

2. Mother Inclusion Form 2 Cohort Study

“Every session about medical history should be filled by clinician”

- 2.1. Name of study worker filling the form: _____
2.2. Date of filling CRF: (dd/mm/yyyy) ____ / ____ / _____

MATERNAL DEMOGRAPHIC DATA

- | | | | | | |
|--|---------------------------------|--------------------------------|-------------------------------|---------------------------------|--------------------------------|
| 2.3. Tribe | <input type="checkbox"/> Sambaa | <input type="checkbox"/> Zigua | <input type="checkbox"/> Pare | <input type="checkbox"/> Bondei | <input type="checkbox"/> Other |
| 2.3.1. If other, specify: | | | | | |
| Home address | | | | | |
| 2.4.1. Street name: | | | | | |
| 2.4.2. Street chairman: | | | | | |
| 2.4.3. Village: | | | | | |
| 2.4.4. Sub village: | | | | | |
| 2.4.5. sub village chair: | | | | | |
| 2.4.6. District: | | | | | |
| 2.4.7. Ten Cell leader: | | | | | |
| 2.4.8. Landmark (church, mosque etc.): | | | | | |
| 2.4.9. Name of Husband/partner if living together: | | | | | |
| 2.4.10. Head of household: | | | | | |
| 2.4.11. House number: | | | | | |
| 2.4.12. Known as Mama | | | | | |
| 2.4.13. Phone number (woman or partner) | | | | | |

Residence:

- 2.5. Type of **roof on the house**: Bati Tiles(vigae) Tin (madebe) Thatch
 Mixed Thatch/Tin Other Unknown

2.5.1. if other, specify: _____

2.6. Type of **floor on the house**: Earth/sand Wood/plant Tiles (marumaru)
 Capet Cement Other Unknown

2.6.1. if other, specify: _____

2.7. Source of **fuel household** use for cooking Electricity Charcoal Firewood/straw
 Natural Gas Biogas Unknown Other

2.8. **How many people usually sleep** in the house (only include the household) -- --

2.9. **Nb. of rooms** in the house (only count the ones the family has access to): -- --

2.9.1. Nb. of rooms used for sleeping: -- --

2.10. Who **owns the house** you live in self- built spouse-built inherited rental
 self- bought spouse - bought others Unknown

2.10.1. If others, specify: _____

2.11 Who **owns the shamba** self- own spouse- own inherited Other
 Unknown Doesn't have shamba

2.11.1. If others, specify: _____

2.12. Type of **home toilet**: flush pit latrine (choo cha shimo) no toilet Unknown

2.13. Source of **water** tap (bombani) well (kisima cha mdundiko) river/stream (mto)
 Gutter water in tank (maji ya paa) pond/pool (bwawa)
 Other Unknown

2.13.1. If tap, well, or gutter/rainwater Self Owned (in your household) Public Unknown
 Private (e.g. neighbors or within a shared compound)

2.13.2. If other, specify: _____

2.13.3. Time to go to fetch water -- : --

2.13.4. Distance to go to fetch water _____ Meter

2.14. Does the household have **domestic animals**: Yes No

2.14.1. If Yes, where (put more than one X if needed): In separate room Outdoor
 In same houseroom as people

2.15. Does the household have the following **items** (put more than one X if needed):
 Electricity Television Phone Refrigerator
 Bicycle Car Cheaper items <50\$ (i.e. radio,fan)
 Expensive items >250\$ (i.e. Motor bike, Tricycle)

2.16. How many **years of schooling** have you completed? --

2.17. Formal **Education level** none primary school partially completed
 Primary School finished secondary school Collage/University

2.17.1. Do you know how to **read and write** yes no

2.18. **Current occupation** Professional Business/petty business Service
 Farmer /Peasant Housewife/ working at home Other

2.18.1. If other, specify: _____

2.18.2. Do you use chemicals for pest/diseases in your work yes no

2.18.2.1. If yes, specify: _____

2.19. **No. of siblings** (genetic brothers/sisters, same father/mother) -- unknown

2.20. **Residence before age 15** for the majority of the time Urban rural
 Urban/rural unknown

