

## SMI BLZ MRR COMPL MATERNAL 54

[illegible]

Field	Question	Answer										
WOM_ICD_COD4 <i>(required)</i>	Fourth ICD-10 code											
WOM_ICD_COD5 <i>(required)</i>	Fifth ICD-10 code											
Obstetric Complications > group_WOM_ICD_CODE_DIAG Group relevant when: not( \${WOM_ICD_COD1} = "-1") or not( \${WOM_ICD_COD2} = "-1") or not( \${WOM_ICD_COD3} = "-1") or not( \${WOM_ICD_COD4} = "-1") or not( \${WOM_ICD_COD5} = "-1")												
WOM_ICD_CODE_DIAG	Discharge code for each ICD-10 code If no discharge code is recorded, enter -1 Question relevant when: not( \${WOM_ICD_COD1} = "-1") or not( \${WOM_ICD_COD2} = "-1") or not( \${WOM_ICD_COD3} = "-1") or not( \${WOM_ICD_COD4} = "-1") or not( \${WOM_ICD_COD5} = "-1")											
WOM_ICD_CODE_DIAG1 <i>(required)</i>	Principal ICD-10 code Question relevant when: not( \${WOM_ICD_COD1} = "-1")											
WOM_ICD_CODE_DIAG2 <i>(required)</i>	Second ICD-10 code Question relevant when: not( \${WOM_ICD_COD2} = "-1")											
WOM_ICD_CODE_DIAG3 <i>(required)</i>	Third ICD-10 code Question relevant when: not( \${WOM_ICD_COD3} = "-1")											
WOM_ICD_CODE_DIAG4 <i>(required)</i>	Fourth ICD-10 code Question relevant when: not( \${WOM_ICD_COD4} = "-1")											
WOM_ICD_CODE_DIAG5 <i>(required)</i>	Fifth ICD-10 code Question relevant when: not( \${WOM_ICD_COD5} = "-1")											
MRR_SELECTION <i>(required)</i>	Method used to select the medical record:	<table> <tr><td>1</td><td>Sample determined by IHME (including backups)</td></tr> <tr><td>2</td><td>Electronic sample at the health facility</td></tr> <tr><td>3</td><td>Manual sample at the health facility</td></tr> <tr><td>995</td><td>Other:</td></tr> </table>	1	Sample determined by IHME (including backups)	2	Electronic sample at the health facility	3	Manual sample at the health facility	995	Other:		
1	Sample determined by IHME (including backups)											
2	Electronic sample at the health facility											
3	Manual sample at the health facility											
995	Other:											
MRR_SELECTION_BACKUP <i>(required)</i>	Was this record from the original sample determined by IHME?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No, this was a backup medical record determined by IHME</td></tr> <tr><td>995</td><td>Other:</td></tr> </table>	1	Yes	2	No, this was a backup medical record determined by IHME	995	Other:				
1	Yes											
2	No, this was a backup medical record determined by IHME											
995	Other:											
MRR_WOM_DEL_COMP <i>(required)</i>	Did the woman have any of the following complications (Select ALL that apply)?	<table> <tr><td>SEP</td><td>Sepsis</td></tr> <tr><td>HEM</td><td>Hemorrhage</td></tr> <tr><td>PRE</td><td>Severe pre-eclampsia</td></tr> <tr><td>ECL</td><td>Eclampsia</td></tr> <tr><td>NO</td><td>None</td></tr> </table>	SEP	Sepsis	HEM	Hemorrhage	PRE	Severe pre-eclampsia	ECL	Eclampsia	NO	None
SEP	Sepsis											
HEM	Hemorrhage											
PRE	Severe pre-eclampsia											
ECL	Eclampsia											
NO	None											
Obstetric Complications > General Medical Record Battery Group relevant when: selected( \${MRR_WOM_DEL_COMP} , "SEP") or selected( \${MRR_WOM_DEL_COMP} , "HEM") or selected( \${MRR_WOM_DEL_COMP} , "PRE") or selected( \${MRR_WOM_DEL_COMP} , "ECL")												
WOM_ADM_DATE_DATE <i>(required)</i>	Please note if the following was recorded:  Date of admission (DD/MM/YYYY):											
Obstetric Complications > General Medical Record Battery > Ineligible File Group relevant when: \${WOM_ADM_DATE_DATE} < date("2019-01-01") or \${WOM_ADM_DATE_DATE} > date("2022-07-15")												
note_ineligible_date	This file is ineligible. You indicated that the date of admissions was [WOM_ADM_DATE_DATE]. Please review records where the birth occurred between 01/01/2019-15/07/2022. If the date of admission is correct, please leave a note explaining the circumstances in the comment box on the following page.											
Obstetric Complications > General Medical Record Battery > Eligible File Group relevant when: \${WOM_ADM_DATE_DATE} >= date("2019-01-01") and \${WOM_ADM_DATE_DATE} <= date("2022-07-15")												
WOM_ADM_REFFROM <i>(required)</i>	Was the woman referred/transferred from another medical facility?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
WOM_REF_ACCOMFROM <i>(required)</i>	Was the woman accompanied by a health facility worker? Question relevant when: selected( \${WOM_ADM_REFFROM} , 1)	<table> <tr><td>1</td><td>Yes, by a doctor</td></tr> <tr><td>2</td><td>Yes, by a nurse</td></tr> <tr><td>995</td><td>Yes, by another worker</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	Yes, by a doctor	2	Yes, by a nurse	995	Yes, by another worker	0	No	-1	Not recorded
1	Yes, by a doctor											
2	Yes, by a nurse											
995	Yes, by another worker											
0	No											
-1	Not recorded											
WOM_REF_DATEFROM_SPEC <i>(required)</i>	Date of referral/transfer from another facility (DD/MM/YYYY): Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ADM_REFFROM} , 1)											
WOM_REF_TIMEFROM_SPEC <i>(required)</i>	Time of referral/transferred from another facility (HH:MM): Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ADM_REFFROM} , 1)											

Field	Question	Answer	
WOM_REF_NAMEFROM <i>(required)</i>	Where was the woman referred/transferred from?  <i>Question relevant when: selected( \${WOM_ADM_REFFROM} , 1)</i>	05	August Pine Ridge Health Center
		20	Caledonia Health Center
		17	Corozal Community Hospital
		18	Corozal Health Center (Urban)
		42	Georgeville Health Center
		06	Guinea Grass Health Center
		21	Libertad Health Center
		01	Northern Regional Hospital
		02	Orange Walk Health Center (Urban)
		23	Progreso Health Center
		46	San Antonio Health Center
		04	San Felipe Health Center
		39	San Ignacio Community Hospital
		40	San Ignacio Health Center (Urban)
		19	San Narciso Health Center
		45	San Pedro Health Center
		22	Sarteneja Health Center
		33	Valley of Peace Health Center
		31	Western Regional Hospital
		03	Zenobia Meggs Health Center
		32	Belmopan Health Center (Urban)
		41	Dr. Kevin & Kenneth Gurrea Polyclinic II (Mopan Clinic)
		60	National Hospital Belize City (KMHM)
		995	Other, specify
		-1	Not recorded
WOM_REF_TYPEFROM <i>(required)</i>	Type of facility the woman was referred/transferred from  <i>Question relevant when: selected( \${WOM_ADM_REFFROM} , 1)</i>	1	Health Clinic / Health Post / Mobile Unit
		2	Community Hospital
		3	Regional hospital
		995	Other (specify)
		-1	Not recorded
note_eligible_date	Review the Hospital Admission and Exit Record Sheet. If availabe, search in the file for the following information about personal data.		
WOM_BOOKING <i>(required)</i>	Booking facility identified on the CLAP form:	05	August Pine Ridge Health Center
		20	Caledonia Health Center
		17	Corozal Community Hospital
		18	Corozal Health Center (Urban)
		42	Georgeville Health Center
		06	Guinea Grass Health Center
		21	Libertad Health Center

Field	Question	Answer	
		01	Northern Regional Hospital
		02	Orange Walk Health Center (Urban)
		23	Progreso Health Center
		46	San Antonio Health Center
		04	San Felipe Health Center
		39	San Ignacio Community Hospital
		40	San Ignacio Health Center (Urban)
		19	San Narciso Health Center
		45	San Pedro Health Center
		22	Sarteneja Health Center
		33	Valley of Peace Health Center
		31	Western Regional Hospital
		03	Zenobia Meggs Health Center
		32	Belmopan Health Center (Urban)
		41	Dr. Kevin & Kenneth Gurree Polyclinic II (Mopan Clinic)
		60	National Hospital Belize City (KMHM)
		995	Other, specify
		-1	Not recorded
MRR_AGE_TEXT <i>(required)</i>	Age of the woman: <i>Enter "-1" if age not recorded</i>		
MRR_MAR_STAT <i>(required)</i>	Marital status:	1	Married
		2	Single
		3	Common law wife
		5	Divorced
		6	Widowed
		995	Other (specify):
		-1	Not recorded
MRR_LITERACY <i>(required)</i>	Read and write:	1	Yes
		0	No
		-1	Not recorded
MRR_ETHNICITY <i>(required)</i>	Ethnicity:	1	Creole
		2	East Indian
		3	Garifuna
		4	Chinese/Taiwanese
		5	Mayan (Mopan, Yucatec, Ketchi)
		6	Caucasian
		7	Mestizo
		8	Mennonite
		995	Other (specify)
		-1	Not recorded
MRR_EDU <i>(required)</i>	Education:	1	None
		2	Primary
		3	Secondary
		5	University
		-1	Not recorded
WOM_SICKLE <i>(required)</i>	Sickle Cell status:	2	AS
		1	SS
		0	Neg

Field	Question	-1 Not recorded Answer	
WOM_DIST_ID <i>(required)</i>	What district is the woman from:	2001	Orange Walk
		2002	Corozal District
		2004	Cayo District
		995	Other
		-1	Not recorded
WOM_GESTAGE_SPEC <i>(required)</i>	Gestational age (weeks): <i>Enter "-1" if gestational age not recorded</i>		
WOM_BABYCOMPL <i>(required)</i>	Please note if the child has any of the following complications (select all that apply)	SEP	Sepsis
		ASP	Asphyxia
		LBW	Low birth weight
		PRE	Prematurity
		OTH	Other
		DK	No complications
WOM_BABYBIRTH_WHERE <i>(required)</i>	Where did the birth occur?	1	In this health facility
		2	In another health facility
		3	In the home
		4	En route to this facility
		5	The birth did not occur
		995	Other (specify):
		-1	Not recorded
WOM_BABYBIRTH_TIME_SPEC <i>(required)</i>	Please note if the following was recorded for the baby:  Time of birth (HH:MM): <i>Enter "-1" if time of birth not recorded</i> <i>Question relevant when: not(selected( \${WOM_BABYBIRTH_WHERE} ,5))</i>		
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery			
<i>Group relevant when: selected( \${MRR_WOM_DEL_COMP} , "SEP")</i>			
note_sepsis_intro	Please note if the following was done for the patient with sepsis.		
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_CHECK_TOTAL			
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_CHECK_TOTAL > group_WOM_SEP_CHECK			
WOM_SEP_CHECK	Review the entire medical record to complete the next section. Please note whether the following checkups were done.	1	Yes
		0	No
WOM_SEP_CHECK_REG_BP <i>(required)</i>	Blood pressure (bp)	1	Yes
		0	No
WOM_SEP_CHECK_REG_PULS <i>(required)</i>	Pulse	1	Yes
		0	No
WOM_SEP_CHECK_REG_HR <i>(required)</i>	Heart rate (hr)	1	Yes
		0	No
WOM_SEP_CHECK_REG_RESP <i>(required)</i>	Respiratory rate (rr)	1	Yes
		0	No
WOM_SEP_CHECK_REG_TEMP <i>(required)</i>	Temperature (T)	1	Yes
		0	No
WOM_SEP_CHECK_REG_OTH1	Other check (Specify):	1	Yes
		0	No
WOM_SEP_CHECK_REG_OTH2	Other check (Specify):	1	Yes
		0	No
WOM_SEP_CHECK_REG_OTH3	Other check (Specify):	1	Yes
		0	No
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_CHECK_TOTAL > group_WOM_SEP_CHECK_VALDT_BP			
<i>Group relevant when: selected( \${WOM_SEP_CHECK_REG_BP} , 1)</i>			
note_intro_WOM_SEP_CHECK_VALDT_BP	Record the value, as well as the date and time of the first checklist for each item listed below. <i>Question relevant when: selected( \${WOM_SEP_CHECK_REG_BP} , 1)</i>		
note_WOM_SEP_CHECK_VALDT_BP	Blood Pressure <i>Question relevant when: selected( \${WOM_SEP_CHECK_REG_BP} , 1)</i>		
WOM_SEP_CHECK_NUM_BP_SYST <i>(required)</i>	Blood pressure (bp) - systolic: <i>The first number, eg: __/xx&lt;br/&gt;&lt;br/&gt;Enter "-1" if not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_CHECK_REG_BP} , 1)</i>		
WOM_SEP_CHECK_NUM_BP_DIAS <i>(required)</i>	Blood pressure (bp) - diastolic: <i>The second number, eg: xx/___&lt;br/&gt;&lt;br/&gt;Enter "-1" if not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_CHECK_REG_BP} , 1)</i>		
WOM_SEP_CHECK_DATE_BP <i>(required)</i>	Blood Pressure Date (DD/MM/YYYY)		

Field	Question	Answer				
	Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_BP} , 1)					
WOM_SEP_CHECK_TIME_BP (required)	Blood Pressure Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_BP} , 1)					
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_CHECK_TOTAL > group_WOM_SEP_CHECK_VALDT_PULS Group relevant when: selected( \${WOM_SEP_CHECK_REG_PULS} , 1)						
note_intro_WOM_SEP_CHECK_VALDT_PULS	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_SEP_CHECK_REG_PULS} , 1)					
note_WOM_SEP_CHECK_VALDT_PULS	Pulse Question relevant when: selected( \${WOM_SEP_CHECK_REG_PULS} , 1)					
WOM_SEP_CHECK_NUM_PULS (required)	Pulse Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_PULS} , 1)					
WOM_SEP_CHECK_DATE_PULS (required)	Pulse Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_PULS} , 1)					
WOM_SEP_CHECK_TIME_PULS (required)	Pulse Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_PULS} , 1)					
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_CHECK_TOTAL > group_WOM_SEP_CHECK_VALDT_HR Group relevant when: selected( \${WOM_SEP_CHECK_REG_HR} , 1)						
note_intro_WOM_SEP_CHECK_VALDT_HR	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_SEP_CHECK_REG_HR} , 1)					
note_WOM_SEP_CHECK_VALDT_HR	Heart rate Question relevant when: selected( \${WOM_SEP_CHECK_REG_HR} , 1)					
WOM_SEP_CHECK_NUM_HR (required)	Heart Rate Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_HR} , 1)					
WOM_SEP_CHECK_DATE_HR (required)	Heart Rate Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_HR} , 1)					
WOM_SEP_CHECK_TIME_HR (required)	Heart Rate Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_HR} , 1)					
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_CHECK_TOTAL > group_WOM_SEP_CHECK_VALDT_RESP Group relevant when: selected( \${WOM_SEP_CHECK_REG_RESP} , 1)						
note_intro_WOM_SEP_CHECK_VALDT_RESP	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_SEP_CHECK_REG_RESP} , 1)					
note_WOM_SEP_CHECK_VALDT_RESP	Respiratory Rate Question relevant when: selected( \${WOM_SEP_CHECK_REG_RESP} , 1)					
WOM_SEP_CHECK_NUM_RESP (required)	Respiratory Rate Value (per minute) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_RESP} , 1)					
WOM_SEP_CHECK_DATE_RESP (required)	Respiratory Rate Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_RESP} , 1)					
WOM_SEP_CHECK_TIME_RESP (required)	Respiratory Rate Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_RESP} , 1)					
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_CHECK_TOTAL > group_WOM_SEP_CHECK_VALDT_TEMP Group relevant when: selected( \${WOM_SEP_CHECK_REG_TEMP} , 1)						
note_intro_WOM_SEP_CHECK_VALDT_TEMP	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_SEP_CHECK_REG_TEMP} , 1)					
note_WOM_SEP_CHECK_VALDT_TEMP	Temperature Question relevant when: selected( \${WOM_SEP_CHECK_REG_TEMP} , 1)					
WOM_SEP_CHECK_NUM_TEMP (required)	Temperature Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_TEMP} , 1)					
WOM_SEP_CHECK_NUM_TEMP_TYPE (required)	Temperature Unit Question relevant when: selected( \${WOM_SEP_CHECK_REG_TEMP} , 1)	<table><tr><td>C</td><td>Celsius</td></tr><tr><td>F</td><td>Fahrenheit</td></tr></table>	C	Celsius	F	Fahrenheit
C	Celsius					
F	Fahrenheit					
WOM_SEP_CHECK_DATE_TEMP (required)	Temperature Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_TEMP} , 1)					
WOM_SEP_CHECK_TIME_TEMP (required)	Temperature Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_TEMP} , 1)					

Field	Question	Answer
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_CHECK_TOTAL > group_WOM_SEP_CHECK_VALDT_OTH1		
Group relevant when: selected( \${WOM_SEP_CHECK_REG_OTH1} ,1)		
note_intro_WOM_SEP_CHECK_VALDT_OTH1	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_SEP_CHECK_REG_OTH1} ,1)	
note_WOM_SEP_CHECK_VALDT_OTH1	'[WOM_SEP_CHECK_OTH1_NAME]' Question relevant when: selected( \${WOM_SEP_CHECK_REG_OTH1} ,1)	
WOM_SEP_CHECK_NUM_OTH1	'[WOM_SEP_CHECK_OTH1_NAME]' Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_OTH1} ,1)	
WOM_SEP_CHECK_DATE_OTH1	'[WOM_SEP_CHECK_OTH1_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_OTH1} ,1)	
WOM_SEP_CHECK_TIME_OTH1	'[WOM_SEP_CHECK_OTH1_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_OTH1} ,1)	
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_CHECK_TOTAL > group_WOM_SEP_CHECK_VALDT_OTH2		
Group relevant when: selected( \${WOM_SEP_CHECK_REG_OTH2} ,1)		
note_intro_WOM_SEP_CHECK_VALDT_OTH2	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_SEP_CHECK_REG_OTH2} ,1)	
note_WOM_SEP_CHECK_VALDT_OTH2	'[WOM_SEP_CHECK_OTH2_NAME]' Question relevant when: selected( \${WOM_SEP_CHECK_REG_OTH2} ,1)	
WOM_SEP_CHECK_NUM_OTH2	'[WOM_SEP_CHECK_OTH2_NAME]' Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_OTH2} ,1)	
WOM_SEP_CHECK_DATE_OTH2	'[WOM_SEP_CHECK_OTH2_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_OTH2} ,1)	
WOM_SEP_CHECK_TIME_OTH2	'[WOM_SEP_CHECK_OTH2_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_OTH2} ,1)	
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_CHECK_TOTAL > group_WOM_SEP_CHECK_VALDT_OTH3		
Group relevant when: selected( \${WOM_SEP_CHECK_REG_OTH3} ,1)		
note_intro_WOM_SEP_CHECK_VALDT_OTH3	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_SEP_CHECK_REG_OTH3} ,1)	
note_WOM_SEP_CHECK_VALDT_OTH3	'[WOM_SEP_CHECK_OTH3_NAME]' Question relevant when: selected( \${WOM_SEP_CHECK_REG_OTH3} ,1)	
WOM_SEP_CHECK_NUM_OTH3	'[WOM_SEP_CHECK_OTH3_NAME]' Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_OTH3} ,1)	
WOM_SEP_CHECK_DATE_OTH3	'[WOM_SEP_CHECK_OTH3_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_OTH3} ,1)	
WOM_SEP_CHECK_TIME_OTH3	'[WOM_SEP_CHECK_OTH3_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_CHECK_REG_OTH3} ,1)	
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_LAB_TOTAL		
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_LAB_TOTAL > group_WOM_SEP_LAB		
WOM_SEP_LAB	Review the entire medical record to complete the next section. Please note whether the following lab tests were done.	1 Yes
		0 No
WOM_SEP_LAB_REG_LEUC (required)	Leukocyte count	1 Yes
		0 No
WOM_SEP_LAB_REG_PLAT (required)	Platelet count	1 Yes
		0 No
WOM_SEP_LAB_REG_HGB (required)	Hemoglobin (Hgb or Hb)	1 Yes
		0 No
WOM_SEP_LAB_REG_HMT (required)	Hematocrit (Hto or Hct)	1 Yes
		0 No
WOM_SEP_LAB_REG_OTH1	Other lab test (Specify):	1 Yes
		0 No
WOM_SEP_LAB_REG_OTH2	Other lab test (Specify):	1 Yes
		0 No
WOM_SEP_LAB_REG_OTH3	Other lab test (Specify):	1 Yes
		0 No
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_LAB_TOTAL > group_WOM_SEP_LAB_VALDT_LEUC		

Field	Question	Answer
Group relevant when: selected( \${WOM_SEP_LAB_REG_LEUC} ,1)		
note_intro_WOM_SEP_LAB_VALDT_LEUC	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_SEP_LAB_REG_LEUC} ,1)	
note_WOM_SEP_LAB_VALDT_LEUC	Leukocyte Question relevant when: selected( \${WOM_SEP_LAB_REG_LEUC} ,1)	
WOM_SEP_LAB_NUM_LEUC (required)	Leukocyte Value (x10^3/liter) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_SEP_LAB_REG_LEUC} ,1)	
WOM_SEP_LAB_DATE_LEUC (required)	Leukocyte Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_LAB_REG_LEUC} ,1)	
WOM_SEP_LAB_TIME_LEUC (required)	Leukocyte Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_LAB_REG_LEUC} ,1)	
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_LAB_TOTAL > group_WOM_SEP_LAB_VALDT_PLAT Group relevant when: selected( \${WOM_SEP_LAB_REG_PLAT} ,1)		
note_intro_WOM_SEP_LAB_VALDT_PLAT	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_SEP_LAB_REG_PLAT} ,1)	
note_WOM_SEP_LAB_VALDT_PLAT	Platelet Question relevant when: selected( \${WOM_SEP_LAB_REG_PLAT} ,1)	
WOM_SEP_LAB_NUM_PLAT (required)	Platelet Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_SEP_LAB_REG_PLAT} ,1)	
WOM_SEP_LAB_DATE_PLAT (required)	Platelet Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_LAB_REG_PLAT} ,1)	
WOM_SEP_LAB_TIME_PLAT (required)	Platelet Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_LAB_REG_PLAT} ,1)	
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_LAB_TOTAL > group_WOM_SEP_LAB_VALDT_HGB Group relevant when: selected( \${WOM_SEP_LAB_REG_HGB} ,1)		
note_intro_WOM_SEP_LAB_VALDT_HGB	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_SEP_LAB_REG_HGB} ,1)	
note_WOM_SEP_LAB_VALDT_HGB	Hemoglobin (Hgb or Hb) Question relevant when: selected( \${WOM_SEP_LAB_REG_HGB} ,1)	
WOM_SEP_LAB_NUM_HGB (required)	Hemoglobin (Hgb or Hb) Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_SEP_LAB_REG_HGB} ,1)	
WOM_SEP_LAB_DATE_HGB (required)	Hemoglobin (Hgb or Hb) Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_LAB_REG_HGB} ,1)	
WOM_SEP_LAB_TIME_HGB (required)	Hemoglobin (Hgb or Hb) Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_LAB_REG_HGB} ,1)	
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_LAB_TOTAL > group_WOM_SEP_LAB_VALDT_HMT Group relevant when: selected( \${WOM_SEP_LAB_REG_HMT} ,1)		
note_intro_WOM_SEP_LAB_VALDT_HMT	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_SEP_LAB_REG_HMT} ,1)	
note_WOM_SEP_LAB_VALDT_HMT	Hematocrit (Hto or Hct) Question relevant when: selected( \${WOM_SEP_LAB_REG_HMT} ,1)	
WOM_SEP_LAB_NUM_HMT (required)	Hematocrit (Hto or Hct) Value (per minute) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_SEP_LAB_REG_HMT} ,1)	
WOM_SEP_LAB_DATE_HMT (required)	Hematocrit (Hto or Hct) Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_LAB_REG_HMT} ,1)	
WOM_SEP_LAB_TIME_HMT (required)	Hematocrit (Hto or Hct) Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_LAB_REG_HMT} ,1)	
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_LAB_TOTAL > group_WOM_SEP_LAB_VALDT_OTH1 Group relevant when: selected( \${WOM_SEP_LAB_REG_OTH1} ,1)		
note_intro_WOM_SEP_LAB_VALDT_OTH1	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_SEP_LAB_REG_OTH1} ,1)	
note_WOM_SEP_LAB_VALDT_OTH1	'[WOM_SEP_LAB_OTH1_NAME]' Question relevant when: selected( \${WOM_SEP_LAB_REG_OTH1} ,1)	
WOM_SEP_LAB_NUM_OTH1	'[WOM_SEP_LAB_OTH1_NAME]' Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_SEP_LAB_REG_OTH1} ,1)	



