STRUCTURED QUESTIONNAIRE:

ASSOCIATION BETWEEN MATERNAL PERIODONTITIS AND FETAL GROWTH RESTRICTION AMONG SINGLETON PREGNANT WOMEN AT A TERTIARY CARE HOSPITAL IN KARACHI – CROSS-SECTIONAL STUDY

Name of the interviewer: _____

Date of the interview: (DD/MM/YY) _____

Time of start of the interview: _____

Time of end of interview: _____

Study I.D. No: AKU: ☐☐☐☐

MR, Number: _____

S,no	Question	Codes	SKIP	Response
Section A: SOCIODEMOGRAPHICS				
1.	What is your Age? (In years)	Years		##
2.	Weight? (Kg)	Kg		##
3.	Height? (Feet / Inches)	Ft in		###
4.	Ethnicity	1=Sindhi 2=Balochi 3=Pashtoon 4=Punjabi 5=Urdu 6=Others(specify)		
5.	Address (Area of residence)			Open-ended
6.	What is your level of education?	1=Illiterate 2=Primary 3=Secondary 4=Intermediate 5=Graduate 6=Postgraduate		
7.	Occupation			Open-ended
8.	Employment Status	1=Employed 2=unemployed 3=retired 4=other		
Section B: Socioeconomic status				
9	Education of head of family	1=Illiterate 2=Primary 3=Middle		

		4=High 5=Intermediate 6=Graduate 7=Postgraduate / Professional degree		
10	Occupation of the head of the family	1=Unemployed 2=unskilled worker 3=Semiskilled 4=skilled worker 5=Clerical 6=Semi profession 7=Professional		
11	Monthly Household Income	1= <= 10,001 2= 10,002 to 29,972 3= 29,973 to 49,961 4= 49.962 to 74,755 5= 74.756 to 99.930 6= 99,931 to 199,861 7= >= 199,862		
Section C: Maternal Obstetric and Health-related Factors				
12	How many babies have you delivered?	1= First (0) 2= Second (1) 3= Third (2) 4= Fourth (3) 5= Other		
13	Have you experienced fetal growth restriction (FGR) in any of your previous pregnancies?	1=Yes 2=No		
14	How many times did you visit antenatal care during your current pregnancy?	1= 1 to 3 2= 4 to 6 3= 7 to 9 4= 10 or more		
15	Blood group	1=A +ve 2=B +ve 3=AB +ve 4=O +ve 5=A -ve 6=B -ve 7=AB -ve 8=O -ve		
16	Hemoglobin level			##
17	Is there any history of gestational diabetes?	1=Yes 2=No		
18	Is there any history of hypertension?	1=Yes 2= Pregnancy-induced 3=No		

19	Is there any history of chronic diabetes?	1=Yes 2=No		
Section D: Dental				
20	How often do you clean your teeth?	1=Never 2=Once a month 3=2-3 times a month 4=Once a week 5=2-6 times a week 6=Once a day 7=Twice or more a day		
21	Do you use any of the following to clean your teeth?	1=Toothbrush 2=Wooden toothpicks 3=Plastic toothpicks 4=Thread (dental floss) 5=Charcoal 6=Chew stick /miswak 7=Other Please specify		
22	Do you use toothpaste to clean your teeth?	1=Yes 2=No		
23	How long has it been since you last saw a dentist?	1= Less than 6 months 2= 6-12 months 3= More than 1 year but less than 2 4= 2 years or more but less than 5 5= years 6= 5 years or more 7= Never received dental care		
24	What was the reason of your last visit to the dentist?	1= Consultation/advise 2= Pain or trouble with teeth, gums, or mouth 3= Treatment/ follow-up treatment 4= Routine check-up/treatment 5= Don't know/don't remember		
Section E: Fetal Characteristics				
25	Date of the scan	In weeks		##
26	Gestational age at the time of scan	In weeks		##
27	Estimated fetal weight on scan			##
38	Abdominal circumference on scan	In mm		##
29	Head circumference on scan	In mm		##
30	Cerebroplacental ratio on scan			##
31	Umbilical artery- Pulsatility index on scan			##

PERIODONTAL EXAMINATION