

ANTENATAL CLINIC QUESTIONNAIRE

FORM C

MUT number:

Questionnaire processing dates:
 Consent form
 Corrections completed
 Data entered

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

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Q120	How old were you when you first had sex?	Age (years) <input type="text"/> yrs	
Q121	Have you ever been married or in a long-term or cohabiting relationship? "Long-term" if 12 months or more.	Yes 1 <input type="text"/> No 2 <input type="text"/>	- Q125
Q122	How old were you when you first entered such a relationship?	Age (years) <input type="text"/> yrs	
Q123	How many of these relationships have you been in in your lifetime?	<input type="text"/>	
Q124	Are you currently widowed, divorced or separated from your most recent spouse/partner?	Widowed 1 <input type="text"/> Divorced 2 <input type="text"/> Separated 3 <input type="text"/> Still in union 4 <input type="text"/>	
Q125	Estimate number of months before child will be delivered.	<input type="text"/> mths	
Q126	How many children have you given birth to who were alive at the time they were born?	<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	How many pregnancies have you had that ended in a stillbirth?	<u>Pregnancy of over 6 months where child had died before birth.</u> <input type="text"/>	
Q128	In the last few months have you been in good health, experienced recurring minor illnesses or been seriously ill?	Good health 1 <input type="text"/> Recurring sickness 2 <input type="text"/> Serious illness 3 <input type="text"/>	
Q129	Have you ever received treatment for a sexually transmitted disease?	Yes 1 <input type="text"/> No 2 <input type="text"/>	
Q130	Has anyone spoken to you about HIV and pregnancy during this visit?	Yes: in a group 1 <input type="text"/> Yes: individually 2 <input type="text"/> No 3 <input type="text"/>	- Q139
Q131	Did you receive pre-test counselling for having an HIV test?	Yes: in a group 1 <input type="text"/> Yes: individually 2 <input type="text"/> No 3 <input type="text"/>	- Q139
Q132	How helpful did you find this counselling? 1. very helpful; 2. helpful; 3. not helpful	<u>Enter code.</u> <input type="text"/>	
Q133	Have you been offered an HIV test during this pregnancy or did you know your status before you became pregnant?	Yes: at this clinic 1 <input type="text"/> Yes: elsewhere (place) _____ 2 <input type="text"/> Knew status before 3 <input type="text"/> No 4 <input type="text"/>	- Q139 - Q144
Q134	Did you agree to have an HIV test?	Yes 1 <input type="text"/> No 2 <input type="text"/>	- Q144
Q135	Did you collect your result?	Yes 1 <input type="text"/> No 2 <input type="text"/>	- Q144
Q136	Did you receive further counselling after you got your results?	Yes 1 <input type="text"/> No 2 <input type="text"/>	- Q138
Q137	How helpful was the post-test counselling?	<u>Codes from Q134.</u> <input type="text"/>	
Q138	Was your spouse/partner (father of the child) offered HIV counselling and testing at the same time?	Yes: & took it up 1 <input type="text"/> Yes: but declined 2 <input type="text"/> No 3 <input type="text"/>	
Q139	Have you been offered any drugs to protect your baby from getting infected with HIV/AIDS - or are you already on treatment (ART)? <u>Stress confidential but voluntary.</u>	Yes: at this clinic 1 <input type="text"/> Yes: elsewhere (place) _____ 2 <input type="text"/> Yes: but already on treatment 3 <input type="text"/> No 4 <input type="text"/> Prefers not to say 8 <input type="text"/>	- Q142 - Q142
Q140	For how long have you been taking drugs that prevent HIV from causing AIDS? i.e. ART	<u>Enter '0' months if just started.</u> <input type="text"/> mths <input type="text"/> yrs Never taken 99 <input type="text"/>	
Q141	Where do you go to collect your ART?	This clinic 1 <input type="text"/> Other local clinic 2 <input type="text"/> District hospital 3 <input type="text"/> Mutare or Harare 4 <input type="text"/> Outside Zimbabwe 5 <input type="text"/>	
Q142	How many children do you have who have been given ART? <u>Emphasise we mean ART not PMTCT</u>	<input type="text"/>	- Q144 if "0"
Q143	How many of these children have passed away after being on ART?	<input type="text"/>	
Q144	Is your spouse/partner (father of the child) taking ART?	Yes 1 <input type="text"/> No 2 <input type="text"/>	