2.21. **Marital status** Married Divorced Separated
 Never married Widow Refuse to answer

2.21.1. If divorced/separated/widow/never married, do you currently have a partner
 yes, cohabiting
 yes, but not cohabiting
 no

2.22. **Religion** Islamic Catholic Lutheran
 Anglican Hindu Other

2.22.1. If other, specify: _____

2.23. **Who will take care of you and the newborn** Myself Parents
 Me and my husband/partner Others

2.23.1. If others, specify: _____

PATERNAL DEMOGRAPHIC DATA

2.24. Agree to answer questions about the father of the coming newborn yes no
if No skip to q2.31

2.25. Name of father of the coming newborn: _____

2.26. Age of father of the coming newborn: _____ years unknown

2.27. **Tribe** Sambaa Zigua Pare Bondei
 Other unknown

2.27.1. If other, specify: _____

2.28. Formal **Education level** none primary school partially completed
 Primary School finished secondary school Collage/University

2.28.1. Does he know how to read and write yes no

2.29. **Religion** Islamic Catholic Lutheran
 Anglican Hindu Other

2.29.1. If other, specify: _____

2.30. **Current occupation** Professional Business Service
 Farmer Other UKN

2.30.1. If other, specify: _____

2.30.2. Name of study worker filling this section _____

PREGNANCY HISTORY

- 2.31. Gravidity (including the present pregnancy) If first pregnancy skip to q2.33 —
 2.31.1. Number of previous pregnancies (gravidae) —
 2.31.2. Number of previous deliveries (parity) —
 2.31.2.1. Nb. of times delivering twins —
 2.31.2.2. Nb. of live births (nb of babies born; singleton=1 & twins=2 if both live born) —
 2.31.2.3. Nb. of still births (nb of babies born; singleton=1 & twins=2 if both stillborn) —
 2.31.3. Number of interrupted pregnancies (miscarriages) —
 2.31.4. Number of extrauterine pregnancies (mimba nje ya kizazi) —
 2.31.5. Date of termination of the last pregnancy (incl, miscarriage, extrauterine)
 (dd/mm/yyyy) — / — / — —
 2.31.6. Date of last delivery
 (dd/mm/yyyy) — / — / — —

Previous pregnancies complications (skip if never been pregnant before)

- 2.32. Maternal disease during previous pregnancies, diagnosed by medical personnel (≥ 1 "x")
 preeclampsia (dalili za kifafa cha mimba)
 pregnancy-induced Hypertension(shinkizo la damu linalotokana na ujauzito)
 diabetes (kisukari) severe anaemia (upungufu mkubwa wa damu)
 other none Don't know

2.32.1. If other, specify: _____

IPV QUESTIONNAIRES

- 2.33. Has the "IPV questionnaire" been filled yes no NA

WEATHER VARIABILITY QUESTIONNAIRES

- 2.34. Has the "Weather variability questionnaire" been filled yes no NA

NUTRITION

- 2.35. Has the "24hours Recall questionnaire" been filled yes no NA

FOOD SECURITY

- 2.36. How is the current food situation in the household (during the last 4 weeks including today):

Enough food (skip to q. 2.44) Food shortage Unknown

- 2.36.1. If food shortage, how often does that happen:

Daily **OR** ___ per week **OR** ___ per Month **OR** Less than monthly

- 2.37. What does the household do when there is not enough food:

Borrow food/money Limit portion size Only children/elderly/sick eat
 Skip a meal Skip eating for the whole day

Reply the following question according to what happened during the past 4 weeks

- 2.38. Did you eat a smaller meal than you needed due to not having enough food
 1-2 times 3-10 times >10 times

- 2.39. Did you eat fewer meals during the day due to not enough food
 1-2 times 3-10 times >10 times

- 2.40. Was there ever no food to eat of any type in your household because of lack of resources to
 get food 1-2 times 3-10 times >10 times

- 2.41. Name of study worker filling the form _____

2.42. Did you go to sleep at night hungry because there was not enough food

1-2 times 3-10 times >10 times

2.43. Did you stay the whole day & night without eating anything because there was not enough food?

1-2 times 3-10 times >10 times

FOOD FREQUENCY – reply according to the past 4 weeks

Use this as a guide for the following questions:

