

ANTENATAL CLINIC QUESTIONNAIRE

FORM C

**MUT number:**

**Questionnaire processing dates:**

Consent form

Corrections completed

Data entered

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																									
Q101	<b>Clinic name:</b>	<input type="text"/>																										
Q102	<b>Study site reference:</b>	<input type="text"/>																										
Q103	<b>Nevirapine-based PMTCT availability at clinic:</b>	Yes: available now 1 <input type="checkbox"/> Yes: temporarily unavailable 2 <input type="checkbox"/> Other (record details) 3 <input type="checkbox"/> Treatment not yet available 4 <input type="checkbox"/>																										
Q104	<b>Counselling provided by:</b>	Nurse/doctor 1 <input type="checkbox"/> Lay counsellors (trained) 2 <input type="checkbox"/> Separate centre 3 <input type="checkbox"/> Other (specify) 4 <input type="checkbox"/> Advice only given 5 <input type="checkbox"/> Counselling not yet available 6 <input type="checkbox"/>																										
	<b>Explain what is meant by counselling.</b>																											
Q105	<b>Interviewer:</b>	<input type="text"/>																										
Q106	<b>Interview done before or after ANC check-up completed:</b>	Before or incomplete 1 <input type="checkbox"/> After 2 <input type="checkbox"/>																										
Q107	<b>Consent obtained:</b>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>																										
Q108	<b>Date:</b>	Month & year <input type="text"/>																										
Q109	<b>Did you take part in this antenatal study when it was last conducted two years ago?</b>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>																										
Q110	<b>How many antenatal check-ups have you had for this pregnancy before today's visit?</b>	<input type="text"/>																										
Q111	<b>In what month and year were you born?</b>	<input type="text"/> <small>month</small> <input type="text"/> <small>yr</small>																										
Q112	<b>How old were you at your last birthday? Check consistency with Q111.</b>	Age in completed years <input type="text"/> <small>yrs</small>																										
Q113	<b>What is the highest grade of school you have completed?</b>  <b>For "years", enter number of years at highest level reached.</b>	<table border="0"> <tr> <td></td> <td><u>Level</u></td> <td></td> <td><u>Years</u></td> <td></td> </tr> <tr> <td>None</td> <td>0</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Primary</td> <td>1</td> <td><input type="checkbox"/></td> <td>1-7</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Secondary</td> <td>2</td> <td><input type="checkbox"/></td> <td>1-6</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Higher</td> <td>3</td> <td><input type="checkbox"/></td> <td>1-6</td> <td><input type="checkbox"/></td> </tr> </table>		<u>Level</u>		<u>Years</u>		None	0	<input type="checkbox"/>			Primary	1	<input type="checkbox"/>	1-7	<input type="checkbox"/>	Secondary	2	<input type="checkbox"/>	1-6	<input type="checkbox"/>	Higher	3	<input type="checkbox"/>	1-6	<input type="checkbox"/>	
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Secondary	2	<input type="checkbox"/>	1-6	<input type="checkbox"/>																								
Higher	3	<input type="checkbox"/>	1-6	<input type="checkbox"/>																								
Q114	<b>What is the name of your usual place of residence?</b>	Name of place <input type="text"/>																										
Q115	<b>How far is your home from this clinic? Go to Q117 if this is the nearest clinic to home.</b>	<input type="text"/> <small>kms</small>																										
Q116	<b>Why are you attending the clinic here instead of your local clinic?</b>	Visiting relatives 1 <input type="checkbox"/> Here to buy/sell produce or shopping 2 <input type="checkbox"/> Better quality of care 3 <input type="checkbox"/> Lower cost 4 <input type="checkbox"/> Not married 5 <input type="checkbox"/> PMTCT service available 6 <input type="checkbox"/> Don't have to have an HIV test here 7 <input type="checkbox"/> Other (specify) 8 <input type="checkbox"/>																										
Q117	<b>What type of place is your usual place of residence?</b>  <b>Roadside here means a tarred road.</b>	Large town or city (e.g.: Mutare) 1 <input type="checkbox"/> Small town (e.g.: Rusape) 2 <input type="checkbox"/> Growth point (e.g.: Hauna) 3 <input type="checkbox"/> Commercial estate/mine (e.g.: Katiyo) 4 <input type="checkbox"/> Roadside business centre (e.g.: Gatsi) 5 <input type="checkbox"/> Rural business centre 6 <input type="checkbox"/> Communal/resettlement area 7 <input type="checkbox"/>																										
Q118	<b>How long have you been living in this area? i.e.: the usual place of residence.</b>	Years <input type="text"/> <small>yrs</small> Since birth 995 <input type="checkbox"/> Visitor 996 <input type="checkbox"/>	- Q120																									
Q119	<b>What type of place was your previous place of residence? Record the name of the place.</b>	Enter code from Q117. <input type="text"/>																										

