

QUESTIONNAIRE FOR ASSESSING IODINE STATUS AND THYROID VOLUME IN PREGNANT WOMEN ATTENDING ANTENATAL CARE AT KNUST HOSPITAL OR EJURA DISTRICT HOSPITAL

Date of interview ____/____/____

Identification code _____

Please provide complete and sincere answers as possible. Tick the best option. All information will be treated in strict confidence.

I. Socio-demographics and pregnancy background

- 1) Age (years) ☐ < 20 ☐ 20-25 ☐ 26-30 ☐ 31-35
 ☐ 36-40 ☐ > 40
- 2) Level of education ☐ none ☐ Primary ☐ J.H.S. ☐ S.H.S.
 ☐ Tertiary
- 3) Trimester ☐ 1st trimester ☐ 2nd trimester ☐ 3rd trimester
- 4) Number of pregnancies ☐ < 3 ☐ 3-5 ☐ > 5
- 5) Number of stillbirths/abortions ☐ < 3 ☐ 3-5 ☐ > 5

II. Knowledge of use of iodised salt, sources of information on iodine utilisation and iodine deficiency disorders

- 6) Have you heard about iodised salt? ☐ Yes ☐ No
- 7) If yes, how did you learn about iodine utilisation?
- ☐ Posters/billboards ☐ Flyers ☐ Radio/television
- ☐ Health worker ☐ School
- 8) Do you use iodised salt? ☐ Yes ☐ No
- 9) Do you take herrings and other ocean fish?
- ☐ Yes ☐ No
- 10) Do you take iodine supplements? ☐ Yes ☐ No
- 11) Have you heard about iodine deficiency disorders (IDDs)?
- ☐ Yes ☐ No

III. Knowledge of increased iodine requirement and effects of iodine deficiency during pregnancy, medical history and the use of tobacco

- 12) Do you know that iodine requirements increase during pregnancy?
[] Yes [] No
- 13) Do you know of the effects of iodine deficiency during pregnancy?
[] Yes [] No
- 14) If yes, which of these effects do you know of?
[] Mental retardation [] Cretinism [] Squinting
[] Mutism [] Pregnancy goitre [] Miscarriage/stillbirth
- 15) Do you/have you had any thyroid disease? [] Yes [] No
- 16) Have you undergone thyroidectomy? [] Yes [] No
- 17) Are you on any thyroid medication? [] Yes [] No
- 18) Do you smoke? [] Yes [] No