

**GUARANI BIRTH COHORT**  
**Standardized perinatal data collection instrument**

(The perinatal instrument was designed in digital format, and operated on a handheld personal digital assistant (PDA), with subsequent online data transmission to the study coordinators. This Supplementary file was provided in order to inform which data was collected)

THE STANDARDIZED PERINATAL INSTRUMENT SHOULD BE APPLIED TO ALL VILLAGE RESIDENT WOMEN ELEGIBLE FOR THE STUDY, IN THE POSTPARTUM OR POST-ABORTION PERIOD. THE INSTRUMENT SHOULD BE APPLIED AS SOON AS POSSIBLE, PREFERABLY IN THE FIRST FIFTEEN DAYS (TWO WEEKS) AFTER GIVING BIRTH OR ABORTION. IN CASE OF TWIN PREGNANCY, PLEASE, APPLY AN INSTRUMENT FOR ONE OF EACH CHILD AND INDICATE NEWBORN 1 AND NEWBORN 2 OF THE SAME MOTHER. IF YOU HAVE ANY QUESTION, PLEASE, CONTACT THE RESEARCH TEAM COORDINATION IMMEDIATLY.

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**SECTION A - CHILD IDENTIFICATION VARIABLES**

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**P1 – INTERVIEW DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)

**INTERVIEWER'S NAME:** \_\_\_\_\_

**FULL MOTHER'S NAME:** \_\_\_\_\_

**MOTHER'S MARITAL STATUS:**

( ) WITH HUSBAND/PARTNER      ( ) WITHOUT HUSBAND/PARTNER

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**P2 – MOTHER'S BIRTH DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY) (If there is this data, jump to Page 4 (P4). If not, go to P3 – instruction for the programmer).

**P3 – MOTHER'S AGE (only if there is no mother's birth date):** \_\_\_\_ YEARS.

**P4 – “POLO BASE” OF RESIDENCE:** \_\_\_\_\_

**VILLAGE:** \_\_\_\_\_

**P5 - THE MOTHER CAN BE INTERVIEWED?** ( ) YES ( ) NO.

IF YES → JUMP TO P9 (instruction for the programmer)

IF NO → JUMP TO P6 (instruction for the programmer)

**P6 – WHY SHE CANNOT BE INTERVIEWED?**

( ) REFUSAL ( ) DEATH ( ) HOSPITALIZED WITH RESTRICTION TO INTERVIEW  
( ) OTHERS

IF REFUSAL → END OF INTERVIEW. (instruction for the programmer)

IF ALL OTHER OPTIONS, → GO TO P7. (instruction for the programmer)

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**P7 – THE INTERVIEW CAN BE DONE WITH ANOTHER RELATIVE OR INFORMANT?**  
( ) YES ( ) NO, REFUSAL ( ) NO, NOBODY WAS AVAILABLE ( ) NO, OTHERS

IF NO (REFUSAL OR NO AVAILABILITY) → END OF INTERVIEW. (instruction for the programmer)

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**P8 – DEGREE OF RELATIONSHIP BETWEEN INFORMANT AND CHILD'S MOTHER?**  
( ) PARENTS ( ) PARTNER OR HUSBAND ( ) SON OR DAUGHTER ( ) OTHER

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**SECTION B – DEMOGRAPHIC AND E SOCIOECONOMIC HOUSEHOLD CHARACTERISTICS**

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**P9 OPEN FIRE USE?** ( ) YES ( ) NO. IF NO → P10 (instruction for the programmer)

IF YES, WHAT IS **THE LOCATION OF THIS FIRE?** ( ) INDOOR ( ) OUTSIDE HOUSE

IF INDOOR, **WHERE IS ITS LOCATION?**

( ) SINGLE ROOM ( ) KITCHEN ( ) BEDROOM ( ) LIVING ROOM ( ) OTHER

IF OUTSIDE HOUSE, **WHERE IS ITS LOCATION?**

( ) ON THE GROUND (BONFIRE) ( ) OUTDOOR KITCHEN, CLOSED  
( ) OUTDOOR KITCHEN, WITHOUT WALLS ( ) BALCONY, WITHOUT WALLS ( ) OTHER

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**P10 WOOD BURNING STOVE USE?** ( ) YES ( ) NO.

IF NO → **P11** (instruction for the programmer)

IF YES, WHAT IS **THE LOCATION OF THIS FIRE?** ( ) INDOOR ( ) OUTSIDE HOUSE

IF INDOOR, **WHERE IS ITS LOCATION?**

( ) SINGLE ROOM ( ) KITCHEN ( ) BEDROOM ( ) LIVING ROOM ( ) OTHER

IF OUTSIDE HOUSE, **WHERE IS ITS LOCATION?**

( ) ON THE GROUND (BONFIRE) ( ) OUTDOOR KITCHEN, CLOSED  
( ) OUTDOOR KITCHEN, WITHOUT WALLS ( ) BALCONY, WITHOUT WALLS ( ) OTHER

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**P11 GAS STOVE USE?** ( ) YES ( ) NO.

