**Questionnaire**

**Risk factors of Pregnancy Induced Hypertension in Lao PDR**

This data collection form is completed by face to face interview to the hypertensive and normotensive women who came to deliver baby in selected hospitals.

**Part A: General Information**

A1 Name of the Hospital: 🗖1. MCH 🗖2. Mahosot 🗖3. Sethathirath 🗖4. Mitaphab 🗖5. Oudomxay 🗖6. Xiengkhouang 🗖7. Luangnamtha 🗖8. Sekong

A2 Date/Month/Year (dd/mm/yy)...............................................................................................

A3 Name of the interviewer:.....................................................................................................

A4 ID-form:.🗖🗖🗖

**Part B: Socio-demographic Characteristics**

B1. Age 🗖🗖 year olds (full years)

B2. Residential area

🗖1. Urban 🗖 2.Suburban 🗖 3.Rural 🗖 4.Homeless/displaced

🗖 5.Other…………………**…………….**

B3. Marital status

🗖 1. Single 🗖2. Married/ De facto 🗖 3.Divorced/separated 🗖4.Widowed

B4. Ethnicity

🗖1. Lao-Dhai 🗖 2. Hmong – Mien 🗖3.Mone-kmer

🗖 4 .Other……………….....................................................

B5. Religion

🗖1. Buddhism 🗖 2. Animist 🗖3.Muslim 🗖 4. Christian/Catholic 🗖5. Other……….

B6. Educational attainment

🗖1. None 🗖2.Primary 🗖3.Lower secondary 🗖4.Upper secondary 🗖 5. Middle Diploma 🗖6. High diploma 🗖7. Bachelor or higher

B7 Occupation

🗖 1. Unemployed 🗖2. Agriculture 🗖 3. House wife🗖4. Labour

🗖 5. Merchand /Business 🗖 6. Private / Enterprise officer

🗖7. Government officer 🗖8. Other……………………………..

B8. Average monthly income of the family……………….................................. LAK

B9. Type of health insurance

🗖1. Government 🗖2. Government – state enterprise ​ 🗖3. Community 🗖4. Health Equity fund 🗖5 . Private 🗖6. Other …………………….

B10. Number of household member 🗖 🗖

**Part C: Previous Pregnancy History**

C1. Number of previous pregnancy (Gravida) 🗖🗖

C2. Age at first pregnancy 🗖🗖 year olds

C3. Number of previous delivery (Parity): 🗖 🗖 times

C4. Delivery status of first pregnancy ? 🗖1. Normal

🗖2. Complications, please specify ….

C5. Number of total previous abortion: 🗖 🗖 times

C6. Number of previous spontaneous abortion: 🗖 times

C7. Reason of previous spontaneous abortion

🗖1. Maternal factors …………………………

🗖2. Fetal factors ...............................................................

C8. Number of previous induced abortion: 🗖 times

C9. Reason of previous induced abortion

🗖1. Maternal factors ………………………………………

🗖2. Fetal factors ...............................................................

C10. Did you have hypertension during previous pregnancy ?

🗖1 . No 🗖2. Yes 🗖3. Do not know

C11. If yes , in what gravida ? 🗖

**Part D: Present Pregnancy History**

D1. Last menstrual Period 🗖🗖/ 🗖🗖 / 🗖🗖🗖🗖

D2. Gestational Age at delivery (based on LMP) 🗖🗖 weeks

D3. If, women did not remember her LMP please estimate GA at delivery from earliest ultrasound report 🗖🗖 weeks

D4. Maternal Height 🗖 🗖 🗖.🗖 cm

D5. Pre-pregnancy weight 🗖 🗖. 🗖 Kg

D6. Pre pregnancy BMI 🗖🗖.🗖kg/m2

D7. Weight at Delivery 🗖 🗖. 🗖 Kg

D8. Total weight gain 🗖 🗖. 🗖 Kg

D9. Have you ever received information about Pregnancy Induced Hypertension ?

🗖1 . No 🗖2. Yes

D10. In present pregnancy, did you attend ANC🗖1 . No 🗖2. Yes

D11.. If No, please give a reason ………………………………………………………

D13. If yes, how many times ? 🗖 🗖 times