

Woman's full name: \_\_\_\_\_

ID # \_\_\_\_\_ 2 -- \_\_\_\_\_

.....

**RAPID ASSESSMENT OF MALARIA DURING PREGNANCY  
TOOL 2: DELIVERY UNIT QUESTIONNAIRE**

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Interviewer number \_\_\_\_\_  
Day Month Year

ID number: \_\_\_\_ D -- \_\_\_\_ \_\_\_\_ \_\_\_\_  
Digit 1 = facility number Digit 2 = D (for Delivery Unit)  
Digits 3, 4 & 5 = woman's consecutive number

**SCREENING QUESTIONS**

1. Age (years): .....[ ]  
*If the mother does not know her age, estimate her age using the categories below.*  
less than 15 years ....[ ] 30-34 years .....[ ]  
15-19 years .....[ ] 35-39 years .....[ ]  
20-24 years .....[ ] 40-44 years .....[ ]  
25-29 years .....[ ] more than 44 years .....[ ]

*If the woman is less than an age deemed appropriate,<sup>1</sup> thank her for her time and DO NOT enroll her in this survey.*

**DEMOGRAPHIC INFORMATION**

2. Village/town: \_\_\_\_\_  
*Interviewer: Skip the next question; it will be coded later so that it is done uniformly.*
3. Is this a rural or urban area? [ ]  
Urban = 1  
Rural = 2  
Periurban = 3  
Unknown = 9
4. What language do you usually speak with family members at home? [ ]  
Language a = 1  
Language b = 2  
Language c = 3  
Other = 8 (*specify*) \_\_\_\_\_
5. Are you married? .....[ ]  
yes, married and living with husband = 1  
yes, married but do not live with husband = 2  
not married but living with a man = 3

<sup>1</sup> Most rapid assessments have used 15 years as a cut-off, but local settings should determine what is appropriate in that setting.

ID number: \_\_\_\_ D -- \_\_\_\_ \_\_\_\_ \_\_\_\_ 1

separated or divorced = 4  
widow of the father of this baby = 5  
never married or lived with a man = 6

**EDUCATION**

6. What is the highest level of school that you attended?..[ ]  
Primary = 1  
Secondary = 2  
Higher = 3  
Never attended = 4  
Unknown = 9
7. Can you read .....[ ]  
YES = 1 NO = 2

**SOCIOECONOMIC INDICATORS**

8. What is the roof of your house made of? .....[ ]  
corrugated iron = 1  
cement or concrete = 2  
wood and mud = 3  
thatch or grass = 4  
reed or bamboo = 5  
plastic sheet = 6  
mobile roofs of nomads = 7  
other = 8 (specify) \_\_\_\_\_
9. What kind of floor does your house have? .....[ ]  
earth or sand = 1  
dung = 2  
wood planks = 3  
reed or bamboo = 4  
vinyl tiles or carpet = 5  
cement = 6  
cement tiles or brick = 7  
other = 8 (specify) \_\_\_\_\_
10. What is the main job of the head of household/husband? .... [ ]  
job a = 1  
job b = 2  
job c = 3  
job d = 4
11. What is the monthly household income for your family?.....[ ]  
income bracket a = 1  
income bracket b= 2  
income bracket c=3

(FOR THE NEXT QUESTION, PLEASE ENTER A 1 OR 2 FOR EACH LINE)

12. Do you or any member of your family living in the same compound:  
YES = 1 NO = 2  
**Own** a bicycle/scooter/moped? .....[ ]  
Own a radio? .....[ ]  
Own a TV?.....[ ]  
Own the house you are living in? .....[ ]

Own crop land? .....[ ]  
Grow cash crops? .....[ ]

**REPRODUCTIVE AND CLINICAL HISTORY**

13. ....How many times have you become pregnant? .....[ ]  
(including this one and all other pregnancies, including abortions and miscarriages)

13a. How many pregnancies with a live-born child?.....  
13b. How many pregnancies with loss of the fetus?

**MALARIA PREVENTION**

14. Did you take medicine during pregnancy to protect you from malaria and keep illness from coming into the body when you did not have symptoms?.....[ ]

**(NOTE, NOT treatment for malaria illness)**

YES = 1  
NO = 2 *If NO, skip to question 16*  
UNKNOWN = 9

*If YES:*

14a. What type of medicine did you take?  
Chloroquine .....[ ]  
Sulfadoxine-Pyrimethamine (SP, Fansidar) .....[ ]  
Proguanil .....[ ]  
Other .....[ ]  
**(specify):** \_\_\_\_\_  
Unknown .....[ ]

14b. When you started taking the medicine, how many months pregnant were you?.....[ ]

14c. For the first time you took the medicine, how many total tablets did you take? .....[ ]

14d. How many times in a week did you take the medicine?.....[ ]

14e. How many tablets did you take each time?.....[ ]

14f. After the first dose, how often did you take this medicine?.....[ ]  
Every week=1  
Almost every week=2  
Some weeks=3  
Monthly=4  
Rarely=5  
Do not know=6

