Questionnaire ID No: __/__/____ (zone/facility code/case serial number) ***Please fill the code on every page***

ABORTION CASE CAPTURE FORM

Note to provider: This form should be completed for each case that presents to the facility seeking abortion care (request to terminate pregnancy or postabortion care) during regular working hours as well as off working hours. All items in the form are very essential and should be filled accordingly. Make sure this form is available to all providers in your facility.

A. Socio-demographics of client:

	Item	***Response***
Q1	***Age of client on her last birthday*** *(Record in completed years)*	_____(years old)
Q2	***Where does the client come from?*** ***Note to provider:*** *tick only **one** response*	1. Urban ☐ 2. Semi-urban ☐ 3. Rural ☐ 4. Other *(specify)*_____
Q3	***Current marital status of client*** ***Note to provider:*** *tick only **one** response*	1. Single, never married ☐ 2. Married ☐ 3. Living together (co-habitation) ☐ 4. Separated/divorced/widowed ☐
Q4	***Highest level of education attained by client*** ***Note to provider:*** *tick only **one** response*	1. Did not attend formal education☐ 2. Junior primary (standard 5 and below) ☐ 3. Senior primary (standard 6 and above) ☐ 4. Junior secondary (Form 1-2) ☐ 5. Senior secondary (Form 3-4) ☐ 6. Higher ☐
Q5	***Religious affiliation of client*** ***Note to provider:*** *tick only **one** response*	1. Catholic ☐ 2. Protestant ☐ 3. Muslim☐ 4. Other Christian ☐ 5. Pentecostal ☐ 6. No religion ☐ 7. Other *(specify)*_____

✂ To be torn off by supervisor Facility chart No: _____

B. Reproductive history of client:

	Item	Response
Q6	***Total number of all pregnancies*** ***Note to provider:*** Please ***ask*** the client for all pregnancies she has including the one she is seeking care for.	_____ *(number)*
Q7	***Total number of live deliveries***	_____ *(number)*
Q8	***Total number of currently live children***	_____ *(number)*
Q9	***Total number of previous miscarriages*** ***Note to provider:*** Please ***ask*** the client for how many miscarriages/spontaneous abortions she had before **excluding the one she is seeking care for now**.	_____ *(number)*
Q10	***Total number of previous induced abortions*** ***Note to provider:*** Please ***ask*** the client for how many induced abortions she had before **excluding the one she is seeking care now**.	_____ *(number)*
Q11	***Was client using modern contraception to prevent the current pregnancy that she is seeking care for?***	1. Yes ☐ 2. No ☐

C. Clinical history and vital signs findings:

Q12	***Date of visit to the facility for seeking care***	____/____/_____ *(day/month/year)*
Q13	***Main reason for seeking care*** ***Note to provider:*** *tick only* ***one*** *response*	1. Request for termination/ termination on medical grounds ☐ 2. Postabortion care ☐
Q14	***Gestational age from last menstrual period (LMP) in weeks***	1. ☐☐ weeks 2. Unknown LMP ☐
Q15	***Best clinical estimate of gestation by trimester*** ***Note to provider:*** Base your answer to this question on **history** and ***clinical exam*** findings including **uterine size** determination	1. ≤ 12 weeks ☐ 2. > 12 weeks ☐
Q16	***Did the woman provide a history of interference with the pregnancy?*** ***Note to provider:*** Please ***ask*** the client if she has attempted to induce the pregnancy elsewhere	1. Yes ☐ 2. No ☐

Q17	***Vital Signs:*** ***Note to provider:*** Please record the following vital signs of the client on her **arrival** for seeking care. ***A. Body temperature*** *(rounded to the tenth decimal point)* ***B. Pulse rate*** ***C. Systolic blood pressure*** ***D. Diastolic blood pressure***	___ ___ . ___ ^{o}C ___ ___ ___ *per minute* ___ ___ ___ *mmHg* ___ ___ ___ *mmHg*
D. Vaginal examination findings on arrival to the facility for the current care:		
Note to provider: To answer the following questions (**Q18, Q19, Q20**) you have to **perform vaginal examination** using **speculum** and note your findings accordingly.		
Q18	**Evidence of foreign body in genital tract (vagina, cervix, uterus)**	1. Yes ☐ 2. No ☐
Q19	**On examination, which of the following mechanical injuries did you detect?**	1. Cervical laceration ☐ 2. Cervical tears ☐ 3. Tenaculum bites of the cervix ☐ 4. Mechanical injury of uterus☐ 5. Intra-abdominal injury ☐ 6. No sign of mechanical injury ☐
Q20	**On vaginal examination, did you note offensive or foul smelling products of conceptus?**	1. Yes ☐ 2. No ☐
E. Physical examination findings on arrival to the facility for the current care:		
Note to provider: To answer the following questions (**Q21, Q22**) you have to **perform thorough physical examination** and *tick **All** that you have* found.		
Q21	**Which of the following complications did you find on examination?** ***Note to provider:*** *tick All that apply*	1. No sign of infection was found ☐ 2. Abdominal/uterine tenderness☐ 3. Pelvic abscess ☐ 4. Pelvic peritonitis ☐ 5. Generalized peritonitis ☐ 6. Uterine perforation ☐ 7. Gangrenous uterus ☐ 8. Gangrenous bowel ☐

