facility and record the time in the box provided in hh:mm format, using the 24 hour clock. If you cannot ask the woman directly, ask the person who attended the woman during delivery. If you cannot ask the person who attended the delivery, check the woman’s delivery notes. If the time of arrival at the facility is not known, select “yes” as the response to the question “Don’t know”.

   **Community-based data collection:** If the woman delivered at home or at another facility, rephrase the question as “What was the time of delivery?”
Community-based data collection: If the woman delivered at home or at another facility, rephrase the question as "What was the time of delivery?"

5. What was the date of first assessment at the facility for delivery admission?

Ask the woman the date of her first assessment for delivery admission and record the date in the box provided in yyyy-mm-dd format. If you cannot ask the woman directly, ask the person who attended the woman during delivery. If you cannot ask the person who attended the delivery, check the woman’s delivery notes.

If the date of first assessment is not known, select "yes" as the response to the question "Don’t know or not applicable".

If the woman delivered at home or a non-PRECISE facility, select "not applicable" as the response to the question "Don’t know or not applicable".

6. What was the time of first assessment at the facility for delivery admission?

Ask the woman the time of her first assessment for delivery admission and record the time in the box provided in hh:mm format, using the 24 hour clock. If you cannot ask the woman directly, ask the person who attended the woman during delivery. If you cannot ask the person who attended the delivery, check the woman’s delivery notes.

If the time of first assessment is not known, select "yes" as the response to the question "Don’t know or not applicable".

If the woman delivered at home or a non-PRECISE facility, select "not applicable", as the response to the question "Don’t know or not applicable".

7. Did the woman have antenatal care prior to this delivery admission?

Possible response options: yes, no, don’t know

Ask the woman whether she received antenatal care prior to this delivery admission and record her response by selecting the appropriate option. If the woman does not know, ask her whether she has an antenatal card/booklet. If she does have an antenatal card, ask to see it and record whether she has received antenatal care by selecting the appropriate option. If the woman does not have an antenatal card, ask the facility staff whether they provided antenatal care to the woman during this pregnancy. If this information cannot be sourced either from asking the woman herself, from her antenatal card or from interviewing the health facility staff, select "don’t know".

If the woman attended antenatal care, answer the following additional questions:

i) How many times did the woman receive antenatal care during the pregnancy? – Ask the woman how many times she visited the facility for care during this pregnancy and record the number of visits in the number box provided. If the woman does not know, check her antenatal card. If the number of visits is not recorded on her antenatal card, ask the persons how many times they have seen her during this pregnancy.

ii) As part of her antenatal care was the woman’s blood pressure measured at least once during pregnancy? (possible response options: yes, no, don’t know) – Ask the
woman whether her BP was measured at least once during this pregnancy and record her response by selecting the appropriate option. If the woman does not know, check her antenatal card. If the number of visits is not recorded on her antenatal card, ask the persons how many times they have seen her during this pregnancy.

iii) Was the woman’s BP measured at every visit? (possible response options: yes, no, don’t know) - Ask the woman whether her BP was measured at every visit and record her response by selecting the appropriate option. If the woman does not know, check her antenatal card. If the number of visits is not recorded on her antenatal card, ask the persons how many times they have seen her during this pregnancy.

8. During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?  
   Possible response options: yes, no, don’t know

   Ask the woman whether she received an injection in the arm to prevent the baby from getting tetanus and record her response by selecting the appropriate option. If the woman does not know, check her antenatal card to see if she was given an injection. If this information is not recorded on her antenatal card, ask the persons who provided her antenatal care whether she received an injection. If you cannot obtain this information from any of these sources, select “don’t know”.

9. During this pregnancy, were you given a tablet to prevent malaria?  
   Possible response options: yes, no, don’t know

   Ask the woman whether she was given a tablet to prevent malaria during this pregnancy and record her response by selecting the appropriate option. If the woman does not know, check her antenatal card to see if she was given a tablet. If this information is not recorded on her antenatal card, ask the persons who provided her antenatal care whether she was given an antimalarial tablet. If you cannot obtain this information from any of these sources, select “don’t know”.

   If the woman did receive a tablet to prevent malaria, answer the following additional question:

   i) How many times were you given this tablet? – Ask the woman how many times she was given a tablet and record the number of times in the number box provided. If the woman does not know, check her antenatal card. If this information is not recorded on her antenatal card, ask the persons who provided her antenatal care how many times she was given an antimalarial tablet. If you cannot obtain this information from any of these sources, select “don’t know”.

10. Was an insecticide-treated mosquito net issued?  
   Possible response options: yes, no, not applicable, don’t know

   Ask the woman if she received an insecticide-treated mosquito net and select the appropriate response. If the woman does not know, ask the persons who provided her antenatal care. If the woman received a mosquito net, ask the following additional question:

   i) Did you sleep under this net? (possible response options: yes, no, don’t know) - Ask the woman whether she has slept under this net during most of her pregnancy and select the appropriate response. Ensure that it was this treated net she slept under.
11. Was the woman screened for gestational diabetes mellitus (GDM)?
   Possible response options: yes, no, don’t know

   Ask the person who attended the delivery and record if the woman was screened for gestational diabetes by selecting the appropriate response. If it is not recorded, ask the woman directly and select the appropriate response in the dropdown list. If this information is not in the woman’s chart and the woman herself does not know, select “don’t know”.

   If the woman delivered at home, select “not applicable”.

   If the woman has been screened for GDM, answer the following additional questions:

   i) Did she receive a clinical diagnosis of GDM? (possible response options: yes, no, don’t know) - Using the medical records or charts, record if the woman received a clinical diagnosis of GDM by selecting the appropriate response. If it is not recorded, ask the woman directly and select the appropriate response in the dropdown list. If this information is not in the woman’s chart and the woman herself does not know, select “don’t know”.

   If the woman did receive a clinical diagnosis of GDM, answer the additional following question:

   ii) How was this treated? (possible response options: diet, medication, not treated, don’t know) - Using the medical records or charts, record how the GDM was treated by selecting the appropriate response. If it is not recorded, ask the woman directly and select the appropriate response in the dropdown list. If this information is not in the woman’s chart and the woman herself does not know, select “don’t know”.

12. Was the fetal heart rate (FHR) measured on admission to facility?
   Possible response options: yes, no, don’t know

   Ask the person who attended the delivery and record if the fetal heart rate was measured when the woman was admitted to the facility. Select the appropriate response from the dropdown list. If the fetal heart rate was measured, answer the following additional questions:

   i) Was the fetal heart rate heard? (possible response options: yes, no, don’t know) - Using the medical records or charts, record if the fetal heart rate was measured when the woman was admitted to the facility. Select the appropriate response option.
   ii) What was used? (possible response options: Pinard, Doptone, Cardiotography, don’t know) - Using the medical records or charts, record what was used to measure the fetal heart rate when the woman was admitted to the facility. Select the appropriate response from the options provided.

   Community-based data collection: If the woman delivered at home or at another facility, rephrase the question as “Was the fetal heart rate measured during delivery?” and then continue with the additional questions, if applicable.
Investigations (PRECISE Facility Deliveries only)

13. **Was the woman's haemoglobin concentration measured?** (hemocue)
   Possible response options: yes, no, unavailable, not tested, not applicable, don’t know
   
   Ask the person who attended the delivery and record if the woman's haemoglobin concentration was measured. Select the appropriate response from the dropdown list.

14. **Was the woman’s white cell count (WCC) tested?**
   Possible response options: yes, no, unavailable, not tested, not applicable, don’t know
   
   Ask the person who attended the delivery and record if the woman’s WCC was measured. Select the appropriate response from the dropdown list.

15. **Was the woman’s platelet count tested?**
   Possible response options: yes, no, unavailable, not tested, not applicable, don’t know
   
   Ask the person who attended the delivery and record if the woman’s platelet count was measured. Select the appropriate response from the dropdown list.

16. **Was the woman’s serum creatinine level tested?**
   Possible response options: yes, no, unavailable, not tested, not applicable, don’t know
   
   Ask the person who attended the delivery and record if the woman’s serum creatinine level was measured. Select the appropriate response from the dropdown list.

17. **Was the woman’s aspartate transaminase (AST) tested?**
   Possible response options: yes, no, unavailable, not tested, not applicable, don’t know
   
   Ask the person who attended the delivery and record if the woman’s AST was measured. Select the appropriate response from the dropdown list.

18. **Was the woman’s alanine aminotransferase (ALT) tested?**
   Possible response options: yes, no, unavailable, not tested, not applicable, don’t know
   
   Ask the person who attended the delivery and record if the woman’s ALT was measured. Select the appropriate response from the dropdown list.

Delivery

19. **Please indicate the number of baby(ies) in this pregnancy**
   
   Using the number box provided, record whether this was a singleton or multiple pregnancy by recording how many babies were delivered.

20. **Was an attendant present at the delivery?** (PRECISE Facility Deliveries only)
    Possible response options: yes, no, don’t know
    
    Ask the person if an attendant was present at the delivery. Choose the appropriate response from the drop-down menu. Do not include yourself in the response to this question. We are asking about active participation in the woman’s care as she delivered.
If the woman does not know or does not remember, select “don’t know”. If an attendant was present at the delivery, ask the following additional questions:

i) Did the doctor attend the delivery? (possible response options: yes, no) – Record the woman’s response by selecting the appropriate option.

ii) Did the midwife attend the delivery? (possible response options: yes, no) – Record the woman’s response by selecting the appropriate option.

iii) Did the person attend the delivery? (possible response options: yes, no) – Record the woman’s response by selecting the appropriate option.

iv) Did the community health workers attend the delivery? (possible response options: yes, no) – Record the woman’s response by selecting the appropriate option.

v) Did the traditional birth attendant attend the delivery? (possible response options: yes, no) – Record the woman’s response by selecting the appropriate option.

vi) Did a family member attend the delivery? (possible response options: yes, no) – Record the woman’s response by selecting the appropriate option.

21. How was the delivery initiated? (PRECISE Facility Deliveries only)

Possible response options: spontaneous onset of labour, caregiver-initiated by labour induction, caregiver-initiated by elective Caesarean, caregiver-initiated by emergency Caesarean, caregiver-initiated by termination of pregnancy, woman died undelivered, DK

Ask the person who attended the delivery how it was initiated and record the response by selecting the appropriate option. If the delivery was caregiver-initiated, answer the following additional questions:

i) Was it fetal indication? (possible response options: yes, no). In other words, was delivery initiated by the caregiver because of concern for the health and welfare of the fetus? Select the appropriate response option and use the text box provided to specify the fetal indication.

ii) Was it maternal indication (including trauma)? (possible response options: yes, no). In other words, was delivery initiated by the caregiver because of concern for the health and welfare of the mother? Please note that by “trauma” we mean a serious or critical bodily injury, wound or shock; in addition, by “shock”, we mean a failure of the circulatory system to maintain adequate blood flow. Select the appropriate response option and use the text box provided to specify the maternal indication.

iii) Was it fetal and maternal indication? (possible response options: yes, no). In other words, was delivery initiated by the caregiver because of concern for the health and welfare of the mother AND the fetus? Select the appropriate response option and use the text box provided to specify the maternal indication.

iv) Was the indication unknown? (possible response options: yes, no). Select the appropriate response option.

Monitoring Before Birth (PRECISE Facility Deliveries only)

22. During the admission and before birth, was the woman’s blood pressure checked?

Possible response options: yes, no, don’t know

Ask the person who attended the delivery if the woman’s BP was checked during admission and before the birth. If the woman’s BP was checked during admission and before the birth, answer the following additional questions:
i) What was the highest systolic blood pressure? – Record the highest sBP in mm/Hg in the number box provided. If the measurement is not known, select “yes” in response to the question “Don’t know”.

ii) What was the highest diastolic blood pressure? – Record the highest dBP in mm/Hg in the number box provided. If the measurement is not known, select “yes” in response to the question “Don’t know”.

iii) What was the lowest systolic blood pressure? – Record the lowest sBP in mm/Hg in the number box provided. If the measurement is not known, select “yes” in response to the question “Don’t know”.

iv) What was the lowest diastolic blood pressure? – Record the lowest dBP in mm/Hg in the number box provided. If the measurement is not known, select “yes” in response to the question “Don’t know”.

23 During the admission and before birth, was the woman’s urinary protein checked?
Possible response options: yes, no, don’t know

Ask the person who attended the delivery if the woman’s urinary protein was checked during admission and before the birth. If the woman’s urinary protein was checked during the admission and before birth, answer the following additional question:

i) What was the highest documented level of proteinuria for each of the following methods?:
   a. urinary dipstick (in + protein)
   b. protein:creatinine ratio (in g/mol)
   c. 24hr urinary protein (g/d)

Record the measurements in the number boxes provided

24 During the admission and before birth, was the mother’s temperature checked?
Possible response options: yes, no, don’t know

Ask the person who attended the delivery if the mother’s temperature was checked during the admission and before the birth and select the appropriate response option. If the woman’s temperature was checked during admission and before birth, answer the following additional questions:

i) What was the highest maternal temperature? - Record the highest maternal temperature in °C or °F in the number box provided. If the highest maternal temperature is not known, select “yes” in response to the question “Don’t know”.

ii) What was the lowest maternal temperature? - Record the lowest maternal temperature in °C or °F in the number box provided. If the highest maternal temperature is not known, select “yes” in response to the question “Don’t know”.

25 During the admission and before birth, was the mother’s heart rate (HR) checked?
Possible response options: yes, no, don’t know

Ask the person who attended the delivery if the mother’s heart rate was checked during the admission and before the birth and select the appropriate response option. If the mother’s heart rate was checked during admission and before the birth, answer the following additional question:
i) What was the highest HR? – Record the woman’s highest heart rate in beats per minute in the number box provided. If the woman’s highest HR is not known, select "yes" in response to the question "Don’t know".

26. During the admission and before birth, was the mother’s respiratory rate checked?
Possible response options: yes, no, don’t know

Ask the person who attended the delivery if the mother’s respiratory rate was checked during the admission and before the birth and select the appropriate response option. If the mother’s respiratory rate was checked during admission and before the birth, answer the following additional questions:

i) What was the highest respiratory rate? – Record the woman’s highest respiratory rate in breaths per minute in the number box provided. If the woman’s highest RR is not known, select "yes" in response to the question "Don’t know".

ii) What was the lowest respiratory rate? – Record the woman’s lowest respiratory rate in breaths per minute in the number box provided. If the woman’s lowest RR is not known, select "yes" in response to the question "Don’t know".

27. During the admission and before birth, was the woman’s oxygen saturation checked?
Possible response options: yes, no, don’t know

Ask the person who attended the delivery if the woman’s oxygen saturation was checked during the admission and before the birth and select the appropriate response option. If yes, answer the following additional questions:

i) What was the lowest oxygen saturation? - Record the lowest saturation in % in the number box provided. If the woman’s lowest SpO₂ is not known, select "yes" in response to the question “Don’t know”.

ii) Was the oxygen saturation less than 90% for at least 60 min? (possible response options: yes, no, don’t know) – Record whether the woman’s SpO₂ was less than 90% for at least 60 minutes by selecting the appropriate response. If it is not known whether the woman’s oxygen saturation was less than 90% for at least 60 minutes, select “yes” in response to the question “Don’t know”.

28. During the admission and before birth, was the woman’s haemoglobin concentration checked?
Possible response options: yes, no, don’t know

Ask the person who attended the delivery if the woman’s haemoglobin concentration was checked during the admission and before the birth and select the appropriate response option.

Once you have completed all of the fields, indicate whether the form has been completed by selecting “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please ignore this! Next, select “Save and go to next instrument” at the bottom. You will then be taken to the next form, “Birth Part 2”.
This form is a continuation of "Birth: Part 1" and continues to collect information on the mother in relation to the delivery. The form is divided into different sections according to the headings in grey in the table below. These questions should be answered by a health care worker and should not be asked of the woman. This form does not need to be completed for women who delivered at home.

### Monitoring After Birth

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>After birth, was the woman’s blood pressure checked?</td>
</tr>
<tr>
<td>2</td>
<td>After birth, was the mother’s temperature checked?</td>
</tr>
<tr>
<td>3</td>
<td>After birth, was the mother's heart rate checked?</td>
</tr>
<tr>
<td>4</td>
<td>After birth, was the mother's respiratory rate checked?</td>
</tr>
<tr>
<td>5</td>
<td>After birth, was the mother’s oxygen saturation checked?</td>
</tr>
</tbody>
</table>

### Other Monitoring

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Did the membranes rupture prior to delivery (or maternal death if undelivered)?</td>
</tr>
<tr>
<td>7</td>
<td>Does the woman present with female genital mutilation (FGM)?</td>
</tr>
<tr>
<td>8</td>
<td>Did the woman have a cervical cerclage?</td>
</tr>
<tr>
<td>9</td>
<td>Did the woman have placenta praevia?</td>
</tr>
<tr>
<td>10</td>
<td>Did the woman have placental abruption?</td>
</tr>
<tr>
<td>11</td>
<td>Did the woman have a fibroid uterus?</td>
</tr>
</tbody>
</table>

### Labour

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Did labour occur?</td>
</tr>
<tr>
<td>13</td>
<td>Was an episiotomy performed?</td>
</tr>
<tr>
<td>14</td>
<td>Did the woman experience a cervical or perineal laceration? Mozambique only</td>
</tr>
</tbody>
</table>

### After Birth

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>If woman is HIV positive, was antiretroviral therapy (ART) initiated?</td>
</tr>
<tr>
<td>16</td>
<td>Was antihypertensive treatment provided before or after birth?</td>
</tr>
<tr>
<td>17</td>
<td>Was magnesium sulphate treatment provided before or after birth?</td>
</tr>
<tr>
<td>18</td>
<td>Were steroids administered prior to delivery?</td>
</tr>
<tr>
<td>19</td>
<td>Were antibiotics administered to the mother before or after birth?</td>
</tr>
</tbody>
</table>

### Monitoring After Birth (PRECISE Facility Deliveries only)

1. After birth, was the woman’s blood pressure checked?
   Possible response options: yes, no, don’t know

   Ask the person who attended the delivery if the woman’s blood pressure was checked after the birth and select the appropriate response option.