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Q120	<i>Which church do you belong to?</i>	Traditional Methodist Anglican Roman Catholic Apostolic Faith Mission Zionist Other (specify) None	1 4 5 6 8 15 17 97	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q121	<i>How old were you when you first had sex?</i>	Age (years)		<input type="text" value=""/>	
Q122	<i>Have you ever been married or in a long-term or cohabiting relationship? "Long-term" if 12 months or more.</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q126
Q123	<i>How old were you when you first entered such a relationship?</i>	Age (years)		<input type="text" value=""/>	
Q124	<i>How many of these relationships have you been in in your lifetime?</i>			<input type="text" value=""/>	
Q125	<i>Are you currently widowed, divorced or separated from your most recent spouse/partner?</i>	Widowed Divorced Separated Still in union	1 2 3 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q126	<i>Estimate number of months before child will be delivered.</i>			<input type="text" value=""/>	
Q127	<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" value=""/>	
Q128	<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" value=""/>	
Q129	<i>In the last few months have you been in good health, experienced recurring minor illnesses or been seriously ill?</i>	Good health Recurring sickness Serious illness	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q130	<i>Some women experience an unusual discharge from the vagina. Have you ever experienced a discharge from the vagina?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q131	<i>Have you ever received treatment for a sexually transmitted disease?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	
Q132	<i>Has anyone spoken to you about HIV and pregnancy during this visit?</i>	Yes: in a group Yes: individually No	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q141
Q133	<i>Did you receive pre-test counselling for having an HIV test?</i>	Yes: in a group Yes: individually No	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q141
Q134	<i>How helpful did you find this counselling? 1. very helpful; 2. helpful; 3. not helpful</i>	Code		<input type="text" value=""/>	
Q135	<i>Have you been offered an HIV test during this pregnancy or did you know your status before you became pregnant?</i>	Yes: at this clinic Yes: elsewhere (place) _____ Knew status before No	1 2 3 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q141 - End
Q136	<i>Did you agree to have an HIV test?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- End
Q137	<i>Did you collect your result?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- End
Q138	<i>Did you receive further counselling after you got your results?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q140
Q139	<i>How helpful was the post-test counselling?</i>	Codes from Q134.		<input type="text" value=""/>	
Q140	<i>Was your spouse/partner offered HIV counselling and testing at the same time?</i>	Yes: & took it up Yes: but declined No	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q141	<i>Have you been offered any drugs to protect your baby from getting infected with HIV/AIDS - or are you already on treatment? <u>Stress confidential but voluntary.</u></i>	Yes: at this clinic Yes: elsewhere (place) _____ Yes: but already on treatment No Prefers not to say	1 2 3 4 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- End - End
Q142	<i>For how long have you been taking drugs that prevent HIV from causing AIDS?</i>	<u>Enter '0' months if just started.</u>		<input type="text" value=""/> mths <input type="text" value=""/> yrs	- End
Q143	<i>Have you taken these drugs?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	