

ANTENATAL CLINIC QUESTIONNAIRE

FORM C

MUT number:

Questionnaire processing dates:

Consent form	<input style="width: 90%; height: 15px;" type="text"/>
Corrections completed	<input style="width: 90%; height: 15px;" type="text"/>
Data entered	<input style="width: 90%; height: 15px;" type="text"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																									
Q101	Clinic name:	<input style="width: 100%; height: 20px;" type="text"/>																										
Q102	Study site reference:	<input style="width: 100%; height: 20px;" type="text"/>																										
Q103	Interviewer:	<input style="width: 100%; height: 20px;" type="text"/>																										
Q104	Consent obtained:	Yes 1 <input style="width: 20px; height: 15px;" type="text"/> No 2 <input style="width: 20px; height: 15px;" type="text"/>																										
Q105	Date:	Month & year <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <small>Month Year</small>																										
Q106	Did you take part in this antenatal study when it was last conducted three years ago?	Yes 1 <input style="width: 20px; height: 15px;" type="text"/> No 2 <input style="width: 20px; height: 15px;" type="text"/>																										
Q107	In what month and year were you born?	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <small>month yr</small>																										
Q108	How old were you at your last birthday? Check consistency with Q107.	Age in completed years <input style="width: 20px; height: 15px;" type="text"/> <small>years</small>																										
Q109	What is the highest grade of school you have completed? For "years", enter number of years at highest level reached.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">Level</th> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">Years</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>None</td> <td style="text-align: center;">0</td> <td><input style="width: 20px; height: 15px;" type="text"/></td> <td></td> <td></td> </tr> <tr> <td>Primary</td> <td style="text-align: center;">1</td> <td><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">1-7</td> <td><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Secondary</td> <td style="text-align: center;">2</td> <td><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">1-6</td> <td><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Higher</td> <td style="text-align: center;">3</td> <td><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">1-6</td> <td><input style="width: 20px; height: 15px;" type="text"/></td> </tr> </tbody> </table>		Level		Years		None	0	<input style="width: 20px; height: 15px;" type="text"/>			Primary	1	<input style="width: 20px; height: 15px;" type="text"/>	1-7	<input style="width: 20px; height: 15px;" type="text"/>	Secondary	2	<input style="width: 20px; height: 15px;" type="text"/>	1-6	<input style="width: 20px; height: 15px;" type="text"/>	Higher	3	<input style="width: 20px; height: 15px;" type="text"/>	1-6	<input style="width: 20px; height: 15px;" type="text"/>	
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Q110	What is the name of your usual place of residence?	Name of place <input style="width: 100%; height: 20px;" type="text"/>																										
Q111	How far is your home from this clinic? Go to Q113 if this is the nearest clinic to home.	<input style="width: 20px; height: 15px;" type="text"/> <small>kms</small>																										
Q112	Why are you attending the clinic here instead of your local clinic?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Visiting relatives</td><td style="text-align: center;">1</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Here to buy/sell produce or shopping</td><td style="text-align: center;">2</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Better quality of care</td><td style="text-align: center;">3</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Lower cost</td><td style="text-align: center;">4</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Not married</td><td style="text-align: center;">5</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">8</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> </tbody> </table>	Visiting relatives	1	<input style="width: 20px; height: 15px;" type="text"/>	Here to buy/sell produce or shopping	2	<input style="width: 20px; height: 15px;" type="text"/>	Better quality of care	3	<input style="width: 20px; height: 15px;" type="text"/>	Lower cost	4	<input style="width: 20px; height: 15px;" type="text"/>	Not married	5	<input style="width: 20px; height: 15px;" type="text"/>	Other (specify)	8	<input style="width: 20px; height: 15px;" type="text"/>								
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Q113	What type of place is your usual place of residence? Roadside here means a tarred road.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Large town or city (e.g.: Mutare)</td><td style="text-align: center;">1</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Small town (e.g.: Rusape)</td><td style="text-align: center;">2</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Growth point (e.g.: Hauna)</td><td style="text-align: center;">3</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Commercial estate/mine (e.g.: Katiyo)</td><td style="text-align: center;">4</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Roadside business centre (e.g.: Gatsi)</td><td style="text-align: center;">5</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Rural business centre</td><td style="text-align: center;">6</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Communal/resettlement area</td><td style="text-align: center;">7</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> </tbody> </table>	Large town or city (e.g.: Mutare)	1	<input style="width: 20px; height: 15px;" type="text"/>	Small town (e.g.: Rusape)	2	<input style="width: 20px; height: 15px;" type="text"/>	Growth point (e.g.: Hauna)	3	<input style="width: 20px; height: 15px;" type="text"/>	Commercial estate/mine (e.g.: Katiyo)	4	<input style="width: 20px; height: 15px;" type="text"/>	Roadside business centre (e.g.: Gatsi)	5	<input style="width: 20px; height: 15px;" type="text"/>	Rural business centre	6	<input style="width: 20px; height: 15px;" type="text"/>	Communal/resettlement area	7	<input style="width: 20px; height: 15px;" type="text"/>					
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Q114	How long have you been living in this area? i.e.: the usual place of residence.	Years <input style="width: 20px; height: 15px;" type="text"/> <small>years</small> Since birth 995 <input style="width: 20px; height: 15px;" type="text"/> - Q116 Visitor 996 <input style="width: 20px; height: 15px;" type="text"/>																										
Q115	What type of place was your previous place of residence? Record the name of the place.	Enter code from Q113. <input style="width: 20px; height: 15px;" type="text"/>																										
Q116	Which church do you belong to?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Traditional</td><td style="text-align: center;">1</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Methodist</td><td style="text-align: center;">4</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Anglican</td><td style="text-align: center;">5</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Roman Catholic</td><td style="text-align: center;">6</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Apostolic Faith Mission</td><td style="text-align: center;">8</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Zionist</td><td style="text-align: center;">15</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">17</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td>None</td><td style="text-align: center;">97</td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> </tbody> </table>	Traditional	1	<input style="width: 20px; height: 15px;" type="text"/>	Methodist	4	<input style="width: 20px; height: 15px;" type="text"/>	Anglican	5	<input style="width: 20px; height: 15px;" type="text"/>	Roman Catholic	6	<input style="width: 20px; height: 15px;" type="text"/>	Apostolic Faith Mission	8	<input style="width: 20px; height: 15px;" type="text"/>	Zionist	15	<input style="width: 20px; height: 15px;" type="text"/>	Other (specify)	17	<input style="width: 20px; height: 15px;" type="text"/>	None	97	<input style="width: 20px; height: 15px;" type="text"/>		
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Q117	In the last few months have you been in good health, experienced recurring minor illnesses or been seriously ill?	Good health 1 <input style="width: 20px; height: 15px;" type="text"/> Recurring sickness 2 <input style="width: 20px; height: 15px;" type="text"/> Serious illness 3 <input style="width: 20px; height: 15px;" type="text"/>																										
Q118	Some women experience an unusual discharge from the vagina. Have you ever experienced a discharge from the vagina?	Yes 1 <input style="width: 20px; height: 15px;" type="text"/> No 2 <input style="width: 20px; height: 15px;" type="text"/> Don't know 98 <input style="width: 20px; height: 15px;" type="text"/>																										
Q119	Have you ever received treatment for a sexually transmitted disease?	Yes 1 <input style="width: 20px; height: 15px;" type="text"/> No 2 <input style="width: 20px; height: 15px;" type="text"/>																										

