**IMPRESS\_1St Follow-up (3 months after baseline) Interview**

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|  |  | **Technical Details** |
| Date of interview | DD/MM/YYYY |  |
| Study/Participant ID | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name and phone numbers to pop up once ID is entered. |
| Name |  | Verify  from earlier records |
| Phone no. |  | Verify and edit  from earlier records |
| Husband’s Phone number |  | Verify and edit  from earlier records |
| Interviewer ID | SM  AD | Initials of Interviewer at Bangladesh site to be added here |

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| **Obstetric Details of Pregnant Woman** | | **Options** | | **Technical Details** |
| 1 | Gestational Age | \_\_\_\_Weeks | | To be generated from baseline records of LMP |
| 2 | Ultrasound Details | | | Extract from report |
|  |  | T1 | T2 | To be linked with baseline T1 ultrasound,  To be linked with 2nd follow-up questionnaire, details to pop up in 2nd follow-up  If not entered earlier,  Option of entering here. |
| Date of Ultrasound | dd/mm/yyyy | dd/mm/yyyy |
| Weight | \_\_.kgs\_\_ grams | \_\_.kgs\_\_ grams |
| Gestational age | \_\_\_\_Weeks | \_\_\_\_Weeks |
| Any other congenital abnormalities | a. Yes  b. No  If yes, Specify\_\_\_\_\_\_\_ | a. Yes  b. No  If yes, Specify\_\_\_\_\_\_\_ |
| 3 | Pregnancy Complications | * None * Gestational Diabetes * Hypertension * PET * Anaemia * Miscarriage * MTP * Any other risk please specify | | Tick one or more options as appropriate |
| 4 | EDD | Please specify | | Verify/edit EDD |

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| **Husband’s smoking pattern** | | | **Options** | | **Technical Details** |
| 1 | In the last one week how often did he smoke at home? | 1. Daily 2. 1-3 days/week 3. 4-6 days/week 4. Other (please specify) | | Pls provide space to enter the details for iv. | |  |
| 2 | Is this pattern typical of the last one month? | Yes/No | | If yes, skip next question, go to Q6 | |  |
| 3 | If no, | * Was it more than last week * Was it less than last week | |  | |  |
| 4 | In the last one month, on a typical day how many cigarettes would he smoke inside home? | i.\_\_\_\_\_\_\_\_\_ cig/day  ii. Not sure | | Entries will be in numbers | |  |
| 5 | Overall, would you say your husband has reduced smoking inside home in the last three months | Yes, completely stopped  Yes, to a great extent  Yes, to a little extent  Not at all | |  | |  |
| 6 | Has he reduced smoking outside home in the last three months? | Yes, completely stopped  Yes, to a great extent  Yes, to a little extent  Not at all  Not Sure | |  | |  |

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| **Family smoking pattern** | | **Options** | | **Technical Details** |
| 1. | Has your \_\_\_\_\_\_\_\_ reduced smoking at home in the last three months? | Yes, completely stopped  Yes, to a great extent  Yes, to a little extent  Not at all  Not Sure | Database to alert to which family members (1, 2, 3..) smoke from baseline records and repeat Q for each | |  |

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| **Sl. No** | **Awareness about Second-hand Smoke** | **Totally Agree** | **Agree** | **Disagree** | **Totally Disagree** |
| 1 | Tobacco smoke inhaled by you can harm your health |  |  |  |  |
| 2 | Tobacco smoke equally affects the smoker and the non-smoker who inhales it |  |  |  |  |
| 3 | Tobacco smoke contains chemicals that may cause cancer, heart and lung diseases in a non-smoker who inhales it |  |  |  |  |
| 4 | If a woman inhales tobacco smoke during pregnancy, it affects the health of the unborn child |  |  |  |  |
| 5 | If a woman inhales tobacco smoke during pregnancy, the adverse effects on the unborn child can last for many years of the child’s life |  |  |  |  |
| 6 | The harmful tobacco smoke remains in curtains, clothes, and bedsheets for a few days after a person has smoked in the home |  |  |  |  |
| 7 | If a young baby/child inhales tobacco smoke, it affects his/her physical growth and development |  |  |  |  |
| 8 | Children who inhale tobacco smoke have more medical illnesses, such as cough, asthma, pneumonia etc |  |  |  |  |
| 9 | If a child inhales tobacco smoke, it can also affect his/her academic performance |  |  |  |  |
| 10 | If a child plays in a room where someone recently smoked tobacco, it can still affect his/her health |  |  |  |  |