   If yes, answer the following additional questions:

   i) What was the highest systolic blood pressure? – Record the highest sBP in mm/Hg in the number box provided. If the measurement is not known, select “yes” in response to the question “Don’t know.”
ii) What was the highest diastolic blood pressure? – Record the highest dBP in mm/Hg in the number box provided. If the measurement is not known, select "yes" in response to the question "Don’t know".

iii) What was the lowest systolic blood pressure? – Record the lowest sBP in mm/Hg in the number box provided. If the measurement is not known, select "yes" in response to the question "Don’t know".

iv) What was the lowest diastolic blood pressure? – Record the lowest dBP in mm/Hg in the number box provided. If the measurement is not known, select "yes" in response to the question "Don’t know".

2. After birth, was the mother’s temperature checked?
   *Possible response options: yes, no, don’t know*

   Ask the person who attended the delivery if the woman’s temperature was checked after the birth and select the appropriate response option.

   If yes, answer the following additional questions:

   i) What was the highest temperature recorded? - Record the highest maternal temperature in °C or °F in the number box provided. If the measurement is not known, select "yes" in response to the question "Don’t know".

   ii) What was the lowest maternal temperature? - Record the lowest maternal temperature in °C or °F in the number box provided. If the measurement is not known, select "yes" in response to the question "Don’t know".

3. After birth, was the mother’s heart rate checked?
   *Possible response options: yes, no, don’t know*

   Ask the person who attended the delivery if the woman’s heart rate was checked after the birth and select the appropriate response option.

   If yes, answer the following additional question:

   i) What was the highest heart rate? – Record the woman’s highest heart rate in beats per minute in the number box provided. If the woman’s highest HR is not known, select "yes" in response to the question "Don’t know".

4. After birth, was the mother’s respiratory rate checked?
   *Possible response options: yes, no, don’t know*

   Ask the person who attended the delivery if the woman’s respiratory rate was checked after the birth and select the appropriate response option.

   If yes, answer the following additional questions:

   i) What was the highest respiratory rate? - Record the woman’s highest respiratory rate in breaths per minute in the number box provided. If the woman’s highest RR is not known, select "yes" in response to the question "Don’t know".

   ii) What was the lowest respiratory rate? – Record the woman’s lowest respiratory rate in breaths per minute in the number box provided. If the woman’s lowest RR is not known, select "yes" in response to the question "Don’t know".
5. After delivery, was the woman’s oxygen saturation checked?  
   Possible response options: yes, no, don’t know  
   Ask the person who attended the delivery if the woman’s oxygen saturation was checked after the birth and select the appropriate response option.  
   If yes, answer the following additional questions:  
   i) What was the lowest oxygen saturation? - Record the lowest saturation in % in the number box provided.  If the woman’s lowest SpO₂ is not known, select “yes” in response to the question “Don’t know”.  
   ii) Was the oxygen saturation less than 90% for at least 60 min? (possible response options: no, yes, DK) – Record whether the woman’s SpO₂ was less than 90% for at least 60 minutes by selecting the appropriate response.  If it is not known whether the woman’s oxygen saturation was less than 90% for at least 60 minutes, select “yes” in response to the question “Don’t know”.  

Other Monitoring (PRECISE Facility Deliveries only)  
6. Did the membranes rupture prior to delivery (or maternal death if undelivered)?  
   Possible response options: Yes, no, don’t know  
   Ask the person who attended the delivery if the membranes ruptured prior to delivery and record the response by selecting the appropriate option, if applicable.  If it is not known whether the membranes ruptured, select “don’t know”.  
   If yes, answer the following additional questions:  
   i) How did the membranes rupture? (possible response options: spontaneously, caregiver-initiated, don’t know) – Select the appropriate response option.  If you indicate the rupture was caregiver-initiated, answer the following additional question:  
      a) If caregiver-initiated per vaginam, what was the indication? (possible response options: for prevention of delay in labour, to augment labour, to induce labour, other) – Select the appropriate response option.  
   ii) What was the date on which the membranes ruptured? – Record the date on which the membranes ruptured in the number box provided in yyyy-mm-dd format.  If the date is not known, select “yes” in response to the question “Don’t know”.  
   iii) What was the time at which the membranes ruptured? – Record the time at which the membranes ruptured in the number box provided in hh:mm format.  If the time is not known, select “yes” in response to the question “Don’t know”.  
   iv) Was there meconium-staining of the amniotic fluid? (possible response options: yes, no, don’t know) – Select the appropriate response option.  
   Was the amniotic fluid offensive in odour? (possible response options: yes, no, don’t know) – Select the appropriate response option.
7. Does the woman present with female genital mutilation?
   Possible response options: No, yes but type uncertain, yes – type 1 (clitoridectomy),
   yes – type 2 (excision), yes - type 3 (infibulation), yes – type 4 (all other
   harmful procedures), don’t know

Ask the person who attended the delivery if the woman presented with FGM and record
the response by selecting the appropriate option, if applicable. If it is not known whether
the woman presented with FGM, select “don’t know”.

8. Did the woman have a cervical cerclage?
   Possible response options: yes, no, don’t know

Ask the person who attended the delivery if the woman had a cervical cerclage and record
the response by selecting the appropriate option.

If yes, answer the following additional questions:

i) What was the date of insertion? – Record the date of insertion in the box provided in
   yyyy-mm-dd format. If the date is not known, select “yes” in response to the
   question “Don’t know”.

ii) What was the date of removal? – Record the date of removal in the box provided in
   yyyy-mm-dd format. If the date is not known, select “yes” in response to the
   question “Don’t know”.

9. Did the woman have placenta praevia?
   Possible response options: yes, no, don’t know

By “placenta praevia” we mean the implantation of the placenta over the internal os of the
   cervix. Ask the person who attended the delivery whether the woman had placenta praevia
   and record the response by selecting the appropriate option. If it is not known whether
   the woman had placenta praevia, select “don’t know”.

10. Did the woman have placental abruption?
    Possible response options: yes, no, don’t know

By “placental abruption”, we mean the placenta separating prematurely from the uterine wall
   which is normally diagnosed clinically by a combination of vaginal bleeding, maternal
   abdominal pain and retroplacental blood clots at delivery. Ask the person who attended
   the delivery whether the woman had placental abruption and record the response by selecting
   the appropriate option. If it is not known whether the woman had placental abruption, select
   “don’t know”.

11. Did the woman have a fibroid uterus?
    Possible response options: yes, no, don’t know

By fibroid uterus we mean did the woman have growths made up of muscle and fibrous tissue
   in her uterus. Ask the person who attended the delivery whether the woman had a fibroid
   uterus and record the response by selecting the appropriate option. If it is not known
   whether the woman had a fibroid uterus, select “don’t know”.
Labour (PRECISE Facility Deliveries only)

12. Did labour occur?
Possible response options: yes, no, don’t know

Ask the person who attended delivery if labour occurred and select the appropriate response option. If it is not known if labour occurred, select “don’t know”. If labour did occur, answer the following additional questions:

i) Was the fetal heart rate (FHR) monitored during labour? (Possible response options: yes, no, don’t know) – Select the appropriate response. If yes, you will be asked what was used (possible response options: Pinard, Doppler, Cardiotocography, don’t know). Select the appropriate response option. If a cardiotocograph was used, you will be asked whether this was performed continuously (possible response options: yes, no, don’t know). Select the appropriate response option.

ii) Was a partogram used? (possible response options: yes, no, don’t know) – Select the appropriate response. If yes, answer how dilated the woman’s cervix was when the partogram was commenced? – Record the cervix dilation in cm by selecting the appropriate number from the drop-down list.

iii) Was there vaginal bleeding before delivery? (possible response options: yes, no, don’t know) – Select the appropriate response. If it is not known whether there was vaginal bleeding before delivery, select "don’t know”.

iv) What was the date and time of onset of the 1st stage of labour? (regular painful contractions as per the woman)? – Record the date of the onset of the 1st stage of labour in the box provided in yyyy-mm-dd format; record the time in the box provided in hh:mm format, using the 24 hour clock. If the time is not known, try to record the date; if the date and time are not known, select “yes” in response to the question “Don’t know”.

v) What was the date and time of onset of the 2nd stage of labour? – Record the date of the onset of the 2nd stage of labour in the box provided in yyyy-mm-dd format; record the time in the box provided in hh:mm format, using the 24 hour clock. If the time is not known, try to record the date; if the date and time are not known, select “yes” in response to the question “Don’t know”.

vi) What was the date and time of delivery of the last baby? – Record the date of delivery of the last baby in the box provided in yyyy-mm-dd format; record the time in the box provided in hh:mm format, using the 24 hour clock. If the time is not known, try to record the date; if the date and time are not known, select “yes” in response to the question “Don’t know”. If you indicate the date and time of delivery of the last baby are not known, record the duration of labour (possible response options: less than 12 hours, 12 to 24 hours, more than 24 hours, don’t know). Select the appropriate response option.

vii) What was the date and time of delivery of the last placenta? – Record the date of delivery of the last placenta in the box provided in yyyy-mm-dd format; record the time in the box provided in hh:mm format, using the 24 hour clock. If the time is not known, try to record the date; if the date and time are not known, select “yes” in response to the question “Don’t know”. If you indicate the date and time of delivery of the last placenta are not known, record how long it took to deliver the last placenta (possible response options: less than 10 minutes, 10 to 30 minutes, more than 30 minutes, don’t know). Select the appropriate option. If it is not known how long it took to deliver the last placenta, select “don’t know”.
viii) Was labour augmented? (possible response options: yes, no) – In other words, was the intensity of labour increased, perhaps because the caregiver did not feel it was progressing or was progressing too slowly. Select the appropriate option. If labour was augmented, answer the following additional questions, selecting the appropriate option:

   a) How was it augmented? (ARM, oxytocin, misoprostol, other, don’t know) – Select the appropriate option. If the method of augmentation is not known, select “don’t know”.
   b) At what stage was augmentation initiated? (possible response options: less than 5cm dilatation, 5cm or more dilatation, don’t know) – Select the appropriate option. If the stage at which labour was augmented is not known, select “don’t know”.
   c) Did the woman receive any form of pain relief? (possible response options: n, epidural analgesia, opioids, relaxation techniques, massage, water, nitrous oxide, other (specify)) – Select the appropriate option. If the form of pain relief the woman received is not listed, select “other” and use the text box provided to record the name of the pain medication.
   d) Was the woman in a supine position during labour? (yes, no)
   e) Was the woman in a semi-recumbent position during labour? (yes, no)
   f) Was the woman in a standing position during labour? (yes, no)
   g) Was the woman in a walking position during labour? (yes, no)
   h) Was the woman in a squatting position during labour? (yes, no)
   i) Was the woman in an all-fours position during labour? (yes, no)
   j) Was the woman in any other position during labour? (yes, no)
   k) Was the position of the woman during labour unknown? (yes, no)
   l) Was an enema administered? (possible response options: yes, no, don’t know) If it is not known whether an enema was administered, select “don’t know”.
   m) Did the woman proceed to giving birth vaginally? (possible response options: yes, no, don’t know). If it is not known whether the woman proceeded to give birth vaginally, select “don’t know”.

13 Was an episiotomy performed?
Possible response options: yes, no, don’t know

By episiotomy, we mean a surgical cut made between the vagina and the anus during childbirth, to aid a difficult delivery and prevent rupture of tissues. Ask the person who attended the delivery whether an episiotomy was performed and record the response by selecting the appropriate option. If it is not known whether an episiotomy was performed, select “don’t know”.

If yes, answer the following additional questions:
   i) What was the indication? (possible response options: fetal distress, shoulder dystocia, other (specify)) – Select the appropriate response. If the indication is not listed, select “other” and use the text box to describe the indication.
   ii) Was local anaesthetic administered prior to the incision? (possible response options: no, yes, don’t know) – Select the appropriate response. If it is not known whether anaesthetic was administered prior to the incision, select “don’t know”.
14. Did the woman experience a cervical or perineal laceration? Mozambique only
   Possible response options: no, yes – 1st to 2nd degree, yes – 3rd to 4th degree, cervical laceration, don’t know

   Ask the person who attended the delivery whether the woman experienced a cervical or perineal laceration and record the response by selecting the appropriate option. If it is not known whether the woman experienced a cervical or perineal laceration, select “don’t know”.

After Birth (PRECISE Facility Deliveries only)

15. If the woman is HIV positive, was ART initiated?
   Possible response options: No, yes – at diagnosis, yes – only for labour and delivery, don’t know, not applicable

   Ask the person who attended the delivery whether ART was initiated and record the response by selecting the appropriate option. If it is not known whether ART was initiated, select “don’t know”. If the woman is not HIV positive, select “not applicable”.

16. Was antihypertensive treatment provided before or after birth?
   Possible response options: yes, no, don’t know

   Ask the person who attended the delivery whether antihypertensive treatment was provided before or after birth and record the response by selecting the appropriate option. If it is not known, select “don’t know”.

   If yes, you will be asked to answer the following additional questions, select the appropriate response from the options provided:

   i) Was hydralazine prescribed? (possible response options: yes, no)
   ii) Was labetalol prescribed? (possible response options: yes, no)
   iii) Was nifedipine prescribed? (possible response options: yes, no)
   iv) Was methyldopa prescribed? (possible response options: yes, no)
   v) Was any other antihypertensive medication prescribed? (possible response options: yes, no)

17. Was magnesium sulphate treatment provided before or after birth?
   Possible response options: yes, no, don’t know

   Ask the person who attended the delivery whether magnesium sulphate was provided before or after birth and record the response by selecting the appropriate option. If it is not known, select “don’t know”.

   If yes, answer the following additional questions, select the appropriate response from the options provided:

   i) Was the indication pre-eclampsia? (possible response options: yes, no)
   ii) Was the indication eclampsia? (possible response options: yes, no)
   iii) Was the indication fetal neuroprotection (preterm delivery) (possible response options: yes, no)
   iv) Was the indication unknown? (possible response options: yes, no)
18. Were steroids administered prior to delivery?
   Possible response options: yes, no, don’t know

   Ask the person who attended the delivery whether steroids were administered prior to
delivery and record the response by selecting the appropriate option. If it is not known,
select “don’t know”.

   If yes, answer the following additional question:

   i) Why? (possible response options: fetal lung maturation, other indication, don’t know)
      – Record the indication(s) by selecting the appropriate option. If the indication is not
      known, select “don’t know”.

19. Were antibiotics administered to the mother before or after birth?
   Possible response options: yes, no, don’t know

   Ask the person who attended the delivery whether antibiotics were administered to the
mother before or after birth and record the response by selecting the appropriate option. If
it is not known, select “don’t know”.

   If yes, answer the following additional questions, select the appropriate response options:

   i) Why? (possible response options: prolonged rupture of membranes, C-section, Group
      B strep infection, maternal sepsis, raised temperature during labour, other indication
      (specify), don’t know) – If the reason for administering antibiotics is not known, select
      “don’t know”. If the reason is not listed, select “other indication” and use the text box
      provided to record the reason.
   ii) Was first generation cephalosporin prescribed? (possible response options: yes, no)
   iii) Was penicillin prescribed? (possible response options: yes, no)
   iv) Was another antibiotic prescribed? (possible response options: yes, no)

Once you have completed all of the fields, indicate whether the form has been completed by selecting
“Complete” from the drop-down menu. You will note an additional option “Unverified”. Please
ignore this! Next, select “Save and go to Next Instrument” at the bottom. You will then be taken to
the next form, “Maternal Outcomes and Care”. 
This form collects more detailed information on the delivery and the maternal outcome and care received during delivery. This form is split into 6 sections according to the grey headings in the table below. This form should be completed by clinically-trained staff only. If staff who provided care for the woman during delivery cannot provide the necessary information, the information should be sought from facility records or the woman’s medical chart/record.