IF NO → P12 (instruction for the programmer)

IF YES, WHAT IS **THE LOCATION OF THIS FIRE?** ( ) INDOOR ( ) OUTSIDE HOUSE

IF INDOOR, **WHERE IS ITS LOCATION?**

( ) SINGLE ROOM ( ) KITCHEN ( ) BEDROOM ( ) LIVING ROOM ( ) OTHER

IF OUTSIDE HOUSE, **WHERE IS ITS LOCATION?**

( ) ON THE GROUND (BONFIRE) ( ) OUTDOOR KITCHEN, CLOSED  
( ) OUTDOOR KITCHEN, WITHOUT WALLS ( ) BALCONY, WITHOUT WALLS ( ) OTHER

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**P12 – WHICH FIRE IS MOST USED FOR COOKING?**

( ) OPEN FIRE ( ) WOOD BURNING STOVE ( ) GAS STOVE ( ) OTHER

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**P13 - WHERE THE RESIDENTS OF THE HOUSE USED TO EVACUATE OR DEFECATE?**

( ) INDOOR HOUSEHOLD FACILITY

( ) OUTDOOR HOUSEHOLD FACILITY, USED ONLY BY HOUSEHOLD RESIDENTS

( ) OUTDOOR HOUSEHOLD FACILITY, COLLECTIVE (NOT EXCLUSIVE OF THE HOUSEHOLD RESIDENTS)

( ) RUDIMENTARY PIT LATRINE ( ) OUTDOORS IN THE OPEN ( ) OTHER

( ) IGNORED

IF OUTDOORS IN THE OPEN, OTHER OR IGNORED → P14 (instruction for the programmer)

**IF ONE OF ANY FACILITY OPTIONS OR RUDIMENTARY PIT LATRINE: WHAT IS THE DESTINATION OF HUMAN WASTE?**

- PUBLIC SEWAGE DISPOSAL SYSTEM  LOCAL SEPTIC SYSTEM (FUNASA, SESAI, OR OTHER)  RUDIMENTARY PIT  IN THE OPEN  
 RIVER, LAKE, OR OCEAN  OTHER  IGNORED

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**P14 WHAT IS THE PREDOMINANT POINT OF COLLECTING WATER FOR GENERAL USE IN THE HOUSEHOLD?**

- TAP OR SPOUT INSIDE HOME  
 TAP OR SPOUT OUTSIDE HOME, USED ONLY BY HOUSEHOLD RESIDENTS  
 TAP OR SPOUT OUTSIDE HOME, COLLECTIVE (NOT EXCLUSIVE OF THE HOUSEHOLD RESIDENTS)  
 SPRING OR WELL IN THE VILLAGE  
 WATERFALL, RIVER, OR LAKE  
 OTHER  IGNORED

IF DIRECT WATERFALL, RIVER, OR LAKE, OR OTHER → P15 (instruction for the programmer)

**IF ONE OF THE TAP OR SPOUT OPTIONS: WHAT IS THE SOURCE OF WATER FOR THE TAP OR SPOUT?**

- MUNICIPAL SYSTEM  
 LOCAL SYSTEM (SPRING OR ARTESIAN WELL) (FUNASA, SESAI, OR OTHER)  
 SPRING OR SHALLOW WELL IN THE VILLAGE  
 WATERFALL, RIVER, OR LAKE  
 OTHER  
 IGNORED

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**P15 – SOURCE OF DRINKING WATER?**

- TAP OR SPOUT INSIDE HOME  
 TAP OR SPOUT OUTSIDE HOME, USED ONLY BY HOUSEHOLD RESIDENTS  
 TAP OR SPOUT OUTSIDE HOME, COLLECTIVE (NOT EXCLUSIVE OF THE HOUSEHOLD RESIDENTS)  
 SPRING OR WELL IN THE VILLAGE  
 WATERFALL, RIVER, OR LAKE  
 OTHER  IGNORED

**DO YOU USUALLY STORE WATER TO DRINK AT HOME?**  YES  NO

**DO YOU USUALLY TREAT STORED WATER BEFORE DRINKING? (CHLORINE, SODIUM HYPOCHLORITE, FILTERED, BOILED, OR LEACHED)?**

- YES  NO  IGNORED

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**P16 – WHAT IS THE DESTINATION OF THE HOUSEHOLD TRASH?**

- COLLECTED BY PUBLIC REMOVAL SERVICE IN THE HOUSEHOLD  
 STORED IN COLLECTIVE GARBAGE, PERIODICALLY EMPTIED BY PUBLIC REMOVAL SERVICE  
 BURNED, BURIED, OR DISCARDED IN THE VILLAGE  
 OTHER  IGNORED

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**P17 - IS THERE ELECTRICITY IN THE HOME?**

- YES  NO

IF YES, WHAT IS THE SOURCE OF ELECTRICITY?

