

## Supplement

### Supplement 1

#### Informed Consent (English version)

We are going to carry out a study on screening management of gestational diabetes mellitus among pregnant women in rural areas of Western China. You are eligible for the study. Therefore, we would like to invite you to participate in the study. The project leader of this study is (Fang Hai, Peking University).

1. Why is this study conducted?

Gestational diabetes mellitus (GDM) is the most common medical complication during pregnancy, which belongs to high-risk pregnancy. Universal screening of pregnant women, timely detection of patients with hyperglycemia and effective intervention can significantly reduce the adverse effects of the disease on maternal and child health.

2. What are the contents of this study?

This study mainly includes four aspects: admission, which is carried out in the outpatient department, and the basic personal and family information of the participants is collected through the questionnaire; The screening link was conducted in the outpatient department, and the compliance and incidence rate of screening were collected through the screening chart. The management process was carried out in outpatient department and at home. Nutritional status, blood glucose control level and management rate were obtained through outpatient questionnaire and WeChat interaction; In the postpartum stage, the maternal and infant complications and the satisfaction and feelings of pregnant women were obtained through the collection of pregnant women research manual. In this study, pregnant women were followed up from 24-28 weeks to 6 weeks postpartum. The frequency of follow-up was the same as that of routine prenatal examination. The research time is expected to be one year.

3. What are the risks of participating in this study?

There was no physical damage to the participants in this study. The screening management measures used in the study are currently being used by the medical institution and recommended by the management guidelines for screening of gestational diabetes mellitus. The follow-up treatment of patients diagnosed with gestational diabetes mellitus is also conducted according to the principles and routine of the guidelines. Therefore, there is no additional medical risk in theory for the two groups of pregnant women. The medical information obtained by you will be kept confidential. When the research results are published in academic journals, they will not reveal any information that can identify you. Peking University will keep all your records in this study as well as the relevant hospital and office records. No one is allowed to access this information without authorization.

4. What are the benefits of participating in this study?

If you participate in this study, you may get more close and detailed follow-up observation and treatment from our research team, which may be more beneficial to the control of blood glucose. At the same time, you can get the pregnancy health education training of our research group.

5. How to deal with research related injuries?

The clinical management in this study was carried out according to the current standard treatment guidelines and conventional clinical treatment, and this study did not interfere with the medical treatment process. There are no related injuries that can be expected.

6. Will my information be confidential?

If you decide to participate in this study, your personal data in the study and in the study are confidential. Without your permission, any information that can identify you will not be disclosed to members outside the research team. All research members and interested parties will keep your identity confidential as required. Your file will be kept for researchers' reference only. When the results of this study are published, no personal information will be disclosed.

Subject statement

I have read this informed consent and agree to participate in this study. I know that I can withdraw from this study at any time during the study period without any reason.

Subject signature:

contact number:

Date:

**Supplement 2**

Group: \_\_\_\_\_

Date: \_\_\_\_\_

Questionnaire 1

For pregnant women at the beginning of recruitment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

ID: \_\_\_\_\_

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Cellphone: \_\_\_\_\_ Family cellphone : \_\_\_\_\_

A Characteristics

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A1. Birth date		A2. Age	_____years	A3. Blood pressure	_____ / _____mmHg
A4. Height	_____cm	A5. Weight before pregnancy	_____Kg	A6. Current weight	_____Kg
A7. Parities	_____ (Natural birth_____ Cesarean section_____)				
A8. Disease history	1.No 2. History of hereditary diseases 3. Chronic history of diabetes / hypertension / coronary heart disease 4. Others _____				
A9. Living areas	1.City 2. County and town 3. Village				
A10.How long you took to hospital		hours	A11.how much you spent on traveling to hospital		YUAN
A12.How long you take in hospital for prenatal care	_____hour				
A13. How many family members company you to the hospital ?	_____				
A14.Education	1. No schooling 2. Primary school 3. Junior middle school 4. Senior high school 5. Technical secondary school 6. Junior college 7. Bachelor degree or above				
A15.Occupation	1. Farmers 2. Workers 3. Service industry personnel 4. Individual or private 5. Civil servants 6. Students 7. Professional and technical workers 8. No work 9. Others _____				
A16. Number of permanent residents		A17. Total annual household income last year	Ten thousand	A18. Monthly household income	Yuan
A19. Types of medical insurance	1. None; 3. Medical insurance for urban employees; 4. Medical insurance for urban and rural residents; 5. Commercial medical insurance; 6. Public medical insurance				

