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| **Name of IS Team Member** | | | | | |  | | | | | | **Study team member code** | | |  | | | |
| **Date of Data Collection** | | | | | |  | | | | | | **PHC Name** | | |  | | | |
| **Effective Period From (\_\_\_ To\_\_\_)** | | | | | |  | | | | | | **CHC Name** | | |  | | | |
| **Place of Meeting** | | | | | |  | | | | | | **No. of Villages participated** | | |  | | | |
|  | | | | | |  | | | | | |  | | |  | | | |
| **Total No. of ASHAs in villages** | | **No. of ASHAs contacted** | | **No. of ASHAs not available** | | | | **No. of EDD due in coming Month** | **Total No. of LBW below 2000 gm** | | **Comment on LBW babies (Place of delivery, if not KMC facility whether referred to KMC unit or not, home support by ASHA/ANM** | | | | | | | |
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| ***Sr. No.*** | ***ASHA Name*** | | ***Contact No.*** | | ***Village Name*** | | ***Name of Pregnant Women with Husband Name & Address*** | | | ***LMP Date*** | | | ***EDD Date*** | ***Outcome of Pregnancy*** *(Live Birth/ Still Birth/ Abortion/Death)* | | ***Birth Weight (In Grams)*** | ***Place of Delivery*** | ***Referred to KMC Unit or Not*** |
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**Form 4C (ii) : Data to be collected from ASHAs during IEC activity by IS Team**

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| ***Sr. No.*** | ***ASHA Name*** | ***Contact No.*** | ***Village Name*** | ***Name of Pregnant Women with Husband Name & Address*** | ***LMP Date*** | ***EDD Date*** | ***Outcome of Pregnancy*** *(Live Birth/ Still Birth/ Abortion/Death)* | ***Birth Weight (In Grams)*** | ***Place of Delivery*** | ***Referred to KMC Unit or Not*** |
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