

Annexure 1

Survey Questionnaire for GDM

| SI No. | GDM Survey Tool | |
|--------|---|--|
| 1 | Name of Pregnant woman | |
| 2 | Name of Husband | |
| 3 | Age (in Yrs) | [] |
| 4 | District | [] |
| 5 | Block | [] |
| 6 | Village | [] |
| 7 | Religion | [1] Hindu [2] Muslim [3] Christian [4] Others |
| 8 | Education (Highest qualification) | [] |
| 9 | Do you consume alcohol? | [Yes/No] |
| 10 | Do you chew or smoke tobacco? | [Yes/No] |
| 11 | Number of ANC's done | [Number] |
| 12 | Whom do you contact during your illness? | [HF/doctor/Quack] |
| 13 | Are you consulting any doctor for your regular checkup? | [Yes/No] |
| 14 | if yes, is the doctor a specialist (O & G)? | |
| 15 | where do you want to have delivery? | [Home/Hospital] |
| 16 | Gestation (completed weeks of pregnancy) | [] |
| 17 | Last Menstrual Period (LMP) | [DD-MM-YY] |
| 18 | Expected Date of Delivery(EDD) | [DD-MM-YY] |
| 19 | MCTS ID | [ID number] |
| 20 | Gravida | [No. of times pregnant] |
| 21 | Parity No. | [Primi/multipara] |
| 22 | No. of children | [Number] |
| 23 | Order of pregnancy | [Number] |
| 24 | Have you had a stillborn or previous spontaneous miscarriage? | [Yes/No/Don't Know] |
| 25 | Blood Pressure | [Systolic/Diastolic in mm Hg] |
| 26 | Height (in metres) | [] |
| 27 | Weight (in Kg) | [] |
| 28 | BMI (Kg/m ²) | [] |
| 29 | Waist Circumference (in Inches) | [] |
| 30 | Are you suffering from diabetes(pre-existing)? | [Yes/No/Don't Know] |

| | | |
|----|---|---------------------|
| 31 | Do you have family history of type 2 diabetes (parents/brothers/sisters) | [Yes/No/Don't Know] |
| 32 | Have you had diabetes in previous pregnancy? | [Yes/No/Don't Know] |
| 33 | Have you had high blood pressure in previous pregnancy? | [Yes/No/Don't Know] |
| 34 | Blood sugar level (before OGTT) in mg/dl | [] |
| 35 | Taken 75 gm of glucose | [Yes/No] |
| 36 | Blood sugar at 2 hr after taking 75 grams glucose (in mg/dl) | [] |
| 37 | Suspected Gestational diabetes mellitus | [Yes/No] |