Freq of Intake	Never 0 times in a month	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4-5 times per day	6+ times per day
CODE	1	2	3	4	5	6	7	8	9

If there are some foods you did not eat in the last one month, then select code 1

2.44. Did the last one-month encompass Ramadhan yes no

2.45. The mother's number of meals/servings (proper meal, not snacks) during a typical day _____

2.46. State the mother's typical number of servings of the following during the last month:

2.46.1. 1 portion of Meat (e.g. chicken, beef, pork etc.): _____

2.46.2. 1 Egg: _____

2.46.3. 1 glass/portion of Milk products (e.g. Milk, yoghurt, cheese etc.): _____

2.46.4. 1 portion of Fish (fish, shellfish, shrimps etc.): _____

2.46.5. 1 portion of sardines/dagaa _____

2.46.6. 1 piece of sweets (candy, cake, desserts): _____

2.46.7. 1 item of sugar beverages (can/bottle/glass of soda/juice w. added sugar etc.): _____

MEDICAL HISTORY

2.47. Diagnosed with a chronic illness by medical personnel (put >1 "x" if needed):

- diabetes type I or II (kisukari) kidney (figo) heart (moyo)
- thyroid (goiter) lung (mapafu) disease cancer (saratan)
- hypertension (shinikizo la juu la damu) chronic anemia (upungufu wa damu)
- epilepsy (kifafa) lymphatic filariasis (matende)
- gastric ulcer (vidonda vya tumbo) chronic diarrhea (kuharisha kwa muda mrefu)
- autoimmune disorders (e.g. rheumatoid arthritis (rheumatism)) other None

2.47.1. if other, specify which _____

2.47.2. if yes to any illness, when it diagnosed _____

2.47.3. if yes, which treatment is she receiving _____

2.48. Any close relatives with a chronic disease (genetic sister, brother, father, mother , grandparents, aunt, uncle) with (put >1 "x" if needed)

- Diabetes (kisukari) Cardiac disease
- Hypertension (shinikizo la juu la damu) Severe undernutrition (utapiamlo mkali)
- Chronic anaemia(e.g.sickle cell, thalassemia)(upungufu wa damu kwa muda mrefu)
- Other No known disease

2.48.1. If yes or other, specify which relative and disease _____

2.49. Diagnosed with any gynecological disorder by medical personnel (e.g. endometriosis, fibroma, cysts on the ovary, septum in uterus) yes no

2.49.1. If yes, specify: _____

2.50. Name of study worker filling this section: _____

2.51. Ever had abdominal surgery performed (e.g. surgery for appendicitis (kidole tumbo), gall bladder stone (mawe kwenye kibofu cha nyongo), uterus fibroma, ovary cysts, caesarean (kujifungua kwa upasuaji))

yes no

2.51.1. If yes, specify: _____

2.52. HIV status according to the woman:

- Unwilling to respond
- Positive
- Negative, will be re-testing today
- Negative, do not want re-testing
- Do not know, will be tested today
- Do not know, do not want testing

2.52.1. If positive, attending a CTC

- yes no

2.52.1.1. If yes, where: _____

Malaria

2.53. Does she have a bednet yes/no

- yes no

2.53.1. If yes, did she use it last night?

- yes no

2.53.2. Is it an insecticide-impregnated net?

- yes no unknown

2.53.3. Obtained from national program

- yes no unknown

2.54. Nb. of malaria attacks since the beginning of the current pregnancy?

- 0 1 2 3 other

2.54.1. If other number, specify: _____

2.54.2. Date of the 1st malaria attack: (dd/mm/yyyy) _____ / _____ / _____

2.54.3. Date of the 2nd malaria attack: (dd/mm/yyyy) _____ / _____ / _____

2.54.4. Date of the 3rd malaria attack: (dd/mm/yyyy) _____ / _____ / _____

2.55. 1st malaria attack:

2.55.1. Was malaria confirmed with a blood test? yes no unspecified

2.55.2. What treatment did you take? Quinine SP/ Metakelfin
 Chloroquine Herbal remedy
 None unspecified other ALU

2.55.2.1. If other, details: _____

2.56. 2nd malaria attack:

