

NAVRONGO HEALTH RESEARCH CENTRE/GEORGETOWN UNIVERSITY
Knowledge of Danger Signs During Pregnancy Study 2009

**WOMEN'S QUESTIONNAIRE
IDENTIFICATION**

ANTENATAL CARD NUMBER									
DATE OF INTERVIEW									
FIELDWORKER CODE									
LANGUAGE OF INTERVIEW		01 ENGLISH 02 KASEM 03 NANKAM 04 OTHER.....(SPECIFY)							
FORM CHECKED BY									

SECTION I. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
100	RECORD THE TIME	HOUR MINUTES <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					
101	COLLECT ANTENATAL CARD AND RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE RESPONDENT'S AGE.						
102	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					
103	Have you ever attended school?	YES1 NO2 →	105				
104	What is the highest level of school you attended: primary, middle/jss, secondary/sss, or higher?	PRIMARY1 MIDDLE/JSS2 SECONDARY/SSS3 HIGHER4 NA.....8					
105	What is your religion?	CHRISTIAN1 TRADITIONAL2 MUSLIM3 NO RELIGION4 OTHER5 (SPECIFY)					

106	What is your marital status: are you now married, living with a man, widowed, separated or divorced?	CURRENTLY MARRIED or LIVING TOGETHER1 SEPARATED or DIVORCED.....2 WIDOWED3 NEVER MARRIED4	
107	What kind of work do you mainly do? DO NOT PROMPT RECORD ONLY ONE RESPONSE	NO WORK.....11 HOUSE WIFE.....12 FARMING13 TRADING/SELLING14 CRAFTSMANSHIP15 BEAUTY SALON.....16 WHITE COLLAR/OFFICE WORKER.....17 STUDENT.....18 OTHER _____ 19 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you questions about all the births you have had during your life.		
201	How many pregnancies have you had, including this one, in your life?	NUMBER OF PREGNANCIES..... <input type="text"/> <input type="text"/>	
202	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end early in a miscarriage, or the child can be born dead. Have you had any such pregnancy that did not result in a live birth?	YES1 NO2 → 204	
203	In all, how many of the pregnancies did not end in a live born child? IF NONE, RECORD "00".	TOTAL..... <input type="text"/> <input type="text"/>	
204	How many children do you have? IF NONE, RECORD "00".	TOTAL..... <input type="text"/> <input type="text"/>	

Section 3: Questions on Antenatal Attendance and Access During Current Pregnancy

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you questions about your current pregnancy and attendance at the antenatal clinic today.		
301	How many times, including this time, have you attended antenatal clinics during your current pregnancy?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/>	
302	How did you get to the antenatal clinic today? DO NOT PROMPT	WALKING.....1 BICYCLE.....2 TAXI.....3 FRIEND/FAMILY CAR.....4 BUS.....5 MOTOBIKE.....6 TRO-TRO.....7 OTHER.....8 SPECIFY _____ N/A.....88	
303	The distance from your home to (NAME OF PRESENT CLINIC) is ...	1 Long 2 Somewhat long 3 Short	

304	The travel time from your home to (NAME OF PRESENT CLINIC) is ...	1 Long	2 Somewhat long	3 Short
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SECTION 4: HYPOTHETICAL QUESTIONS ABOUT CURRENT PREGNANCY

Now I am going to read aloud several hypothetical questions about pregnancy. Please consider the questions carefully and tell me your answer. Remember there are no right or wrong answers. I am simply interested in your opinions.