## B Maternal Cognition

B1. Do you know well on GDM?	1. Very Well 2. Well 3. General 4.Not Quite 5.Not At All (answer 4 or 5, jump to next question)
B2. Which way do you obtain these information ?	1.Doctors or Nurse 2. Books or Media 3. Friends or Other Pregnant Women 4. Other
B3. Do you know GDM screening including specific process?	1. Very Well 2. Well 3. General 4.Not well 5.Not At All
B4. Do you know the complications due to GDM ?	1. Very Well 2. Well 3. General 4.Not well 5.Not At All
B5. Do you know well the reasons on GDM?	1. Very Well 2. Well 3. General 4.Not well 5.Not At All

B6. Do you know how to treat GDM?	1. Very Well 2. Well 3. General 4. Not well 5. Not At All
b7. Do you think there is necessary to control food intakes in pregnancy?	1. Very Necessary 2. well Necessary 3. General 4. Not Quite Necessary 5. Not At All
b8. Will you be careful to select your food to control glucose in pregnancy?	1. Very Careful 2. Careful 3. General 4. Not Quite Careful 5. Not At All
b9. Do you think there is necessary to take exercise in pregnancy?	1. Very Necessary 2. Necessary 3. General 4. Not Quite Necessary 5. Not At All
b10. Will you be careful to take exercise to control glucose in pregnancy?	1. Very Careful 2 Careful 3. General 4. Not Quite Careful 5. Not At All
b11. Did you receive any education in your prenatal care hospital?	1. Very Frequent 2. Sometimes 3. Never 4. I Don't Know
b12. Will you agree if doctors suggest you to take screening in pregnancy?	1. Totally Agree 2. Agree 3. Not Quite 4. Reject

## C Diet and Nutrition

C1 Please recall whether you have eaten the following food in last seven days, and then estimate the average intakes' weight accordingly.				
FOOD	YES/NO	FREQUENCY		Consumption per time (Liang/g)
	1. Yes 2. No	Every day	Every week	
C1.1. Rice				
C1.2. Wheat flour				
C1.3. Coarse cereals (millet / corn / purple rice / sorghum / Buckwheat / wheat bran, etc.)				
C1.4. Potato flour (sweet potato / potato / taro / yam, etc.)				
C1.5. Fried food (fried dough sticks / pancakes / French fries / fried chicken, etc.)				
C1.6. Vegetables (spinach / water spinach / broccoli / tomato / carrot, etc.)				
C1.7. Fruits				
C1.8. Poultry/livestock meat (Chicken / duck / goose / pork / beef /				

mutton, etc.)					
C1.9. Aquatic products (fish / shrimp / shellfish / sea fish, etc.)					
C1.10. Eggs					
C1.11. Dairy products (liquid milk / yogurt / cheese, etc.)					
C1.12. Beans products (tofu / shredded tofu / Sufu / Douchi / soymilk, etc.)					
C1.13. Nuts (Walnut / almond / peanut / pistachio / melon seed / cashew / chestnut, etc.)					
C1.14. Snacks (cream / cake / biscuit, etc.)					
C1.15. Beverages (coke / Iced Tea / coffee / fruit juice, etc.)					
C1.16. What are the types of edible oil you used in the past month, and estimate the consumption? (multi options)	1. Soybean oil 2. Rapeseed oil 3. Peanut oil 4. Sunflower oil 5. Corn oil 6. Salad oil 7. Linseed oil 8. Olive oil, tea oil 9. Others				_____kg
C2 Did you have taken the following dietary supplements in the past month					
C2.1 Folic Acid	1. No	2. Yes			
C2.2 Multivitamins	1. No	2. Yes			
C2.3 Vitamin D	1. No	2. Yes			
C2.4 Calcium	1. No	2. Yes			
C2.5 Iron	1. No	2. Yes			
C2.6 Fish Oil	1. No	2. Yes			
C2.7 Others	_____				

## D Exercise

D1 Did you take any types of the following exercise in the past seven days, and estimated your exercise time				
TYEPES	YES/NO	Frequently		How long per time (minutes)
	1.YES 2.NO	Every day	Every week	
D1 Strenuous activities (moving or lifting weights / running / swimming / playing tennis / rope skipping, etc.)				

