

Appendix i: Data collection tool

PREVALENCE, ASSOCIATED FACTORS AND CLINICAL FEATURES OF CONGENITAL SYPHILIS AMONG NEWBORNS IN MBARARA REGIONAL REFERRAL HOSPITAL, SOUTH WESTERN UGANDA

About the newborn

A Demographic

1-Study number -----

2-Date of enrolment (dd/mm/yyyy)----/----/-----

3-Child initial-----

4-Date of birth (dd/mm/yyyy)----/-----/-----

5-Gender

a) Male

☐

b) Female

☐

6- Birth weight-----Grams

7-Gestational age by:

a) Dates-----weeks

b) Score-----

B-Results of laboratory tests (child)

8-RPR test positive

a) Yes

☐

b) No

☐

9-If positive, RPR titres-----

C- Child clinical presentation

10-Head circumference -----cm

11- Temperature -----Degree C

12- Condylomata

Yes

☐

No

☐

13-Syphilitic skin rash

Yes

☐

No

☐

14-Desquamation

Yes

☐

No

☐

15-Rhinitis

Yes

☐

No

☐

16-Mucosal lesion

Yes

☐

No

☐

17- Lymphadenopathy

Yes

☐

No ☐

18-Hepatomegally

Yes ☐

No ☐

19-Splenomegaly

Yes ☐

No ☐

20-Pseudoparalysis

Yes ☐

No ☐

21-Oedema

Yes ☐

No ☐

22-if yes specify-----

23-Anaemia

Yes ☐

No ☐

24-Jaundice

Yes ☐

No ☐

25-Petechiae

Yes ☐

No ☐

26-Respiratory distress

Yes ☐

No ☐

27-Dysmorphic feature (facial)

Yes ☐

No ☐

28-If yes then specify-----

29-Other

Yes ☐

No ☐

30-If yes specify-----

About the mother

A Demographic

1-What is your address?

Village-----

Sub-county-----

District of residence-----

Nationality-----

2- How old are you? State-----Years

3-What is your marital status?

Cohabiting ☐

Married monogamous ☐

Married polygamous ☐

Widowed ☐

Divorced/separated ☐

4- What is your parity? State-----

5- Have you ever had the following (tick)

Premature ☐

Still birth ☐

Early neonatal death ☐

5- What is your religion?

Catholic ☐

Protestant ☐

Islamic ☐

Others specify-----

6- What is your tribe? -----

7- What is highest level of education attained?

None ☐

Primary ☐

Secondary ☐

High school ☐

Tertiary and above ☐

8- What is your occupation? ☐

Unemployed ☐

Subsistence farming

Salaried employment ☐

Business ☐

Others, specify-----

B-Past medical history

9-Have you ever tested for syphilis before?

Yes ☐

No ☐

10- if yes what was the result

Positive ☐

Negative ☐

11-If positive, did you get treatment?

Yes ☐

No ☐

11-Have you ever experienced the following (tick)?

Genital ulcer ☐

Vaginal discharge ☐

Lower abdominal pain ☐

Genital itching ☐

12-Did you receive treatment for it?

Yes ☐

No ☐

I don't remember ☐

C Pregnancy

13-Did you attend ANC?

Yes ☐

No ☐

14-If Yes, from where

Private

☐

HC111

☐

HC1V

☐

District health hospital

☐

Tertiary Hospital

☐

15-Have you ever experienced the following (tick) during this pregnancy?

Genital ulcer

☐

Vaginal discharge

☐

Lower abdominal pain

☐

Genital itching

☐

16-Did you receive treatment for it?

Yes

☐

No

☐

I don't remember

☐

17- Did you test for syphilis during this pregnancy?

Yes

☐

No

☐

18- If yes what trimester?

First trimester

☐

Second trimester

☐

Third trimester

☐

19-What was the result?

Positive

☐

Negative ☐

I don't know ☐

20-Did you receive therapy for syphilis during this pregnancy?

Yes ☐

No ☐

21-if yes, how many days did you get treatment?

State the number of days -----days

22-Did your spouse also receive the therapy for syphilis?

Yes ☐

No ☐

23-Did you receive any antibiotics during this pregnancy?

Yes ☐

No ☐

I don't remember ☐

24-if yes, state the antibiotics used-----

25-For the last 2 years, how many different sexual pattern have you had sex with?

One only ☐

More than one ☐

I decline ☐

C Laboratory test

25-On-site TPHA test positive?

Yes ☐

No ☐

26-is on-site RPR test positive?

Yes

☐

No

27-state the RPR titre-----