|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Data Collection Session Date & Time: |  | | | | |
| Position Randomisation order | 1 | 2 | 3 | 4 | 5 |

|  |  |  |
| --- | --- | --- |
| Age:\_\_\_\_\_ | Weight:\_\_\_\_Kg | Height:\_\_\_\_\_Cm |

Have you ever been pregnant before?

Yes □ No □ Would rather not say □

Have you ever given birth before?

Yes □ No □ Would rather not say □