

Questionnaire
Faculty of Public Health, Khon Kaen University
Questionnaire for participants

**“Factors associated with Low Birth Weight at the Central Hospitals in Vientiane Capital:
A Matched Case- Control Study”**

Participant number ☐ ☐ ☐

Part I: General Information

1.1 Name of the Hospital:.....

1.2 Date/Month/Year (dd/mm/yy).....

1.3 Name of the interviewer:.....

1.4 ID-form: ☐ ☐ ☐

Part II: Socio-demographic

2.1 Age.....years

2.2 Current address

☐ 1. Urban ☐ 2. Suburban ☐ 3. Rural ☐ 4. Other.....

2.3 Marital status

☐ 1. Married ☐ 2. Divorced/separated ☐ 3. Widowed

2.4 Ethnicity

☐ 1. Lao ☐ 2. Hmong ☐ 3. Kamou ☐ 4. Other.....

2.5 Religion

☐ 1. Buddhism ☐ 2. Ghost ☐ 3. Muslim ☐ 4. Christian/Catholic ☐ 5. Other.....

2.6 Educational attainment

☐ 1. None ☐ 2. Primary ☐ 3. Lower secondary ☐ 4. Upper secondary

☐ 5. Middle Diploma ☐ 6. High diploma ☐ 7. Bachelor degree or higher

2.7 Occupation

- ☐ 1. Government officer
 ☐ 2. Private/enterprise
☐ 3. Business
 ☐ 4. Farmer
☐ 5. House wife
 ☐ 6. Other (please specify).....

2.8 Average monthly family incomeKip

2.9 Type of health insurance

- ☐ 1. Government
 ☐ 2. Community
☐ 3. Social security
 ☐ 4. Out of pocket payment
☐ 5. Other (please specify).....

2.10 Family sizePersons

Part III: Knowledge of health care during pregnancy (Please fill a true symbol ✓ in the right answer)

3.1 Know ledge of self-health care during pregnancy	Answers	
	No	Yes
3.1.1 Nausea and vomiting at month 5th of pregnancy is normal.		
3.1.2 Pregnant women should get ANC when it near the term for delivery.		
3.1.3 ANC should be at least 4 times according to the doctor's appointment.		
3.1.4 Drinking alcohol of pregnant women would help reducing cholesterol.		
3.1.5 High risk pregnancy woman should have the same schedule of ANC with normal pregnancy during the first trimester.		
3.1.6 Being second hand smoker of pregnant women is no harm to the fetus.		
3.1.7 Doing hard work during pregnancy will help child delivery easier.		
3.1.8 During pregnancy, if there are some waters coming out without any pain, pregnant women should not go to see the doctor.		
3.1.9 Women should receive iron suppliment during pregnancy in order to prevent anemia.		
3.1.10 When attending ANC, women are recived one TT vacines injection before delivery.		

3.2 Knowledge of Nutrition during pregnancy (Please fill a true symbol ✓ in the right answer)

3.2 Knowledge of Nutrition during pregnancy	Answers	
	0=No	1=Yes

3.2.1 Eating vegetables, fruit during pregnancy make pregnancy woman had abdominal distension		
3.2.2 Protein-rich foods intake is essential to build and repair body tissues		
3.2.3 Eating meat make pregnant woman be easy for defecation		
3.2.4 Pregnant women should eat spicy and salty food for the growth of the baby.		
3.2.5 Food taboos during pregnancy would resulted in smaller baby that would be easy for delivery.		
3.2.6 Pregnant women should drinks at least water 6-8 of glasses/day.		
3.2.7 Pregnant women should eat more food contained iron such as liver, chicken, fish, green vegetable.		
3.2.8 Pregnant women should avoid fermented since it might cause diarrhea and stimulate premature delivery.		

3.3 Attitudes toward pregnancy and ANC (Please fill a true symbol ✓ into the response level in correct answer)

Answers such as 1=Strongly disagree; 2=Disagree; 3=Moderate; 4=Agree; 5=Strongly Agree.

3.3 Attitudes towards pregnancy and ANC	Responses				
	1	2	3	4	5
3.3.1 You felt very happy when you knew that you are pregnant.					
3.3.2 ANC made you knew how to look after yourself during pregnancy.					
3.3.3 Following the ANC guideline (pink book) was useful for your health and the baby.					
3.3.4 ANC for three 4 times is troublesome for you or your family.					
3.3.5 Pregnancy is a natural no need to have antenatal care					
3.3.6 Food taboo during pregnancy is good for both mother and child					

3.4 Nutrition Practices during pregnancy (Please fill a true symbol ✓ into the response level in correct answer)

Daily practice means the following text that constantly every day and every 5-7 days in a week, score=4

Frequently practice means the following text is mostly, but not every day and every action is 3-5 days in a week, score =3

Practice sometime means the following message is sometimes the practice 1-2 days a week, score = 2

