Annex A: Data collection questionnaire

Sociodemographic Characteristics

1. Investigator/structure code:	
2. Patient code	
3. Date :	……../……/……(*d/m/y*)
4. Phone number	
5. Age	
6. Education level	☐ None ☐ Primary ☐ Secondary ☐ University
7. Medical coverage	☐ None ☐ RAMED ☐CNSS ☐ CNOPS ☐ Other (specify) :
8. Family Medical History	□ Yes □ NO
	If yes, specify: ☐Diabetes in a first-degree relative ☐ Yes ☐No ☐ Hypertension in a first-degree relative ☐Yes ☐ No ☐Obesity in a first-degree relative ☐ Yes ☐ No Others (specify):

9. Personal Obstetric History

□ Yes □ NO

If yes, specify in which pregnancy: ……

☐ Gestational diabetes ☐yes ☐No

☐Pre-eclampsia/Eclampsia ☐yes ☐No

☐ Macrosomia ☐yes ☐No

☐ Intrauterine fetal death ☐yes ☐No

☐ Miscarriage ☐Yes ☐No

☐ Congenital malformations ☐Yes ☐No

If yes, specify the malformation: …….

Indexed pregnancy post-partum and child information:

10. Retested for diabetes during postpartum:

☐Yes ☐no

[If no, end section]

11. Number of times tested

……..

Details of DM screening tests :

Num	Date (D/M/Y)	Test Used			Test Results			Place of Test				
		FPG	OGTT	Other	FPG	OGTT	Other	PHC	Public hospital	Private clinic	Pharmacy	Other
1	……/……/….											
2												
3												
4												

12. Postpartum complications

□ Hypertension □ Yes □ No
□ Infection □ Yes □ No
□ PP hemorrhage □ Yes □ No
□ Diabetes □ Yes □ No
□ Other (specify): ……

13. Number of postnatal consultations

14. Child's sex

□ Female □ Male

15. Perinatal complications

□ Yes □ No
If yes, which:
Hypoglycemia □ Yes □ No
Brachial plexus injury □ Yes □ No
Perinatal asphyxia □ Yes □ No
Other trauma (specify):
……

16. Time to first breastfeeding

Within 2 hours: □ Yes □ No
Within 24 hours: □ Yes □ No
Within 48 hours: □ Yes □ No
Other (specify): ……

17. Feeding in first 6 months

□ Exclusive breastfeeding
□ Formula feeding
□ Mixed feeding

18. Duration of exclusive breastfeeding

19. Age of food diversification

New pregnancies (if any)

20. Have you been pregnant between November 2017 and today?

☐ Yes	☐no

If the woman has been pregnant, answer the following questions. If not, skip to question No. 53.

Pregnancy 1

21. Prenatal care during pregnancy

- **Number of ANC visits**

- **Screened for gestational diabetes**

☐Yes	☐no

If yes, which test:

□ Fasting glucose □ OGTT □ Other (specify): …….

At what gestational age: ……

Test result:

□ GDM □ Yes □ No

□ Normal glucose □ Yes □ No

- **Treatment for GDM if diagnosed**

☐Yes	☐no

□ Nutritional therapy □ Yes □ No

□ Physical activity □ Yes □ No

□ Insulin □ Yes □ No

□ Other (specify): ……

Start of treatment (gestational age): ……

Referral to specialist for GDM: □ Yes □ No

Pregnancy 2

22. Prenatal care during pregnancy

- **Number of ANC visits**

- **Screened for gestational diabetes**

☐Yes ☐no

If yes, which test:

□ Fasting glucose □ OGTT □ Other (specify): …….