<table>
<thead>
<tr>
<th>Maternal death</th>
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<tbody>
<tr>
<td>1 Did the woman die?</td>
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<tr>
<th>Maternal morbidity</th>
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<tbody>
<tr>
<td>2 Did the woman have an STI in this pregnancy?</td>
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<tr>
<td>3 Did the woman have a urinary tract infection in this pregnancy?</td>
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<tr>
<td>4 Did the woman have any other infection in this pregnancy?</td>
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<tr>
<td>5 Did the woman have severe malaria?</td>
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<td>6 Did the woman have severe systemic infection or sepsis?</td>
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<td>7 Did the woman have eclampsia?</td>
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<td>8 Did the woman have pulmonary oedema?</td>
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<td>9 Did the woman have a uterine rupture?</td>
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<td>10 Did the woman have a post-partum haemorrhage (PPH)?</td>
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<td>11 Did the woman have any other potentially life-threatening condition?</td>
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<td>12 Did the woman have uncontrolled hypertension?</td>
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<th>WHO Maternal Near-miss morbidity</th>
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<tr>
<td>13 Did the woman have acute cyanosis?</td>
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<td>14 Did the woman have jaundice in the presence of hypertension and ≥1+ proteinuria?</td>
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<td>15 Did the woman suffer a cardiac arrest?</td>
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<td>16 Did the woman suffer from gasping?</td>
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<td>17 Did the woman lose consciousness?</td>
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<td>18 Did the woman suffer any focal neurological sign (revised definition, includes stroke and blindness in setting of hypertension)?</td>
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<td>19 Did the woman suffer a generalised seizure lasting &gt;5min, or 2 or more consecutive seizures of any duration with incomplete recovery of consciousness in between?</td>
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<td>20 Did the woman suffer from total paralysis?</td>
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<td>21 Did the woman suffer from oliguria?</td>
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<td>22 Did the woman suffer from failure to form clots?</td>
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<td>23 Did the woman suffer from hepatic haematoma or rupture?</td>
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<td>24 Did the woman’s urine test positive for glucose and ketones – diabetic emergency?</td>
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<td>25 Was the woman’s platelet count &lt;50,000?</td>
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<td>26 Was the woman’s peak serum creatinine ≥300mm?</td>
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<td>27 Did the woman have myocardial ischaemia?</td>
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<td>28 Did the woman suffer hepatic dysfunction or liver failure?</td>
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<td>Life-saving Management</td>
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### Maternal death

1. Did the woman die?
   - Possible response options: yes, no

   Select the appropriate response. If the woman died during or after delivery, answer the following additional questions:

   i) What was the date of death? – Check the woman’s chart and record the date of her death in the database in the box provided in yyyy-mm-dd format.
   
   ii) What was the time of death? – Check the woman’s chart and record the time of her death in the box provided in hh:mm format, using the 24 hour clock.
   
   iii) Where did she die? (possible response options: home, PHC, district hospital, regional hospital, tertiary hospital, private hospital/clinic, en route, other, don’t know) – Record the woman’s place of death by selecting the appropriate option.

   If the woman died at a Primary Health Centre, district hospital, regional hospital, tertiary hospital, private hospital/clinic or en route answer the following additional questions, select the appropriate option:

   a) What was the woman’s status on arrival at the facility? (possible response options: alive and not critically ill, alive and critically ill, dead on arrival, don’t know). (PRECISE Facility Deliveries only)
   
   a. Had the woman been referred from another centre? (possible response options: yes, no, don’t know) If the woman was referred from another facility, record the reason for her referral (possible response options: high blood pressure/pre-eclampsia/eclampsia, obstetric haemorrhage before or after delivery, serious infection, prolonged labour, other (specify). If the reason for the woman’s referral is not one of the drop-down options...
iv) What was the timing of her death relative to birth? *(possible response options: before birth, during labour and delivery, after birth, don’t know).* Select the appropriate option.

v) Please provide a case summary – Consult the woman’s medical chart or record or the facility records and write a short summary of the sequence of events surrounding the woman’s death in the text box provided. *(PRECISE Facility Deliveries only)*

vi) Was an autopsy performed? *(yes, no, don’t know).* Select the appropriate option. *(PRECISE Facility Deliveries only)* If an autopsy was performed, details from the autopsy report will be collected monthly by the research team. Write a summary of the case from the autopsy report in the text box provided. If the report is not available, write “report not available” in the text box. If you do not know if an autopsy was performed select “yes” in response to the question “Don’t know”.

In addition to providing a summary of the case, you will be asked to answer the following additional questions, select the appropriate option:

- a) What was the cause of death by ICD-MM group? *(possible response options: Pregnancies with abortive outcome/ hypertensive disorders in pregnancy, childbirth and the puerperium/obstetric haemorrhage/pregnancy-related infection/other obstetric complications (includes ectopic, ruptured uterus, obstructed labour)/unanticipated complications of management (medical/surgical area)/non-obstetric complications (cardiac disease, endocrine conditions, GI tract conditions, CNS, GU, autoimmune disorders, skeletal, psychiatric, neoplasms, infections that are not a direct result of pregnancy, unknown or undetermined, co- incidental causes (due to external causes)). If the cause of death was identified as a hypertensive disorder of pregnancy, childbirth and the puerperium, answer the following additional question:
  - a. Did the woman receive antihypertensive drugs for sBP ≥160 or dBP ≥110mmHg? *(possible response options: yes, no, don’t know).*

- vii) Did any of the following personal or family factors contribute to the death of this woman? *(possible response options: delay in seeking help, failure to recognise danger signs, declined treatment or admission, ignorance of available services, cultural or religious reasons or objections, poverty, other personal or family factors, don’t know, no).* Ask the care providers who attended the woman during delivery to indicate whether personal or family factors may have resulted in the woman’s death. If more than one factor applies, choose the main factor.

- viii) Did any of the following transport/communication factors contribute to the death of this woman? *(possible response options: lack of transport from home to facility, lack of transport between health facilities, health service communication breakdown, long distance, poor roads, other, no).* This question should be asked of the woman’s family during a visit to her home following her death. If more than one factor applies, choose the main factor. *(PRECISE and non-PRECISE Facility Deliveries only)*

- ix) Did any of the following health facility factors contribute to the death of this woman? *(possible response options: lack of facilities, lack of equipment or consumables such as drugs, lack of blood/blood products, lack of theatre supplies/facilities, other, no).* Reassure care providers that their responses will be shared confidentially for advocacy purposes only. Individuals and individual facilities will not be identified. Ask the care providers if any of the health facility factors listed contributed to the death of the woman.
and select the appropriate response. If more than one factor applies, choose the main factor. (PRECISE and non-PRECISE Facility Deliveries only)

x) Did any of the following health personnel factors contribute to the death of this woman? (possible response options: lack of human resources, lack of expertise/training or education, poor attitude/low morale, next level cadre not consulted, next level cadre not available, poor interpersonal relationship, language barrier, misdiagnosis/mismanagement, delays in referral, delays in appropriate action, other, don’t know, no). Reassure care providers that their responses will be shared confidentially for advocacy purposes only. Individuals and individual facilities will not be identified. Ask the care providers if any of the health personnel factors listed contributed to the death of the woman and select the appropriate response. If more than one factor applies, choose the main factor. (PRECISE and non-PRECISE Facility Deliveries only)

xi) Did any other factor(s) not asked about so far contribute to the death of this woman? (possible response options: yes, no) - Ask the care provider(s) whether any other factors contributed to the woman’s death. Use the text box provided to provide detail.

Maternal morbidity (PRECISE Facility Deliveries only)

2. Did the woman have a sexually transmitted infection (STI) in this pregnancy?
   Possible response options: yes, no, don’t know

   Select the appropriate response option. If yes, answer the following additional questions, select the appropriate option:

   i) Was the infection due to Chlamydia? (possible response options: yes, no, don’t know)
      If “yes”, indicate whether it was treated with tablets or injections.
   ii) Was the infection due to Gonorrhoea? (possible response options: yes, no, don’t know).
       If “yes”, indicate whether it was treated with tablets or injections.
   iii) Was the infection due to Trichomonas? (possible response options: yes, no, don’t know) – Select the appropriate response. If you respond “yes” to this question, indicate whether it was treated with tablets or injections.
   iv) Was the infection due to Syphilis? (possible response options: yes, no, don’t know). If “yes” indicate whether it was treated with tablets or injections.
   v) Was the infection due to other factor(s) not listed above? (possible response options: yes, no). If “yes”, use the text box provided to record what other infection the woman had. You will also indicate whether it was treated with tablets or injections.
   vi) Was the infection due to an unknown factor? (possible response options: yes, no)

3. Did the woman have a urinary tract infection in this pregnancy?
   Possible response options: yes, no, don’t know

   Select the appropriate response option to record whether she had a urinary tract infection in this pregnancy.

4. Did the woman have any other infection in this pregnancy?
   Possible response options: yes, no, don’t know

   Select the appropriate response option to record whether she has had any other infection in this pregnancy. If yes, answer the following additional questions:
i) Has she had pneumonia? (possible response options: yes, no, don’t know) - Select the appropriate response. If you respond “yes” to this question, indicate whether she was admitted to an intensive care unit. Select “yes” or “no”, as appropriate.

ii) Has she had a kidney infection? (possible response options: yes, no, don’t know) - Select the appropriate response. If you respond “yes” to this question, indicate whether she was admitted to an intensive care unit. Select “yes” or “no”, as appropriate.

iii) Has she had a skin infection? (possible response options: yes, no, don’t know) - Select the appropriate response. If you respond “yes” to this question, indicate whether she was admitted to an intensive care unit. Select “yes” or “no”, as appropriate.

iv) Has she had another type of infection not listed above? (possible response options: yes, no, don’t know) - Select the appropriate response. If you respond “yes” to this question, indicate whether she was admitted to an intensive care unit. Select “yes” or “no”, as appropriate.

Life-threatening Conditions (PRECISE Facility Deliveries only)

5. Did the woman have severe malaria?
   Possible response options: yes, no, don’t know

   By severe malaria, we mean the presence of one or more of the following clinical or laboratory features: clinical manifestations - impaired consciousness, respiratory distress (acidotic breathing), multiple convulsions, prostration, shock, pulmonary oedema (radiological), abnormal bleeding, jaundice; laboratory manifestations - severe anaemia, hypoglycaemia, acidosis, hyperlactataemia, renal impairment (acute kidney injury), hyperparasitaemia.

   Select the appropriate response. If yes, answer the following additional question:

   i) What was the timing of the infection relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Check the woman’s medical card or record and select the appropriate response.

6. Did the woman have severe systemic infection or sepsis?
   Possible response options: yes, no

   By severe systemic infection or sepsis we mean, was the woman’s body temperature 38°C or higher with a confirmed or suspected infection at least one of the following: a heart rate over 90 beats per minute, a respiratory rate over 20 breaths per minute, either a white cell count of 4000 or below OR of 12,000 and above. Select the appropriate response. If yes, answer the following questions:

   i) What was the timing of the infection relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Check the woman’s medical card or record and select the appropriate response.

   ii) Were antibiotics administered? (possible response options: yes, no, don't know). Check the woman’s medical card or record and select the appropriate response.

   iii) Was she admitted to an intensive care unit (in this facility or elsewhere)? (possible response options: yes, no, don’t know). Check the woman’s medical card or record and select the appropriate response.
7. Did the woman have eclampsia?
   Possible response options: yes, no

   In PRECISE we are defining eclampsia as "generalised fits in a patient without prior epilepsy, including coma in pre-eclampsia". Select the appropriate response. If yes, answer the following questions:
   
   i) What was the timing of the first seizure relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Check the woman’s medical card or record and select the appropriate response.

8. Did the woman have pulmonary oedema?
   Possible response options: yes, no

   Select the appropriate response. If yes, answer the following question:

   i) What was the timing of the condition relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Check the woman’s medical card or record and select the appropriate response.

9. Did the woman have a uterine rupture?
   Possible response options: yes, no

   Select the appropriate response. If yes answer the following question:

   i) What was the timing of the condition relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Check the woman’s medical card or record and select the appropriate response.

10. Did the woman have a post-partum haemorrhage (PPH)?
    Possible response options: yes, no

    Select the appropriate response. If yes, answer the following additional questions. Use the medical card or record and select the appropriate response:

    i) Did the woman require an intervention with a non-pneumatic anti shock garment (NASG)? (possible response options: yes, no) – Select the appropriate response option.
    ii) Did the woman require an intervention with a balloon tamponade? (possible response options: yes, no) – Select the appropriate response option.
    iii) Did the woman require an intervention with a brace suture? (possible response options: yes, no) – Select the appropriate response option.
    iv) Did the woman require an intervention with an internal iliac artery ligation? (possible response options: yes, no) – Select the appropriate response option.
    v) Did the woman require an intervention with a hysterectomy? (possible response options: yes, no) – Select the appropriate response option.
    vi) Did the woman require any other intervention? (possible response options: yes, no) – Select the appropriate response option. If "yes", use the text box provided to record the type on intervention used.
11. Did the woman have any other potentially life-threatening condition?
   Possible response options: yes, no

   Select the appropriate response. If the woman did have any other life-threatening condition, answer the following additional question:
   
   i) What was the timing of the condition relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Check the woman’s medical card or record and select the appropriate response.

12. Did the woman have uncontrolled hypertension?
   Possible response options: yes, no

   By uncontrolled hypertension, we mean hypertension requiring 3 or more different parenteral agents within a 12hr period. Select the appropriate response. If the woman did have uncontrolled hypertension, answer the following additional question:
   
   i) What was the timing of the condition relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Check the woman’s medical card or record and select the appropriate response.

WHO Maternal near-miss morbidity (PRECISE Facility Deliveries only)

13. Did the woman have acute cyanosis?
   Possible response options: yes, no

   Select the appropriate response. If yes, answer the following question:
   
   i) What was the timing of the condition relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Check the woman’s medical card or record and select the appropriate response.

14. Did the woman have jaundice in the presence of hypertension and ≥1+ proteinuria?
   Possible response options: yes, no

   Select the appropriate response. If yes, answer the following additional question:
   
   i) What was the timing of the condition relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Check the woman’s medical card or record and select the appropriate response.

15. Did the woman suffer a cardiac arrest?
   Possible response options: yes, no

   Select the appropriate response. If yes, answer the following additional question:
   
   i) What was the timing of the arrest relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Check the woman’s medical card or record and select the appropriate response.
16. Did the woman suffer from gasping?
Possible response options: yes, no

By gasping, we mean “a terminal respiratory pattern in which the breath is convulsively and audibly caught”. Select the appropriate response. If yes, answer the following additional questions, select the appropriate option:

i) What was the timing of the condition relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Check the woman’s medical card or record.

ii) Did this last for more than 60 minutes? (possible response options: yes, no). Check the woman’s medical card or record.

iii) Was this despite at least 2L of fluid being administered? (possible response options: yes, no). Check the woman’s medical card or record.

17. Did the woman lose consciousness?
Possible response options: yes, no

Select the appropriate response. If yes, answer the following additional question:

i) Did this last for 12 hours or more? (possible response options: yes, no). Check the woman’s medical card or record and select the appropriate response.

18. Did the woman suffer any focal neurological sign?
Possible response options: yes, no

Please note that focal neurological sign should include stroke and blindness in the setting of hypertension. Select the appropriate response. If yes, answer the following additional questions, select the appropriate response:

i) Did she suffer a stroke? (possible response options: yes, no)

ii) Did she suffer from blindness? (possible response options: yes, no).

iii) What was the timing of the condition relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know).

19. Did the woman suffer a generalised seizure lasting >5min, or 2 or more consecutive seizures of any duration with incomplete recovery of consciousness in between?
Possible response options: yes, no

Select the appropriate response. If yes, answer the following additional question:

i) What was the timing of the condition relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Select the appropriate response.

20. Did the woman suffer from total paralysis?
Possible response options: yes, no

Select the appropriate response. If yes, answer the following additional question:

i) Was her pulse at least 120bpm? (possible response options: yes, no). Select the appropriate response.
21. Did the woman suffer from oliguria?
Possible response options: yes, no

Select the appropriate response. If the woman did suffer from oliguria, answer the following additional questions:

i) Was this less than 30ml per hour for 4 hours or less than 400ml in total in 24 hours? (possible response options: yes, no). Check the woman’s medical card or record and select the appropriate response.

ii) Was there no urine output for 12 hours or more? (possible response options: yes, no). Check the woman’s medical card or record and select the appropriate response.

iii) Did this occur despite fluid challenge or diuretics? (possible response options: yes, no). Check the woman’s medical card or record and select the appropriate response.

iv) When was the onset relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Check the woman’s medical card or record and select the appropriate response.

22. Did the woman suffer from failure to form clots?
Possible response options: yes, no

Select the appropriate response. If yes, answer the following additional question:

i) What was the timing of the condition relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Select the appropriate response.

23. Did the woman suffer from hepatic haematoma or rupture?
Possible response options: yes, no

Select the appropriate response. If yes, answer the following additional question:

i) What was the timing of the condition relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Select the appropriate response.

24. Did the woman’s urine test positive for glucose and ketones – diabetic emergency?
Possible response options: yes, no

In other words, did the woman suffer a diabetic emergency? Select the appropriate response. If the woman did suffer a diabetic emergency, answer the following additional question:

i) What was the timing of the condition relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Select the appropriate response.

25. Was the woman’s platelet count less than 50,000?
Possible response options: yes, no, not done, don’t know

Select the appropriate response. If the woman’s platelet count was not tested, select “not tested”. If the woman’s platelet count was less than 50,000, answer the following additional question:
i) What was the timing of the condition relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Check the woman’s medical card or record and select the appropriate response.

26. Was the woman’s peak serum creatinine greater or equal to 300mm or 3.5mg/dL?
   Possible response options: yes, no, not done, don’t know

   Select the appropriate response. If the woman’s serum creatinine was not tested, select “not tested”. If the woman’s serum creatinine was equal to or more than 300mm, answer the following additional question:

   i) What was the timing relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Select the appropriate response.

27. Did the woman have myocardial ischaemia?
   Possible response options: yes, no, don’t know

   Select the appropriate response to record whether myocardial ischaemia was indicated as a result of ECG changes or markers of myocardial necrosis. If yes, answer the following additional question:

   i) What was the timing relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Select the appropriate response.

28. Did the woman suffer hepatic dysfunction or liver failure?
   Possible response options: yes, no, don’t know

   By hepatic dysfunction or liver failure we mean, INR above 1.2 in the absence of failure to form clots or warfarin treatment, in which case, either mixed hyperbilirubinaemia (greater than 1.9mg/dL or greater than 17µM) or hypoglycaemia in the absence of insulin (less than 45mg/dL or less than 2.5mm). Select the appropriate response. If yes, answer the following additional question:

   i) What was the timing relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Select the appropriate response.