401	<p>If a pregnant woman experienced a severe headache during pregnancy, what should she do?</p> <p>DO NOT PROMPT. RECORD ONLY FIRST RESPONSE.</p>	<p>NOTHING.....1 HOSPITAL.....2 CLINIC.....3 SELF TREAT (PHARMACY).....4 SELF TREAT (AT HOME).....5 FIELDWORKER.....6 COMMUNITY NURSE.....7 CHURCH.....8 TRADITIONAL HERBALIST.....9 SOOTHSAYER.....10 COMPOUND HEAD.....11 MOTHER.....12 HUSBAND.....13 OTHER.....14</p> <p>_____</p> <p>NO ANSWER.....88 I DON'T KNOW.....99</p>
402	<p>If a pregnant woman experienced severe vaginal bleeding during pregnancy, what should she do?</p> <p>DO NOT PROMPT. RECORD ONLY FIRST RESPONSE.</p>	<p>NOTHING.....1 HOSPITAL.....2 CLINIC.....3 SELF TREAT (PHARMACY).....4 SELF TREAT (AT HOME).....5 FIELDWORKER.....6 COMMUNITY NURSE.....7 CHURCH.....8 TRADITIONAL HERBALIST.....9 SOOTHSAYER.....10 COMPOUND HEAD.....11 MOTHER.....12 HUSBAND.....13 OTHER.....14</p> <p>_____</p> <p>NO ANSWER.....88 I DON'T KNOW.....99</p>
403	<p>If pregnant woman experienced severe swelling of her hands, face or feet during pregnancy, what should she do?</p> <p>DO NOT PROMPT. RECORD ONLY FIRST RESPONSE.</p>	<p>NOTHING.....1 HOSPITAL.....2 CLINIC.....3 SELF TREAT (PHARMACY).....4 SELF TREAT (AT HOME).....5 FIELDWORKER.....6 COMMUNITY NURSE.....7 CHURCH.....8 TRADITIONAL HERBALIST.....9 SOOTHSAYER.....10 COMPOUND HEAD.....11 MOTHER.....12 HUSBAND.....13 OTHER.....14</p>

		<p>_____</p> <p>NO ANSWER.....88 I DON'T KNOW.....99</p>
404	<p>If a pregnant woman experienced severe abdominal pains during pregnancy, what should she do?</p> <p>DO NOT PROMPT. RECORD ONLY FIRST RESPONSE.</p>	<p>NO ANSWER.....88 I DON'T KNOW.....99</p> <p>NOTHING.....1 HOSPITAL.....2 CLINIC.....3 SELF TREAT (PHARMACY).....4 SELF TREAT (AT HOME).....5 FIELDWORKER.....6 COMMUNITY NURSE.....7 CHURCH.....8 TRADITIONAL HERBALIST.....9 SOOTHSAYER.....10 COMPOUND HEAD.....11 MOTHER.....12 HUSBAND.....13 OTHER.....14</p> <p>_____</p> <p>NO ANSWER.....88 I DON'T KNOW.....99</p>

SECTION 5. QUESTIONS ABOUT PREGNANCIES IN LAST TWO YEARS

	Now I would like to ask you some questions about any pregnancies that you have had in the past two years, not including your current pregnancy.	
501	Not including this pregnancy, have you been pregnant in the past 4 years?	<p>YES.....1 NO.....2 N/A.....88</p>
502	<p>If yes, did you deliver a live baby?</p> <p>If no, please specify why.</p>	<p>YES.....1 NO.....2</p> <p>SPECIFY _____</p> <p>N/A.....88</p>
503	<p>What was the date of your last delivery?</p> <p>IF THEY DID NOT DELIVER, What was the date of the termination of your last pregnancy?</p> <p>IF UNKNOWN, CHECK THE ANTENATAL CARE RECORD.</p>	<p>MONTH _____</p> <p>DON'T KNOW.....99</p> <p>YEAR _____</p> <p>DON'T KNOW.....99</p> <p>N/A.....88</p> <p>IF TERMINATED → 505</p>
504	Where did you deliver?	<p>PUBLIC HOSPITAL NAVRONGO HOSPITAL.....11 BOLGA REGIONAL HOSPITAL.....12</p> <p>PUBLIC HEALTH FACILITIES PAGA HEALTH CENTRE.....16 KASSENA-NANKANA EAST HEALTH CENTRE.....17 CHIANA HEALTH CENTRE.....18 KOLOGO HEALTH CENTRE NAKOLO CLINIC.....19 SIRIGU CLINIC.....20 BIU.....21</p> <p>ST. JUDE'S (PRIVATE) CLINIC.....26</p> <p>HOME RESPONDENT'S HOME.....27 TBA'S HOME.....28 TRADITIONAL HEALER'S HOME.....29 OTHER HOME.....30</p>

		ON THE WAY TO HEALTH FACILITY32 OTHER _____ 33 (SPECIFY)	
505	During your last pregnancy, did you go to the antenatal clinic?	YES.....1 NO.....2 DON'T KNOW.....99	601 601
506	How many times did you attend antenatal clinic during your last pregnancy?	NUMBER OF TIMES..... N/A.....88 DON'T KNOW.....99	
507	What was your <u>main</u> reason for going to your first antenatal clinic? DO NOT PROMPT.	TO CHECK PREGNANCY WAS NORMAL.....1 BECAUSE OF A PROBLEM.....2 OTHER _____ 3 (SPECIFY) NA.....9	
508	How many months pregnant were you when you first received antenatal care?	MONTHS..... NA.....88 DON'T KNOW.....99	

SECTION 6: QUESTIONS ON KNOWLEDGE OF DANGER SIGNS

The following questions are also about your most recent pregnancy, not your current pregnancy.