Field	Question	Answer				
WOM_SEP_LAB_DATE_OTH1	'[WOM_SEP_LAB_OTH1_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_LAB_REG_OTH1} , 1)</i>					
WOM_SEP_LAB_TIME_OTH1	'[WOM_SEP_LAB_OTH1_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_LAB_REG_OTH1} , 1)</i>					
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_LAB_TOTAL > group_WOM_SEP_LAB_VALDT_OTH2 <i>Group relevant when: selected( \${WOM_SEP_LAB_REG_OTH2} , 1)</i>						
note_intro_WOM_SEP_LAB_VALDT_OTH2	Record the value, as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_SEP_LAB_REG_OTH2} , 1)</i>					
note_WOM_SEP_LAB_VALDT_OTH2	'[WOM_SEP_LAB_OTH2_NAME]' <i>Question relevant when: selected( \${WOM_SEP_LAB_REG_OTH2} , 1)</i>					
WOM_SEP_LAB_NUM_OTH2	'[WOM_SEP_LAB_OTH2_NAME]' Value <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_LAB_REG_OTH2} , 1)</i>					
WOM_SEP_LAB_DATE_OTH2	'[WOM_SEP_LAB_OTH2_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_LAB_REG_OTH2} , 1)</i>					
WOM_SEP_LAB_TIME_OTH2	'[WOM_SEP_LAB_OTH2_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_LAB_REG_OTH2} , 1)</i>					
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_LAB_TOTAL > group_WOM_SEP_LAB_VALDT_OTH3 <i>Group relevant when: selected( \${WOM_SEP_LAB_REG_OTH3} , 1)</i>						
note_intro_WOM_SEP_LAB_VALDT_OTH3	Record the value, as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_SEP_LAB_REG_OTH3} , 1)</i>					
note_WOM_SEP_LAB_VALDT_OTH3	'[WOM_SEP_LAB_OTH3_NAME]' <i>Question relevant when: selected( \${WOM_SEP_LAB_REG_OTH3} , 1)</i>					
WOM_SEP_LAB_NUM_OTH3	'[WOM_SEP_LAB_OTH3_NAME]' Value <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_LAB_REG_OTH3} , 1)</i>					
WOM_SEP_LAB_DATE_OTH3	'[WOM_SEP_LAB_OTH3_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_LAB_REG_OTH3} , 1)</i>					
WOM_SEP_LAB_TIME_OTH3	'[WOM_SEP_LAB_OTH3_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_LAB_REG_OTH3} , 1)</i>					
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_CAUSE						
WOM_SEP_CAUSE_CATEGORIES	Please record the cause of sepsis (select all that apply)	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes					
0	No					
WOM_SEP_CAUSE_ABORT <i>(required)</i>	Septic abortion	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes					
0	No					
WOM_SEP_CAUSE_ABORT2 <i>(required)</i>	Septic abortion, corioplacentarios remain infected	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes					
0	No					
WOM_SEP_CAUSE_PRERUPTURE <i>(required)</i>	Premature rupture of membranes (RPM)	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes					
0	No					
WOM_SEP_CAUSE_PERF <i>(required)</i>	Uterine perforation	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes					
0	No					
WOM_SEP_CAUSE_CORIO <i>(required)</i>	Chorioamnionitis	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes					
0	No					
WOM_SEP_CAUSE_ABSCESS <i>(required)</i>	Abscesses (in general)	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes					
0	No					
WOM_SEP_CAUSE_PELVICABSCESS <i>(required)</i>	Pelvic abscess	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes					
0	No					
WOM_SEP_CAUSE_ECTINFECT <i>(required)</i>	Infected ectopic pregnancies	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes					
0	No					
WOM_SEP_CAUSE_PELVIPER <i>(required)</i>	Pelvipерitonitis	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes					
0	No					
WOM_SEP_CAUSE_CANALTEAR <i>(required)</i>	Vaginal canal tear	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes					
0	No					
WOM_SEP_CAUSE_EPISTOINFECT <i>(required)</i>	Infected episiotomy	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes					
0	No					
WOM_SEP_CAUSE_POSTENDO <i>(required)</i>	Postpartum or post-cesarean endometritis	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes					
0	No					

Field	Question	Answer
WOM_SEP_CAUSE_FEVER <i>(required)</i>	Puerperal fever	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_CAUSE_PRODUCT <i>(required)</i>	Retained product	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_CAUSE_OTH	Other	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_CAUSE_OTH_SPEC <i>(required)</i>	What is the other cause of sepsis? <i>Question relevant when: selected( \${WOM_SEP_CAUSE_OTH} , 1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_PROCEDURES		
WOM_SEP_PROCEDURES_CATEGORIES	Please record if any of the following procedures were performed (select all that apply)	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_PROCEDURES_AMEU <i>(required)</i>	MVA (Manual vacuum aspiration)	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_PROCEDURES_CAVIDAD <i>(required)</i>	Revision of uterine cavity	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_PROCEDURES_LEGRADO <i>(required)</i>	Instrumental curettage	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_PROCEDURES_HIST <i>(required)</i>	Hysterectomy	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_PROCEDURES_LAP <i>(required)</i>	Laparotomy	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_PROCEDURES_SUTURE <i>(required)</i>	Sutures	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_PROCEDURES_SURG <i>(required)</i>	Surgical repair	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_PROCEDURES_DRENAJE <i>(required)</i>	Drainage	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_PROCEDURES_SALPIN <i>(required)</i>	Salpingectomy	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_PROCEDURES_OTH	Other	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_PROCEDURES_OTH_SPEC <i>(required)</i>	What other procedure was performed? <i>Question relevant when: selected( \${WOM_SEP_PROCEDURES_OTH} , 1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_MED_TOTAL		
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_MED_TOTAL > group_WOM_SEP_MED		
WOM_SEP_MED	Review the entire medical record to complete the next section. Please note whether the following medications were administered.	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_MED_ADM_AMI <i>(required)</i>	Amikacin	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_MED_ADM_CLI <i>(required)</i>	Clindamycin	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_MED_ADM_GEN <i>(required)</i>	Gentamicin	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_MED_ADM_AMP <i>(required)</i>	Ampicillin	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_MED_ADM_MET <i>(required)</i>	Metronidazole	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_MED_ADM_PENI <i>(required)</i>	Penicillin	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_MED_ADM_PENICRY <i>(required)</i>	Crystalline Penicillin	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_MED_ADM_PIP <i>(required)</i>	Piperacillin	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_MED_ADM_TAZ <i>(required)</i>	Tazobactam	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_MED_ADM_OAN1	Other antibiotic (specify):	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_MED_ADM_OME1	Other medication 1	<div>1 Yes</div> <div>0 No</div>

Field	Question	Answer
WOM_SEP_MED_ADM_OME2	Other medication 2	<div>1 Yes</div> <div>0 No</div>
WOM_SEP_MED_ADM_OME3	Other medication 3	<div>1 Yes</div> <div>0 No</div>
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_MED_TOTAL > group_WOM_SEP_MED_VALDT_AMI Group relevant when: selected( \${WOM_SEP_MED_ADM_AMI} , 1)		
note_intro_WOM_SEP_MED_VALDT_AMI	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_SEP_MED_ADM_AMI} , 1)	
note_WOM_SEP_MED_VALDT_AMI	Amikacin Question relevant when: selected( \${WOM_SEP_MED_ADM_AMI} , 1)	
WOM_SEP_MED_DOS_AMI (required)	Amikacin Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_AMI} , 1)	
WOM_SEP_MED_UNIT_AMI (required)	Amikacin Unit Question relevant when: selected( \${WOM_SEP_MED_ADM_AMI} , 1)	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div> <div>6 mL</div> <div>7 mcg</div>
WOM_SEP_MED_DATE_AMI (required)	Amikacin Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_AMI} , 1)	
WOM_SEP_MED_TIME_AMI (required)	Amikacin Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_AMI} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_MED_TOTAL > group_WOM_SEP_MED_VALDT_CLI Group relevant when: selected( \${WOM_SEP_MED_ADM_CLI} , 1)		
note_intro_WOM_SEP_MED_VALDT_CLI	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_SEP_MED_ADM_CLI} , 1)	
note_WOM_SEP_MED_VALDT_CLI	Clindamycin Question relevant when: selected( \${WOM_SEP_MED_ADM_CLI} , 1)	
WOM_SEP_MED_DOS_CLI (required)	Clindamycin Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_CLI} , 1)	
WOM_SEP_MED_UNIT_CLI (required)	Clindamycin Unit Question relevant when: selected( \${WOM_SEP_MED_ADM_CLI} , 1)	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div> <div>6 mL</div> <div>7 mcg</div>
WOM_SEP_MED_DATE_CLI (required)	Clindamycin Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_CLI} , 1)	
WOM_SEP_MED_TIME_CLI (required)	Clindamycin Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_CLI} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_MED_TOTAL > group_WOM_SEP_MED_VALDT_GEN Group relevant when: selected( \${WOM_SEP_MED_ADM_GEN} , 1)		
note_intro_WOM_SEP_MED_VALDT_GEN	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_SEP_MED_ADM_GEN} , 1)	
note_WOM_SEP_MED_VALDT_GEN	Gentamicin Question relevant when: selected( \${WOM_SEP_MED_ADM_GEN} , 1)	
WOM_SEP_MED_DOS_GEN (required)	Gentamicin Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_GEN} , 1)	
WOM_SEP_MED_UNIT_GEN (required)	Gentamicin Unit Question relevant when: selected( \${WOM_SEP_MED_ADM_GEN} , 1)	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div>

Field	Question	Answer														
		<table> <tr><td></td><td></td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>			6	mL	7	mcg								
6	mL															
7	mcg															
WOM_SEP_MED_DATE_GEN <i>(required)</i>	Gentamicin Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_GEN} , 1)															
WOM_SEP_MED_TIME_GEN <i>(required)</i>	Gentamicin Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_GEN} , 1)															
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_MED_TOTAL > group_WOM_SEP_MED_VALDT_AMP Group relevant when: selected( \${WOM_SEP_MED_ADM_AMP} , 1)																
note_intro_WOM_SEP_MED_VALDT_AMP	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_SEP_MED_ADM_AMP} , 1)															
note_WOM_SEP_MED_VALDT_AMP	Ampicilin Question relevant when: selected( \${WOM_SEP_MED_ADM_AMP} , 1)															
WOM_SEP_MED_DOS_AMP <i>(required)</i>	Ampicilin Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_AMP} , 1)															
WOM_SEP_MED_UNIT_AMP <i>(required)</i>	Ampicilin Unit Question relevant when: selected( \${WOM_SEP_MED_ADM_AMP} , 1)	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_SEP_MED_DATE_AMP <i>(required)</i>	Ampicilin Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_AMP} , 1)															
WOM_SEP_MED_TIME_AMP <i>(required)</i>	Ampicilin Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_AMP} , 1)															
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_MED_TOTAL > group_WOM_SEP_MED_VALDT_MET Group relevant when: selected( \${WOM_SEP_MED_ADM_MET} , 1)																
note_intro_WOM_SEP_MED_VALDT_MET	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_SEP_MED_ADM_MET} , 1)															
note_WOM_SEP_MED_VALDT_MET	Metronidazole Question relevant when: selected( \${WOM_SEP_MED_ADM_MET} , 1)															
WOM_SEP_MED_DOS_MET <i>(required)</i>	Metronidazole Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_MET} , 1)															
WOM_SEP_MED_UNIT_MET <i>(required)</i>	Metronidazole Unit Question relevant when: selected( \${WOM_SEP_MED_ADM_MET} , 1)	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_SEP_MED_DATE_MET <i>(required)</i>	Metronidazole Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_MET} , 1)															
WOM_SEP_MED_TIME_MET <i>(required)</i>	Metronidazole Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_MET} , 1)															
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_MED_TOTAL > group_WOM_SEP_MED_VALDT_PENI Group relevant when: selected( \${WOM_SEP_MED_ADM_PENI} , 1)																
note_intro_WOM_SEP_MED_VALDT_PENI	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_SEP_MED_ADM_PENI} , 1)															
note_WOM_SEP_MED_VALDT_PENI	Penicillin Question relevant when: selected( \${WOM_SEP_MED_ADM_PENI} , 1)															
WOM_SEP_MED_DOS_PENI <i>(required)</i>	Penicillin Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_PENI} , 1)															
WOM_SEP_MED_UNIT_PENI <i>(required)</i>	Penicillin Unit	<table> <tr><td>1</td><td>mg/kg</td></tr> </table>	1	mg/kg												
1	mg/kg															

Field	Question	Answer														
	Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_PENI} , 1)</i>	<table> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg		
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_SEP_MED_DATE_PENI <i>(required)</i>	Penicillin Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_PENI} , 1)</i>															
WOM_SEP_MED_TIME_PENI <i>(required)</i>	Penicillin Time (HH:MM) Enter "-1" if time not recorded Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_PENI} , 1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_MED_TOTAL > group_WOM_SEP_MED_VALDT_PENICRY Group relevant when: <i>selected( \${WOM_SEP_MED_ADM_PENICRY} , 1)</i>																
note_intro_WOM_SEP_MED_VALDT_PENICRY	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_PENICRY} , 1)</i>															
note_WOM_SEP_MED_VALDT_PENICRY	Crystalline Penicillin Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_PENICRY} , 1)</i>															
WOM_SEP_MED_DOS_PENICRY <i>(required)</i>	Crystalline Penicillin Dose Enter "-1" if dose not recorded Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_PENICRY} , 1)</i>															
WOM_SEP_MED_UNIT_PENICRY <i>(required)</i>	Crystalline Penicillin Unit Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_PENICRY} , 1)</i>	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_SEP_MED_DATE_PENICRY <i>(required)</i>	Crystalline Penicillin Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_PENICRY} , 1)</i>															
WOM_SEP_MED_TIME_PENICRY <i>(required)</i>	Crystalline Penicillin Time (HH:MM) Enter "-1" if time not recorded Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_PENICRY} , 1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_MED_TOTAL > group_WOM_SEP_MED_VALDT_PIP Group relevant when: <i>selected( \${WOM_SEP_MED_ADM_PIP} , 1)</i>																
note_intro_WOM_SEP_MED_VALDT_PIP	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_PIP} , 1)</i>															
note_WOM_SEP_MED_VALDT_PIP	Piperacillin Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_PIP} , 1)</i>															
WOM_SEP_MED_DOS_PIP <i>(required)</i>	Piperacillin Dose Enter "-1" if dose not recorded Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_PIP} , 1)</i>															
WOM_SEP_MED_UNIT_PIP <i>(required)</i>	Piperacillin Unit Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_PIP} , 1)</i>	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_SEP_MED_DATE_PIP <i>(required)</i>	Piperacillin Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_PIP} , 1)</i>															
WOM_SEP_MED_TIME_PIP <i>(required)</i>	Piperacillin Time (HH:MM) Enter "-1" if time not recorded Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_PIP} , 1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_MED_TOTAL > group_WOM_SEP_MED_VALDT_TAZ Group relevant when: <i>selected( \${WOM_SEP_MED_ADM_TAZ} , 1)</i>																
note_intro_WOM_SEP_MED_VALDT_TAZ	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: <i>selected( \${WOM_SEP_MED_ADM_TAZ} , 1)</i>															
note_WOM_SEP_MED_VALDT_TAZ	Tazobactam															

Field	Question	Answer
	Question relevant when: selected( \${WOM_SEP_MED_ADM_TAZ} , 1)	
WOM_SEP_MED_DOS_TAZ (required)	Tazobactam Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_TAZ} , 1)	
WOM_SEP_MED_UNIT_TAZ (required)	Tazobactam Unit Question relevant when: selected( \${WOM_SEP_MED_ADM_TAZ} , 1)	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div> <div>6 mL</div> <div>7 mcg</div>
WOM_SEP_MED_DATE_TAZ (required)	Tazobactam Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_TAZ} , 1)	
WOM_SEP_MED_TIME_TAZ (required)	Tazobactam Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_TAZ} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_MED_TOTAL > group_WOM_SEP_MED_VALDT_OAN1 Group relevant when: selected( \${WOM_SEP_MED_ADM_OAN1} , 1)		
note_intro_WOM_SEP_MED_VALDT_OAN1	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_SEP_MED_ADM_OAN1} , 1)	
note_WOM_SEP_MED_VALDT_OAN1	'[WOM_SEP_MED_OAN1_NAME]' Question relevant when: selected( \${WOM_SEP_MED_ADM_OAN1} , 1)	
WOM_SEP_MED_DOS_OAN1 (required)	'[WOM_SEP_MED_OAN1_NAME]' Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_OAN1} , 1)	
WOM_SEP_MED_UNIT_OAN1 (required)	'[WOM_SEP_MED_OAN1_NAME]' Unit Question relevant when: selected( \${WOM_SEP_MED_ADM_OAN1} , 1)	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div> <div>6 mL</div> <div>7 mcg</div>
WOM_SEP_MED_DATE_OAN1 (required)	'[WOM_SEP_MED_OAN1_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_OAN1} , 1)	
WOM_SEP_MED_TIME_OAN1 (required)	'[WOM_SEP_MED_OAN1_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_OAN1} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_MED_TOTAL > group_WOM_SEP_MED_VALDT_OME1 Group relevant when: selected( \${WOM_SEP_MED_ADM_OME1} , 1)		
note_intro_WOM_SEP_MED_VALDT_OME1	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_SEP_MED_ADM_OME1} , 1)	
note_WOM_SEP_MED_VALDT_OME1	'[WOM_SEP_MED_OME1_NAME]' Question relevant when: selected( \${WOM_SEP_MED_ADM_OME1} , 1)	
WOM_SEP_MED_DOS_OME1	'[WOM_SEP_MED_OME1_NAME]' Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_OME1} , 1)	
WOM_SEP_MED_UNIT_OME1	'[WOM_SEP_MED_OME1_NAME]' Unit Question relevant when: selected( \${WOM_SEP_MED_ADM_OME1} , 1)	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div> <div>6 mL</div> <div>7 mcg</div>
WOM_SEP_MED_DATE_OME1	'[WOM_SEP_MED_OME1_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_OME1} , 1)	
WOM_SEP_MED_TIME_OME1	'[WOM_SEP_MED_OME1_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_SEP_MED_ADM_OME1} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_MED_TOTAL > group_WOM_SEP_MED_VALDT_OME2 Group relevant when: selected( \${WOM_SEP_MED_ADM_OME2} , 1)		

Field	Question	Answer														
note_intro_WOM_SEP_MED_VALDT_OME2	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_SEP_MED_ADM_OME2} , 1)</i>															
note_WOM_SEP_MED_VALDT_OME2	'[WOM_SEP_MED_OME2_NAME]' <i>Question relevant when: selected( \${WOM_SEP_MED_ADM_OME2} , 1)</i>															
WOM_SEP_MED_DOS_OME2	'[WOM_SEP_MED_OME2_NAME]' Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_MED_ADM_OME2} , 1)</i>															
WOM_SEP_MED_UNIT_OME2	'[WOM_SEP_MED_OME2_NAME]' Unit <i>Question relevant when: selected( \${WOM_SEP_MED_ADM_OME2} , 1)</i>	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_SEP_MED_DATE_OME2	'[WOM_SEP_MED_OME2_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_MED_ADM_OME2} , 1)</i>															
WOM_SEP_MED_TIME_OME2	'[WOM_SEP_MED_OME2_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_MED_ADM_OME2} , 1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > Sepsis Question Battery > group_WOM_SEP_MED_TOTAL > group_WOM_SEP_MED_VALDT_OME3 <i>Group relevant when: selected( \${WOM_SEP_MED_ADM_OME3} , 1)</i>																
note_intro_WOM_SEP_MED_VALDT_OME3	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_SEP_MED_ADM_OME3} , 1)</i>															
note_WOM_SEP_MED_VALDT_OME3	'[WOM_SEP_MED_OME3_NAME]' <i>Question relevant when: selected( \${WOM_SEP_MED_ADM_OME3} , 1)</i>															
WOM_SEP_MED_DOS_OME3	'[WOM_SEP_MED_OME3_NAME]' Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_MED_ADM_OME3} , 1)</i>															
WOM_SEP_MED_UNIT_OME3	'[WOM_SEP_MED_OME3_NAME]' Unit <i>Question relevant when: selected( \${WOM_SEP_MED_ADM_OME3} , 1)</i>	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_SEP_MED_DATE_OME3	'[WOM_SEP_MED_OME3_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_MED_ADM_OME3} , 1)</i>															
WOM_SEP_MED_TIME_OME3	'[WOM_SEP_MED_OME3_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_MED_ADM_OME3} , 1)</i>															
WOM_SEP_MEDICATIONS <i>(required)</i>	Were any of the above medications administered at the same time during this hospitalization?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															
WOM_SEP_SPECIAL_EVER <i>(required)</i>	Was the woman ever evaluated by a specialist?	<table> <tr><td>2</td><td>Yes, marked with a stamp</td></tr> <tr><td>995</td><td>Yes, marked with another method (specify)</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	2	Yes, marked with a stamp	995	Yes, marked with another method (specify)	0	No	-1	Not recorded						
2	Yes, marked with a stamp															
995	Yes, marked with another method (specify)															
0	No															
-1	Not recorded															
WOM_SEP_SPECIAL_TYPE <i>(required)</i>	What type of specialist checked the woman? <i>Question relevant when: selected( \${WOM_SEP_SPECIAL_EVER} , 1) or selected( \${WOM_SEP_SPECIAL_EVER} , 2) or selected( \${WOM_SEP_SPECIAL_EVER} , 995)</i>	<table> <tr><td>1</td><td>Obstetrician</td></tr> <tr><td>2</td><td>Gynecologist</td></tr> <tr><td>3</td><td>OBGYN</td></tr> <tr><td>4</td><td>Surgeon</td></tr> <tr><td>995</td><td>Other (specify):</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	Obstetrician	2	Gynecologist	3	OBGYN	4	Surgeon	995	Other (specify):	-1	Not recorded		
1	Obstetrician															
2	Gynecologist															
3	OBGYN															
4	Surgeon															
995	Other (specify):															
-1	Not recorded															
WOM_SEP_CONSULT_SPECIAL_DATE_SPEC <i>(required)</i>	Date of the first evaluation by the specialist (DD/MM/YYYY): <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_SPECIAL_EVER} , 1) or selected( \${WOM_SEP_SPECIAL_EVER} , 2) or selected( \${WOM_SEP_SPECIAL_EVER} , 995)</i>															
WOM_SEP_CONSULT_SPECIAL_TIME_SPEC <i>(required)</i>	Time of the first evaluation by the specialist (HH:MM): <i>Enter "-1" if time not recorded</i>															

Field	Question	Answer		
	<i>Question relevant when: selected( \${WOM_SEP_SPECIAL_EVER} ,1) or selected( \${WOM_SEP_SPECIAL_EVER} ,2) or selected( \${WOM_SEP_SPECIAL_EVER} ,995)</i>			
WOM_SEP_RESULT <i>(required)</i>	Result of the pregnancy		1	Vaginal birth
			2	Routine cesarean
			3	Emergency cesarean
			4	Abortion
		995	Otro	
		-1	Not recorded	
WOM_SEP_DISPOSITION <i>(required)</i>	Disposition:		1	Death in hospital
			2	Discharged home
			3	Transferred/referred to another facility
			4	Left against medical advice
			5	Unknown
		995	Other (specify):	
		-1	Not recorded	
WOM_SEP_REF_REAS <i>(required)</i>	Reason for transfer/referral: <i>Question relevant when: selected( \${WOM_SEP_DISPOSITION} ,3)</i>		1	High temperature
			2	High leukocyte
			3	Bleeding
			4	Lochia
		99	Other	
		DK	Not recorded	
WOM_SEP_REF_ACCOMTO <i>(required)</i>	Was the woman accompanied by a health facility worker? <i>Question relevant when: selected( \${WOM_SEP_DISPOSITION} ,3)</i>		1	Yes, by a doctor
			2	Yes, by a nurse
		995	Yes, by another worker	
		0	No	
		-1	Not recorded	
WOM_SEP_REF_NAMETO <i>(required)</i>	What facility was the woman transferred to? <i>Question relevant when: selected( \${WOM_SEP_DISPOSITION} ,3)</i>		05	August Pine Ridge Health Center
			20	Caledonia Health Center
			17	Corozal Community Hospital
			18	Corozal Health Center (Urban)
			42	Georgeville Health Center
			06	Guinea Grass Health Center
			21	Libertad Health Center
			01	Northern Regional Hospital
			02	Orange Walk Health Center (Urban)
			23	Progreso Health Center
			46	San Antonio Health Center
			04	San Felipe Health Center
			39	San Ignacio Community Hospital
			40	San Ignacio Health Center (Urban)
			19	San Narciso Health Center
			45	San Pedro Health Center
			22	Sarteneja Health Center
			33	Valley of Peace Health Center
			31	Western Regional Hospital
			03	Zenobia Meggs Health Center



