DATA COLLECTION TOOL

QN	CODE	QUESTION AND FILTER	CODING CATEGORY
		PATIENT PARTICULARS	
01	INITIALS	Write interviewer's initials	_____ _____
02	DATE	Write date of interview	--------/----------/--------- Day Month Year
03	STUDY NUMBER	Number	_____
04	PHONE	Contact phone number(s)	Women: _____ Next of kin: _____
		SOCIODEMOGRAPHIC INFORMATION	
05	AGE	What is your age?	_____Years
06	RESIDENCY	Residence	_____
07	RELIGION	Which religion are you believing?	i. Christian ii. Muslim iii. Others (specify)_____
08	MARITAL STATUS	What is your current marital status?	i. Married(monogamy) ii. Married(polygamy) iii. Cohabiting iv. Widowed v. Separated vi. Single(never married)
09	EDUCATION LEVEL	What is the highest level of formal education you have completed?	i. Never attended school ii. Complete primary school iii. dropped out of school iv. completed Secondary school v. Still in school vi. University/College
10	OCCUPATION	Which of the following best describes your main work status in the past 12months?	i. Government Employed ii. Unemployment iii. House wife iv. Animal keeper v. Peasants vi. Petty trader vii. Others (specify)_____
		OBSTETRICS HISTORY	
11	PARITY	Number of child birth	_____
12	LNMP	What is the first day of your last normal menstrual cycle?	--------/----------/--------- Day Month Year
13	EXPECTED DATE OF DELIVERY	What is the expected date of delivery?	--------/----------/--------- Day Month Year
14	GESTATION AGE	What is the gestation by dates-in completed weeks?	----------weeks

GYNAECOLOGICAL HISTORY AND OTHER RISK FACTORS			
15	SEXUAL HISTORY	Age at first sexual encounter	_____years
16	NUMBER OF SEXUAL PARTNERS	Number of sexual partners for the past 1 year?	_____
17	PARTNENER'S WOMAN OUTSIDE RELATIONSHIP	Partner has other women outside of the relationship?	i. YES ii. NO
18	NUMBER OF YEARS IN RELATIONSHIP	Number of years by which sexual partner is older?	_____years
19	CONTRACEPTION USE	Have you ever use contraception?	i. YES ii. NO
20	CONTRACEPTION TYPE	If yes above which type of contraception?	_____
21	H/CONDOM USE	Do you have history of use condom as your mode of contraception before conception?	i. YES ii. NO
22	STI'S SYMPTOMS	Have you had any of the following complains recently or in the past?	i. Abnormal per vagina discharge ii. Painful micturition iii. Lower abdominal pain iv. Painful coitus v. Genital ulcers or blisters vi. No symptoms
23	PREVIOUS STI'S HISTORY	Previous history of STI's?	i. YES ii. NO
24	CLINICAL GENITAL ULCER	Visual inspection of genital ulcer or blister	i. YES ii. NO
25	LOW BIRTH WEIGHT	History of baby with low birth weight?	i. YES ii. NO
26	STILLBIRTH	History of stillbirth?	i. YES ii. NO
27	MISCARRIAGES	History of miscarriages in pervious pregnancies?	i. YES ii. NO
28	TATTOOS/TRADITIONAL MARKS	Presence of tattoos/traditional marks?	i. YES ii. NO
29	BLOOD TRANSFUSION	History of blood transfusion?	i. YES ii. NO
30	INTRAVENOUS DRUG USE	History of intravenous drug use?	i. YES ii. NO
31	NEEDLE STICK INJURIES	History of needle sticks injuries?	i. YES ii. NO
32	SURGERY	History of surgery?	i. YES ii. NO
33	ORGAN TRANSPLANT	History of organ transplant?	i. YES ii. NO
34	SHARING SHARP OBJECTS	History of sharing sharp objects?	i. YES ii. NO
35	NASAL DRUG EQUIPMENT	History of sharing nasal drug consumption equipments?	i. YES ii. NO

36	TEETH EXTRACTION	History of teeth extraction?	i. YES ii. NO
37	HEALTH STATUS	PMTCT status?	i. One ii. Two
38	SYPHILIS TEST	Laboratory results of *Treponema pallidum* (syphilis)	Non-Treponemal antibody test i. Reactive ii. Non reactive Treponemal test i. Reactive ii. Non reactive
39	HSV-2 RAPID TEST	Laboratory results of HSV-2 rapid test	IgG i. Reactive ii. Non reactive IgM i. Reactive ii. Non reactive
40	HBV	Laboratory results of HBsAg	i. Reactive ii. Non reactive
41	HCV	Laboratory results of HCV rapid test	i. Reactive ii. Non reactive
42	HIV	Laboratory results of HIV rapid test	i. Reactive ii. Non reactive