2.56.1. Was malaria confirmed with a blood test? yes no unspecified

2.56.2. What treatment did you take? Quinine SP/ Metakelfin
 Chloroquine Herbal remedy
 None unspecified other ALU

2.56.2.1. If other, details: _____

2.57. 3rd malaria attack:

2.57.1. Was malaria confirmed with a blood test? yes no unspecified

2.57.2. What treatment did you take? Quinine SP/ Metakelfin
 Chloroquine Herbal remedy
 None unspecified other ALU

2.57.2.1. If other, details: _____

2.57.3. Name of study worker filling this section: _____

MEDICINE USAGE and SUBSTANCE ABUSE2.58. **IPTp-SP** taken during the current pregnancy no 1 dose 2 doses 3 doses2.59. **Other malaria chemoprophylaxis** during current pregnancy? yes no2.59.1. If yes, what treatment was taken (≥ 1)? Chloroquine yes
 unspecified Herbal
 other

2.59.1.1. If other, details _____

2.60. **Currently taking medication?** yes no2.60.1. If yes, give details (≥ 1 "x"): antibiotics antimarial iron B12
 antiretrovirals folic acid FEFO Tabs
 antihelminths traditional Hemovit
 antihypertensive painkillers other

2.60.1.1. If other or painkillers specify: _____

2.60.1.2. If, traditional specify: _____

2.60.1.3. Specify name and Dosage of these drugs

2.60.1.3.1. 1st _____2.60.1.3.2. 2nd _____2.60.1.3.3. 3rd _____2.60.1.3.4. 4th _____**Substance abuse:**2.61. Smoker yes no

2.61.1. If yes, number of cigarettes per ____ month ____ week ____ day

2.62. Usage of alcohol during this pregnancy yes no

2.62.1. If yes, how many items in terms of bottle/glass/cup per ____ month ____ week ____ day

ANTHROPOMETRY						
	1 st measurement	2 nd measurement	Diff. between 1 st and 2 nd	Tolerance	Diff. greater than tolerance?	3 rd measurement
2.63 Height	2.63.1 _____, __ cm	2.63.2 _____, __ cm	2.63.3 _____, __ cm	0.5cm	Yes →	2.63.4 _____, __ cm
2.64 Weight (kg)	2.64.1 _____, __ kg	2.64.2 _____, __ kg	2.64.3 _____, __ kg	1.0kg	Yes →	2.64.4 _____, __ kg

2.65 Waist circumference (cm)	2.65.1 _____, __ cm	2.65.2 _____, __ cm	2.65.3 _____, __ cm	0.5cm	Yes →	2.65.4 _____, __ cm
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2.65.5 Name of study worker filling the form _____

2.66 Hip circumference (cm).	2.66.1 _____, __ cm	2.66.2 _____, __ cm	2.66.3 _____, __ cm	0.5cm	<input type="checkbox"/> Yes →	2.66.4 _____, __ cm
2.67 MUAC (cm)	2.67.1 _____, __ cm	2.67.2 _____, __ cm	2.67.3 _____, __ cm	0.5cm	<input type="checkbox"/> Yes →	2.67.4 _____, __ cm
2.68 Skinfold thick-ness of triceps (mm)	2.68.1 _____, __ mm	2.68.2 _____, __ mm	2.68.3 _____, __ mm	2 mm	<input type="checkbox"/> Yes →	2.68.4 _____, __ mm

2.69 Bio- impedance

- Done + print with ID number attached to CRF on page XX
 Refused Failure Forgot Machine not available

MEDICAL EXAMINATION

	1 st BP, left arm	1 st BP, right arm	Difference in left and right arm (max 20 syst.; 10 diast.)	Reference arm (the arm with the highest BP)	Reference arm (the arm with the highest BP), 2 nd BP
2.70 BP	2.70.1 _____/_____ mmHg	2.70.2 _____/_____ mmHg	2.70.3 _____/_____ mmHg	2.70.4 <input type="checkbox"/> Right <input type="checkbox"/> Left	2.70.5 _____/_____ mmHg