601	During any of your antenatal visits, did the doctor, nurse or service provider tell you about any of the following? A. The need to plan for the delivery? B. The need to deliver with a nurse/midwife/doctor? C. Danger signs of pregnancy? D. Where to go if you have complications? E. The need to arrange for transport in case of complications? F. The need to arrange for money for the delivery or complications?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>NA</td> </tr> <tr> <td>BIRTH PLAN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DELIVER WITH NURSE/DOCTOR</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DANGER SIGNS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>COMPLICATIONS PLACE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TRANSPORT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEVER ATTENDED CLINIC.....</td> <td></td> <td></td> <td>55</td> </tr> </table>		YES	NO	NA	BIRTH PLAN	1	2	8	DELIVER WITH NURSE/DOCTOR	1	2	8	DANGER SIGNS	1	2	8	COMPLICATIONS PLACE	1	2	8	TRANSPORT	1	2	8	MONEY	1	2	8	NEVER ATTENDED CLINIC.....			55	
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602	From whom did you receive information about pregnancy and complications during pregnancy? RECORD ALL MENTIONED.	MY OWN EXPERIENCE.....1 HUSBAND.....2 HEAD OF HOUSEHOLD.....3 MOTHER.....4 FATHER.....5 SISTER.....6 MOTHER-IN-LAW.....7 FATHER-IN-LAW.....8 SISTER-IN-LAW.....9 TRAINED BIRTH ATTENDANT.....10 TRADITIONAL HEALER.....11 DOCTOR.....12 NURSE/MIDWIFE.....13 COMMUNITY HEALTH NURSE.....14 THE RADIO.....15 HEALTH POSTERS.....16 OTHER.....17																																	

		(SPECIFY) NA.....88 DON'T KNOW.....99
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603	<p>Did you experience any of the following complications during your last pregnancy?</p> <p>PROBE USING LIST OF SYMPTOMS.</p> <p>A. Headache B. Swelling of the feet, hands or face C. Fits/Convulsions D. Vomiting E. High Fever F. Shortage of Blood (Anemia) G. Excessive vaginal bleeding H. Abdominal pain/stomach pain I. Other</p> <p>For those complications experienced, how severe were your symptoms?</p> <p>PROBE FOR EACH COMPLICATION SHE LISTED.</p> <p>A. Mild B. Moderate C. Severe</p> <p>Did you seek care for any of the complications experienced? Which ones?</p> <p>PROBE FOR EACH COMPLICATION SHE LISTED.</p>	<p>FOR EACH RESPONSE, UNDER COMPLICATIONS..... WRITE 1 IF YES SHE HAD THE COMPLICATION WRITE 2 IF NO SHE DID NOT HAVE THE COMPLICATION</p> <p>UNDER SEVERITY..... WRITE 1 FOR MILD WRITE 2 FOR MODERATE WRITE 3 FOR SEVERE WRITE 99 FOR DON'T KNOW WRITE 00 IF NO COMPLICATIONS</p> <p>UNDER CARE SEEKING..... WRITE 1 IF YES, SHE DID SEEK CARE WRITE 2 IF NO, SHE DID NOT SEEK CARE WRITE 99 FOR DON'T KNOW WRITE 00 IF NO COMPLICATIONS</p> <table border="0"> <thead> <tr> <th></th> <th>COMPLICATION</th> <th>SEVERITY</th> <th>CARE SEEKING</th> </tr> </thead> <tbody> <tr> <td>HEADACHE.....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>SWELLING</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>FITS/CONVULSIONS.....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>VOMITING.....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>HIGH FEVER.....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>SHORTAGE OF BLOOD.....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>VAGINAL BLEEDING.....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ABDOMINAL PAIN.....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>OTHER.....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>IF NO COMPLICATIONS</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		COMPLICATION	SEVERITY	CARE SEEKING	HEADACHE.....	_____	_____	_____	SWELLING	_____	_____	_____	FITS/CONVULSIONS.....	_____	_____	_____	VOMITING.....	_____	_____	_____	HIGH FEVER.....	_____	_____	_____	SHORTAGE OF BLOOD.....	_____	_____	_____	VAGINAL BLEEDING.....	_____	_____	_____	ABDOMINAL PAIN.....	_____	_____	_____	OTHER.....	_____	_____	_____	(SPECIFY)				IF NO COMPLICATIONS				THE END
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604	<p>How much time after the complication began did you realize that it was serious?</p> <p>(IF IMMEDIATELY THEN WRITE 00 IN HOURS, IF LESS THAN 1 DAY THEN WRITE IN HOURS, IF LESS THAN 30 DAYS THEN WRITE IN DAYS, IF MORE THAN 30 DAYS WRITE IN MONTHS)</p>	<p>HOURS AFTER BEGAN.....</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p>DAYS AFTER BEGAN.....</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p>MONTHS AFTER BEGAN.....</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p>NA.....88 DON'T KNOW99</p>													
605	<p>How long after the realization of a serious complication did you actually go for treatment?</p> <p>(IF IMMEDIATELY THEN WRITE 00 IN HOURS, IF LESS THAN 1 DAY THEN WRITE IN HOURS, IF LESS THAN 30 DAYS THEN WRITE IN DAYS, IF MORE THAN 30 DAYS WRITE IN MONTHS)</p>	<p>HOURS AFTER RECG.....</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p>DAYS AFTER RECG.....</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p>MONTHS AFTER RECG.....</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p>DID NOT SEEK CARE.....77 NA.....88 DON'T KNOW99</p> <p>IF IMMEDIATELY → 607</p>													
606	IF NOT IMMEDIATELY: Why did you not obtain treatment immediately?	DID NOT REALIZE IT WAS SERIOUS11													