Field	Question	Answer
		<div>32</div> <div>Belmopan Health Center (Urban)</div> <div>41</div> <div>Dr. Kevin &amp; Kenneth Gurrea Polyclinic II (Mopan Clinic)</div> <div>60</div> <div>National Hospital Belize City (KMHM)</div> <div>995</div> <div>Other, specify</div> <div>-1</div> <div>Not recorded</div>
WOM_SEP_REF_TYPE TO <i>(required)</i>	Type of facility the woman was transferred to: <i>Question relevant when: selected( \${WOM_SEP_DISPOSITION} ,3)</i>	<div>1</div> <div>Health Clinic / Health Post / Mobile Unit</div> <div>2</div> <div>Community Hospital</div> <div>3</div> <div>Regional hospital</div> <div>995</div> <div>Other (specify)</div> <div>-1</div> <div>Not recorded</div>
WOM_SEP_DIS_DATE_SPEC <i>(required)</i>	Date of discharge/transfer/referral (DD/MM/YYYY): <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_DISPOSITION} ,2) or selected( \${WOM_SEP_DISPOSITION} ,3) or selected( \${WOM_SEP_DISPOSITION} ,4) or selected( \${WOM_SEP_DISPOSITION} ,995)</i>	
WOM_SEP_DIS_TIME_SPEC <i>(required)</i>	Time of discharge/transfer/referral (HH:MM): <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_DISPOSITION} ,2) or selected( \${WOM_SEP_DISPOSITION} ,3) or selected( \${WOM_SEP_DISPOSITION} ,4) or selected( \${WOM_SEP_DISPOSITION} ,995)</i>	
WOM_SEP_DEATH_DATE_SPEC <i>(required)</i>	Date of death <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_DISPOSITION} ,1)</i>	
WOM_SEP_DEATH_TIME_SPEC <i>(required)</i>	Time of death <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_SEP_DISPOSITION} ,1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY <i>Group relevant when: selected( \${MRR_WOM_DEL_COMP} ,"HEM")</i>		
note_hemorrhage_intro	Please note whether the following was recorded for the patient with hemorrhage.	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_CHECK_TOTAL		
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_CHECK_TOTAL > group_WOM_HEM_CHECK		
WOM_HEM_CHECK	Review the entire medical record to complete the next section. Please note whether the following checkups were done.	<div>1</div> <div>Yes</div> <div>0</div> <div>No</div>
WOM_HEM_CHECK_REG_BP <i>(required)</i>	Blood pressure (bp)	<div>1</div> <div>Yes</div> <div>0</div> <div>No</div>
WOM_HEM_CHECK_REG_PULS <i>(required)</i>	Pulse	<div>1</div> <div>Yes</div> <div>0</div> <div>No</div>
WOM_HEM_CHECK_REG_HR <i>(required)</i>	Heart rate (hr)	<div>1</div> <div>Yes</div> <div>0</div> <div>No</div>
WOM_HEM_CHECK_REG_RESP <i>(required)</i>	Respiratory Rate (rr)	<div>1</div> <div>Yes</div> <div>0</div> <div>No</div>
WOM_HEM_CHECK_REG_TEMP <i>(required)</i>	Temperature (T)	<div>1</div> <div>Yes</div> <div>0</div> <div>No</div>
WOM_HEM_CHECK_REG_CONSC <i>(required)</i>	State of consciousness	<div>1</div> <div>Yes</div> <div>0</div> <div>No</div>
WOM_HEM_CHECK_REG_OTH1	Other check (Specify):	<div>1</div> <div>Yes</div> <div>0</div> <div>No</div>
WOM_HEM_CHECK_REG_OTH2	Other check (Specify):	<div>1</div> <div>Yes</div> <div>0</div> <div>No</div>
WOM_HEM_CHECK_REG_OTH3	Other check (Specify):	<div>1</div> <div>Yes</div> <div>0</div> <div>No</div>
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_CHECK_TOTAL > group_WOM_HEM_CHECK_VALDT_BP <i>Group relevant when: selected( \${WOM_HEM_CHECK_REG_BP} ,1)</i>		
note_intro_WOM_HEM_CHECK_VALDT_BP	Record the value, as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_BP} ,1)</i>	
note_WOM_HEM_CHECK_VALDT_BP	Blood Pressure (bp)	

Field	Question	Answer
	<i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_BP} ,1)</i>	
WOM_HEM_CHECK_NUM_BP_SYST <i>(required)</i>	Blood pressure (bp) - systolic: <i>The first number, eg: ____/xx&lt;br/&gt;&lt;br/&gt;Enter "-1" if not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_BP} ,1)</i>	
WOM_HEM_CHECK_NUM_BP_DIAS <i>(required)</i>	Blood pressure (bp) - diastolic: <i>The second number, eg: xx/____&lt;br/&gt;&lt;br/&gt;Enter "-1" if not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_BP} ,1)</i>	
WOM_HEM_CHECK_DATE_BP <i>(required)</i>	Blood Pressure (bp) Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_BP} ,1)</i>	
WOM_HEM_CHECK_TIME_BP <i>(required)</i>	Blood Pressure (bp) Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_BP} ,1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_CHECK_TOTAL > group_WOM_HEM_CHECK_VALDT_PULS <i>Group relevant when: selected( \${WOM_HEM_CHECK_REG_PULS} ,1)</i>		
note_intro_WOM_HEM_CHECK_VALDT_PULS	Record the value, as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_PULS} ,1)</i>	
note_WOM_HEM_CHECK_VALDT_PULS	Pulse <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_PULS} ,1)</i>	
WOM_HEM_CHECK_NUM_PULS <i>(required)</i>	Pulse Value <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_PULS} ,1)</i>	
WOM_HEM_CHECK_DATE_PULS <i>(required)</i>	Pulse Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_PULS} ,1)</i>	
WOM_HEM_CHECK_TIME_PULS <i>(required)</i>	Pulse Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_PULS} ,1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_CHECK_TOTAL > group_WOM_HEM_CHECK_VALDT_HR <i>Group relevant when: selected( \${WOM_HEM_CHECK_REG_HR} ,1)</i>		
note_intro_WOM_HEM_CHECK_VALDT_HR	Record the value, as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_HR} ,1)</i>	
note_WOM_HEM_CHECK_VALDT_HR	Heart rate (hr) <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_HR} ,1)</i>	
WOM_HEM_CHECK_NUM_HR <i>(required)</i>	Heart Rate (hr) Value <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_HR} ,1)</i>	
WOM_HEM_CHECK_DATE_HR <i>(required)</i>	Heart Rate (hr) Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_HR} ,1)</i>	
WOM_HEM_CHECK_TIME_HR <i>(required)</i>	Heart Rate (hr) Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_HR} ,1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_CHECK_TOTAL > group_WOM_HEM_CHECK_VALDT_RESP <i>Group relevant when: selected( \${WOM_HEM_CHECK_REG_RESP} ,1)</i>		
note_intro_WOM_HEM_CHECK_VALDT_RESP	Record the value, as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_RESP} ,1)</i>	
note_WOM_HEM_CHECK_VALDT_RESP	Respiratory Rate (rr) <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_RESP} ,1)</i>	
WOM_HEM_CHECK_NUM_RESP <i>(required)</i>	Respiratory Rate (rr) Value (per minute) <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_RESP} ,1)</i>	
WOM_HEM_CHECK_DATE_RESP <i>(required)</i>	Respiratory Rate (rr) Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_RESP} ,1)</i>	
WOM_HEM_CHECK_TIME_RESP <i>(required)</i>	Respiratory Rate (rr)Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_RESP} ,1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_CHECK_TOTAL > group_WOM_HEM_CHECK_VALDT_TEMP <i>Group relevant when: selected( \${WOM_HEM_CHECK_REG_TEMP} ,1)</i>		
note_intro_WOM_HEM_CHECK_VALDT_TEMP	Record the value, as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_TEMP} ,1)</i>	
note_WOM_HEM_CHECK_VALDT_TEMP	Temperature (T)	

Field	Question	Answer		
	Question relevant when: selected( \${WOM_HEM_CHECK_REG_TEMP} ,1)			
WOM_HEM_CHECK_NUM_TEMP (required)	Temperature (T) Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_HEM_CHECK_REG_TEMP} ,1)			
WOM_HEM_CHECK_NUM_TEMP_TYPE (required)	Temperature (T) Unit Question relevant when: selected( \${WOM_HEM_CHECK_REG_TEMP} ,1)	C	Celsius	
		F	Fahrenheit	
WOM_HEM_CHECK_DATE_TEMP (required)	Temperature (T) Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_HEM_CHECK_REG_TEMP} ,1)			
WOM_HEM_CHECK_TIME_TEMP (required)	Temperature (T) Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_HEM_CHECK_REG_TEMP} ,1)			
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_CHECK_TOTAL > group_WOM_HEM_CHECK_VALDT_CONSC Group relevant when: selected( \${WOM_HEM_CHECK_REG_CONSC} ,1)				
note_intro_WOM_HEM_CHECK_VALDT_CONSC	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_HEM_CHECK_REG_CONSC} ,1)			
note_WOM_HEM_CHECK_VALDT_CONSC	State of consciousness Question relevant when: selected( \${WOM_HEM_CHECK_REG_CONSC} ,1)			
WOM_HEM_CHECK_NUM_CONSC (required)	State of consciousness Value Question relevant when: selected( \${WOM_HEM_CHECK_REG_CONSC} ,1)	1	Conscious	
		0	Unconscious	
		2	Other	
		-1	Not recorded	
WOM_HEM_CHECK_DATE_CONSC (required)	State of consciousness Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_HEM_CHECK_REG_CONSC} ,1)			
WOM_HEM_CHECK_TIME_CONSC (required)	State of consciousness Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_HEM_CHECK_REG_CONSC} ,1)			
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_CHECK_TOTAL > group_WOM_HEM_CHECK_VALDT_OTH1 Group relevant when: selected( \${WOM_HEM_CHECK_REG_OTH1} ,1)				
note_intro_WOM_HEM_CHECK_VALDT_OTH1	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_HEM_CHECK_REG_OTH1} ,1)			
note_WOM_HEM_CHECK_VALDT_OTH1	'[WOM_HEM_CHECK_OTH1_NAME]' Question relevant when: selected( \${WOM_HEM_CHECK_REG_OTH1} ,1)			
WOM_HEM_CHECK_NUM_OTH1	'[WOM_HEM_CHECK_OTH1_NAME]' Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_HEM_CHECK_REG_OTH1} ,1)			
WOM_HEM_CHECK_DATE_OTH1	'[WOM_HEM_CHECK_OTH1_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_HEM_CHECK_REG_OTH1} ,1)			
WOM_HEM_CHECK_TIME_OTH1	'[WOM_HEM_CHECK_OTH1_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_HEM_CHECK_REG_OTH1} ,1)			
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_CHECK_TOTAL > group_WOM_HEM_CHECK_VALDT_OTH2 Group relevant when: selected( \${WOM_HEM_CHECK_REG_OTH2} ,1)				
note_intro_WOM_HEM_CHECK_VALDT_OTH2	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_HEM_CHECK_REG_OTH2} ,1)			
note_WOM_HEM_CHECK_VALDT_OTH2	'[WOM_HEM_CHECK_OTH2_NAME]' Question relevant when: selected( \${WOM_HEM_CHECK_REG_OTH2} ,1)			
WOM_HEM_CHECK_NUM_OTH2	'[WOM_HEM_CHECK_OTH2_NAME]' Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_HEM_CHECK_REG_OTH2} ,1)			
WOM_HEM_CHECK_DATE_OTH2	'[WOM_HEM_CHECK_OTH2_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_HEM_CHECK_REG_OTH2} ,1)			
WOM_HEM_CHECK_TIME_OTH2	'[WOM_HEM_CHECK_OTH2_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_HEM_CHECK_REG_OTH2} ,1)			
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_CHECK_TOTAL > group_WOM_HEM_CHECK_VALDT_OTH3 Group relevant when: selected( \${WOM_HEM_CHECK_REG_OTH3} ,1)				
note_intro_WOM_HEM_CHECK_VALDT_OTH3	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_HEM_CHECK_REG_OTH3} ,1)			

Field	Question	Answer
note_WOM_HEM_CHECK_VALDT_OTH3	'[WOM_HEM_CHECK_OTH3_NAME]' <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_OTH3} ,1)</i>	
WOM_HEM_CHECK_NUM_OTH3	'[WOM_HEM_CHECK_OTH3_NAME]' Value <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_OTH3} ,1)</i>	
WOM_HEM_CHECK_DATE_OTH3	'[WOM_HEM_CHECK_OTH3_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_OTH3} ,1)</i>	
WOM_HEM_CHECK_TIME_OTH3	'[WOM_HEM_CHECK_OTH3_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_CHECK_REG_OTH3} ,1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_LAB_TOTAL		
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_LAB_TOTAL > group_WOM_HEM_LAB		
WOM_HEM_LAB	Review the entire medical record to complete the next section. Please note whether the following lab tests were done.	1 Yes 0 No
WOM_HEM_LAB_REG_PT <i>(required)</i>	Protrombin Time (PT)	1 Yes 0 No
WOM_HEM_LAB_REG_PTT <i>(required)</i>	Partial thromboplastin time (PTT)	1 Yes 0 No
WOM_HEM_LAB_REG_PLAT <i>(required)</i>	Platelets	1 Yes 0 No
WOM_HEM_LAB_REG_HGB <i>(required)</i>	Hemoglobin	1 Yes 0 No
WOM_HEM_LAB_REG_HMT <i>(required)</i>	Hematocrit	1 Yes 0 No
WOM_HEM_LAB_REG_OTH1	Other lab test (Specify):	1 Yes 0 No
WOM_HEM_LAB_REG_OTH2	Other lab test (Specify):	1 Yes 0 No
WOM_HEM_LAB_REG_OTH3	Other lab test (Specify):	1 Yes 0 No
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_LAB_TOTAL > group_WOM_HEM_LAB_VALDT_PT <i>Group relevant when: selected( \${WOM_HEM_LAB_REG_PT} ,1)</i>		
note_intro_WOM_HEM_LAB_VALDT_PT	Record the value, as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_HEM_LAB_REG_PT} ,1)</i>	
note_WOM_HEM_LAB_VALDT_PT	Protrombin time (PT) <i>Question relevant when: selected( \${WOM_HEM_LAB_REG_PT} ,1)</i>	
WOM_HEM_LAB_NUM_PT <i>(required)</i>	Protrombin time (PT) Value (seconds) <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_LAB_REG_PT} ,1)</i>	
WOM_HEM_LAB_DATE_PT <i>(required)</i>	Protrombin time (PT) Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_LAB_REG_PT} ,1)</i>	
WOM_HEM_LAB_TIME_PT <i>(required)</i>	Protrombin time (PT) Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_LAB_REG_PT} ,1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_LAB_TOTAL > group_WOM_HEM_LAB_VALDT_PTT <i>Group relevant when: selected( \${WOM_HEM_LAB_REG_PTT} ,1)</i>		
note_intro_WOM_HEM_LAB_VALDT_PTT	Record the value, as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_HEM_LAB_REG_PTT} ,1)</i>	
note_WOM_HEM_LAB_VALDT_PTT	Partial thromboplastin time (PTT) <i>Question relevant when: selected( \${WOM_HEM_LAB_REG_PTT} ,1)</i>	
WOM_HEM_LAB_NUM_PTT <i>(required)</i>	Partial thromboplastin time (PTT) Value (seconds) <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_LAB_REG_PTT} ,1)</i>	
WOM_HEM_LAB_DATE_PTT <i>(required)</i>	Partial thromboplastin time (PTT) Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_LAB_REG_PTT} ,1)</i>	
WOM_HEM_LAB_TIME_PTT <i>(required)</i>	Partial thromboplastin time (PTT) Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_LAB_REG_PTT} ,1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_LAB_TOTAL > group_WOM_HEM_LAB_VALDT_PLAT <i>Group relevant when: selected( \${WOM_HEM_LAB_REG_PLAT} ,1)</i>		
note_intro_WOM_HEM_LAB_VALDT_PLAT	Record the value, as well as the date and time of the first checkup for each item listed below.	

Field	Question	Answer
	Question relevant when: selected( \${WOM_HEM_LAB_REG_PLAT} , 1)	
note_WOM_HEM_LAB_VALDT_PLAT	Platelets Question relevant when: selected( \${WOM_HEM_LAB_REG_PLAT} , 1)	
WOM_HEM_LAB_NUM_PLAT <i>(required)</i>	Platelets Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_PLAT} , 1)	
WOM_HEM_LAB_DATE_PLAT <i>(required)</i>	Platelets Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_PLAT} , 1)	
WOM_HEM_LAB_TIME_PLAT <i>(required)</i>	Platelets Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_PLAT} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_LAB_TOTAL > group_WOM_HEM_LAB_VALDT_HGB Group relevant when: selected( \${WOM_HEM_LAB_REG_HGB} , 1)		
note_intro_WOM_HEM_LAB_VALDT_HGB	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_HEM_LAB_REG_HGB} , 1)	
note_WOM_HEM_LAB_VALDT_HGB	Hemoglobin Question relevant when: selected( \${WOM_HEM_LAB_REG_HGB} , 1)	
WOM_HEM_LAB_NUM_HGB <i>(required)</i>	Hemoglobin Value (g/dL) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_HGB} , 1)	
WOM_HEM_LAB_DATE_HGB <i>(required)</i>	Hemoglobin Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_HGB} , 1)	
WOM_HEM_LAB_TIME_HGB <i>(required)</i>	Hemoglobin Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_HGB} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_LAB_TOTAL > group_WOM_HEM_LAB_VALDT_HMT Group relevant when: selected( \${WOM_HEM_LAB_REG_HMT} , 1)		
note_intro_WOM_HEM_LAB_VALDT_HMT	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_HEM_LAB_REG_HMT} , 1)	
note_WOM_HEM_LAB_VALDT_HMT	Hematocrit Question relevant when: selected( \${WOM_HEM_LAB_REG_HMT} , 1)	
WOM_HEM_LAB_NUM_HMT <i>(required)</i>	Hematocrit Value (per minute) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_HMT} , 1)	
WOM_HEM_LAB_DATE_HMT <i>(required)</i>	Hematocrit Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_HMT} , 1)	
WOM_HEM_LAB_TIME_HMT <i>(required)</i>	Hematocrit Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_HMT} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_LAB_TOTAL > group_WOM_HEM_LAB_VALDT_OTH1 Group relevant when: selected( \${WOM_HEM_LAB_REG_OTH1} , 1)		
note_intro_WOM_HEM_LAB_VALDT_OTH1	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_HEM_LAB_REG_OTH1} , 1)	
note_WOM_HEM_LAB_VALDT_OTH1	'[WOM_HEM_LAB_OTH1_NAME]' Question relevant when: selected( \${WOM_HEM_LAB_REG_OTH1} , 1)	
WOM_HEM_LAB_NUM_OTH1	'[WOM_HEM_LAB_OTH1_NAME]' Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_OTH1} , 1)	
WOM_HEM_LAB_DATE_OTH1	'[WOM_HEM_LAB_OTH1_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_OTH1} , 1)	
WOM_HEM_LAB_TIME_OTH1	'[WOM_HEM_LAB_OTH1_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_OTH1} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_LAB_TOTAL > group_WOM_HEM_LAB_VALDT_OTH2 Group relevant when: selected( \${WOM_HEM_LAB_REG_OTH2} , 1)		
note_intro_WOM_HEM_LAB_VALDT_OTH2	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_HEM_LAB_REG_OTH2} , 1)	
note_WOM_HEM_LAB_VALDT_OTH2	'[WOM_HEM_LAB_OTH2_NAME]' Question relevant when: selected( \${WOM_HEM_LAB_REG_OTH2} , 1)	
WOM_HEM_LAB_NUM_OTH2	'[WOM_HEM_LAB_OTH2_NAME]' Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_OTH2} , 1)	
WOM_HEM_LAB_DATE_OTH2	'[WOM_HEM_LAB_OTH2_NAME]' Date (DD/MM/YYYY)	

Field	Question	Answer
	Enter "-1" if date not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_OTH2} , 1)	
WOM_HEM_LAB_TIME_OTH2	'[WOM_HEM_LAB_OTH2_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_OTH2} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_LAB_TOTAL > group_WOM_HEM_LAB_VALDT_OTH3 Group relevant when: selected( \${WOM_HEM_LAB_REG_OTH3} , 1)		
note_intro_WOM_HEM_LAB_VALDT_OTH3	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_HEM_LAB_REG_OTH3} , 1)	
note_WOM_HEM_LAB_VALDT_OTH3	'[WOM_HEM_LAB_OTH3_NAME]' Question relevant when: selected( \${WOM_HEM_LAB_REG_OTH3} , 1)	
WOM_HEM_LAB_NUM_OTH3	'[WOM_HEM_LAB_OTH3_NAME]' Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_OTH3} , 1)	
WOM_HEM_LAB_DATE_OTH3	'[WOM_HEM_LAB_OTH3_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_OTH3} , 1)	
WOM_HEM_LAB_TIME_OTH3	'[WOM_HEM_LAB_OTH3_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_HEM_LAB_REG_OTH3} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_CAUSE		
WOM_HEM_CAUSE_CATEGORIES	Record the reason for hemorrhage (select all that apply) Please note all options appropriately according to the record.	1 Yes 0 No
WOM_HEM_CAUSE_ABORT (required)	Complicated abortion (in general)	1 Yes 0 No
WOM_HEM_CAUSE_ABORT2 (required)	Incomplete abortion complicated with hemorrhage	1 Yes 0 No
WOM_HEM_CAUSE_ABORT3 (required)	Hemorrhage following the abortion	1 Yes 0 No
WOM_HEM_CAUSE_RETAIN (required)	Total retained placenta	1 Yes 0 No
WOM_HEM_CAUSE_RETAINPART (required)	Partial retained placenta	1 Yes 0 No
WOM_HEM_CAUSE_RESTOS (required)	Placental or coroplacental remainders	1 Yes 0 No
WOM_HEM_CAUSE_PRODUCT (required)	Retained product	1 Yes 0 No
WOM_HEM_CAUSE_PLACENT (required)	Placental accretism	1 Yes 0 No
WOM_HEM_CAUSE_PREVIA (required)	Placenta previa	1 Yes 0 No
WOM_HEM_CAUSE_PREVIA2 (required)	Placenta previa with hemorrhage	1 Yes 0 No
WOM_HEM_CAUSE_PREMATURE (required)	Premature placental abruption	1 Yes 0 No
WOM_HEM_CAUSE_PLACENTA (required)	Placental abruption	1 Yes 0 No
WOM_HEM_CAUSE RUPTURE (required)	Uterine rupture	1 Yes 0 No
WOM_HEM_CAUSE RUPTUREV (required)	Vaginal rupture	1 Yes 0 No
WOM_HEM_CAUSE RUPTUREC (required)	Cervical rupture	1 Yes 0 No
WOM_HEM_CAUSE_ATONY (required)	Uterine atony	1 Yes 0 No
WOM_HEM_CAUSE_HIPO (required)	Hypotonia	1 Yes 0 No
WOM_HEM_CAUSE_ECTOPIC (required)	Ectopic pregnancy	1 Yes 0 No
WOM_HEM_CAUSE_ECTOPICROTO (required)	Broken ectopic pregnancy	1 Yes 0 No

Field	Question	Answer
WOM_HEM_CAUSE_DESCERV <i>(required)</i>	Tears of the cervix	1 Yes
		0 No
WOM_HEM_CAUSE_DESCANAL <i>(required)</i>	Vaginal canal tears	1 Yes
		0 No
WOM_HEM_CAUSE_DESVULVO <i>(required)</i>	Vulvo-perineal tears	1 Yes
		0 No
WOM_HEM_CAUSE_INVERSION <i>(required)</i>	Uterine inversion	1 Yes
		0 No
WOM_HEM_CAUSE_OTRO	Other (Specify):	1 Yes
		0 No
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_PROCEDURES		
WOM_HEM_PROCEDURES_CATEGORIES	Record if the following procedures were performed (select all that apply) <i>Please note all options appropriately according to the record.</i>	1 Yes
		0 No
WOM_HEM_PROCEDURES_AMEU <i>(required)</i>	Manual vacuum aspiration (MVA)	1 Yes
		0 No
WOM_HEM_PROCEDURES_CAVIDAD <i>(required)</i>	Revision of uterine cavity	1 Yes
		0 No
WOM_HEM_PROCEDURES_LEGRADO <i>(required)</i>	Instrumental curettage	1 Yes
		0 No
WOM_HEM_PROCEDURES_CSEC <i>(required)</i>	Caesarean	1 Yes
		0 No
WOM_HEM_PROCEDURES_HIST <i>(required)</i>	Hysterectomy	1 Yes
		0 No
WOM_HEM_PROCEDURES_LAP <i>(required)</i>	Laparotomy	1 Yes
		0 No
WOM_HEM_PROCEDURES_BLYNCH <i>(required)</i>	B-lynch suture	1 Yes
		0 No
WOM_HEM_PROCEDURES_SUTURE2 <i>(required)</i>	Compression sutures	1 Yes
		0 No
WOM_HEM_PROCEDURES_SUTURE <i>(required)</i>	Sutures	1 Yes
		0 No
WOM_HEM_PROCEDURES_SURG <i>(required)</i>	Surgical repair	1 Yes
		0 No
WOM_HEM_PROCEDURES_DRENAJE <i>(required)</i>	Drainage	1 Yes
		0 No
WOM_HEM_PROCEDURES_SALPIN <i>(required)</i>	Salpingectomy	1 Yes
		0 No
WOM_HEM_PROCEDURES_MASAJE <i>(required)</i>	Uterine massage	1 Yes
		0 No
WOM_HEM_PROCEDURES_BIMAN <i>(required)</i>	Bimanual Compression	1 Yes
		0 No
WOM_HEM_PROCEDURES_AORTA <i>(required)</i>	Compression of the aorta	1 Yes
		0 No
WOM_HEM_PROCEDURES_TAP <i>(required)</i>	Uterine tamponade	1 Yes
		0 No
WOM_HEM_PROCEDURES_BALON <i>(required)</i>	Hydrostatic balloon (condom catheter or UBT)	1 Yes
		0 No
WOM_HEM_PROCEDURES_MANUAL <i>(required)</i>	Manual Extraction (of the placenta)	1 Yes
		0 No
WOM_HEM_PROCEDURES_REP <i>(required)</i>	Repositioning of the uterus with non-surgical techniques (such as Johnson's maneuver) or surgical techniques (such as Huntington or Haultani maneuvers)	1 Yes
		0 No
WOM_HEM_PROCEDURES_HYPOART <i>(required)</i>	Hypogastric artery ligation	1 Yes
		0 No
WOM_HEM_PROCEDURES_UTART <i>(required)</i>	Uterine artery ligation	1 Yes
		0 No
WOM_HEM_PROCEDURES_OTH	Other procedure (Specify):	1 Yes
		0 No
WOM_HEM_REPOSITION_SED <i>(required)</i>	Did you give anesthesia or sedatives to the woman during the repositioning of the uterus? <i>Question relevant when: selected( \${WOM_HEM_PROCEDURES_REP} , 1)</i>	1 Yes, with analgesics
		2 Yes, with sedation

