



**BIRTH TO TWENTY: BABIES
ANTENATAL QUESTIONNAIRE**

DATE: Day Month Year

BTT ID NUMBER:

BONE ID NUMBER: **INTERVIEWER:**

INTERVIEW:

Before delivery	1
After delivery	2

PLACE OF INTERVIEW:

Soweto Clinic	1
Baragwanath Hospital	2
Coronation Hospital	3
Johannesburg Hospital	4
Private Gynaecologist	5
At Home	6

If you filled this in by yourself please put a cross in this box

PERSONAL INFORMATION

1. What is your first name(s) (both English & Vernacular)

Nickname _____

Surname _____

Maiden name (if married) _____

Address _____

Postal code _____ Tel _____ (own or neighbour)

2. Age:

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3. Population Group

Indian	1
Coloured	2
African	3
White	4
Other	5

4. What language do you speak at home?

English	1
Zulu	2
Sotho	3
Venda	4
Afrikaans	5
Xhosa	6
Tswana	7
Tsonga	8
Other	9

5. Where were you born? Address: _____
_____ Post Code: _____

PREVIOUS PREGNANCIES

In this section I am going to ask you about your pregnancy now, previous pregnancies, your health and a little about the health of your close family.

1. Have you ever been pregnant before?

Yes = 1	No = 2
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If **NO** go to **Q5**

If **YES** go on to **NEXT QUESTION**

2. Please give the following details for each pregnancy:

DELIVERY: Spontaneous/Vaginal=1 Assisted: Forceps = 2 Vacuum = 3 Caesarian Section = 4 Unknown = 5			SEX: Male= 1 Female= 2		BORN ALIVE BREAST FED ANY ABNORMALITY FULL TERM Yes= 1 No=2		CHILD'S HEALTH NOW Healthy= 1 Unwell= 2 Unknown= 3 Dead Now= 4	
No	DOB	Delivery	Sex	Born Alive	Full Term	Child's Health	Any Abnormalities	Breast Fed
1								
2								
3								

If any **ABNORMALITIES** please specify the number from the column and the abnormality _____

3. Did you breastfeed your last baby?

Yes = 1	No = 2	N/A = 3
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4. If **YES**, how long in months:

Months		
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5. How do you intend to feed this baby?

Breast only	Breast & bottle	Bottle only
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6. What is the main reason for your methods of feeding? Please specify

7. How long do you intend to breast feed this baby in months:

Months		
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8. Were you using contraception before starting this pregnancy?

Yes = 1	No = 2
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9. If **YES**, which type:

Oral Contraceptive Pill	1	Spermicidal Cream only	6
Intrauterine Device(Loop)	2	Withdrawal	7
Depo Injection	3	Rhythm Method	8
Condom	4	Abstinence	9
Diaphragm	5	Herbal Medicine	10

10. Did you have to get medical help to fall pregnant?

Yes = 1	No = 2
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11. Do you intend to use contraception after this pregnancy?

Yes = 1	No = 2	Don't Know = 3
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12. Do you intend having another baby?

Yes = 1 No = 2 Don't Know = 3

HISTORY OF THIS PREGNANCY

1. When was your last menstrual period Day Month Year

2. Have you had problems during this pregnancy with :

	Yes = 1	No = 2
Any illness where you had a temperature		
Vaginal bleeding		
Urinary infection		
German measles, temperature with a rash		
Abnormal vaginal discharge		
Diabetes		
Heart problems		
Swelling of your feet		
High blood pressure		
Other		

If **OTHER**, please specify

3. Have you been admitted to hospital for treatments during this pregnancy?

Yes = 1 No = 2

If **YES**, what was the reason

4. Have you ever been treated for any of the following diseases?

	Yes – now = 1	Yes – Past = 2	No – Never = 3
Asthma			
T B			
Any sexually transmitted disease			
Vaginal infection / discharge			
Infection of the womb or tubes			
Any other medical problems			

If **OTHER**, specify

QUESTIONS ON FAMILY DISEASE HISTORY

1. Did / do you have a close relative (e.g. father, mother, father of your child, brother or sister) who has been treated for any of the following conditions :

Yes = 1	No = 2	Don't know = 3
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	Father of child	Your mother	Your father	Any siblings
Diabetes				
High blood pressure				
Heart attack / angina				
High cholesterol				
Stroke				
Asthma				

HOME SITUATION

We would like to know a little about your home situation.