Life-saving Management (PRECISE Facility Deliveries only)

29. Was the woman admitted to the intensive care unit (ICU)?
   Possible response options: yes, no

   Select the appropriate response. If yes, answer the following additional question:

   i) What was the timing of the admission relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know). Select the appropriate response.

30. Was a hysterectomy performed for haemorrhage or infection?
   Possible response options: yes, no

   Select the appropriate response.
31. Was the woman transfused with red blood cells?
   Possible response options: yes, no

   Select the appropriate response. If the woman did receive a transfusion of RBC, answer the following additional questions:

   i) How many units did she receive? – Record the number of units transfused in the number box provided.
   ii) What was the date and time the first unit was started? – Record the date the first unit was started in the box provided in yyyy-mm-dd format; record the time in the box provided in hh:mm format, using the 24 hour clock.
   iii) What was the date and time the last unit was started? – Record the date the last unit was started in the box provided in yyyy-mm-dd format; record the time in the box provided in hh:mm format, using the 24 hour clock.
   iv) What was the timing of the first transfusion relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know) - Select the appropriate response.

32. Was the woman intubated?
   Possible response options: yes, no

   Please note that this does not include intubation for anaesthesia. Select the appropriate response. If the woman was intubated, answer the following additional question:

   i) What was the timing of intubation relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know) - Select the appropriate response.

33. Was cardiopulmonary resuscitation performed?
   Possible response options: yes, no

   Select the appropriate response. If cardiopulmonary resuscitation was performed on the woman, answer the following additional question:

   i) What was the timing relative to birth? (possible response options: antepartum, intrapartum, postpartum, don’t know) - Select the appropriate response.

34. Was a laparotomy other than a Caesarean performed?
   Possible response options: yes, no, don’t know

   Select the appropriate response.

35. Were parenteral antibiotics administered after delivery?
   Possible response options: yes, no, don’t know

   Select the appropriate response.

36. Were anti-malarials administered?
   Possible response options: yes, no, don’t know

   Select the appropriate response.
37. Were other parenteral anticonvulsants (e.g., diazepam) administered?
   Possible response options: yes, no, don’t know
   
   Select the appropriate response.

38. Were intravenous (IV) fluids administered?
   Possible response options: yes, no, don’t know
   
   Select the appropriate response.

39. Was a manual removal of the placenta or removal of retained products of conception performed?
   Possible response options: yes, no, don’t know
   
   Select the appropriate response.

Sample Collection

40. Was maternal blood collected?
    Possible response options: Yes, no
    
    Select the appropriate response option. If no, answer the following additional question:

    i) If no, why? (possible response options: no consent, participant refused, no staff member available to collect blood, no staff member available to process the sample, research team were unable to successfully draw blood, participant left before blood was collected, participant did not deliver in one of the study sites, other (specify), don’t know) – Select the appropriate response option. If you select “other”, use the text box provided to provide more detail. If the woman delivered at home or a non-PRECISE facility, select “participant did not deliver in one of the study sites”.

41. Was maternal urine collected?
    Possible response options: Yes, no
    
    Select the appropriate response option. If no, answer the following additional question:

    i) If no, why? (possible response options: no consent, participant refused, no staff member available to collect the sample, no staff member available to process the sample, participant unable to produce sample, participant did not deliver in one of the study sites, other (specify), don’t know) – Select the appropriate response option. If you select “other”, use the text box provided to provide more detail. If the woman delivered at home or a non-PRECISE facility, select “participant did not deliver in one of the study sites”.
42. Was placental sample collected?
   Possible response options: Yes, no

   Select the appropriate response option. If no, answer the following additional question:

   i) If no, why? (possible response options: no consent, participant refused, no staff member available to collect the sample, no staff member available to process the sample, placenta discarded prior to collection, participant did not deliver in one of the study sites, other (specify), don’t know) - Select the appropriate response option. If you select “other”, use the text box provided to provide more detail. If the woman delivered at home or a non-PRECISE facility, select “participant did not deliver in one of the study sites”.

43. Was cord blood collected?
   Possible response options: Yes, no

   Select the appropriate response option. If no, answer the following additional question:

   i) If no, why? (possible response options: no consent, participant refused, no staff member available to collect the sample, no staff member available to process the sample, placenta discarded prior to collection, participant did not deliver in one of the study sites, other (specify), don’t know) - Select the appropriate response option. If you select “other”, use the text box provided to provide more detail. If the woman delivered at home or a non-PRECISE facility, select “participant did not deliver in one of the study sites”.

Once you have completed all of the fields, indicate whether the form has been completed by selecting "Complete" from the drop-down menu. You will note an additional option "Unverified". Please ignore this! Next, select "Save and go to Next Instrument" at the bottom. You will then be taken to the next form, "Maternal Outcomes and Care, Discharge of Woman".
28.32. 19b - Birth: Maternal Outcomes and Care, Discharge of the Woman

This form is to be completed for all live women who delivered at a PRECISE facility, at the time they leave the facility and should be completed by clinically-trained staff only. If staff who provided care for the woman during delivery cannot provide the necessary information, the information should be sought from facility records or the woman's medical chart/record.

<table>
<thead>
<tr>
<th>Question</th>
<th>1. When after birth did the woman leave the facility?</th>
<th>2. Where did the woman go when she left this facility?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Record the date on which she left the facility after delivery in the box provided in yyyy-mm-dd format; record the time at which she left the facility in the box provided in hh:mm format, using the 24 hour clock. If the time and date of the woman’s discharge is not known, select “yes” in response to the question “Don’t know”.</td>
<td>Possible response options: own home, relative’s home, friend’s home, transferred to another facility, other (specify), don’t know</td>
</tr>
<tr>
<td>2</td>
<td>Record where she went when she was discharged from the facility by selecting the appropriate response. If it is not known where the woman went when she left the facility, select “don’t know”. If the woman was transferred to another facility, answer the following additional question:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) Which facility was she transferred to? – Use the text box provided to record the name of the facility the woman was transferred to.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the woman went home, answer the following additional questions, select the appropriate response:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) Was this against medical advice? (possible response options: no, yes, don’t know)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ii) Was she prescribed any therapy? (possible response options: no, yes, don’t know) If the woman was prescribed a therapy, describe the type of therapy in the text box provided.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>iii) Was the woman advised to return sooner than routine? (possible response options: no, yes, don’t know) If the woman was advised to return to the facility sooner than routine, record the number of days after which she was advised to return in the number box provided.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>iv) Was the woman referred to another service within this facility for specialist follow-up? (possible response options: no, yes, don’t know) If the woman was referred to another service within the facility for specialist follow-up, indicate which service in the text box provided.</td>
<td></td>
</tr>
</tbody>
</table>
v) Was the woman referred to another service not in this facility for specialist follow-up? (possible response options: no, yes, don’t know) If the woman was referred to another service not in the facility for specialist follow-up, indicate which service in the text box provided.

Once you have completed all of the fields, indicate whether the form has been completed by selecting “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please ignore this! Next, select “Save record” at the bottom. You will then be taken back to the “Birth Mother” screen. Click on the burgundy “Event-Birth Mother” box to return to the main “Enrolment” screen to access the “Laboratory” form to input test results.

After you have completed the "Laboratory" form, return to the main "PRECISE" screen, scroll down and select "Birth Baby 1" and then "Baby Outcomes Part 1", to continue with data collection for the baby(ies).
33. 15b – PRECISE Visit 1: CODIV-19

This form collects information about COVID-19 symptoms during the COVID pandemic. It is applicable to women in all cohorts after they are enrolled into the study. It is essential that this form is completed at every PRECISE visit a woman makes to the facility. Questions 1 to 5 will be asked to all women at every visit. If the woman answers 'yes' to question 5, questions 6-27 will be asked.

<table>
<thead>
<tr>
<th>Maternal symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. Have you EVER been exposed to someone with documented or suspected COVID-19 infection (such as co-workers, family members, or others)?</td>
</tr>
<tr>
<td>29. Do you think you have already had COVID-19, but were not tested?</td>
</tr>
<tr>
<td>30. How much have you been isolating over the last week?</td>
</tr>
<tr>
<td>31. Have you had a test for COVID-19?</td>
</tr>
<tr>
<td>32. How do you physically feel right now?</td>
</tr>
<tr>
<td>33. Do you have a fever or feel too hot?</td>
</tr>
<tr>
<td>34. Do you have chills or shivers (feel too cold)?</td>
</tr>
<tr>
<td>35. If the woman’s temperature was measured, what was the woman’s temperature?</td>
</tr>
<tr>
<td>36. Do you have a consistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)?</td>
</tr>
<tr>
<td>37. Are you experiencing unusual fatigue?</td>
</tr>
<tr>
<td>38. Do you have a headache?</td>
</tr>
<tr>
<td>39. Have you felt nausea or experienced vomiting?</td>
</tr>
<tr>
<td>40. Are you experiencing dizziness or light-headedness?</td>
</tr>
<tr>
<td>41. Are you experiencing unusual shortness of breath or having trouble breathing?</td>
</tr>
<tr>
<td>42. Do you have a sore or painful throat?</td>
</tr>
<tr>
<td>43. Do you have a loss of smell/taste?</td>
</tr>
<tr>
<td>44. Do you have an unusually hoarse throat?</td>
</tr>
<tr>
<td>45. Are you feeling an unusual chest pain or tightness in your chest?</td>
</tr>
<tr>
<td>46. Do you have unusual abdominal pain or stomach ache?</td>
</tr>
<tr>
<td>47. Are you experiencing diarrhoea?</td>
</tr>
<tr>
<td>48. Do you have unusual strong muscle pains or aches?</td>
</tr>
<tr>
<td>49. Have you had raised, red, itchy, welts on the skin or sudden swelling of the face or lips?</td>
</tr>
<tr>
<td>50. Have you had any red/purple sores or blisters on your feet, including your toes?</td>
</tr>
<tr>
<td>51. Do you have any of the following symptoms: confusion, disorientation or drowsiness?</td>
</tr>
<tr>
<td>52. Do your eyes have any unusual eye-soreness or discomfort (e.g., light sensitivity, excessive tears, or pink/red eye)?</td>
</tr>
<tr>
<td>53. Have you been skipping meals?</td>
</tr>
<tr>
<td>54. Are there other important symptoms you want to share with us?</td>
</tr>
</tbody>
</table>
**Maternal symptoms**

82. Have you EVER been exposed to someone with documented or suspected COVID-19 infection (such as co-workers, family members, or others)?

Possible response options: Yes, documented COVID-19 cases only, Yes, suspected COVID-19 cases only, Yes, both documented and suspected COVID-19 cases, Not that I know of.

Ask the woman if she has ever been exposed to someone with documented or suspected COVID-19 infection (such as co-workers, family members, or others) and record her answer by selecting the appropriate option.

83. Do you think you have already had COVID-19, but were not tested?

Possible response options: yes, no

Ask the woman if she thinks she has had COVID-19 already but were not tested and record her answer by ticking the appropriate "yes" or "no" box.

84. How much have you been isolating over the last week?

Possible response options: I have not left the house, I rarely leave the house and when I do, I have little interaction with other (eg for exercise), I rarely leave the house but had to visit somewhere with lots of people (eg hospital/clinic, groceries), I have to leave the house often and am in contact with other people (eg still working outside the house or using public transport)

Ask the woman how much she has been isolating over the last week. Record the woman's response by selecting the appropriate option.

85. Have you had a test for COVID-19?

Possible response options: yes, no

Ask the woman if she has had a test for COVID-19 and record her answer by ticking the appropriate "yes" or "no" box.

86. How do you physically feel right now?

Possible response options: I feel physically normal, I'm not feeling quite right

Ask the woman how she feels physically at the moment. Record her answer by selecting the appropriate option. If the woman answers I'm not feeling quite right, continue to ask her questions 6-27 of this questionnaire.

87. Do you have a fever or feel too hot?

Possible response options: yes, no

Ask the woman is she has a fever or if she feels too hot. Record her answer by ticking the appropriate "yes" or "no" box.

88. Do you have chills or shivers (feel too cold)?

Possible response options: yes, no
Ask the woman if she has chills or shivers (i.e., feel too cold). Record her answer by ticking the appropriate "yes" or "no" box.

89. If the woman’s temperature was measured, what was the woman’s temperature?
   Possible response options: Number box in C, number box in F, temperature was not measured.

   If the woman’s temperature has been measured, record the measurement in °C or °F in the corresponding number box. If there is no temperature measurement available, record it by ticking the box ‘temperature was not measured’.

90. Do you have a consistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)?
   Possible response options: yes, no

   Ask the woman if she has a consistent cough (i.e., coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours). By ‘3 or more coughing episodes in 24 hours’, we mean in a 3 or more episodes in a day. Record the woman’s answer by ticking the appropriate “yes” or “no” box.

91. Are you experiencing unusual fatigue?
   Possible response options: yes, no

   Ask the woman if she is experiencing unusual fatigue (i.e., more tired than usual). Record her answer by ticking the appropriate “yes” or “no” box.

92. Do you have a headache?
   Possible response options: yes, no

   Ask the woman if she has a headache and record her answer by ticking the appropriate “yes” or “no” box.

93. Have you felt nausea or experienced vomiting?
   Possible response options: yes, no

   Ask the woman if she has nausea or experienced vomiting. Record her answer by ticking the appropriate “yes” or “no” box.

94. Are you experiencing dizziness or light-headedness?
   Possible response options: yes, no

   Ask the woman if she is experiencing dizziness or light-headedness. Record her answer by ticking the appropriate “yes” or “no” box.

95. Are you experiencing unusual shortness of breath or having trouble breathing?
   Possible response options: yes, no

   Ask the woman if she is experiencing unusual shortness of breath or having trouble breathing. Record her answer by ticking the appropriate “yes” or “no” box.
96. Do you have a sore or painful throat?
   Possible response options: yes, no
   Ask the woman if she has a sore or painful throat and record her answer by ticking the appropriate "yes" or "no" box.

97. Do you have a loss of smell/taste?
   Possible response options: yes, no
   Ask the woman if she has lost her sense of smell or taste and record her answer by ticking the appropriate "yes" or "no" box.

98. Do you have an unusually hoarse throat?
   Possible response options: yes, no
   Ask the woman if she has an unusually hoarse throat and record her answer by ticking the appropriate "yes" or "no" box.

99. Are you feeling an unusual chest pain or tightness in your chest?
   Possible response options: yes, no
   Ask the woman if she is feeling an unusual chest pain or tightness in her chest and record her answer by ticking the appropriate "yes" or "no" box.

100. Do you have unusual abdominal pain or stomach-ache?
    Possible response options: yes, no
    Ask the woman if she is has an unusual abdominal pain or stomach-ache and record her answer by ticking the appropriate "yes" or "no" box.

101. Are you experiencing diarrhoea?
    Possible response options: yes, no
    Ask the woman if she is experiencing unusual diarrhoea and record her answer by ticking the appropriate "yes" or "no" box.

102. Do you have unusual strong muscle pains or aches?
    Possible response options: yes, no
    Ask the woman if she has unusual strong muscle pains or aches and record her answer by ticking the appropriate "yes" or "no" box.

103. Have you had raised, red, itchy, welts on the skin or sudden swelling of the face or lips?
    Possible response options: yes, no
    Ask the woman if she has raised, red, itchy, welts (i.e. marks or scars) on the skin or sudden swelling of the face or lips and record her answer by ticking the appropriate "yes" or "no" box.
104. Have you had any red/purple sores or blisters on your feet, including your toes?
   Possible response options: yes, no

   Ask the woman if she has had any red/purple sores or blisters on her feet, including your toes and record her answer by ticking the appropriate "yes" or "no" box.

105. Do you have any of the following symptoms: confusion, disorientation or drowsiness?
   Possible response options: yes, no

   Ask the woman if she has felt confusion, disorientation or drowsiness and record her answer by ticking the appropriate "yes" or "no" box.

106. Do your eyes have any unusual eye-soreness or discomfort (e.g. light sensitivity, excessive tears, or pink/red eye)?
   Possible response options: yes, no

   Ask the woman if she has felt any unusual eye-soreness or discomfort (e.g. light sensitivity, excessive tears, or pink/red eye). Record her answer by ticking the appropriate "yes" or "no" box.

107. Have you been skipping meals?
   Possible response options: yes, no

   Ask the woman if she has been skipping meals because she has lost appetite (hasn't felt hungry) or because she was too unwell to eat and record her answer by ticking the appropriate "yes" or "no" box.

108. Are there other important symptoms you want to share with us?
   Possible response options: yes, no

   Ask the woman if there are any other important symptoms she want to share and record her answer by ticking the appropriate "yes" or "no" box. If the woman answers Yes record the symptoms she describes in the text box.
29.34. 20 – Birth: Baby Outcomes Part 1

Please note that, for multiple births, data will be collected separately for each baby and therefore this screen will be completed as many times as necessary to capture details of every newborn resulting from the pregnancy. This form should be completed by clinically-trained staff only. If staff who provided care for the woman and baby(ies) during delivery cannot provide the necessary information, the information should be sought from facility records or the woman’s medical chart/record.

<table>
<thead>
<tr>
<th>Baby Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the baby’s ID?</td>
</tr>
<tr>
<td>2. What was the date of birth?</td>
</tr>
<tr>
<td>3. What was the time of birth?</td>
</tr>
<tr>
<td>4. Was the baby born alive?</td>
</tr>
<tr>
<td>5. What was the mode of the delivery?</td>
</tr>
</tbody>
</table>

**Baby Information**

1. **What is the baby’s ID?**

   This is the same as the mother’s study ID with an additional digit at the end. For example, if the mother’s ID is 220-49731, the baby’s ID will be 220-49731-1. For multiple births, ensure that each baby has a different number at the end according to the order in which they were born i.e. 1 for the first born, 2 for the second born etc.

