**APPENDIX II: PROFORMA**

**MATERNAL UNDERNUTRITION AND ITS RELATIONSHIP WITH BIRTH WEIGHT IN A COTTAGE HOSPITAL, NORTH-CENTRAL NIGERIA.**

Serial number……….. Date of recruitment……………..

SECTION A: MATERNAL DEMOGRAPHIC CHARACTERISTICS

1. Age/Date of birth: \_\_\_\_\_\_\_years / \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (Day/Month/Year)
2. Place of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Gestational age at recruitment (weeks): 28 – 33+6 = 0, 34 – 36+6 = 1, 37 - 42 = 2, >42 = 3
4. Parity: Null = 0, One = 1, Two = 2, Three = 3, Four = 4 and above
5. Ethnicity: Hausa = 0, Fulani = 1, Igbo = 2, Yoruba = 3, Gbagyi = 4, others\_\_\_\_\_\_\_\_\_= 5
6. Religion: Christianity = 0, Islam = 1, Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_= 2
7. Marital status: single = 0, married =1, separated =2, widowed = 3, divorced = 4, co-habiting = 5, engaged/betrothed = 6
8. Type of marriage: monogamous = 0, polygamous – 1

MATERNAL MEDICAL CHARACTERISTICS, ANC COVERAGE AND CONTENT

1. Hospital admission? Yes = 1, No = 2 if no, skip to Q11
2. Diagnosis on admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Pre-pregnancy weight (Kg): \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. History of blood transfusion: Yes = 1, No = 2
5. Receiving antenatal care (ANC)? Yes = 1, No = 2, if no, skip to Q16
6. Number of ANC visits so far \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Content of ANC received: BP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FERSOLATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T.T.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPLANATIONS OF PREG. COMPLICATIONS\_\_\_\_\_\_\_\_\_

URINALYSIS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FBC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEIGHT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Obstetric scan finding of Oligohydramnios: Yes = 1, No = 2
2. Obstetric scan finding of Polyhydramnios: Yes = 1, No = 2
3. Ingestion of alcohol in pregnancy: Yes = 1, No = 2
4. History of cigarette smoking in pregnancy: Yes = 1, No = 2
5. Body rash in the first or third trimester? Yes = 1, No = 2
6. History of preterm birth in previous confinement: Yes = 1, No = 2
7. History of low birth weight in previous confinement: Yes = 1, No = 2
8. History of congenital anomaly in previous births: Yes = 1, No = 2

SECTION B: MATERNAL SOCIOECONOMIC CHARACTERISTICS

1. Source of drinking water: borehole = 1, well = 2, stream = 3, pond = 4, others, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What kind of toilet facility do you use? bush = 1, pit latrine = 2, semi-WC = 3, WC = 4, other specify \_\_\_\_\_\_\_\_\_ (WC = water closet)
3. Type of residence: one room = 0, self-contained room = 1, one bedroom apartment = 2, bungalow = 3, duplex = 4
4. How many people sleep in a room? One = 0, two = 1, three = 2, four = 3, > 4 = 5
5. Type of cooking fuel: gas/LNG = 0, firewood = 1, charcoal = 2, electric stove = 3, none = 4
6. Do you possess or enjoy any of these amenities? (circle as applicable): electricity, radio, television, GSM, landline, computer, refrigerator, deep freezer, table, chair, bed, settee, cupboard, air conditioner, electric iron, generator, fan, wristwatch, bicycle, Okada, car, Keke, motorised boat, canoe, animal-drawn-cart, bank account, internet
7. Main floor material: wood = 0, German floor = 1, tiles = 2, iron= 3, sand = 4
8. Main wall material: tiles = 0, wood = 1, concrete = 2, wallpaper = 3, mud = 4, leaves = 5
9. Do you own a house? Yes = 1, No = 2
10. Do you own a land? Yes = 1, No = 2
11. Do you own any animals? Yes = 1, No = 2, if yes, how many?
    1. Chicken -\_\_\_\_\_\_\_\_\_\_
    2. Cow \_\_\_\_\_\_\_\_\_\_\_\_
    3. Sheep/Ram \_\_\_\_\_\_\_\_\_\_\_\_
    4. Donkey \_\_\_\_\_\_\_\_\_\_\_\_\_
    5. Fish \_\_\_\_\_\_\_\_\_\_\_\_\_
    6. Goat \_\_\_\_\_\_\_\_\_\_\_

SECTION C: RESULT OF BLOOD TESTS AND ANTHROPOMETRIC MEASUREMENTS

1. Hb (g/dl) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Serum Protein (g/dl): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Serum Albumin (g/dl): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Serum calcium (mmol/L): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Weight (kg): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Length: (m): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECTION D: BIRTH CHARACTERISTICS

1. Birth weight: unknown = 0, <1500g = 1, 1500g – 2499g = 2, 2500 – 3999 = 3, >4000g = 4
2. Birth order: first = 0, second =1, third = 2, fourth = 3, fifth and above = 4
3. Place of birth: unknown = 0, home = 1, hospital = 2, TBA clinic = 3, others = 4

SECTION E: MATERNAL NUTRITIONAL ASSESSMENT

1. 24HOUR DIETARY RECALL using the table in APPENDIX IV
   1. Breakfast \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Lunch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Dinner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Extras \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. DIETARY DIVERSITY SCORE from the following food groups using the food frequency table in APPENDIX V
   * 1. CARBOHYDRATE
     2. PROTEIN
     3. FIBRE
     4. WATER
     5. VITAMINS (FRUITS)
     6. MINERALS (VEGETABLES)
     7. FATS
     8. DIARY
     9. OILS
     10. MEAT and MEAT SUBSTITUTES