**IMPRESS\_Baseline Interview**

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|  |  | **Technical Details** |
| **Date of Interview** | DD/MM/YYYY |  |
| **Site** | 1. Bangalore 2. Comilla |  |
| **Interviewer ID** | 1. SM 2. AD | Initials of Interviewers at Bangladesh site to be added here |

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| **Eligibility Criteria, Please select the appropriate option** | |  |
| **Part A** | **Options** | **Technical Details** |
| 1. Women aged 18-40 years | Yes/No |  |
| 1. Pregnancy week (up to 20 weeks) | Yes/No |  |
| 1. Does your husband smoke? | Yes/No |  |
| 1. Does your husband smoke inside home? | Yes/No |  |
| 1. Has your husband smoked inside home in the last 3 days? | Yes/No |  |
| 1. Do you chew tobacco/smoke tobacco | Yes/No | Expected answer is No |
| 1. Did any other person who stays with you smoke at home in the last 3 days | Yes/No |  |
| Include for further evaluation | Yes/No | Only if Questions 1-5 are answered yes and Question 6 answered No, continue to part B, else discontinue |

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| **Part B** | **Options** | **Technical Details** |
| 1. Can you read Kannada? | Yes/No |  |
| 1. Can your Husband read Kannada | Yes/No |  |
| 1. Do you plan to stay with your husband during the next three months | Yes/No |  |
| Eligible for NicAlert Test? | Yes/No | Only if Questions1-3 are answered yes, Question 4 answered No, continue to NicAlert, else discontinue |

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|  | **Nic Alert** | **Options** | **Technical Details** |
| 1 | Written Informed Consent Received | Yes/No | If No, Discontinue |
| 2 | Sample Collected | Yes/No |  |
| 3 | NicAlert Result | Positive/ Negative | If negative, discontinue and give leaflet |
| 4 | If positive, Eligible for the Trial, **Generate Study ID:** |  | **Mandatory Field** |

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| **Sociodemographic Details** | | **Options** | **Technical Details** |
| 1 | Name: | \_\_\_\_\_\_\_\_\_\_ | To pop up in 1st and 2nd follow-up questionnaires |
| **2** | Address: | \_\_\_\_\_\_\_\_\_ | Door No  Street Name  Area  Landmark  City |
| **3** | Contact No of Pregnant Woman |  | Only 10 digits  To pop up in 1st and 2nd follow-up questionnaires. |
| **4** | Contact No of Husband |  | Only 10 digits  To pop up in 1st and 2nd follow-up questionnaires |

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| **Pregnant Woman-Personal** | | **Options** | | **Technical Details** |  | |
| 1 | Date of Birth(DOB): | dd/mm/yyyy  Age:\_\_\_\_ | | Age to be Calculated as of DOB |  |
| 2 | If DOB unavailable  Age as reported | \_\_ years | | Limit to  18-40 years |  |
| 3 | Education | No schooling  Primary school (Grade 5)  Secondary school (Grade 8)  High School (Grade 10)  Diploma/PUC (Grade 12)  Graduate (Grade 16)  Other: | | One option to be chosen |  |
| 4 | Occupation | Homemaker  Skilled Labour  Semi-Skilled  Unskilled Labour  Self Employed  Other: | | One option to be chosen |  |
| 5 | Duration of marriage | \_\_Years \_\_Months | | To be reported in years and months |  |
| 6 | No. of children and their ages: | No.  0.  1.  2.  3.  4. | Age  \_\_  \_\_  \_\_  \_\_ | No. of children and their age to be recorded, individually |  |

