QUESTIONNAIRE

Section A: SOCIO DEMOGRAPHIC FACTORS

Instructions: Kindly answer all the following questions by writing in the provided space or by putting a cross (x) or tick in the appropriate box.

EPDS Score …….

Case ☐ Control ☐

1. **What is your age in completed years?** …….
2. **Marital status**
   - Single ☐
   - Married ☐
   - Other ☐
3. **Religion**
   - Christianity ☐
   - Islam ☐
   - Hindu ☐
   - Other ☐
4. **What is your highest level of education?**
   - Primary school ☐
   - Secondary school ☐
   - Tertiary ☐
5. **What is your occupation?**
   - Employed ☐
   - Unemployed ☐
6. **Who do you live with?**

Family ☐

Spouse ☐

Alone ☐

Friends ☐

SETION B: LIFESTYLE RISK FACTORS FOR ANTENATAL MATERNAL DEPRESSION

7. **How often per week did you consume alcohol during the last 12-months (either before pregnancy or during this pregnancy)?** (Select only 1 answer by putting a cross in one of the boxes)

   Non-user (i.e. zero time per week) ...…… ☐
   Rare user (1 – 3 times per week) …… ☐
   Regular user (4 - 7 times per week) …… ☐

8. **How often per week did you usually use tobacco (smoking or chewing) during the last 12-months (either before pregnancy or during pregnancy)?** (Select only 1 answer by putting a cross in one of the boxes)

   Non-user (i.e. zero time per week) ☐
   Rare user (1 – 3 times per week) .. ☐
   Regular user (4 - 7 times per week) ☐

9. **How often per week did you use any of the drugs listed below during the last 12-months (either before pregnancy or during pregnancy)?** (Tick where appropriate)

Drug	**Frequency**		
	Non-user (i.e. zero time per week)	Rare user (1 – 3 times per week)	Regular user (4 - 7 times per week)
Cannabis			
Heroin			
Valium			
Rohypnol			
Cocaine			
Muguka			
Miraa			
Codeine			
Glue			

SECTION C: OBSTETRICS AND PREGNANCY RELATED RISK FACTORS

10. What is your current gestational age? ……weeks

11. How many clinic visits have you attended so far? ……

12. Do you have any other living children?

    Yes ☐ No ☐

    If yes, how many ……

    If No, skip to number 11

13. Is this a pregnancy that you had planned for?

    Yes ☐ No ☐

    If no, why ……

14. Did you experience any complications in your previous pregnancies?

    Yes ☐ No ☐

    If Yes, which one?

    Miscarriage ☐

    Still Birth ☐

Fistula ☐

Premature birth ☐

Abortion ☐

Other……

SECTION D: SOCIAL NETWORK AND FAMILY RISK FACTORS FOR PRENATAL DEPRESSION

SOCIAL PROVISIONS SCALE

Instructions: In answering the following questions, think about your current relationships with friends, family members, co-workers, community members, and so on. Please indicate to what extent each statement describes your current relationships with other people. Use the following scale to indicate your opinion.

STRONGLY DISAGREE – 1 DISAGREE – 2 AGREE – 3 STRONGLY AGREE – 4

So, for example, if you feel a statement is very true of your current relationships, you would respond with a 4 (strongly agree). If you feel a statement clearly does not describe your relationships, you would respond with a 1 (strongly disagree).

1. There are people I can depend on to help me if I really need it. _____
2. I feel that I do not have close personal relationships with other people* _____
3. There is no one I can turn to for guidance in times of stress* _____
4. There are people who enjoy the same social activities I do. _____
5. I do not think other people respect my skills and abilities* _____
6. If something went wrong, no one would come to my assistance*_____

7. I have close relationships that provide me with a sense of emotional security and well-being _____
8. I have relationships where my competence and skill are recognized. _____
9. There is no one who shares my interests and concerns* _____
10. There is a trustworthy person I could turn to for advice if I were having problems. _____

Scoring:

A score for each social provision is derived such that a high score indicates that the individual is receiving that provision. Items that are asterisked should be reversed before scoring (i.e., 4=1, 3=2, 2=3, 1=4).

COMPOSITE ABUSE SCALE (CAS) REVISED – SHORT FORM (CAS_R-SF)

In this section we will ask about your relationships because it is an important part of your life that may influence your health. We ask you about your experiences in adult intimate relationships. By adult intimate relationship we mean husband/wife, partner or boy/girlfriend for longer than 1 month.

1. Have you ever been in an adult intimate relationship? (Since you were 16 years of age)
    a. Yes
    b. No – Skip out of remaining questions
2. Are you currently in a relationship?
    a. Yes
    b. No – Go to Q4
3. Are you currently afraid of your partner?
    a. Yes
    b. No

4. Have you ever been afraid of any partner?
    a. Yes
    b. No

We would like to know if you experienced any of the actions listed below and from any current or former partner or partners. If it ever happened to you, please tell us *how often* it usually happened in the past 12 months *(Please tick one box on each line)*

My partner(s)	**Has it ever happened to you**		**If YES, how often did it happen in the past 12 months?**					
Blamed me for causing their violent behavior	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/almost daily
Shook, pushed, grabbed or threw me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/Almost daily
Tried to convince my family, children or friends that I am crazy or tried to turn them against me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/Almost daily

Used or threatened to use a knife or gun or other weapon to harm me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/Almost daily
Made me perform sex acts that I did not want to perform	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/Almost daily
Followed me or hung around outside my home or work	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/Almost daily
Threatened to harm or kill me or someone close to me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/Almost daily
Choked me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/Almost daily
Forced or tried to force me to have sex	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/Almost daily
Harassed me by phone, text, email or using social media	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/Almost daily
Told me I was crazy, stupid or not good enough	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/Almost daily

Hit me with a fist or object, kicked or bit me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/Almost daily
Kept me from seeing or talking to my family or friends	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/Almost daily
Confined or locked me in a room or other space	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/Almost daily
Kept me from having access to a job, money or financial resources	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/Almost daily

Interviewer's name: _____ **Signature: _____**

*** End of questionnaire***