

**VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM, (VADU HDSS)  
VADU RURAL HEALTH PROGRAM, K.E.M HOSPITAL RESEARCH CENTRE, PUNE  
BIRTH EVENT FORM**

Starting time of the interview: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		
Interviewer Name : _____		
Signature: _____ Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
PID	CID	
Foetus <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mother <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Father <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Foetus <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mother <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Father <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q0001	Household Number <i>(Record the HH No. Where the mother belongs)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Village                  Wadi                  Household Number
Q0002	Name of the head of household (of above mentioned household) Village Name  Wadi Name  Landmark  Phone Number	_____ _____ _____ _____
Q0003	What is the relationship of child with head of the household?	01 Self 02 <del>Spouse (wife/husband)</del> 03 Son/daughter 04 Daughter/son-in-laws 05 Grandson/daughter 06 <del>Mother/father</del> 07 Father/mother-in-laws 08 Brother/sister 09 <del>Step wife</del> 10 <del>Grandmother/ father</del> 11 Other relationship ( <i>Specify</i> ) _____ 12 No relation
Q0004	Name of the Respondent ( <i>Respondent should be head of the household or preferably the adult member of the house</i> )	_____ _____

**VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM, (VADU HDSS)  
VADU RURAL HEALTH PROGRAM, K.E.M HOSPITAL RESEARCH CENTRE, PUNE  
BIRTH EVENT FORM**

Q0005	Date of Birth of the child	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q0006	Type of birth	01 Live birth 02 Still birth (If answer is 02 then don't ask Question -009,015,016,017,018,019)
Q0007	Sex of the child	01 Male 02 Female
Q0008	Birth is registered at	01 Gram Panchayat 02 Corporation 03 Others (Specify) _____ 04 So far not registered
Q0009	Name of the child (do not ask for stillbirth)	_____
Q0009a	Name of the mother of the child	_____
Q0009b	Name of the father of the child	_____
Q0010	Permanent address of child's mother (If she is from other than Vadu study area)	_____
Q0011	Number of births in Present / current delivery?	01 First 02 Second 03 Third
Q0012	Place of delivery	01 Government hospital 02 Private hospital 03 Home 04 In transit towards hospital 05 Other (specify) _____
Q0013	Who assists during the labor?	01 Trained Dai 02 Untrained Dai 03 Doctor 04 Nurse 05 Others (specify) _____
Q0014	Order of present birth (only live birth) (include if the child died immediately after live birth)	<input type="text"/> <input type="text"/>
Q0015	Did the baby cry immediately after birth?	01 Yes 02 NO

**VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM, (VADU HDSS)  
VADU RURAL HEALTH PROGRAM, K.E.M HOSPITAL RESEARCH CENTRE, PUNE  
BIRTH EVENT FORM**

Q0016	When did you start breastfeeding?	01. Within first six hours 02. 6- 14 hours 03. 24- 48 hours 04. 48-72hours 05. After 72 hours of delivery 06. Never breastfeed so far (specify the reason)_____
Q0017	Did you give colostrum to this child?	01 Yes 02 NO
Q0018	Did you feed anything else other than breastfeed to the baby in first 72 hours of birth? If Yes, what is that	01 Yes 02 NO <hr/>
Q0019	Weight of the child at the time of delivery?	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div>Grams</div> </div> 88 Don't Know

End time of the interview:  :

Checked by \_\_\_\_\_

Signature: \_\_\_\_\_

Date:  /

Name of the data entry operator: \_\_\_\_\_

Signature : \_\_\_\_\_

Date:  /

BIRTH EVENT FORM, VADU, HDSS, v4, DATED 14<sup>th</sup> Dec.

Page 3 of 3