Field	Question	Answer
		<div>3 Yes, with anesthesia</div> <div>0 No</div> <div>-1 Not recorded</div>
WOM_HEM_REPOSITION_SURG <i>(required)</i>	What type of technique was used to reposition the uterus? <i>Question relevant when: selected( \${WOM_HEM_PROCEDURES_REP} , 1)</i>	<div>1 Non-surgical technique</div> <div>2 Surgical technique</div> <div>-1 Not recorded</div>
WOM_HEM_REPOSITION_SURG_TEXT <i>(required)</i>	Please specify the technique used to reposition the uterus <i>Question relevant when: selected( \${WOM_HEM_REPOSITION_SURG} , 1)</i>	
WOM_HEM_REPOSITION_SURG_TEXT2 <i>(required)</i>	Please specify the technique used to reposition the uterus <i>Question relevant when: selected( \${WOM_HEM_REPOSITION_SURG} , 2)</i>	
WOM_HEM_BLOODLOSS_TEXT <i>(required)</i>	How much blood did the woman lose during the complication?  Amount of blood: Enter "-1" if amount not recorded	
WOM_HEM_BLOODLOSS_QUAL <i>(required)</i>	Is there any qualitative assessment of the amount of blood lost?	<div>1 Yes</div> <div>0 No</div>
WOM_HEM_BLOODLOSS_QUAL_TEXT <i>(required)</i>	Please note any qualitative assessment of the amount of blood lost. <i>Question relevant when: selected( \${WOM_HEM_BLOODLOSS_QUAL} , 1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_MED_TOTAL		
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_MED_TOTAL > group_WOM_HEM_MED		
WOM_HEM_MED	Review the entire medical record to complete the next section. Please note whether the following medications were administered.	<div>1 Yes</div> <div>0 No</div>
WOM_HEM_MED_ADM_OXI <i>(required)</i>	Oxytocin	<div>1 Yes</div> <div>0 No</div>
WOM_HEM_MED_ADM_LACT <i>(required)</i>	Ringer's lactate	<div>1 Yes</div> <div>0 No</div>
WOM_HEM_MED_ADM_HART <i>(required)</i>	Hartmann's solution	<div>1 Yes</div> <div>0 No</div>
WOM_HEM_MED_ADM_SAL <i>(required)</i>	Saline solution	<div>1 Yes</div> <div>0 No</div>
WOM_HEM_MED_ADM_GEN <i>(required)</i>	Gentamicin	<div>1 Yes</div> <div>0 No</div>
WOM_HEM_MED_ADM_MISO <i>(required)</i>	Misoprostol	<div>1 Yes</div> <div>0 No</div>
WOM_HEM_MED_ADM_METR <i>(required)</i>	Metilergonovina	<div>1 Yes</div> <div>0 No</div>
WOM_HEM_MED_ADM_OUT	Other uterotonic (specify):	<div>1 Yes</div> <div>0 No</div>
WOM_HEM_MED_ADM_OME1	Other medication (specify):	<div>1 Yes</div> <div>0 No</div>
WOM_HEM_MED_ADM_OME2	Other medication (specify):	<div>1 Yes</div> <div>0 No</div>
WOM_HEM_MED_ADM_OME3	Other medication (specify):	<div>1 Yes</div> <div>0 No</div>
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_MED_TOTAL > group_WOM_HEM_MED_VALDT_OXI <i>Group relevant when: selected( \${WOM_HEM_MED_ADM_OXI} , 1)</i>		
note_intro_WOM_HEM_MED_VALDT_OXI	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OXI} , 1)</i>	
note_WOM_HEM_MED_VALDT_OXI	Oxytocin <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OXI} , 1)</i>	
WOM_HEM_MED_DOS_OXI <i>(required)</i>	Oxytocin Dose Enter "-1" if dose not recorded <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OXI} , 1)</i>	
WOM_HEM_MED_UNIT_OXI <i>(required)</i>	Oxytocin Unit <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OXI} , 1)</i>	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div> <div>6 mL</div> <div>7 mcg</div>



Field	Question	Answer														
WOM_HEM_MED_DATE_OXI <i>(required)</i>	Oxytocin Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OXI} ,1)</i>															
WOM_HEM_MED_TIME_OXI <i>(required)</i>	Oxytocin Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OXI} ,1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_MED_TOTAL > group_WOM_HEM_MED_VALDT_LACT <i>Group relevant when: selected( \${WOM_HEM_MED_ADM_LACT} ,1)</i>																
note_intro_WOM_HEM_MED_VALDT_LACT	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_LACT} ,1)</i>															
note_WOM_HEM_MED_VALDT_LACT	Ringer's lactate <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_LACT} ,1)</i>															
WOM_HEM_MED_DOS_LACT <i>(required)</i>	Ringer's lactate Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_LACT} ,1)</i>															
WOM_HEM_MED_UNIT_LACT <i>(required)</i>	Ringer's lactate Unit <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_LACT} ,1)</i>	<table><tr><td>1</td><td>mg/kg</td></tr><tr><td>2</td><td>mg</td></tr><tr><td>3</td><td>g</td></tr><tr><td>4</td><td>UI</td></tr><tr><td>5</td><td>cc</td></tr><tr><td>6</td><td>mL</td></tr><tr><td>7</td><td>mcg</td></tr></table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_HEM_MED_DATE_LACT <i>(required)</i>	Ringer's lactate Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_LACT} ,1)</i>															
WOM_HEM_MED_TIME_LACT <i>(required)</i>	Ringer's lactate Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_LACT} ,1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_MED_TOTAL > group_WOM_HEM_MED_VALDT_HART <i>Group relevant when: selected( \${WOM_HEM_MED_ADM_HART} ,1)</i>																
note_intro_WOM_HEM_MED_VALDT_HART	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_HART} ,1)</i>															
note_WOM_HEM_MED_VALDT_HART	Hartmann's solution <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_HART} ,1)</i>															
WOM_HEM_MED_DOS_HART <i>(required)</i>	Hartmann's solution Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_HART} ,1)</i>															
WOM_HEM_MED_UNIT_HART <i>(required)</i>	Hartmann's solution Unit <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_HART} ,1)</i>	<table><tr><td>1</td><td>mg/kg</td></tr><tr><td>2</td><td>mg</td></tr><tr><td>3</td><td>g</td></tr><tr><td>4</td><td>UI</td></tr><tr><td>5</td><td>cc</td></tr><tr><td>6</td><td>mL</td></tr><tr><td>7</td><td>mcg</td></tr></table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_HEM_MED_DATE_HART <i>(required)</i>	Hartmann's solution Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_HART} ,1)</i>															
WOM_HEM_MED_TIME_HART <i>(required)</i>	Hartmann's solution Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_HART} ,1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_MED_TOTAL > group_WOM_HEM_MED_VALDT_SAL <i>Group relevant when: selected( \${WOM_HEM_MED_ADM_SAL} ,1)</i>																
note_intro_WOM_HEM_MED_VALDT_SAL	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_SAL} ,1)</i>															
note_WOM_HEM_MED_VALDT_SAL	Saline solution <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_SAL} ,1)</i>															
WOM_HEM_MED_DOS_SAL <i>(required)</i>	Saline solution Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_SAL} ,1)</i>															
WOM_HEM_MED_UNIT_SAL <i>(required)</i>	Saline solution Unit	<table><tr><td>1</td><td>mg/kg</td></tr><tr><td>2</td><td>mg</td></tr></table>	1	mg/kg	2	mg										
1	mg/kg															
2	mg															

Field	Question	Answer
	Question relevant when: selected( \${WOM_HEM_MED_ADM_SAL} , 1)	<div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div> <div>6 mL</div> <div>7 mcg</div>
WOM_HEM_MED_DATE_SAL <i>(required)</i>	Saline solution Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_HEM_MED_ADM_SAL} , 1)	
WOM_HEM_MED_TIME_SAL <i>(required)</i>	Saline solution Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_HEM_MED_ADM_SAL} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_MED_TOTAL > group_WOM_HEM_MED_VALDT_GEN Group relevant when: selected( \${WOM_HEM_MED_ADM_GEN} , 1)		
note_intro_WOM_HEM_MED_VALDT_GEN	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_HEM_MED_ADM_GEN} , 1)	
note_WOM_HEM_MED_VALDT_GEN	Gentamicin Question relevant when: selected( \${WOM_HEM_MED_ADM_GEN} , 1)	
WOM_HEM_MED_DOS_GEN <i>(required)</i>	Gentamicin Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_HEM_MED_ADM_GEN} , 1)	
WOM_HEM_MED_UNIT_GEN <i>(required)</i>	Gentamicin Unit Question relevant when: selected( \${WOM_HEM_MED_ADM_GEN} , 1)	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div> <div>6 mL</div> <div>7 mcg</div>
WOM_HEM_MED_DATE_GEN <i>(required)</i>	Gentamicin Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_HEM_MED_ADM_GEN} , 1)	
WOM_HEM_MED_TIME_GEN <i>(required)</i>	Gentamicin Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_HEM_MED_ADM_GEN} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_MED_TOTAL > group_WOM_HEM_MED_VALDT_MISO Group relevant when: selected( \${WOM_HEM_MED_ADM_MISO} , 1)		
note_intro_WOM_HEM_MED_VALDT_MISO	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_HEM_MED_ADM_MISO} , 1)	
note_WOM_HEM_MED_VALDT_MISO	Misoprostol Question relevant when: selected( \${WOM_HEM_MED_ADM_MISO} , 1)	
WOM_HEM_MED_DOS_MISO <i>(required)</i>	Misoprostol Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_HEM_MED_ADM_MISO} , 1)	
WOM_HEM_MED_UNIT_MISO <i>(required)</i>	Misoprostol Unit Question relevant when: selected( \${WOM_HEM_MED_ADM_MISO} , 1)	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div> <div>6 mL</div> <div>7 mcg</div>
WOM_HEM_MED_DATE_MISO <i>(required)</i>	Misoprostol Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_HEM_MED_ADM_MISO} , 1)	
WOM_HEM_MED_TIME_MISO <i>(required)</i>	Misoprostol Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_HEM_MED_ADM_MISO} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_MED_TOTAL > group_WOM_HEM_MED_VALDT_METR Group relevant when: selected( \${WOM_HEM_MED_ADM_METR} , 1)		
note_intro_WOM_HEM_MED_VALDT_METR	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_HEM_MED_ADM_METR} , 1)	

Field	Question	Answer	
note_WOM_HEM_MED_VALDT_METR	Metilergonovina <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_METR} , 1)</i>		
WOM_HEM_MED_DOS_METR <i>(required)</i>	Metilergonovina Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_METR} , 1)</i>		
WOM_HEM_MED_UNIT_METR <i>(required)</i>	Metilergonovina Unit <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_METR} , 1)</i>	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
WOM_HEM_MED_DATE_METR <i>(required)</i>	Metilergonovina Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_METR} , 1)</i>		
WOM_HEM_MED_TIME_METR <i>(required)</i>	Metilergonovina Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_METR} , 1)</i>		
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_MED_TOTAL > group_WOM_HEM_MED_VALDT_OUT <i>Group relevant when: selected( \${WOM_HEM_MED_ADM_OUT} , 1)</i>			
note_intro_WOM_HEM_MED_VALDT_OUT	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OUT} , 1)</i>		
note_WOM_HEM_MED_VALDT_OUT	'[WOM_HEM_MED_OUT_NAME]' <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OUT} , 1)</i>		
WOM_HEM_MED_DOS_OUT <i>(required)</i>	'[WOM_HEM_MED_OUT_NAME]' Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OUT} , 1)</i>		
WOM_HEM_MED_UNIT_OUT <i>(required)</i>	'[WOM_HEM_MED_OUT_NAME]' Unit <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OUT} , 1)</i>	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
WOM_HEM_MED_DATE_OUT <i>(required)</i>	'[WOM_HEM_MED_OUT_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OUT} , 1)</i>		
WOM_HEM_MED_TIME_OUT <i>(required)</i>	'[WOM_HEM_MED_OUT_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OUT} , 1)</i>		
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_MED_TOTAL > group_WOM_HEM_MED_VALDT_OME1 <i>Group relevant when: selected( \${WOM_HEM_MED_ADM_OME1} , 1)</i>			
note_intro_WOM_HEM_MED_VALDT_OME1	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME1} , 1)</i>		
note_WOM_HEM_MED_VALDT_OME1	'[WOM_HEM_MED_OME1_NAME]' <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME1} , 1)</i>		
WOM_HEM_MED_DOS_OME1	'[WOM_HEM_MED_OME1_NAME]' Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME1} , 1)</i>		
WOM_HEM_MED_UNIT_OME1	'[WOM_HEM_MED_OME1_NAME]' Unit <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME1} , 1)</i>	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
WOM_HEM_MED_DATE_OME1	'[WOM_HEM_MED_OME1_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME1} , 1)</i>		
WOM_HEM_MED_TIME_OME1	'[WOM_HEM_MED_OME1_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME1} , 1)</i>		

Field	Question	Answer
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_MED_TOTAL > group_WOM_HEM_MED_VALDT_OME2 <i>Group relevant when: selected( \${WOM_HEM_MED_ADM_OME2} , 1)</i>		
note_intro_WOM_HEM_MED_VALDT_OME2	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME2} , 1)</i>	
note_WOM_HEM_MED_VALDT_OME2	'[WOM_HEM_MED_OME2_NAME]' <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME2} , 1)</i>	
WOM_HEM_MED_DOS_OME2	'[WOM_HEM_MED_OME2_NAME]' Dose Enter "-1" if dose not recorded <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME2} , 1)</i>	
WOM_HEM_MED_UNIT_OME2	'[WOM_HEM_MED_OME2_NAME]' Unit <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME2} , 1)</i>	1 mg/kg
		2 mg
		3 g
		4 UI
		5 cc
		6 mL
		7 mcg
WOM_HEM_MED_DATE_OME2	'[WOM_HEM_MED_OME2_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME2} , 1)</i>	
WOM_HEM_MED_TIME_OME2	'[WOM_HEM_MED_OME2_NAME]' Time (HH:MM) Enter "-1" if time not recorded <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME2} , 1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > HEMORRHAGE QUESTION BATTERY > group_WOM_HEM_MED_TOTAL > group_WOM_HEM_MED_VALDT_OME3 <i>Group relevant when: selected( \${WOM_HEM_MED_ADM_OME3} , 1)</i>		
note_intro_WOM_HEM_MED_VALDT_OME3	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME3} , 1)</i>	
note_WOM_HEM_MED_VALDT_OME3	'[WOM_HEM_MED_OME3_NAME]' <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME3} , 1)</i>	
WOM_HEM_MED_DOS_OME3	'[WOM_HEM_MED_OME3_NAME]' Dose Enter "-1" if dose not recorded <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME3} , 1)</i>	
WOM_HEM_MED_UNIT_OME3	'[WOM_HEM_MED_OME3_NAME]' Unit <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME3} , 1)</i>	1 mg/kg
		2 mg
		3 g
		4 UI
		5 cc
		6 mL
		7 mcg
WOM_HEM_MED_DATE_OME3	'[WOM_HEM_MED_OME3_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME3} , 1)</i>	
WOM_HEM_MED_TIME_OME3	'[WOM_HEM_MED_OME3_NAME]' Time (HH:MM) Enter "-1" if time not recorded <i>Question relevant when: selected( \${WOM_HEM_MED_ADM_OME3} , 1)</i>	
WOM_HEM_MEDICATIONS <i>(required)</i>	Were any of the above medications administered at the same time during this hospitalization?	1 Yes 0 No
WOM_HEM_SPECIAL_EVER <i>(required)</i>	Was the woman ever checked by a specialist?	2 Yes, marked with a stamp 995 Yes, marked with another method (specify) 0 No -1 Not recorded
WOM_HEM_SPECIAL_TYPE <i>(required)</i>	What type of specialist checked the woman? <i>Question relevant when: selected( \${WOM_HEM_SPECIAL_EVER} , 1) or selected( \${WOM_HEM_SPECIAL_EVER} , 2) or selected( \${WOM_HEM_SPECIAL_EVER} , 995)</i>	1 Obstetrician 2 Gynecologist 3 OBGYN 4 Surgeon 995 Other (specify): -1 Not recorded
WOM_HEM_CONSULT_SPECIAL_DATE_SPEC <i>(required)</i>	Date of the first evaluation by the specialist:  Date (DD/MM/YYYY):	

Field	Question	Answer																																		
	Enter "-1" if date not recorded Question relevant when: selected( \${WOM_HEM_SPECIAL_EVER} , 1) or selected( \${WOM_HEM_SPECIAL_EVER} , 2) or selected( \${WOM_HEM_SPECIAL_EVER} , 995)																																			
WOM_HEM_CONSULT_SPECIAL_TIME_SPEC (required)	Time of the first evaluation by the specialist:  Time (HH:MM): Enter "-1" if time not recorded Question relevant when: selected( \${WOM_HEM_SPECIAL_EVER} , 1) or selected( \${WOM_HEM_SPECIAL_EVER} , 2) or selected( \${WOM_HEM_SPECIAL_EVER} , 995)																																			
WOM_HEM_RESULT (required)	Result of the pregnancy:	<table><tr><td>1</td><td>Vaginal birth</td></tr><tr><td>2</td><td>Routine cesarean</td></tr><tr><td>3</td><td>Emergency cesarean</td></tr><tr><td>4</td><td>Abortion</td></tr><tr><td>995</td><td>Otro</td></tr><tr><td>-1</td><td>Not recorded</td></tr></table>	1	Vaginal birth	2	Routine cesarean	3	Emergency cesarean	4	Abortion	995	Otro	-1	Not recorded																						
1	Vaginal birth																																			
2	Routine cesarean																																			
3	Emergency cesarean																																			
4	Abortion																																			
995	Otro																																			
-1	Not recorded																																			
WOM_HEM_DISPOSITION (required)	Disposition:	<table><tr><td>1</td><td>Death in hospital</td></tr><tr><td>2</td><td>Discharged home</td></tr><tr><td>3</td><td>Transferred/referred to another facility</td></tr><tr><td>4</td><td>Left against medical advice</td></tr><tr><td>5</td><td>Unknown</td></tr><tr><td>995</td><td>Other (specify):</td></tr><tr><td>-1</td><td>Not recorded</td></tr></table>	1	Death in hospital	2	Discharged home	3	Transferred/referred to another facility	4	Left against medical advice	5	Unknown	995	Other (specify):	-1	Not recorded																				
1	Death in hospital																																			
2	Discharged home																																			
3	Transferred/referred to another facility																																			
4	Left against medical advice																																			
5	Unknown																																			
995	Other (specify):																																			
-1	Not recorded																																			
WOM_HEM_REF_REASTO (required)	Reason for transfer/referral: Question relevant when: selected( \${WOM_HEM_DISPOSITION} , 3)	<table><tr><td>1</td><td>Low blood pressure</td></tr><tr><td>2</td><td>Low hemoglobin</td></tr><tr><td>3</td><td>Bleeding</td></tr><tr><td>4</td><td>Lochia</td></tr><tr><td>99</td><td>Other</td></tr><tr><td>DK</td><td>Not recorded</td></tr></table>	1	Low blood pressure	2	Low hemoglobin	3	Bleeding	4	Lochia	99	Other	DK	Not recorded																						
1	Low blood pressure																																			
2	Low hemoglobin																																			
3	Bleeding																																			
4	Lochia																																			
99	Other																																			
DK	Not recorded																																			
WOM_HEM_REF_ACCOMTO (required)	Was the woman accompanied by a health facility worker? Question relevant when: selected( \${WOM_HEM_DISPOSITION} , 3)	<table><tr><td>1</td><td>Yes, by a doctor</td></tr><tr><td>2</td><td>Yes, by a nurse</td></tr><tr><td>995</td><td>Yes, by another worker</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Not recorded</td></tr></table>	1	Yes, by a doctor	2	Yes, by a nurse	995	Yes, by another worker	0	No	-1	Not recorded																								
1	Yes, by a doctor																																			
2	Yes, by a nurse																																			
995	Yes, by another worker																																			
0	No																																			
-1	Not recorded																																			
WOM_HEM_REF_NAMETO (required)	What facility was the woman transferred/referred to? Question relevant when: selected( \${WOM_HEM_DISPOSITION} , 3)	<table><tr><td>05</td><td>August Pine Ridge Health Center</td></tr><tr><td>20</td><td>Caledonia Health Center</td></tr><tr><td>17</td><td>Corozal Community Hospital</td></tr><tr><td>18</td><td>Corozal Health Center (Urban)</td></tr><tr><td>42</td><td>Georgeville Health Center</td></tr><tr><td>06</td><td>Guinea Grass Health Center</td></tr><tr><td>21</td><td>Libertad Health Center</td></tr><tr><td>01</td><td>Northern Regional Hospital</td></tr><tr><td>02</td><td>Orange Walk Health Center (Urban)</td></tr><tr><td>23</td><td>Progreso Health Center</td></tr><tr><td>46</td><td>San Antonio Health Center</td></tr><tr><td>04</td><td>San Felipe Health Center</td></tr><tr><td>39</td><td>San Ignacio Community Hospital</td></tr><tr><td>40</td><td>San Ignacio Health Center (Urban)</td></tr><tr><td>19</td><td>San Narciso Health Center</td></tr><tr><td>45</td><td>San Pedro Health Center</td></tr><tr><td>22</td><td>Sarteneja Health Center</td></tr></table>	05	August Pine Ridge Health Center	20	Caledonia Health Center	17	Corozal Community Hospital	18	Corozal Health Center (Urban)	42	Georgeville Health Center	06	Guinea Grass Health Center	21	Libertad Health Center	01	Northern Regional Hospital	02	Orange Walk Health Center (Urban)	23	Progreso Health Center	46	San Antonio Health Center	04	San Felipe Health Center	39	San Ignacio Community Hospital	40	San Ignacio Health Center (Urban)	19	San Narciso Health Center	45	San Pedro Health Center	22	Sarteneja Health Center
05	August Pine Ridge Health Center																																			
20	Caledonia Health Center																																			
17	Corozal Community Hospital																																			
18	Corozal Health Center (Urban)																																			
42	Georgeville Health Center																																			
06	Guinea Grass Health Center																																			
21	Libertad Health Center																																			
01	Northern Regional Hospital																																			
02	Orange Walk Health Center (Urban)																																			
23	Progreso Health Center																																			
46	San Antonio Health Center																																			
04	San Felipe Health Center																																			
39	San Ignacio Community Hospital																																			
40	San Ignacio Health Center (Urban)																																			
19	San Narciso Health Center																																			
45	San Pedro Health Center																																			
22	Sarteneja Health Center																																			

