

Section 2 And 3 Data

PARTICIPANT STUDY ID _____

SECTION 2: ALL WOMEN

1. When you enrolled in the study you were receiving ANC care at [state facility]. Have you gone to any other facilities for ANC care since then? ☐ Yes ☐ No
2. How many ANC visits did you go to in total at any facility? _____
(ENTER A NUMBER e.g. 3 NOT three)
3. Did you take the same mother and child health booklet (Kenya)/ ANC card (Nigeria) to all your ANC visits? ☐ Yes ☐ No ☐ Unsure
4. Is your mother and child health booklet (Kenya) / ANC card (Nigeria) available? ☐ Yes ☐ No
5. May I please see your mother and child health booklet (Kenya) / ANC card (Nigeria) to extract some information for the study? I am looking to see what services were provided and will not record the results on any tests. ☐ Permission granted ☐ Permission denied
6. After ANC 1, did you attend any individual ANC visits, any that were not part of the group? ☐ Yes ☐ No

SECTION 3: DATA EXTRACTION FROM MCB/ANC CARD OR ANC REGISTER

For INTERVENTION SITES, only add information for ANC1 plus any other visits that were made in addition to group visits - DON'T ADD GROUP VISITS HERE.

- Date of ANC visit _____
- Blood pressure _____
- Systolic _____
- Diastolic _____
- Given IFA ☐ Yes ☐ No ☐ N/A
- Given IpTP ☐ Yes ☐ No ☐ N/A
- Is there another visit to record? ☐ Yes ☐ No
- Date of ANC visit _____
- Blood pressure _____
- Systolic _____

Diastolic

Given IFA

- ☐ Yes
☐ No
☐ N/A

Given IpTP

- ☐ Yes
☐ No
☐ N/A

Is there another visit to record?

- ☐ Yes
☐ No

Date of ANC visit

Blood pressure

Systolic

Diastolic

Given IFA

- ☐ Yes
☐ No
☐ N/A

Given IpTP

- ☐ Yes
☐ No
☐ N/A

Is there another visit to record?

- ☐ Yes
☐ No

Date of ANC visit

Blood pressure

Systolic

Diastolic

Given IFA

- ☐ Yes
☐ No
☐ N/A

Given IpTP

- ☐ Yes
☐ No
☐ N/A

Is there another visit to record?

- ☐ Yes
☐ No

Date of ANC visit

Blood pressure

Systolic

Diastolic

Given IFA

- ☐ Yes
☐ No
☐ N/A

Given IpTP

- ☐ Yes
☐ No
☐ N/A

Is there another visit to record?

- ☐ Yes
☐ No

Date of ANC visit

Blood pressure

Systolic

Diastolic

Given IFA

- ☐ Yes
☐ No
☐ N/A

Given IpTP

- ☐ Yes
☐ No
☐ N/A

Is there another visit to record?

- ☐ Yes
☐ No

Date of ANC visit

Blood pressure

Systolic

Diastolic

Given IFA

- ☐ Yes
☐ No
☐ N/A

Given IpTP

- ☐ Yes
☐ No
☐ N/A

Is there another visit to record?

- ☐ Yes
☐ No

Date of ANC visit

Blood pressure

Systolic

Diastolic

Given IFA

- ☐ Yes
☐ No
☐ N/A

Given IpTP

- ☐ Yes
☐ No
☐ N/A

Total number of ANC visits

Was client given LLIN during ANC care

- ☐ Yes
☐ No
☐ N/A

HIV status known?

- ☐ Yes
☐ No
☐ N/A

HIV partner testing completed and status known?

- ☐ Yes
☐ No
☐ N/A

Syphilis testing completed (VDRL/RPR)

- ☐ Yes
☐ No
☐ N/A

DATA EXTRACTION: DIAGNOSIS MADE

Were any of the following conditions detected during examination? [in mother child booklet look at "clinical notes" on pg. 6 & 10]

- ☐ Hypertension
☐ Diabetes
☐ Malaria
☐ STIs/RTIs
☐ Other
☐ None

Other conditions detected

Were any of the following conditions treated during the visit? [in mother child booklet look at "clinical notes" on pg. 6 & 10]

- ☐ Hypertension
☐ Diabetes
☐ Malaria
☐ STIs/RTIs
☐ Other
☐ None

Other condition treated

Please select all data sources consulted for this record

- ☐ ANC group register
☐ Kenya mother child book
☐ Nigerian ANC card
☐ ANC registry
(select all that apply)