15. ....Did you sleep under a bed net during this pregnancy? [ ]  
YES = 1  
NO = 2  
UNKNOWN = 9

*If no, skip to question 17*

15a. *If yes, how frequently?* .....[     ]  
all the time = 1  
most of the time = 2  
sometimes = 3  
rarely = 4

15b. Did you sleep under the net last night? .....[     ]  
YES = 1  
NO = 2  
UNKNOWN = 9

15c. Has this net ever been treated with insecticide? .....[     ]  
YES = 1  
NO = 2  
UNKNOWN = 9

15d. *If yes, has the net been treated with insecticide  
in the past one year?* .....[     ]  
YES = 1  
NO = 2  
UNKNOWN = 9

15e. Is the net a long-lasting insecticide-treated  
net (LLN)? .....[     ]  
YES = 1  
NO = 2  
UNKNOWN = 9

**HISTORY OF FEVER OR MALARIA (DURING THE PRESENT PREGNANCY)**

16. ....Have you had a fever or malaria during this pregnancy? [     ]  
YES = 1  
NO = 2  
UNKNOWN = 9

*If NO, skip to question 17*

16a. Did you get a convulsion with fever/malaria?     [     ]  
YES = 1  
NO = 2  
UNKNOWN = 9

16b. Did you stay in hospital overnight for treatment of fever/malaria? [     ]  
YES = 1  
NO = 2  
UNKNOWN = 9

16c. Did you get a blood transfusion:     [     ]  
YES = 1  
NO = 2  
UNKNOWN = 9

16d. Did you take iron and folic acid tablets?     [     ]  
YES = 1  
NO = 2

UNKNOWN = 9

16e. Have you taken a medication to **treat** malaria or fever during this pregnancy?..... [    ]

YES = 1

NO = 2

UNKNOWN = 9

16f. Type of medication taken (*check all that apply*)

Chloroquine.....[    ]

Sulfadoxine-Pyrimethamine (SP)....[    ]

Quinine.....[    ]

Antipyretics.....[    ]

Other.....[    ]

(*specify*): \_\_\_\_\_

Unknown.....[    ]

**ANTENATAL CARE CLINIC VISITS AND ANC CARD DETAILS**

17. Have you previously attended antenatal clinic for this pregnancy?.....[    ]

YES = 1      NO = 2

18. Did you bring your ANC card today?.....[    ]

YES = 1      NO = 2

*If yes, RECORD THE INFORMATION BELOW FROM THE ANC CLINIC CARD.*

19. Total number of ANC visits.....[    ]

20. Timing of visits:

	Date of visit	Gestational age (weeks)	Fundal height
first visit: .....	___ ___ / ___ ___ / ___ ___	.....[    ]	.....[    ]
most recent visit: .....	___ ___ / ___ ___ / ___ ___	.....[    ]	.....[    ]

21. Last menstrual period (LMP) if recorded: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

22. Estimated date of delivery    \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

23. Risk factors during the current pregnancy:

*(Check if any of the following are written in the antenatal record – Please put a 1 or 2 for each risk factor)*

YES = 1      NO = 2

Anemia (Hb < 7 g/dl).....[    ]

BP > 140/90.....[    ]

Pre-eclampsia.....[    ]

Gestational diabetes.....[    ]

APH (antepartum hemorrhage).....[    ]

Malpresentation.....[    ]

Other.....[    ]

(*specify*) \_\_\_\_\_

**RECENT MALARIA MORBIDITY HISTORY**

24. Have you had a fever or malaria during the past week?.....[    ]

YES = 1

NO = 2

UNKNOWN = 9

If NO, skip to question 25

24a. If YES, Have you received any treatment for this illness? .....[     ] ]

YES = 1

NO = 2

24b. If YES, check treatments received (check all that apply)

Chloroquine.....[     ] ]

Sulfadoxine-Pyrimethamine (Fansidar).....[     ] ]

Quinine.....[     ] ]

Artemisinin-combination therapy (ACT).....[     ] ]

If an ACT, specify : \_\_\_\_\_

Other.....[     ] ]

(Specify): \_\_\_\_\_

Not known [     ] ]

**DELIVERY DATA (from hospital records and observation of present delivery)**

25. ....Date of Delivery     \_\_\_ / \_\_\_ / \_\_\_

26. ...Type of Delivery:     [     ] ]

Spontaneous vaginal delivery = 1

Caesarian section = 2

Forceps/vacuum = 3

Other = 8 **Specify:** \_\_\_\_\_

27. Number of babies delivered ,,,,,,, [     ] ]

1 = singleton (1 baby)

2 = twins

3 = more than two

27a. If singleton (1 baby), please describe if the baby was

1 = born alive, left hospital alive (Skip to Q. 30)

2 = born alive, died before leaving hospital (Skip to Q. 27c)

3 = born dead/stillbirth (Skip to Q. 27b)

9 = unknown (Skip to Q. 30)

27b. (For all singletons), did the baby move arms and legs after birth?....[     ] ]

YES = 1     NO = 2 (If NO, skip to Q. 27d)

27c. (For singletons) If the baby was born alive but died before leaving hospital, what was the cause of death? (Answer this question and then skip to Q. 30)

\_\_\_\_\_

27d. (For singletons born dead) If the baby was born dead, what was the estimated gestational age?