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Q120	<i>How old were you when you had sex for the first time?</i>	Age (years) <input type="text"/> yrs	
Q121	<i>Have you ever been married or in a long-term or cohabiting relationship? "Long-term" if 12 months or more.</i>	Yes 1 <input type="text"/> No 2 <input type="text"/>	- Q125
Q122	<i>How old were you when you first entered such a relationship?</i>	Age (years) <input type="text"/> yrs	
Q123	<i>How many of these relationships have you been in in your lifetime?</i>	<input type="text"/>	
Q124	<i>Are you currently widowed, divorced or separated from your most recent spouse/partner?</i>	Widowed 1 <input type="text"/> Divorced 2 <input type="text"/> Separated 3 <input type="text"/> Still in union 4 <input type="text"/>	
Q125	<u>Estimate number of months before child will be delivered.</u>	<input type="text"/> mnths	
Q126	<i>How many children have you given birth to who were alive at the time they were born?</i>	<u>Includes any child who cried or showed any sign of life but only survived a few hours or days.</u> <input type="text"/>	
Q127	<i>How many pregnancies have you had that ended in a stillbirth?</i>	<u>Pregnancy of over 6 months where child had died before birth.</u> <input type="text"/>	
Q128	<u>Sum total of responses to Q126 and Q127. If total is 1 or more, go to Q133.</u>	<input type="text"/>	
Q129	<i>For how much of the time before you were married did you (or your partner(s)) use a method of contraception on a consistent basis?</i>	Not at all 1 <input type="text"/> Some of the time 2 <input type="text"/> Most/all of the time 3 <input type="text"/> Not sure 8 <input type="text"/>	
Q130	<i>Which were the main methods you used?</i>	Pill 1 <input type="text"/> Condoms/femidoms 2 <input type="text"/> Safe period/withdrawal 3 <input type="text"/> Other (specify) 8 <input type="text"/>	
Q131	<i>For how much of the time between when you were married and the beginning of this pregnancy did you/your partner(s) use contraception on a consistent basis?</i>	Not at all 1 <input type="text"/> Some of the time 2 <input type="text"/> Most/all of the time 3 <input type="text"/> Not sure 8 <input type="text"/>	
Q132	<i>Which were the main methods you used?</i>	Pill 1 <input type="text"/> Condoms/femidoms 2 <input type="text"/> Safe period/withdrawal 3 <input type="text"/> Other (specify) 8 <input type="text"/>	- End - End - End - End
Q133	<i>How old were you when you first became pregnant?</i>	Age (years) <input type="text"/> yrs	
Q134	<i>How long is it now since your last pregnancy ended?</i>	<u>nb: include last stillbirth.</u> <input type="text"/> mnths	
Q135	<i>What was the outcome of your last pregnancy?</i>	Live birth 1 <input type="text"/> Still birth 2 <input type="text"/> Miscarriage 3 <input type="text"/> Induced abortion 4 <input type="text"/>	
Q136	<i>For how many months after this pregnancy ended did you not have a period?</i>	<input type="text"/> mnths	
Q137	<i>For how many months after this pregnancy ended did you not have sexual relations?</i>	<input type="text"/> mnths	
Q138	<i>For how much of the time since resuming sexual relations after this pregnancy ended did you/your partner(s) use a method of contraception on a consistent basis?</i>	Not at all 1 <input type="text"/> Some of the time 2 <input type="text"/> Most/all of the time 3 <input type="text"/> Not sure 8 <input type="text"/>	
Q139	<i>Which were the main methods you used?</i>	Pill 1 <input type="text"/> Condoms/femidoms 2 <input type="text"/> Safe period/withdrawal 3 <input type="text"/> Other (specify) 8 <input type="text"/>	