

ANTENATAL CLINIC QUESTIONNAIRE

FORM C

MUT number:
 Clinic name:
 Study site number:

Questionnaire processing dates:
 Consent form
 Corrections completed
 Data entered

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
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Questions to be asked to clinic staff on a daily basis

Q101	Interviewer:	<input type="text"/>													
Q102	Which of these HIV PMTCT counselling & testing services are available at this clinic today?	HIV counselling HIV testing Clinical staging for ART	<table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> - Q104 if 'Yes'	Yes	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
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Q103	Record reason(s) testing was not available today. May be more than one reason.	No qualified CT staff today Test kits out of stock or expired Too busy Other (specify)	<table border="1"> <tr><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> <tr><td>3</td><td><input type="text"/></td></tr> <tr><td>8</td><td><input type="text"/></td></tr> </table>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	8	<input type="text"/>				
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Q104	Which of the following PMTCT regimens are you providing at your clinic today?	MER Single dose NVP Other (specify) None	<table border="1"> <tr><td>1</td><td><input type="text"/></td><td>- Q106</td></tr> <tr><td>2</td><td><input type="text"/></td><td>- Q106</td></tr> <tr><td>3</td><td><input type="text"/></td><td>- Q106</td></tr> <tr><td>9</td><td><input type="text"/></td><td></td></tr> </table>	1	<input type="text"/>	- Q106	2	<input type="text"/>	- Q106	3	<input type="text"/>	- Q106	9	<input type="text"/>	
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Q105	Record reason(s) PMTCT drugs were not available today. May be more than one reason.	No qualified staff today Drugs out of stock or expired Too busy Other (specify)	<table border="1"> <tr><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> <tr><td>3</td><td><input type="text"/></td></tr> <tr><td>8</td><td><input type="text"/></td></tr> </table>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	8	<input type="text"/>				
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Questions to be asked to pregnant woman

