

TIP STUDY-AIM 2: PATIENT QUESTIONNAIRE

This form needs to be completed on all pregnant patients who are referred to the Antenatal Anemia Clinic at Chris Hani Baragwanath Hospital

SUBJECT ID:

Today's Date:

Day		Month		Year	

Section 1: DEMOGRAPHICS

1. What is your race/ethnic origin?

(Choose one)

- ☐ Black
- ☐ White
- ☐ Coloured
- ☐ Asian
- ☐ Other → _____
- ☐ Don't Know
- ☐ Refuse to Answer

2. What is the primary language that you speak at home? (Choose one)

- ☐ isiZulu
- ☐ isi Xhosa
- ☐ Afrikaans
- ☐ Sepedi
- ☐ Setswana
- ☐ English
- ☐ Sesotho
- ☐ Xitsonga
- ☐ siSwati
- ☐ Tshivenda
- ☐ isiNdebele
- ☐ Other → _____
- ☐ Refuse to Answer

2. During this pregnancy did you ever see bruises appear by themselves without first hurting yourself?

- ☐ Yes
- ☐ No

3. During this pregnancy do your gums bleed easily, such as while brushing your teeth?

- ☐ Yes
- ☐ No

4. During this pregnancy has it taken a long time for bleeding to stop after small cuts, such as razor cuts?

- ☐ Yes
- ☐ No

5. Have you ever had a blood transfusion?

- ☐ Yes
- ☐ No [SKIP TO Q6]

5a. If yes, when?

- ☐ During this pregnancy
- ☐ During in a previous pregnancy
- ☐ Other (e.g.. operation)



Section 2: COAGULOPATHY

These next questions are about bleeding during this pregnancy.

1. During this pregnancy did you experience strong nose bleeding without a reason?

- ☐ Yes
- ☐ No

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6. Is anyone in your family known to have had abnormal bleeding? (for example, do they have a condition that causes them to bleed excessively?)

- ☐ Yes
☐ No [SKIP TO Q7]
☐ Don't know [SKIP TO Q7]

6a. If Yes, what is your relationship to that person? (e.g. brother, sister, cousin, etc)

6b. What is the name of the disorder your family member has?

- ☐ Hemophilia
☐ von Willebrands Disease

☐ Other →
☐ Don't know

7. Do you change tampons, pads, or towels frequently or "double-up", such as use more than one at a time, on tampons, pads, or towels frequently during your periods?

- ☐ Yes
☐ No

8. Do you normally have prolonged menstruation (> 7 days)?

- ☐ Yes
☐ No

Section 3: ANAEMIA

These next questions are about anaemia or weak blood, low iron.

1. Were you ever diagnosed with anaemia, or weak blood or low iron?

- ☐ Yes
☐ No [SKIP TO SECTION 4]

1a. Were you diagnosed before this pregnancy?

- ☐ Yes
☐ No

1b. Were you diagnosed during this pregnancy?

- ☐ Yes
☐ No

2. Are you taking medicines for weak blood or low iron?

- ☐ Yes
☐ No [SKIP TO SECTION 4]

2a. If yes, which medicines?

- ☐ Iron pills
☐ Other → _____
☐ Don't know

3. Do you take your medicines for weak blood/low iron all the time?

- ☐ Yes [SKIP TO SECTION 4]
☐ No

4. In a normal WEEK, how many times do you MISS taking your medications for weak blood/low iron?

(If never missed, enter 0.)

missed doses in average week:

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5. During this pregnancy, have you had any of the following symptoms and signs?

	Yes	No	Unknown
a. Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Night sweats (drenching, profuse sweating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Fatigue (unusual lethargy or lack of energy with regular activities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dark or red-brown urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Jaundice (yellow discoloration of your skin or whites of eyes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Swelling of ankles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Darkening of urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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6. On average, how often do you eat meat during your current pregnancy? Would you say... (CHECK ONE ANSWER ONLY)

- ☐ Daily
- ☐ More than once a week but not everyday
- ☐ Less than once a week but at least every 2 weeks
- ☐ Less frequent than every 2 weeks but at least once per month
- ☐ Less than once a month
- ☐ Never
- ☐ Vegetarian and don't take in any meat

7. During this pregnancy have you had a craving to eat unusual things e.g. dirt, clay, stones?

- ☐ Yes (If yes, please specify)



- ☐ No
- ☐ Unknown

Section 4: OTHER MEDICATIONS

These next questions are about other medications.

1. Did you take any other medicines during this pregnancy?

- ☐ Yes
- ☐ No [SKIP TO Q2]

1a. If yes, please try to name the medication.

- ☐ Aspirin
- ☐ Disprin
- ☐ Brufen
- ☐ Voltaren
- ☐ Grandpa
- ☐ Other



- ☐ Don't know

2. During this pregnancy, how often have you taken traditional medicines prescribed by a traditional healer or sangoma?

- ☐ Never, I have not used traditional medicine during this pregnancy
- ☐ I have only taken it once or twice during this pregnancy
- ☐ Once a month
- ☐ Once a week
- ☐ Once a day or more than once a day

Section 5: HIV

1. PATIENT HIV STATUS

- ☐ HIV Positive
- ☐ HIV Negative [SKIP TO END]

2. Are you on any medicines for your HIV?

- ☐ Yes
- ☐ No [SKIP TO END]
- ☐ Don't know [SKIP TO END]

3. Do you take your HIV medicines all the time?

- ☐ Yes [SKIP TO END]
- ☐ No

4. Did you STOP taking any of your HIV medications during this pregnancy?

- ☐ Yes
- ☐ No

5. In a Normal WEEK how many times do you MISS taking your HIV medications?
(If never missed, enter 0.)

missed doses in average week:

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Thank you very much for your time!

END OF INTERVIEW

Section 6 – NOTES (OPTIONAL):

Note: Include any optional notes about your interview here. Please print clearly in all capital letters.

END OF FORM

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