**Participant ID Number: __ __ __ __** **Date: __ __ / __ __ __ /20 __ __**

**Visit code: __ __ __ __**

**Site of Interview**:

- Dandora 1
- Dandora 2
- Other, specify _____

**Screening ID Number: __ __ __ __**

## SOCIO-DEMOGRAPHICS

1. Age of mother__ __ yrs Date of birth__ __/ __ __ __ / __ __ __ __
   DD/MM/YYYY
2. Marital Status (tick one)
   - Married
   - Divorced/Separated
   - Widowed
   - Never married/ Single
   - Other Specify_____
3. Who is your main financial support person? (tick one)
   - Husband
   - Parent
   - Boyfriend
   - Other relative
   - None
   - Other Specify_____
4. What is your highest level of education? (tick one)
   - College/ University
   - Vocational
   - Secondary (Form_____)
   - Primary (Std _____)
   - Pre primary
5. What are the total numbers of years in school? _____ yrs
6. What is your employment status? (tick one)
   - Monthly Salary
   - Daily Wage
   - Small Business
   - Homemaker (housewife)
   - Other specify_____-
   - None
7. Can you tell us your monthly rent? __ __ __ __ __Kes
   - This is private Information
   - Zero (own house)

## HEALTH STATUS (RECORDED IN MCH BOOKLET OR CLIENT'S REPORT)

8. LMP: __ __/ __ __ __ / __ __ __ __ DD/MMM/YYYY
    - o Mother's self-report
    - o MCH booklet
    - o Unknown
9. EDD: __ __/ __ __ __ / __ __ __ __DD/MMM/YYYY
    - o Clinician estimate
    - o MCH booklet
    - o Unknown

10. Para_____+_____ Gravida _____

11. What was your height prior to this pregnancy? __ __ __ . __ (cm)
    - o I don't know

12. What was your weight prior to this pregnancy? __ __ __. __(kg)
    - o I don't know

13. Have you lost any pregnancy? (select appropriately)
    - o Never Lost a pregnancy
    - o Miscarriage. (<28 weeks) Number_____
    - o Still Birth (>=28 weeks) Number _____

14. Have you experienced any childhood deaths of your children?
    - o No
    - o Yes (No. of children_____)
    - o N/A (no children)

15. Do you regularly consume stones or soil? (Tick all that apply)

    a. During this pregnancy
    Y/N Not consumed
    Y/N Stones
    Y/N Soil

    b. Before this pregnancy
    Y/N Not consumed
    Y/N Stones
    Y/N Soil

16. Did you have any challenges in the previous pregnancies? (indicate yes/no for each)
    Y/N Hyperemesis Gravidarum (Excessive vomiting with weight loss)
    Y/N Preeclampsia hypertension
    Y/N Eclampsia
    Y/N Premature rupture of membranes
    Y/N Cervical incompetence
    Y/N Gestational diabetes
    Y/N Urinary tract infection
    Y/N Ante-partum hemorrhage
    Y/N Post-partum hemorrhage
    Y/N Chorioamnionitis
    Y/N Severe abdominal cramps
    Y/N Depression
    Y/N Anxiety
    Y/N Other, specify_____
    Y/N None
    Y/N N/A (first pregnancy)

17. Problems in this current pregnancy?(indicate with a yes/no for each)

Y/N Hyperemesis gravidarum (excessive vomiting with weight loss)
Y/N Preeclampsia hypertension
Y/N Premature rupture of membranes
Y/N Cervical Incompetence
Y/N Gestational diabetes
Y/N Urinary tract infection
Y/N Ante-partum hemorrhage
Y/N Chorioamnionitis
Y/N Severe abdominal cramps
Y/N Depression
Y/N Anxiety
Y/N Other specify
Y/N None

