

Identification number of nurse in duty
Name of doctor in duty

File number: (initials for the interviewer and a number in sequence)
ID number: (mother's hospital ID)

This questionnaire contains information about the Child, father (FA) and mother (MO):

Interview date: _____
Hospital: _____

Section I

Place of residence of the family 1- North 2- Gaza 3 - Mid-zone 4- Kanyounis 5- Rafah

Locality: 1- City 2- Village 3- Camp

Street or area _____

Reference Telephone _____

Type of family: 1- nuclear family 2- Extended family

Relation between parents: 1- cousins 2- from the family 3- no relation

Sex of the child 1- Male 2- Female

Birth date of the child _____

This child: 1- Single 2- Twin 3- Triplet 4- Other Specify _____

Birth order of the neonate _____

Clinical data:

The information below has to be filled by/with the nurse and medical personnel responsible for the delivery

Birth at weeks of gestation (number) _____

Health status of this Neonate: 1- Excellent 2- good 3- fair 4- bad

Neonate Birth Weight _____ in Grams

Neonate delivery: 1- normal delivery 2- caesarean

Type of the malformation: circle the appropriate if present in the list below and/or write the diagnosis if is congenital disease not in the list below. Add the specific defect when appropriate

- 1- Congenital Heart Defect, CHD 2- Cleft lip /Palate , CL/P 3- Down Syndrome 4- Spina Bifida
5- Limb Defects specify _____ 6- Neural tube defect, NT _____ 7- Abdominal wall defect
 specify _____ 8- Hypospadias 9- osteogenesis imperfecta osteopetrosis , 10- skeletal defect,
other than limb and CL/P specify _____ 11- multiple malformations
specify _____ 12- Others specify _____

Are any interventions requested (i.e. therapeutic, surgical, or others)? -----

Objective exams done -----

Referral to other Hospital departments or to other Hospitals -----

Notes on mother health, before and after delivery _____

Section II

For all parents.

Begin the interview by telling the parent the following:

We are starting a program of birth registration in the Hospital. This will produce information on the health status of the children at large if you collaborate by answering to the questions below.

All the information you provide will be treated in strictest confidence and is only for health personnel and never your names or references will be disclosed. The information will be used for scientific and clinical purposes only.

Do you agree to answer?

Signature for consensus of Mother: _____

and/or

Signature for consensus of Father: _____

1.

<p>-MOTHER</p> <p>-Name: _____</p> <p>-Age : _____</p> <p>-Occupation present : _____ Past: _____</p> <p>-FATHER</p> <p>-Name: _____</p> <p>-Age : _____</p> <p>2. -Occupation present : _____ Past: _____</p>

For the Mother: How many children did you deliver?

	1	2	3	4	5	6	7	8	9	10	11	12
Sex												
Age												
Birth Defect: kind												
Still born: cause												
Dead at birth: cause												
With cancer: diagnosis												
With chronic diseases: specify												

Did you have In vitro fertilization for this child?

Did you lose any child before birth (miscarriage)? If yes, please indicate in order

How many times _____

How long ago: _____

How advanced was the pregnancy: _____

The foetus had defects? _____

Exposures to risks and historical residence

For both mother and father (indicate the respondent with MO or FA)

Are you exposed to toxic substances at work?

Are you using pesticides/insecticides/fertilizers and other chemicals for cultivation of the land?

How far from the house is the nearest, gasoline run, electricity generator?

Where do you live now?

- 1-an apartment, 2-house, 3- temporary recover?
- Is it at ground level?
- How long have you lived here?
- In which cities, towns, or localities have you resided since 2001?

