



## The Questionnaires

The subject volunteered to participate in this study and agreed that we extract necessary information from their hospital records after delivery.

If you have questions or need more information, please do not hesitate to call

To .....

Subject ID: .....

Area Code: ..... Health Center: .....

### SECTION A: MATERNAL SOCIOECONOMIC INFORMATION

1. Patients name: ..... Age:.....
2. Address: ..... Village..... Commune..... District:.....  
Telephone number:.....
3. Gravida..... Para:.....
4. Education ..... Occupation .....
5. Husband?  Death  A live  If alive how old is he?:.....  
 Education.....  Occupation.....
6. Major illnesses of mother,  No  Yes, Specify.....
7. Medication of mother if daily,  No  Yes, Specify.....
8. How many children do you already have?  
 Baby Girl: ....., Age.....  
 Baby Boy: ..... Age.....  
 Stillborn?:.....  
 Died under five?:.....
9. Breastfeeding of previous babies,  No  Yes, if yes how long.....
10. How long have you lived at present address: Years:.....
11. How do you describe your area of residence?  Urban  Rural
12. Sources of drinking water?  Tap  Lake  Rain water  
 Borehole  Bottle
- Other, specify:.....
13. Do you use pesticides  No  Yes, if yes where?  Inside home  Rice Field  
 On farm/garden
14. Do you or member of family fish?  No  Yes, if yes where?  
 Lake  Stream  Large River

**SECTION B: DIET AND LIFESTYLE**

**Daily food sources of mother**

Type of Food	Description				Frequency								
	Medium serving size	Small	Medium	Large	Never	1/month	2-3 month	1/week	2/week	3-4/week	5-6/week	1/day	2+/day
Meat													
Beef	100g												
Pork	100g												
Chicken	200g												
Fish													
Fresh Fish	100g												
Dry salty Fish	50g												
Smoke Fish	50g												
Vegetable													
Salad	50g												
Cabages	100g												
Spinages	100g												

water convolvulus	50g												
Cucumber	50g												
Eggplants	50g												
luffa gourds	50g												
Pumkins	50g												
Moringa	50g												
Beans	50g												
Bean Sprouse	50g												
Egg	1												
Papaya	100												
Others													
Rice	100g												
Soya Bean	50g												
Mung Beans	50g												
Sweat Potatoe	1												
Sugar Can Juice	1 cup												
Corn	1												
Coconut	1												
Banana	1												

Mango	1												
Pinapple	1												
Milk	1 can												

15. Sources of food:  Own/local production  Local market  
 Supermarket  Imported

**Lifestyle of mother**

- ☛ Do you smoke?  No  
 Yes, ☛ If yes how many cigarettes daily.....
- ☛ Do you drink alcohol  
 No  
 Yes, ☛ If yes what kind.....  
☛ How many tots daily.....

**SECTION C: MATERNAL INFORMATION  
POST DELIVERY MEDICAL INFORMATION**

To be completed by attending Health Center Staff or designated field worker.

1. Maternal weight before delivery: ..... Kilograms .....
2. Maternal height: .....cm.....
3. Previous spontaneous abortions 1. trimester: (if available).....

1	at how many months
2	at how many months
3	at how many months
4. Previous spontaneous abortions 2. trimester (if available).....

1	at how many months
2	at how many months
3	at how many months
5. Previous preterm deliveries <week 37 (if available).....

1	at how many months
2	at how many months
3	at how many months
6. Any infertility problems –time to pregnancy – if any:  
.....
7. Any complication/problems during pregnancy (hypertension, pre-eclampsia, infections).....

**SECTION D: INFORMATION ABOUT THE NEWBORN CHILD**

1. Mode of delivery:  Normal Deliver  Vacuum  CS
2. Birth weight of baby: .....kg.....
3. Birth length of baby: .....cm
4. Head circumference of baby: .....cm
5. Gestation age of baby (based on Naegele term):
6. APGAR score 1min..... 5min.....  
Any sign of asphyxia?  No  Yes
7. Gender of baby.....
8. Congenital malformations (visible at birth)  No  Yes
9. Any other medical observations or conditions  
 No  Yes, Specify .....