2. **What was the date of birth?**

   Record the date of the baby’s birth in the box provided in yyyy-mm-dd format. If the baby has just been born today at this time, click on the “today” button and this will automatically take the date and time from the tablet’s internal calendar and clock.

3. **What was the time of birth?**

   Record the time of the baby’s birth in the box provided in hh:mm format, using the 24 hour clock. If the baby has just been born today at this time, click on the “today” button and this will automatically take the date and time from the tablet’s internal calendar and clock.

4. **Was the baby born alive?**

   Possible response options: yes, no

   In other words, did the baby cry, move or breathe at birth, even a little? Select the appropriate response option. If you select “no”, the Stillbirth screen will load after the following question about the mode of delivery.
5. What was the mode of delivery? (PRECISE Facility Births only)
   Possible response options: unassisted vaginal without episiotomy, unassisted vaginal with episiotomy, operative vaginal, vaginal breech, resuscitative hysterotomy (perimortem CS), none and the mother died undelivered, don’t know

   Select the appropriate response option. If this information is not available or not known, select “don’t know”.

Screen for Stillbirths

<table>
<thead>
<tr>
<th>Screen for Stillbirths</th>
</tr>
</thead>
<tbody>
<tr>
<td>6  What was the baby’s skin appearance?</td>
</tr>
<tr>
<td>7  What was the baby’s sex</td>
</tr>
<tr>
<td>8  What was the baby’s birthweight (kg)?</td>
</tr>
<tr>
<td>9  What was the baby’s length (cm)?</td>
</tr>
<tr>
<td>10 What was the baby’s mid-upper arm circumference measurement (cm)?</td>
</tr>
<tr>
<td>11 What was the baby’s head circumference (cm)?</td>
</tr>
<tr>
<td>12 Please provide a case summary (short summary of the sequence of events surrounding the death)?</td>
</tr>
<tr>
<td>13 Was an autopsy performed?</td>
</tr>
<tr>
<td>14 Did any of the following personal or family factors contribute to the death of this baby?</td>
</tr>
<tr>
<td>15 Did factors concerning access to skilled birth attendance contribute to the death of this baby?</td>
</tr>
<tr>
<td>16 Did any of the following transport/communication factors contribute to the death of this baby?</td>
</tr>
<tr>
<td>17 Did any of the following health facility factors contribute to the death of this baby?</td>
</tr>
<tr>
<td>18 Did any of the following health personnel factors contribute to the death of this baby?</td>
</tr>
<tr>
<td>19 Did any other factors not asked about so far contribute to the death of this baby?</td>
</tr>
</tbody>
</table>

6. What was the baby’s skin appearance? (PRECISE Facility Births only)
   Possible response options: fresh, macerated – peeling or showing signs of decay, don’t know

   Did the baby’s skin appear fresh, like that of a liveborn infant, or was the skin peeling or showing signs of decay? Select the appropriate response option.

7. What was the baby’s sex? (PRECISE Facility Births only)
   Possible response options: male, female, indeterminate

   Select the appropriate response option.

8. What was the baby’s birthweight? (PRECISE Facility Births only)

   Record the baby’s birthweight in grams to 1 decimal place in the number box provided. If it has not been possible to weigh the baby, select “yes” in response to the question “Don’t know baby’s birthweight?” For more information on how to measure the baby’s weight, refer to the Clinical Tools Manual.
9. What was the baby’s length? (PRECISE Facility Births only)

Record the baby’s length in centimetres to 1 decimal place in the number box provided. If it has not been possible to measure the baby’s length, select “yes” in response to the question “Don’t know baby’s length?” For more information on how to measure the baby’s length, refer to the Clinical Tools Manual.

10. What was the baby’s mid-upper arm circumference measurement? (PRECISE Facility Births only)

Record the baby’s mid-upper arm measurement in centimetres to 1 decimal place in the number box provided. If it has not been possible to measure the baby’s MUAC, select “yes” in response to the question “Baby’s mid-upper arm circumference not known?” For more information on how to measure the baby’s MUAC, refer to the Clinical Tools Manual.

11. What was the baby’s head circumference measurement? (PRECISE Facility Births only)

Record the baby’s head circumference measurement in centimetres to 1 decimal place in the number box provided. If it has not been possible to measure the baby’s head circumference, select “yes” in response to the question “Baby’s head circumference not known?” For more information on how to measure the baby’s head circumference, refer to the Clinical Tools Manual.

12. Provide a case summary. (PRECISE Facility Births only)

Provide a short summary of the sequence of events surrounding the delivery of the stillborn infant and input the details in the text box provided.

13. Was an autopsy performed? (PRECISE Facility Births only)

Possible response options: yes, no, don’t know

Select the appropriate option. If an autopsy was performed, details from the autopsy report will be collected monthly by the research team. If the report is not available, select “yes” in response to the question “Details unavailable”.

If an autopsy was performed, ask the following additional question:

i) What was the perinatal cause of death? (possible response options: congenital malformations, birth trauma, infection, low birth weight, unknown cause, other (specify), don’t know) - Select the appropriate response option.

14. Did any of the following personal or family factors contribute to the death of this baby?

Possible response options: delay in seeking help, failure to recognise danger signs, declined treatment or admission, ignorance of available services, cultural or religious reasons or objections, poverty, other personal or family factors, don’t know

Select the appropriate response option. If more than one factor applies, choose the main factor.
15. Did factors concerning access to skilled birth attendance contribute to the death of this baby?
   Possible response options: yes, no, don’t know

   This question should be asked of the baby’s family during a visit to the mother’s or family’s home following the delivery. Select the appropriate response. If more than one factor applies, choose the main factor.

16. Did any of the following transport/communication factors contribute to the death of this baby?
   Possible response options: lack of transport from home to facility, lack of transport between health facilities, health service communication breakdown, long distance, poor roads, other, don’t know

   This question should be asked of the baby’s family during a visit to the mother’s or family’s home following the delivery. Select the appropriate response. If another transport or communication factor contributed to the baby’s death, select “other”. If more than one factor applies, choose the main factor.

17. Did any of the following health facility factors contribute to the death of this baby?
   Possible response options: lack of facilities, lack of equipment or consumables such as drugs, lack of blood/blood products, lack of theatre supplies/facilities, others

   Reassure care providers that their responses will be shared confidentially for advocacy purposes only. Individuals and individual facilities will not be identified. Ask the care providers if any of the health facility factors listed contributed to the death of the baby and select the appropriate response. If more than one factor applies, choose the main factor. If the reason is known but is not listed, select “others”.

18. Did any of the following health personnel factors contribute to the death of this baby?
   (PRECISE and non-PRECISE Facility Births only)
   Possible response options: lack of human resources, lack of expertise/training or education, poor attitude/low morale, next level cadre not consulted, next level cadre not available, poor interpersonal relationship, language barrier, misdiagnosis/mismanagement, delays in referral, delays in appropriate action, other, don’t know, no

   Reassure care providers that their responses will be shared confidentially for advocacy purposes only. Individuals and individual facilities will not be identified. Ask the care providers if any of the health personnel factors listed contributed to the death of the baby and select the appropriate response. If more than one factor applies, choose the main factor. If the reason is known but is not listed, select “other”.

19. Did any other factor(s) not asked about so far contribute to the death of this baby?
   Possible response options: yes, no

   Select the appropriate response option.
Once you have completed all of the fields, indicate whether the form has been completed by selecting "Complete" from the drop-down menu. You will note an additional option "Unverified". Please ignore this! Next, select "Save Record" at the bottom. Click on the black back button in the top left-hand corner of the form to leave the form. You have completed data collection.

If this was a multiple pregnancy, select "Save and go to Next Instrument" at the bottom. You will then be taken to a blank copy of the baby form. Complete data collection for any additional babies.
Please note that, for multiple births, data will be collected separately for each baby and therefore this screen will be completed as many times as necessary to capture details of every newborn resulting from the pregnancy. This form should be completed by clinically-trained staff only. If staff who provided care for the woman and baby(ies) during delivery cannot provide the necessary information, the information should be sought from facility records or the woman’s medical chart/record.

### Screen for Livebirths

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>Is the baby still alive?</td>
</tr>
<tr>
<td>2</td>
<td>What was the baby’s Apgar score at 1 minute?</td>
</tr>
<tr>
<td>3</td>
<td>What was the baby’s Apgar score at 5 minutes?</td>
</tr>
<tr>
<td>4</td>
<td>What is the baby’s sex?</td>
</tr>
<tr>
<td>5</td>
<td>Does the baby have any major malformation?</td>
</tr>
<tr>
<td>6</td>
<td>Did the baby breathe at birth?</td>
</tr>
<tr>
<td>7</td>
<td>What was the baby’s birthweight?</td>
</tr>
<tr>
<td>8</td>
<td>What is the baby’s length?</td>
</tr>
<tr>
<td>9</td>
<td>What is the baby’s head circumference?</td>
</tr>
<tr>
<td>10</td>
<td>What is the baby’s mid-upper arm circumference?</td>
</tr>
<tr>
<td>11</td>
<td>What was the baby’s heart rate?</td>
</tr>
<tr>
<td>12</td>
<td>What was the baby’s respiratory rate?</td>
</tr>
<tr>
<td>13</td>
<td>Was the baby admitted to a neonatal ward or unit separate from the mother?</td>
</tr>
<tr>
<td>14</td>
<td>Were the baby’s nose or mouth suctioned?</td>
</tr>
<tr>
<td>15</td>
<td>Was the baby breastfed or fed breast milk?</td>
</tr>
<tr>
<td>16</td>
<td>What is the baby’s breastfeeding status at discharge?</td>
</tr>
<tr>
<td>17</td>
<td>Did the baby receive kangaroo mother care?</td>
</tr>
<tr>
<td>18</td>
<td>Was the baby bathed?</td>
</tr>
<tr>
<td>19</td>
<td>Did the baby receive Vitamin K?</td>
</tr>
<tr>
<td>20</td>
<td>Is the mother HIV positive?</td>
</tr>
</tbody>
</table>

#### Sample Collection

| 21 | Was neonatal heel prick collected? *(Mozambique and The Gambia only)* |

### Screen for Livebirths

1. **Is the baby still alive?**
   
   **Possible response options:** yes, no, don’t know

   For all liveborn babies, you will be asked to indicate whether the baby is still alive. Select the appropriate response option. If the baby is not still alive, answer the following additional questions:

   i) **What was the date and time of death?** - Record the date of the baby’s death in the database in the box provided in yyyy-mm-dd format; Record the time of his/her death in the box provided in hh:mm format, using the 24-hour clock. If the date and
time of the baby’s death is not known, select “yes” in response to the question "Don’t
know”.

iii) Where did the baby die? (at hospital, at another health facility, at home, other, don’t
know) – Record the baby’s place of death by selecting the appropriate option. If the
place of the baby’s death is not listed as a predetermined option, select “other” and
then use the text box to detail where she died.

iv) What was the neonatal cause of death? (congenital malformations, birth trauma,
meconium aspiration, infection, low birth weight, prematurity, low birth weight and
prematurity, convulsions and disorders of cerebral status, respiratory distress, other
cardiorespiratory disorders, unknown cause, other, don’t know) – Select the
appropriate response option. If the cause of death is known but is not in the list,
select “other”. If the cause of death is not known, select “don’t know”. (PRECISE
Facility Births only)

v) Provide a case summary – Provide a short summary of the sequence of events
surrounding the delivery and death of the infant and input the details in the text box
provided. (PRECISE Facility Births only)

vi) Was an autopsy performed? (possible response options: yes, no) - Select the
appropriate response option. If an autopsy was performed, details from the autopsy
report will be collected monthly by the research team. (PRECISE Facility Births only)

vii) Summary case of autopsy - Write a summary of the case from the autopsy report in
the text box provided. If the report is not available, select “yes” in response to the
question “Details unavailable”. (PRECISE Facility Births only)

viii) What was the cause of death? - In addition to providing a summary of the case, you
will be asked to indicate the cause of death from the autopsy report (possible
response options: congenital malformations, birth trauma, meconium aspiration,
infection, low birth weight, prematurity, low birth weight and prematurity, convulsions
and disorders of cerebral status, respiratory distress, other cardiorenal disorders,
unknown cause, other, don’t know). Select the appropriate response option. If the
case of death is known but is not in the list, select “other”. If the
case of death is not known, select “don’t know”. (PRECISE Facility Births only)

ix) Did any of the following personal or family factors contribute to the death of this
baby? (possible response options: delay in seeking help, failure to recognise danger
signs, declined treatment or admission, ignorance of available services, cultural or
religious reasons or objections, poverty, other personal or family factors, don’t know).
Select the appropriate response option. If more than one factor applies, choose the
main factor.

x) Did factors concerning access to skilled birth attendance contribute to the death of
this baby? (possible response options: yes, no, don’t know). This question should be
asked of the baby’s family during a visit to the mother’s or family’s home following
the delivery. Select the appropriate response from the options provided. If more
than one factor applies, choose the main factor.

xi) Did any of the following transport/communication factors contribute to the death of
this baby? (possible response options: lack of transport from home to facility, lack of
transport between health facilities, health service communication breakdown, long
distance, poor roads, other, don’t know). This question should be asked of the baby’s
family during a visit to the mother’s or family’s home following the delivery. Select
the appropriate response. If more than one factor applies, choose the main factor. If
another transport or communication factor other than those listed contributed to the
baby’s death, select “other”.

xii) Did any of the following health facility factors contribute to the death of this baby?
(possible response options: lack of facilities, lack of equipment or consumables such as
Reassure care providers that their responses will be shared confidentially for advocacy purposes only. Individuals and individual facilities will not be identified. Select the appropriate response option. If more than one factor applies, choose the main factor. If the reason is not listed, select “other”.

xiii) Did any of the following health personnel factors contribute to the death of this baby? (possible response options: lack of human resources, lack of expertise/training or education, poor attitude/low morale, next level cadre not consulted, next level cadre not available, poor interpersonal relationship, language barrier, misdiagnosis/mismanagement, delays in referral, delays in appropriate action, other, don’t know). Reassure care providers that their responses will be shared confidentially for advocacy purposes only. Individuals and individual facilities will not be identified. Select the appropriate response option. If more than one factor applies, choose the main factor. If the reason is not listed, select “other”.

xiv) Did any other factor(s) not asked about so far contribute to the death of this baby? (possible response options: yes, no) - Select the appropriate response option.

2. What was the baby’s Apgar score at 1 minute? (PRECISE Facility Births only)

   Record the baby’s Apgar score at 1 minute in the number box provided using the tablet number pad.

3. What was the baby’s Apgar score at 5 minutes? (PRECISE Facility Births only)

   Record the baby’s Apgar score at 5 minutes in the number box provided using the tablet number pad. If the baby died shortly after birth and between the 1 minute score and the 5 minute score being calculated, select “0”.

4. What is the baby’s sex?

   Possible response options: male, female, indeterminate

   Select the appropriate response option.

5. Does the baby have any major malformation?

   Possible response options: yes, no, don’t know

   Select the appropriate response option.

   If the baby does have a major malformation, record the type of malformation (possible response option: swelling/defect on back, very large head, very small head, defect of lip/palate, intestines protruding through the abdomen, other (specify), don’t know). Select the appropriate response option. If you select “other”, use the text box provided to record the type.

6. Did the baby breathe at birth?

   Possible response options: yes, no, don’t know

   Select the appropriate response option. If the baby did not breathe at birth, answer the following additional questions, selecting the appropriate response:
i) Was there evidence of meconium? (possible response options: yes, no, don’t know) - Select the appropriate response option. (PRECISE Facility Births only)

ii) What type of resuscitation was used? (possible response options: stimulation, bag & mask, both, none, don’t know) - Select the appropriate response option. (PRECISE Facility Births only)

iii) Who performed resuscitation? (possible response options: paediatrician, medical officer, medical officer intern, clinical officer, person or midwife, others (specify)) - Select the appropriate response option. If you select “other” use the text box provided to record who performed resuscitation. (PRECISE Facility Births only)

If the baby did breathe at birth, answer the following additional questions. Select the appropriate response.

i) Did the baby have difficulties breathing at birth? (possible response options: yes, no, don’t know) - Select the appropriate response option.

If the baby had difficulties breathing at birth, answer the following additional questions:

a. Was there evidence of meconium? (possible response options: yes, no, don’t know) - Select the appropriate response option. (PRECISE Facility Births only)

b. What type of resuscitation was used? (possible response options: stimulation, bag & mask, both, none, don’t know) - Select the appropriate response option. (PRECISE Facility Births only)

c. Was surfactant given? (possible response options: yes, no, don’t know) - Select the appropriate response option. (PRECISE Facility Births only)

7. What was the baby’s birthweight? (PRECISE Facility Births only)

Record the baby’s birthweight in grams to 1 decimal place in the number box provided. If it has not been possible to weigh the baby, select “yes” in response to the question “Don’t know baby’s birthweight?” For more information on how to measure the baby’s weight, refer to the Clinical Tools Manual.

8. What is the baby’s length? (PRECISE Facility Births only)

Record the baby’s length in centimetres to 1 decimal place in the number box provided. If it has not been possible to measure the baby’s length, select “yes” in response to the question “Don’t know baby’s length?” For more information on how to measure the baby’s length, refer to the Clinical Tools Manual.

