13/6/2013

Ministry of Health

&

Ministry of Planning/ Central Statistics Organization In Iraq

In collaboration With WHO/Iraq Office

Detection of Congenital Birth Defects Survey 2012

Questionnaire for Newborn with CBD

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Newborn Information Panel

CH2:Household No.	CH1:Cluster(Majal) No.:
CH4: Name and no .of local supervisor No.\ _____ Name	CH3:Name and no. of field surveyor No. _____:Name
_____ CH5: Name and line no. of respondent in household roster(name of newborn's mother) Line No.	
Pregnancy Sequence No.	_____CH6:Name of newborn
CH8:Location _____Governorate .1 _____ District .2 __sub-district_____Nahya.3 __ Name and No. of Mahala (locality) .4 __ Name and No. of Mukatta (province) .5 _____Name and No. of Village .6 _____Block No. .7 _____Census building No. .8	CH7: Environment 1..... Urban 2..... Rural

(MATERNAL& NEWBORN HEALTH MODULE) MN

NEWBORN BACKGROUNG) NB				
			Name of newborn 1 ……. Alive. 2……..Dead	
			What is the kind of CBD?*	**NB 1**
	1 2 3 4 5	Doctor..... Nurse/birth attendant…….. Mother /Father…… Relative/friends……. Others……..	**Who diagnosed or detected the case?**	**NB 2**
NB 5 2	**1** **2**	**Yes ……** **No……..**	**Is there any document or medical report to support diagnosis?**	**NB 3**
	1 **2**	**Yes……..** **No…….**	**Was the report seen?**	**NB 4**
←	**1** **2** **3**	**NVD----------** **C/S----------** **Induced vaginal delivery-------**	**What was the type of delivery for (name)?**	**NB 5**
	1 **2** **3** **4** **5**	**Home----------** **Public Hospital----------** **Private Hospital----------** **PHCC----** **Others(specify)…….**	**Where was (name) born?**	**NB6**

Code of Q. NB1*.: CBD of heart &circulatory system= 01,Down syndrome= 02 ,other chromosomal anomalies=03,cleft lip=04 ,cleft palate=05 ,Spina Bifida= 06,congenital hydrocephaly=07 ,microcephaly=08 ,other congenital birth defects of brain and spinal cord=09 ambiguous genitalia=10,congenital hydrocele=11 , undescending testis= 12,hypospadia or epispadia=13 ,other congenital anomalies of genitalia= 14 ,congenital anomalies of skin= 15 ,imperforate anus=16 ,other congenital anomalies of GIT system= 17 ,eye congenital anomalies=18 ,extra auricle= 19,upper limb congenital anomalies=20 , lower limb congenital anomalies =21 ,cleft lip and palate= 22,polydactyl= 23,fused fingers= 24,congenital blindness ,25= congenital cataract= ,26vertebral column congenital anomalies= ,27congenital deafness= ,28congenital esophageal atrasia= 29 congenital hip dislocation = 30 ,others=96 ,DK= 98

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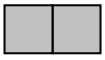
	1 **2** **3**	**Yes ----------** **No----------** **DK----------**	**During your pregnancy by (name),did you receive health care?**	**MN1**
MN4 2 & 3 ←	**1** 2 **3**	**Yes.....** **No----------** **DK----------**	**During the first trimester of your pregnancy in (name), did you take folic acid tablets?**	**MN2**
	1 **2** **3**	**Regularly(daily)……** **Irregularly……..** **DK……..**	**How did you take those tablets?**	**MN3**
	A **B** **C** **D** **E** **F** **G** **H**	**Rubella…….** **Toxoplasmosis……** **Chicken pox……** **Syphilis……** **Diabetic Mellitus……** **Hypothyroidism…….** **Others(specify)……** **Didn't suffer**	**During your pregnancy (name) did you suffer from any of the following health problems?** **Probe and circle the answers**	**MN4**
MN 10 ←	**1** **2** **3**	**Yes.....** **No.....** **Don't remember.....**	**During your pregnancy (name) ,did you take any medicine(s)?**	**MN 5**
	A **B** **C** **D** **E** **F**	**Epanutin.....** **Anti carcinogenic drugs.....** **Steroid.....** **Chloramphenicol.....** **Others(specify)_____** **DK the drug.....**	**What was/were the type of medicine(s)** **Probe and circle the answers**	**MN 6**
	1 **2**	**Yes ----------** **No----------**	**Is it possible to see the medicine(s) packet?(if available)**	**MN 7**
	A **B** **C** **D**	**1st trimester……-** **2nd trimester……** **3rd trimester…….** **Whole pregnancy period…….**	**In which period of your pregnancy did you take that/those medicine(s)?**	**MN 8**
	1 **2** **3** **4**	**Days…….** **Weeks…….** **Months……** **DK……**	**For how long did you take that/those medicine(s) during your pregnancy?**	**MN 9**
	1 2	**Same area…….** **Other area…….** **Mention:** **Governorate_____** **District _____**	**Where were you living during the 1st trimester of your pregnancy in (name)?**	**MN 10**
RE 1 2 ←	**1** **2**	**Yes……** **No……**	**Beside your work at home, were you working outside home when you were pregnancy with (name)?**	**MN 11**
		_____ 	**What was your occupation?**	**MN 12**

RE (RADIATION EXPOSURE MODULE)				
FB 1 3	1 2 3	**Diagnostic radiation……** **Therapeutic radiation……..** **Not exposed…….**	**During your pregnancy in (name), were you exposed to any kind of radiation?**	**RE1**
←	☐☐	**Month…….** **DK……98**	**In which month of pregnancy did you expose to the radiation?**	**RE2**
	1 **2** **3**	**Yes……** **No……** **DK……..**	**Were suitable protective measures taken by the care provider?**	**RE3**

FB (FATHER BACKGROUND) MODULE				
	98 **9998**	**month** ☐☐ **Don't know the month----------** ☐☐☐☐ **year** **Don't know the year----------**	**On what month and year was the (name's) father born?**	**FB1**
FB4 ←	1 2	**Yes……** **No……..**	**Is the father still alive?**	**FB2**
		Age in years ☐☐	**How old is the father?**	**FB3**
	9998	☐☐☐☐ **year** **Don't know the year----------**	**On what year did the father die?**	**FB4**
		Age in years ☐☐	**How old was the father when he died?**	**FB5**
		▩▩ Occupation_____	**Before your pregnancy in (name) ,what was his father's occupation?**	**FB6**
FB 9 ←2,3	1 2 3	**Yes……** **No……** **DK……..**	**Did (name's) father or any member of his family have congenital birth defects?**	**FB7**
	A **B** **C** **D** **E** **F** **G**	**The father himself……** **His father /mother…….** **Brothers/sisters…….** **Children of brothers/sisters……..** **Uncles/aunts.....** **Cousins……..** **Others (specify)…….**	**Specify the relationship to the father** **Circle the choices**	**FB8**
	1 **2**	**Cousins…** Other relation……	**Is/was there any relationship between you**	**FB9**

	3	No relation……	**and (name's) father?**	
	1 **2** **3**	**Yes……** **No……** **DK…….**	**Before your pregnancy in (name), was his father exposed to any therapeutic radiation?**	**FB10**

Field surveyor
……..:Name :Code /……/……..:Date-
:Signature
Local supervisor
……...: Name :Code /……/……..:Date
:Signature
Central Supervisor
……..:Name :Code /……/……..:Date
:Signature
Central Editor
:…….Name :Code /……/……..:Date
:Signature
Data Entry
……..:Name :Code /……/……..:Date
:Signature