Mummy flu study—Participant questionnaire sheet

The University of Nottingham

Participants unique identifying number

Do NOT include the patient's name or date of birth on this form

Date completed: — — / — — / — — (dd/mm/yy) *Date consent obtained:* — — / — — / — — (dd/mm/yy)

Maternity Unit:

Completing midwife (name) ***Signature of midwife***

Questionnaire	
Question	**Response**
Basic details	
Ethnicity (e.g. White, South Asian, African)	
Number of children under 5 years old in the household	
Number of smokers in the household	
Estimated due date (on scan or LMP)	
Gravida status	
Parity status	
Previous obstetric history (e.g. Elective section, forceps, pregnancy induced hypertension)	
Vaccinated against swine (H1N1) influenza	Yes ☐ No ☐ ***Tick as appropriate***
If vaccinated give date if known	*If vaccinated give batch number if known*
Previous or current medical history	***Tick as appropriate***
Has the participant ever had or currently have:	Yes ☐ No ☐
Cardiovascular disease (e.g. Congenital heart disease)	Yes ☐ No ☐
Respiratory disease (e.g. Asthma)	Yes ☐ No ☐
Renal disease	Yes ☐ No ☐
Liver disease	Yes ☐ No ☐
Diabetes (gestational or pre-existing)	Yes ☐ No ☐
Immuno suppression	Yes ☐ No ☐
Hypertension of pregnancy / pre-eclampsia	Yes ☐ No ☐
Please list any current medication (names and doses)	
Present delivery	
Date and time of birth	— — / — — / — — (dd/mm/yy) — — / — — (mm / hh)
Sex and weight of baby	Male ☐ Female ☐ Weight (g)
Mode of delivery—e.g. Normal vaginal / forceps / caesarian	

Participant withdrawal? — — / — — / — — (dd/mm/yy)