\_\_\_\_\_ weeks

28. If the singleton child was born dead, check all possible causes

[     ] Malaria

[     ] Fever

[     ] Spontaneous without explanation

[     ] Infection (septic)

[     ] Trauma

ID number: \_\_\_ D -- \_\_\_ \_\_\_ \_\_\_ 6

- Intentional
- Cephalopelvic disproportion (head too big, baby got stuck)
- Weak expulsion
- Prolonged labor
- Fetal distress
- Asphyxia
- Nuchal cord
- Placental abruption
- Chorioamnionitis
- Hydrops fetalis
- Not known
- Other (specify): \_\_\_\_\_

29. If the singleton was born dead, was the fetus:  
 Fresh? = 1  
 Macerated? = 2  
 Not known = 9

**EXAMINATION: BEFORE DELIVERY**

30. Mother's axillary temperature.....\_\_\_\_\_ degrees C

31. ....Mother's height (centimeters): \_\_\_\_\_

32. ....Mother's mid-upper arm circumference (centimeters) \_\_\_\_\_

34. Was a rapid diagnostic test (RDT) for malaria done?.....[  ]  
 YES = 1  
 NO = 2  
 UNKNOWN = 9  
 (If "no" or "unknown" skip to Q36.

35. RDT result.....[  ]  
 Positive = 1  
 Negative = 2  
 Result available, examined, but undetermined = 9

36. Was a blood sample taken from a prick of the mother's finger?.....[  ]  
 YES = 1  
 NO = 2  
 UNKNOWN = 9  
 (If "no" or "unknown" skip to Q39.

37. Blood smear result .....[  ]  
 Positive = 1  
 Negative = 2  
 Result available, examined, but undetermined = 9

38. Malaria species. *Check all that apply*.....[  ]  
*Plasmodium falciparum* = 1 .....[  ]  
*P. vivax* = 2.....[  ]  
*P. malariae* = 3.....[  ]  
*P. ovale* = 4.....[  ]  
 Undetermined = 9

39. If either of the tests above was positive, was an antimalarial given? [ ]  
YES = 1 NO = 2

39a. If YES, what type .....[ ]  
Chloroquine = 1  
Sulfadoxine-pyrimethamine (SP) = 2  
Chloroquine and SP = 4  
Quinine = 3  
Coartem = 4  
Other = 8 (specify and explain): \_\_\_\_\_

39b. Date administered: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

39c. Name of person administering antimalarials: \_\_\_\_\_

**Note:** All women who are currently febrile or report having had a fever in the last 7 days should wait to receive their blood smear results prior to leaving clinic that day. Their blood slides should be promptly read. If positive, they will receive treatment with appropriate antimalarial drug. Women who are presently afebrile with no history of fever in the past week need not wait for smear results but can return for the results the following day.

**OR**

If above differs from the country's national policy, follow national policy.

**EXAMINATION OF LIVE-BORN SINGLETON BABY**

40. Weight of baby (g) ..... \_\_\_\_\_ . \_\_\_\_\_  
*FROM SCALE, NOT FROM DELIVERY RECORD*

41. Sex of baby .....[ ]  
Male = 1  
Female = 2

42. Ballard score ..... \_\_\_\_\_

43. Gestational age (weeks) by Ballard score.....[ ]

44. Physical abnormalities? .....[ ]  
YES = 1 NO = 2  
If yes, list any abnormalities \_\_\_\_\_

**MATERNAL OUTCOMES**

45. Maternal death .....[     ] ]  
 YES = 1  
 NO = 2 .....  
 If maternal death, list cause: \_\_\_\_\_  
*If not known, please state: "Unknown"*

46. Were there any other complications of labor? .....[     ] ]  
 0 = No other complications  
 1 = Puerperal sepsis  
 2 = Pre-eclampsia  
 3 = Eclampsia  
 4 = Obstructed labor  
 5 = Breech delivery  
 6 = Antepartum hemorrhage  
 7 = Postpartum hemorrhage  
 8 = Uterine rupture  
 9 = Other (**specify**) \_\_\_\_\_

*PLEASE CHECK OVER THE QUESTIONNAIRE NOW TO MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED, THEN CHECK THIS BOX .....[     ] ]*

*Thank the woman for her time.*

**47. QUALITY CONTROL**

Site supervisor should check all questionnaires for completeness every day at the end of all interviews. Data entry clerks should initial at the end of every entry.

	<b>Person</b>	<b>Name/Signature</b>	<b>Date</b>
47a	Site Supervisor		
47b	Data Entry Clerk 1		
47c	Data Entry Clerk 2		
47d	Assessment Coordinator		