- ELECTRICAL NETWORK OF DISTRIBUTING COMPANY  POWER GENERATOR  
 SOLAR POWER  OTHER  IGNORED

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**P18 – DO YOU HAVE:**

**RADIO?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

**REFRIGERATOR?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

**FREEZER?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

**DVD/BLUE RAY?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

**GAS STOVE?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

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**P19 - DO YOU HAVE:**

**WATER FILTER / PURIFIER?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

**WASHING MACHINE?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

**MICROWAVE / ELECTRIC OVEN?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

**LAND PHONE?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

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**P20 -DO YOU HAVE:**

**MOBILE PHONE** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

**COMPUTER/TABLET?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

**MOTORCYCLE?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

**TRACTION ANIMAL?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

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**P21 -DO YOU HAVE:**

**TELEVISION?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

**CAR?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

**SATELLITE DISH?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

**BICYCLE?** ( ) YES ( ) NO  
**IF YES, HOW MANY?** \_\_\_\_\_

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**P22 - INDICATE THE SOURCES OF THE FOOD CONSUMED AT YOUR HOME IN THE LAST MONTH (MULTIPLE ANSWER):**

- PLANTATION OR BREEDING OF ANIMALS
- HUNTING AND FISHING
- FOOD COLLECTION
- EXCHANGE OR DONATION INSIDE THE VILLAGE
- DONATIONS FROM OUTSIDE THE VILLAGE
- PURCHASE

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**P23 – WHAT IS THE MAIN FOOD SOURCES IN THE HOUSEHOLD?**

- PLANTATION OR BREEDING OF ANIMALS
- HUNTING AND FISHING
- FOOD COLLECTION
- EXCHANGE OR DONATION INSIDE THE VILLAGE
- DONATIONS FROM OUTSIDE THE VILLAGE
- PURCHASE

**DID THE FAMILY RECEIVE BASIC BASKETS LAST MONTH?**

- YES  NO  IGNORED

IF NOT OR IGNORED → **P24** (instruction for the programmer)

IF YES, **HOW MANY?** \_\_\_\_

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**P24 WHAT WAS THE HIGHEST LEVEL OF MOTHER'S FORMAL EDUCATION? (YEARS OF STUDY)**

- Never studied
- Studied, but does not know how to inform the level of education
- Studied, but no year has been completed
- 1st year – elementary school
- 2nd year – elementary school
- 3rd year – elementary school
- 4th year – elementary school
- 5th year – elementary school
- 6th year – elementary school
- 7th year – elementary school
- 8th year – elementary school
- 9th year – elementary school
- 1st year – high school
- 2nd year – high school
- 3rd year – high school
- University Graduate
- Postgraduate Studies

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**SECTION C: ABOUT GESTATION, DELIVERY, POSTPARTUM AND NEWBORN (INTERVIEW)**

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**P25 – CHILDBIRTH LOCATION?**

- VILLAGE  HOSPITAL  SUPPORT HOUSE FOR INDIGENOUS PATIENTS OUTSIDE THE VILLAGE (CASAI)  OTHER  IGNORED

**WHO CARRIED OUT THE DELIVERY?**

- DOCTOR  NURSE  MIDWIFE  INDIGENOUS HEALTH AGENT  
 DELIVERY WITHOUT AID (ALONE)  OTHER  IGNORED

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**P26 THE PREGNANCY WAS FOLLOWED BY AN INIDIGENOUS MIDWIFE??**

- YES  NO  IGNORED

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**P27 – DID THE MOTHER SMOKE INDUSTRIALIZED CIGARETTE DURING PREGNANCY?**  
( ) YES ( ) NO ( ) IGNORED

IF NOT OR IGNORED → **P29** (instruction for the programmer)

IF YES, **DID THE MOTHER SMOKE DURING ALL PREGNANCY?**  
( ) YES ( ) NO ( ) IGNORED

IF YES → **P28** (instruction for the programmer)

IF NO, OR IGNORED, **DID THE MOTHER SMOKE DURING THE FIRST TRIMESTER OF PREGNANCY?**  
( ) YES ( ) NO ( ) IGNORED

IF NO, OR IGNORED, **DID THE MOTHER SMOKE DURING THE SECOND TRIMESTER OF PREGNANCY?**  
( ) YES ( ) NO ( ) IGNORED

IF NO, OR IGNORED, **DID THE MOTHER SMOKE DURING THE THIRD TRIMESTER OF PREGNANCY?**  
( ) YES ( ) NÃO ( ) IGNORED

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**P28 - IN THE SMOKING PERIOD DURING PREGNANCY, THE MOTHER SMOKED:**

( ) DAILY ( ) WEEKLY, BUT NOT EVERY DAY ( ) MONTHLY, BUT NOT EVERY WEEK  
( ) EVENTUALLY ( ) IGNORED

**HOW MANY CIGARETTES DOES THE MOTHER SMOKED A DAY DURING PREGNANCY?  
(ONE PACK = 20 CIGARETTES):** \_\_\_\_\_

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**P29 – DID THE MOTHER DRINK ANY ALCOHOLIC BEVERAGE DURING PREGNANCY?**  
( ) YES ( ) NO ( ) IGNORARED

IF NO, OR IGNORED → **P32** (instruction for the programmer)

IF YES, **DID THE MOTHER DRINK DURING ALL PREGNANCY?**  
( ) YES ( ) NO ( ) IGNORED

IF YES → **P31** (instruction for the programmer)

IF NO, OR IGNORED → **P30** (instruction for the programmer)

