Maternal Td-Live.Bhp.Org.Bw: Subjects

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Home > Tshilo Dikotla Maternal CRFs > Maternal Contraception > Add Maternal Contraception

Add Maternal Contraception

Plea	ase correct the error below.						
1. Ma	ternal visit:						
085	085-40990095-1 2360M.0 ✓ → +						
2. Rep	port Date:						
Date:	2020-07-17 Today						
Time:	09:18:43 Now						
If report	ting today, use today's date/time, otherwise use the date/time this information was reported.						
3. Do	you desire more children?						
○ Ye	es es						
No							
\bigcirc I d	lo not know right now						
	on't want to answer aswer to this question is "YES" continue to the next question else skip to question 6.						
4. Who	en would you like to have your next child?						
No	one						
O Wi	ithin the next 2 years						
○ Fr	om 2 years to 5 years from now						
○ M	ore than 5 years from now						
○ I d	lo not know right now						
O Do	on't want to answer						
5. Hav	ve you discussed a contraceptive method with your current partner?						
○ Ye	es es						
No							
○ I d	lo not currently have a partner						
O Do	on't want to answer						
6. Hav	ve you discussed your contraceptive method with any of the following individuals? (Please select all that apply):						

Available Have you discussed your contraceptive method with any of the following individuals? (Please select all that apply)
Filter
An auntie
Mother in law Other, specify
Your mother
Choose all
Chosen Have you discussed your contraceptive method with any of the following individuals? (Please select all that apply)
No One
Remove all
Hold down "Control", or "Command" on a Mac, to select more than one.
This field is not required.
7. If Other enter text description of other please give other people you discussed with:
cousin
If 'Other' is selected above, please type in the person or persons (by description only and not by name) with whom you have discussed your contraceptive method
8. Of the following individuals listed in questions 4-6, please indicate who has influenced you the most in making the decision
I made the decision independent of any discussions I have had.
○ My partner was the most influential.
○ My mother was the most influential.
My sister was the most influential.
My auntie was the most influential.
My mother-in-law was the most influential
○ I do not wish to answer this question
O Not Applicable
 Another person was the most influential (Please type in the description of this person below)
9. If another person was most influential, please give details below.
10. Are you currently using a contraceptive method?
Yes
O No
Onn't want to answer

11. If yes, what date after delivery did you start using this contraceptive method?	
2020-03-05	Today
2. Please share with us your current contraceptive methods:	
Available Please share with us your current contraceptive methods	
Filter	
Abstinence Depo Provera (Injection) Diapraghm Hormonal Implant	
Choose all	
Chosen Please share with us your current contraceptive methods	
Condom Oral contraceptive pills	
Remove all Hold down "Control", or "Command" on a Mac, to select more than one. 13. If Other enter text description of other contraceptive method being used:	
14. Have you become pregnant since you last delivered?	
○ Yes	
No	
On't want to answer	
15. If yes, around what date did you find out?	
	Today
16. Do you know the date of your last Pap smear?	
○ Yes	
○ No	
I have never had a Pap smear	
○ Don't want to answer	
17. Please provide the date of your last Pap smear.	

18. If you dont know that date of your last Pap Smear, is it possible that your last Pap smear was:	
None	
○ Within the last 6 months	
○ More than 6 months ago but within the last year	
○ More than one year ago but within the last two years	
More than one year ago but within the last five years	
○ More than five years ago	
19. Do you know the result of your last Pap smear:	
None	
○ Yes	
○ No	
O Don't want to answer	
20. The results of my Pap smear were: :	
None	
○ Normal	
○ Abnormal	
O Don't Want to Answer	
21. If the results of the Pap Smear were abnormal, can you please share the results with us::	
22. When were you notified of these results?	
	Today
23. Would you like to be referred to the Sexual Reproductive Health Clinic? Yes	
No	
O Don't want to answer	
O DOTE WAITE TO ATIOM CT	
Audit (Show)	

SAVE

Save and add another

Save and continue editing