1. Are you

1 = a housewife	2 = earning money	3 = a student	4 = unemployed
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2. Could you please tell me what your marital status is

1 = single	2 = divorced	3 = civil marriage	3 = common law marriage	3 = traditional marriage	4 = widow
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3. If you are a student, will you have to leave school because you are pregnant?

Yes = 1	No = 2
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4. Are you living with

1 = father of your child	2 = another partner	3 = with no sexual partner
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IF YOU ARE NOT MARRIED NOW

5. Are you likely to get married because you are pregnant?

Yes = 1	No = 2
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LIVING CONDITIONS

The type of facilities that are provided for the area where a person lives can influence health. We are interested in what facilities are available to you. I am going to ask you some questions about your home.

1. How would you describe where you live – as a

1 = shack	2 = flat	3 = house	4 = hostel	5 – shared house with another family	6 = other
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2. Is your home

1 = owned	2 = rented from another person	3 = rented from local authority	4 = provided by employer
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Can you please tell me how many people live in your home?

Name (initials)	Sex M=1 F=2	Age	Contributes to family income 1=Yes 2 = No	Relationship to you

4. How many rooms in your home are used as sleeping rooms?

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5. Do you have a separate bathroom?

Yes = 1	No = 2	
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6. Do you have a separate kitchen for cooking purposes only?

Yes = 1	No = 2	
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WATER AND SANITATION SUPPLY

1. I would like to know about facilities that are provided to you. Does your household have sole use of, share with another household or not have any of the following?

WATER	Sole use = 1	Shared = 2	No access = 3
Indoor running hot & cold water			
Indoor running cold water only			
Tap outside house only			
Water from other source only			

If **OTHER**, specify _____

TOILET	Sole use = 1	Shared = 2	No access = 3
Flush toilet in the household			
Flush toilet outside household			
Bucket system			
Other toilet			

If **OTHER**, specify _____

2. If bucket system, is waste removed?

Yes = 1	No = 2
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If **YES**, how often is this removed?

Once a week = 1	Once every two weeks = 2	Once a month = 3	Irregularly = 4
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3. Is refuse removed?

Yes = 1	No = 2
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If **YES**, how often is this removed?

Once a week = 1	Once every two weeks = 2	Once a month = 3	Irregularly = 4
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4. Which of the following do you have in your home?

	Yes = 1	No = 2
Electricity		
Television		
Radio		
Motor vehicle		
Fridge		
Washing machine		
Telephone		
Children's toys		

FUEL / POWER SUPPLY

1. What type of fuel do you use for cooking purposes?

1 = Electricity / generator	2 = gas	3 = coal	4 = wood	5 = paraffin	6 = brazier
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EDUCATION

For various reasons people have more or less opportunity to attend school as well as getting other training or qualifications. I would like to know what schooling you and your partner had.

1. What is the highest standard you passed at school?

1 = no formal schooling	6 = grade 8
2 = grade 1 / grade 2	7 = grade 9
3 = grade 3 – 5	8 = grade 10
4 = grade 6	9 = grade 11
5 = grade 7	10 = Matric

2. Do you have any post-school training?

Yes = 1	No = 2
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If **YES**, please indicate your highest training

1 = Attended courses but did not get degree / diploma
2 = In service training
3 = College diploma
4 = Technikon diploma
5 = University degree
6 = Other

If **OTHER**, please specify _____

EDUCATION OF YOUR PARTNER

3. What is the highest school standard your partner passed?

1 = no formal schooling	7 = grade 9
2 = grade 1 / grade 2	8 = grade 10
3 = grade 3 – 5	9 = grade 11
4 = grade 6	10 = Matric
5 = grade 7	11 = don't know
6 = grade 8	

4. Does your partner have any post-school

Yes = 1	No = 2	Don't know = 3
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training?

5. If **YES**, what is his highest qualification?

1 = Attended courses but did not get diploma / degree
2 = In service training
3 = College diploma
4 = Technikon diploma
5 = University degree
6 = Other

If **OTHER**, please specify _____

WORKING STATUS

We would like to know if you are working now and a little about the type of work you do, as well as the work of your partner.