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**P30 – DID THE MOTHER DRINK ALCOHOLIC BEVERAGE DURING THE FIRST TRIMESTER OF PREGNANCY?**  
( ) YES ( ) NO ( ) IGNORED

**DID THE MOTHER DRINK ALCOHOLIC BEVERAGE DURING THE SECOND TRIMESTER OF PREGNANCY?**  
( ) YES ( ) NO ( ) IGNORED

**DID THE MOTHER DRINK ALCOHOLIC BEVERAGE DURING THE THIRD TRIMESTER OF PREGNANCY?**  
( ) YES ( ) NO ( ) IGNORED

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**P31- WHAT WAS THE MAIN TYPE OF ALCOHOLIC BEVERAGE CONSUMED DURING PREGNANCY?**

WINE  BEER  DISTILLED BEVERAGE (SUGARCANE LIQUOR, VODKA, WHISKY, RUM)

**IN THE DRINKING PERIOD DURING PREGNANCY, THE MOTHER DRUNK:**

ONCE A MONTH OR LESS  2 TO 4 TIMES A MONTH  2 OR 3 TIMES A WEEK  
 4 TIMES OR MORE A WEEK  IGNORED

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**ABOUT THE NEWBORN**

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**P32**

**AT WHICH AGE WAS THE CHILD BREASTFED BY THE MOTHER FOR THE FIRST TIME?**

IN THE 1ST HOUR OF LIFE  AFTER THE 1ST HOUR OF LIFE UNTIL 24 HOURS  
 2ND DAY  3RD DAY  4TH DAY  5TH DAY  6TH DAY  7TH DAY  
 8TH DAY OR MORE  NOT YET BREASTFED

**WAS THE CHILD BREASTFED BY ANOTHER WOMAN?**

YES  NO  IGNORED

**IF YES, AT WHICH AGE WAS THE CHILD BREASTFED BY THE ANOTHER WOMAN FOR THE FIRST TIME?**

IN THE 1ST HOUR OF LIFE  AFTER THE 1ST HOUR OF LIFE UNTIL 24 HOURS  
 2ND DAY  3RD DAY  4TH DAY  5TH DAY  6TH DAY  7TH DAY  
 8TH DAY OR MORE  NOT YET BREASTFED

**WAS THE CHILD KEPT BREASTFED BY THE MOTHER WHILE WAS BEING BREASTFED BY ANOTHER WOMAN?**

YES  NO  IGNORED

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**P33 - HAS THE CHILD ALREADY DRANK WATER, TEA, FRUIT JUICE OR ANY TRADITIONAL DRINK?  YES  NO  IGNORED**

**HAS THE CHILD ALREADY DRUNK MILK POWDER, COW'S MILK, GOAT'S MILK, OR OTHER NON-HUMAN MILK?**

YES  NO  IGNORED

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**P34 - HAVE THE CHILD ALREADY USED BOTTLE?  YES  NO  IGNORED**

**HAVE THE CHILD ALREADY USED PACIFIER?  YES  NO  IGNORED**

**DOES THE CHILD'S FATHER HAVE ASTHMA?  YES  NO  IGNORED**

**DOES THE CHILD'S MOTHER HAVE ASTHMA?  YES  NO  IGNORED**

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**P35 – CHARACTERISTICS OF THE HOUSEHOLD**

**CHECK THE TYPE OF PREDOMINANT FLOOR:**

GROUND  WOOD  CEMENT  CERAMIC  OTHER  IGNORED

**CHECK IF ANOTHER TYPE OF MATERIAL IS USED TO COVER THE FLOOR:**

NONE  GROUND  WOOD  CEMENT  CERAMIC  
 PLASTIC, CANVAS  OTHER  IGNORED

**CHECK THE TYPE OF PREDOMINANT WALL:**

PALM THATCH  STEM  WOODEN BOARD  COB WALL  MASONRY  
 PLASTIC, CANVAS  SHEET, BLANKET, CLOTH  OTHER  IGNORED

**CHECK IF ANOTHER TYPE OF MATERIAL IS USED TO COVER THE WALL:**

PALM THATCH  STEM  WOODEN BOARD  COB WALL  MASONRY  
 PLASTIC, CANVAS  SHEET, BLANKET, CLOTH  OTHER  IGNORED

**CHECK THE TYPE OF PREDOMINANT ROOFING:**

PALM THATCH  STEM  WOOD CHIPS  WOODEN BOARD  
 CEMENT SLAB  CLAY TILE  ZINC TILE  PLASTIC, CANVAS  
 OTHER  IGNORED

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**P36 - CHECK IF ANOTHER TYPE OF MATERIAL IS USED TO COVER THE ROOFING:**

PALM THATCH  STEM  WOOD CHIPS  WOODEN BOARD  
 CEMENT SLAB  CLAY TILE  ZINC TILE  PLASTIC, CANVAS  
 OTHER  IGNORED

**HOW IS THE INTERNAL HOUSEHOLD DIVISION?**

SINGLE ROOM WITHOUT BALCONY  SINGLE ROOM WITH BALCONY  
 MORE THAN ONE ROOM WITHOUT BALCONY  MORE THAN ONE ROOM WITH BALCONY