No practice means not follow the message anymore, score = 1

3.4 Nutrition Practices during pregnancy	Response			
	1	2	3	4
3.4.1 You eat fruits, vegetables, meats, minerals and vitamins according to the				

doctor advise.				
3.4.2 You had atleast 3 meals/day.				
3.4.3 You ate meat, fish, milk, cheese.				
3.4.4 You ate fermented foods.				
3.4.5 You ate fatty food (fried, cook with conut milk)				
3.4.6 You ate salty food				
3.4.7 You took excessive excercise				
3.4.8 You drink at least 8 cups of water or drinking skim milk with less fat , fresh fruit juice and soup				
3.4.9 You drank beer, wine, drink alcohol, tea, coffee and tobacco by the needs of women during pregnancy				
3.4.10 You had excessive excercise at least 30 minute/time				
3.4.11 You slept less than 8 hrs/ day				
3.4.12 You took a nap after lunch for about 1 hr./day				

Part IV: Maternal Factors

4.1 Previous pregnancy

4.1.1 Previous pregnancies.....times

4.1.2 Previous deliveries.....times

4.1.3 Previous live birthspersons

4.1.4 Previous Neonatal Deaths.....persons

4.1.5 Previous abortion

☐ 1. No ☐ 2. Spontaneous abortion..... times

☐ 3. Induced abortion times

4.1.6 Did you have previous newborn with weight less than<2,500 g?

☐ 1. No ☐ 2. Yes

4.1.7 Type of the previous delivery

☐ 1. Caesarean ☐ 2. Normal

☐ 3. Others (please specify).....

4.1.8 ANC for previous pregnancies

☐ 1. No ☐ 2. Yes, How many ANC did you visit.....times

4.1.9 which method that you used family planning?

- | | |
|--|--|
| <input type="checkbox"/> 1. Oral Pill | <input type="checkbox"/> 2. Injection |
| <input type="checkbox"/> 3. Emergency contraceptive | <input type="checkbox"/> 4. IUD |
| <input type="checkbox"/> 5. Implant | <input type="checkbox"/> 6. Tubular ligation |
| <input type="checkbox"/> 7. Others (please specify)..... | |

4.2 Current pregnancy

4.2.1 Current pregnancy.....times

4.2.2 What is the interval between this pregnancy and previous pregnancy?months

4.2.3 Did you attend ANC for this pregnancy?

- ☐ 1. No ☐ 2. Yes,

4.2.4 What is the age gestation at the first ANC of this pregnancy?weeks

4.2.5 How many times that you attend the ANC?times

4.2.6 Where did you attend the ANC?

- | | |
|--|---|
| <input type="checkbox"/> 1. Central Hospital | <input type="checkbox"/> 2. Provincial Hospital |
| <input type="checkbox"/> 3. District Hospital | <input type="checkbox"/> 4. Health center |
| <input type="checkbox"/> 5. Others (please specify)..... | |

4.2.7 What were the laboratory tests during this pregnancy (choose more than one answer)

- | | |
|--|--|
| <input type="checkbox"/> 1. None | <input type="checkbox"/> 2. CBC |
| <input type="checkbox"/> 3. Urine test | <input type="checkbox"/> 4. Others (please specify)..... |

4.3 Health and illness history during current pregnancy

4.3.1 Did you have any diseases?

- ☐ 1. No ☐ 2. Yes,

4.3.2 During this pregnancy, did you have any infection of the urine system?

- ☐ 1. No ☐ 2. Yes, at trimester

4.3.4 Did you have high fever during pregnancy?

☐ 1. No

☐ 2. Yes, attrimester

4.3.5. Vaginal bleeding

☐ 1. No

☐ 2. Yes, attrimester

4.3.5 Hypertension

☐ 1. No

☐ 2. Yes, attrimester

4.3.6 Malaria

☐ 1. No

☐ 2. Yes, attrimester

4.3.7 Anemia

☐ 1. No

☐ 2. Yes, attrimester

4.3.8 Diabetes Mellitus

☐ 1. No

☐ 2. Yes, attrimester

4.3.9 Other (please specify).....

4.3.10 Did you admitted to the hospital during this pregnancy?

☐ 1. No

☐ 2. Yes, attrimester

4.3.11 Did you taken any supplementary Vitamins

☐ 1. No

☐ 2. Yes, name of vitamin.....duration of taking.....month

4.3.12 Did you received any health the education during ANC?

☐ 1. No

☐ 2. Yes, what are the health education?.....

4.3.13 Did you have any periodontal infections during pregnancy?

☐ 1. No

☐ 2. Yes, attrimester

Part V: Environment Factors and Support for ANC

5.1 Supports for ANC (Currently or Previously)

5.1.1 Does your family supports you for ANC?

☐ 1. No, why your family did not support you for ANC?.....

☐ 2. Yes, why your family supported you for ANC?

5.1.2 Does your community support the pregnant women or yourself to attend ANC?

☐ 1. No

☐ 2. Yes

5.2 Health Risk Behaviors during Pregnancy?

5.2.1 Did you smoke?

☐ 1. Never smoke

☐ 2. Used to smoke but stop smoking during pregnancy.

