

PWID: _____ - ____

MATERNAL DEMOGRAPHICS & CLINICAL HISTORY

This CRF applies to **ALL** enrolled BPOS participants

Visit Date							
D	D	M	M	Y	Y	Y	Y

Visit Code	
A	1

A: SOCIODEMOGRAPHIC INFORMATION

1. What is your date of birth?	____/____/____ DD MMM YYYY
2. What language do you speak at home?	☐ isiXhosa ☐ isiZulu ☐ Afrikaans ☐ English ☐ Other, specify: _____
3. What is the highest level of schooling or education that you have completed?	☐ Grade: _____ OR ☐ Standard: _____ ☐ Postsecondary, specify _____ ☐ None
4. Are you currently working or studying?	☐ Yes ☐ No → SKIP to Q8
5. If yes, which one of the following best describes what you do? Choose <u>ONE</u> only	☐ Employed full-time ☐ Employed part-time ☐ Informal job/hawker ☐ Attending school/learner ☐ Attending tertiary education (University/College)
6. Do you earn an income?	☐ Yes ☐ No → SKIP to Q8

7. How much income do you earn per month?	☐ Less than R1 000 per month ☐ 1 000 to R5 000 per month ☐ R5 000 to R10 000 per month ☐ R10 000 to R15 000 per month ☐ More than R15 000 per month
8. Do you currently receive any social assistance in the form of government grants?	☐ Yes ☐ No → SKIP to Q11
9. Which type of government grant do you receive?	☐ Children's grant ☐ Disability grant ☐ Care Dependency grant ☐ Other, please specify: _____
10. How many of each of the grants mentioned above (Q9) do you receive? Please specify number	☐ Children's grant # of grants _____ ☐ Disability grant # of grants _____ ☐ Care Dependency grant # of grants _____ ☐ Other, specify: _____ # of grants _____
11. What kind of home do you live in?	☐ Shack/informal dwelling ☐ Formal house ☐ Flat/council home ☐ Other Specify: _____

12. Does your house have the following Respond to ALL	a. <i>A toilet inside</i> ☐ Yes ☐ No	b. <i>Running water inside</i> ☐ Yes ☐ No
	c. <i>Electricity inside</i> ☐ Yes ☐ No	d. <i>A refrigerator</i> ☐ Yes ☐ No
	e. <i>A landline telephone</i> ☐ Yes ☐ No	f. <i>A television</i> ☐ Yes ☐ No
13. Including yourself, how many people (adults and children) live in your house?		Number of people: _____
14. How many times have you been pregnant (including current pregnancy)?		Number of pregnancies: _____
15. How many children have you given birth to?		Number of children: ☐ _____ ☐ None
16. How many of these children are living?		Number of children: ☐ _____ ☐ None
B1: TB HISTORY <i>We are now going to ask you a few questions about your previous medical history including TB and HIV.</i>		
17. During your current pregnancy, has a doctor or nurse told you that you have TB?		☐ Yes ☐ No → SKIP to Q22
18. When did you receive this TB diagnosis?		____ / ____ / ____ DD MMM YYYY
19. Where did you receive this TB diagnosis?		Name of clinic: _____
20. Where in your body was the TB (e.g., lungs, other location)?		Place in body: _____
21. Did you receive treatment for TB?		☐ Yes ☐ No

22. Other than during this pregnancy has a doctor or nurse ever told you that you have TB?	☐ Yes ☐ No → SKIP to Q28
23. When did you receive this TB diagnosis from Q22 (not during this pregnancy)?	____ / ____ / ____ DD MMM YYYY
24. Did you receive treatment for TB when last diagnosed (From Q22)?	☐ Yes ☐ No
25. How many times in total have you been treated for TB?	<i>Number of times:</i> _____
26. Where did you receive your TB treatment (From Q22)?	<i>Name of clinic:</i> _____
27. How long was your TB treatment the last time you were diagnosed?	☐ 6 months ☐ 8 months ☐ 9 months ☐ On-going ☐ Other, specify _____ ☐ Don't know
B2: HIV HISTORY	
28. Have you ever been tested for HIV?	☐ Yes ☐ No
29. Are you HIV-negative or HIV-positive?	☐ Negative ☐ Positive ☐ Don't know

NB: *Please complete HIV INFORMATION for ALL PARTICIPANTS*

Signed Interviewer completing CRF: _____

Date: _____ / _____ / _____
DD MMM YYYY

Signed QC Officer: _____

Date: _____ / _____ / _____
DD MMM YYYY

Signed Study Coordinator: _____

Date: _____ / _____ / _____
DD MMM YYYY