IF SINGLE ROOM → **P38** (instruction for the programmer)

IF MORE THAN SINGLE ROOM → **P37** (instruction for the programmer)

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**P37**

**HOW MANY BEDROOMS?** \_\_\_\_\_

**HOW MANY LIVING ROOMS?** \_\_\_\_\_

**HOW MANY BATHROOMS?** \_\_\_\_\_

**HOW MANY KITCHENS?** \_\_\_\_\_

**HOW MANY EXTERNAL DOORS ARE THERE IN THE HOUSE?** \_\_\_\_\_

**HOW MANY WINDOWS ARE THERE IN THE HOUSE?**

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**SECONDARY DATA:** these secondary data should be extracted from the prenatal registry card, maternal medical chart, death certificate (DO), birth declaration (DNV), child's card, or other available data sources in the health facility.

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**P38**

**TYPE OF PREGNANCY:**  SINGLE  TWIN

IF TWIN, **HOW MANY TWINS?** \_\_\_\_\_

**PREGNANCY'S OUTCOME:**  LIVE BIRTH  STILLBIRTH  ABORTION

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**P39 - DID THE MOTHER HAVE ANY PRENATAL CONSULTATION IN THIS PREGNANCY?**

YES  NO  IGNORED

IF NO, OR IGNORED → **P56** (instruction for the programmer)

**INDICATE THE SOURCES USED TO EXTRACT PRENATAL AND CHILD DATA (ALLOWS MULTIPLE ANSWER):**

PRENATAL REGISTRY CARD  
 MATERNAL AND CHILD MEDICAL CHARTS  
 CHILD'S VACCINATION CARD  
 CHILD'S HEALTH CARD  
 MOTHER'S HEALTH CARD  
 MULTIDISCIPLINARY INDIGENOUS HEALTH TEAM OWN RECORDS  
 DEATH CERTIFICATE  
 BIRTH DECLARATION  
 OTHER SOURCE



**WHERE THE MOTHER DID MOST OF THE PRENATAL CONSULTATIONS?**

- VILLAGE  OUTSIDE THE VILLAGE  
 BOTH IN THE VILLAGE AND OUTSIDE THE VILLAGE.

IF IN THE VILLAGE → **P40** (instruction for the programmer)

IF OUTSIDE OF THE VILLAGE, **WHERE?** \_\_\_\_\_

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**P40 -DATE OF LAST MENSTRUATION (LMD):** \_\_\_\_/\_\_\_\_/\_\_\_\_\_. (DD/MM/YYYY)

**OBSTETRIC ULTRASOUND (USG)**

- REQUESTED AND DONE  REQUESTED, BUT NOT DONE  
 REQUESTED, BUT NO INFORMATION ABOUT IF IT WAS DONE OR NOT  
 NOT REQUESTED  IGNORED

**DATE OF THE 1<sup>ST</sup> ULTRASOUND DURING PREGNANCY** \_\_\_\_/\_\_\_\_/\_\_\_\_\_. (DD/MM/YYYY)

**GESTATIONAL AGE IN WEEKS, IN THE FIRST PRENATAL CONSULTATION (LMD, USG OR UTERINE HEIGHT):** \_\_\_\_\_

**HOW MANY PRENATAL CONSULTATIONS DURING PREGNANCY (WITH DOCTOR OR NURSE):** \_\_\_\_\_

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**OBSTETRIC HISTORY**

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**P41**

**NUMBER OF PREGNANCIES (INCLUDING THE LAST PREGNANCY):** \_\_\_\_\_

**NUMBER OF ABORTIONS (BEFORE THE LAST PREGNANCY):** \_\_\_\_\_

**NUMBER OF BIRTHS (BEFORE THE LAST PREGNANCY):** \_\_\_\_\_

**HOW MANY LIVE BORNES (BEFORE THE LAST PREGNANCY)?** \_\_\_\_\_

**HOW MANY STILLBIRTHS (BEFORE THE LAST PREGNANCY)?** \_\_\_\_\_

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**P42**

**MOST RECENT MOTHER'S WEIGHT BEFORE PREGNANCY (KG).** \_\_\_\_\_, \_\_\_\_\_

**DATE IN WHICH THE MOTHER'S MOST RECENT WEIGHT WAS MEASURED BEFORE PREGNANCY** \_\_\_\_/\_\_\_\_/\_\_\_\_.

**LAST MOTHER'S WEIGHT DURING THE PREGNANCY (KG).** \_\_\_\_\_, \_\_\_\_\_

**DATE IN WHICH THE MOTHER'S WEIGHT WAS MEASURED FOR THE LAST TIME DURING PREGNANCY** \_\_\_\_/\_\_\_\_/\_\_\_\_.

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**P43**

**MOST RECENT MOTHER'S HEIGHT (CM)** \_\_\_\_\_, \_\_\_\_.

**DATE IN WHICH THE MOTHER'S MOST RECENT HEIGHT WAS MEASURED**  
\_\_\_\_/\_\_\_\_/\_\_\_\_.

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**P44**

**WAS THERE A PRESCRIPTION REGISTRY OF FERROUS SULPHATE (AT LEAST 1 TABLET PER DAY) FROM THE FIRST PRENATAL CONSULTATION UNTIL THE END OF PREGNANCY?**