Field	Question	Answer
		<div>33 Valley of Peace Health Center</div> <div>31 Western Regional Hospital</div> <div>03 Zenobia Meggs Health Center</div> <div>32 Belmopan Health Center (Urban)</div> <div>41 Dr. Kevin &amp; Kenneth Gurrea Polyclinic II (Mopan Clinic)</div> <div>60 National Hospital Belize City (KMH)</div> <div>995 Other, specify</div> <div>-1 Not recorded</div>
WOM_HEM_REF_TYPETO <i>(required)</i>	Type of facility the woman was transferred/referred to: <i>Question relevant when: selected( \${WOM_HEM_DISPOSITION} , 3)</i>	<div>1 Health Clinic / Health Post / Mobile Unit</div> <div>2 Community Hospital</div> <div>3 Regional hospital</div> <div>995 Other (specify)</div> <div>-1 Not recorded</div>
WOM_HEM_DIS_DATE_SPEC <i>(required)</i>	Date of discharge/transfer/referral  Date (DD/MM/YYYY): <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_DISPOSITION} , 2) or selected( \${WOM_HEM_DISPOSITION} , 3) or selected( \${WOM_HEM_DISPOSITION} , 4) or selected( \${WOM_HEM_DISPOSITION} , 995)</i>	
WOM_HEM_DIS_TIME_SPEC <i>(required)</i>	Time of discharge/transfer/referral  Time (HH:MM): <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_DISPOSITION} , 2) or selected( \${WOM_HEM_DISPOSITION} , 3) or selected( \${WOM_HEM_DISPOSITION} , 4) or selected( \${WOM_HEM_DISPOSITION} , 995)</i>	
WOM_HEM_DEATH_DATE_SPEC <i>(required)</i>	Date of death:  Date (DD/MM/YYYY): <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_DISPOSITION} , 1)</i>	
WOM_HEM_DEATH_TIME_SPEC <i>(required)</i>	Time of death  Time (HH:MM): <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_HEM_DISPOSITION} , 1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY <i>Group relevant when: selected( \${MRR_WOM_DEL_COMP} , "PRE")</i>		
note_preeclampsia_intro	Please note whether the following was recorded for the patient with pre-eclampsia.	
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_CHECK_TOTAL		
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_CHECK_TOTAL > group_WOM_PRE_CHECK		
WOM_PRE_CHECK	Review the entire medical record to complete the next section. Please note whether the following checkups were done.	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_CHECK_REG_BP <i>(required)</i>	Blood pressure (bp)	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_CHECK_REG_PAT <i>(required)</i>	Patellar reflex	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_CHECK_REG_PULS <i>(required)</i>	Pulse	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_CHECK_REG_HR <i>(required)</i>	Heart rate (hr)	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_CHECK_REG_RESP <i>(required)</i>	Respiratory rate (rr)	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_CHECK_REG_TEMP <i>(required)</i>	Temperature	<div>1 Yes</div> <div>0 No</div>

Field	Question	Answer	
		0	No
WOM_PRE_CHECK_REG_SEIZ <i>(required)</i>	Seizures	1	Yes
		0	No
WOM_PRE_CHECK_REG_REFL <i>(required)</i>	Reflexes	1	Yes
		0	No
WOM_PRE_CHECK_REG_OLI <i>(required)</i>	Oliguria	1	Yes
		0	No
WOM_PRE_CHECK_REG_OTH1	Other check (Specify):	1	Yes
		0	No
WOM_PRE_CHECK_REG_OTH2	Other check (Specify):	1	Yes
		0	No
WOM_PRE_CHECK_REG_OTH3	Other check (Specify):	1	Yes
		0	No
WOM_PRE_CHECK_REG_OTH4	Other check (Specify):	1	Yes
		0	No
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_CHECK_TOTAL > group_WOM_PRE_CHECK_VALDT_BP <i>Group relevant when: selected( \${WOM_PRE_CHECK_REG_BP} ,1)</i>			
note_intro_WOM_PRE_CHECK_VALDT_BP	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_BP} ,1)</i>		
note_WOM_PRE_CHECK_VALDT_BP	Blood Pressure (bp) <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_BP} ,1)</i>		
WOM_PRE_CHECK_NUM_BP_SYST <i>(required)</i>	Blood pressure (bp) - systolic: <i>The first number, eg: ____/xx&lt;br/&gt;&lt;br/&gt;Enter "-1" if not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_BP} ,1)</i>		
WOM_PRE_CHECK_NUM_BP_DIAS <i>(required)</i>	Blood pressure (bp) - diastolic: <i>The second number, eg: xx/____&lt;br/&gt;&lt;br/&gt;Enter "-1" if not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_BP} ,1)</i>		
WOM_PRE_CHECK_DATE_BP <i>(required)</i>	Blood Pressure (bp) Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_BP} ,1)</i>		
WOM_PRE_CHECK_TIME_BP <i>(required)</i>	Blood Pressure (bp) Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_BP} ,1)</i>		
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_CHECK_TOTAL > group_WOM_PRE_CHECK_VALDT_PAT <i>Group relevant when: selected( \${WOM_PRE_CHECK_REG_PAT} ,1)</i>			
note_intro_WOM_PRE_CHECK_VALDT_PAT	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_PAT} ,1)</i>		
note_WOM_PRE_CHECK_VALDT_PAT	Patellar reflex <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_PAT} ,1)</i>		
WOM_PRE_CHECK_NUM_PAT <i>(required)</i>	Patellar reflex Value <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_PAT} ,1)</i>		
WOM_PRE_CHECK_DATE_PAT <i>(required)</i>	Patellar reflex Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_PAT} ,1)</i>		
WOM_PRE_CHECK_TIME_PAT <i>(required)</i>	Patellar reflex Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_PAT} ,1)</i>		
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_CHECK_TOTAL > group_WOM_PRE_CHECK_VALDT_PULS <i>Group relevant when: selected( \${WOM_PRE_CHECK_REG_PULS} ,1)</i>			
note_intro_WOM_PRE_CHECK_VALDT_PULS	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_PULS} ,1)</i>		
note_WOM_PRE_CHECK_VALDT_PULS	Pulse <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_PULS} ,1)</i>		
WOM_PRE_CHECK_NUM_PULS <i>(required)</i>	Pulse Value (per minute) <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_PULS} ,1)</i>		
WOM_PRE_CHECK_DATE_PULS <i>(required)</i>	Pulse Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i>		

Field	Question	Answer				
	Question relevant when: selected( \${WOM_PRE_CHECK_REG_PULS} ,1)					
WOM_PRE_CHECK_TIME_PULS (required)	Pulse Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_PULS} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_CHECK_TOTAL > group_WOM_PRE_CHECK_VALDT_HR Group relevant when: selected( \${WOM_PRE_CHECK_REG_HR} ,1)						
note_intro_WOM_PRE_CHECK_VALDT_HR	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_CHECK_REG_HR} ,1)					
note_WOM_PRE_CHECK_VALDT_HR	Heart rate (hr) Question relevant when: selected( \${WOM_PRE_CHECK_REG_HR} ,1)					
WOM_PRE_CHECK_NUM_HR (required)	Heart Rate (hr) Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_HR} ,1)					
WOM_PRE_CHECK_DATE_HR (required)	Heart Rate (hr) Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_HR} ,1)					
WOM_PRE_CHECK_TIME_HR (required)	Heart Rate (hr) Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_HR} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_CHECK_TOTAL > group_WOM_PRE_CHECK_VALDT_RESP Group relevant when: selected( \${WOM_PRE_CHECK_REG_RESP} ,1)						
note_intro_WOM_PRE_CHECK_VALDT_RESP	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_CHECK_REG_RESP} ,1)					
note_WOM_PRE_CHECK_VALDT_RESP	Respiratory Rate (rr) Question relevant when: selected( \${WOM_PRE_CHECK_REG_RESP} ,1)					
WOM_PRE_CHECK_NUM_RESP (required)	Respiratory Rate (rr) Value (per minute) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_RESP} ,1)					
WOM_PRE_CHECK_DATE_RESP (required)	Respiratory Rate (rr) Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_RESP} ,1)					
WOM_PRE_CHECK_TIME_RESP (required)	Respiratory Rate (rr)Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_RESP} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_CHECK_TOTAL > group_WOM_PRE_CHECK_VALDT_TEMP Group relevant when: selected( \${WOM_PRE_CHECK_REG_TEMP} ,1)						
note_intro_WOM_PRE_CHECK_VALDT_TEMP	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_CHECK_REG_TEMP} ,1)					
note_WOM_PRE_CHECK_VALDT_TEMP	Temperature (T) Question relevant when: selected( \${WOM_PRE_CHECK_REG_TEMP} ,1)					
WOM_PRE_CHECK_NUM_TEMP (required)	Temperature (T) Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_TEMP} ,1)					
WOM_PRE_CHECK_NUM_TEMP_TYPE (required)	Temperature (T) Unit Question relevant when: selected( \${WOM_PRE_CHECK_REG_TEMP} ,1)	<table><tr><td>C</td><td>Celsius</td></tr><tr><td>F</td><td>Fahrenheit</td></tr></table>	C	Celsius	F	Fahrenheit
C	Celsius					
F	Fahrenheit					
WOM_PRE_CHECK_DATE_TEMP (required)	Temperature (T) Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_TEMP} ,1)					
WOM_PRE_CHECK_TIME_TEMP (required)	Temperature (T) Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_TEMP} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_CHECK_TOTAL > group_WOM_PRE_CHECK_VALDT_SEIZ Group relevant when: selected( \${WOM_PRE_CHECK_REG_SEIZ} ,1)						
note_intro_WOM_PRE_CHECK_VALDT_SEIZ	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_CHECK_REG_SEIZ} ,1)					
note_WOM_PRE_CHECK_VALDT_SEIZ	Seizures Question relevant when: selected( \${WOM_PRE_CHECK_REG_SEIZ} ,1)					
WOM_PRE_CHECK_DATE_SEIZ (required)	Seizures Date (DD/MM/YYYY)					



Field	Question	Answer
	Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_SEIZ} , 1)	
WOM_PRE_CHECK_TIME_SEIZ <i>(required)</i>	Seizures Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_SEIZ} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_CHECK_TOTAL > group_WOM_PRE_CHECK_VALDT_REFL Group relevant when: selected( \${WOM_PRE_CHECK_REG_REFL} , 1)		
note_intro_WOM_PRE_CHECK_VALDT_REFL	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_CHECK_REG_REFL} , 1)	
note_WOM_PRE_CHECK_VALDT_REFL	Reflexes Question relevant when: selected( \${WOM_PRE_CHECK_REG_REFL} , 1)	
WOM_PRE_CHECK_DATE_REFL <i>(required)</i>	Reflexes Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_REFL} , 1)	
WOM_PRE_CHECK_TIME_REFL <i>(required)</i>	Reflexes Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_REFL} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_CHECK_TOTAL > group_WOM_PRE_CHECK_VALDT_OLI Group relevant when: selected( \${WOM_PRE_CHECK_REG_OLI} , 1)		
note_intro_WOM_PRE_CHECK_VALDT_OLI	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_CHECK_REG_OLI} , 1)	
note_WOM_PRE_CHECK_VALDT_OLI	Oliguria Question relevant when: selected( \${WOM_PRE_CHECK_REG_OLI} , 1)	
WOM_PRE_CHECK_DATE_OLI <i>(required)</i>	Oliguria Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_OLI} , 1)	
WOM_PRE_CHECK_TIME_OLI <i>(required)</i>	Oliguria Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_OLI} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_CHECK_TOTAL > group_WOM_PRE_CHECK_VALDT_OTH1 Group relevant when: selected( \${WOM_PRE_CHECK_REG_OTH1} , 1)		
note_intro_WOM_PRE_CHECK_VALDT_OTH1	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH1} , 1)	
note_WOM_PRE_CHECK_VALDT_OTH1	[WOM_PRE_CHECK_OTH1_NAME] Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH1} , 1)	
WOM_PRE_CHECK_NUM_OTH1	[WOM_PRE_CHECK_OTH1_NAME] Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH1} , 1)	
WOM_PRE_CHECK_DATE_OTH1	[WOM_PRE_CHECK_OTH1_NAME] Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH1} , 1)	
WOM_PRE_CHECK_TIME_OTH1	[WOM_PRE_CHECK_OTH1_NAME] Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH1} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_CHECK_TOTAL > group_WOM_PRE_CHECK_VALDT_OTH2 Group relevant when: selected( \${WOM_PRE_CHECK_REG_OTH2} , 1)		
note_intro_WOM_PRE_CHECK_VALDT_OTH2	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH2} , 1)	
note_WOM_PRE_CHECK_VALDT_OTH2	[WOM_PRE_CHECK_OTH2_NAME] Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH2} , 1)	
WOM_PRE_CHECK_NUM_OTH2	[WOM_PRE_CHECK_OTH2_NAME] Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH2} , 1)	
WOM_PRE_CHECK_DATE_OTH2	[WOM_PRE_CHECK_OTH2_NAME] Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH2} , 1)	
WOM_PRE_CHECK_TIME_OTH2	[WOM_PRE_CHECK_OTH2_NAME] Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH2} , 1)	

Field	Question	Answer
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_CHECK_TOTAL > group_WOM_PRE_CHECK_VALDT_OTH3 <i>Group relevant when: selected( \${WOM_PRE_CHECK_REG_OTH3} , 1)</i>		
note_intro_WOM_PRE_CHECK_VALDT_OTH3	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH3} , 1)</i>	
note_WOM_PRE_CHECK_VALDT_OTH3	'[WOM_PRE_CHECK_OTH3_NAME]' <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH3} , 1)</i>	
WOM_PRE_CHECK_NUM_OTH3	'[WOM_PRE_CHECK_OTH3_NAME]' Value Enter "-1" if value not recorded <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH3} , 1)</i>	
WOM_PRE_CHECK_DATE_OTH3	'[WOM_PRE_CHECK_OTH3_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH3} , 1)</i>	
WOM_PRE_CHECK_TIME_OTH3	'[WOM_PRE_CHECK_OTH3_NAME]' Time (HH:MM) Enter "-1" if time not recorded <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH3} , 1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_CHECK_TOTAL > group_WOM_PRE_CHECK_VALDT_OTH4 <i>Group relevant when: selected( \${WOM_PRE_CHECK_REG_OTH4} , 1)</i>		
note_intro_WOM_PRE_CHECK_VALDT_OTH4	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH4} , 1)</i>	
note_WOM_PRE_CHECK_VALDT_OTH4	'[WOM_PRE_CHECK_OTH4_NAME]' <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH4} , 1)</i>	
WOM_PRE_CHECK_NUM_OTH4	'[WOM_PRE_CHECK_OTH4_NAME]' Value Enter "-1" if value not recorded <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH4} , 1)</i>	
WOM_PRE_CHECK_DATE_OTH4	'[WOM_PRE_CHECK_OTH4_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH4} , 1)</i>	
WOM_PRE_CHECK_TIME_OTH4	'[WOM_PRE_CHECK_OTH4_NAME]' Time (HH:MM) Enter "-1" if time not recorded <i>Question relevant when: selected( \${WOM_PRE_CHECK_REG_OTH4} , 1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_LAB_TOTAL		
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_LAB_TOTAL > group_WOM_PRE_LAB		
WOM_PRE_LAB	Review the entire medical record to complete the next section. Please note whether the following lab tests were done.	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_LAB_REG_PLAT <i>(required)</i>	Platelet count	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_LAB_REG_ASP <i>(required)</i>	Aspartate aminotransferase	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_LAB_REG_ALA <i>(required)</i>	Alanine aminotranferase	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_LAB_REG_LAC <i>(required)</i>	Lactate dehydrogenase	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_LAB_REG_CREAT <i>(required)</i>	Creatinine	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_LAB_REG_ACID <i>(required)</i>	Uric acid	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_LAB_REG_TGO <i>(required)</i>	Glutamic-oxalacetic transaminase (TGO or GOT)	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_LAB_REG_TGP <i>(required)</i>	Glutamic-pyruvate transaminase (TGP or GPT)	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_LAB_REG_PROT <i>(required)</i>	Urine protein	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_LAB_REG_OTH1	Other lab test (Value reported) - (specify):	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_LAB_REG_OTH2	Other lab test (Value reported) - (specify):	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_LAB_REG_OTH3	Other lab test (# of Neg and Pos reported) - (specify):	<div>1 Yes</div> <div>0 No</div>
WOM_PRE_LAB_REG_OTH4	Other lab test (# of Neg and Pos reported) - (specify):	<div>1 Yes</div>

Field	Question	0 No Answer
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_LAB_TOTAL > group_WOM_PRE_LAB_VALDT_PLAT Group relevant when: selected( \${WOM_PRE_LAB_REG_PLAT} , 1)		
note_intro_WOM_PRE_LAB_VALDT_PLAT	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_LAB_REG_PLAT} , 1)	
note_WOM_PRE_LAB_VALDT_PLAT	Platelet count Question relevant when: selected( \${WOM_PRE_LAB_REG_PLAT} , 1)	
WOM_PRE_LAB_NUM_PLAT (required)	Platelet count Value (x10 <sup>3</sup> /L) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_PLAT} , 1)	
WOM_PRE_LAB_DATE_PLAT (required)	Platelet count Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_PLAT} , 1)	
WOM_PRE_LAB_TIME_PLAT (required)	Platelet count Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_PLAT} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_LAB_TOTAL > group_WOM_PRE_LAB_VALDT_ASP Group relevant when: selected( \${WOM_PRE_LAB_REG_ASP} , 1)		
note_intro_WOM_PRE_LAB_VALDT_ASP	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_LAB_REG_ASP} , 1)	
note_WOM_PRE_LAB_VALDT_ASP	Aspartate aminotransferase Question relevant when: selected( \${WOM_PRE_LAB_REG_ASP} , 1)	
WOM_PRE_LAB_NUM_ASP (required)	Aspartate aminotransferase Value (U/liter) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_ASP} , 1)	
WOM_PRE_LAB_DATE_ASP (required)	Aspartate aminotransferase Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_ASP} , 1)	
WOM_PRE_LAB_TIME_ASP (required)	Aspartate aminotransferase Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_ASP} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_LAB_TOTAL > group_WOM_PRE_LAB_VALDT_ALA Group relevant when: selected( \${WOM_PRE_LAB_REG_ALA} , 1)		
note_intro_WOM_PRE_LAB_VALDT_ALA	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_LAB_REG_ALA} , 1)	
note_WOM_PRE_LAB_VALDT_ALA	Alanine aminotranferase Question relevant when: selected( \${WOM_PRE_LAB_REG_ALA} , 1)	
WOM_PRE_LAB_NUM_ALA (required)	Alanine aminotranferase Value (U/liter) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_ALA} , 1)	
WOM_PRE_LAB_DATE_ALA (required)	Alanine aminotranferase Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_ALA} , 1)	
WOM_PRE_LAB_TIME_ALA (required)	Alanine aminotranferase Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_ALA} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_LAB_TOTAL > group_WOM_PRE_LAB_VALDT_LAC Group relevant when: selected( \${WOM_PRE_LAB_REG_LAC} , 1)		
note_intro_WOM_PRE_LAB_VALDT_LAC	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_LAB_REG_LAC} , 1)	
note_WOM_PRE_LAB_VALDT_LAC	Lactate dehydrogenase Question relevant when: selected( \${WOM_PRE_LAB_REG_LAC} , 1)	
WOM_PRE_LAB_NUM_LAC (required)	Lactate dehydrogenase Value (U/liter) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_LAC} , 1)	
WOM_PRE_LAB_DATE_LAC (required)	Lactate dehydrogenase Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_LAC} , 1)	
WOM_PRE_LAB_TIME_LAC (required)	Lactate dehydrogenase Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_LAC} , 1)	
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_LAB_TOTAL > group_WOM_PRE_LAB_VALDT_CREAT Group relevant when: selected( \${WOM_PRE_LAB_REG_CREAT} , 1)		
note_intro_WOM_PRE_LAB_VALDT_CREAT	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_LAB_REG_CREAT} , 1)	
note_WOM_PRE_LAB_VALDT_CREAT	Creatinine	

Field	Question	Answer				
	Question relevant when: selected( \${WOM_PRE_LAB_REG_CREAT} ,1)					
WOM_PRE_LAB_NUM_CREAT (required)	Creatinine Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_CREAT} ,1)					
WOM_PRE_LAB_DATE_CREAT (required)	Creatinine Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_CREAT} ,1)					
WOM_PRE_LAB_TIME_CREAT (required)	Creatinine Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_CREAT} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_LAB_TOTAL > group_WOM_PRE_LAB_VALDT_ACID Group relevant when: selected( \${WOM_PRE_LAB_REG_ACID} ,1)						
note_intro_WOM_PRE_LAB_VALDT_ACID	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_LAB_REG_ACID} ,1)					
note_WOM_PRE_LAB_VALDT_ACID	Uric acid Question relevant when: selected( \${WOM_PRE_LAB_REG_ACID} ,1)					
WOM_PRE_LAB_NUM_ACID (required)	Uric acid Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_ACID} ,1)					
WOM_PRE_LAB_DATE_ACID (required)	Uric acid Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_ACID} ,1)					
WOM_PRE_LAB_TIME_ACID (required)	Uric acid Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_ACID} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_LAB_TOTAL > group_WOM_PRE_LAB_VALDT_TGO Group relevant when: selected( \${WOM_PRE_LAB_REG_TGO} ,1)						
note_intro_WOM_PRE_LAB_VALDT_TGO	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_LAB_REG_TGO} ,1)					
note_WOM_PRE_LAB_VALDT_TGO	Glutamic-oxalacetic transaminase (TGO or GOT) Question relevant when: selected( \${WOM_PRE_LAB_REG_TGO} ,1)					
WOM_PRE_LAB_NUM_TGO (required)	Glutamic-oxalacetic transaminase (TGO or GOT) Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_TGO} ,1)					
WOM_PRE_LAB_DATE_TGO (required)	Glutamic-oxalacetic transaminase (TGO or GOT) Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_TGO} ,1)					
WOM_PRE_LAB_TIME_TGO (required)	Glutamic-oxalacetic transaminase (TGO or GOT) Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_TGO} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_LAB_TOTAL > group_WOM_PRE_LAB_VALDT_TGP Group relevant when: selected( \${WOM_PRE_LAB_REG_TGP} ,1)						
note_intro_WOM_PRE_LAB_VALDT_TGP	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_LAB_REG_TGP} ,1)					
note_WOM_PRE_LAB_VALDT_TGP	Glutamic-pyruvate transaminase (TGP or GPT) Question relevant when: selected( \${WOM_PRE_LAB_REG_TGP} ,1)					
WOM_PRE_LAB_NUM_TGP (required)	Glutamic-pyruvate transaminase (TGP or GPT) Value (per minute) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_TGP} ,1)					
WOM_PRE_LAB_DATE_TGP (required)	Glutamic-pyruvate transaminase (TGP or GPT) Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_TGP} ,1)					
WOM_PRE_LAB_TIME_TGP (required)	Glutamic-pyruvate transaminase (TGP or GPT) Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_TGP} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_LAB_TOTAL > group_WOM_PRE_LAB_VALDT_PROT Group relevant when: selected( \${WOM_PRE_LAB_REG_PROT} ,1)						
note_intro_WOM_PRE_LAB_VALDT_PROT	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_PRE_LAB_REG_PROT} ,1)					
note_WOM_PRE_LAB_VALDT_PROT	Urine protein Question relevant when: selected( \${WOM_PRE_LAB_REG_PROT} ,1)					
WOM_PRE_LAB_NEG_PROT (required)	Urine protein Negative Question relevant when: selected( \${WOM_PRE_LAB_REG_PROT} ,1)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes					
0	No					
WOM_PRE_LAB_POSNUM_PROT (required)	Urine protein Number of + Enter "-1" if Number of + not recorded Question relevant when: selected( \${WOM_PRE_LAB_REG_PROT} ,1)					

Field	Question	Answer				
WOM_PRE_LAB_NUM_PROT <i>(required)</i>	Urine protein Value (g/day) <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_PROT} ,1)</i>					
WOM_PRE_LAB_DATE_PROT <i>(required)</i>	Urine protein Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_PROT} ,1)</i>					
WOM_PRE_LAB_TIME_PROT <i>(required)</i>	Urine protein Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_PROT} ,1)</i>					
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_LAB_TOTAL > group_WOM_PRE_LAB_VALDT_OTH1 <i>Group relevant when: selected( \${WOM_PRE_LAB_REG_OTH1} ,1)</i>						
note_intro_WOM_PRE_LAB_VALDT_OTH1	Record the value, as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH1} ,1)</i>					
note_WOM_PRE_LAB_VALDT_OTH1	'[WOM_PRE_LAB_OTH1_NAME]' <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH1} ,1)</i>					
WOM_PRE_LAB_NUM_OTH1	'[WOM_PRE_LAB_OTH1_NAME]' Value <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH1} ,1)</i>					
WOM_PRE_LAB_DATE_OTH1	'[WOM_PRE_LAB_OTH1_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH1} ,1)</i>					
WOM_PRE_LAB_TIME_OTH1	'[WOM_PRE_LAB_OTH1_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH1} ,1)</i>					
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_LAB_TOTAL > group_WOM_PRE_LAB_VALDT_OTH2 <i>Group relevant when: selected( \${WOM_PRE_LAB_REG_OTH2} ,1)</i>						
note_intro_WOM_PRE_LAB_VALDT_OTH2	Record the value, as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH2} ,1)</i>					
note_WOM_PRE_LAB_VALDT_OTH2	'[WOM_PRE_LAB_OTH2_NAME]' <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH2} ,1)</i>					
WOM_PRE_LAB_NUM_OTH2	'[WOM_PRE_LAB_OTH2_NAME]' Value <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH2} ,1)</i>					
WOM_PRE_LAB_DATE_OTH2	'[WOM_PRE_LAB_OTH2_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH2} ,1)</i>					
WOM_PRE_LAB_TIME_OTH2	'[WOM_PRE_LAB_OTH2_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH2} ,1)</i>					
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_LAB_TOTAL > group_WOM_PRE_LAB_VALDT_OTH3 <i>Group relevant when: selected( \${WOM_PRE_LAB_REG_OTH3} ,1)</i>						
note_intro_WOM_PRE_LAB_VALDT_OTH3	Record the value, as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH3} ,1)</i>					
note_WOM_PRE_LAB_VALDT_OTH3	'[WOM_PRE_LAB_OTH3_NAME]' <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH3} ,1)</i>					
WOM_PRE_LAB_NEG_OTH3	'[WOM_PRE_LAB_OTH3_NAME]' Negative <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH3} ,1)</i>	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes					
0	No					
WOM_PRE_LAB_POSNUM_OTH3	'[WOM_PRE_LAB_OTH3_NAME]' Number of + <i>Enter "-1" if Number of + not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH3} ,1)</i>					
WOM_PRE_LAB_NUM_OTH3	'[WOM_PRE_LAB_OTH3_NAME]' Value <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH3} ,1)</i>					
WOM_PRE_LAB_DATE_OTH3	'[WOM_PRE_LAB_OTH3_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH3} ,1)</i>					
WOM_PRE_LAB_TIME_OTH3	'[WOM_PRE_LAB_OTH3_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH3} ,1)</i>					
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_LAB_TOTAL > group_WOM_PRE_LAB_VALDT_OTH4 <i>Group relevant when: selected( \${WOM_PRE_LAB_REG_OTH4} ,1)</i>						
note_intro_WOM_PRE_LAB_VALDT_OTH4	Record the value, as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH4} ,1)</i>					

