

Association Between Maternal Obesity, Early Neonatal Complications, and Childhood Wheeze Illness in Children Below 6 Years

PHASE 2: Maternal
Obesity and Childhood Wheeze Illness

1. Hospital name

Mark only one oval.

- ☐ Amana
- ☐ Mwananyamala
- ☐ Temeke
- ☐ Muhimbili

2. Study ID No.

3. Date of interview

Example: 7 January 2019

SECTION B: MATERNAL INFORMATION (ANTENATAL PERIOD)

4. Maternal age at delivery in years

5. maternal weight at first ANC visit (kg)

6. Maternal Weight at last ANC visit / 3rd Trimester

7. maternal height (cm)

8. Parity (number of previous pregnancy)

9. any known history of chronic illness during pregnancy

Mark only one oval.

☐ Yes

☐ No

10. if yes please select what apply

Tick all that apply.

☐ Diabetes Mellitus (GDM)

☐ pre-existing diabetes

☐ gestational Hypertension gestational Hypertension (HTN >20 GA no protein in urine)

☐ pre eclapsia/eclampsia

☐ chronic hypertension

☐ Asthma/allergic diseases

☐ HIV/AIDS

☐ heart disease

☐ Other:

11. Maternal smoking history

Mark only one oval.☐ Yes☐ No

12. Exposure to Indoor smoke during pregnancy (e.g. Charcoal, firewood's)

Mark only one oval.☐ Yes☐ No

13. Family history of atopy (1st degree relative)

Mark only one oval.☐ Yes☐ No

14. Mode of Delivery

Mark only one oval.☐ SVD☐ C/Section☐ Assisted Vaginal Delivery (Vacuum/Forceps)

CHILDHOOD WHEEZE ILLNESS AND ENVIRONMENTAL FACTORS

15. Age of the child in years

16. Sex of the child

Mark only one oval.☐ Male☐ Female

17. Area of attendance

Mark only one oval.☐ OPD/Clinics☐ In Patient☐ EMD

18. has the child ever has wheezing or whisling in the chest?

Mark only one oval.☐ Yes☐ No

19. Has your child ever been diagnosed with asthma or wheeze by a clinician?

Mark only one oval.☐ Yes☐ No☐ Don't know

20. if yes ,At what age did wheezing first occurred ?

21. frequency of wheezing episodes by year

Mark only one oval.☐ <1year☐ 1-3Y☐ 3-6Y

22. frequency of wheezing by period

Mark only one oval.☐ 1-2 episode/year☐ 3-6 episode /year☐ >6 episode/year

23. most recent wheezing episode

24. typical triggers

Mark only one oval.☐ after cold,fever or viral infection☐ after intense exercise,running or playing☐ exposure to cold air☐ emotional exitment as laughing or crying☐ exposure to allergens (eg pets,pollen,dust mites,fragnance ,mould☐ foods like egg,peanut,diary product☐ no clear trigger

25. Has your child ever had a persistent cough lasting more than 3 days or difficulty breathing, even without wheezing?

Mark only one oval.

☐ Yes

☐ No

26. If yes, how frequently has the persistent cough occurred?

Mark only one oval.

☐ Rarely (<1 time per month)

☐ Sometimes (1-3 times a month)

☐ Often (≥ 1 time per week)

27. Has the child ever been hospitalized due to wheeze /breathing difficulties?

Mark only one oval.

☐ Yes

☐ No

28. if yes number of admission

29. At night, without cold, has wheezing or coughing waken up your child

Mark only one oval.

- ☐ never
- ☐ rarely(<1 times a month)
- ☐ sometimes(1-3 times a month)
- ☐ often (≥ 1 times per week)

30. does wheezing limit your child's activity

Mark only one oval.

- ☐ no limitation
- ☐ mild limitation
- ☐ significant limitation

31. Has the child used asthma medication ?

Mark only one oval.

- ☐ Yes
- ☐ No

32. if yes what medication used

Mark only one oval.

- ☐ quick relief medication(eg salbutamol inhaler/neb)
- ☐ long term control medication(eg budesonide,fluticasone inhaler/neb,montelukast)
- ☐ oral steroids
- ☐ I dont know
- ☐ Other:

33. Does any family member have asthma or allergic diseases?

Mark only one oval.

- ☐ Yes
- ☐ No

34. was the child ever been exclusive breastfed?

Mark only one oval.

- ☐ Yes
- ☐ No

35. duration of breastfeeding

Mark only one oval.

- ☐ 0-3months
- ☐ 3-6months
- ☐ >6months

36. Does the child live in a house with smokers?

Mark only one oval.

☐ Yes

☐ No

37. Cooking fuel used at home

Tick all that apply.

☐ Electricity

☐ Gas

☐ Charcoal

☐ Firewood

38. Does the child attend daycare/school?

Mark only one oval.

☐ Yes

☐ No

39. has your child receive flu vaccine

Mark only one oval.

☐ every year

☐ occassionary

☐ every month

☐ No

☐ I dont know/i dont remember

40. Any admissions during neonatal period

Mark only one oval.☐ Yes☐ No

41. if yes ,which complications admitted with

Tick all that apply.

- ☐ Prematurity
- ☐ Respiratory distress syndrome(RDS
- ☐ Transient Tachypnea of the Newborn (TTN)
- ☐ Macrosomia
- ☐ hypoglycemia
- ☐ Sepsis/ presumed sepsis
- ☐ Hyperbilirubinemia
- ☐ others

42. antibiotic use in early life (before 1year old)

Mark only one oval.☐ yes☐ no☐ I dont know/I dont remember

43. if yes ,main reason

Mark only one oval.

- ☐ respiratory infection
- ☐ ear infection
- ☐ I dont know/i dont remember
- ☐ Other:

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