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 (__/__)