Q106	Consent obtained:	Yes No	<table border="1"> <tr><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> </table>	1	<input type="text"/>	2	<input type="text"/>																
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Q107	Date:	Month & year	<input type="text"/>																				
Q108	Did you take part in this antenatal study when it was last conducted three years ago?	Yes No Don't know	<table border="1"> <tr><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> <tr><td>98</td><td><input type="text"/></td></tr> </table>	1	<input type="text"/>	2	<input type="text"/>	98	<input type="text"/>														
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98	<input type="text"/>																						
Q109	How many antenatal check-ups have you had for this pregnancy before today's visit?		<input type="text"/>																				
Q110	In what month and year were you born?		<table border="1"> <tr> <td>mnth</td> <td>yr</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	mnth	yr	<input type="text"/>	<input type="text"/>																
mnth	yr																						
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Q111	How old were you at your last birthday? Check consistency with Q110.	Age in completed years	<input type="text"/>																				
Q112	What is the highest grade of school you have completed? For "years", enter number of years at highest level reached.	None Primary Secondary Higher	<table border="1"> <tr> <th>Level</th> <th>Years</th> </tr> <tr> <td>0</td> <td><input type="text"/></td> </tr> <tr> <td>1</td> <td>1-7 <input type="text"/></td> </tr> <tr> <td>2</td> <td>1-6 <input type="text"/></td> </tr> <tr> <td>3</td> <td>1-6 <input type="text"/></td> </tr> </table>	Level	Years	0	<input type="text"/>	1	1-7 <input type="text"/>	2	1-6 <input type="text"/>	3	1-6 <input type="text"/>										
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3	1-6 <input type="text"/>																						
Q113	What is your usual place of residence? n.b. might differ from CURRENT residence*.	Name of place	<input type="text"/>																				
Q114	How far is your home from this clinic? Go to Q116 if this is the nearest clinic to home.		<input type="text"/>																				
Q115	Why are you attending the clinic here instead of your local clinic? * i.e. to be with mother at time of birth.	Staying with mother/mother-in-law* Visiting relatives (other) Here to buy/sell produce or shopping Better quality of care Lower cost More confidential Stigma (staff unfriendly etc.) PMTCT service available here Don't have to have an HIV test here Other (specify)	<table border="1"> <tr><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> <tr><td>3</td><td><input type="text"/></td></tr> <tr><td>4</td><td><input type="text"/></td></tr> <tr><td>5</td><td><input type="text"/></td></tr> <tr><td>6</td><td><input type="text"/></td></tr> <tr><td>7</td><td><input type="text"/></td></tr> <tr><td>8</td><td><input type="text"/></td></tr> <tr><td>9</td><td><input type="text"/></td></tr> <tr><td>10</td><td><input type="text"/></td></tr> </table>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>	7	<input type="text"/>	8	<input type="text"/>	9	<input type="text"/>	10	<input type="text"/>
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Q116	What type of place is your usual place of residence? Roadside here means a tarred road.	Large town or city (e.g.: Mutare) Small town (e.g.: Rusape) Growth point (e.g.: Hauna) Commercial estate/mine (e.g.: Katiyo) Roadside business centre (e.g.: Gatsi) Rural business centre Communal/resettlement area	<table border="1"> <tr><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> <tr><td>3</td><td><input type="text"/></td></tr> <tr><td>4</td><td><input type="text"/></td></tr> <tr><td>5</td><td><input type="text"/></td></tr> <tr><td>6</td><td><input type="text"/></td></tr> <tr><td>7</td><td><input type="text"/></td></tr> </table>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>	7	<input type="text"/>						
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Q117	How long have you been living in this area? i.e.: the USUAL place of residence.	Years Since birth Visitor	<table border="1"> <tr><td><input type="text"/></td><td>yrs</td></tr> <tr><td>995</td><td><input type="text"/></td></tr> <tr><td>996</td><td><input type="text"/></td></tr> </table> - Q119	<input type="text"/>	yrs	995	<input type="text"/>	996	<input type="text"/>														
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Q118	What type of place was your previous place of residence?	Enter code from Q116.	<input type="text"/>
Q119	How old were you when you first had sex?	Age (years)	<input type="text"/> yrs
Q120	Have you ever been married or in a long-term or cohabiting relationship? <u>"Long-term" if 12 months or more.</u>	Yes 1 No 2	<input type="text"/> - Q125
Q121	How old were you when you first entered such a relationship?	Age (years)	<input type="text"/> yrs
Q122	How many of these relationships have you been in in your lifetime?		<input type="text"/>
Q123	Are you currently widowed, divorced or separated from your most recent spouse/partner?	Widowed 1 Divorced 2 Separated 3 Still in union 4	<input type="text"/>
Q124	<u>Estimate number of months before child will be delivered.</u>		<input type="text"/> mths
Q125	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"/>
Q126	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"/>
Q127	In the last few months have you been in good health, experienced recurring minor illnesses or been seriously ill?	Good health 1 Recurring sickness 2 Serious illness 3	<input type="text"/>
Q128	Have you ever received treatment for a sexually transmitted disease?	Yes 1 No 2	<input type="text"/>
Q129	Were you offered an HIV test during this pregnancy? <u>If "yes", ask whether accepted and, if not, reason.</u>	Yes - tested 1 Yes - decided against, already knows HIV+ 2 Yes - decided against, other reasons 3 No 4	<input type="text"/> - Q133 <input type="text"/> - Q141
Q130	Was your spouse/partner (father of the child) offered HIV counselling and testing at the same time?	Yes: & took it up 1 Yes: but declined 2 No 3	<input type="text"/>
Q131	<u>Go to Q141 if answer to Q129 is (3).</u>		
Q132	If you feel comfortable sharing, was the result of this / your last HIV test positive? <u>Stress confidential but voluntary.</u>	Yes 1 No 2 Did not collect results 3 Don't know 98 Prefers not to say 99	<input type="text"/> - Q139 <input type="text"/> - Q139 <input type="text"/> - Q139 <input type="text"/> - Q139
Q133	Did the clinic staff check to see if you had symptoms that might mean you need drugs to protect you from AIDS? (i.e. ARVs)	Yes: previously 1 Yes: today 2 No 3 Don't know 98	<input type="text"/> - Q135 <input type="text"/> - Q135
Q134	Were you referred to a doctor to be assessed for ARVs? <u>If referred previously, ask whether has attended.</u>	Yes: referred previously & attended 1 Yes: referred previously, not yet attended 2 Yes: referred today 3 No 4	<input type="text"/>
Q135	Are you receiving drugs to prevent HIV from causing AIDS? <u>i.e. the woman herself is on ART.</u>	Yes 1 No 2	<input type="text"/> - Q137
Q136	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> Never taken	<input type="text"/> mths <input type="text"/> yrs 99 <input type="text"/>
Q137	How many children do you have who have been given ART? <u>Emphasise we mean ART NOT PMTCT.</u>		<input type="text"/> - Q139 if "0"
Q138	How many of these children have passed away after being on ART?		<input type="text"/>
Q139	Have you been offered any drugs to protect your current baby from getting infected with HIV/AIDS? <u>Stress confidential but voluntary.</u>	MER 1 Single dose NVP 2 ART 3 Other (specify) 4 Name of drugs unknown 5 No 6 Prefers not to say 8	<input type="text"/> - Q141 <input type="text"/> - Q141 <input type="text"/> - Q141
Q140	So far, have you taken all of these drugs at the recommended times?	Yes 1 No 2 Don't know 8	<input type="text"/>
Q141	Is your spouse/partner (father of the child) taking ART?	Yes 1 No 2	<input type="text"/>