

**AFFIX  
PTID LABEL  
HERE**

Country Code

0 7

Hospital/Clinic Code

Screening Number

Interview Date

Please answer all yes/no questions by placing a 'X' in the corresponding box

**Section 1: Fetal Study inclusion criteria**

1. Age: (years)

yrs

2. Is the woman aged 18 or over?

yes  no

3. Height: (cm)

.  cm

4. Weight: (kg)

.  kg

5. Is her Body Mass Index < 35 kg/m<sup>2</sup>?

yes  no

6. Was this pregnancy conceived with fertility treatment?

yes  no

7. Is she going to deliver at a hospital participating in the study?

yes  no

8. Has she given informed consent to participate in the study?

yes  no

9. Are all the shaded boxes (  ) above marked with a 'X'?

yes  no

*If yes, the woman is potentially eligible for the study.  
Please complete the rest of this form.*

*If no, the woman is not eligible for the study.  
**Stop here.***

**Section 2: Demographic and nutritional characteristics**

**In the last 3 months:**

10. Has she smoked?

yes  no

If yes, how many cigarettes/cigars per day?

11. Has she sniffed/chewed tobacco?

yes  no

If yes, how many times per day?

12. Has she chewed betelnut?

yes  no

If yes, how many nuts per day?

13. Since discovering she was pregnant, on average, how many units of alcohol per week has she had? (1 unit = small glass (125ml) of wine or one bottle/can (330ml) of beer; see table)

14. Has she used any of the following recreational drugs in the last 3 months? (cross all that apply; see table)

Heroin

Amphetamines

Benzodiazepines

Methadone

Hallucinogens

Inhalants/Solvents

Crack/Cocaine

Cannabis

Other recreational drugs

15. Is she involved in any of the following high-risk occupations or activities? (cross all that apply; see table)

Frequent exposure to chemical/toxic substances

Frequent physically demanding work

Frequent high-risk sports/vigorous exercise

16. Does she follow any of the following special diets? (cross all that apply; see table)

Vegetarian with no animal products

Gluten-free

Weight loss programme

Malabsorption treatment

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**Section 3: Medical history**

**Has she ever been diagnosed with or treated for any of the following medical conditions?**

- |  |  |   |  |
|--|--|---|--|
| 17. Diabetes   | <input type="checkbox"/> yes <input type="checkbox"/> no | 28. Lupus erythematosus                           | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 18. Thyroid disease  | <input type="checkbox"/> yes <input type="checkbox"/> no | 29. HIV or AIDS                                   | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 19. Other endocrinological condition   | <input type="checkbox"/> yes <input type="checkbox"/> no | 30. Hepatitis B or C                              | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 20. Any type of malignancy/cancer (including leukaemia or lymphoma)                            | <input type="checkbox"/> yes <input type="checkbox"/> no | 31. Malaria - <i>within past 5 years</i>          | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 21. Cardiac disease  | <input type="checkbox"/> yes <input type="checkbox"/> no | 32. Tuberculosis                                  | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 22. Epilepsy   | <input type="checkbox"/> yes <input type="checkbox"/> no | 33. Thalassaemia                                  | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 23. Mental illness e.g. Clinical depression  | <input type="checkbox"/> yes <input type="checkbox"/> no | 34. Sickle-cell anaemia                           | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 24. Hypertension/chronic hypertension with treatment   | <input type="checkbox"/> yes <input type="checkbox"/> no | 35. Thrombophilia                                 | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 25. A chronic respiratory disease (including chronic asthma)                                   | <input type="checkbox"/> yes <input type="checkbox"/> no | 36. Glucose-6-phosphate dehydrogenase deficiency  | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 26. Proteinuria, kidney disease or chronic renal disease                                       | <input type="checkbox"/> yes <input type="checkbox"/> no | 37. Any congenital abnormality or genetic disease | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 27. Crohn's disease, coeliac disease, ulcerative colitis or any severe malabsorption condition | <input type="checkbox"/> yes <input type="checkbox"/> no | 38. Any other clinically relevant condition       | <input type="checkbox"/> yes <input type="checkbox"/> no |

**Section 4: Gynaecological history**

39. Has she had regular (24-32 day) menstrual cycles in the 3 months prior to this pregnancy?  yes  no
40. What is the average length of her menstrual cycle?   days
41. Has she used hormonal contraceptives or been breastfeeding in the 2 months prior to this pregnancy?  yes  no
42. Is the first day of the last menstrual period (LMP) known?  yes  no
43. If yes, date:       44. Was she certain of the date of her LMP?  yes  no

**Section 5: Obstetric history**

45. Number of previous pregnancies, excluding this pregnancy (*if 0, skip to Question 66*):
46. Date of last delivery, miscarriage or termination:
47. Has she ever had a molar pregnancy or choriocarcinoma?  yes  no
48. Has she ever had an extrauterine or ectopic pregnancy?  yes  no
49. Number of previous miscarriages:   50. Number of previous terminations:

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**Section 5: Obstetric history (continued)**

51. Number of previous births (if 0, skip to Question 58):

52. Birthweight of the immediately previous newborn:

g

53. Gestational age at birth of the immediately previous newborn:

weeks  days

54. Have ANY of her babies weighed less than 2500g?

yes  no

55. Have ANY of her babies been born preterm (<37<sup>+0</sup> weeks' gestation)?

yes  no

56. Has she had ANY previous stillbirths?

yes  no

57. Has she had ANY previous neonatal deaths?

yes  no

**During any previous pregnancy, has she been diagnosed with or treated for any of the following conditions?**

58. Gestational diabetes

yes  no

62. Abruptio placentae

yes  no

59. Preeclampsia/Eclampsia/HELLP syndrome

yes  no

63. Postpartum depression

yes  no

60. Rhesus disease or anti-Kell antibodies

yes  no

64. Pyelonephritis or renal condition requiring bed rest >1 week or hospitalisation

yes  no

61. Severe anaemia that required hospitalisation

yes  no

65. Any other pregnancy-related condition requiring bed rest >1 week or hospitalisation (excluding delivery)

yes  no

**Section 6: Current pregnancy**

**During this pregnancy, has she been diagnosed with or treated for any of the following conditions?**

66. Threatened miscarriage

yes  no

72. Any genital tract or sexually transmitted infection

yes  no

67. Mental illness e.g. Clinical depression

yes  no

73. Severe vomiting requiring hospitalisation

yes  no

68. Malaria

yes  no

74. Hypertension

yes  no

69. Pyelonephritis or kidney disease

yes  no

75. Rhesus disease or anti-Kell antibodies

yes  no

70. Lower urinary tract infection requiring antibiotic treatment

yes  no

76. Anaemia

yes  no

71. HIV or AIDS

yes  no

77. Other infection/febrile illness

yes  no

**Section 7: Next appointment**

**Please now arrange an ultrasound dating appointment for within the next 3 days.**

78. Date of the **ultrasound dating appointment**:

Name of Researcher/Midwife

Signature

Researcher Code