D2 Moderate activities (carrying (lifting) light objects / cycling / Taiji / Aquan / table tennis, etc.)				
D3 Walk for at least 10 minutes at a time (walking for work / home / transportation and walking for exercise)				
D4 Sitting in the past 7 days (at work / at home / on the bus, etc.)	_____hours (if you don't know, please fill out I don't know)			

## F Quality of life

F1 How would you rate your quality of life ?	1.very poor 2 poor 3. Neither poor nor good 4. Good 5. Very good.
F2 How satisfied are you with your health?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
The following questions ask about how much you have experienced certain things in the last four weeks.	
F3 To what extent do you feel that physical pain prevents you from doing what you need to do?	1.Not at all 2. A little 3. A moderate amount 4.very much 5. An extreme amount
F4 How much do you need any medical treatment to function in your daily life?	1.Not at all 2. A little 3. A moderate amount 4.very much 5. An extreme amount
F5 How much do you enjoy life?	1.Not at all 2. A little 3. A moderate amount 4.very much 5. An extreme amount
F6 To what extent do you feel your life to be meaningful?	1.Not at all 2. A little 3. A moderate amount 4.very much 5. An extreme amount
F7 How well are you able to concentrate?	1.Not at all 2. A little 3. A moderate amount 4.very much 5. extremely
F8 How safe do you feel in your daily life?	1.Not at all 2. A little 3. A moderate amount 4.very much 5. extremely
F9 How healthy is your physical environment?	1.Not at all 2. A little 3. A moderate amount 4.very much 5. extremely
The following questions ask about how completely you experience or were able to do certain things in the last four weeks.	
F10 Do you have enough energy for everyday life?	1.Not at all 2. A little 3. Moderately 4.mostly 5. completely
F11 Are you able to accept your bodily appearance?	1.Not at all 2. A little 3. Moderately 4.mostly 5. completely
F12 Have you enough money to meet your needs?	1.Not at all 2. A little 3. Moderately 4.mostly 5. completely
F13 How available to you is the information that you need in your day-to-day life?	1.Not at all 2. A little 3. Moderately 4.mostly 5. completely
F14 To what extent do you have the opportunity for	1.Not at all 2. A little 3. Moderately 4.mostly 5. completely

leisure activities?	
F15 How well are you able to get around?	1.very poor 2 poor 3. Neither poor nor good 4. Good 5. Very good.
The following questions ask about how completely you experience or were able to do certain things in the last four weeks.	
F16 How satisfied are you with your sleep?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F17 How satisfied are you with your ability to perform your daily living activities?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F18 How satisfied are you with your capacity for work?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F19 How satisfied are you with yourself?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F20 How satisfied are you with your personal relationships?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F21 How satisfied are you with your sex life?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F22 How satisfied are you with the support you get from your friends?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F23 How satisfied are you with the conditions of your living place?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F24 How satisfied are you with your access to health services?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F25 How satisfied are you with your transport?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
The following question refers to how often you have felt or experienced certain things in the last four weeks.	
F26 How often do you have negative feelings such as blue mood, despair, anxiety, depression?	1.Never 2.Seldom 3.Quite Often 4.Very often 5.Always



## Supplement 3

## Diet and Exercise Log

Date	Breakfast(7:00-8:00)	Extral meal (9:30-10:30)	Lunch (11:00-13:00)	Extral meal (14:30-15:30)	Dinner (18:00-19:00)	Extral meal (21:00-22:30)	Exercise time	Doctor's score
FOR EXAMPLE 2018.08.26	Oatmeal porridge: 100g Milk: 250ml Egg: 1 Chinese cabbage: 100g	Green cucumber: 100g Soybean milk: 250ml	Coarse cereals: 50g Fish: 50g Tenderloin: 50g Sauerkraut: 100g Mushroom: 20g Celery: 200g Tofu: 50g	Walnut: 2 Apple: half	Coarse cereals: 50g Tomatoes: 2 Eggplant: 100g Chicken: 100g Auricularia auricula: 50g Spinach: 200g	Strawberry: 100g Milk: 250ml Oatmeal porridge: 100g	Walking: one hour	1-10 SCORES

## Supplement 4

## Medical Records

											75gOGTT	
Group	Name	Cellphone	Nationality	The date of enrollment	Weeks of pregnancy	Education	Screening voucher	Screening	Fasting	1h	2h	
<b>Continued medical records</b>												
											First retest	
GDM	The number of needing retests	Instruction of diet and exercise	Log and	Retest voucher	The date of first retest	Instruction via WeChat or phone	Fasting	2h after meal	Intensive intervention of diet and exercise	Additional inspection items	The date of second retest	Instruction via WeChat or phone
<b>Continued medical records</b>												
Second retest						Third retest						
Fasting	2h after meal	Intensive intervention of diet and exercise	Additional inspection items	The date of third retest	Instruction via WeChat or phone	Fasting	2h after meal	Intensive intervention of diet and exercise	Additional inspection items			
<b>Continued medical records</b>												
											Delivery	
Insulin	Inpatient number	Fasting blood glucose at admission	2h after meal	Additional inspection items	Gestational weeks of delivery	Hospital of transfer	Mode of delivery	Weight before birth	Maternal complications	Neonatal complications	Neonatal birth weight	

