

Women's health and epilepsy survey: Bhutan Epilepsy Project

1. Have you ever been pregnant? Yes (Total # of times: _____) No

a. If yes, maternal age at pregnancies: _____

2. Have you been on any form of contraception? Yes No

a. If yes, what forms of contraception were you using?

Periodic abstinence

Diaphragm

Condoms

Intrauterine device (IUD)

Oral contraception dose: _____ mg Taken from ____ to ____ (month/year)

DMPA dose: _____ mg Taken from ____ to ____ (month/year)

i-pill (emergency contraception) dose: _____ mg Taken from ____ to ____ (month/year)

other: _____ dose: _____ mg Taken from ____ to ____ (month/year)

3. Have you received any information about family planning and education on pregnancy?

Yes

No

If you answered yes to question 1, please complete the rest of the survey.

If you answered no to question 1, please only indicate which medications you take (question 6) and if you have taken folic acid (question 7).

4. How many children were born at:

a. Pre-term (< 37 weeks)? Total: _____

- b. Term (37 – 42 weeks)? Total: _____
- c. How many living children do you have? Total: _____
- d. Have you had twins? Yes No
5. Have you had any:
- a. Abortions (medically/surgically terminated)? Yes (# of times: _____) No
- b. Miscarriages? Yes (# of times: _____) No
6. When you were pregnant, did your medications change? Yes No
- a. What were they?
- carbamazepine daily dose: _____ mg 1st trimester 2nd trimester 3rd trimester
- phenytoin daily dose: _____ mg 1st trimester 2nd trimester 3rd trimester
- levetiracetam daily dose: _____ mg 1st trimester 2nd trimester 3rd trimester
- phenobarbital daily dose: _____ mg 1st trimester 2nd trimester 3rd trimester
- lamotrigine daily dose: _____ mg 1st trimester 2nd trimester 3rd trimester
- sodium valproate daily dose: _____ mg 1st trimester 2nd trimester 3rd trimester
- benzodiazepines daily dose: _____ mg 1st trimester 2nd trimester 3rd trimester
- other: _____ daily dose: _____ mg 1st trimester 2nd trimester 3rd trimester
7. Were you taking folic acid while pregnant? Yes No
- a. If yes, when did you begin taking it? 1st trimester 2nd trimester 3rd trimester
8. Put a check mark if you had any of the following complications during any of your pregnancies:
- a. *Maternal complications*

- anemia
- spontaneous abortion
- pregnancy-induced hypertension
- pre-eclampsia
- intrauterine infections
- cerebral venous thrombosis
- thyroid dysfunction
- fibroid uterus
- ovarian cysts
- gestational diabetes
- post-partum depression
- placenta previa
- placental abruption
- obstructed labour
- peri-partum seizures (frequency: _____, type: _____, gestational age: _____ weeks)

b. Fetal complications

- growth retardation
- fetal malformations or defects (if yes, check which one below):
 - heart defect
 - spina bifida
 - urogenital defect
 - cleft palate
 - other, please describe _____

9. Please answer the following questions about your most recent childbirth:

- a. Birth weight: _____
- b. Head circumference at birth: _____
- c. Birth height: _____
- d. Gestational age: _____ weeks
- e. What type of delivery did you have?

- Vaginal spontaneous
- Vaginal assisted (forceps)
- Cesarean section (reason: _____)

f. Type of birth:

- Livebirth
- Stillbirth/intrauterine death (cause: _____)

10. For your previous pregnancies, did you:

- a. Attend regular pre-natal visits? Yes No Some (_ / _)
- b. Have pre-natal ultrasounds? Yes No Some (_ / _)
- c. Breastfeed after giving birth? Yes No Some (_ / _)