Mean BP(1 st and 2 nd BP for reference)	If Mean BP>140/90 repeat after 4 hours	After how many hours was repeat BP performed	Pulse(use last BP Measurement)
2.70.6 _____/_____ mmHg	2.70.7 _____/_____ <input type="checkbox"/> not done	2.70.8 _____ <input type="checkbox"/> not done	2.70.9 _____ _____

2.71. Axillary temperature (°C)	_____, __	
2.72. *Feverishness in the last 48hrs	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.73. *Shivering	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.74. *Headache	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.75. *Visual disturbances	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.75.1. If yes, specify: _____		
2.76. *Convulsions	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.77. *Pallor (conjunctivae or palms of hands)	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.78. *Pitting oedema (swelling of lower/upper limbs or/and face)	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.79. *Dyspnea	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.80. *Pulmonary stethoscopic signs of abnormalities	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.80.1. If yes, specify: _____		
2.81. *Nausea and/or vomiting	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.82. *Abdominal pain	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.83. *Severe epigastric pain	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.84. *Bleeding	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.84.1. If yes, where: _____		
2.85. *Other symptoms	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.85.1. If yes, specify: _____		
2.85.2. Name of study worker filling this section: _____		

SAMPLES COLLECTED**2.86. Hemoglobin on Hemocue/ sysmex:**

2.86.1. If done, type of blood:

2.87. **Malaria RDT** negative PF2.88. **HIV RDT, SD Bioline** negative2.89. **If positive corm firmed by UNI Gold**2.90. **Syphilis**2.91. **Venous blood draw** done not done

2.91.1. if not done, why :

 refusal failure forgot2.92. **Time of blood collection (24h format)(e.g. 13:30):**

Time: _ _ : _ _

2.93. **EDTA Tube (8 mL + 2mL):** done not done2.94. **Plain Tube (6 mL):** done not done2.95. **Blood group:** done to be done

2.95.1. Result:

 A+ A- B+ B- AB+ AB- O+ O-2.96. **RBG At enrolment** Glucoplas Hemocue2.96.1 **RBG Result**_ _, _ mmol/L not done2.97. **Urine dipstick** done not done2.97.1. **Albumin in the urine** 0+ 1+ 2+ 3+ not done2.97.2. **Sugar in the urine** 0+ 1+ 2+ 3+ 4+ 5+ not done2.97.3. **Leucocytes in the urine** 0+ 1+ 2+ 3+ not done2.97.4. **Blood in urine** 0+ 1+ 2+ 3+ not done2.97.5. **Ketones** 0+ 1+ 2+ 3+ not done2.97.6. **Nitrite** 0+ 1+ 2+ not done**CONCLUSION ON TODAY'S EXAMINATION**2.98. **Ailment/disease** diagnosed today yes no2.98.1. If yes, specify (≥ 1 "x") Anaemia Malaria (Suspected) hypertension Urinary tract infection Syphilis HIV Upper respiratory tract infect. Diabetes Reproductive tract infection Other

2.98.1.1. If other, specify: _____

2.99. **Treatment/Plan** prescribed today yes no2.99.1. If yes, specify (≥ 1 "x") Coartem/ALU Quinine Iron Folic acid Hemovit B12 Antibiotics FEFO tabs Painkillers Anti-HT Clotrimazole Other

2.99.1.1. If painkillers or other, specify: _____

2.99.2. Specify name, dosage and duration of treatment:

2.99.3. 1st _____2.99.4. 2nd _____2.99.5. 3rd _____2.99.6. 4th _____2.100. **Tetanus toxoid** immunization (TT) dose received today yes no

2.100.1. If no, state reason: _____

2.100.2. Nb of TT doses received until todays visit (excl. today's dose) _ _ Unknown

2.100.3. Last dose of TT received when

_ _ / _ _ / _ _ _ Don't know

2.101. Additional notes: _____

2.102. Name of study worker filling this section: _____

Next visit booked on: __ / __ / ____, **specify visit type:** _____

DATA ENTRY:

1st entry done by: _____ Signature: _____ date: __ / __ / ____

2nd entry done by: _____ Signature: _____ date: __ / __ / ____