9. What is the baby’s head circumference? (PRECISE Facility Births only)

Record the baby’s head circumference measurement in centimetres to 1 decimal place in the number box provided. If it has not been possible to measure the baby’s head circumference, select “yes” in response to the question “Baby’s head circumference not known?” For more information on how to measure the baby’s head circumference, refer to the Clinical Tools Manual.
10. What is the baby’s mid-upper arm circumference (MUAC)? (PRECISE Facility Births only)

Record the baby’s mid-upper arm measurement in centimetres to 1 decimal place in the number box provided. If it has not been possible to measure the baby’s MUAC, select “yes” in response to the question “Baby’s mid-upper arm circumference not known?” For more information on how to measure the baby’s MUAC, refer to the Clinical Tools Manual.

11. What is the baby’s heart rate? (PRECISE Facility Births only)

Measure the baby’s heart rate either by taking the baby’s pulse or listening to the baby’s heart sounds and record the HR in beats per minute in the number box provided. If this information is not available or you are unable to measure the baby’s heart rate, select “yes” in response to the question “Baby’s HR not known?”

12. What is the baby’s respiratory rate? (PRECISE Facility Births only)

Observe the baby over a 30 second period of time and count the number of breaths the baby takes. Double this number to get the total breaths per minute and record the number in the number box provided. If this information is not available or you are unable to measure the baby’s respiratory rate, select “yes” in response to the question “Baby’s RR not known?”

13. Was the baby admitted to a neonatal ward or unit separate from the mother? (PRECISE and non-PRECISE Facility Births only)

Possible response options: yes, no, don’t know

Check the baby’s medical chart or record and select the appropriate response. If the baby was admitted to a neonatal ward or unit separate from the mother, answer the following additional questions by selecting the appropriate response:

i) What was the date and time of admission? Record the date of admission to the ward in the box provided in yyyy-mm-dd format; record the time of admission in the box provided in hh:mm format, using the 24 hour clock. If the date and time of admission are not known, select “yes” in response to the question “Don’t know?” (PRECISE Facility Births only)

ii) What was the date and time of discharge? – Record the date of discharge from the ward in the box provided in yyyy-mm-dd format; record the time of discharge in the box provided in hh:mm format, using the 24 hour clock. If the date and time of discharge are not known, select “yes” in response to the question “Don’t know?” (PRECISE Facility Births only)

iii) What was the baby’s status at discharge? (possible response options: alive, dead, don’t know) – Select the appropriate response option.

iv) Did the baby have fits or seizures during admission? (possible response options: yes, no, don’t know) – Select the appropriate response option. (PRECISE Facility Births only)

v) Did the baby receive phototherapy for jaundice? (possible response options: yes, no - not needed, no - needed but not available, no - needed but declined, don’t know) – Select the appropriate response option. (PRECISE Facility Births only)

vi) Did the baby receive oxygen? (possible response options: yes, no - not needed, no - needed but not available, no - needed but declined, don’t know) – Select the appropriate response option. (PRECISE Facility Births only)
vii) Did the baby receive invasive ventilation [via ETT]? (possible response options: yes, no - not needed, no - needed but not available, no - needed but declined, don’t know) – Select the appropriate response option. (PRECISE Facility Births only)

viii) Did the baby receive non-invasive ventilation [CPAP]? (possible response options: yes, no - not needed, no - needed but not available, no - needed but declined, don’t know) – Select the appropriate response option. (PRECISE Facility Births only)

ix) Did the baby receive exchange transfusion for jaundice? (possible response options: yes, no - not needed, no - needed but not available, no - needed but declined, don’t know) – Select the appropriate response option. (PRECISE Facility Births only)

x) Did the baby receive antibiotics? (possible response options: yes, no - not needed, no - needed but not available, no - needed but declined, don’t know) – Select the appropriate response option. (PRECISE Facility Births only). If the baby did receive antibiotics, ask the following additional questions:

a. Was the baby diagnosed with an infection during admission? (possible response options: yes, no, don’t know) – Select the appropriate response option. If you respond “yes” to this question, you will be asked to confirm the type of infection the baby was diagnosed with (possible response options: tetanus, bacterial meningitis, pneumonia, neonatal sepsis, syphilis, other, don’t know) – Select the appropriate response option. If the baby was diagnosed with an infection not listed, select “other” and use the text box provided to specify the infection type.

xii) Did the baby receive IV fluids? (yes, no - not needed, no - needed but not available, no - needed but declined, don’t know) – Select the appropriate response option. (PRECISE Facility Births only)

xiii) Was a feeding tube used for feeding difficulty or low blood sugar? (yes, no - not needed, no - needed but not available, no - needed but declined, don’t know) – Select the appropriate response option. (PRECISE Facility Births only)

xiv) Was the baby put in an incubator for low body temperature? (yes, no, no - needed but not available, no - needed but declined, don’t know) – Select the appropriate response option. (PRECISE Facility Births only)

14. Were the baby’s nose or mouth suctioned? (PRECISE Facility Births only)

Possible response options: yes, no, don’t know

Select the appropriate response option.

15. Was the baby breastfed or fed breast milk? (PRECISE Facility Births only)

Possible response options: yes, no, don’t know

Select the appropriate response option. If the baby was breastfed, answer the following additional question:

i) How long after birth did the baby first breastfeed or receive breast milk? (possible response option: less than 1 hour, less than 2 hours, less than 4 hours, less than 12 hours, more than 12 hours (please specify)). Select the appropriate response. If you select “more than 12 hours”, use the text box provided to record the number of hours.
16. What is the baby’s breastfeeding status at discharge?  
(PRECISE Facility Births only)  
Possible response options: feeding ok, is not breastfeeding or has troubles, not applicable, don’t know  
Select the appropriate response option. If the baby has not been breastfed at all, select “not applicable”.

17. Did the baby receive kangaroo mother care?  
(PRECISE Facility Births only)  
Possible response options: yes, no, not applicable, don’t know  
Select the appropriate response option. If the baby did not need kangaroo mother care, select “not applicable”.

18. Was the baby bathed?  
(PRECISE Facility Births only)  
Possible response options: yes, no, don’t know  
Select the appropriate response option. If the baby was bathed, answer the following additional question:  
1) How long after birth was the baby bathed?  
(possible response options: less than 1 hour, 1 to 2 hours, 2 to 4 hours, 4 to 12 hours, more than 12 hours (please specify))  
Select the appropriate response option. If it was more than 12 hours after birth, use the number box to record the number of hours.

19. Did the baby receive Vitamin K?  
(PRECISE Facility Births only)  
Possible response options: yes, no, don’t know, unavailable  
Select the appropriate response option. If vitamin K was not available, select “unavailable”.

20. Is the mother HIV positive?  
(PRECISE Facility Births only)  
Possible response options: yes, no, don’t know;  
Select the appropriate response option. If the mother is HIV positive, answer the following additional question:  
1) Was ART for infant prophylaxis initiated?  
(possible response options: no, yes at diagnosis, yes only for labour and delivery, don’t know, not applicable)  
Select the appropriate response option. If the mother is not HIV positive, select “not applicable”, as this question cannot be hidden for participants who are not HIV positive.

Sample Collection

21. Was neonatal heel prick collected?  
(Mozambique and The Gambia only)  
Possible response options: yes, no  
Neonatal heel pricks will only be collected from babies when it has not been possible to collect cord blood after the delivery. Select the appropriate response option. If you respond “no” to this question, answer the following additional question:
i) Why? (no consent, participant refused, participant did not deliver in one of the study sites, no staff member available to collect the sample, no staff member available to process the sample, not needed - cord blood sample collected, other (specify), don’t know) – Select the appropriate response option. If the reason the sample was not collected is not listed, select “other” and use the text box provided to record the reason. If the delivery was at home or a non-PRECISE facility, select “participant did not deliver in one of the study sites”.

Once you have completed all of the fields, indicate whether the form has been completed by selecting “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please ignore this!

Next, select “Save Record” at the bottom. You will be taken back to the "Birth" screen. For Cohorts 2 and 3 only, select "Baby Outcomes Part 2, Discharge of Baby(ies)" and continue with data collection for this visit. For Cohorts 4 and 5, proceed to the “Laboratory” form.
31.36. 22 – Birth: Baby Outcomes Part 2, Discharge of Baby(ies)

This form is to be completed for all live babies born at a PRECISE facility, at the time they leave the facility, with or without their mother. The form should be completed by clinically-trained staff only. If staff who provided care for the baby(ies) during delivery cannot provide the necessary information, the information should be sought from facility records or the woman’s medical chart/record. For pregnancies where there was more than one livebirth, you will need to fill in separate forms for each baby.

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 When after birth did the baby leave the facility?</td>
</tr>
<tr>
<td>2 Where did the baby go when he/she left this facility?</td>
</tr>
</tbody>
</table>

1. When after birth did the baby leave the facility?

Record the date on which the baby left the facility after delivery in the box provided in yyyy-mm-dd format; record the time at which the baby left the facility in the box provided in hh:mm format, using the 24 hour clock. If the time and date of the baby’s discharge is not known, select “yes” in response to the question “Don’t know?”.

2. Where did the baby go when he/she left this facility?

Possible response options: mother’s home, relative’s home, family friend’s home, transferred to another facility, other (specify), don’t know

Record where he/she went when he/she was discharged from the facility by selecting the appropriate response. If it is not known where the baby went when he/she left the facility, select “don’t know”.

If the baby was transferred to another facility, answer the following additional question:

i) Which facility was the baby transferred to? – Use the text box provided to record the name of the facility the baby was transferred to.

If the baby went home, answer the following additional questions:

i) Was this against medical advice? (possible response options: yes, no, don’t know) – Select the appropriate response.
ii) Was he/she prescribed any therapy? (possible response options: yes, no, don’t know) – Select the appropriate response. If the baby was prescribed a therapy, describe the type of therapy in the text box provided.
ii) Was the family advised to bring the baby back sooner than routine? (possible response options: yes, no, don’t know) – Select the appropriate response. If the family was advised to bring the baby back to the facility sooner than routine, record the number of days after which they were advised to return in the number box provided.
iv) Was the baby referred to another service within this facility for specialist follow-up? (possible response options: yes, no, don’t know) - Select the appropriate response. If the baby was referred to another service within the facility for specialist follow-up, indicate which service in the text box provided.
v) Was the baby referred to another service not in this facility for specialist follow-up? (possible response options: yes, no, don’t know) - Select the appropriate response.

vi) Was the family given any particular advice? (possible response options: yes, no, don’t know) - Select the appropriate response.

Once you have completed all of the fields, indicate whether the form has been completed by selecting “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please ignore this! Next, select “Save and go to Next Instrument” at the bottom. You will then be taken to the next form, “Comments”. If you have any comments about the baby(ies), record them here. However, please note that you do not HAVE to record anything here if there is nothing relevant or important to record. Select “Complete” at the bottom and then “Save Record”.

If this was a multiple pregnancy, proceed to collect data for the other babies. For singleton pregnancies, data collection for this participant is now complete until she returns for her follow-up assessment approximately 6 weeks after delivery.

Click on the burgundy box containing the woman’s PTID at the top to return to the “Enrolment” screen to start data collection for a new participant.
### 37. Post-partum Follow-up

This form is to be completed for all mothers and their babies, where applicable, either when they return to the facility for their six-week post-partum check-up and infant vaccinations or when you conduct home visits.

The database is programmed to guide you through the form and will load the relevant questions for you to ask. For example, if the baby was stillborn or has died since birth, you will only be required to complete the questions to be asked directly of the woman herself; if the woman died either during or after delivery, you will only be required to answer the questions about the baby.

If the woman did not deliver at a PRECISE facility, you will be prompted to go to Forms 17 to 22 inclusive to provide as much information on the delivery and outcomes as possible. As this data is being collected after the event and potentially from a family member rather than the woman herself, you will not need to complete those forms in their entirety. Again, the database has been programmed to guide you through the forms and only the questions which can be asked of a family member or the woman herself after the event will be loaded on the screen for you to ask.

#### Location of Data Collection

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Where is today’s data collection taking place?</td>
</tr>
<tr>
<td>2</td>
<td>Did the woman give birth in a PRECISE health facility?</td>
</tr>
<tr>
<td>All Women</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Have you seen the woman alive today?</td>
</tr>
<tr>
<td>4</td>
<td>Have you seen the baby alive today?</td>
</tr>
</tbody>
</table>

#### Delivery Location & Immediate Postnatal Care Utilisation - Home or Community data collection only

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Why did you not give birth in a health facility?</td>
</tr>
<tr>
<td>6</td>
<td>Did you go to a facility for a check-up within 48 hours of giving birth?</td>
</tr>
<tr>
<td>7</td>
<td>Were you admitted to a facility for one or more nights, within 72 hours of giving birth?</td>
</tr>
<tr>
<td>8</td>
<td>Was your baby admitted to a facility for one or more nights, within 72 hours of birth?</td>
</tr>
</tbody>
</table>

#### Postnatal Care Utilisation - Home or Community data collection only

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Have you and/or the baby attended a health facility in the weeks since birth?</td>
</tr>
</tbody>
</table>

#### Outpatient Postnatal Care - Facility Data Collection Only

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Why are you and the baby here today?</td>
</tr>
</tbody>
</table>

#### Woman - Physical Health - Women who have been seen alive today only

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>What is the woman’s body weight today?</td>
</tr>
<tr>
<td>12</td>
<td>What is the woman’s respiratory rate?</td>
</tr>
<tr>
<td>13</td>
<td>What is the woman’s pulse rate?</td>
</tr>
<tr>
<td>14</td>
<td>What is the woman’s pulse oximetry?</td>
</tr>
<tr>
<td>15</td>
<td>What is the haemoglobin concentration?</td>
</tr>
<tr>
<td>16</td>
<td>What is the woman’s perfusion index? Mozambique only</td>
</tr>
<tr>
<td>17</td>
<td>What is the woman’s carboxyhaemoglobin saturation? Mozambique only</td>
</tr>
<tr>
<td>18</td>
<td>What is the woman’s resting systolic BP?</td>
</tr>
<tr>
<td>19</td>
<td>What is the woman’s resting diastolic BP?</td>
</tr>
<tr>
<td>20</td>
<td>Is the woman suffering from urinary incontinence?</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Is the woman suffering from faecal incontinence?</td>
<td></td>
</tr>
<tr>
<td>Is the woman using family planning, or planning to begin a FP method today?</td>
<td></td>
</tr>
<tr>
<td><strong>Woman – Health Functioning - Women who have been seen alive today only</strong></td>
<td></td>
</tr>
<tr>
<td>In the past 30 days, how much difficulty did you have in standing for long periods such as 30 minutes?</td>
<td></td>
</tr>
<tr>
<td>In the past 30 days, how much difficulty did you have in taking care of household responsibilities?</td>
<td></td>
</tr>
<tr>
<td>In the past 30 days, how much difficulty did you have in learning a new task, for example, learning how to get to a new place?</td>
<td></td>
</tr>
<tr>
<td>How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?</td>
<td></td>
</tr>
<tr>
<td>How much have you been emotionally affected by your health problems?</td>
<td></td>
</tr>
<tr>
<td>In the past 30 days, how much difficulty did you have in concentrating on doing something for ten minutes?</td>
<td></td>
</tr>
<tr>
<td>In the past 30 days, how much difficulty did you have in walking a long distance such as a kilometre [or equivalent]?</td>
<td></td>
</tr>
<tr>
<td>In the past 30 days, how much difficulty did you have in washing your whole body?</td>
<td></td>
</tr>
<tr>
<td>In the past 30 days, how much difficulty did you have in getting dressed?</td>
<td></td>
</tr>
<tr>
<td>In the past 30 days, how much difficulty did you have in dealing with people you do not know?</td>
<td></td>
</tr>
<tr>
<td>In the past 30 days, how much difficulty did you have in maintaining a friendship?</td>
<td></td>
</tr>
<tr>
<td>In the past 30 days, how much difficulty did you have in your day-to-day work/school?</td>
<td></td>
</tr>
<tr>
<td>Overall, in the past 30 days, how many days were these difficulties present?</td>
<td></td>
</tr>
<tr>
<td>In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition?</td>
<td></td>
</tr>
<tr>
<td>In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition?</td>
<td></td>
</tr>
<tr>
<td>In the past 30 days, how would you rate your overall health?</td>
<td></td>
</tr>
<tr>
<td><strong>Sample Collection - Women who have been seen alive today only</strong></td>
<td></td>
</tr>
<tr>
<td>Was maternal blood collected?</td>
<td></td>
</tr>
<tr>
<td>Was maternal urine collected?</td>
<td></td>
</tr>
<tr>
<td>Was a neonatal stool sample collected?</td>
<td></td>
</tr>
<tr>
<td><strong>Baby – Anthropometry - Cohorts 2 &amp; 3 only whose babies are alive and have been seen today</strong></td>
<td></td>
</tr>
<tr>
<td>What is the baby’s weight in kg today?</td>
<td></td>
</tr>
<tr>
<td>What is the baby’s mid upper arm circumference (MUAC) today?</td>
<td></td>
</tr>
<tr>
<td>What is the baby’s head circumference today?</td>
<td></td>
</tr>
<tr>
<td><strong>Baby – Nutrition - Cohorts 2 &amp; 3 only whose babies are alive and have been seen today</strong></td>
<td></td>
</tr>
<tr>
<td>Is (NAME) breastfeeding (or receiving breast milk) at the moment?</td>
<td></td>
</tr>
<tr>
<td>Did (NAME) drink infant formula milk yesterday, during the day or night?</td>
<td></td>
</tr>
<tr>
<td>Did (NAME) drink plain water yesterday, during the day or night?</td>
<td></td>
</tr>
<tr>
<td>Did (NAME) drink any other liquids yesterday, during the day or night?</td>
<td></td>
</tr>
<tr>
<td><strong>Baby Development - Cohorts 2 &amp; 3 only whose babies are alive and have been seen today</strong></td>
<td></td>
</tr>
<tr>
<td>Does (NAME) look at your face, a toy, any other object with attention and focus?</td>
<td></td>
</tr>
<tr>
<td>Can (NAME) hold his/her head steady without your hand supporting it?</td>
<td></td>
</tr>
</tbody>
</table>
51 Does (NAME) respond or startle when a loud sound is made?
52 Does (NAME) make sounds when looking at toys or people?
53 Does (NAME) make squealing noises, high-pitched sounds, or grunts, groans, throaty sounds?
54 Does (NAME) smile when you smile or talk to him or her?