## DESCRIBING YOUR HOME

**In this section we would like to ask you some questions about your house.**

18. For how long have you stayed in your current house? _____ years _____ months

19. How many children in total reside/ stay with you? _____ (answer for all)

| Age group (yrs) | Number of children in age group specified | Age group (yrs) | Number of children in age group specified |
|---|---|---|---|
| <1 | | 6 to 9 | |
| 1 to 3 | | 10 to 14 | |
| 4 to 5 | | 15 to 17 | |

20. How many people in total (including participant) reside in your house? _____people

21. In total your house has how many:

Rooms_____ Windows (that open) _____ External doors _____

22. Please describe the Kitchen/ room that is used for cooking in your home. Respond to all with a yes or no and state the number where applicable

| | | YES or NO | Number |
|---|---|---|---|
| a) | External doors | | |
| b) | Internal doors | | |
| c) | Windows that open | | |
| d) | Chimney | | |
| e) | Vents in the wall | | |
| f) | Gap between the top of the wall and the roof that allows movement of air | | |
| g) | Defects/ holes on the wall | | |
| h) | Other Specify_____ | | |

23. What is the household's main drinking and cooking water source? (tick any that apply)

Y/N Piped water in the house
Y/N Borehole
Y/N River water
Y/N Piped water outside house (shared)
Y/N Rain water
Y/N Water vendor
Y/N Other, specify _____

24. Where does the household store their drinking and cooking water mainly? (tick any that apply)
    - Y/N Plastic container
    - Y/N Clay pot
    - Y/N Painted metal container
    - Y/N Non-painted metal container
    - Y/N Other, specify_____

25. What type of toilet do you use?
    - o Pit latrine
    - o Flush toilet
    - o Other, specify _____

26. Provide details about the house structure (Indicate yes/no for each)

| | A. Roof | | B. Walls | | C. Floor | | D. Floor covering |
|---|---|---|---|---|---|---|---|
| | a) Wood | | a) Wood | | a) Wood | | a) Vinyl sheet |
| | b) Mabati (silver) | | b) Metal/iron sheets | | b) Metal/iron sheets | | b) Paint |
| | c) Treated/ corrugated iron | | c) Red brick | | c) Concrete | | c) Red floor polish |
| | d) Tiles | | d) Stone | | d) Stone | | d) Rug/carpet |
| | e) Concrete | | e) Polythene | | e) Red brick | | e) Wood vanish |
| | f) Polythene | | f) Mud/dung | | f) PVC tiles | | f) Other, sp_____ |
| | e) Thatched/grass | | g) Fabric | | g) Ceramic tiles | | g) None |
| | f) Other, sp_____ | | h) Other, sp_____ | | h) Soil/mud/dung | | |
| | | | | | i) Other, sp_____ | | |

27. Are the floors painted?
    - o Yes
    - o No

If yes, is the paint chipping/ breaking?
    - o Yes
    - o No

28. Are the walls painted?
    - o Yes
    - o No

If yes, is the paint chipping/ breaking?
    - o Yes
    - o No

29. Does your home have access to electricity?
    - o Yes
    - o No

30. Do you have the following in your home? (tick all that apply)

| **Features of the Home** | Yes | No |
|---|---|---|
| a) Pets (cats, dogs, birds) | | |
| b) Visible mold in home | | |
| c) Mold odor in home (dampness) | | |
| d) Cockroaches, rat problems | | |

## PARTICIPANT'S ENVIRONMENTAL EXPOSURES

31. a) Indoor household exposures to pollutants from combustion/burning (tick all that apply)

