

SWS Serial Number



***PREGNANCY
QUESTIONNAIRE
SHORT VERSION***

Name: (Forename, Surname) _____

Address: _____

Postcode:

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Date of Birth:

--	--

^{d d}

--	--

^{m m}

--	--

^{y y}

Interviewer:

--	--

 Date of interview:

--	--

^{d d}

--	--

^{m m}

--	--

^{y y}

May I just confirm your GP's name and address:

GP's name: _____

Surgery Address: _____

1: DIETARY CHANGES & FOOD SUPPLEMENTS

1.1 We asked you about your diet at our first visit before you became pregnant. In the time between that **first visit**

*

in(month)(year) and your **last menstrual period** in

.....(month)(year) were there **major** changes in any of the following?

0: No

1: Yes

If no go to 1.3.

--

1.2 (a) How often you were eating meat and meat dishes?

1: more

2: same

3: less

4: stopped completely

--

(b) How often you were eating fruit and vegetables?

1: more

2: same

3: less

--

(c) The amount of milk and other dairy products you were consuming

- 1: more
2: same
3: less

(d) The amount of alcoholic drinks you were consuming.

- 1: more
- 2: same
- 3: less
- 4: stopped completely

1.3 Since your last menstrual period, have you taken any pills, tonics or tablets to supplement your diet? (e.g. vitamins, minerals, iron tablets, folic acid, fish oils etc.)

0. No
1. Yes

11

If yes, please state which:

(for number per day, record number of tablets/capsules/teaspoons per day, as appropriate)

[illegible]

APPETITE AND NAUSEA DURING PREGNANCY

2.1: In the first three months of your pregnancy did you experience any nausea or sickness?

☐

0. No

1. Yes

If yes, was this:

1. Mild (nausea only)

2. Moderate (sometimes sick)

3. Severe (regularly sick, can't retain meals)

☐

2.2 In the first three months of your pregnancy, did you eat:

1. More

2. The same *go to Section 3*

3. Less in amount

than before you became pregnant.

☐

2.3 If **more**, was this

*

1. Because you felt more hungry

2. To prevent you feeling sick

3. Because you felt it was best for the baby

(9. Not sure/other reason)

If **less**, was this

*

1. Because you felt less hungry

2. Because of nausea/sickness

3. Didn't want to put on too much weight

(9. Not sure/other reason)

☐
☐

3: SMOKING

I would like to ask you a few questions about your smoking habits.

3.1 Did you smoke at the time of your last menstrual period?

0. No *go to 3.3*

1. Yes

☐

3.2 How many per day (record maximum stated)?

3.3 Did you smoke when you were around 11 weeks pregnant?

0. No *go to 3.5*

1. Yes

☐

3.4 How many per day (record maximum stated)?

3.5 Does anyone smoke regularly **in the same room as you?**

0. No

1. Yes

☐

4: MEDICINES

I would like to ask you now about any medicines you may have taken.

- 4.1** What, if any, medicines/inhalers/pills/tablets/indigestion remedies have you taken since your last menstrual period?

USE BLOCK CAPITALS & COPY NAMES DIRECTLY OFF BOTTLES IF POSSIBLE

1		
2		
3		
4		
5		
6		
7		
8		

5: PREGNANCIES AND ILLNESSES

- 5.1** Have you had any previous pregnancies of more than 28 weeks?

0. No

1. Yes

☐

I would now like to ask you a few questions about any ILLNESSES you may have suffered from:

If 'no' to 5.1, go to 5.3

- 5.2** During your previous pregnancies were you ever treated by a doctor for:

a) High blood pressure (treatment includes admission/bed rest/induction)

0. No

1. Yes

☐

b) Diabetes

0. No

1. Yes

☐

c) Anaemia

0. No

1. Yes

☐

d) Were you anaemic after the birth of any of your previous babies?

0. No

1. Yes

☐

- 5.3** When not pregnant have you ever been treated by a doctor for:
- a) High blood pressure (don't include pill associated high BP)
0. No ☐
1. Yes
- b) Diabetes
0. No ☐
1. Yes
- c) Anaemia
0. No ☐
1. Yes
- 5.4** **Either** as a child or an adult, have you ever suffered from asthma?
0. No ☐
1. Yes
- If Yes a) was this confirmed by a doctor?
- 0.No ☐
- 1.Yes
- 5.5** Have you had wheezing or whistling in the chest in the last 12 months?
- 0.No *go to 5.7* ☐
- 1.Yes
- 5.6** How many attacks of wheezing have you had in the last 12 months?
0. None
1. 1-3 ☐
2. 4-12
3. More than 12
- 5.7** Did you suffer from eczema in childhood?
0. No ☐
1. Yes
- 5.8** Have you had eczema affecting the creases of your elbows or knees in the last year?
0. No ☐
1. Yes
- 5.9** Have you ever had a problem with sneezing, or a runny, or blocked nose when you DID NOT have a cold or 'flu?
- 0.No *go to section 6* ☐
- 1.Yes
- 5.10** Is the nose problem usually accompanied by itchy-watery eyes?
- 0.No ☐
- 1.Yes

- 5.11** In the last 12 months, have you had a problem with sneezing, or a runny, or blocked nose when you DID NOT have a cold or the 'flu?

