Structured, Pretested, Interviewer-Administered Questionnaire

Study Title: "Risk factors for major external structural birth defects in Kiambu County, Kenya: A case control study"

Date……

Case Id/No ……

Instructions

i. These questions are to be admimistered by research assistants to mothers of children with and without MESBD **(cases and controls)** respectively
ii. Fill in the the correct responses in spaces provided in the questionnare
iii. Tick the correct response(s) for each multiple choice questions as necessary

Part one: For cases ONLY

Name(s) of the birth defect (s)……..

Part two: For cases and controls

1. Age of the mother to the child in years…….
2. Occupation of the mother to the child……...
3. Sub-county residence of the mother to the child…….
4. Mother's level of education
    a. None
    b. Primary
    c. Secondary
    d. College certificate
    e. College diploma
    f. University degree
5. Mother's religion
    a. Christianity
    b. Islamic
6. Marital status
    a. Single
    b. Married
    c. Separated
    d. Divorced
    e. Widowed
7. Nature your last pregnancy
    a. Single
    b. Multiple
8. Sex of the current child if single pregnancy……

a. Male
b. Female

9. Specify sex of the twin in multiple pregnancy…….
    a. Male
    b. Female
10. Another sibling with birth defect
    a. Yes
    b. No
11. Did you plan for the last pregnancy?
    a. Yes
    b. No
12. Indicate the date of last menstrual period in the last pregnancy **(date/month/year, from ANC booklet) …….**
13. Started ANC eight weeks after the last date of menstrual period in the last pregnancy **(trimester ANC care began)**
    a. Yes
    b. No
14. Indicate the date of first antenatal clinic visit of the last pregnancy **(date/month/year, from ANC booklet) ……**
15. Indicate parity (**date/month/year, from ANC booklet) ……**
16. Parity **(from ANC booklet) ……**
17. Date of birth of the current child (**date/month/year, from ANC booklet)** ……
18. Started using folic acid at least three (3) before the last date of the menstrual period
    a. Yes
    b. No
19. Name of chronic illness
    a. None
    b. Diabetes
    c. Hypertension
    d. Epilepsy
    e. Others…….
20. Names of medicine you used during the last pregnancy……
21. You sprayed the farms with pesticides during the last pregnancy
    a. Yes
    b. No