- YES  NO  IGNORED

**MONTH OF FIRST PRESCRIPTION OF FERROUS SULFATE:** \_\_\_\_\_.

**NUMBER OF MONTHS OF PREGNANCY COVERED WITH PRESCRIPTION OF FERROUS SULFATE:** \_\_\_\_\_.

**PRENATAL REQUESTED EXAMS**

**BLOOD TYPE (ABO) + Rh:**

- REQUESTED AND DONE  REQUESTED, BUT NOT DONE
- REQUESTED, BUT NO INFORMATION ABOUT IF IT WAS DONE OR NOT
- NOT REQUESTED  IGNORED

**BLOOD COUNT:**

- REQUESTED AND DONE  REQUESTED, BUT NOT DONE
- REQUESTED, BUT NO INFORMATION ABOUT IF IT WAS DONE OR NOT
- NOT REQUESTED  IGNORED

**FASTING BLOOD GLUCOSE:**

- REQUESTED AND DONE  REQUESTED, BUT NOT DONE
- REQUESTED, BUT NO INFORMATION ABOUT IF IT WAS DONE OR NOT
- NOT REQUESTED  IGNORED

**SYPHILIS TESTING (Venereal Disease Research Laboratory - VDRL):**

- REQUESTED AND DONE  REQUESTED, BUT NOT DONE
- REQUESTED, BUT NO INFORMATION ABOUT IF IT WAS DONE OR NOT
- NOT REQUESTED  IGNORED

**URINE 1:**

- REQUESTED AND DONE  REQUESTED, BUT NOT DONE
- REQUESTED, BUT NO INFORMATION ABOUT IF IT WAS DONE OR NOT
- NOT REQUESTED  IGNORED

**URINOCULTURE:**

- REQUESTED AND DONE  REQUESTED, BUT NOT DONE
- REQUESTED, BUT NO INFORMATION ABOUT IF IT WAS DONE OR NOT
- NOT REQUESTED  IGNORED

**RAPID TEST OR ELISA TEST FOR HIV:**

- REQUESTED AND DONE  REQUESTED, BUT NOT DONE
- REQUESTED, BUT NO INFORMATION ABOUT IF IT WAS DONE OR NOT
- NOT REQUESTED  IGNORED

**HBsAg (HEPATITIS B ANTIGEN S):**

- REQUESTED AND DONE  REQUESTED, BUT NOT DONE
- REQUESTED, BUT NO INFORMATION ABOUT IF IT WAS DONE OR NOT
- NOT REQUESTED  IGNORED

**TOXOPLASMOSIS SOROLOGY:**

- REQUESTED AND DONE  REQUESTED, BUT NOT DONE
- REQUESTED, BUT NO INFORMATION ABOUT IF IT WAS DONE OR NOT
- NOT REQUESTED  IGNORED

**FECAL (STOOL) EXAM/OVA AND PARASITE TEST :**

- REQUESTED AND DONE  REQUESTED, BUT NOT DONE
- REQUESTED, BUT NO INFORMATION ABOUT IF IT WAS DONE OR NOT
- NOT REQUESTED  IGNORED

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**P47**

**HAS THE MOTHER RECEIVED AT LEAST 3 DOSES OF TETANUS VACCINE BEFORE THE LAST DELIVERY?**

( ) YES ( ) NO ( ) IGNORED

**HAS THE MOTHER RECEIVED AT LEAST A DOSE OF DIPHTHERIA AND TETANUS VACCINE (dT) IN THE LAST FIVE YEARS?**

( ) YES ( ) NO ( ) IGNORED

**HAS THE MOTHER RECEIVED AT LEAST 3 DOSES OF HEPATITIS B VACCINE BEFORE THE LAST DELIVERY?**

( ) YES ( ) NO ( ) IGNORED

**HAS THE MOTHER UNDERGONE ODONTOLOGIC EXAM DURING LAST PREGNANCY?**

( ) YES ( ) NO ( ) IGNORED

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**P48**

**DURING PREGNANCY, THERE WAS REGISTRATION OF: BLOOD PRESSURE? ( ) YES ( ) NO.**

**IF YES, HOW MANY REGISTRIES? \_\_\_\_\_**

**BODY HEIGHT? ( ) YES ( ) NO.**

**IF YES, HOW MANY REGISTRIES? \_\_\_\_\_**

**BODY WEIGHT? ( ) YES ( ) NO.**

**IF YES, HOW MANY REGISTRIES? \_\_\_\_\_**

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**P49**

**(UTERINE) FUNDAL HEIGHT? ( ) YES ( ) NO.**

**IF YES, HOW MANY REGISTRIES? \_\_\_\_\_**

**FETAL HEART RATE? ( ) YES ( ) NO.**

**IF YES, HOW MANY REGISTRIES? \_\_\_\_\_**

**BREAST EXAMINATION? ( ) YES ( ) NO.**

**IF YES, HOW MANY REGISTRIES? \_\_\_\_\_**

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**P50**

**WAS THE HIV RAPID TEST DONE ON MOTHER DURING LABOR?**

( ) YES ( ) NO ( ) IGNORED

**WAS THE SYPHILIS RAPID TEST DONE ON MOTHER DURING LABOR?**

( ) YES ( ) NO ( ) IGNORED

**TYPE OF DELIVERY ( ) VAGINAL ( ) CESAREAN**

If vaginal → **P52** (instruction for the programmer)