0.No *go to section 6*

1.Yes

☐

- 5.12** Have you used any medicines to treat hayfever, rhinitis or any other nasal problems, at any time in the last 12 months (including sprays, solutions, pills, capsules or tablets)?

0.No

1.Yes

☐

6: BABY'S FATHER

Now I would like to ask some questions about the baby's natural father:

- 6.1** **Either** as a child or an adult, has he ever suffered from asthma?

0. No *go to 6.3*

1. Yes

8. Don't talk about him *go to section 8*

☐

- 6.2** If Yes a) was this confirmed by a doctor?

0.No

1.Yes

☐

- 6.3** Has he had wheezing or whistling in the chest in the last 12 months?

0.No *go to 6.5*

1.Yes

☐

- 6.4** How many attacks of wheezing has he had in the last 12 months?

0. None

1. 1-3

2. 4-12

3. More than 12

☐

- 6.5** Did he suffer from eczema in childhood?

0. No

1. Yes

☐

- 6.6** Has he had eczema affecting the creases of his elbows or knees in the last year?

0. No

1. Yes

☐

- 6.7** Has he ever had a problem with sneezing, or a runny, or blocked nose when he DID NOT have a cold or 'flu?

0.No *go to 6.11*

1.Yes

☐

6.8 Is the nose problem usually accompanied by itchy-watery eyes?

0.No

1.Yes

☐

6.9 In the last 12 months, has he had a problem with sneezing, or a runny, or blocked nose when he DID NOT have a cold or the 'flu?

0.No *go to 6.11*

1.Yes

☐

6.10 Has he used any medicines to treat hayfever, rhinitis or any other nasal problems, at any time in the last 12 months (including sprays, solutions, pills, capsules or tablets)?

0.No

1.Yes

☐

6.11 Approximately what is his height?

In feet and inches

 ft . ins

OR in centimetres

 . cm

6.12 Approximately what is his current weight?

In stones and pounds

 st lb

OR in kilograms

 . kg

6.13 What was his birth weight?

In pounds and ounces

 lbs oz

OR in grams

 grams

6.14 What is his date of birth?

d	d	m	m	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7: BABY'S FATHER'S OCCUPATION

7.1 Was the baby's father in paid employment or self-employed in the week ending last Sunday?

0. No *go to 7.3*

1. Yes

☐

7.2 Was he working full time or part time?

0. Full time (more than 30 hours) *go to 7.6b*

1. Part time (30 hours or fewer)

☐

7.3 Was he going to college full time? ☐
 0.No *if working part-time go to 7.6a*
if not working go to 7.5
 1.Yes

7.4 *If yes, what is he studying?* _____
If working part time go to 7.7
If not working go to section 8

7.5 *If not working or studying was he*
 Unemployed ? (1) ☐
 Permanently unable to work because of
 long term sickness or disability ? (2)
 looking after home or family? (3)
 other ? (specify) _____ (4)

7.6a *If **not** working or working part-time, what was his last **full-time** job?*
If only ever part-time give last part time job.
Then if currently working part time go to 7.7, otherwise go to section 8

Job Position _____
 _____ Self-employed/manager/foreman/employee
 Industry _____

7.6b *If working full-time, what is his job ? (Then go to section 8)*
Probe industry & self-employed/manager/foreman/employee

Job Position _____
 _____ Self-employed/manager/foreman/employee
 Industry _____

7.7 *If working part-time now, what is his current job?*

Job Position _____
 _____ Self-employed/manager/foreman/employee
 Industry _____

7.8 *If working part time, how many hours per week does he work?*

hrs mins

8: BODY MEASUREMENTS

8.1 How much did you weigh 6-8 months ago, ie. before
 you became pregnant?

st . lbs

kg

8.2 Head circumference

		.	
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 cm

9. FINAL CHECK FOR NURSES

Have you left the Baby's Father's Birth Details Form?

0. No

1. Yes

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THANK YOU VERY MUCH