

Country Code

Study Antenatal Clinic Code

Interview date

Patient Screening Number

Please answer all yes/no questions by placing an 'x' in the corresponding box

Section 1: Demographic, socioeconomic and nutritional characteristics

1. Age (years) yrs
2. Is she between 18 and 35 years old? yes no
3. Height (cm) . cm
4. Is she more 153cm? yes no
5. Weight (kg) . kg
6. Calculate the body mass index (BMI) using the BMI calculator provided. . kg/m²
7. Is her BMI between 18.5 and 29.9 kg/m²? yes no
8. Have you smoked/chewed tobacco in the last 3 months? yes no
9. Have you used any recreational drugs in the last 3 months? yes no
10. Have you had 5 or more units of alcohol per week since discovering you were pregnant?
(1 unit = small (125ml) glass of wine or one bottle (330ml) of beer) yes no
11. Are you involved in any high risk occupation and/or vigorous or contact sport? (Show table) yes no
12. Do you follow any special diets e.g. vegetarian with no animal products, weight loss programme, malabsorption treatments, gluten-free diet? (Show table) yes no
13. Do you live without claiming income support or job seekers allowance? yes no

Section 2: Medical History

Have you ever been diagnosed with or treated for any of the following medical conditions?

- | | | | | | |
|---|------------------------------|--|--|------------------------------|--|
| 14. Diabetes | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | 23. Any blood clotting disorder including sickle-cell anaemia | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no |
| 15. Thyroid disease | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | 24. Any haematological conditions e.g. Leukaemia | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no |
| 16. Other endocrinological conditions | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | 25. Epilepsy | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no |
| 17. Cardiac disease | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | 26. HIV or AIDS | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no |
| 18. Hypertension/chronic hypertension with treatment | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | 27. Malaria | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no |
| 19. Chronic respiratory diseases (including chronic asthma) | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | 28. Tuberculosis | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no |
| 20. Proteinuria or kidney disease or chronic renal disease | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | 29. Any congenital abnormality or genetic disease | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no |
| 21. Any type of malignancy/cancer | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | 30. Crohn's disease, coeliac disease, ulcerative colitis or any severe malabsorption condition | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no |
| 22. Lupus erythematosus | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | 31. Any other clinically relevant condition | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no |

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Section 3: Gynaecological History

32. Have you had regular (24-32 day) menstrual cycles in the 3 months prior to your current pregnancy?

yes

no

33. Have you used hormonal contraceptives or been breastfeeding in the 2 months prior to your current pregnancy?

yes

no

34. Was this pregnancy conceived with fertility treatment?

yes

no

35. First day of the last menstrual period (LMP)

Date

36. Are you certain of the date of your LMP?

yes

no

37. Gestational age estimated by LMP (Calculate using the wheel provided)

Weeks

Days

38. Is the estimated gestational age, from question 37 less than 14 weeks?

yes

no

Section 4: Obstetric History

39. Number of previous pregnancies, excluding current pregnancy (if 0, go to section 5)

40. Have your last two pregnancies ended in miscarriage?

yes

no

41. How many previous births have you had? (if 0, go to Section 5)

42. Have ANY of your babies weighed less than 2.5kg or more than 4.5kg?

yes

no

43. Have ANY of your babies been born preterm (<37 weeks gestation)?

yes

no

44. Have you had ANY stillbirths or neonatal deaths?

yes

no

During any previous pregnancy, have you been diagnosed with or treated for any of the following conditions?

45. Pre-eclampsia/eclampsia/HELLP syndrome/placental abruption

yes

no

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

yes

no

46. Gestational diabetes

yes

no

49. Severe anaemia that required hospitalisation

yes

no

47. Rhesus disease

yes

no

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

yes

no

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Section 5: Current Pregnancy

During this pregnancy, have you been diagnosed with or treated for any of the following conditions?

51. Threatened miscarriage

yes

no

52. Mental illness e.g. depression

yes

no

53. Severe vomiting requiring hospitalisation

yes

no

54. Any sexually transmitted infections e.g. Syphilis, Gonorrhoea, Trichomoniasis, Genital warts, Condyloma acuminata

yes

no

55. Anaemia

yes

no

56. Rhesus disease

yes

no

57. High blood pressure

yes

no

Section 6: Consent

58. Are you planning to deliver at a hospital participating in the study? (Show list)

yes

no

59. Are you willing to give informed consent to participate in the study?

yes

no

60. Is the woman eligible for the study?

yes

no

(She is eligible if all the shaded boxes () in this screening form have been marked with an 'X')

If yes, please now arrange an ultrasound dating appointment for within the next 3 days and enter the answer to question 61 and insert the date below

61. Is the **ultrasound dating appointment** confirmed?

yes

no

62. Date of the **ultrasound dating appointment**

Date

Name of Researcher

Signature

Researcher Code