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**P51**

**WHAT WAS THE CLINICAL INDICATION FOR CESAREAN SECTION?**

- FETAL DISTRESS
- CEPHALOPELVIC DISPROPORTION
- PRESENTATION DISORDERS
- MATERNAL BLEEDING
- FAILURE OF PROGRESSION
- ECLAMPSIA
- PRE-ECLAMPSIA
- POST-MATURITY
- FETAL DEATH
- GESTATIONAL DIABETES
- PREVIOUS C-SECTION
- FEMALE STERILIZATION
- OTHER

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**P52**

**INDICATE IF OCCURRED DURING LABOR: (MULTIPLE CHOICE)**

- INDUCTION (OXYTOCIN)
- ANALGESIA
- EPISIOTOMY
- FÓRCEPS
- NONE OF THE EVENTS ABOVE

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**P53**

**INDICATE WHICH OF THESE EVENTS TAKE PART OF THE PREVIOUS PATHOLOGICAL HISTORY AND INTERCORRENCES DURING PREGNANCY AND DELIVERY (ALLOWS MULTIPLE CHOICE).**

- PREGESTATIONAL HYPERTENSION
- GESTATIONAL HYPERTENSION
- PRE-ECLAMPSIA
- ECLAMPSIA
- CARDIOPATHY
- PREGESTATIONAL DIABETES
- GESTATIONAL DIABETES
- NONE OF THE EVENTS ABOVE

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**P54**

- URINARY INFECTION IN PREGNANCY
- RISK OF PRETERM LABOR
- CEPHALOPELVIC DISPROPORTION
- BLEEDING IN THE FIRST TRIMESTER
- BLEEDING IN THE SECOND TRIMESTER
- BLEEDING IN THE THIRD TRIMESTER
- NONE OF THE EVENTS ABOVE

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**P55**

- CHRONIC ANEMIA
- PREMATURE RUPTURE OF THE MEMBRANE
- NUCHALCORD
- NEONATAL ASPHYXIA
- MECONIUM ASPIRATION
- NONE OF THE EVENTS ABOVE

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**P56**

**CHILD'S NAME** \_\_\_\_\_

**CHILD'S DATE OF BIRTH:** \_\_\_/\_\_\_/\_\_\_\_\_. (DD/MM/YYYY)

**CHILD'S SEX:** ( ) MALE ( ) FEMALE

**CHILD'S WEIGHT AT BIRTH (GRAMAS):** \_\_\_\_\_g

**CHILD'S LENGTH (CM):** \_\_\_\_\_, \_\_CM

**CHILD'S HEAD CIRCUMFERENCE (CM):** \_\_\_\_\_, \_\_ cm

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**P57**

**IS THERE REGISTRY OF GESTATIONAL AGE (CAPURRO)?** ( ) YES ( ) NO ( ) IGNORED

**INDICATE GESTATIONAL AGE (GA) AT BIRTH:** \_\_\_\_\_ WEEKS

**WEIGHT / GESTATIONAL AGE RATIO**

( ) APPROPRIATE FOR GA ( ) SMALL FOR GA ( ) LARGE FOR GA ( ) IGNORED

**APGAR 1':** \_\_\_\_\_. ( ) IGNORED

**APGAR 5':** \_\_\_\_\_. ( ) IGNORED

**REANIMATION?** ( ) YES ( ) NO ( ) IGNORED

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**P58**

**OBSERVED PATHOLOGIES (MULTIPLE CHOICE):**

- ( ) HYALINE MEMBRANE
  - ( ) BRONCHOPULMONARY DYSPLASIA
  - ( ) NEONATAL ASPHYXIA
  - ( ) NEUROLOGICAL DISORDERS
  - ( ) BLEEDING
  - ( ) NONE OF THE PATHOLOGIES ABOVE
- 

**P59 (MULTIPLE CHOICE)**

- ( ) HYPERBILIRUBINEMIA
- ( ) CONGENITAL INFECTION
- ( ) NEONATAL SEPSIS
- ( ) CONGENITAL ANOMALY
- ( ) NONE OF THE PATHOLOGIES ABOVE

**DID THE NEWBORN NEED NEONATAL INTENSIVE CARE (ICU)?**

( ) YES ( ) NO ( ) IGNORED

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**P60**

**WAS NEONATAL SCREENING TEST PERFORMED IN NEWBORN?**

( ) YES ( ) NO ( ) IGNORED

**WAS HEARING SCREENING TEST PERFORMED IN NEWBORN?**

( ) YES ( ) NO ( ) IGNORED

**WAS EYE SCREENING TEST PERFORMED IN NEWBORN?**

( ) YES ( ) NO ( ) IGNORED

**THE NEWBORN DIED BEFORE THIS INTERVIEW?** ( ) YES ( ) NO

IF YES, the interview is ended and should generate an alert to complete the FINAL questionnaire, concluding the child's participation in the cohort study. (instruction for the programmer)