		9. Sepsis ☐ 10. Shock ☐ 11. Tetanus ☐ 12. Other *(specify)* _____
Q22	**Which of the following signs of organ/system failure did you find on examination?** ***Note to provider:*** *tick All that apply*	1. No organ/system failure noted ☐ 2. Respiratory distress syndrome ☐ 3. Renal failure ☐ 4. Liver failure ☐ 5. Cardiac failure ☐ 6. Coma☐ 7. Coagulation defect (DIC) ☐ 8. Others *(specify)* _____
F. Diagnosis on arrival to the facility for the current care:		
Note to provider: Answer the following question (**Q25, Q26, Q27**) based on your evaluation of the clinical history, physical and vaginal examination findings.		
Q23	**Clinical stage of abortion (the diagnosis) is:** ***Note to provider:*** *tick only **one** response*	1. Inevitable abortion ☐ 2. Incomplete abortion ☐ 3. Missed abortion ☐ 4. Complete abortion ☐ 5. Request for termination/ termination on medical grounds ☐ 6. Others *(specify)* _____
Q24	**Is the clinical stage of abortion (the diagnosis) also septic?**	1. Yes ☐ 2. No ☐
Q25	**Based on your overall assessment of the client and your clinical examination findings, do you have a high suspicion that the abortion might have been induced?**	1. Yes ☐ 2. No ☐ 3. Don't know ☐
Q26	**Based on your overall assessment of the client and your clinical examination findings, how would you classify the severity of the complication?** ***Note to provider:*** *please refer to the guide on the classification of severity of complications*	1. Mild ☐ 2. Moderate ☐ 3. Severe ☐
G. Laboratory investigations conducted for the current care:		
Q27	**Which of the following investigations were carried out?** ***Note to provider:*** *tick All that apply*	1. Hemoglobin/Hematocrit ☐ 2. Blood grouping ☐ 3. HIV Testing & Counseling ☐

		4. None ☐ 5. Others *(specify)* _____
H. Clinical management:		
Q28	**Was any uterine evacuation procedure performed to treat the client for her presenting problem?** **a. If yes, describe the procedure** ***Note to provider:*** *tick only* ***one*** *response* **b. If yes, the evacuation procedure was performed primarily by:** ***Note to provider:*** *tick only* ***one*** *response* **c. If yes, where was the evacuation procedure performed?**	1. Yes ☐ 2. No ☐ 1. Evacuation and curettage (E&C) ☐ 2. Dilation and curettage (D&C) ☐ 3. Manual vacuum aspiration (MVA) ☐ 4. Cytotec/misoprostol ☐ 5. Others *(specify)* _____ 1. Ob/Gyn ☐ 2. Medical practitioner ☐ 3. Clinical officer ☐ 4. Medical assistant ☐ 5. Intern MO ☐ 6. Intern CO ☐ 7. NMT/ENM ☐ 8. RNM ☐ 9. Other (specify) _____ 1. Operating theatre ☐ 2. Outpatient department ☐ 3. Postabortion procedure room ☐ 4. Other (*specify)* _____
Q29	**Were any of the following surgical procedures performed on the client?** ***a.*** ***Note to provider:*** *tick all that apply*	1. Hysterectomy ☐ 2. Salpingectomy ☐ 3. Abscess drainage ☐ 4. Repair of cervical tear ☐ 5. Repair of perforation ☐ *(specify)*_____ 6. Laparatomy ☐ 7. Other *(specify)*_____ 8. None ☐

Q30	**Was the client provided any pain medication during the evacuation procedure?** **a. If yes, what did the client receive?** ***Note to provider:*** *tick all that apply*	1. Yes ☐ 2. No ☐ 1. General anesthesia ☐ 2. Para cervical block ☐ 3. Valium/pethidine ☐ 4. Analgesics ☐ 5. Others *(specify)*_____
Q31	**Was the client given antibiotics during her current visit?** **a. If yes, type of antibiotics given:**	1. Yes ☐ 2. No ☐ 1. Oral only ☐ 2. Parentral only ☐ 3. Combined (oral + parentral) ☐
Q32	**Was the client given intravenous fluids during her current visit at this facility?**	1. Yes ☐ 2. No ☐
Q33	**Was the client given blood or blood products during her current visit at this facility?**	1. Yes ☐ 2. No ☐
Q34	**Was the client given oxytocics (oxytocin or ergometrine) after the uterine evacuation procedure?**	1. Yes ☐ 2. No ☐
Q35	**Was the client given modern contraception on discharge?** **a. If yes, what did the client receive?** ***Note to provider:*** *tick all that apply*	1. Yes ☐ 2. No ☐ 1. Pills ☐ 2. Injections ☐ 3. Implants ☐ 4. Female sterilization ☐ 5. IUCD ☐ 6. Male condom ☐ 7. Female condom ☐ 8. Diaphragm ☐ 9. Foam/jelly ☐ 10. Other (*specify*): _____
Q36	**How long did the client stay in the facility for care?**	1. Less the 24 hours ☐ 2. More than 24 hours☐

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I. Outcome of clinical management of current care:		
Q37	**The outcome of current care was**	**Client was:** 1. Discharged well ☐ 2. Died ☐ 3. Left against medical advice ☐ ***Please specify condition :*** _____ 4. Referred to other facility ☐ ***Please specify condition :*** _____ 5. Abscondment ☐
Q38	**If client was admitted, Date of admission**	____/____/____ ***Day/month/year***
Q39	**Date of discharge/death/abscondment/ referral of client**	____/____/____ ***Day/month/year***

Validated by: _____ *Date of validation:* ____/____/_____