



Maternal Study Entry

Study Subject Number -

Study Antenatal Clinic Code

Antenatal Record Number

Visit Date - -

Date of Birth - -

Screening Number

Section 1: Demography

1. Marital status (please cross one box only)

Single Married/Cohabiting Widowed Separated/Divorced

2. Total number of years of formal education

3. Highest level of education attended (please cross one box only)

Primary Secondary Professional/technical training University

4. Which of the following best describes her occupational status? (please cross one box only)

Housework Skilled manual work Manager/professional/technical Unskilled manual work Clerical support, service or sales Other

5. Age of the father yrs

Section 2: Obstetric history

6. Number of pregnancies (excluding current pregnancy)

7. Number of births

8. Birth weight of the last baby gms

9. What is the average length of her menstrual cycle? days

10. First day of the last menstrual period (LMP) taken from the **ultrasound dating form** question 1.

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Section 3: Current pregnancy

11. Height cm

12. Weight (at this visit)

kg (1st measurement)

kg (2nd measurement)

13. Has she had a positive syphilis test result? yes no

14. Blood Pressure

Systolic mmHg Diastolic mmHg

15. Proteinuria (by dipstick). Cross one box only

0 + ++ +++ ++++ no urine test available

and/or actual result (from urine sample) received from laboratory mg/dl

16. Haemoglobin level g/dl

Section 4: Nutritional supplements

Does she routinely take any of the following nutritional supplements?

17. Iron yes no

18. Folic acid yes no

19. Calcium yes no

20. Food supplements yes no

21. Multi-vitamins/minerals yes no

Section 5: Next appointment

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

22. Date of the next ultrasound appointment - -

Name of Researcher	<input type="text"/>
Signature	<input type="text"/>
Researcher Code	<input type="text"/> <input type="text"/>