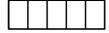
TIP STUDY-AIM 2: PATIENT QUESTIONNAIRE

This form needs to be completed on all pregnant par at Chris Hani Baragwanath Hospital	tients who are referred to the Antenatal Anemia Clinic
SUBJECT ID:	Today's Date: Day / Month / Year
Section 1: DEMOGRAPHICS 1. What is your race/ethnic origin? (Choose one) O Black O White O Coloured O Asian O Other O Don't Know O Refuse to Answer	2. During this pregnancy did you ever see bruises appear by themselves without first hurting yourself? OYes ONO 3. During this pregnancy do your gums bleed easily, such as while brushing your teeth? OYes ONO
2. What is the primary language that you speak at home? (Choose one)	4. During this pregnancy has it taken a long time for bleeding to stop after small cuts, such as razor cuts?
O isiZulu O isi Xhosa O Afrikaans O Sepedi O Setswana O English O Sesotho O Xitsonga O siSwati O Tshivenda O isiNdebele O Other → O Refuse to Answer	O Yes O No 5. Have you ever had a blood transfusion? O Yes O No [SKIP TO Q6] 5a. If yes, when? O During this pregnancy O During in a previous pregnancy O 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? O Yes O No	





had abnormal bleeding? (for example, do they have a condition that causes them to	pregnancy?	auring	tnis	
bleed excessively?)	O Yes O No			
O Yes O No [SKIP TO Q7] O Don't know [SKIP TO Q7]	2. Are you taking medic or low iron?	ines foi	weak	blood
6a. If Yes, what is your relationship to that person? (e.g. brother, sister, cousin, etc)	O Yes O No [SKIP TO SEC	CTION 4	1]	
	2a. If yes, which me	dicines	?	
	O Iron pills O Other → —			
6b. What is the name of the disorder your family member has?	O Don't know			
•	3. Do you take your med			ak
O Hemophilia	blood/low iron all th	e time?		
O von Willebrands Disease	O Yes [SKIP TO SE O No	CTION	4]	
O Other →	-			
O Don't know	4. In a normal WEEK, ho	w man	y time	s do
	you MISS taking you		cation	s for
7. Do you change tampons, pads, or towels	weak blood/low iron?			
frequently or "double-up", such as use more than one at a time, on tampons, pads, or	(If never missed, ente	er 0.)		\Box
towels frequently during your periods?	# missed doses in av	erage w	eek: L	
O Yes O No	5. During this pregnancy, have you had any of the following symptoms and signs?			
		Yes	No	Unkı
8. Do you normally have prolonged menstruation (> 7 days)?	a. Fever	0	0	0
O Yes	b. Night sweats (drenching, profuse	0	0	0
O No	sweating)			
	c. Fatigue (unusual			_

Section 3: ANAEMIA

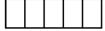
These next questions are about anaemia or weak blood, low iron.

- 1. Were you ever diagnosed with anaemia, or weak blood or low iron?
 - O Yes
 - O No [SKIP TO SECTION 4]
- 1a. Were you diagnosed before this pregnancy?

 O Yes

 - O No

	Yes	No	Unknown
a. Fever	0	0	0
b. Night sweats (drenching, profuse sweating)	0	0	0
c. Fatigue (unusual lethargy or lack of energy with regular activities	0	0	0
d. Dark or red-brown urine	0	0	0
e. Jaundice (yellow discoloration of your skin or whites of eyes)	0	0	0
f. Shortness of breath	0	0	0
g. Swelling of ankles	0	0	0
h. Darkening of urine	0	0	0
i. Chest pain	0	0	0





6. On average, how often do you eat meat during your current pregnancy? Would you	Section 5: HIV		
say (CHECK ONE ANSWER ONLY)	1. PATIENT HIV STATUS		
O Daily	O HIV Positive		
O More than once a week but not	O HIV Negative [SKIP TO END]		
everyday O Less than once a week but at least	0. Ave very an any madiations for very LIVO		
every 2 weeks	2. Are you on any medicines for your HIV?		
O Less frequent than every 2 weeks but at	O Yes		
least once per month	O No [SKIP TO END]		
O Less than once a month	O Don't know [SKIP TO END]		
O Never			
O Vegetarian and don't take in any meat	3. Do you take your HIV medicines all the time?		
7. During this pregnancy have you had a			
craving to eat unusual things e.g. dirt, clay, stones?	O Yes [SKIP TO END]		
O Yes (If yes, please specify)	O No		
L	4. Did you STOP taking any of your HIV		
	medications during this pregnancy?		
O No			
O Unknown	O Yes		
Coation 4: OTHER MEDICATIONS	O No		
Section 4: OTHER MEDICATIONS These next questions are about other	5. In a Normal WEEK how many times do yo		
medications.	MISS taking your HIV medications?		
inculoutons.	(If never missed, enter 0.)		
1. Did you take any other medicines during	(*****************************		
this pregnancy?	# missed doses in average week:		
0 V			
O Yes	Thenk you you much for your time!		
O No [SKIP TO Q2]	Thank you very much for your time!		
1a. If yes, please try to name the medication.	END OF INTERVIEW		
O Aspirin	Section 6 - NOTES (OPTIONAL):		
O Disprin	COULT HOTE (OF HOUSE).		
O Brufen	Note: Include any optional notes about your		
O Voltaren	interview here. Please print clearly in all capital		
O Grandpa	letters.		
O Other			
O Don't know			
2. During this pregnancy, how often have			
you taken traditional medicines prescribed			
by a traditional healer or sangoma? O Never, I have not used traditional			
medicine during this pregnancy			
O I have only taken it once or twice during			
this pregnancy			
Once a month			
O Once a week	END OF FORM		
O Once a day or more than once a day			

