

# MULTI-CENTRE MATERNAL SURVEY ON NEONATAL JAUNDICE

**Instruction:** All parts (A, B, C & D) of this form must be duly completed by the respondent/interviewer **ID. NO.....**

**HOSPITAL:** ..... **TOWN** ..... **STATE**.....

## PART A: RESPONDENT'S PROFILE (Tick or describe as applicable)

1. **Age:** .... or Group: <20  20-35  >35  Yrs 2. **Marital Status:** Single  Married  Separated/Divorced  Widow
3. **Ethnicity:** Yoruba  Hausa  Ibo  Other..... 4. **Religion:** Christian  Muslim  Other
5. **No. of Children:** ..... 6. **No. Alive:** ..... 7. **Any Twins:** Yes  No  8. **Age of Last Child:** ..... (Years)
9. **Housing Type:** Shared  Self-contained  10. **House Ownership:** Rented  Owned  Inherited
11. **Your Education:** None  Primary  Secondary  Technical/Teachers College  University
12. **Husband's Education:** None  Primary  Secondary  Technical/Teachers College  University
13. **Your Occupation:** ..... 14. **Husband's Occupation:** .....

## PART B: AWARENESS OF NEONATAL JAUNDICE (Tick or describe as applicable)

15. **Have you heard about jaundice in babies?** Yes  No
16. **If Yes for 15, from what source:** Doctor  Nurse/Midwife  Friend/Neighbour  Relation  Radio/TV  Other
17. **Can you recognise a baby with jaundice?** Yes  No
18. **If Yes for 17, (a) Where in the baby would you look?** ..... (b) **What would you see?** .....
19. **What do you think are the possible effects of jaundice in a baby?**  
Poor/Not feeding  Irritable  Abnormal cry  Abnormal body stretching  Abnormal eye movement  Other.....
20. **What are the possible dangers of jaundice?**  
Death  Motor deficit/disability  Delayed milestones  Mental retardation  Speech defects  Deafness  Other
21. **What do you think are the possible causes of jaundice?** .....
22. **Where do you plan to have your baby?** This hospital  **Other:** Private hospital  Govt hospital  TBA  Home
23. **Which of these items are you likely to use?** Dusting Powder  Robb  Eucalyptus Oil  Camphor (for clothes)

## PART C: EXPERIENCE WITH A JAUNDICED BABY (Tick or describe as applicable)

24. **Have you had a baby with jaundice?** a) Yes  No  b) **One of Twins?** Yes  No
25. **If Yes for 24, who first discovered the jaundice?** Self  Relation/Neighbour  Doctor/Nurse  Other .....
26. **What did you do for the baby?** .....
27. **What treatment was given to the baby?** a)..... b) **How long?** .....(Days)
28. **What was the final outcome?** Baby died  Baby recovered fully  Baby recovered with complications\*   
\*Nature of complications: .....
29. **If you suspect or detect jaundice in your baby or any other baby what would you do or advise?**  
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## PART D: FOR INTERVIEWER ONLY. Use back of this sheet for any additional respondent's information

**Respondent's consent obtained:** Yes  No  **Reason for declining:** .....

**Interviewer's Name:** ..... **Status** ..... **Date** .....