

QUESTIONNAIRE

Factors Associated with Completion of Maternal Health Care Services across the Care Continuum
by Women Attending OPD at Nebbi General Hospital

Thank you for allowing me to participate in this study

Questionnaire Number.....

Date Time.....

Number	Question	Enter/circle your answer
Section 1	Individual characteristics	
01	How old are you?	
02	Where do you stay?	1. Urban 2. Rural
05	What is your marital status?	1. Married 2. Single 3. Widow 4. Cohabiting
06	What is your level of education?	1. Tertiary 2. Secondary 3. Primary 4. None /No formal education
07	What is your husband's level of education if married in qn.04?	1. None 2. Primary 3. Secondary 4. Tertiary
08	Who is your next of kin?	5. Husband 6. Others specify.....
09	Are you currently employed?	1. Yes 2. No
10	What is your religion?	1. Catholic 2. Protestant 3. Muslim 4. Others specify.....
11	What is your nationality?	1. Ugandan 2. Congolese 3. Southern Sudanese

		4. Others
	Obstetrical	
	Which birth order is your last child?	1. 5 and above 2. 2 to 4 3. 1
	Is the child alive?	1. Yes 2. No
	If no, what is the cause of death?	1.
	Cultural characteristics	
12	Traditionally how do you perceive early antenatal care attendant?	
13	Traditionally how do you perceive skilled birth delivery?	
14	Traditionally how do you perceive postnatal care?	
15		3. Yes 4. No
16	If no in qn 10, what is your sources of income?	1. Business 2. Farming 3. Others specify.....
17	What is your average income in a month?	1. 0 to 50000 2. 50000 to 100000 3. 100000 and above
	Cultural characteristics	4.
	Family Characteristics	
16	How big is your house?	1. Single room 2. Double room 3. More than three rooms
17	When you are pregnant who is responsible for your good health?	1. Self 2. Husband 3. Others specify.....
18	How is your relationship with the family?	1. Very good 2. Good 3. Fair 4. Poor
19	Do you have access to family resources?	1. Yes 2. No

20	If not in qn. 17, what is your source of income?	1. Specify.....
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Number	Questions	Circle your answer
22	Antenatal, skilled birth and postnatal Did you attend ANC?	1. Yes 2. No
23	If no, reasons for non-attendants.	
24	If yes, where?	
25	At what gestational age did you start first antenatal visit?	1. At first trimester 2. At second trimester 3. At third trimester
26	Out of 8 contact with the trained health workers, how many times did you attend?	1. More than 4 2. 4 times 3. Less than 4 4. None
	Skilled birth attendant	
27	Where did you deliver from with the last child?	1. Home 2. Health facility 3. Others specify.....
28	With the last child who assisted you during childbirth?	1. Skilled birth attendant 2. Traditional birth attendant 3. Home people
	Postnatal care	
29	Did you have/receive postnatal check-up within 24 hours of giving birth?	1. Yes 2. No
30	If no, reasons for non-attendance	
31	Did you have a postnatal visit on the 6 th day after giving birth?	1. Yes 2. No
32	If no, reasons for non-attendance	
33	Did you have a postnatal visit 6 weeks following child birth?	1. Yes 2. No
34	If no, reasons for non-attendance	