	<p>DO NOT PROMPT.</p> <p>RECORD ALL MENTIONED.</p>	<p>TRADITIONAL BELIEFS.....12</p> <p>COST OF TREATMENT/CARE TOO MUCH.....13</p> <p>COST OF TRANSPORTATION.....14</p> <p>TOO FAR.....15</p> <p>NOT EASY TO GET TRANSPORT.....16</p> <p>SUCCESSFUL PREVIOUS CHILDBIRTH AT HOME...17</p> <p>FAMILY DID NOT ALLOW.....18</p> <p>NO ONE AVAILABLE TO ACCOMPANY.....19</p> <p>POOR SERVICE AT HEALTH FACILITY.....20</p> <p>DID NOT KNOW HOW TO GO THERE.....21</p> <p>THERE WAS NO TIME TO GO FOR CARE/ADVICE.....22</p> <p>OTHER.....24</p> <p>(SPECIFY)</p> <p>NA.....88</p> <p>DON'T KNOW.....99</p>
607	<p>Who did you seek care from for these complications?</p> <p>ASK CLIENT TO LIST FIRST THREE IN ORDER OF CARE SOUGHT.</p> <p>RECORD FIRST THREE MENTIONED IN ORDER OF CARE SOUGHT.</p>	<p>WRITE 1 FOR FIRST PERSON CONSULTED</p> <p>WRITE 2 FOR SECOND PERSON CONSULTED.</p> <p>WRITE 3 FOR THIRD PERSON CONSULTED.</p> <p>HUSBAND.....11</p> <p>HEAD OF HOUSEHOLD.....12</p> <p>MOTHER.....13</p> <p>FATHER.....14</p> <p>MOTHER-IN-LAW.....15</p> <p>FATHER-IN-LAW.....16</p> <p>SISTER-IN-LAW.....17</p> <p>TRAINED BIRTH ATTENDANT.....18</p> <p>TRADITIONAL HEALER.....19</p> <p>DISPENSARY.....20</p> <p>DRUG PEDDLAR.....21</p> <p>MIDWIFE.....22</p> <p>NURSE.....23</p> <p>MEDICAL ASSISTANT.....24</p> <p>DOCTOR.....25</p> <p>OTHER.....</p> <p>(SPECIFY)</p> <p>DID NOT SEEK CARE.....77</p> <p>NA.....88</p> <p>DON'T KNOW.....99</p>

608	RECORD THE TIME	<p>HOUR.....</p> <p>MINUTES.....</p>	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>					

Thank you for taking time to answer these questions. I appreciate your time and effort.
THE END.

FOR EXAMPLE ONLY DO NOT COPY