☐ 3. Smoking during pregnancy.....Cigarette/day

5.2.2 Were you second hand smoker during pregnancy?

☐ 1. No

☐ 2. Sometimes

☐ 3. Usually

5.2.3 Did you drink alcohol?

☐ 1. Never drink

☐ 2. Used to drink but stop during pregnancy

☐ 3. Drinking alcohol during pregnancy of glass/week.....

5.2.4 Did you drink Tea?

☐ 1. Never drink

☐ 2. Used to drink but stop during pregnancy

☐ 3. Current drinker of glass/week.....

5.2.5 Did you drink coffee?

☐ 1. Never drink

☐ 2. Used to drink but stop during pregnancy

☐ 3. Current drinker of glass/week.....

5.2.6 Did you drink caffeine?

☐ 1. Never drink

☐ 2. Used to drink but stop during pregnancy

☐ 3. Current drinker of glass/week.....

5.2.7 Did you lift the heavy things?

☐ 1. Never

☐ 2. Sometimes

☐ 3. Usually

5.3 Decision making process

5.3.1 Who is the head of the family?

☐ 1. Husband

☐ 2. Parents

☐ 3. Others (please specify).....

5.3.2 Who make decision our family?

☐ 1. Husband

☐ 2. Parents

☐ 3. Others (please specify).....

5.3.3 Who advised you to attend ANC during this pregnancy? (For women attending ANC?)

☐ 1. None

☐ 2. Myself

☐ 3. Husband

☐ 4. Parents/Relatives

☐ 5. Health facility

☐ 6. Friend/Local authority

☐ 7. Others (please specify).....

Part VI: Prenatal distress (Edinburg Prenatal Depression Scale)

6.1 You have been able to laugh and see the funny side of things:

☐ 1. As much as I always could

☐ 2. Not quite so much now

☐ 3. Definitely not so much now

☐ 4. Not at all

6.2 You have looked forward with enjoyment to things

☐ 1. as much as I ever did

☐ 2. Rather less than I used to

☐ 3. Definitely less than I use to

☐ 4. Hardly at all

6.3 You have blamed myself unnecessarily when things went wrong

☐ 1. Yes, most of the time

☐ 2. Yes, some of the time

☐ 3. Not very often

☐ 4. No, never

6.4 You have been worried and anxious for no good reason:

- | | |
|--|---|
| <input type="checkbox"/> 1. No, not at all | <input type="checkbox"/> 2. Hardly ever |
| <input type="checkbox"/> 3. Yes some times | <input type="checkbox"/> 4. Yes, very often |

6.5 You have felt scared or panicky for no very good reason:

- | | |
|---|--|
| <input type="checkbox"/> 1. Yes quite a lot | <input type="checkbox"/> 2. Yes, some time |
| <input type="checkbox"/> 3. No, not much | <input type="checkbox"/> 4. No, not at all |

6.6 Things have been getting on top of me:

- ☐ 1. Yes most of the time I haven't been able to cope at all
- ☐ 2. Yes, sometimes I haven't been coping as well as usual
- ☐ 3. No, most of the time I have coped quite well
- ☐ 4. No, I have been coping as well as ever

6.7 You have been so unhappy that I have had difficulty sleeping:

- | | |
|---|---|
| <input type="checkbox"/> 1. Yes, most of the time | <input type="checkbox"/> 2. Yes, some time |
| <input type="checkbox"/> 3. Not very often | <input type="checkbox"/> 4. Not, not at all |

6.8 You have felt sad or miserable:

- | | |
|---|---|
| <input type="checkbox"/> 1. Yes, most of the time | <input type="checkbox"/> 2. Yes, some time |
| <input type="checkbox"/> 3. Not very often | <input type="checkbox"/> 4. Not, not at all |

6.9 You have been so unhappy that I have been crying:

- | | |
|---|--|
| <input type="checkbox"/> 1. Yes, most of the time | <input type="checkbox"/> 2. Yes, quite often |
| <input type="checkbox"/> 3. Only occasionally | <input type="checkbox"/> 4. No, never |

6.10 The thought of harming myself has occurred to me:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> 1. Yes, quite often | <input type="checkbox"/> 2. Some time |
| <input type="checkbox"/> 3. Hardly ever | <input type="checkbox"/> 4. Never |

VII. Obstetric Information At Delivery (From the Medical Records)

7.1 Mother's height.....Cm

7.2 Mother's weight.....Kg

7.3 Mother's weight before delivery.....Kg

7.4 Mother's age gestation during delivery.....weeks

7.5 Newborn's weight.....Grams

7.6 Newborn's sex

☐ 1. Male

☐ 2. Female

7.7 Type of Delivery

☐ 1. Normal

☐ 2. Caesarean

☐ 3. Other (please specify).....

7.8 Agars Score

1 minute...../10

5 minutes...../10

7.9 Were the baby refered to NICU?

☐ 1. No

☐ 2. Yes, Why.....

Thank you the answering of the questionnaire