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| **Obstetric Details** | | **Options** | **Technical Details** |
| 1 | LMP | dd/mm/yyyy | Gestational age to be calculated in weeks using LMP till Current date  To pop up in 1st and 2nd follow-up questionnaire  (LMP to date of interview of 1st follow-up-- in weeks ) |
| 2 | If LMP unavailable,  Gestational Age as reported | \_\_\_\_Weeks | Limit : ≤20 weeks  To pop up in 1st follow-up questionnaire  (LMP to Date of interview of 1st follow-up, in weeks ) |
| 3 | Details of Ultrasound | |  |
|  |  | Trimester 1 | Extract from report  To be linked with 1st and 2nd follow-up questionnaire- details to pop up in both follow-up questionnaires |
| Date of Ultrasound | dd/mm/yyyy |
| Weight | \_\_kgs\_\_ grams |
| Gestational age | \_\_\_\_Weeks |
| Any other congenital abnormalities | a. Yes  b. No  If yes, Please specify\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Husband-Personal** | | | **Options** | **Technical Details** | |
| 1 | Date of Birth(DOB): | dd/mm/yyyy | | Age to be Calculated as of DOB |
| 2 | If DOB unavailable  Age | \_\_ years | | In Years |
| 3 | Education | No schooling  Primary school (Grade 5)  Secondary school (Grade 8)  High School (Grade 10)  Diploma/PUC (Grade 12)  Graduate( Grade 16) | |  |
| 4 | Occupation | Un employed  Skilled Labour  Semi-Skilled  Unskilled Labour  Self Employed | |  |

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| **Family Details** | | | **Options** | **Technical Details** |
| 5 | Type of family: | i. Nuclear  ii.Joint /extended | |  |
| 6 | Monthly family income | \_\_\_\_\_\_\_\_\_ in INR | | Monthly income in thousands |
| 7 | In the last 6 months, which fuel have you regularly used at home for cooking or heating water etc. | a. None  b. Kerosene  c. Wood  d. Dung  e. Other (pl specify) | | Give enough space for option e.  More than one possible answer |

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| **Husband’s smoking pattern** | | | **Options** | | **Technical Details** |
| 1 | For how long has your husband been smoking? | \_ years \_ months | |  | |  |
| 2 | What type of tobacco does he smoke? | 1. Cigarette 2. Bidi 3. Huqa 4. Don’t know 5. Other – Please state | | Multiple entries,  Pls provide space to enter the details if selected 5th option | |  |
| 3 | In the last one week how often did he smoke at home? | 1. Daily 2. 1-3 days/week 3. 4-6 days/week   iv. Other (please specify) | | Pls provide space to enter the details for iv. | |  |
| 4 | Is this pattern typical of the last one month? | Yes/No | | If yes, skip next question, go to Q6 | |  |
| 5 | If no, | * Was it more than last week * Was it less than last week | |  | |  |
| 6 | On a typical day how many cigarettes does he smoke inside home? | i.\_\_\_\_\_\_\_\_\_ cig/day  ii. Not sure | | Entries will be in numbers | |  |
| 7 | Has he ever attempted to quit? | i. Yes  ii. No  iii. Not sure | | If options ii/iii, skip next question, go to Q9 | |  | |
| 8 | If yes, what was the longest duration of abstinence? | \_\_\_\_ days  \_\_\_\_months | | Recorded in days and months | |  | |
| 9 | Has he reduced smoking at home in the last three months? | i. Yes  ii. No | | If options ii skip next question, go to Q11 | |  |
| 10 | If yes, what was the reason? Please specify | \_\_\_\_\_\_\_\_\_ | | Adequate space to be provided | |  |
| 11 | Does your husband drink alcohol? | Never  Yes, in the past, not in the last 3 months  Yes, occasionally  Yes, frequently  Yes, almost everyday  Yes, gets intoxicated | |  | |  |

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| **Family smoking pattern** | | **Options** | | **Technical Details** |
| 1. | Does anyone else, apart from your husband smoke inside home? | 1. None 2. Father 3. Mother 4. Father-in-Law 5. Mother-in-Law 6. Brother 7. Brother-in-Law 8. Other – please specify | Multiple entries possible | |  |

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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 is it 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 will your husband be to reduce/cease smoking at home? | Not willing at all Extremely willing  `1 2 3 4 5 6 7 8 9 10 |  |
| How confident do you feel 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 do you feel 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 |  |
| How confident are you that your husband will try to make these changes (reduce/cease smoking at home)? | Not confident at all Extremely confident  1 2 3 4 5 6 7 8 9 10 |  |
| How confident are you that your husband will maintain these changes (reduce/cease smoking at home)? | Not confident at all Extremely confident  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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| **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 |  |

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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 |  |