**Supplement 5**

Group: \_\_\_\_\_

Date: \_\_\_\_\_

**Questionnaire 2**

For pregnant women after 34 weeks of gestation

Name: \_\_\_\_\_

Address: \_\_\_\_\_

ID:

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Cellphone: \_\_\_\_\_ Family cellphone : \_\_\_\_\_

## A. Characteristics

A1. Gestational weeks at birth	_____ week	A2. Birth weight	_____ Kg	A3. Blood pressure	_____/____mmHg
A4. The number of antenatal visits	_____ time	A5. The costs of per antenatal visits		_____ YUAN	
A6. The total costs of antenatal visits	_____ YUAN	A7. The costs of out-pocket for antenatal visits		_____ YUAN	
A8. Do you need additional tests during pregnancy due to gestational diabetes mellitus				1.No (jump to B section)      2. Yes	
Category	Do or not 1.Yes 2.No	Increased times			Costs per time (Chinese Yuan)
		Every two weeks	Every month	Entire pregnancy	
Urinalysis					
Glucose tests					
Glycated Albumin Test					
Glycosylated Hemoglobin Test					
B-Mode Ultrasonography					
Liver and Kidney Function Examination					
Insulin					
Other	_____				

## B Maternal Cognition

B1. Do you know well on GDM?	1. Very Well    2. Well    3. General    4. Not Quite    5. Not At All (answer 4 or 5, jump to next question)
B2. Which way do you obtain these information ?	1. Doctors or Nurse    2. Books or Media    3. Friends or Other Pregnant Women 4. Other
B3. Do you know GDM screening including specific process?	1. Very Well    2. Well    3. General    4. Not well    5. Not At All
B4. Do you know the complications due to GDM ?	1. Very Well    2. Well    3. General    4. Not well    5. Not At All
B5. Do you know well the reasons on GDM?	1. Very Well    2. Well    3. General    4. Not well    5. Not At All

B6. Do you know how to treat GDM?	1. Very Well 2. Well 3. General 4. Not well 5. Not At All
b7. Do you think there is necessary to control food intakes in pregnancy?	1. Very Necessary 2. well Necessary 3. General 4. Not Quite Necessary 5. Not At All
b8. Will you be careful to select your food to control glucose in pregnancy?	1. Very Careful 2. Careful 3. General 4. Not Quite Careful 5. Not At All
b9. Do you think there is necessary to take exercise in pregnancy?	1. Very Necessary 2. Necessary 3. General 4. Not Quite Necessary 5. Not At All
b10. Will you be careful to take exercise to control glucose in pregnancy?	1. Very Careful 2 Careful 3. General 4. Not Quite Careful 5. Not At All
b11. Did you revive any education in your prenatal care hospital?	1. Very Frequent 2. Sometimes 3. Never 4. I Don't Know
b12. Will you agree if doctors suggest you to take screening in pregnancy?	1. Totally Agree 2. Agree 3. Not Quite 4. Reject

## C Diet and Nutrition

C1 Please recall whether you have eaten the following food in last seven days, and then estimate the average intakes' weight accordingly.				
FOOD	YES/NO	Frequency		Consumption per time (Liang/g)
	1. Yes 2. No	Every day	Every week	
C1.1. Rice				
C1.2. Wheat flour				
C1.3. Coarse cereals (millet / corn / purple rice / sorghum / Buckwheat / wheat bran, etc.)				
C1.4. Potato flour (sweet potato / potato / taro / yam, etc.)				
C1.5. Fried food (fried dough sticks / pancakes / French fries / fried chicken, etc.)				
C1.6. Vegetables (spinach / water spinach / broccoli / tomato / carrot, etc.)				
C1.7 Fruits				
C1.8. Poultry/livestock meat (Chicken / duck / goose / pork / beef /				

