

Appendix 3: Data collection tool (English version)

DATA COLLECTION TOOL

Study title: Prevalence and factors associated with chorioamnionitis among women with P-PROM at mbarara regional referral hospital.

Instructions to the interviewer

- Circle the code(s) of the response(s) given by a respondent from the options provided where necessary.
- Other responses should be written in the spaces/boxes provided.

IDENTIFICATION
PARTICIPANT ID NO: _____

Researcher Name: _____ Date: _____	Data clerk Name: _____ Date: _____
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No.	Questions	Coding Categories
01	How old are you?	Age in completed years.....
02	What is your tribe
03	What is your nationality
04	Where do you reside?	Urban area.....0 Rural area.....1
05	Have you ever attended school? (IF THE RESPONSE CODE GIVEN IS 0 SKIP TO 05)	No..... 0 Yes..... 1
06	What is the highest level of school you attended?	Primary 0 Secondary 1 Tertiary 2 University 3

07	What is your marital status	Single0 Married/Living with a partner.....1 Divorced/separated/died.....2
08	What is your weight in kilogram
09	What is your height
10	How much money does the household earn in a month Ask if she or the family has any income generating activity. Does the family live from hands to mouth.	< 100,000/= 100,000/=-200,000/= 300,000/=-500,000/= 500,000/=-1000, 000/= > 1000, 000/= Does not know/ prefer not to disclose Or if they have any income generating activityyes..... NO..... Name it.....
07	Have you ever smoked cigarette or chewed tobacco	No.....0 Yes.....1
	If you have ever are you currently smoking/ chewing tobacco.
	Do you take alcohol. Did you consume during this pregnancy	Yes..... No.....

08	What is your religious affiliation	catholic.....0 protestant.....1 moslem.....2 others..... 3
09	What is your occupation?	Peasant.....0 House wife.....1 Professional.....2 Business.....3 Others (specify).....
11	HIV status (Either patient knows, or indicated in the file)	
	OBSTETRIC AND GYN HISTORY	
12	How many times have you become pregnant
13	How many pregnancies have you delivered at or after 26 weeks
14	Last normal menstrual period
15	Expected date of delivery
16	Gestational age	

17	Did you attend ANC during this pregnancy	
18	Number of ANC visits attended and the first visit	
19	Documentation of pre-pregnancy weight	
20	When did you start draining liquor	
21	Has she drained liquor in her previous pregnancies	
22	For how long have you been draining liquor	Days..... Hours.....
23	Does the liquor have bad smell	
24	Do you get a lower abdominal pain	
25	Do you have a fever	
26	What treatment where you given	

27	Have you been done a vaginal exams	
28	How many times have you been examined	
29	Has labor started	
30	How long has she been in labor	
31	Is the amniotic fluid meconium stained	
32	Is there any history of chorioamnionitis in her pregnancy	
33	Has she been diagnosed to have cervical insufficiency in her previous pregnancies	
	MEDICAL HISTORY	
34	Do you have any of the following conditions	HIV yes no I don't know DM/GDM Y NO I don't know HTN Y NO I don't know UTI Y NO I don't know Abnormal vaginal discharge Y NO I don't know Others specify.....

35	Have you used an epidural anaesthesia	
	EXAMINATION	
36	Height..... Weight Temperature	BMI BP PULSE FHR
37	Is there abdominal tenderness? Yes No	Is liquor foul smelling? Yes No
38	LABORATORY SECTION	
39	Was the culture positive Yes No	Culture results 1.Significan growth 2.No significant growth 3.Mixed growth
40	CBC	Total white cell count.....
41	CRP 1. Normal value..... 2. Abnormal value.....	
42	Microorganism identified 1 2 3 4	Antibiotic sensitivity

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Thank you so much for your responses

Interviewer's observation to be filled in after completing the interview