Field	Question	Answer												
note_WOM_PRE_LAB_VALDT_OTH4	'[WOM_PRE_LAB_OTH4_NAME]' <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH4} , 1)</i>													
WOM_PRE_LAB_NEG_OTH4	'[WOM_PRE_LAB_OTH4_NAME]' Negative <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH4} , 1)</i>	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
WOM_PRE_LAB_POSNUM_OTH4	'[WOM_PRE_LAB_OTH4_NAME]' Number of + <i>Enter "-1" if Number of + not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH4} , 1)</i>													
WOM_PRE_LAB_NUM_OTH4	'[WOM_PRE_LAB_OTH4_NAME]' Value <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH4} , 1)</i>													
WOM_PRE_LAB_DATE_OTH4	'[WOM_PRE_LAB_OTH4_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH4} , 1)</i>													
WOM_PRE_LAB_TIME_OTH4	'[WOM_PRE_LAB_OTH4_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_LAB_REG_OTH4} , 1)</i>													
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_MED_TOTAL														
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_MED_TOTAL > group_WOM_PRE_MED														
WOM_PRE_MED	Review the entire medical record to complete the next section. Please note whether the following medications were administered.	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
WOM_PRE_MED_ADM_MGS <i>(required)</i>	Magnesium Sulfate (zuspam, SMg4)	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
WOM_PRE_MED_ADM_HID <i>(required)</i>	Hidralazine	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
WOM_PRE_MED_ADM_NIF <i>(required)</i>	Nifedipine	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
WOM_PRE_MED_ADM_BET <i>(required)</i>	Betamethasone	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
WOM_PRE_MED_ADM_DEX <i>(required)</i>	Dexamethasone	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
WOM_PRE_MED_ADM_SAL <i>(required)</i>	Saline solution	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
WOM_PRE_MED_ADM_LACT <i>(required)</i>	Ringer's lactate	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
WOM_PRE_MED_ADM_HART <i>(required)</i>	Hartmann's solution	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
WOM_PRE_MED_ADM_LOL <i>(required)</i>	Labetalol	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
WOM_PRE_MED_ADM_OAH	Other antihypertensive (specify):	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
WOM_PRE_MED_ADM_OME1	Other medication (specify):	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
WOM_PRE_MED_ADM_OME2	Other medication (specify):	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
WOM_PRE_MED_ADM_OME3	Other medication (specify):	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_MED_TOTAL > group_WOM_PRE_MED_VALDT_MGS <i>Group relevant when: selected( \${WOM_PRE_MED_ADM_MGS} , 1)</i>														
note_intro_WOM_PRE_MED_VALDT_MGS	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_MGS} , 1)</i>													
note_WOM_PRE_MED_VALDT_MGS	Magnesium Sulfate (zuspam, SMg4) <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_MGS} , 1)</i>													
WOM_PRE_MED_DOS_MGS <i>(required)</i>	Magnesium Sulfate (zuspam, SMg4) Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_MGS} , 1)</i>													
WOM_PRE_MED_UNIT_MGS <i>(required)</i>	Magnesium Sulfate (zuspam, SMg4) Unit <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_MGS} , 1)</i>	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>Ul</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>,</td></tr> </table>	1	mg/kg	2	mg	3	g	4	Ul	5	cc	6	,
1	mg/kg													
2	mg													
3	g													
4	Ul													
5	cc													
6	,													

Field	Question	Answer	
		6	mL
		7	mcg
WOM_PRE_MED_DATE_MGS <i>(required)</i>	Magnesium Sulfate (zuspam, SMg4) Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_MGS} , 1)</i>		
WOM_PRE_MED_TIME_MGS <i>(required)</i>	Magnesium Sulfate (zuspam, SMg4) Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_MGS} , 1)</i>		
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_MED_TOTAL > group_WOM_PRE_MED_VALDT_HID <i>Group relevant when: selected( \${WOM_PRE_MED_ADM_HID} , 1)</i>			
note_intro_WOM_PRE_MED_VALDT_HID	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_HID} , 1)</i>		
note_WOM_PRE_MED_VALDT_HID	Hidralazine <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_HID} , 1)</i>		
WOM_PRE_MED_DOS_HID <i>(required)</i>	Hidralazine Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_HID} , 1)</i>		
WOM_PRE_MED_UNIT_HID <i>(required)</i>	Hidralazine Unit <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_HID} , 1)</i>	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
WOM_PRE_MED_DATE_HID <i>(required)</i>	Hidralazine Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_HID} , 1)</i>		
WOM_PRE_MED_TIME_HID <i>(required)</i>	Hidralazine Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_HID} , 1)</i>		
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_MED_TOTAL > group_WOM_PRE_MED_VALDT_NIF <i>Group relevant when: selected( \${WOM_PRE_MED_ADM_NIF} , 1)</i>			
note_intro_WOM_PRE_MED_VALDT_NIF	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_NIF} , 1)</i>		
note_WOM_PRE_MED_VALDT_NIF	Nifedipine <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_NIF} , 1)</i>		
WOM_PRE_MED_DOS_NIF <i>(required)</i>	Nifedipine Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_NIF} , 1)</i>		
WOM_PRE_MED_UNIT_NIF <i>(required)</i>	Nifedipine Unit <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_NIF} , 1)</i>	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
WOM_PRE_MED_DATE_NIF <i>(required)</i>	Nifedipine Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_NIF} , 1)</i>		
WOM_PRE_MED_TIME_NIF <i>(required)</i>	Nifedipine Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_NIF} , 1)</i>		
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_MED_TOTAL > group_WOM_PRE_MED_VALDT_BET <i>Group relevant when: selected( \${WOM_PRE_MED_ADM_BET} , 1)</i>			
note_intro_WOM_PRE_MED_VALDT_BET	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_BET} , 1)</i>		
note_WOM_PRE_MED_VALDT_BET	Betamethasone <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_BET} , 1)</i>		
WOM_PRE_MED_DOS_BET <i>(required)</i>	Betamethasone Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_BET} , 1)</i>		



Field	Question	Answer														
WOM_PRE_MED_UNIT_BET <i>(required)</i>	Betamethasone Unit <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_BET} ,1)</i>	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_PRE_MED_DATE_BET <i>(required)</i>	Betamethasone Date (DD/MM/YYYY) Enter "-1" if date not recorded <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_BET} ,1)</i>															
WOM_PRE_MED_TIME_BET <i>(required)</i>	Betamethasone Time (HH:MM) Enter "-1" if time not recorded <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_BET} ,1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_MED_TOTAL > group_WOM_PRE_MED_VALDT_DEX <i>Group relevant when: selected( \${WOM_PRE_MED_ADM_DEX} ,1)</i>																
note_intro_WOM_PRE_MED_VALDT_DEX	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_DEX} ,1)</i>															
note_WOM_PRE_MED_VALDT_DEX	Dexamethasone <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_DEX} ,1)</i>															
WOM_PRE_MED_DOS_DEX <i>(required)</i>	Dexamethasone Dose Enter "-1" if dose not recorded <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_DEX} ,1)</i>															
WOM_PRE_MED_UNIT_DEX <i>(required)</i>	Dexamethasone Unit <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_DEX} ,1)</i>	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_PRE_MED_DATE_DEX <i>(required)</i>	Dexamethasone Date (DD/MM/YYYY) Enter "-1" if date not recorded <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_DEX} ,1)</i>															
WOM_PRE_MED_TIME_DEX <i>(required)</i>	Dexamethasone Time (HH:MM) Enter "-1" if time not recorded <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_DEX} ,1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_MED_TOTAL > group_WOM_PRE_MED_VALDT_SAL <i>Group relevant when: selected( \${WOM_PRE_MED_ADM_SAL} ,1)</i>																
note_intro_WOM_PRE_MED_VALDT_SAL	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_SAL} ,1)</i>															
note_WOM_PRE_MED_VALDT_SAL	Saline solution <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_SAL} ,1)</i>															
WOM_PRE_MED_DOS_SAL <i>(required)</i>	Saline solution Dose Enter "-1" if dose not recorded <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_SAL} ,1)</i>															
WOM_PRE_MED_UNIT_SAL <i>(required)</i>	Saline solution Unit <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_SAL} ,1)</i>	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_PRE_MED_DATE_SAL <i>(required)</i>	Saline solution Date (DD/MM/YYYY) Enter "-1" if date not recorded <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_SAL} ,1)</i>															
WOM_PRE_MED_TIME_SAL <i>(required)</i>	Saline solution Time (HH:MM) Enter "-1" if time not recorded <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_SAL} ,1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_MED_TOTAL > group_WOM_PRE_MED_VALDT_LACT <i>Group relevant when: selected( \${WOM_PRE_MED_ADM_LACT} ,1)</i>																



Field	Question	Answer														
note_intro_WOM_PRE_MED_VALDT_LACT	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_LACT} ,1)</i>															
note_WOM_PRE_MED_VALDT_LACT	Ringer's lactate <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_LACT} ,1)</i>															
WOM_PRE_MED_DOS_LACT <i>(required)</i>	Ringer's lactate Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_LACT} ,1)</i>															
WOM_PRE_MED_UNIT_LACT <i>(required)</i>	Ringer's lactate Unit <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_LACT} ,1)</i>	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_PRE_MED_DATE_LACT <i>(required)</i>	Ringer's lactate Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_LACT} ,1)</i>															
WOM_PRE_MED_TIME_LACT <i>(required)</i>	Ringer's lactate Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_LACT} ,1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_MED_TOTAL > group_WOM_PRE_MED_VALDT_HART <i>Group relevant when: selected( \${WOM_PRE_MED_ADM_HART} ,1)</i>																
note_intro_WOM_PRE_MED_VALDT_HART	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_HART} ,1)</i>															
note_WOM_PRE_MED_VALDT_HART	Hartmann's solution <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_HART} ,1)</i>															
WOM_PRE_MED_DOS_HART <i>(required)</i>	Hartmann's solution Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_HART} ,1)</i>															
WOM_PRE_MED_UNIT_HART <i>(required)</i>	Hartmann's solution Unit <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_HART} ,1)</i>	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_PRE_MED_DATE_HART <i>(required)</i>	Hartmann's solution Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_HART} ,1)</i>															
WOM_PRE_MED_TIME_HART <i>(required)</i>	Hartmann's solution Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_HART} ,1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_MED_TOTAL > group_WOM_PRE_MED_VALDT_LOL <i>Group relevant when: selected( \${WOM_PRE_MED_ADM_LOL} ,1)</i>																
note_intro_WOM_PRE_MED_VALDT_LOL	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_LOL} ,1)</i>															
note_WOM_PRE_MED_VALDT_LOL	Labetalol <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_LOL} ,1)</i>															
WOM_PRE_MED_DOS_LOL <i>(required)</i>	Labetalol Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_LOL} ,1)</i>															
WOM_PRE_MED_UNIT_LOL <i>(required)</i>	Labetalol Unit <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_LOL} ,1)</i>	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_PRE_MED_DATE_LOL <i>(required)</i>	Labetalol Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i>															

Field	Question	Answer														
	Question relevant when: selected( \${WOM_PRE_MED_ADM_LOL} ,1)															
WOM_PRE_MED_TIME_LOL <i>(required)</i>	Labetalol Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_MED_ADM_LOL} ,1)															
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_MED_TOTAL > group_WOM_PRE_MED_VALDT_OAH Group relevant when: selected( \${WOM_PRE_MED_ADM_OAH} ,1)																
note_intro_WOM_PRE_MED_VALDT_OAH	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_PRE_MED_ADM_OAH} ,1)															
note_WOM_PRE_MED_VALDT_OAH	'[WOM_PRE_MED_OAH_NAME]' Question relevant when: selected( \${WOM_PRE_MED_ADM_OAH} ,1)															
WOM_PRE_MED_DOS_OAH <i>(required)</i>	'[WOM_PRE_MED_OAH_NAME]' Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_PRE_MED_ADM_OAH} ,1)															
WOM_PRE_MED_UNIT_OAH <i>(required)</i>	'[WOM_PRE_MED_OAH_NAME]' Unit Question relevant when: selected( \${WOM_PRE_MED_ADM_OAH} ,1)	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>Ul</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	Ul	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	Ul															
5	cc															
6	mL															
7	mcg															
WOM_PRE_MED_DATE_OAH <i>(required)</i>	'[WOM_PRE_MED_OAH_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_MED_ADM_OAH} ,1)															
WOM_PRE_MED_TIME_OAH <i>(required)</i>	'[WOM_PRE_MED_OAH_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_MED_ADM_OAH} ,1)															
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_MED_TOTAL > group_WOM_PRE_MED_VALDT_OME1 Group relevant when: selected( \${WOM_PRE_MED_ADM_OME1} ,1)																
note_intro_WOM_PRE_MED_VALDT_OME1	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_PRE_MED_ADM_OME1} ,1)															
note_WOM_PRE_MED_VALDT_OME1	'[WOM_PRE_MED_OME1_NAME]' Question relevant when: selected( \${WOM_PRE_MED_ADM_OME1} ,1)															
WOM_PRE_MED_DOS_OME1 <i>(required)</i>	'[WOM_PRE_MED_OME1_NAME]' Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_PRE_MED_ADM_OME1} ,1)															
WOM_PRE_MED_UNIT_OME1 <i>(required)</i>	'[WOM_PRE_MED_OME1_NAME]' Unit Question relevant when: selected( \${WOM_PRE_MED_ADM_OME1} ,1)	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>Ul</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	Ul	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	Ul															
5	cc															
6	mL															
7	mcg															
WOM_PRE_MED_DATE_OME1 <i>(required)</i>	'[WOM_PRE_MED_OME1_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_PRE_MED_ADM_OME1} ,1)															
WOM_PRE_MED_TIME_OME1 <i>(required)</i>	'[WOM_PRE_MED_OME1_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_PRE_MED_ADM_OME1} ,1)															
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_MED_TOTAL > group_WOM_PRE_MED_VALDT_OME2 Group relevant when: selected( \${WOM_PRE_MED_ADM_OME2} ,1)																
note_intro_WOM_PRE_MED_VALDT_OME2	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_PRE_MED_ADM_OME2} ,1)															
note_WOM_PRE_MED_VALDT_OME2	'[WOM_PRE_MED_OME2_NAME]' Question relevant when: selected( \${WOM_PRE_MED_ADM_OME2} ,1)															
WOM_PRE_MED_DOS_OME2 <i>(required)</i>	'[WOM_PRE_MED_OME2_NAME]' Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_PRE_MED_ADM_OME2} ,1)															
WOM_PRE_MED_UNIT_OME2 <i>(required)</i>	'[WOM_PRE_MED_OME2_NAME]' Unit Question relevant when: selected( \${WOM_PRE_MED_ADM_OME2} ,1)	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> </table>	1	mg/kg	2	mg										
1	mg/kg															
2	mg															

Field	Question	3 g Answer	
		4	UI
		5	cc
		6	mL
		7	mcg
WOM_PRE_MED_DATE_OME2 <i>(required)</i>	'[WOM_PRE_MED_OME2_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_OME2} , 1)</i>		
WOM_PRE_MED_TIME_OME2 <i>(required)</i>	'[WOM_PRE_MED_OME2_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_OME2} , 1)</i>		
Obstetric Complications > General Medical Record Battery > Eligible File > PRE ECLAMPSIA QUESTION BATTERY > group_WOM_PRE_MED_TOTAL > group_WOM_PRE_MED_VALDT_OME3 <i>Group relevant when: selected( \${WOM_PRE_MED_ADM_OME3} , 1)</i>			
note_intro_WOM_PRE_MED_VALDT_OME3	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_OME3} , 1)</i>		
note_WOM_PRE_MED_VALDT_OME3	'[WOM_PRE_MED_OME3_NAME]' <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_OME3} , 1)</i>		
WOM_PRE_MED_DOS_OME3 <i>(required)</i>	'[WOM_PRE_MED_OME3_NAME]' Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_OME3} , 1)</i>		
WOM_PRE_MED_UNIT_OME3 <i>(required)</i>	'[WOM_PRE_MED_OME3_NAME]' Unit <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_OME3} , 1)</i>	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
WOM_PRE_MED_DATE_OME3 <i>(required)</i>	'[WOM_PRE_MED_OME3_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_OME3} , 1)</i>		
WOM_PRE_MED_TIME_OME3 <i>(required)</i>	'[WOM_PRE_MED_OME3_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_MED_ADM_OME3} , 1)</i>		
WOM_PRE_MEDICATIONS <i>(required)</i>	Were any of the above medications administered at the same time during this hospitalization?	1	Yes
		0	No
WOM_PRE_SPECIAL_EVER <i>(required)</i>	Was the woman ever checked by a specialist?	2	Yes, marked with a stamp
		995	Yes, marked with another method (specify)
		0	No
		-1	Not recorded
WOM_PRE_SPECIAL_TYPE <i>(required)</i>	What type of specialist checked the woman? <i>Question relevant when: selected( \${WOM_PRE_SPECIAL_EVER} , 1) or selected( \${WOM_PRE_SPECIAL_EVER} , 2) or selected( \${WOM_PRE_SPECIAL_EVER} , 995)</i>	1	Obstetrician
		2	Gynecologist
		3	OBGYN
		4	Surgeon
		995	Other (specify):
		-1	Not recorded
WOM_PRE_CONSULT_SPECIAL_DATE_SPEC <i>(required)</i>	Date of the first evaluation by the specialist:  Date (DD/MM/YYYY): <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_SPECIAL_EVER} , 1) or selected( \${WOM_PRE_SPECIAL_EVER} , 2) or selected( \${WOM_PRE_SPECIAL_EVER} , 995)</i>		
WOM_PRE_CONSULT_SPECIAL_TIME_SPEC <i>(required)</i>	Time of the first evaluation by the specialist:  Time (HH:MM): <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_SPECIAL_EVER} , 1) or selected( \${WOM_PRE_SPECIAL_EVER} , 2) or selected( \${WOM_PRE_SPECIAL_EVER} , 995)</i>		
WOM_PRE_RESULT <i>(required)</i>	Result of the pregnancy:	1	Caesarean
		2	Vaginal birth
		995	Other (specify)
		-1	Not recorded

Field	Question	Answer
WOM_PRE_DISPOSITION <i>(required)</i>	Disposition	1 Death in hospital
		2 Discharged home
		3 Transferred/referred to another facility
		4 Left against medical advice
		5 Unknown
		995 Other (specify):
		-1 Not recorded
WOM_PRE_REF_REASTO <i>(required)</i>	Reason for transfer/referral <i>Question relevant when: selected( \${WOM_PRE_DISPOSITION} ,3)</i>	1 High blood pressure
		2 Urine protein
		3 Bleeding
		4 Lochia
		5 Seizures
		99 Other (specify)
		DK Not recorded
WOM_PRE_REF_ACCOMTO <i>(required)</i>	Was the woman accompanied by a health facility worker? <i>Question relevant when: selected( \${WOM_PRE_DISPOSITION} ,3)</i>	1 Yes, by a doctor
		2 Yes, by a nurse
		995 Yes, by another worker
		0 No
		-1 Not recorded
WOM_PRE_REF_NAMETO <i>(required)</i>	What facility was the woman transferred/referred to? <i>Question relevant when: selected( \${WOM_PRE_DISPOSITION} ,3)</i>	05 August Pine Ridge Health Center
		20 Caledonia Health Center
		17 Corozal Community Hospital
		18 Corozal Health Center (Urban)
		42 Georgeville Health Center
		06 Guinea Grass Health Center
		21 Libertad Health Center
		01 Northern Regional Hospital
		02 Orange Walk Health Center (Urban)
		23 Progreso Health Center
		46 San Antonio Health Center
		04 San Felipe Health Center
		39 San Ignacio Community Hospital
		40 San Ignacio Health Center (Urban)
		19 San Narciso Health Center
		45 San Pedro Health Center
		22 Sarteneja Health Center
		33 Valley of Peace Health Center
		31 Western Regional Hospital
		03 Zenobia Meggs Health Center
		32 Belmopan Health Center (Urban)
		41 Dr. Kevin & Kenneth Gurree Polyclinic II (Mopan Clinic)
		60 National Hospital Belize City (KMH)
		995 Other, specify

Field	Question	-1 Not recorded Answer	
WOM_PRE_REF_TYPTO <i>(required)</i>	Type of facility the woman was transferred/referred to: <i>Question relevant when: selected( \${WOM_PRE_DISPOSITION} ,3)</i>	1	Health Clinic / Health Post / Mobile Unit
		2	Community Hospital
		3	Regional hospital
		995	Other (specify)
		-1	Not recorded
WOM_PRE_DIS_DATE_SPEC <i>(required)</i>	Date of discharge/transfer/referral  Date (DD/MM/YYYY): <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_DISPOSITION} ,2) or selected( \${WOM_PRE_DISPOSITION} ,3) or selected( \${WOM_PRE_DISPOSITION} ,4) or selected( \${WOM_PRE_DISPOSITION} ,995)</i>		
WOM_PRE_DIS_TIME_SPEC <i>(required)</i>	Time of discharge/transfer/referral  Time (HH:MM): <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_DISPOSITION} ,2) or selected( \${WOM_PRE_DISPOSITION} ,3) or selected( \${WOM_PRE_DISPOSITION} ,4) or selected( \${WOM_PRE_DISPOSITION} ,995)</i>		
WOM_PRE_DEATH_DATE_SPEC <i>(required)</i>	Date of death:  Date (DD/MM/YYYY): <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_DISPOSITION} ,1)</i>		
WOM_PRE_DEATH_TIME_SPEC <i>(required)</i>	Time of death:  Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_PRE_DISPOSITION} ,1)</i>		
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPSIA QUESTION BATTERY <i>Group relevant when: selected( \${MRR_WOM_DEL_COMP} , "ECL") and \${WOM_ADM_DATE_DATE} &gt;= date('2019-01-01') and \${WOM_ADM_DATE_DATE} &lt;= date('2022-07-31')</i>			
note_eclampsia_intro	Please note whether the following was recorded for the patient with eclampsia.		
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPSIA QUESTION BATTERY > group_WOM_ECL_CHECK_TOTAL			
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPSIA QUESTION BATTERY > group_WOM_ECL_CHECK_TOTAL > group_WOM_ECL_CHECK			
WOM_ECL_CHECK	Review the entire medical record to complete the next section. Please note whether the following checkups were done.	1	Yes
		0	No
WOM_ECL_CHECK_REG_BP <i>(required)</i>	Blood pressure (bp)	1	Yes
		0	No
WOM_ECL_CHECK_REG_PULS <i>(required)</i>	Pulse	1	Yes
		0	No
WOM_ECL_CHECK_REG_HR <i>(required)</i>	Heart rate (hr)	1	Yes
		0	No
WOM_ECL_CHECK_REG_RESP <i>(required)</i>	Respiratory rate (rr)	1	Yes
		0	No
WOM_ECL_CHECK_REG_TEMP <i>(required)</i>	Temperature	1	Yes
		0	No
WOM_ECL_CHECK_REG_PAT <i>(required)</i>	Patellar reflex	1	Yes
		0	No
WOM_ECL_CHECK_REG_SEIZ <i>(required)</i>	Seizures	1	Yes
		0	No
WOM_ECL_CHECK_REG_REFL <i>(required)</i>	Reflexes	1	Yes
		0	No
WOM_ECL_CHECK_REG_OLI <i>(required)</i>	Oliguria	1	Yes
		0	No
WOM_ECL_CHECK_REG_OTH1	Other check (Specify):	1	Yes
		0	No
WOM_ECL_CHECK_REG_OTH2	Other check (Specify):	1	Yes
		0	No
WOM_ECL_CHECK_REG_OTH3	Other check (Specify):	1	Yes
		0	No