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| **In the last 3 months, how often did you do the following:** | **Always** | **Usually** | **Sometimes** | **Seldom** | **Never** | **N/A** |
| Move away from your husband when he was smoking |  |  |  |  |  |  |
| Move your child/children or others away from your husband when he was smoking |  |  |  |  |  |  |
| Ask your husband to put out his cigarettes when you were around him |  |  |  |  |  |  |
| Ask your husband to put out his cigarettes when your child/children or other people were around him |  |  |  |  |  |  |
| Ask your husband to stop smoking at home |  |  |  |  |  |  |
| Ask your husband to smoke outside |  |  |  |  |  |  |
| Ask your husband to help you request your family members to put out his/her cigarette or smoke outside |  |  |  |  |  |  |
| Move away from your family member when he was smoking |  |  |  |  |  |  |
| Move your child/children or others away from your family member when he was smoking |  |  |  |  |  |  |
| Ask your family member to put out his cigarettes when he/she was around you |  |  |  |  |  |  |
| Ask your family member to put out his cigarettes when he/she was around your child/children |  |  |  |  |  |  |
| Ask your family members to stop smoking at home |  |  |  |  |  |  |
| Ask your family members to smoke outside |  |  |  |  |  |  |
| Ask your family members to help you request your husband to put out his cigarette or smoke outside |  |  |  |  |  |  |
| Ask visitors to smoke outside your home, if they need to |  |  |  |  |  |  |
| Ask your husband to request visitors to smoke outside home, if they need to |  |  |  |  |  |  |
| Ask your family members to request visitors to smoke outside home, if they need to |  |  |  |  |  |  |

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| **Readiness to change** | **Options** | **Technical Details** |
| How important has it been for you that your husband reduces/ceases smoking at home? | Not important at all Extremely important  `1 2 3 4 5 6 7 8 9 10 | Circle the most appropriate number from 1- 10 |
| How ready/willing has your husband been to reduce/cease smoking at home? | Not willing at all Extremely willing  `1 2 3 4 5 6 7 8 9 10 |  |
| How confident have you felt about negotiating change (reduce/cease smoking at home) with your husband? | Not confident at all Extremely confident  1 2 3 4 5 6 7 8 9 10 |  |
| How confident have you felt about negotiating change (reduce/cease smoking at home) with your family members? | Not confident at all Extremely confident  1 2 3 4 5 6 7 8 9 10 |  |
| Has your husband tried to make these changes (reduce/cease smoking at home)? | No change at all Significant change/  already part of his lifestyle  1 2 3 4 5 6 7 8 9 10 |  |
| Has your husband continued to maintain these changes (reduce/cease smoking at home)? | Not at all Maintained change  1 2 3 4 5 6 7 8 9 10 |  |
| **Stages of Change** | **Options** | **Technical Details** |
| Currently, which of these statements best describes the stage of change your husband is at | 1. Pre-contemplation- My husband is currently not considering change (changing his behaviour of smoking at home)  2. Contemplation- My husband is undecided/ ambivalent (about whether or not to change his behaviour of smoking at home)  3. Preparation- My husband has had some experience with change and has made a plan (to reduce/stop his behaviour of smoking at home)  4. Action- My husband is practicing the new behaviour (has actually stopped smoking at home for a few days now)  5. Maintenance- My husband has continued his commitment to practicing the new behaviour (of NOT smoking at home for couple of months or more)  6. Relapse- My husband had stopped smoking at home but unfortunately resumed his old behaviour | Tick **one** that is most appropriate |

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| **Saliva Cotinine** | **Options** | **Technical Details** |
| Stayed with husband in the last 3- 7 days | Yes/No | For information, if either |
| Cotinine Sample Collected | Yes/No |  |

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| **Urine Cotinine** | **Options** | **Technical Details** |
| Stayed with husband in the last 3- 7 days | Yes/No | For information, if either |
| Cotinine Sample Collected | Yes/No |  |
| **Details- Delivery** | Options | Technical Details |
| Where is the delivery likely to happen? | \_\_\_\_\_\_\_\_\_\_\_ | Space for name of the hospital |
| Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Space for address  Area  Landmark |
| Inform pregnant woman that she will be contacted a week prior to the date of delivery |  | Tick box  Instructions for interviewers |
| Inform pregnant woman that she will be provided with monetary incentive for letting the team know about the delivery within 24 hours |  | Tick box  Instructions for interviewers |
| Inform pregnant woman that the team will visit her soon after delivery to assess the health of the new born |  | Tick box  Instructions for interviewers |