

### Appendix 3

#### Structured Questionnaires for Quantitative Methods

##### A. Socioeconomic Status Pro forma

Date : \_\_\_\_\_ Name of Subject : \_\_\_\_\_  
Address : \_\_\_\_\_ Age : \_\_\_\_\_ years

1. Occupation (specify) : Self - \_\_\_\_\_  
Husband's - \_\_\_\_\_
2. Income (from all sources) : Rs. \_\_\_\_\_ per month P C I : Rs. \_\_\_\_\_ per month
3. Family composition : \_\_\_\_\_

No.	Name	Relation to the Head	Sex		Age (yrs)	Education
			M	F		

4. Religion : (✓) (a) Hindu (b) Muslim  
(c) Christian (d) Any other (specify) \_\_\_\_\_
5. Construction of the house : (✓) (a) Hut (b) *Kutch* house  
(c) *Semi-pucca* house (d) *Pucca* house
6. Source of drinking water : (✓) (a) Individual tap  
(b) Common tap/Community stand-post  
(c) Hand-pump  
(d) Any other (specify) \_\_\_\_\_
7. Toilet facilities used : (✓) (a) Individual toilet  
(b) Public toilet  
(c) Open defecation  
(d) Any other (specify) \_\_\_\_\_
8. Sanitation of the house and surroundings : (✓)
  - (a) House swept
  - (b) Garbage disposed in closed bins
  - (c) Garbage disposed in open bins
  - (d) Garbage thrown outside
  - (e) Flies/Insects outside house
  - (f) Flies/Insects inside house
  - (g) Stagnant water outside house
  - (h) Children's defecation inside house
  - (i) Open defecation near house

##### Scoring System for sanitation of house and surroundings

	Yes	No
	<b>Score</b>	
(a) House Cleaned	2	1
(b) Garbage disposed in closed bins	3	
(c) Garbage disposed in open bins	2	
(d) Garbage thrown outside	1	
(e) Flies/Insects inside the house	1	2
(f) Flies/Insects outside the house	1	2
(g) Stagnant water outside the house	1	2
(h) Child defecation inside the house	1	2
(i) Open defecation in the rear of house	1	2

**Total Score:** 13 to 15 – Good, 10 to 12 – Fair, 7 to 9 – Poor

## **B. Obstetric History**

1. Age at menarche
2. Age at marriage
3. Age when the first child was born
4. No. of live born children
5. Any miscarriages - Yes / No  
If Yes, how many?
6. Any still born children -Yes / No  
If Yes, how many?
7. Date of birth of last baby
8. LMP - 1st day of last menstrual period  
No. of weeks pregnant  
Expected date of delivery
9. No. of months between last birth and expected date of delivery -  
1st pregnancy  
1 year  
2 years
10. Any LBW baby (<2.5 kg) -Yes / No  
If Yes, LBW
11. Post-partum hemorrhage during any previous deliveries -  
Yes / No  
If Yes, post-partum hemorrhage
12. Any premature delivery (after 28w and before 36w) -Yes / No  
If Yes, number

### C. Pro forma for Health Problems Experienced by Pregnant Women

Date :

Name of the subject :

	Health Problems	Gestational age when first experienced	No. of episodes	Duration (days)	Treatment taken
1.	Morning sickness				
2.	Nausea/vomiting				
3.	Giddiness				
4.	Burning in micturition				
5.	Increased frequency of micturition				
6.	Pain in abdomen				
7.	Pain in pelvic region				
8.	Perverted appetite				
9.	Loss of appetite				
10.	Acidity/heart burn				
11.	Excessive weight gain				
12.	Headache				
13.	Constipation				
14.	Leucorrhea				
15.	Edema				
16.	Backache				
17.	Spot bleeding				
18.	Cramps in lower limbs				
19.	Irregular fetal movements				
20.	Itching				
<b>General Health Problems</b>					
1.	URI				
2.	Fever				
3.	Malaria				
4.	Any other				

Source of Treatment : a. FWC/ANC      b. Govt. Hospital      c. Private Hospital  
d. Home remedies ,      e. Any other      f. No treatment

**D. Delivery Record**

1.	Date of delivery	
2.	Gestational duration (weeks)	
3.	Prolonged labor (>12 hours) - Yes / No If Yes, _____ hours	
4.	Delivery type - a. Normal b. Forceps c. Caesarean d. Any other/complications	
5.	Place of delivery - a. Hospital - Name of hospital b. Home	
6.	Weight of the newborn (kg/lbs)	
7.	Sex of the newborn - M / F	
8.	Post-partum bleeding - a. Mild b. Moderate c. Heavy	
9.	Whether a high risk mother - Yes / No	