UNIVERSITY OF OXFORD

INTERBIO-21st Fetal Study
Maternal Study Entry

MSE

INTERBIO-21st PTID Number 0 7 - 1 0 0 0 0 **Hospital/Clinic Code**

Antenatal Record No.

Screening Number

Maternal Date of Birth D D M M Y Y **Visit Date** D D M M Y Y

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

Section 1: Demography

1. Marital status: (cross one box only)
   - Single ☐ Widowed ☐
   - Married/Cohabiting ☐ Separated/Divorced ☐
2. Total number of years of formal education: ☐☐
3. Highest level of education attended: (cross one box only)
   - No school attended ☐ Professional/ technical training ☐
   - Primary ☐ University ☐
   - Secondary ☐
4. Which of the following best describes her occupational status? (cross one box only)
   - Managerial/professional/ technical ☐ Skilled manual work ☐
   - Clerical support, service or sales ☐ Unskilled manual work ☐
   - Housework ☐ Other ☐
   - Student ☐
5. Father's age: ☐☐ years

Section 2: Current pregnancy

6. Height: ☐☐☐.☐ cm
7. Weight (at this visit): ☐☐☐.☐ kg
8. Proteinuria (by dipstick): (cross one box only)
   - 0 / trace ☐ + ☐ ++ ☐
   - +++ ☐ ++++ ☐ No urine test available ☐

   and/or actual result (from urine sample) received from laboratory: ☐☐☐ mg/dl
9. Has she had a syphilis test? yes ☐ no ☐
10. If yes, was the result positive? yes ☐ no ☐
11. If positive, was treatment given? yes ☐ no ☐
12. Urine culture: (cross one box only)
    - Positive ☐ Negative ☐
    - No urine culture result ☐
13. If positive, was antibiotic treatment given? yes ☐ no ☐
14. Haemoglobin level: ☐☐.☐ g/dl

    OR Haematocrit: ☐☐.☐ %
15. Blood pressure: Systolic ☐☐☐ mmHg

    Diastolic ☐☐☐ mmHg

Section 3: Nutritional supplements

Does she routinely take any of the following nutritional supplements?

16. Multi-vitamins/minerals yes ☐ no ☐
17. Iron yes ☐ no ☐
18. Folic acid yes ☐ no ☐
19. Vitamin D yes ☐ no ☐
20. Calcium yes ☐ no ☐
21. Selenium yes ☐ no ☐
22. Food supplements yes ☐ no ☐
23. Cod liver oil yes ☐ no ☐
24. Other fish oil yes ☐ no ☐

Section 4: Next appointment

Please now arrange the next ultrasound appointment for within 5 weeks (± 1 week) of today.

25. Date of the next ultrasound appointment: D D M M Y Y

Name of Researcher/Midwife

Signature

Researcher Code