Field	Question	Answer				
WOM_ECL_CHECK_REG_OTH4	Other check (Specify):	<table> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_CHECK_TOTAL > group_WOM_ECL_CHECK_VALDT_BP Group relevant when: selected( \${WOM_ECL_CHECK_REG_BP} , 1)						
note_intro_WOM_ECL_CHECK_VALDT_BP	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_CHECK_REG_BP} , 1)					
note_WOM_ECL_CHECK_VALDT_BP	Blood Pressure (bp) Question relevant when: selected( \${WOM_ECL_CHECK_REG_BP} , 1)					
WOM_ECL_CHECK_NUM_BP_SYST (required)	Blood Pressure (bp) - systolic: The first number, eg: ____/xx  Enter "-1" if not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_BP} , 1)					
WOM_ECL_CHECK_NUM_BP_DIAS (required)	Blood Pressure (bp) - diastolic: The second number, eg: xx/____  Enter "-1" if not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_BP} , 1)					
WOM_ECL_CHECK_DATE_BP (required)	Blood Pressure (bp) Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_BP} , 1)					
WOM_ECL_CHECK_TIME_BP (required)	Blood Pressure (bp) Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_BP} , 1)					
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_CHECK_TOTAL > group_WOM_ECL_CHECK_VALDT_PULS Group relevant when: selected( \${WOM_ECL_CHECK_REG_PULS} , 1)						
note_intro_WOM_ECL_CHECK_VALDT_PULS	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_CHECK_REG_PULS} , 1)					
note_WOM_ECL_CHECK_VALDT_PULS	Pulse Question relevant when: selected( \${WOM_ECL_CHECK_REG_PULS} , 1)					
WOM_ECL_CHECK_NUM_PULS (required)	Pulse Value (per minute) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_PULS} , 1)					
WOM_ECL_CHECK_DATE_PULS (required)	Pulse Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_PULS} , 1)					
WOM_ECL_CHECK_TIME_PULS (required)	Pulse Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_PULS} , 1)					
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_CHECK_TOTAL > group_WOM_ECL_CHECK_VALDT_HR Group relevant when: selected( \${WOM_ECL_CHECK_REG_HR} , 1)						
note_intro_WOM_ECL_CHECK_VALDT_HR	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_CHECK_REG_HR} , 1)					
note_WOM_ECL_CHECK_VALDT_HR	Heart rate (hr) Question relevant when: selected( \${WOM_ECL_CHECK_REG_HR} , 1)					
WOM_ECL_CHECK_NUM_HR (required)	Heart Rate (hr) Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_HR} , 1)					
WOM_ECL_CHECK_DATE_HR (required)	Heart Rate (hr) Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_HR} , 1)					
WOM_ECL_CHECK_TIME_HR (required)	Heart Rate (hr) Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_HR} , 1)					
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_CHECK_TOTAL > group_WOM_ECL_CHECK_VALDT_RESP Group relevant when: selected( \${WOM_ECL_CHECK_REG_RESP} , 1)						
note_intro_WOM_ECL_CHECK_VALDT_RESP	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_CHECK_REG_RESP} , 1)					
note_WOM_ECL_CHECK_VALDT_RESP	Respiratory Rate (rr) Question relevant when: selected( \${WOM_ECL_CHECK_REG_RESP} , 1)					
WOM_ECL_CHECK_NUM_RESP (required)	Respiratory Rate (rr) Value (per minute) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_RESP} , 1)					
WOM_ECL_CHECK_DATE_RESP (required)	Respiratory Rate (rr) Date (DD/MM/YYYY) Enter "-1" if date not recorded					

Field	Question	Answer
	Question relevant when: selected( \${WOM_ECL_CHECK_REG_RESP} ,1)	
WOM_ECL_CHECK_TIME_RESP <i>(required)</i>	Respiratory Rate (rr)Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_RESP} ,1)	
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_CHECK_TOTAL > group_WOM_ECL_CHECK_VALDT_TEMP Group relevant when: selected( \${WOM_ECL_CHECK_REG_TEMP} ,1)		
note_intro_WOM_ECL_CHECK_VALDT_TEMP	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_CHECK_REG_TEMP} ,1)	
note_WOM_ECL_CHECK_VALDT_TEMP	Temperature (T) Question relevant when: selected( \${WOM_ECL_CHECK_REG_TEMP} ,1)	
WOM_ECL_CHECK_NUM_TEMP <i>(required)</i>	Temperature (T) Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_TEMP} ,1)	
WOM_ECL_CHECK_NUM_TEMP_TYPE <i>(required)</i>	Temperature (T) Unit Question relevant when: selected( \${WOM_ECL_CHECK_REG_TEMP} ,1)	C Celsius F Fahrenheit
WOM_ECL_CHECK_DATE_TEMP <i>(required)</i>	Temperature (T) Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_TEMP} ,1)	
WOM_ECL_CHECK_TIME_TEMP <i>(required)</i>	Temperature (T) Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_TEMP} ,1)	
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_CHECK_TOTAL > group_WOM_ECL_CHECK_VALDT_PAT Group relevant when: selected( \${WOM_ECL_CHECK_REG_PAT} ,1)		
note_intro_WOM_ECL_CHECK_VALDT_PAT	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_CHECK_REG_PAT} ,1)	
note_WOM_ECL_CHECK_VALDT_PAT	Patellar reflex Question relevant when: selected( \${WOM_ECL_CHECK_REG_PAT} ,1)	
WOM_ECL_CHECK_NUM_PAT <i>(required)</i>	Patellar reflex Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_PAT} ,1)	
WOM_ECL_CHECK_DATE_PAT <i>(required)</i>	Patellar reflex Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_PAT} ,1)	
WOM_ECL_CHECK_TIME_PAT <i>(required)</i>	Patellar reflex Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_PAT} ,1)	
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_CHECK_TOTAL > group_WOM_ECL_CHECK_VALDT_SEIZ Group relevant when: selected( \${WOM_ECL_CHECK_REG_SEIZ} ,1)		
note_intro_WOM_ECL_CHECK_VALDT_SEIZ	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_CHECK_REG_SEIZ} ,1)	
note_WOM_ECL_CHECK_VALDT_SEIZ	Seizures Question relevant when: selected( \${WOM_ECL_CHECK_REG_SEIZ} ,1)	
WOM_ECL_CHECK_DATE_SEIZ <i>(required)</i>	Seizures Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_SEIZ} ,1)	
WOM_ECL_CHECK_TIME_SEIZ <i>(required)</i>	Seizures Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_SEIZ} ,1)	
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_CHECK_TOTAL > group_WOM_ECL_CHECK_VALDT_REFL Group relevant when: selected( \${WOM_ECL_CHECK_REG_REFL} ,1)		
note_intro_WOM_ECL_CHECK_VALDT_REFL	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_CHECK_REG_REFL} ,1)	
note_WOM_ECL_CHECK_VALDT_REFL	Reflexes Question relevant when: selected( \${WOM_ECL_CHECK_REG_REFL} ,1)	
WOM_ECL_CHECK_DATE_REFL <i>(required)</i>	Reflexes Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_CHECK_REG_REFL} ,1)	
WOM_ECL_CHECK_TIME_REFL <i>(required)</i>	Reflexes Time (HH:MM) Enter "-1" if time not recorded	

Field	Question	Answer
	<i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_REFL} ,1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPSIA QUESTION BATTERY > group_WOM_ECL_CHECK_TOTAL > group_WOM_ECL_CHECK_VALDT_OLI <i>Group relevant when: selected( \${WOM_ECL_CHECK_REG_OLI} ,1)</i>		
note_intro_WOM_ECL_CHECK_VALDT_OLI	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OLI} ,1)</i>	
note_WOM_ECL_CHECK_VALDT_OLI	Oliguria <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OLI} ,1)</i>	
WOM_ECL_CHECK_DATE_OLI <i>(required)</i>	Oliguria Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OLI} ,1)</i>	
WOM_ECL_CHECK_TIME_OLI <i>(required)</i>	Oliguria Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OLI} ,1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPSIA QUESTION BATTERY > group_WOM_ECL_CHECK_TOTAL > group_WOM_ECL_CHECK_VALDT_OTH1 <i>Group relevant when: selected( \${WOM_ECL_CHECK_REG_OTH1} ,1)</i>		
note_intro_WOM_ECL_CHECK_VALDT_OTH1	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OTH1} ,1)</i>	
note_WOM_ECL_CHECK_VALDT_OTH1	'[WOM_ECL_CHECK_OTH1_NAME]' <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OTH1} ,1)</i>	
WOM_ECL_CHECK_NUM_OTH1	'[WOM_ECL_CHECK_OTH1_NAME]' Value <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OTH1} ,1)</i>	
WOM_ECL_CHECK_DATE_OTH1 <i>(required)</i>	'[WOM_ECL_CHECK_OTH1_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OTH1} ,1)</i>	
WOM_ECL_CHECK_TIME_OTH1 <i>(required)</i>	'[WOM_ECL_CHECK_OTH1_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OTH1} ,1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPSIA QUESTION BATTERY > group_WOM_ECL_CHECK_TOTAL > group_WOM_ECL_CHECK_VALDT_OTH2 <i>Group relevant when: selected( \${WOM_ECL_CHECK_REG_OTH2} ,1)</i>		
note_intro_WOM_ECL_CHECK_VALDT_OTH2	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OTH2} ,1)</i>	
note_WOM_ECL_CHECK_VALDT_OTH2	'[WOM_ECL_CHECK_OTH2_NAME]' <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OTH2} ,1)</i>	
WOM_ECL_CHECK_NUM_OTH2	'[WOM_ECL_CHECK_OTH2_NAME]' Value <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OTH2} ,1)</i>	
WOM_ECL_CHECK_DATE_OTH2 <i>(required)</i>	'[WOM_ECL_CHECK_OTH2_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OTH2} ,1)</i>	
WOM_ECL_CHECK_TIME_OTH2 <i>(required)</i>	'[WOM_ECL_CHECK_OTH2_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OTH2} ,1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPSIA QUESTION BATTERY > group_WOM_ECL_CHECK_TOTAL > group_WOM_ECL_CHECK_VALDT_OTH3 <i>Group relevant when: selected( \${WOM_ECL_CHECK_REG_OTH3} ,1)</i>		
note_intro_WOM_ECL_CHECK_VALDT_OTH3	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OTH3} ,1)</i>	
note_WOM_ECL_CHECK_VALDT_OTH3	'[WOM_ECL_CHECK_OTH3_NAME]' <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OTH3} ,1)</i>	
WOM_ECL_CHECK_NUM_OTH3	'[WOM_ECL_CHECK_OTH3_NAME]' Value <i>Enter "-1" if value not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OTH3} ,1)</i>	
WOM_ECL_CHECK_DATE_OTH3 <i>(required)</i>	'[WOM_ECL_CHECK_OTH3_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OTH3} ,1)</i>	
WOM_ECL_CHECK_TIME_OTH3 <i>(required)</i>	'[WOM_ECL_CHECK_OTH3_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_CHECK_REG_OTH3} ,1)</i>	



Field	Question	Answer
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_CHECK_TOTAL > group_WOM_ECL_CHECK_VALDT_OTH4 Group relevant when: <i>selected( \${WOM_ECL_CHECK_REG_OTH4} ,1)</i>		
note_intro_WOM_ECL_CHECK_VALDT_OTH4	Record the value (where appropriate), as well as the date and time of the first checkup for each item listed below. Question relevant when: <i>selected( \${WOM_ECL_CHECK_REG_OTH4} ,1)</i>	
note_WOM_ECL_CHECK_VALDT_OTH4	[WOM_ECL_CHECK_OTH4_NAME] Question relevant when: <i>selected( \${WOM_ECL_CHECK_REG_OTH4} ,1)</i>	
WOM_ECL_CHECK_NUM_OTH4	[WOM_ECL_CHECK_OTH4_NAME] Value Enter "-1" if value not recorded Question relevant when: <i>selected( \${WOM_ECL_CHECK_REG_OTH4} ,1)</i>	
WOM_ECL_CHECK_DATE_OTH4 <i>(required)</i>	[WOM_ECL_CHECK_OTH4_NAME] Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: <i>selected( \${WOM_ECL_CHECK_REG_OTH4} ,1)</i>	
WOM_ECL_CHECK_TIME_OTH4 <i>(required)</i>	[WOM_ECL_CHECK_OTH4_NAME] Time (HH:MM) Enter "-1" if time not recorded Question relevant when: <i>selected( \${WOM_ECL_CHECK_REG_OTH4} ,1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_LAB_TOTAL		
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_LAB_TOTAL > group_WOM_ECL_LAB		
WOM_ECL_LAB	Review the entire medical record to complete the next section. Please note whether the following lab tests were done.	1 Yes 0 No
WOM_ECL_LAB_REG_PLAT <i>(required)</i>	Platelet count	1 Yes 0 No
WOM_ECL_LAB_REG_ASP <i>(required)</i>	Aspartate aminotransferase	1 Yes 0 No
WOM_ECL_LAB_REG_ALA <i>(required)</i>	Alanine aminotranferase	1 Yes 0 No
WOM_ECL_LAB_REG_LAC <i>(required)</i>	Lactate dehydrogenase	1 Yes 0 No
WOM_ECL_LAB_REG_CREAT <i>(required)</i>	Creatinine	1 Yes 0 No
WOM_ECL_LAB_REG_ACID <i>(required)</i>	Uric acid	1 Yes 0 No
WOM_ECL_LAB_REG_TGO <i>(required)</i>	Glutamic-oxalacetic transaminase (TGO or GOT)	1 Yes 0 No
WOM_ECL_LAB_REG_TGP <i>(required)</i>	Glutamic-pyruvate transaminase (TGP or GPT)	1 Yes 0 No
WOM_ECL_LAB_REG_PROT <i>(required)</i>	Urine protein	1 Yes 0 No
WOM_ECL_LAB_REG_OTH1	Other lab test (Value reported) - (specify):	1 Yes 0 No
WOM_ECL_LAB_REG_OTH2	Other lab test (Value reported) - (specify):	1 Yes 0 No
WOM_ECL_LAB_REG_OTH3	Other lab test (# of Neg and Pos reported) - (specify):	1 Yes 0 No
WOM_ECL_LAB_REG_OTH4	Other lab test (# of Neg and Pos reported) - (specify):	1 Yes 0 No
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_LAB_TOTAL > group_WOM_ECL_LAB_VALDT_PLAT Group relevant when: <i>selected( \${WOM_ECL_LAB_REG_PLAT} ,1)</i>		
note_intro_WOM_ECL_LAB_VALDT_PLAT	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: <i>selected( \${WOM_ECL_LAB_REG_PLAT} ,1)</i>	
note_WOM_ECL_LAB_VALDT_PLAT	Platelet count Question relevant when: <i>selected( \${WOM_ECL_LAB_REG_PLAT} ,1)</i>	
WOM_ECL_LAB_NUM_PLAT <i>(required)</i>	Platelet count Value (x10^3/L) Enter "-1" if value not recorded Question relevant when: <i>selected( \${WOM_ECL_LAB_REG_PLAT} ,1)</i>	
WOM_ECL_LAB_DATE_PLAT <i>(required)</i>	Platelet count Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: <i>selected( \${WOM_ECL_LAB_REG_PLAT} ,1)</i>	
WOM_ECL_LAB_TIME_PLAT <i>(required)</i>	Platelet count Time (HH:MM) Enter "-1" if time not recorded Question relevant when: <i>selected( \${WOM_ECL_LAB_REG_PLAT} ,1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_LAB_TOTAL > group_WOM_ECL_LAB_VALDT_ASP		

Field	Question	Answer
Group relevant when: selected( \${WOM_ECL_LAB_REG_ASP} ,1)		
note_intro_WOM_ECL_LAB_VALDT_ASP	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_LAB_REG_ASP} ,1)	
note_WOM_ECL_LAB_VALDT_ASP	Aspartate aminotransferase Question relevant when: selected( \${WOM_ECL_LAB_REG_ASP} ,1)	
WOM_ECL_LAB_NUM_ASP (required)	Aspartate aminotransferase Value (U/liter) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_ASP} ,1)	
WOM_ECL_LAB_DATE_ASP (required)	Aspartate aminotransferase Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_ASP} ,1)	
WOM_ECL_LAB_TIME_ASP (required)	Aspartate aminotransferase Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_ASP} ,1)	
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_LAB_TOTAL > group_WOM_ECL_LAB_VALDT_ALA Group relevant when: selected( \${WOM_ECL_LAB_REG_ALA} ,1)		
note_intro_WOM_ECL_LAB_VALDT_ALA	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_LAB_REG_ALA} ,1)	
note_WOM_ECL_LAB_VALDT_ALA	Alanine aminotranferase Question relevant when: selected( \${WOM_ECL_LAB_REG_ALA} ,1)	
WOM_ECL_LAB_NUM_ALA (required)	Alanine aminotranferase Value (U/liter) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_ALA} ,1)	
WOM_ECL_LAB_DATE_ALA (required)	Alanine aminotranferase Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_ALA} ,1)	
WOM_ECL_LAB_TIME_ALA (required)	Alanine aminotranferase Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_ALA} ,1)	
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_LAB_TOTAL > group_WOM_ECL_LAB_VALDT_LAC Group relevant when: selected( \${WOM_ECL_LAB_REG_LAC} ,1)		
note_intro_WOM_ECL_LAB_VALDT_LAC	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_LAB_REG_LAC} ,1)	
note_WOM_ECL_LAB_VALDT_LAC	Lactate dehydrogenase Question relevant when: selected( \${WOM_ECL_LAB_REG_LAC} ,1)	
WOM_ECL_LAB_NUM_LAC (required)	Lactate dehydrogenase Value (U/liter) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_LAC} ,1)	
WOM_ECL_LAB_DATE_LAC (required)	Lactate dehydrogenase Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_LAC} ,1)	
WOM_ECL_LAB_TIME_LAC (required)	Lactate dehydrogenase Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_LAC} ,1)	
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_LAB_TOTAL > group_WOM_ECL_LAB_VALDT_CREAT Group relevant when: selected( \${WOM_ECL_LAB_REG_CREAT} ,1)		
note_intro_WOM_ECL_LAB_VALDT_CREAT	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_LAB_REG_CREAT} ,1)	
note_WOM_ECL_LAB_VALDT_CREAT	Creatinine Question relevant when: selected( \${WOM_ECL_LAB_REG_CREAT} ,1)	
WOM_ECL_LAB_NUM_CREAT (required)	Creatinine Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_CREAT} ,1)	
WOM_ECL_LAB_DATE_CREAT (required)	Creatinine Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_CREAT} ,1)	
WOM_ECL_LAB_TIME_CREAT (required)	Creatinine Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_CREAT} ,1)	
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_LAB_TOTAL > group_WOM_ECL_LAB_VALDT_ACID Group relevant when: selected( \${WOM_ECL_LAB_REG_ACID} ,1)		
note_intro_WOM_ECL_LAB_VALDT_ACID	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_LAB_REG_ACID} ,1)	
note_WOM_ECL_LAB_VALDT_ACID	Uric acid Question relevant when: selected( \${WOM_ECL_LAB_REG_ACID} ,1)	
WOM_ECL_LAB_NUM_ACID (required)	Uric acid Value Enter "-1" if value not recorded	

Field	Question	Answer				
	Question relevant when: selected( \${WOM_ECL_LAB_REG_ACID} ,1)					
WOM_ECL_LAB_DATE_ACID (required)	Uric acid Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_ACID} ,1)					
WOM_ECL_LAB_TIME_ACID (required)	Uric acid Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_ACID} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_LAB_TOTAL > group_WOM_ECL_LAB_VALDT_TGO Group relevant when: selected( \${WOM_ECL_LAB_REG_TGO} ,1)						
note_intro_WOM_ECL_LAB_VALDT_TGO	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_LAB_REG_TGO} ,1)					
note_WOM_ECL_LAB_VALDT_TGO	Glutamic-oxalacetic transaminase (TGO or GOT) Question relevant when: selected( \${WOM_ECL_LAB_REG_TGO} ,1)					
WOM_ECL_LAB_NUM_TGO (required)	Glutamic-oxalacetic transaminase (TGO or GOT) Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_TGO} ,1)					
WOM_ECL_LAB_DATE_TGO (required)	Glutamic-oxalacetic transaminase (TGO or GOT) Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_TGO} ,1)					
WOM_ECL_LAB_TIME_TGO (required)	Glutamic-oxalacetic transaminase (TGO or GOT) Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_TGO} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_LAB_TOTAL > group_WOM_ECL_LAB_VALDT_TGP Group relevant when: selected( \${WOM_ECL_LAB_REG_TGP} ,1)						
note_intro_WOM_ECL_LAB_VALDT_TGP	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_LAB_REG_TGP} ,1)					
note_WOM_ECL_LAB_VALDT_TGP	Glutamic-pyruvate transaminase (TGP or GPT) Question relevant when: selected( \${WOM_ECL_LAB_REG_TGP} ,1)					
WOM_ECL_LAB_NUM_TGP (required)	Glutamic-pyruvate transaminase (TGP or GPT) Value (per minute) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_TGP} ,1)					
WOM_ECL_LAB_DATE_TGP (required)	Glutamic-pyruvate transaminase (TGP or GPT) Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_TGP} ,1)					
WOM_ECL_LAB_TIME_TGP (required)	Glutamic-pyruvate transaminase (TGP or GPT) Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_TGP} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_LAB_TOTAL > group_WOM_ECL_LAB_VALDT_PROT Group relevant when: selected( \${WOM_ECL_LAB_REG_PROT} ,1)						
note_intro_WOM_ECL_LAB_VALDT_PROT	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_LAB_REG_PROT} ,1)					
note_WOM_ECL_LAB_VALDT_PROT	Urine protein Question relevant when: selected( \${WOM_ECL_LAB_REG_PROT} ,1)					
WOM_ECL_LAB_NEG_PROT	Urine protein Negative Question relevant when: selected( \${WOM_ECL_LAB_REG_PROT} ,1)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes					
0	No					
WOM_ECL_LAB_POSNUM_PROT	Urine protein Number of + Enter "-1" if Number of + not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_PROT} ,1)					
WOM_ECL_LAB_NUM_PROT (required)	Urine protein Value (g/day) Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_PROT} ,1)					
WOM_ECL_LAB_DATE_PROT (required)	Urine protein Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_PROT} ,1)					
WOM_ECL_LAB_TIME_PROT (required)	Urine protein Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_PROT} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_LAB_TOTAL > group_WOM_ECL_LAB_VALDT_OTH1 Group relevant when: selected( \${WOM_ECL_LAB_REG_OTH1} ,1)						
note_intro_WOM_ECL_LAB_VALDT_OTH1	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH1} ,1)					
note_WOM_ECL_LAB_VALDT_OTH1	'[WOM_ECL_LAB_OTH1_NAME]' Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH1} ,1)					
WOM_ECL_LAB_NUM_OTH1	'[WOM_ECL_LAB_OTH1_NAME]' Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH1} ,1)					
WOM_ECL_LAB_DATE_OTH1 (required)	'[WOM_ECL_LAB_OTH1_NAME]' Date (DD/MM/YYYY)					