1. Did you work for money during your pregnancy?

Yes = 1	No = 2
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If **NO**, go to **Q22 on Pg11**

2. Are you still working now?

Yes = 1	No = 2
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If **YES**, go to **Q5**

3. If **NO**, how many months pregnant were you when you stopped working

Months		
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4. Why did you stop? _____

5. Please tell us about the job you are doing now or the last job you had during your pregnancy:

What is the name of the company, business or person where you are / were working

6. What type of work do you do? Describe in own words _____

7. What is the title or position of your work? _____

8. Did you change your work during your pregnancy?

Yes = 1	No = 2
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If **NO**, go to **Q10 on page 10**

If **YES**, why _____

9. Describe the job you were doing before the one you have now _____

10. **AT WORK**, while pregnant, did you

	Yes = 1	No = 2
Lift heavy objects / weights		
Mainly sit		
Work with vibrating tools e.g. polisher		
Find work mentally tiring		
Find work physically tiring		
Mainly stand		

11. Do you work shifts?

Yes = 1	No = 2
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12. If **YES**, what shift do you work?

Day = 1	Night = 2	Rotating = 3
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13. Are / were you paid weekly or monthly

Monthly = 1	Weekly = 2	Fortnightly = 3
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14. How much do you earn per month? R

15. Do you get any maternity leave from work?

Yes = 1	No = 2
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If **NO**, go to **Q19**

16. If **YES**, how long is your maternity leave?

Months	<input type="text"/>	<input type="text"/>
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17. Do you get paid during your maternity leave?

No = 1	UIF + other = 2	UIF only = 3	Usual salary = 4
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18. Can you go back to your same job if you want to?

Yes = 1	No = 2
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19. Is there a trade union at your place of work?

Yes = 1	No = 2
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20. How do you usually travel to work on most days?

Public transport = 1	Walk = 2	Private car = 3	Other = 4
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If **OTHER**, please specify _____

21. How much time do you usually spend travelling?

	Hours	Minutes
To work		
From work		

22. How much time on average per day do you spend doing housework?

Hours

23. Do you employ a domestic worker to help with housework?

Yes = 1	No = 2
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24. Are you covered by a medical aid?

Yes = 1	No = 2
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WE WOULD LIKE TO KNOW ABOUT YOUR PARTNER

25. Will your partner contribute financially to the upbringing of your child?

Yes = 1	No = 2	Don't know = 3
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26. Does your partner work now?

Yes = 1	No = 2
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27. Name of company or business _____

28. What type of work does he do? Describe in own words _____

29. Title or position of his work _____

30. Is he paid weekly or monthly?

Monthly = 1	Weekly = 2	Fortnightly = 3	Don't know = 4
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31. How much does he earn a month? R

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If unknown, leave blank

32. Does he work shifts?

Yes = 1	No = 2	Don't know = 3
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33. If **YES**, what shifts does he work?

Day = 1	Night = 2	Rotating = 3	Don't know = 4
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34. Does your partner help with

	Yes = 1	No = 2
Housework at home		
Child care		

IF YOUR PARTNER IS NOT WORKING NOW

35. Has your partner looked for a job and not been able to get one?

Yes = 1	No = 2
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SMOKING

We would like to know if you smoke or drink or if you are exposed to someone else's smoke.

1. Have you ever smoked?

Yes = 1	No = 2
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If **NO**, go to **Q7**

2. Have you ever smoked daily for 6 months or more?

Yes = 1	No = 2
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3. Do you smoke now?

Daily (at least once per day) = 1	Occasionally (go to Q5)	Not at all (go to Q7)
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4. If **DAILY**, how much do you usually smoke per day?

	No. per day
Manufactured cigarettes	
Hand rolled cigarettes	
Cigars	

5. Was this more, the same or less than the amount you usually smoked before you were pregnant?

More = 1	Same as usual = 2	Less = 3
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6. What is the full name of your usual cigarette? _____

7. Do you chew tobacco?

Daily = 1	Occasionally = 2	Not at all = 3
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8. Do you use snuff?

Daily = 1	Occasionally = 2	Not at all = 3
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9. If you **STOPPED SMOKING**, when did you stop?