At what gestational age: ……

Test result:

□ GDM □ Yes □ No

□ Normal glucose □ Yes □ No

- **Treatment for GDM if diagnosed**

☐Yes ☐no

□ Nutritional therapy □ Yes □ No

□ Physical activity □ Yes □ No

□ Insulin □ Yes □ No

□ Other (specify): ……

Start of treatment (gestational age): ……

Referral to specialist for GDM: □ Yes □ No

Delivery 1

23. Date of delivery: ……/……/……*(d/m/y)*
24. Full-term delivery: ☐ Yes ☐no
25. Weeks of gestation at delivery: ……..*(weeks)*
26. Place of birth : □ CS-MA □ Hospital □ University hospital □ Private clinic □ Other (specify): ……
27. Mode of delivery: □ Vaginal □ C-section

28. Newborn status :

□ Alive □ Stillbirth

29. Newborn Birth weight:

……*(g)*

30. Apgar score :

a. 1 minute:

b. 5 minutes:

31. Comments on newborn condition:

32. Other neonatal complications (e.g., respiratory distress, cardiomyopathy):

33. Delivery complications :

□ Pre-eclampsia □ Yes □ No

□ Prolonged labor □ Yes □ No

□ Postpartum hemorrhage □ Yes □ No

□ Shoulder dystocia □ Yes □ No

□ Other (specify): ……

Delivery 2

34. Date of delivery:

……/……/……*(d/m/y)*

35. Full-term delivery:

☐ Yes ☐no

36. Weeks of gestation at delivery:

……*(weeks)*

37. Place of birth :

□ CS-MA □ Hospital □ University hospital □ Private clinic

□ Other (specify): ……

38. Mode of delivery:

□ Vaginal □ C-section

39. Newborn status :

□ Alive □ Stillbirth

40. Newborn Birth weight: ……*(g)*

41. Apgar score :

b. 1 minute:

b. 5 minutes:

42. Comments on newborn condition:

43. Other neonatal complications (e.g., respiratory distress, cardiomyopathy):

44. Delivery complications :

□ Pre-eclampsia □ Yes □ No

□ Prolonged labor □ Yes □ No

□ Postpartum hemorrhage □ Yes □ No

□ Shoulder dystocia □ Yes □ No

□ Other (specify): ……

POST-PARTUM 1

45. Retested for diabetes postpartum:

☐Yes ☐no

[If no, end section]

46. Number of times tested ……..

If yes:

Num	Date (D/M/Y)	Test Used			Test Results			Place of Test				
		FPG	OGTT	Other	FPG	OGTT	Other	PHC	Public hospital	Private clinic	Pharmacy	Other
1	……/……/….											
2												
3												
4												

47. Postpartum complications

Hypertension □ Yes □ No □ Infection □ Yes □ No □ PP hemorrhage □ Yes □ No □ Diabetes □ Yes □ No □ Other (specify): ……

48. Number of postnatal consultations

POST-PARTUM 2

49. Retested for diabetes postpartum:

☐Yes ☐no *[If no, end section]*

50. Number of times tested

……..

If yes:

Num	Date (D/M/Y)	Test Used			Test Results			Place of Test				
		FPG	OGTT	Other	FPG	OGTT	Other	PHC	Public hospital	Private clinic	Pharmacy	Other
1	……/……/….											
2												
3												
4												

51. Postpartum complications

Hypertension □ Yes □ No □ Infection □ Yes □ No □ PP hemorrhage □ Yes □ No □ Diabetes □ Yes □ No □ Other (specify): ……

52. Number of postnatal consultations

Adherence to healthy lifestyle measures after the index pregnancy

53. Moderate physical activity:

0, 1-4, and ≥5 times/week; sum of the number of exercises per week [one sweating exercise, 20, 30, and 75 minutes of vigorous, moderate, and walking exercise, respectively]) At least 150-300 minutes per week of moderate-intensity, and 75-150 minutes per week of vigorous-intensity □Yes □no □ Don't Know

54. Adherence to lower sugar and fat diet recommendations

□Yes □ no If yes, which ones: …… Duration: ……

Clinical and biological follow-up

55. Weight

56. Height

57. Blood pressure

58. OGTT Results:

Fasting glucose: …… g/l
OGTT (2 hours): …… g/l

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