Baby Stool Information – Kenya Only and Cohorts 2 & 3 only whose babies are alive and have been seen today
55 What is the consistency of (NAME)’s stool normally?
56 Does (NAME) ever exhibit any difficulties in passing a stool?
57 On average (thinking about the last few days), how many times a day does (NAME) produce a stool?

Location of Delivery
1. Where is today’s data collection taking place?
   Possible response options: study facility - Kenya – Rabai, Mariakani; Mozambique – Xinavane, Manhica; The Gambia – Farafenni, Illiassa, Ngenyen Sanjal), other facility (text box), home of the woman or a relative, other community location (text box).
   Select the appropriate response option. If you select “other community location”, use the text box provided to record the location.

2. Did the woman give birth in a PRECISE health facility?
   Possible response options: yes, no, don’t know
   Select the appropriate response option. If no, answer the following additional question:
   i) Did she give birth in another health facility? (possible response options: yes, no, don’t know)
   – Select the appropriate response. If you select “yes”, use the text box provided to specify the name of the facility. If you select “no”, answer the following additional question:
   a. Where did she give birth? (possible response options: home, en route to facility, don’t know) – Select the appropriate response option.

All Births
3. Have you seen the woman alive today?
   Possible response options: yes, no
   Select the appropriate response option. Please note that you must have seen the woman yourself, not been told by someone else that she is there. If “no”, answer the following additional questions:
   i) Did the woman die? (possible response options: yes, no, don’t know) – Select the appropriate option. If you respond “yes” to this question, you will be directed to complete Table 19a before returning to this Table. If you respond “no” to this question, you will be prompted to answer the following addition question:
   a. Is the woman alive but no longer living at her former home? (possible response options: yes, no, don’t know) – Select the appropriate response.
ii) Who is providing the information? (possible response options: husband, other relative, friend, health worker, medical records) – Select the appropriate response.

4. Have you seen the baby alive today? (Cohorts 2 and 3 only)
   Possible response options: yes, no

   Select the appropriate response option. Please note that you must have seen the baby yourself, not been told by someone else that (s)he is there. If “no”, answer the following additional questions:
   i) How is the baby? (in good health, not in good health, baby died, don’t know) – Select the appropriate option. If the baby died, you will be directed to complete Table 20 before returning to this Table. If the baby is alive but not seen, you will be prompted to answer the following addition question:
      a. Where is the baby? (at hospital, at home, not living with mother, other, don’t know) – Select the appropriate response.

Immediate Postnatal Care Utilisation – Home Births and Non-Facility Births Only

5. Why did you not give birth in a health facility?
   Possible response options: Personal preference, pregnancy was normal or healthy, family preference, facility too expensive, transport too expensive, facility too far, very fast labour, other (specify – text box), don’t know

   Select the appropriate response option. If the woman indicates there was more than one reason, select the main reason. If the woman provides another reason which is not listed, select “other” and use the text box provided to record her reason. If you are interviewing a family member or someone other than the woman herself, phrase the question as “Why did the woman not give birth in a health facility?”

6. Did you go to a facility for a check-up within 48 hours of giving birth?
   Possible response options: yes, no, don’t know

   Select the appropriate response option. If you are interviewing a family member or someone other than the woman herself, phrase the question as “Did the woman go to a facility for a check-up within 48 hours of giving birth?”

7. Were you admitted to a facility for one or more nights, within 72 hours of giving birth?
   Possible response options: yes, no, don’t know

   Select the appropriate response option. If the woman responds “yes”, you will be prompted to ask the following additional question:
   i) Why were you admitted? (possible response options: postpartum haemorrhage, postpartum fever, postpartum high blood pressure, other maternal problem (specify – text box), don’t know) – Select the appropriate option. If the woman indicates there was more than one reason, select the main reason. If the woman provides another
8. **Was your baby admitted to a facility for one or more nights, within 72 hours of birth?**

*Possible response options: yes, no, don’t know*

Select the appropriate response option. If the woman responds “yes”, you will be prompted to ask the following additional question:

i) **Why was your baby admitted?** *(baby too small, baby sick, other baby problem (specify – text box), don’t know)* – Select the appropriate option. If the woman indicates there was more than one reason, select the main reason. If the woman provides another reason which is not listed, select “other” and use the text box provided to record her reason.

If you are interviewing a family member or someone other than the woman herself, phrase the question as “**Was the baby admitted to a facility for one or more nights within 72 hours of birth?**”

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**Postnatal Care Utilisation – Home or Community data collection only**

9. **Have you and/or the baby attended a health facility in the weeks since birth?**

*Possible response options: yes, no, don’t know*

Select the appropriate response option. If the woman responds “no”, you will be prompted to ask the following additional question:

i) **Why not?** *(baby died, feeling well, both mother and baby well, personal preference, family preference, worried about health workers’ negative reaction, facility expensive, facility far, transport expensive, too sick or weak to go, other (specify – text box)* – Select the appropriate option. If the woman indicates there was more than one reason, select the main reason. If the woman provides another reason which is not listed, select “other” and use the text box provided to record her reason.

If you are interviewing a family member or someone other than the woman herself, phrase the question as “**Have the woman and/or the baby attended a health facility in the weeks since birth?**”
Outpatient Postnatal Care – Facility Data Collection only (not to be collected in the Community)

10. Why are you and the baby here today?
   Possible response options: Infant vaccination, postnatal health check for self, postnatal health check for baby, family planning, for study data collection only, don’t know

   Select the appropriate response option. If the woman indicates there was more than one reason, select the main reason. If you are interviewing a family member or someone other than the woman herself, phrase the question as “Why are you here with the baby today?”

Woman – Physical Health

11. What is the woman’s body weight today?
   Record her weight to 1 decimal place in the second number box provided, then take and record a second and third measurement. See separate Clinical Procedures training manual for more detail on how to take the measurement.

12. What is the woman’s respiratory rate?
   Record the woman’s respiratory rate in breaths per minute over a thirty second period and then input the resulting number in the box provided. If the woman’s respiratory rate is not known or was not measured, select “yes” in response to the question “Not available”; otherwise ignore the question “Not available” and proceed to the next question.

13. What is the woman’s pulse rate?
   Using the CRADLE device, measure the woman’s pulse rate in beats per minute and input the reading into the number box provided. See separate Clinical Procedures training manual for more detail on using the CRADLE device. If the woman’s pulse rate is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.

14. What is the woman’s pulse oximetry?
   Using the Masimo Oximeter, measure the woman’s pulse oximetry and record the percentage of oxygen saturation in her blood in the number box provided. See separate Clinical Procedures training manual for more detail on using the Masimo Oximeter device. If the woman’s pulse oximetry is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.

15. What is the haemoglobin concentration?
   Using the Masimo Oximeter, measure the woman’s haemoglobin concentration and record the concentration in grams per decilitre in the number box provided. See separate Clinical Procedures training manual for more detail on using the Masimo Oximeter device. If the woman’s haemoglobin concentration is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.

16. What is the woman’s perfusion index? Mozambique only

Commented [VM7]: Data from collected from question 13 and 18 and 19 are collected with the same device, for more ease can we group them together (this also happen in clinical assessment for first visit)
And group question 12 and 14 to 17
Using the Masimo Oximeter, measure the woman’s perfusion index and record the reading in the number box provided. See separate Clinical Procedures training manual for more detail on using the Masimo Oximeter device. If the woman’s perfusion index is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.

17. What is the woman’s carboxyhaemoglobin saturation? Mozambique only

Using the Masimo Oximeter, measure the woman’s carboxyhaemoglobin saturation and record the reading in the number box provided. See separate Clinical Procedures training manual for more detail on using the Masimo Oximeter device. If the woman’s carboxyhaemoglobin saturation is not known or was not measured, select “yes” in response to the question “Not available”, otherwise ignore the question “Not available” and proceed to the next question.

18. What is the woman’s resting systolic BP?

Using the CRADLE device, measure the woman’s resting systolic blood pressure. You will need to take at least two measurements and input the readings into the number boxes provided. If the difference between the first two measurements is more than 10mmHg apart, you will need to take a third reading. If the difference between the first two measurements is less than 10mmHg apart, a red “0” will appear in the “Third reading required” box. Proceed to the questions on dipstick analysis. See separate Clinical Procedures training manual for more detail on using the CRADLE device.

19. What is the woman’s resting diastolic BP?

Using the CRADLE device, measure the woman’s resting systolic and diastolic blood pressure. You will need to take at least two measurements and input the readings into the number boxes provided. If the difference between the first two measurements is more than 10mmHg apart, you will need to take a third reading. If the difference between the first two measurements is less than 10mmHg apart, a red “0” will appear in the “Third reading required” box. Proceed to the questions on dipstick analysis. See separate Clinical Procedures training manual for more detail on using the CRADLE device.

20. Is the woman using family planning, or planning to begin a FP method today?

Possible response options: yes, no, not asked today

Select the appropriate response option. If the woman responds “yes” to using or planning to use family planning, you will be prompted to answer the following additional question:

i) What method? (possible response options: female sterilisation, male sterilisation, intrauterine device, implant, oral contraceptive, male condom, female condom, other) - Select the appropriate response option.
Woman – Health Functioning

21. In the past 30 days, how much difficulty did you have in standing for long periods such as 30 minutes?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in standing for long periods such as 30 minutes over the past 30 days. Show her flashcard #1 to describe what is meant by “difficulty” and flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.

22. In the past 30 days, how much difficulty did you have in taking care of household responsibilities?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in taking care of household responsibilities over the past 30 days. Show her flashcard #1 to describe what is meant by “difficulty” and flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.

23. In the past 30 days, how much difficulty did you have in learning a new task, for example, learning how to get to a new place?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in learning a new task over the past 30 days. Show her flashcard #1 to describe what is meant by “difficulty” and flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.

24. How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in joining in community activities over the past 30 days. Show her flashcard #1 to describe what is meant by “difficulty” and flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.

25. How much have you been emotionally affected by your health problems?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much she has been emotionally affected by her health problem over the past 30 days. Show her flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.

26. In the past 30 days, how much difficulty did you have in concentrating on doing something for ten minutes?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in concentrating on doing something for ten minutes. Show her flashcard #2 to explain what is meant by “none, mild, moderate, severe, extreme or cannot do” and record her response by selecting the appropriate option.
27. In the past 30 days, how much difficulty did you have in walking a long distance such as a kilometre [or equivalent]?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in walking a long distance such as a kilometre or equivalent over the past 30 days. Show her flashcard #2 to explain what is meant by "none, mild, moderate, severe, extreme or cannot do" and record her response by selecting the appropriate option.

28. In the past 30 days, how much difficulty did you have in washing your whole body?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in washing her whole body over the past 30 days. Show her flashcard #2 to explain what is meant by "none, mild, moderate, severe, extreme or cannot do" and record her response by selecting the appropriate option.

29. In the past 30 days, how much difficulty did you have in getting dressed?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in getting dressed over the past 30 days. Show her flashcard #2 to explain what is meant by "none, mild, moderate, severe, extreme or cannot do" and record her response by selecting the appropriate option.

30. In the past 30 days, how much difficulty did you have in dealing with people you do not know?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in dealing with people she does not know over the past 30 days. Show her flashcard #2 to explain what is meant by "none, mild, moderate, severe, extreme or cannot do" and record her response by selecting the appropriate option.

31. In the past 30 days, how much difficulty did you have in maintaining a friendship?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in maintaining a friendship over the past 30 days. Show her flashcard #2 to explain what is meant by "none, mild, moderate, severe, extreme or cannot do" and record her response by selecting the appropriate option.

32. In the past 30 days, how much difficulty did you have in your day-to-day work/school?
   Possible response options: None, mild, moderate, severe, extreme or cannot do
   Ask the woman how much difficulty she has had in her day-to-day life at work/school over the past 30 days. Show her flashcard #2 to explain what is meant by "none, mild, moderate, severe, extreme or cannot do" and record her response by selecting the appropriate option.

33. Overall, in the past 30 days, how many days were these difficulties present?
   Ask the woman how many days in the past 30 days she had these difficulties and record her response in the number box provided.
34. In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition?

Ask the woman how many days in the past 30 days she has been totally unable to carry out her usual activities or work because of any health condition. Record her response in the number box provided.

35. In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition?

Ask the woman how many days in the past 30 days she has cut back or reduced her usual activities or work because of any health condition. Record her response in the number box provided.

36. In the past 30 days, how would you rate your overall health?

Ask the woman how she would rate her overall health over the past 30 days and record her response by selecting the appropriate option.

**Baby - Anthropometry - Cohorts 2 & 3 only whose babies are alive and have been seen today**

37. What is the baby’s weight in kg today?

Record the baby’s weight to 1 decimal place in the second number box provided, then take and record a second measurement. See separate Clinical Procedures training manual for more detail on how to take the measurement.

38. What is the baby’s mid upper arm circumference (MUAC) today?

Record the measurement to one decimal place in the number box provided, then take and record a second measurement. See separate Clinical Procedures training manual for more detail on how to take the measurement.

39. What is the baby’s head circumference today?

Record the measurement to one decimal place in the number box provided, then take and record a second measurement. See separate Clinical Procedures training manual for more detail on how to take the measurement.

**Baby - Nutrition**

40. Is (NAME) breastfeeding (or receiving breast milk) at the moment?

Possible response options: yes, no, don’t know

Select the appropriate response. If the woman/family member respond “no”, you will be prompted to answer the following additional question:

i. Did (NAME) ever breastfeed or receive breast milk? (possible response options – yes, no, don’t know) – Select the appropriate option.

41. Did (NAME) drink infant formula milk yesterday, during the day or night?
42. Did (NAME) drink plain water yesterday, during the day or night?
   Possible response options: yes, no, don’t know
   Select the appropriate response.

43. Did (NAME) drink any other liquids yesterday, during the day or night?
   Possible response options: yes, no, don’t know
   Select the appropriate response.

Baby Development

44. Does (NAME) look at your face, a toy, any other object with attention and focus?
   Possible response options: yes, no, don’t know
   Select the appropriate response.

45. Can (NAME) hold his/her head steady without your hand supporting it?
   Possible response options: yes, no, don’t know
   Select the appropriate response.

46. Does (NAME) respond or startle when a loud sound is made?
   Possible response options: yes, no, don’t know
   Select the appropriate response.

47. Does (NAME) make sounds when looking at toys or people?
   Possible response options: yes, no, don’t know
   Select the appropriate response.

48. Does (NAME) make squealing noises, high-pitched sounds, or grunts, groans, throaty sounds?
   Possible response options: yes, no, don’t know
   Select the appropriate response.

49. Does (NAME) smile when you smile or talk to him or her?
   Possible response options: yes, no, don’t know
   Select the appropriate response.
**Baby Stool Information - Kenya only**

50. What is the consistency of (NAME)’s stool normally?
   Possible response options: watery, soft, formed, hard, don’t know

   Select the appropriate response.

51. Does (NAME) ever exhibit any difficulties in passing a stool?
   Possible response options: No, yes - but only occasionally, yes - is often uncomfortable, strains, or has abdominal bloating, don’t know

   Select the appropriate response.

52. On average (thinking about the last few days), how many times a day does (NAME) produce a stool?
   Possible response options: 1-2, 3-5, 5-7, 7-10, don’t know

   Select the appropriate response.

Once you have completed all of the fields, indicate whether the form has been completed by selecting “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please ignore this! Next, select “Save Record”.

Click on the burgundy box containing the woman’s PTID at the top to return to the “Enrolment” screen to start data collection for a new participant or to access the “Screening” project to screen another potential participant.
38. 15b – PRECISE Visit 1: CODIV-19

This form collects information about COVID-19 symptoms during the COVID pandemic. It is applicable to women in all cohorts after they are enrolled into the study. It is essential that this form is completed at every PRECISE visit a woman makes to the facility. Questions 1 to 5 will be asked to all women at every visit. If the woman answers ‘yes’ to question 5, questions 6-27 will be asked.