Month	Year

10. Have you been exposed to tobacco smoke (from someone else) in the past three days?

A lot = 1	A little = 2	Not at all = 3
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11. Are there other members of your household who currently smoke?

Yes = 1	No = 2
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12. If **YES**, number of people who smoke

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13. Does your partner smoke?

Yes = 1	No = 2
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1 = Daily

ALCOHOL

1. Do you drink alcohol?

2 = Several times a week
3 = Once a week
4 = Several times a month
5 = Once a month
6 = A few times a year
7 = Never

If **NEVER**, go to **Q6**

2. At one sitting how much do you usually drink?

	On weekdays = 1	On weekends = 2	Don't drink = 3
Bottles beer			
Glasses wine			
Tots spirits			

3. Some people feel comfortable about their drinking, some don't. How do you feel about this?

Comfortable = 1	Not comfortable = 2
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4. Some women feel that they ought to cut down on their drinking because they are pregnant, some think it's not necessary. Do you think you should?

Cut down = 1	No need to cut down = 2
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5. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

Yes = 1	No = 2
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WE WANT TO KNOW ABOUT YOUR PARTNER

6. Does he drink alcohol?

1 = Daily
2 = Several times per week
3 = Once a week
4 = Several times per month
5 = Once a month
6 = A few times a year
7 = Never
8 = Don't know

If **NEVER**, go to **NEXT SECTION**

7. At one sitting how much does he usually drink?

	On weekdays = 1	On weekends = 2	Doesn't drink = 3	Don't know = 4
Bottles beer				
Glasses wine				
Tots spirits				

8. Have you ever felt that your partner should give up or decrease the amount that he drinks?

Yes = 1	No = 2
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9. Has your partner ever had a drink first thing in the morning?

Yes = 1	No = 2	Don't know = 3
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SOCIAL SUPPORT

In order for us to be able to understand your particular circumstances better, we would like to know how much help and support you feel you get from your family and friends.

1. If you had a really big problem and needed help, with money, the children, accommodation and so on, are there people who could help you?

Nobody = 1	Maybe / unsure = 2	A number of people = 3
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2. Can you talk to your parents, other family members or friends about any problems you may have?

Nobody = 1	Maybe / unsure = 2	A number of people = 3
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3. Can you talk to your husband or partner about any problems you might have?

Never = 1	Sometimes = 2	Always = 3
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4. Some people think the sisters at the clinic are always helpful, others think only sometimes and some say they are seldom helpful. How do you feel?

Always helpful = 1	Sometimes helpful = 2	Seldom helpful = 3
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5. Do you feel that the father of your child or your partner makes things harder for you because of the way he acts?

Never = 1	Sometimes = 2	Always = 3
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6. Do you belong to a church group or any other organisation?

Yes = 1	No = 2
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7. How often do you go to meetings?

Once a week = 1	Once a month = 2	Irregularly = 3
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8. Do you have a friend who is also going to have a baby or has just had a baby?

Yes = 1	No = 2
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9. If **YES**, how often do you see her?

Once a week = 1	Once a month = 2	Irregularly = 3
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YOUR OWN CHILDHOOD

I'd like to go on now to ask you a few questions about your own childhood and the situation in which you grew up, as well as about how you and your family feel about this baby.

1. Do you remember your own childhood as being generally

Happy = 1	Unsure = 2	Unhappy = 3
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2. Do you remember your parents (or caregivers) as being generally

Kind & loving = 1	Unsure = 2	Difficult & unloving = 3
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3. Do you remember your relationship with your brothers & sisters, or other family members as being generally –

Close = 1	Unsure = 2	Distant / not at all close = 3
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4. Do you want to be pregnant now?

Yes = 1	Unsure = 2	No = 3
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5. Do you feel that your family and financial situation is generally -

Ready & right for having this baby = 1
Unsure = 2
Not ready or right = 3

6. Does your husband or partner want this baby now?

Yes = 1	Unsure = 2	No = 3
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7. Were you an only child?

Yes = 1	No = 2
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8. Did either of your parents die before your sixteenth birthday?

Yes = 1	No = 2
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9. Did your parents live together for most of the time until your sixteenth birthday (i.e. not separated by work, divorce, hostility etc.)

