

# MATERNAL EXPERIENCE WITH FILTERED SUNLIGHT PHOTOTHERAPY

**Instruction:** All parts (A, B, C & D) of this form must be duly completed by the respondent/interviewer **ID. NO.....**

## PART A: RESPONDENT'S PROFILE (Tick or describe as applicable)

1. Age: .... or Group: <20  20-35  >35  Years. 2. Marital Status: Single  Married  Separated/Divorced  Widow
3. Ethnicity: Yoruba  Hausa  Ibo  Other..... 4. Religion: Christian  Muslim  Other
5. No. of Children: ..... 6. No. Alive: ..... 7. Any Twins: Yes  No  8. Age of Last Child: ..... (Years)
9. Your Education: None  Primary  Secondary  Technical/Teachers College  University
10. Husband's Education: None  Primary  Secondary  Technical/Teachers College  University
11. Your Occupation: ..... 12. Husband's Occupation: .....

## PART B: EXPERIENCE WITH FILTERED SUNLIGHT PHOTOTHERAPY (Tick or describe as applicable)

13. Have you heard about jaundice in babies during antenatal clinic? Yes  No   
If Yes from what source: Doctor  Nurse/Midwife  Friend/Neighbor/Relation  Radio/TV  Antenatal Clinic   
Other  .....
14. Have you heard about filtered sunlight phototherapy during antenatal clinic? Yes  No
15. Rate your overall experience with filtered sunlight phototherapy? V. Good  Good  Fair  Poor  V. Poor
16. How will you rate the adequacy of the information given to you? V. Good  Good  Fair  Poor  V. Poor
17. How will you rate the nursing care? V. Good  Good  Fair  Poor  V. Poor
18. How will you rate the treatment environment? V. Good  Good  Fair  Poor  V. Poor
19. How will you rate the opportunity to feed and bond with your child? V. Good  Good  Fair  Poor  V. Poor
20. How will you rate the opportunity to socialize with other mothers? V. Good  Good  Fair  Poor  V. Poor
21. How will you rate the effect of filtered sunlight on your baby? V. Good  Good  Fair  Poor  V. Poor
- .....

## PART C: COMPARING FILTERED SUNLIGHT WITH OTHER TREATMENT MODALITIES (Tick or describe as applicable)

22. Have you had a baby with jaundice? a) Yes  No  b) One of Twins? Yes  No
23. If Yes, who first discovered the jaundice? Self  Relation/Neighbour  Doctor/Nurse  Other .....
24. What did you do for the baby? .....
25. What treatment was given to the baby? a)..... b) How long? ..... (Days)
26. What was the final outcome? Baby recovered fully  Baby died  Baby recovered with complications\*
- \*Nature of complications: .....
27. How did sunlight phototherapy compare with the previous treatment given to your other baby with jaundice?  
.....
28. Now focusing on your experience of sunlight phototherapy:  
a) What did you not like about the treatment? .....
- b) What did you like? .....
29. In future will you receive sunlight phototherapy for another baby? Yes  No
30. Will you recommend it to others? Yes  No

## PART D: FOR INTERVIEWER ONLY. Use the back of this sheet for any additional respondent's information

Respondent's consent obtained: Yes  No  Reason for declining: .....

Interviewer's Name: ..... Status ..... Date .....