

## ANNEX II

### English version Questionnaire

Q101. Age		
Q102. Religion	1. Muslim 2. Orthodox 3. Protestant 4. Other	
Q103. Educational status of the mother	1. Illiterate 2. Only reading and writing 3. Primary school 4. Secondary school 5. College and above	
Q104. Marital status	1. Married 2. Single 3. Divorced	
Q105. Ethnicity	1. Oromo 2. Amhara 3. South nation nationality and 4. peoples of Ethiopia 5. Other	
Q106. Residence	1. Urban 2. Rural	
Q107. Mother occupation	1. House wife 2. Merchant 3. Daily labourer	

	4.Government employee 5.Student 6.Other	
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**Section II.**Obstetric related characteristics of mothers

Q108. Status of newborn at birth	1. Live birth 2.Still birth	
Q109. Birth weight of live birth	_____grams	
Q110. Gestational age	_____ weeks	
Q111. Visible birth defect	1.Yes 2.No	
Q112. Gravidity	1.Primigravida 2.Multigravida	
Q113.Inter-pregnancy interval	_____ months	
Q114. Pregnancy status	1.Wanted 2.Unwanted	
Q115. ANC follow up	1.Yes 2.No	
Q116. If your answer to above is yes when did you start	1.First trimester 2.Second trimester 3.Third trimester	
Q117. Number of ANC follow up	_____	
Q118.Folic acid supplementation	1.Yes 2.No	
Q119. Current pregnancy complication	1.Yes 2.No	
Q120. If your answer to above Qs is yes what type of	1.PIH 2.PROM	

complication during pregnancy happen	3.APH 4.Other (specify	
Q121. Complication of labour	1.Yes 2.No	
Q122. If your answer to above Qs is yes what type of labour complication happen	1.Prolonged labour 2.Obstructed labour 3.Mal position 4.Other (specify)	
Q123. Status of labour	1.Spontaneous 2.Induced	
Q124. Mode of delivery	1.SVD 2.Caesarean section 3.Instrumental delivery	
Q125. Contraceptive prior current pregnancy	1.Yes 2.No	
Q126. If your answer to above Qs is yes what type of Contraceptive did you use	1.Depo-Provera 2.Implanon 3.IUCD 4.Other ( specify	
Q127. Previous poor obstetric history	1.No 2.Perinatal death 3.Abortion 4.Preterm 5.LBW	

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**Section III: medical illness and behaviours of the respondents**

Q128. Medical illness	1. Yes 2. No	
Q129. If your answer to above Qs is yes what type of medical illness did you face	1. Hypertension 2. HIV 3. DM 4. Malaria 5. UTI 5. CHF	
Q130. Hgb	_____	
Q131. Alcohol use	1. Never 2. Daily 3. Weekly 4. Occasionally	
Q132. Caffeine use	1. Never 2. Daily 3. Weekly 4. Occasionally	