Yes = 1	No = 2
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10. Did either of your parents, or any caregiver, punish you severely when you were a child, physically beat you or hurt you?

Yes = 1	No = 2
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EMOTIONAL STATE

I would like to ask you a few questions about your emotional state and how you've been feeling in the last few weeks.

1. During the last week, how have you felt generally?

Happy = 1	Unsure = 2	Unhappy / depressed = 3
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2. Is this generally how you've been feeling during your pregnancy?

Consistently fine/happy = 1	Unsure = 2	Consistently unhappy = 3
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STRESS

Sometimes one's life and that of one's close family goes through periods of being very stressful. I'd like to ask you some questions about any stresses you might have experienced in the last few months.

1. During the last 6 months have you or a member of your close family been in real danger of being killed, in one of the following ways?

1 = By criminals
2 = By police, army or other 'officials'
3 = During political activities
4 = This has not happened at all

2. During the last 6 months did you witness a violent crime (e.g. murder, robbery, assault, rape)?

Yes = 1	No = 2
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3. During the last 6 months have you found that you are in so much debt that you don't know how you will repay the money?

Yes = 1	No = 2
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4. During the last 6 months have you or your close family ever had too little money for basics, such as food, rent, clothes

Yes = 1	No = 2
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5. Have you or one of your close family not been able to find a job for more than 6 months?

Yes = 1	No = 2
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6. During the last 6 months have you or anyone in your close family been seriously ill?

Yes = 1	No = 2
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7. During the last 6 months did any member of your close family die?

Yes = 1	No = 2
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8. Is there anyone in your close family with a serious disability (e.g. epilepsy, mental retardation, deafness, blindness, mental illness)?

Yes = 1	No = 2
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9. Is there anyone in your close family who has a problem with drugs or alcohol?

Yes = 1	No = 2
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10. During the last 6 months have you had a break-up with your husband or partner?

Yes = 1	No = 2
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11. During the last 6 months has your husband or partner hit or beaten you?

Yes = 1	No = 2
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12. During the last 6 months have you had any serious fight or alienation from members of your family or your close neighbours?

Yes = 1	No = 2
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13. During the last 6 months have you or any member of your close family been arrested, had to go to court or consulted a lawyer on a non-routine matter?

Yes = 1	No = 2
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14. During the last 6 months have you given help (money, accommodation etc.) to close family or friends in need?

Yes = 1	No = 2
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15. During the last 6 months have you been separated unwillingly from any of your children (excluding holidays)?

Yes = 1	No = 2
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16. During the last 6 months have you experienced any problems with your other children (such as schools closing, failure at school, problem behaviour, drugs etc.)?

Yes = 1	No = 2	No other child = 3
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If **YES**, specify problem _____

CONTACT DETAILS

1. CLOSE RELATIVE THAT YOU HAVE CONTACT WITH

Relationship	
First name(s) (English & vernacular)	
Nickname	
Surname	
Address	
Telephone number	

2. CLOSE FRIEND THAT YOU HAVE CONTACT WITH

First names (English & vernacular)	
Surname	
Address	
Telephone number	

COULD YOU PLEASE TELL THESE PEOPLE THAT YOU ARE PART OF THE BIRTH TO TWENTY PROJECT SO THAT IF WE CALL ASKING WHERE YOU ARE THEY ARE NOT SURPRISED.

DO YOU HAVE ANY QUESTIONS YOU WOULD LIKE TO ASK ME?

**INFORMATION TO BE TAKEN FROM
ANTENATAL RECORD CARD**

1. Mother's BTT ID number
2. Mother's antenatal record number
3. Date of first visit to antenatal clinic
4. Protein in urine (greater than trace = Yes)

Yes = 1	No = 2
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5. Blood pressure reading at first visit
6. Gestational age in weeks at first visit

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7. Date of second visit
8. Total number of clinic visits to date

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9. Mother's RH factor

Positive = 1	Negative = 2	Unknown = 3
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- If **NEGATIVE**, antibodies

Yes = 1	No = 2	Unknown = 3
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10. WR / VDL

Yes = 1	No = 2	Unknown = 3
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11. HIV

Positive = 1	Negative = 2	Unknown = 3
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IF A SONAR WAS DONE

12. Date of sonar
13. Gestational age in weeks from sonar report

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14. CO meter reading

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