Field	Question	Answer				
	Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH1} ,1)					
WOM_ECL_LAB_TIME_OTH1 (required)	'[WOM_ECL_LAB_OTH1_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH1} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_LAB_TOTAL > group_WOM_ECL_LAB_VALDT_OTH2 Group relevant when: selected( \${WOM_ECL_LAB_REG_OTH2} ,1)						
note_intro_WOM_ECL_LAB_VALDT_OTH2	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH2} ,1)					
note_WOM_ECL_LAB_VALDT_OTH2	'[WOM_ECL_LAB_OTH2_NAME]' Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH2} ,1)					
WOM_ECL_LAB_NUM_OTH2	'[WOM_ECL_LAB_OTH2_NAME]' Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH2} ,1)					
WOM_ECL_LAB_DATE_OTH2 (required)	'[WOM_ECL_LAB_OTH2_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH2} ,1)					
WOM_ECL_LAB_TIME_OTH2 (required)	'[WOM_ECL_LAB_OTH2_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH2} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_LAB_TOTAL > group_WOM_ECL_LAB_VALDT_OTH3 Group relevant when: selected( \${WOM_ECL_LAB_REG_OTH3} ,1)						
note_intro_WOM_ECL_LAB_VALDT_OTH3	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH3} ,1)					
note_WOM_ECL_LAB_VALDT_OTH3	'[WOM_ECL_LAB_OTH3_NAME]' Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH3} ,1)					
WOM_ECL_LAB_NEG_OTH3	'[WOM_ECL_LAB_OTH3_NAME]' Negative Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH3} ,1)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes					
0	No					
WOM_ECL_LAB_POSNUM_OTH3	'[WOM_ECL_LAB_OTH3_NAME]' Number of + Enter "-1" if Number of + not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH3} ,1)					
WOM_ECL_LAB_NUM_OTH3	'[WOM_ECL_LAB_OTH3_NAME]' Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH3} ,1)					
WOM_ECL_LAB_DATE_OTH3 (required)	'[WOM_ECL_LAB_OTH3_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH3} ,1)					
WOM_ECL_LAB_TIME_OTH3 (required)	'[WOM_ECL_LAB_OTH3_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH3} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_LAB_TOTAL > group_WOM_ECL_LAB_VALDT_OTH4 Group relevant when: selected( \${WOM_ECL_LAB_REG_OTH4} ,1)						
note_intro_WOM_ECL_LAB_VALDT_OTH4	Record the value, as well as the date and time of the first checkup for each item listed below. Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH4} ,1)					
note_WOM_ECL_LAB_VALDT_OTH4	'[WOM_ECL_LAB_OTH4_NAME]' Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH4} ,1)					
WOM_ECL_LAB_NEG_OTH4	'[WOM_ECL_LAB_OTH4_NAME]' Negative Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH4} ,1)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes					
0	No					
WOM_ECL_LAB_POSNUM_OTH4	'[WOM_ECL_LAB_OTH4_NAME]' Number of + Enter "-1" if Number of + not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH4} ,1)					
WOM_ECL_LAB_NUM_OTH4	'[WOM_ECL_LAB_OTH4_NAME]' Value Enter "-1" if value not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH4} ,1)					
WOM_ECL_LAB_DATE_OTH4 (required)	'[WOM_ECL_LAB_OTH4_NAME]' Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH4} ,1)					
WOM_ECL_LAB_TIME_OTH4 (required)	'[WOM_ECL_LAB_OTH4_NAME]' Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_LAB_REG_OTH4} ,1)					
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_MED_TOTAL						
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_MED_TOTAL > group_WOM_ECL_MED						
WOM_ECL_MED	Review the entire medical record to complete the next section. Please note whether the following medications were administered.	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes					
0	No					
WOM_ECL_MED_ADM_MGS (required)	Magnesium Sulfate (zuspam, SMg4)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes					
0	No					

Field	Question	Answer
WOM_ECL_MED_ADM_HID <i>(required)</i>	Hidralazine	<div>1 Yes</div> <div>0 No</div>
WOM_ECL_MED_ADM_NIF <i>(required)</i>	Nifedipine	<div>1 Yes</div> <div>0 No</div>
WOM_ECL_MED_ADM_BET <i>(required)</i>	Betamethasone	<div>1 Yes</div> <div>0 No</div>
WOM_ECL_MED_ADM_DEX <i>(required)</i>	Dexamethasone	<div>1 Yes</div> <div>0 No</div>
WOM_ECL_MED_ADM_SAL <i>(required)</i>	Saline solution	<div>1 Yes</div> <div>0 No</div>
WOM_ECL_MED_ADM_LACT <i>(required)</i>	Ringer's lactate	<div>1 Yes</div> <div>0 No</div>
WOM_ECL_MED_ADM_HART <i>(required)</i>	Hartmann's solution	<div>1 Yes</div> <div>0 No</div>
WOM_ECL_MED_ADM_LOL <i>(required)</i>	Labetalol	<div>1 Yes</div> <div>0 No</div>
WOM_ECL_MED_ADM_OAH	Other antihypertensive (specify):	<div>1 Yes</div> <div>0 No</div>
WOM_ECL_MED_ADM_OME1	Other medication (specify):	<div>1 Yes</div> <div>0 No</div>
WOM_ECL_MED_ADM_OME2	Other medication (specify):	<div>1 Yes</div> <div>0 No</div>
WOM_ECL_MED_ADM_OME3	Other medication (specify):	<div>1 Yes</div> <div>0 No</div>
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_MED_TOTAL > group_WOM_ECL_MED_VALDT_MGS Group relevant when: selected( \${WOM_ECL_MED_ADM_MGS} , 1)		
note_intro_WOM_ECL_MED_VALDT_MGS	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_MGS} , 1)</i>	
note_WOM_ECL_MED_VALDT_MGS	Magnesium Sulfate (zuspam, SMg4) <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_MGS} , 1)</i>	
WOM_ECL_MED_DOS_MGS <i>(required)</i>	Magnesium Sulfate (zuspam, SMg4) Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_MGS} , 1)</i>	
WOM_ECL_MED_UNIT_MGS <i>(required)</i>	Magnesium Sulfate (zuspam, SMg4) Unit <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_MGS} , 1)</i>	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div> <div>6 mL</div> <div>7 mcg</div>
WOM_ECL_MED_DATE_MGS <i>(required)</i>	Magnesium Sulfate (zuspam, SMg4) Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_MGS} , 1)</i>	
WOM_ECL_MED_TIME_MGS <i>(required)</i>	Magnesium Sulfate (zuspam, SMg4) Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_MGS} , 1)</i>	
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_MED_TOTAL > group_WOM_ECL_MED_VALDT_HID Group relevant when: selected( \${WOM_ECL_MED_ADM_HID} , 1)		
note_intro_WOM_ECL_MED_VALDT_HID	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_HID} , 1)</i>	
note_WOM_ECL_MED_VALDT_HID	Hidralazine <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_HID} , 1)</i>	
WOM_ECL_MED_DOS_HID <i>(required)</i>	Hidralazine Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_HID} , 1)</i>	
WOM_ECL_MED_UNIT_HID <i>(required)</i>	Hidralazine Unit <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_HID} , 1)</i>	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div>

Field	Question	6 mL Answer	
		7	mcg
WOM_ECL_MED_DATE_HID <i>(required)</i>	Hidralazine Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_HID} , 1)</i>		
WOM_ECL_MED_TIME_HID <i>(required)</i>	Hidralazine Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_HID} , 1)</i>		
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_MED_TOTAL > group_WOM_ECL_MED_VALDT_NIF <i>Group relevant when: selected( \${WOM_ECL_MED_ADM_NIF} , 1)</i>			
note_intro_WOM_ECL_MED_VALDT_NIF	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_NIF} , 1)</i>		
note_WOM_ECL_MED_VALDT_NIF	Nifedipine <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_NIF} , 1)</i>		
WOM_ECL_MED_DOS_NIF <i>(required)</i>	Nifedipine Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_NIF} , 1)</i>		
WOM_ECL_MED_UNIT_NIF <i>(required)</i>	Nifedipine Unit <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_NIF} , 1)</i>	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
WOM_ECL_MED_DATE_NIF <i>(required)</i>	Nifedipine Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_NIF} , 1)</i>		
WOM_ECL_MED_TIME_NIF <i>(required)</i>	Nifedipine Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_NIF} , 1)</i>		
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_MED_TOTAL > group_WOM_ECL_MED_VALDT_BET <i>Group relevant when: selected( \${WOM_ECL_MED_ADM_BET} , 1)</i>			
note_intro_WOM_ECL_MED_VALDT_BET	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_BET} , 1)</i>		
note_WOM_ECL_MED_VALDT_BET	Betamethasone <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_BET} , 1)</i>		
WOM_ECL_MED_DOS_BET <i>(required)</i>	Betamethasone Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_BET} , 1)</i>		
WOM_ECL_MED_UNIT_BET <i>(required)</i>	Betamethasone Unit <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_BET} , 1)</i>	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
WOM_ECL_MED_DATE_BET <i>(required)</i>	Betamethasone Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_BET} , 1)</i>		
WOM_ECL_MED_TIME_BET <i>(required)</i>	Betamethasone Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_BET} , 1)</i>		
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_MED_TOTAL > group_WOM_ECL_MED_VALDT_DEX <i>Group relevant when: selected( \${WOM_ECL_MED_ADM_DEX} , 1)</i>			
note_intro_WOM_ECL_MED_VALDT_DEX	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_DEX} , 1)</i>		
note_WOM_ECL_MED_VALDT_DEX	Dexamethasone <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_DEX} , 1)</i>		
WOM_ECL_MED_DOS_DEX <i>(required)</i>	Dexamethasone Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_DEX} , 1)</i>		
WOM_ECL_MED_UNIT_DEX <i>(required)</i>	Dexamethasone Unit	1	mg/kg
		2	mq

Field	Question	Answer	
	Question relevant when: selected( \${WOM_ECL_MED_ADM_DEX} , 1)	3	g
		4	UI
		5	cc
		6	mL
		7	mcg
WOM_ECL_MED_DATE_DEX (required)	Dexamethasone Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_MED_ADM_DEX} , 1)		
WOM_ECL_MED_TIME_DEX (required)	Dexamethasone Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_MED_ADM_DEX} , 1)		
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPSIA QUESTION BATTERY > group_WOM_ECL_MED_TOTAL > group_WOM_ECL_MED_VALDT_SAL Group relevant when: selected( \${WOM_ECL_MED_ADM_SAL} , 1)			
note_intro_WOM_ECL_MED_VALDT_SAL	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_ECL_MED_ADM_SAL} , 1)		
note_WOM_ECL_MED_VALDT_SAL	Saline solution Question relevant when: selected( \${WOM_ECL_MED_ADM_SAL} , 1)		
WOM_ECL_MED_DOS_SAL (required)	Saline solution Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_ECL_MED_ADM_SAL} , 1)		
WOM_ECL_MED_UNIT_SAL (required)	Saline solution Unit Question relevant when: selected( \${WOM_ECL_MED_ADM_SAL} , 1)	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
WOM_ECL_MED_DATE_SAL (required)	Saline solution Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_MED_ADM_SAL} , 1)		
WOM_ECL_MED_TIME_SAL (required)	Saline solution Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_MED_ADM_SAL} , 1)		
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPSIA QUESTION BATTERY > group_WOM_ECL_MED_TOTAL > group_WOM_ECL_MED_VALDT_LACT Group relevant when: selected( \${WOM_ECL_MED_ADM_LACT} , 1)			
note_intro_WOM_ECL_MED_VALDT_LACT	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_ECL_MED_ADM_LACT} , 1)		
note_WOM_ECL_MED_VALDT_LACT	Ringer's lactate Question relevant when: selected( \${WOM_ECL_MED_ADM_LACT} , 1)		
WOM_ECL_MED_DOS_LACT (required)	Ringer's lactate Dose Enter "-1" if dose not recorded Question relevant when: selected( \${WOM_ECL_MED_ADM_LACT} , 1)		
WOM_ECL_MED_UNIT_LACT (required)	Ringer's lactate Unit Question relevant when: selected( \${WOM_ECL_MED_ADM_LACT} , 1)	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
WOM_ECL_MED_DATE_LACT (required)	Ringer's lactate Date (DD/MM/YYYY) Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_MED_ADM_LACT} , 1)		
WOM_ECL_MED_TIME_LACT (required)	Ringer's lactate Time (HH:MM) Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_MED_ADM_LACT} , 1)		
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPSIA QUESTION BATTERY > group_WOM_ECL_MED_TOTAL > group_WOM_ECL_MED_VALDT_HART Group relevant when: selected( \${WOM_ECL_MED_ADM_HART} , 1)			
note_intro_WOM_ECL_MED_VALDT_HART	Record the dose, as well as the date and time of the first administration for each medication listed below. Question relevant when: selected( \${WOM_ECL_MED_ADM_HART} , 1)		
note_WOM_ECL_MED_VALDT_HART	Hartmann's solution Question relevant when: selected( \${WOM_ECL_MED_ADM_HART} , 1)		



Field	Question	Answer														
WOM_ECL_MED_DOS_HART <i>(required)</i>	Hartmann's solution Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_HART} ,1)</i>															
WOM_ECL_MED_UNIT_HART <i>(required)</i>	Hartmann's solution Unit <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_HART} ,1)</i>	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>Ul</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	Ul	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	Ul															
5	cc															
6	mL															
7	mcg															
WOM_ECL_MED_DATE_HART <i>(required)</i>	Hartmann's solution Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_HART} ,1)</i>															
WOM_ECL_MED_TIME_HART <i>(required)</i>	Hartmann's solution Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_HART} ,1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_MED_TOTAL > group_WOM_ECL_MED_VALDT_LOL <i>Group relevant when: selected( \${WOM_ECL_MED_ADM_LOL} ,1)</i>																
note_intro_WOM_ECL_MED_VALDT_LOL	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_LOL} ,1)</i>															
note_WOM_ECL_MED_VALDT_LOL	Labetalol <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_LOL} ,1)</i>															
WOM_ECL_MED_DOS_LOL <i>(required)</i>	Labetalol Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_LOL} ,1)</i>															
WOM_ECL_MED_UNIT_LOL <i>(required)</i>	Labetalol Unit <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_LOL} ,1)</i>	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>Ul</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	Ul	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	Ul															
5	cc															
6	mL															
7	mcg															
WOM_ECL_MED_DATE_LOL <i>(required)</i>	Labetalol Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_LOL} ,1)</i>															
WOM_ECL_MED_TIME_LOL <i>(required)</i>	Labetalol Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_LOL} ,1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_MED_TOTAL > group_WOM_ECL_MED_VALDT_OAH <i>Group relevant when: selected( \${WOM_ECL_MED_ADM_OAH} ,1)</i>																
note_intro_WOM_ECL_MED_VALDT_OAH	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OAH} ,1)</i>															
note_WOM_ECL_MED_VALDT_OAH	Other antihypertensive <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OAH} ,1)</i>															
WOM_ECL_MED_DOS_OAH <i>(required)</i>	Other antihypertensive Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OAH} ,1)</i>															
WOM_ECL_MED_UNIT_OAH <i>(required)</i>	Other antihypertensive Unit <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OAH} ,1)</i>	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>Ul</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> </table>	1	mg/kg	2	mg	3	g	4	Ul	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	Ul															
5	cc															
6	mL															
7	mcg															
WOM_ECL_MED_DATE_OAH <i>(required)</i>	Other antihypertensive Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OAH} ,1)</i>															
WOM_ECL_MED_TIME_OAH <i>(required)</i>	Other antihypertensive Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OAH} ,1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPسيا QUESTION BATTERY > group_WOM_ECL_MED_TOTAL > group_WOM_ECL_MED_VALDT_OME1 <i>Group relevant when: selected( \${WOM_ECL_MED_ADM_OME1} ,1)</i>																



Field	Question	Answer														
note_intro_WOM_ECL_MED_VALDT_OME1	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME1} , 1)</i>															
note_WOM_ECL_MED_VALDT_OME1	'[WOM_ECL_MED_OAH_NAME]' <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME1} , 1)</i>															
WOM_ECL_MED_DOS_OME1 <i>(required)</i>	'[WOM_ECL_MED_OAH_NAME]' Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME1} , 1)</i>															
WOM_ECL_MED_UNIT_OME1 <i>(required)</i>	'[WOM_ECL_MED_OAH_NAME]' Unit <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME1} , 1)</i>	<table><tr><td>1</td><td>mg/kg</td></tr><tr><td>2</td><td>mg</td></tr><tr><td>3</td><td>g</td></tr><tr><td>4</td><td>UI</td></tr><tr><td>5</td><td>cc</td></tr><tr><td>6</td><td>mL</td></tr><tr><td>7</td><td>mcg</td></tr></table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_ECL_MED_DATE_OME1 <i>(required)</i>	'[WOM_ECL_MED_OAH_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME1} , 1)</i>															
WOM_ECL_MED_TIME_OME1 <i>(required)</i>	'[WOM_ECL_MED_OAH_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME1} , 1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPSIA QUESTION BATTERY > group_WOM_ECL_MED_TOTAL > group_WOM_ECL_MED_VALDT_OME2 <i>Group relevant when: selected( \${WOM_ECL_MED_ADM_OME2} , 1)</i>																
note_intro_WOM_ECL_MED_VALDT_OME2	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME2} , 1)</i>															
note_WOM_ECL_MED_VALDT_OME2	'[WOM_ECL_MED_OME1_NAME]' <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME2} , 1)</i>															
WOM_ECL_MED_DOS_OME2 <i>(required)</i>	'[WOM_ECL_MED_OME1_NAME]' Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME2} , 1)</i>															
WOM_ECL_MED_UNIT_OME2 <i>(required)</i>	'[WOM_ECL_MED_OME1_NAME]' Unit <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME2} , 1)</i>	<table><tr><td>1</td><td>mg/kg</td></tr><tr><td>2</td><td>mg</td></tr><tr><td>3</td><td>g</td></tr><tr><td>4</td><td>UI</td></tr><tr><td>5</td><td>cc</td></tr><tr><td>6</td><td>mL</td></tr><tr><td>7</td><td>mcg</td></tr></table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_ECL_MED_DATE_OME2 <i>(required)</i>	'[WOM_ECL_MED_OME1_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME2} , 1)</i>															
WOM_ECL_MED_TIME_OME2 <i>(required)</i>	'[WOM_ECL_MED_OME1_NAME]' Time (HH:MM) <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME2} , 1)</i>															
Obstetric Complications > General Medical Record Battery > Eligible File > ECLAMPSIA QUESTION BATTERY > group_WOM_ECL_MED_TOTAL > group_WOM_ECL_MED_VALDT_OME3 <i>Group relevant when: selected( \${WOM_ECL_MED_ADM_OME3} , 1)</i>																
note_intro_WOM_ECL_MED_VALDT_OME3	Record the dose, as well as the date and time of the first administration for each medication listed below. <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME3} , 1)</i>															
note_WOM_ECL_MED_VALDT_OME3	'[WOM_ECL_MED_OME2_NAME]' <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME3} , 1)</i>															
WOM_ECL_MED_DOS_OME3 <i>(required)</i>	'[WOM_ECL_MED_OME2_NAME]' Dose <i>Enter "-1" if dose not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME3} , 1)</i>															
WOM_ECL_MED_UNIT_OME3 <i>(required)</i>	'[WOM_ECL_MED_OME2_NAME]' Unit <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME3} , 1)</i>	<table><tr><td>1</td><td>mg/kg</td></tr><tr><td>2</td><td>mg</td></tr><tr><td>3</td><td>g</td></tr><tr><td>4</td><td>UI</td></tr><tr><td>5</td><td>cc</td></tr><tr><td>6</td><td>mL</td></tr><tr><td>7</td><td>mcg</td></tr></table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg
1	mg/kg															
2	mg															
3	g															
4	UI															
5	cc															
6	mL															
7	mcg															
WOM_ECL_MED_DATE_OME3 <i>(required)</i>	'[WOM_ECL_MED_OME2_NAME]' Date (DD/MM/YYYY) <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_MED_ADM_OME3} , 1)</i>															
WOM ECL MED TIME OME3 <i>(required)</i>	'[WOM ECL MED OME2 NAME]' Time (HH:MM)															

Field	Question	Answer	
	Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_MED_ADM_OME3} , 1)		
WOM_ECL_MEDICATIONS <i>(required)</i>	Were any of the above medications administered at the same time during this hospitalization?	1	Yes
		0	No
WOM_ECL_SPECIAL_EVER <i>(required)</i>	Was the woman ever checked by a specialist?	2	Yes, marked with a stamp
		995	Yes, marked with another method (specify)
		0	No
		-1	Not recorded
WOM_ECL_SPECIAL_TYPE <i>(required)</i>	What type of specialist checked the woman? Question relevant when: selected( \${WOM_ECL_SPECIAL_EVER} , 1) or selected( \${WOM_ECL_SPECIAL_EVER} , 2) or selected( \${WOM_ECL_SPECIAL_EVER} , 995)	1	Obstetrician
		2	Gynecologist
		3	OBGYN
		4	Surgeon
		995	Other (specify):
		-1	Not recorded
WOM_ECL_CONSULT_SPECIAL_DATE_SPEC <i>(required)</i>	Date of the first evaluation by the specialist:  Date (DD/MM/YYYY): Enter "-1" if date not recorded Question relevant when: selected( \${WOM_ECL_SPECIAL_EVER} , 1) or selected( \${WOM_ECL_SPECIAL_EVER} , 2) or selected( \${WOM_ECL_SPECIAL_EVER} , 995)		
WOM_ECL_CONSULT_SPECIAL_TIME_SPEC <i>(required)</i>	Time of the first evaluation by the specialist:  Time (HH:MM): Enter "-1" if time not recorded Question relevant when: selected( \${WOM_ECL_SPECIAL_EVER} , 1) or selected( \${WOM_ECL_SPECIAL_EVER} , 2) or selected( \${WOM_ECL_SPECIAL_EVER} , 995)		
WOM_ECL_RESULT <i>(required)</i>	Result of the pregnancy:	1	Caesarean
		2	Vaginal birth
		995	Other (specify)
		-1	Not recorded
WOM_ECL_DISPOSITION <i>(required)</i>	Disposition:	1	Death in hospital
		2	Discharged home
		3	Transferred/referred to another facility
		4	Left against medical advice
		5	Unknown
		995	Other (specify):
		-1	Not recorded
WOM_ECL_REF_REASTO <i>(required)</i>	Reason for transfer/referral Question relevant when: selected( \${WOM_ECL_DISPOSITION} , 3)	1	High blood pressure
		2	Urine protein
		3	Bleeding
		4	Lochia
		5	Seizures
		99	Other (specify)
		DK	Not recorded
WOM_ECL_REF_ACCOMTO <i>(required)</i>	Was the woman accompanied by a health facility worker? Question relevant when: selected( \${WOM_ECL_DISPOSITION} , 3)	1	Yes, by a doctor
		2	Yes, by a nurse
		995	Yes, by another worker
		0	No
		-1	Not recorded
WOM_ECL_REF_NAMETO <i>(required)</i>	What facility was the woman transferred/referred to? Question relevant when: selected( \${WOM_ECL_DISPOSITION} , 3)	05	August Pine Ridge Health Center
		20	Caledonia Health Center
		17	Corozal Community Hospital
		18	Corozal Health Center (Urban)
		42	Georgeville Health Center
		06	Guinea Grass Health Center
		21	Libertad Health Center

Field	Question	Answer	
		01	Northern Regional Hospital
		02	Orange Walk Health Center (Urban)
		23	Progreso Health Center
		46	San Antonio Health Center
		04	San Felipe Health Center
		39	San Ignacio Community Hospital
		40	San Ignacio Health Center (Urban)
		19	San Narciso Health Center
		45	San Pedro Health Center
		22	Sarteneja Health Center
		33	Valley of Peace Health Center
		31	Western Regional Hospital
		03	Zenobia Meggs Health Center
		32	Belmopan Health Center (Urban)
		41	Dr. Kevin & Kenneth Gurree Polyclinic II (Mopan Clinic)
		60	National Hospital Belize City (KMHM)
WOM_ECL_REF_TYPETO <i>(required)</i>	Type of facility the woman was transferred/referred to: <i>Question relevant when: selected( \${WOM_ECL_DISPOSITION} ,3)</i>	995	Other, specify
		-1	Not recorded
WOM_ECL_DIS_DATE_SPEC <i>(required)</i>	Date of discharge/transfer/referral  Date (DD/MM/YYYY): <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_DISPOSITION} ,2) or selected( \${WOM_ECL_DISPOSITION} ,3) or selected( \${WOM_ECL_DISPOSITION} ,4) or selected( \${WOM_ECL_DISPOSITION} ,995)</i>	1	Health Clinic / Health Post / Mobile Unit
		2	Community Hospital
		3	Regional hospital
		995	Other (specify)
WOM_ECL_DIS_TIME_SPEC <i>(required)</i>	Time of discharge/transfer/referral  Time (HH:MM): <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_DISPOSITION} ,2) or selected( \${WOM_ECL_DISPOSITION} ,3) or selected( \${WOM_ECL_DISPOSITION} ,4) or selected( \${WOM_ECL_DISPOSITION} ,995)</i>	-1	Not recorded
WOM_ECL_DEATH_DATE_SPEC <i>(required)</i>	Date of death  Date (DD/MM/YYYY): <i>Enter "-1" if date not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_DISPOSITION} ,1)</i>		
WOM_ECL_DEATH_TIME_SPEC <i>(required)</i>	Time of death  Time (HH:MM): <i>Enter "-1" if time not recorded</i> <i>Question relevant when: selected( \${WOM_ECL_DISPOSITION} ,1)</i>		
note_no_compl	You indicated that the woman did not have any complications. Please review only records of sepsis, hemorrhage, pre-eclampsia and eclampsia.		

Field	Question	Answer	
	Question relevant when: not(selected( \${MRR_WOM_DEL_COMP} , "SEP")) and not(selected( \${MRR_WOM_DEL_COMP} , "HEM")) and not(selected( \${MRR_WOM_DEL_COMP} , "PRE")) and not(selected( \${MRR_WOM_DEL_COMP} , "ECL"))		
SOURCE_BHIS_PAPER	What did you use to complete this medical record review?	1	Both BHIS and paper record(s)
		2	BHIS only; no paper record(s) found or exists
		3	Paper record(s) only; no access to BHIS or BHIS record not found
COMMENT_COMPL_MATERNA	Enter relevant comments about this section		
End of survey			
note_conclusion	<b>You have reached the end of the survey.</b> You cannot modify any responses after the survey has been submitted. If you believe that this page was reached in error, please click 'Previous' and revise your responses as necessary. Thank you for your time today.		
CONFIRM_END_SURVEY (required)	Are you <b>sure</b> you want to complete the survey? You will not be able to return to make any changes after you proceed.	1	Yes
		0	No