

10.1 Annex -I- English questionnaire

University of Gondar College of Medicine and Health Sciences

Department of Midwifery

Questionnaires to assess the timing at first antenatal care booking and associated factors among pregnant mothers attending ANC clinics at health institutions in Gondar town, North West Ethiopia.

Hello, my name is _____ and I am staff in this health facility and working with Temesgen Worku, MSc. Midwifery student at University of Gondar. As part of this survey, we are collecting information on timing at first antenatal care booking and associated factors among pregnant mothers attending ANC clinics at health institutions in Gondar town. We will include all mothers who came for usual ANC visit. The survey will take about 25 minutes.

The questionnaire includes socio-demographic and obstetric factors. All information you provide will be kept confidential. I will not include any identifiers, such as your name or exact address. Only honest answers would contribute for improvement of health planning. Your role in the success of the research is important and I appreciate your contribution to the research. Would this be okay for you?

I understand about the advantage of the research and the roles I will have in the research. I have agreed to participate in the research. **A. Yes** **B. No**

If respondent agrees to be interviewed,

Starting time _____: End time: _____

Thank you for your participation!

Date of data collection _____

Name of data collector _____ Signature _____

Name of supervisor _____ Signature _____

Section 1: Socio-demographic information

Q.No	Question	Code	Go To Q
101	Age	----- Years	
102	Marital status	01. Single 02. Cohabit 03. Married 04. Widowed 05. Divorced	If not married Go to 106
103	If married; type of marriage	01. Arranged 02. Love 97. Others(specify) -----	
104	If married; Age at marriage	----- Years	
105	Age difference between you and your husband	----- Years	
106	Residence	01. Urban 02. Rural	
108	Religion	01. Orthodox 02. Catholic 03. Protestant 04. Muslim 97. Others(specify) -----	
109	Ethnicity	01. Amhara 02. Tigrie 03. Oromo 97. Others(specify) -----	
110	Occupation	01. House wife 02. Government employee 03. Privet employee 04. Privet business 97. Others(specify) -----	
111	Educational status	01. ----- class completed 02. College/University completed	
112	What is your profession?	01. Health science 02. Education 03. Agriculture 04. Business & Social sciences 05. Non health natural sciences 97. Others (Specify) _____	
113	Monthly house hold income in Ethiopian Birr	_____ Birr	
114	How far your home from this institution?	_____ Km	
115	Family Size	_____	

Questions Number 116-120 will be asked if the answer for question number 102 is married/cohabit.

116	Husband's age	-----	
117	Husband's occupation	01. Farmer 02. Government employee 03. Private employee 04. Private business 97. Other; specify _____	
118	Husband's Religion	01. Orthodox 02. Catholic 03. Protestant 04. Muslim 97. Others(specify)	
119	Husband's educational status	01. ----- class completed 02. College/University completed	
120	What is your husband's profession?	01. Health science 02. Education 03. Agriculture 04. Business & Social sciences 05. Non health natural sciences 97. Others (Specify) _____	

Section 2: Obstetrics Related Information

Q.No	Question	Code	Go To Q
201	Is it your first time pregnancy?	01. Yes 02. No	If yes Go to 212
202	How many times in total you became pregnant?	_____	
203	How many times in total you gave birth?	_____	
204	How many of your pregnancies resulted in a baby that was born alive?	_____	
205	How many of your pregnancies resulted in a baby that was born dead?	_____	
206	Is any of your previous pregnancy ended with abortion?	01. Yes 02. No	
207	Have you had antenatal care for the past pregnancies?	01. Yes 02. No	
208	Was there any complication in previous pregnancy/ies?	01. Yes 02. No	
209	If Yes for Q-208, what was it?	01. Vomiting 02. Sever head ache 03. Decrease fetal movement 04. Amniotic fluid leakage 05. Vaginal bleeding 06. Abortion 07. Hypertension 97. Others, specify -----	

Section 2: Obstetrics Related Information

Q.No	Question	Code	Go To Q
210	Have you had any complication during previous labor and delivery/ies?	01. Yes 02. No	
211	If yes, what was it?	01. Pre-term labor 02. Prolonged labor 03. Fetal death/still birth 04. Amniotic fluid leakage 05. PPH 06. Retained pregnancy 07. Puerperal sepsis 97. Others, specify -----	
212	Have you had any previous caesarean birth?	01. Yes 02. No	
Current Pregnancy Related Questions			
213	By what means you recognized that you are pregnant?	01. Missing period 02. Urine test 97. Other; specify_____	
214	Is this pregnancy approved by your husband and family?	01. Yes 02. No	
215	Is this pregnancy planned?	01. Yes 02. No	
216	What is your financial source for this ANC service expenses?	01. My self 02. My husband 03. Me and my husband 97. Other; specify_____	

Section 2: Obstetrics Related Information

Q.No	Question	Code	Go To Q
217	Have you had any one or more of the following complications during this pregnancy?	01. Vomiting 02. Sever head ache 03. Decrease fetal movement 04. Amniotic fluid leakage 05. Vaginal bleeding 06. Abortion 07. Hypertension 97. Others, specify -----	
218	For this pregnancy, at what gestational age you first booked to antenatal care.	_____ Months	
219	Why you booked during this/that period?	01. I thought it is the right time 02. Misconception of the right time and its purpose 03. I didn't know that I'm pregnant 04. Ignorance 05. Other, specify _____	
220	When do you think the appropriate time for first antenatal care booking?	At _____ Months	
221	Did you get any information when to book to ANC?	01. Yes 02. No	
222	If yes for Q-221, what is/was the source of information?	01. Health workers 02. Friends 03. Media 97. Other, specify _____	