<table>
<thead>
<tr>
<th>Maternal symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>37. Have you EVER been exposed to someone with documented or suspected COVID-19 infection (such as co-workers, family members, or others)</td>
</tr>
<tr>
<td>38. Do you think you have already had COVID-19, but were not tested?</td>
</tr>
<tr>
<td>39. How much have you been isolating over the last week?</td>
</tr>
<tr>
<td>40. Have you had a test for COVID-19?</td>
</tr>
<tr>
<td>41. How do you physically feel right now?</td>
</tr>
<tr>
<td>42. Do you have a fever or feel too hot?</td>
</tr>
<tr>
<td>43. Do you have chills or shivers (feel too cold)?</td>
</tr>
<tr>
<td>44. If the woman’s temperature was measured, what was the woman’s temperature?</td>
</tr>
<tr>
<td>45. Do you have a consistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)?</td>
</tr>
<tr>
<td>46. Are you experiencing unusual fatigue?</td>
</tr>
<tr>
<td>47. Do you have a headache?</td>
</tr>
<tr>
<td>48. Have you felt nausea or experienced vomiting?</td>
</tr>
<tr>
<td>49. Are you experiencing dizziness or light-headedness?</td>
</tr>
<tr>
<td>50. Are you experiencing unusual shortness of breath or having trouble breathing?</td>
</tr>
<tr>
<td>51. Do you have a sore or painful throat?</td>
</tr>
<tr>
<td>52. Do you have a loss of smell/taste?</td>
</tr>
<tr>
<td>53. Do you have an unusually hoarse throat?</td>
</tr>
<tr>
<td>54. Are you feeling an unusual chest pain or tightness in your chest?</td>
</tr>
<tr>
<td>55. Do you have unusual abdominal pain or stomach ache?</td>
</tr>
<tr>
<td>56. Are you experiencing diarrhoea?</td>
</tr>
<tr>
<td>57. Do you have unusual strong muscle pains or aches?</td>
</tr>
<tr>
<td>58. Have you had raised, red, itchy, welts on the skin or sudden swelling of the face or lips?</td>
</tr>
<tr>
<td>59. Have you had any red/purple sores or blisters on your feet, including your toes?</td>
</tr>
<tr>
<td>60. Do you have any of the following symptoms: confusion, disorientation or drowsiness?</td>
</tr>
<tr>
<td>61. Do your eyes have any unusual eye-soreness or discomfort (e.g. light sensitivity, excessive tears, or pink/red eye)?</td>
</tr>
<tr>
<td>62. Have you been skipping meals?</td>
</tr>
<tr>
<td>63. Are there other important symptoms you want to share with us?</td>
</tr>
</tbody>
</table>
Maternal symptoms

109. Have you EVER been exposed to someone with documented or suspected COVID-19 infection (such as co-workers, family members, or others)

Possible response options: Yes, documented COVID-19 cases only, Yes, suspected COVID-19 cases only, Yes, both documented and suspected COVID-19 cases, Not that I know of.

Ask the woman if she has ever been exposed to someone with documented or suspected COVID-19 infection (such as co-workers, family members, or others) and record her answer by selecting the appropriate option.

110. Do you think you have already had COVID-19, but were not tested?

Possible response options: yes, no

Ask the woman if she thinks she has had COVID-19 already but were not tested and record her answer by ticking the appropriate “yes” or “no” box.

111. How much have you been isolating over the last week?

Possible response options: I have not left the house, I rarely leave the house and when I do, I have little interaction with other (eg for exercise), I rarely leave the house but had to visit somewhere with lots of people (eg hospital/clinic, groceries), I have to leave the house often and am in contact with other people (eg still working outside the house or using public transport)

Ask the woman how much she has been isolating over the last week. Record the woman’s response by selecting the appropriate option.

112. Have you had a test for COVID-19?

Possible response options: yes, no

Ask the woman if she has had a test for COVID-19 and record her answer by ticking the appropriate “yes” or “no” box.

113. How do you physically feel right now?

Possible response options: I feel physically normal, I’m not feeling quite right

Ask the woman how she feels physically at the moment. Record her answer by selecting the appropriate option. If the woman answers I’m not feeling quite right, continue to ask her questions 6-27 of this questionnaire.

114. Do you have a fever or feel too hot?

Possible response options: yes, no

Ask the woman if she has a fever or if she feels too hot. Record her answer by ticking the appropriate “yes” or “no” box.

115. Do you have chills or shivers (feel too cold)?

Possible response options: yes, no
Ask the woman is she has chills or shivers (i.e. feel too cold). Record her answer by ticking the appropriate "yes" or "no" box.

116. If the woman’s temperature was measured, what was the woman’s temperature?
   Possible response options: Number box in C, number box in F, temperature was not measured.
   If the woman’s temperature has been measured, record the measurement in °C or °F in the corresponding number box. If there is no temperature measurement available, record it by ticking the box ‘temperature was not measured’.

117. Do you have a consistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)?
   Possible response options: yes, no
   Ask the woman if she has a consistent cough (i.e., coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours). By ‘3 or more coughing episodes in 24 hours’, we mean in a 3 or more episodes in a day. Record the woman’s answer by ticking the appropriate "yes" or "no" box.

118. Are you experiencing unusual fatigue?
   Possible response options: yes, no
   Ask the woman if she is experiencing unusual fatigue (i.e. more tired than usual). Record her answer by ticking the appropriate "yes" or "no" box.

119. Do you have a headache?
   Possible response options: yes, no
   Ask the woman if she has a headache and record her answer by ticking the appropriate "yes" or "no" box.

120. Have you felt nausea or experienced vomiting?
    Possible response options: yes, no
    Ask the woman if she has nausea or experienced vomiting. Record her answer by ticking the appropriate "yes" or "no" box.

121. Are you experiencing dizziness or light-headedness?
    Possible response options: yes, no
    Ask the woman if she is experiencing dizziness or light-headedness. Record her answer by ticking the appropriate "yes" or "no" box.

122. Are you experiencing unusual shortness of breath or having trouble breathing?
    Possible response options: yes, no
    Ask the woman if she is experiencing unusual shortness of breath or having trouble breathing. Record her answer by ticking the appropriate "yes" or "no" box.
123. Do you have a sore or painful throat?
   Possible response options: yes, no
   Ask the woman if she has a sore or painful throat and record her answer by ticking the appropriate “yes” or “no” box.

124. Do you have a loss of smell/taste?
   Possible response options: yes, no
   Ask the woman if she has lost her sense of smell or taste and record her answer by ticking the appropriate “yes” or “no” box.

125. Do you have an unusually hoarse throat?
   Possible response options: yes, no
   Ask the woman if she has an unusually hoarse throat and record her answer by ticking the appropriate “yes” or “no” box.

126. Are you feeling an unusual chest pain or tightness in your chest?
   Possible response options: yes, no
   Ask the woman if she is feeling an unusual chest pain or tightness in her chest and record her answer by ticking the appropriate “yes” or “no” box.

127. Do you have unusual abdominal pain or stomach-ache?
   Possible response options: yes, no
   Ask the woman if she is has an unusual abdominal pain or stomach-ache and record her answer by ticking the appropriate “yes” or “no” box.

128. Are you experiencing diarrhoea?
   Possible response options: yes, no
   Ask the woman if she is experiencing unusual diarrhoea and record her answer by ticking the appropriate “yes” or “no” box.

129. Do you have unusual strong muscle pains or aches?
   Possible response options: yes, no
   Ask the woman if she has unusual strong muscle pains or aches and record her answer by ticking the appropriate “yes” or “no” box.

130. Have you had raised, red, itchy, welts on the skin or sudden swelling of the face or lips?
    Possible response options: yes, no
    Ask the woman if she has raised, red, itchy, welts (i.e. marks or scars) on the skin or sudden swelling of the face or lips and record her answer by ticking the appropriate “yes” or “no” box.
131. Have you had any red/purple sores or blisters on your feet, including your toes?  
Possible response options: yes, no  
Ask the woman if she has had any red/purple sores or blisters on her feet, including your toes and record her answer by ticking the appropriate "yes" or "no" box.

132. Do you have any of the following symptoms: confusion, disorientation or drowsiness?  
Possible response options: yes, no  
Ask the woman if she has felt confusion, disorientation or drowsiness and record her answer by ticking the appropriate "yes" or "no" box.

133. Do your eyes have any unusual eye-soreness or discomfort (e.g. light sensitivity, excessive tears, or pink/red eye)?  
Possible response options: yes, no  
Ask the woman if she has felt any unusual eye-soreness or discomfort (e.g. light sensitivity, excessive tears, or pink/red eye). Record her answer by ticking the appropriate "yes" or "no" box.

134. Have you been skipping meals?  
Possible response options: yes, no  
Ask the woman if she has been skipping meals because she has lost appetite (hasn't felt hungry) or because she was too unwell to eat and record her answer by ticking the appropriate "yes" or "no" box.

135. Are there other important symptoms you want to share with us?  
Possible response options: yes, no  
Ask the woman if there are any other important symptoms she wants to share and record her answer by ticking the appropriate "yes" or "no" box. If the woman answers Yes record the symptoms she describes in the text box.
This form is designed to collect the results of any tests which you have reported were run on the woman during her visits, such as haemoglobin levels and dipstick urinalysis. This form should be completed at every PRECISE visit (e.g. First, Second, Delivery) that tests are run for women in all cohorts.

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Screened for GDM?</td>
</tr>
<tr>
<td>2</td>
<td>Haemoglobin level tested?</td>
</tr>
<tr>
<td>3</td>
<td>Haematocrit tested?</td>
</tr>
<tr>
<td>4</td>
<td>White cell count tested?</td>
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<tr>
<td>5</td>
<td>Platelet count tested?</td>
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<tr>
<td>6</td>
<td>Serum creatinine tested?</td>
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<td>7</td>
<td>Aspartate transaminase tested?</td>
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<td>8</td>
<td>Alanine Aminotransferase tested?</td>
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<td>9</td>
<td>Rhesus status tested?</td>
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<td>10</td>
<td>HIV tested?</td>
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<tr>
<td>11</td>
<td>CD4 count tested?</td>
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<td>12</td>
<td>Viral load tested?</td>
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<td>13</td>
<td>TB tested?</td>
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<td>14</td>
<td>Malaria tested?</td>
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<tr>
<td>15</td>
<td>Syphilis VDRL tested?</td>
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<tr>
<td>16</td>
<td>Syphilis RDT tested?</td>
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<tr>
<td>17</td>
<td>Syphilis RPR tested?</td>
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<tr>
<td>18</td>
<td>Stool test for ova and parasites available?</td>
</tr>
<tr>
<td>19</td>
<td>Other investigation carried out? (1, 2, 3, 4, 5)</td>
</tr>
</tbody>
</table>

When you select the Laboratory form, you will be presented with the following screen:
Click on “23 Laboratory” to start inputting data. Start by inputting the date; the GA field will automatically be completed.

1. Screened for GDM?
   Possible response options: done and result available, done and result not yet available, not done

Select the appropriate response option. If the woman was screened for GDM and the results are available, answer the following additional questions:

   i) What was the date of screening? - Record the date of screening in the box provided in yyyy-mm-dd format.
   ii) What type of test was performed? (possible response options: Fasting blood glucose, Glucose challenge test, Glucose tolerance test, Glycosuria by urinary dipstick, Random blood glucose) - Select the appropriate response option.

If you indicate a glucose challenge or tolerance test was performed, you will be prompted to answer the following additional questions:

   i) What was her fasting glucose level? - Result – Use the pop-up number pad to enter the result in the number box provided; Result units (possible response options: mmol/L, mg/dL, unavailable) – Select the appropriate unit. If the results are not available, select “unavailable”.
   ii) What was her 1h glucose level? - Result – Use the pop-up number pad to enter the result in the number box provided; Result units (possible response options: mmol/L, mg/dL, unavailable) – Select the appropriate unit. If the results are not available, select “unavailable”.
   iii) What was her 2h glucose level? - Result – Use the pop-up number pad to enter the result in the number box provided; Result units (possible response options: mmol/L, mg/dL, unavailable) – Select the appropriate unit. If the results are not available, select “unavailable”.

If you indicate a random blood sugar test was performed, you will be prompted to answer the following additional question:

   i) What was the result? - Result – Use the pop-up number pad to enter the result in the number box provided; Result units (possible response options: mmol/L, mg/dL, unavailable) – Select the appropriate unit. If the results are not available, select “unavailable”.

If you indicate glycosuria testing was performed, you will be prompted to answer the following additional question:

   i) What was the result? (Possible response options: None, 1+, 2+, 3+) – Select the appropriate response.
2. Haemoglobin level tested?
   Possible response options: done and result available, done and result not yet available, not done

   Select the appropriate response option. If the haemoglobin results are available, answer the following additional questions:
   
   ii) Result – Use the pop-up number pad to enter the result in the number box provided.
   iii) Result units (possible response options: g/L, d/dL) – Select the appropriate unit.

3. Haematocrit tested?
   Possible response options: done and result available, done and result not yet available, not done

   Select the appropriate response option. If the haematocrit results are available, answer the following additional question:
   
   i) Haematocrit result (%) – Use the pop-up number pad to enter the result in the number box provided.

4. White cell count tested?
   Possible response options: done and result available, done and result not yet available, not done

   Select the appropriate response option. If the test results are available, answer the following additional question:
   
   i) White cell count result N cells x 10^9/L) – Use the pop-up number pad to enter the result in the number box provided.

5. Platelet count tested?
   Possible response options: done and result available, done and result not yet available, not done

   Select the appropriate response option. If the test results are available, answer the following additional question:
   
   i) Platelet count result (N cells x 10^9/L) – Use the pop-up number pad to enter the result in the number box provided.

6. Serum Creatinine tested?
   Possible response options: done and result available, done and result not yet available, not done

   Select the appropriate response option. If the test results are available, answer the following additional questions:
   
   i) Serum Creatinine Result – Use the pop-up number pad to enter the result in the number box provided.
ii) Result units (possible response options: µM, mEq/L) – Select the appropriate unit.

7. Aspartate Transaminase tested?
   Possible response options: done and result available, done and result not yet available, not done

Select the appropriate response option. If the test results are available, answer the following additional question:

i) Aspartate Transaminase Result (IU/L) – Use the pop-up number pad to enter the result in the number box provided.

8. Alanine Aminotransferase tested?
   Possible response options: done and result available, done and result not yet available, not done

Select the appropriate response option. If the test results are available, answer the following additional question:

i) Alanine Aminotransferase Result (IU/L) – Use the pop-up number pad to enter the result in the number box provided.

9. Rhesus status tested?
   Possible response options: done and result available, done and result not yet available, not done

Select the appropriate response option. If the test results are available, answer the following additional question:

i) Rhesus status result (possible response options: negative, positive) – Select the appropriate response.

10. HIV tested?
    Possible response options: done and result available, done and result not yet available, not done

Select the appropriate response option. If the test results are available, answer the following additional question:

i) HIV screening result (possible response options: negative, positive inconclusive) – Select the appropriate response.

11. CD4 count tested?
    Possible response options: done and result available, done and result not yet available, not done

Select the appropriate response option. If the test results are available, answer the following additional question:

i) CD4 Count result (cells/mm^3) - Use the pop-up number pad to enter the result in the number box provided.
12. Viral load tested
   Possible response options: done and result available, done and result not yet available, not done

   Select the appropriate response option. If the test results are available, answer the following additional question:

   i) Viral load result (copies/mL) - Use the pop-up number pad to enter the result in the number box provided.

13. TB tested?
   Possible response options: done and result available, done and result not yet available, not done

   Select the appropriate response option. If the test results are available, answer the following additional question:

   i) TB result (possible response options: negative, positive) – Select the appropriate response.

14. Malaria tested?
   Possible response options: done and result available, done and result not yet available, not done

   Select the appropriate response option. If the test results are available, answer the following additional question:

   i) Malaria result (possible response options: negative, positive) – Select the appropriate response.

15. Syphilis VDRL tested?
   Possible response options: done and result available, done and result not yet available, not done

   Select the appropriate response option. If the test results are available, answer the following additional question:

   i) VDRL test result (possible response options: reactive, non-reactive) – Select the appropriate response.

16. Syphilis RDT tested?
   Possible response options: done and result available, done and result not yet available, not done

   Select the appropriate response option. If the test results are available, answer the following additional question:

   i) RDT test result (possible response options: reactive, non-reactive) – Select the appropriate response.
17. Syphilis RPR tested?
Possible response options: done and result available, done and result not yet available, not done

Select the appropriate response option. If the test results are available, answer the following additional question:

i) RPR test result (possible response options: reactive, non-reactive) – Select the appropriate response.

18. Stool test for ova and parasites available?
Possible response options: done and result available, done and result not yet available, not done

Select the appropriate response option. If the test results are available answer the following additional question:

i) Stool test for ova and parasites result (possible response options: identified-hookworm, nothing identified, other) – Select the appropriate response.

19. Other investigation(s) carried out? [1, 2, 3, 4, 5]
Possible response options: done and result available, done and result not yet available, not done

If any other tests other than those specified have been carried out, use the extra five fields titled "Other investigation(s) carried out?" to record the tests and the results. Select the appropriate response option. If the test results are available, answer the following additional questions:

i) Other test result – Use the pop-up number pad to enter the result in the number box provided.
ii) Other test result unit - Use the pop-up key pad to enter the test unit in the text box provided.

Once you have completed all of the fields, indicate whether the form has been completed by selecting "Complete" from the drop-down menu. You will note an additional option "Unverified". Please ignore this! Next, select "Save Record" at the bottom. Click on the black back button in the top left-hand corner of the form to leave the form.
This form should be completed for all PRECISE participants who are either lost to follow-up or who choose to withdraw from the study.

1. **Did the woman withdraw from the study?**
   
   Possible response options: Yes, no

   Record whether the woman withdrew from the study by selecting the appropriate response. If the woman withdrew from the study, answer the following additional questions:

   i) Please state the major reason for withdrawal (possible response options: unhappy with the study, no reason given, other (specify)). Select the appropriate option. If the woman cites another reason for her withdrawal, use the textbox provided to record her reason.

   ii) Does the woman give consent to have her and her baby’s information collected from medical records? (possible response options: yes, no). Select the appropriate response option.

   If the woman did not withdraw from the study, proceed to “Was the woman lost to follow-up?”

2. **Was the woman lost to follow-up?**

   Possible response options: Yes, no

   Record whether the woman was lost to follow-up by selecting the appropriate response option. If the woman was lost to follow-up, answer the following additional question:

   i) Please specify the date on which this decision was made. Record the date the decision was made in the box provided in yyyy-mm-dd format.

Once you have completed all of the fields, indicate whether the form has been completed by selecting “Complete” from the drop-down menu. You will note an additional option “Unverified”. Please ignore this! Next, select “Save Record” at the bottom. Click on the black back button in the top left-hand corner of the form to leave the form.