

SWS Serial Number



***EARLY PREGNANCY
QUESTIONNAIRE***

Name: (Forename, Surname) _____

Address: _____

Postcode:

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Date of Birth:

--	--

^{d d}

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^{m m}

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^{y y}

Interviewer:

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 Date of interview:

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^{d d}

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^{m m}

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^{y y}

We would like to send details of your ultrasound scan report to your GP to assist in your care during pregnancy.
Are you happy for us to do this?

0. No

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1. Yes

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

GP's name: _____

Surgery Address: _____

1: ACTIVITY AND EXERCISE

Can I firstly ask you about your activity and exercise patterns over the last three months? As before, we would like you to divide up a "typical" day into three types of activity. These are:

(1) sleeping or lying, (2) sitting, (3) standing or walking.

1.1 Over a typical 24 hour day how many hours have you generally spent sleeping or lying with your feet up?

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 hrs

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 mins

(ask time usually go to bed & wake up, including any at work!)

This would indicate xx hours sitting or on your feet.

1.2 Of those hours how many on a typical day have you spent sitting down? *(e.g. includes sitting at work, mealtimes, driving, reading, watching TV)*

--	--

 hrs

--	--

 mins

1.3 This would mean that you have spent about xx hours a day on your feet. Does this sound about right?

--	--

 hrs

--	--

 mins

1.4 Out of these xx hours spent on your feet, about how much of the time were you **actively on the move** (rather than standing fairly still)?

- * 1. Very little 10%
2. Some 30%
3. About half 50%
4. Most 70%
5. Almost all 90%

1.5 **During the past three months**, how often have you done the following kinds of exercise or activities?

- a) **strenuous exercise** which made your heart beat rapidly **AND** left you breathless e.g. jogging, vigorous swimming or cycling, aerobics.

FFQ categories 1-7

>x1

and **on average** about how long did each period of activity last?

hrs mins

- b) **moderate exercise** which left you exhausted but not breathless, e.g. brisk walking, dancing, easy swimming or cycling, badminton, sailing.

FFQ categories 1-7

>x1

and **on average** about how long did each period of activity last?

hrs mins

- c) **gentle exercise** which left you tired but not exhausted, e.g. walking, heavy housework (including washing windows and polishing), gardening, DIY, golf.

FFQ categories 1-7

>x1

and **on average** about how long did each period of activity last?

hrs mins

1.6 Which of the following best describes your walking speed at present?

- * 1. Very slow
2. Stroll at an easy pace
3. Normal speed
4. Fairly brisk
5. Fast

2: DIETARY QUESTIONS

2.1 Now I am going to ask you about the foods you have eaten over the past 3 months. To do this I have a list of foods and I would like you to tell me how often you have eaten each food. As before the list may include foods you never ate or you may find foods which you eat a lot are missing. These can be added on at the end. (*Define the 3 month period*)

