**Background Information For Tracking**

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|  | Study ID | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **No** | **Questions** | **Responses** |
| 1 | Has the consent been signed? (If no, STOP and finish consent) | Yes No |
| 2. | What is the first name of the mother? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | What is the middle name of the mother? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4 | What is the last name of the mother? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | What zone does the mother live in? | * West Gojjam * South Gondar * Other (specify) |
| 5.a. | If other, specify zone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. | What woreda is the mother from? | * Mecha * Bahir Dar Zuira * BahirDar City * Libokemkem * Farta * Derbere Tabor Town * Other (specify) |
| 6.a. | If other, specify woreda | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. | What kebele is the mother from? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8. | Does the mother have a phone number? | Yes No |
| 9. | What is the mother's phone number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10. | What is a phone number she can be reached at? (like her husband's) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11. | What is the assigned woman's ID | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Completion of Visits** |  |
|  | Infant DOB [dob\_infant] |  |
| 12. | Which Forms Have Been Completed Baseline | KMC initiation  Discharge  7 Days after discharge  28 days of life,  GBV |
| 13. | If any forms cannot be completed, please explain why? |  |