mutton, etc.)					
C1.9. Aquatic products (fish / shrimp / shellfish / sea fish, etc.)					
C1.10. Eggs					
C1.11. Dairy products (liquid milk / yogurt / cheese, etc.)					
C1.12. Beans products (tofu / shredded tofu / Sufu / Douchi / soymilk, etc.)					
C1.13. Nuts (Walnut / almond / peanut / pistachio / melon seed / cashew / chestnut, etc.)					
C1.14. Snacks (cream / cake / biscuit, etc.)					
C1.15. Beverages (coke / Iced Tea / coffee / fruit juice, etc.)					
C1.16. What are the types of edible oil you used in the past month, and estimate the consumption? (multi options)	1. Soybean oil 2. Rapeseed oil 3. Peanut oil 4. Sunflower oil 5. Corn oil 6. Salad oil 7. Linseed oil 8. Olive oil, tea oil 9. Others				_____kg
C2 Did you have taken the following dietary supplements in the past month					
C2.1 Folic Acid	1. No		2. Yes		
C2.2 Multivitamins	1. No		2. Yes		
C2.3 Vitamin D	1. No		2. Yes		
C2.4 Calcium	1. No		2. Yes		
C2.5 Iron	1. No		2. Yes		
C2.6 Fish Oil	1. No		2. Yes		
C2.7 Others	_____				

## D Exercise

D1 Did you take any types of the following exercise in the past seven days, and estimated your exercise time				
TYEPES	YES/NO	FREQUENTLY		How long per time (minutes)
	1.YES 2.NO	Every day	Every week	
D1 Strenuous activities (moving or lifting weights / running / swimming / playing tennis / rope skipping, etc.)				

D2 Moderate activities (carrying (lifting) light objects / cycling / Taijiquan / table tennis, etc.)				
D3 Walk for at least 10 minutes at a time (walking for work / home / transportation and walking for exercise)				
D4 Sitting in the past 7 days (at work / at home / on the bus, etc.)	_____hours (if you don't know, please fill out I don't know)			

## E Satisfaction with medical care during pregnancy

E1 Are you satisfied with the screening of gestational diabetes mellitus?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
E2. Are you satisfied with the management of gestational diabetes mellitus?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied

## F Quality of life

F1 How would you rate your quality of life ?	1. very poor 2 poor 3. Neither poor nor good 4. Good 5. Very good.
F2 How satisfied are you with your health?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
The following questions ask about how much you have experienced certain things in the last four weeks.	
F3 To what extent do you feel that physical pain prevents you from doing what you need to do?	1. Not at all 2. A little 3. A moderate amount 4. very much 5. An extreme amount
F4 How much do you need any medical treatment to function in your daily life?	1. Not at all 2. A little 3. A moderate amount 4. very much 5. An extreme amount
F5 How much do you enjoy life?	1. Not at all 2. A little 3. A moderate amount 4. very much 5. An extreme amount
F6 To what extent do you feel your life to be meaningful?	1. Not at all 2. A little 3. A moderate amount 4. very much 5. An extreme amount
F7 How well are you able to concentrate?	1. Not at all 2. A little 3. A moderate amount 4. very much 5. extremely
F8 How safe do you feel in your daily life?	1. Not at all 2. A little 3. A moderate amount 4. very much 5. extremely
F9 How healthy is your physical environment?	1. Not at all 2. A little 3. A moderate amount 4. very much 5. extremely
The following questions ask about how completely you experience or were able to do certain things in the last four weeks.	

F10 Do you have enough energy for everyday life?	1. Not at all 2. A little 3. Moderately 4. mostly 5. completely
F11 Are you able to accept your bodily appearance?	1. Not at all 2. A little 3. Moderately 4. mostly 5. completely
F12 Have you enough money to meet your needs?	1. Not at all 2. A little 3. Moderately 4. mostly 5. completely
F13 How available to you is the information that you need in your day-to-day life?	1. Not at all 2. A little 3. Moderately 4. mostly 5. completely
F14 To what extent do you have the opportunity for leisure activities?	1. Not at all 2. A little 3. Moderately 4. mostly 5. completely
F15 How well are you able to get around?	1. very poor 2. poor 3. Neither poor nor good 4. Good 5. Very good.
The following questions ask about how completely you experience or were able to do certain things in the last four weeks.	
F16 How satisfied are you with your sleep?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F17 How satisfied are you with your ability to perform your daily living activities?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F18 How satisfied are you with your capacity for work?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F19 How satisfied are you with yourself?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F20 How satisfied are you with your personal relationships?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F21 How satisfied are you with your sex life?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F22 How satisfied are you with the support you get from your friends?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F23 How satisfied are you with the conditions of your living place?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F24 How satisfied are you with your access to health services?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
F25 How satisfied are you with your transport?	1. Very dissatisfied 2. Dissatisfied 3. Neither satisfied nor dissatisfied 4. Satisfied 5. Very satisfied
The following question refers to how often you have felt or experienced certain things in the last four weeks.	



F26 How often do you have negative feelings such as blue mood, despair, anxiety, depression?	1.Never    2.Seldom    3.Quite Often 4.Very often    5.Always
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