| | **Cooking Fuels** | **Daily** | **Most days** | **Some days** | **Rarely** | **Not at all** |
|---|---|---|---|---|---|---|
| a | Wood/kuni | | | | | |
| b | Kerosene/parrafin | | | | | |
| c | Charcoal/makaa | | | | | |
| d | Slow burning charcoals/brickettes | | | | | |
| e | Koko fuel | | | | | |
| f | LPG gas | | | | | |
| g | Electricity | | | | | |
| h | Other, specify_____ | | | | | |
| **Other Sources of Household Pollution** | | | | | | |
| a | Burning incense | | | | | |
| b | Insecticide sprays | | | | | |
| c | Kerosene lamp | | | | | |
| d | Burning mosquito repellant | | | | | |
| e | Cigarette smoke in the house | | | | | |
| f | Marijuana smoke in the house | | | | | |
| g | Candles (for lighting) | | | | | |
| h | Rubbish burning | | | | | |
| i | Other Specify_____ | | | | | |

b) How many people smoke cigarettes or marijuana in your home? _____

32. a) How often do you cook just outside your house? (tick one)

- o Daily
- o Most days
- o Some days
- o Rarely
- o Not at all

b) What do you cook with when you cook just outside your house?

Y/N Wood/kuni
Y/N Kerosene/paraffin
Y/N Charcoal/makaa
Y/N Slow burning charcoal
Y/N Other, specify_____
Y/N N/A (do not cook outside the house)

33. Do you live near the following? (Indicate a yes/no for each)

Y/N Factory/industry
Y/N Garage activity
Y/N Y/N Battery recycling operators
Y/N Polluted river
Y/N Sewerage
Y/N E-waste recycling operators
Y/N Dumpsite
Y/N None of these
Y/N Other environmental pollutant source, please specify_____

34. Outdoor household (around the residence/home) exposures to pollutants from combustion/burning (answer for all)

| **Air pollutant exposures close to the home (e.g. within 20 metres)** | | **Daily** | **Most days** | **Some days** | **Rarely** | **Not at all** |
|---|---|---|---|---|---|---|
| a | Our own outdoor cooking smoke | | | | | |
| b | Neighbours cooking smoke | | | | | |
| **Pollutants from beyond the home (e.g. <1 kilometre)** | | | | | | |
| c | Cooking smoke | | | | | |
| d | Vehicle smoke | | | | | |
| e | Unpaved roads | | | | | |
| f | Industry/ factory smoke | | | | | |
| g | Industry factory waste | | | | | |
| h | Dumpsite | | | | | |
| i | Rubbish burning | | | | | |
| j | Construction dust | | | | | |
| k | Smoke from making charcoal/ bricks | | | | | |
| l | Pesticides/ fertilizer spray | | | | | |
| m | Welding shop activity | | | | | |
| n | Painting work | | | | | |
| o | Other, specify (e.g. burning tires) _____ | | | | | |

35. a) Your own exposures from work (answer for all)

| **Exposures** | | **Daily** | **Most days** | **Some days** | **Rarely** | **Not at all** |
|---|---|---|---|---|---|---|
| a | Kerosene cooking | | | | | |
| b | Charcoal cooking | | | | | |
| c | Wood cooking | | | | | |
| d | Vehicle smoke | | | | | |
| e | Unpaved roads | | | | | |
| f | Factory/industry smoke | | | | | |
| g | Factory/industry waste | | | | | |
| h | Dumpsite | | | | | |
| i | Rubbish burning | | | | | |
| j | Construction dust | | | | | |
| k | Painting work | | | | | |
| l | Smoke from making charcoal/ bricks | | | | | |
| m | Pesticides/ fertilizer spray | | | | | |
| n | Welding shop activity | | | | | |
| o | Cigarette/marijuana smoke | | | | | |
| p | Other, specify _____ | | | | | |

b) Apart from you, does anyone in your household work in any of these sectors? (respond with yes/no for each)

Y/N Battery recycling
Y/N Garage repair work (auto repair)
Y/N Electronic recycling
Y/N Dumpsite work
Y/N Welding
Y/N Painting job
Y/N Construction
Y/N Pesticides
Y/N Other, specify_____

36. Do you use any of these products?(respond with a yes/no for each)

Y/N Kohl
Y/N Skin lightening products
Y/N Other, specify

37. Do you apply kohl to your children?

- Yes
- No