Where do you get your drinking /cooking water ?

local well [] water pipes network [] local provider [] or bottled []

Were you exposed to WP ? _____

Was your house attacked with white phosphorus while you there? Yes [] No []

When(year)?__

Was your house hit with WP in your absence? _____ When(year)?__

Were you exposed to bombing or other attacks? _____ When(year)?__

Was any of your residences bombed? Yes [] No [] When(year)?__

Were you at your residence during or after the attacks? During [] After []

When(year)?__

Was any of your neighbours houses bombed? Yes [] No [] When(year)?__

Were you ever burned, wounded, or injured during military attacks? Yes [] No []

|

If yes, When(year)?__

- What kind of injury? _____ Which part of your body? _____

Was any other member of your household

- Burned Yes [] or No [].
- wounded Yes [] or No [].
- killed? Yes [] or No [].

Did you take immediate care of them or of any other wounded or killed individual?

Yes [] When(year)?__ or No [].

Did you

- Clean up the rubble from bombed/burned house? Yes [] or No [],
When(year)?__
- recovered your things from the rubble? Yes [] or No [],
When(year)?__
- rebuild the house on the rubble? Yes [] or No [],
When(year)?__

Have you built new rooms/house with recovered materials? Yes [] or No [], When(year)?__

Have you found strange objects nearby your residence? Yes [] or No [], When(year)?__

Describe _____

Have you or any of you family worked in the field of reused building materials?

Yes [] or No [],

If yes

- who? _____ when? _____ What is his/her age?

Do your children play in bomb craters, buildings, construction sites or collected materials salvaged from sites that have been bombed? Yes [] or No []

Did you experience health problems during/after second Intifada and attacks in 2006 and 2008-09? If you sought medical help or if you remember it clearly, please indicate which was the problem.

Section III: Only for parents with children with birth defect or with a previous child with birth defect.

Since you had a child with birth defects, we want to look into the possible causes and if there are other cases in the close family. We appreciate your answer to the following questions.

MO section	FA section
<ul style="list-style-type: none"> - Do you suffer from any diseases? - As a child, and an adolescent, did you have any especial health problems? Which? _____ - How many brothers you have? _____ - How many sisters you have? _____ - Are your brothers in general health? _____ Yes [] or No [] - How many children they have? _____ - Are all of them healthy? If not please tell what they have? - Have any of these children a birth disease? Describe _____ - If so, does he live near your residence? _____ - Are your sisters in general health? Yes [] or No [] - How many children they have? _____ - Are all of them healthy? If not please tell what they have? _____ - Have any of these children a birth disease? Describe _____ - If so, does he live near your residence? _____ - Have any of your sisters or brother's wife had miscarriages with birth diseases? If so, please tell what disease? _____ 	<ul style="list-style-type: none"> - Do you suffer from any diseases? - As a child, and an adolescent, did you have any especial health problems? Which? _____ - How many brothers you have? _____ - How many sisters you have? _____ - Are your brothers in general health? _____ Yes [] or No [] - How many children they have? _____ - Are all of them healthy? If not please tell what they have? - Have any of these children a birth disease? Describe _____ - If so, does he live near your residence? _____ - Are your sisters in general health? Yes [] or No [] - How many children they have? _____ - Are all of them healthy? If not please tell what they have? _____ - Have any of these children a birth disease? Describe _____ - If so, does he live near your residence? _____ - Have any of your sisters or brother's wife had miscarriages with birth diseases? If so, please tell what disease? _____
<p>During your pregnancy, did you take painkillers? Which, how many and how often? _____</p> <ul style="list-style-type: none"> - During your pregnancy, did you take antidepressants? Which, how many and how often? _____ - What do you think about your diet during pregnancy? _____ 	<ul style="list-style-type: none"> - Do you have other spouses? Yes [] or No []. If yes, please answer - How old is your second spouse? _____ - How many children do you have with your second spouse? _____ - How old are the children with your second spouse? _____ - Have any of your children with your second spouse died, was malformed or had cancer (please tell us doctor's diagnosis if you know)?

If possible. for new born children with malformations at birth: **ATTACH TO THIS QUESTIONNAIRE A PICTURE (or reference to a file of pictures) OF THE RELEVANT MORPHOLOGIC FEATURES OF THE CHILD**

Re edited in March 23, 2013 by Prof Paola Manduca, University of Genoa, Italy