University of Dongola

Faculty of Medicine and Health Sciences

Department of Community Medicine

ESSENTIAL ANC UTILIZATION QUESTIONNAIRE

Pattern of Antenatal Care Utilization Among Pregnant Women Attending Dongola Maternal Hospital, Northern State, Sudan, 2026

Consent and administrative fields (not numbered research questions)

We are medical students from the University of Dongola conducting a study on antenatal care utilization. Participation is voluntary, responses are confidential, and no name will be recorded. Refusal will not affect your care. Do you agree to participate?

Consent: ☐ Yes ☐ No (if No, stop)

Questionnaire code: _____ Interview date: _____

Pregnancy confirmed from ANC/medical record: ☐ Yes ☐ No

Hospital record checked to prevent duplicate participation: ☐ Yes ☐ No

Section A: Sociodemographic characteristics

1. How old are you (in completed years)?

Answer: _____ years

2. Where do you usually live?

☐ Dongola town ☐ Other locality in Northern State ☐ Another state in Sudan ☐ Displaced from a conflict-affected state in Sudan ☐ Other: _____

3. What is your marital status?

☐ Married ☐ Single ☐ Divorced ☐ Widowed

4. What is your highest level of education?

☐ Never attended school/Khalwa only ☐ Primary ☐ Secondary ☐ University or higher

5. What is your husband's or partner's highest level of education?

☐ No formal education ☐ Primary ☐ Secondary ☐ University or higher ☐ Not applicable (no partner)

6. What is your occupation?

☐ Housewife ☐ Employed ☐ Self-employed/trader ☐ Farmer ☐ Student ☐ Other: _____

7. What is your average monthly household income?

☐ Low income ☐ Middle income ☐ High income

8. How long does it usually take you to reach the hospital?

☐ Less than 30 minutes ☐ 30 minutes to less than 1 hour ☐ 1 hour to 3 hours ☐ More than 3 hours

9. Do you currently have health insurance?

☐ Yes, valid ☐ No ☐ Yes, but expired

Section B: Obstetric characteristics

10. Including this pregnancy, how many times have you been pregnant (gravidity)?

Answer: _____

11. How many births have you had after 24 weeks, whether alive or stillborn (parity)?

Answer: _____

12. Have you ever had a miscarriage or abortion?

☐ Yes (number: _____) ☐ No

13. Have you ever had a stillbirth, or a baby who died within 28 days of birth?

☐ Yes ☐ No

14. What is the gestational age of this pregnancy now?

Answer: _____ weeks (check record where available)

15. Was this pregnancy planned?

☐ Yes ☐ No

16. Have you had a complication in a previous pregnancy or delivery?

☐ Yes ☐ No ☐ Not applicable (first pregnancy)

If Yes, which complication(s) did you experience? (Select all that apply)

☐ Preeclampsia ☐ Eclampsia ☐ Gestational hypertension ☐ Gestational diabetes ☐ Antepartum hemorrhage ☐ Postpartum hemorrhage ☐ Preterm delivery ☐ Other: _____

17. Do you have any complication or illness in this pregnancy?

☐ Yes (specify: _____) ☐ No

18. Did you attend antenatal care during a previous pregnancy?

☐ Yes ☐ No ☐ Not applicable (first pregnancy)

Section C: Antenatal care utilization

19. During this pregnancy, have you attended antenatal care at any health facility?

☐ Yes ☐ No (if No, skip to end of interview)

20. At how many completed weeks of pregnancy was your first ANC visit?

Answer: _____ weeks ☐ Cannot remember (check ANC card/record where available)

21. How many ANC visits have you made during this pregnancy up to today, including today?

Answer: _____ visits (check ANC card/record where available)

22. Where do you usually attend ANC?

☐ Dongola Maternal Hospital ☐ Other hospital ☐ Health centre ☐ Private clinic ☐ Mixed places

23. Do you attend ANC visits at the time scheduled by the health provider?

☐ Always ☐ Sometimes ☐ Rarely

24. Which ANC services have you received during this pregnancy? Select all that apply.

☐ Blood pressure measurement ☐ Weight/height measurement ☐ Abdominal examination ☐ Urine test ☐ Haemoglobin/blood test ☐ Blood group and Rh test ☐ Blood sugar test ☐ HIV/hepatitis B/syphilis screening ☐ Malaria test ☐ Ultrasound

25. Which preventive services or supplements have you received during ANC? Select all that apply.

☐ Tetanus-containing vaccine ☐ Iron and folic acid ☐ Calcium supplements ☐ Malaria prevention/treatment ☐ Deworming

26. How many tetanus vaccine doses have you received in this pregnancy?

☐ None ☐ One ☐ Two or more

27. Which counselling services have you received during ANC? Select all that apply.

☐ Nutrition counselling ☐ Pregnancy danger signs counselling ☐ Birth preparedness counselling ☐ Family planning counselling ☐ None of these

28. How satisfied are you with the ANC services you received?

☐ Very satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very dissatisfied

End of interview. Thank the participant. Refer any clinical concern or pregnancy danger sign to the ANC staff on duty.