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**P61**

**HOW MANY PEOPLE LIVE IN YOUR HOME (INCLUDING THE NEWBORN)?** \_\_\_\_\_.

**HOW MANY UNDER FIVE CHILDREN LIVE IN YOUR HOME (INCLUDING THE PARTICIPATING NEWBORN)?** \_\_\_\_\_.

**HOW MANY PEOPLE 10 YEARS OLD OR MORE LIVE IN YOUR HOME (SCORE ON SCALE BUTTON)?**\_\_\_\_\_.

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**THE FOLLOWING QUESTIONS SHOULD BE COMPLETED FOR EACH ONE OF THE RESIDENTS OF THE HOUSE WITH 10 YEARS OLD OR MORE**

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**P62**

**FIRST NAME:** \_\_\_\_\_

**SEX** ( ) MALE ( ) FEMALE

**AGE:** \_\_\_\_\_ YARS.

**DEGREE OF RELATIONSHIP WITH THE NEWBORN:**

( ) PARENTS ( ) GRANDPARENTS ( ) BROTHERS ( ) OTHERS

**OCCUPATION:** ( ) NO OCCUPATION ( ) INDIGENOUS TEACHER

( ) INDIGENOUS HEALTH AGENT (AIS OU AISAN)

( ) SCHOOL COOKER ( ) VIGILANT ( ) BRICKLAYER ( ) NURSE

( ) FARMER

( ) NURSING TECHNICIAN/ENVIRONMENT TECHNICIAN/DENTAL HYGIENE TECHNICIAN

( ) DRIVER ( ) INDIGENOUS FOUNDATION TECHNICIAN ( ) RETIRED ( ) OTHER

**LOCAL OF WORK:**

( ) VILLAGE ( ) OUTSIDE THE VILLAGE ( ) NOT APPLICABLE

**REGULAR INCOME IN THE LAST MONTH (FORMAL EMPLOYMENT WAGE):**

( ) Not applicable ( ) UP TO R\$200

( ) R\$201-R\$400 ( ) R\$401-R\$600

( ) R\$601-R\$800 ( ) R\$801-R\$1000

( ) R\$1001-R\$1200 ( ) R\$1201-R\$1400

( ) R\$1401-R\$1600 ( ) R\$1601-R\$1800

( ) R\$1801-R\$2000 ( ) R\$2001-R\$2500

( ) R\$2501-R\$3000 ( ) R\$3001 OR MORE

**RETIREMENTS AND PENSIONS (INSS, FUNRURAL, OTHERS):**

( ) Not applicable ( ) UP TO R\$200

( ) R\$201-R\$400 ( ) R\$401-R\$600

( ) R\$601-R\$800 ( ) R\$801-R\$1000

( ) R\$1001-R\$1200 ( ) R\$1201-R\$1400

( ) R\$1401-R\$1600 ( ) R\$1601-R\$1800

( ) R\$1801-R\$2000 ( ) R\$2001-R\$2500

( ) R\$2501-R\$3000 ( ) R\$3001 OR MORE

**CASH TRANSFER (BOLSA FAMÍLIA):**

( ) Not applicable ( ) UP TO R\$200

( ) R\$201-R\$400 ( ) R\$401-R\$600

( ) R\$601-R\$800 ( ) R\$801-R\$1000

( ) R\$1001-R\$1200 ( ) R\$1201-R\$1400

( ) R\$1401-R\$1600 ( ) R\$1601-R\$1800

( ) R\$1801-R\$2000 ( ) R\$2001-R\$2500

( ) R\$2501-R\$3000 ( ) R\$3001 OR MORE

**SALE OF HANDICRAFT:**

- Not applicable     UP TO R\$200  
 R\$201-R\$400     R\$401-R\$600  
 R\$601-R\$800     R\$801-R\$1000  
 R\$1001-R\$1200     R\$1201-R\$1400  
 R\$1401-R\$1600     R\$1601-R\$1800  
 R\$1801-R\$2000     R\$2001-R\$2500  
 R\$2501-R\$3000     R\$3001 OR MORE

**OTHER INCOME (UNEMPLOYMENT INSURANCE, MATERNITY ASSISTANCE, FOOD PENSION, SALE OF AGRICULTURE PRODUCTS, HUNTING, COLLECTION AND FISHING, CULTURAL PRODUCTION, OTHERS):**

- Not applicable     UP TO R\$200  
 R\$201-R\$400     R\$401-R\$600  
 R\$601-R\$800     R\$801-R\$1000  
 R\$1001-R\$1200     R\$1201-R\$1400  
 R\$1401-R\$1600     R\$1601-R\$1800  
 R\$1801-R\$2000     R\$2001-R\$2500  
 R\$2501-R\$3000     R\$3001 OR MORE

**REPEAT THE SAME QUESTIONS ON PAGE 62 FOR EVERY RESIDENT OVER 10 YEARS OF AGE.**