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
1	White Bread	1	2	3	4	5	6	7	<input type="text"/>
	When you ate bread/toast/sandwiches, how many slices/rolls did you eat at a typical meal? <div><input type="text"/><input type="text"/>.</div> <i>Rolls (count as 2 slices)</i> <i>French bread (2" counts as 1 slice)</i>								
2	Brown and wholemeal bread/rolls	1	2	3	4	5	6	7	<input type="text"/>
	How many slices/rolls did you eat at a typical meal? <div><input type="text"/><input type="text"/>.</div> <i>Rolls (count as 2 slices)</i>								
3	Crackers and cheese biscuits	1	2	3	4	5	6	7	<input type="text"/>
4	Wholemeal and rye crackers	1	2	3	4	5	6	7	<input type="text"/>
5	'Bran' breakfast cereals	1	2	3	4	5	6	7	<input type="text"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
6	Other breakfast cereals	1	2	3	4	5	6	7	<input type="checkbox"/>
7	Added bran to foods	1	2	3	4	5	6	7	<input type="checkbox"/>
8	Cakes and gateaux	1	2	3	4	5	6	7	<input type="checkbox"/>
9	Buns	1	2	3	4	5	6	7	<input type="checkbox"/>
10	Pastries	1	2	3	4	5	6	7	<input type="checkbox"/>
11	Biscuits-chocolate, digestive and ginger	1	2	3	4	5	6	7	<input type="checkbox"/>
12	Other biscuits	1	2	3	4	5	6	7	<input type="checkbox"/>
13	Fruit puddings	1	2	3	4	5	6	7	<input type="checkbox"/>
14	Milk based puddings and sauces	1	2	3	4	5	6	7	<input type="checkbox"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
15	Other puddings	1	2	3	4	5	6	7	<input type="text"/>
16	Yogurt and fruit fools	1	2	3	4	5	6	7	<input type="text"/>
17	Potatoes – boiled and jacket	1	2	3	4	5	6	7	<input type="text"/>
	When you ate these how many potatoes did you eat at a typical meal? <div><input type="text"/><input type="text"/><input type="text"/> . <input type="text"/></div> <i>Large baking (count as 3)/new (count as 0.5)</i>								
18	Roast potatoes and chips	1	2	3	4	5	6	7	<input type="text"/>
	When you ate these how many potatoes did you eat at a typical meal? <div><input type="text"/><input type="text"/><input type="text"/> . <input type="text"/></div>								
19	Yorkshire puddings and savoury pancakes	1	2	3	4	5	6	7	<input type="text"/>
20	Brown and white rice	1	2	3	4	5	6	7	<input type="text"/>
21	Pasta and dumplings	1	2	3	4	5	6	7	<input type="text"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
22	Tinned vegetables	1	2	3	4	5	6	7	<input type="checkbox"/>
23	Peas and green beans	1	2	3	4	5	6	7	<input type="checkbox"/>
24	Carrots	1	2	3	4	5	6	7	<input type="checkbox"/>
25	Parsnips, swede and turnip	1	2	3	4	5	6	7	<input type="checkbox"/>
26	Sweetcorn and mixed veg	1	2	3	4	5	6	7	<input type="checkbox"/>
27	Beans and pulses	1	2	3	4	5	6	7	<input type="checkbox"/>
28	Tomatoes	1	2	3	4	5	6	7	<input type="checkbox"/>
29	Spinach	1	2	3	4	5	6	7	<input type="checkbox"/>
30	Broccoli, Brussels sprouts and spring greens	1	2	3	4	5	6	7	<input type="checkbox"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
31	Cabbage and cauliflower	1	2	3	4	5	6	7	<input type="checkbox"/>
32	Peppers and watercress	1	2	3	4	5	6	7	<input type="checkbox"/>
33	Onion	1	2	3	4	5	6	7	<input type="checkbox"/>
34	Green salad	1	2	3	4	5	6	7	<input type="checkbox"/>
35	Side salads in dressing	1	2	3	4	5	6	7	<input type="checkbox"/>
36	Courgettes, marrow and leeks	1	2	3	4	5	6	7	<input type="checkbox"/>
37	Mushrooms	1	2	3	4	5	6	7	<input type="checkbox"/>
38	Vegetable dishes	1	2	3	4	5	6	7	<input type="checkbox"/>
39	Vegetarian foods	1	2	3	4	5	6	7	<input type="checkbox"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
40	Tinned fruit not including grapefruit, prunes, figs or blackcurrants	1	2	3	4	5	6	7	<input type="checkbox"/>
41	Cooked fruit not including blackcurrants	1	2	3	4	5	6	7	<input type="checkbox"/>
42	Dried fruit	1	2	3	4	5	6	7	<input type="checkbox"/>
43	Fresh apples and pears	1	2	3	4	5	6	7	<input type="checkbox"/>
44	Fresh oranges and orange juice	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
45	Grapefruit and grapefruit juice	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
46	Blackcurrants, ribena and hi-juice blackcurrant drinks	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
47	Other fruit juices (not squashes)	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
48	Diet Coke and Pepsi not including caffeine free	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
49	Coke and Pepsi	1	2	3	4	5	6	7	<input type="text"/>
50	Soft drinks not including diet drinks (low calorie or low sugar)	1	2	3	4	5	6	7	<input type="text"/>
51	Bananas	1	2	3	4	5	6	7	<input type="text"/>
52	Fresh peaches, plums, cherries and grapes	1	2	3	4	5	6	7	<input type="text"/>
53	Strawberries and raspberries	1	2	3	4	5	6	7	<input type="text"/>
54	Fresh pineapple, melon, kiwi and other tropical fruits	1	2	3	4	5	6	7	<input type="text"/>
55	Nuts	1	2	3	4	5	6	7	<input type="text"/>
56	Bacon and gammon	1	2	3	4	5	6	7	<input type="text"/>
57	Pork	1	2	3	4	5	6	7	<input type="text"/>
58	Chicken and turkey	1	2	3	4	5	6	7	<input type="text"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
59	Lamb	1	2	3	4	5	6	7	<input type="checkbox"/>
60	Beef	1	2	3	4	5	6	7	<input type="checkbox"/>
61	Minced meat dishes	1	2	3	4	5	6	7	<input type="checkbox"/>
62	Meat Pies	1	2	3	4	5	6	7	<input type="checkbox"/>
63	Liver and kidney	1	2	3	4	5	6	7	<input type="checkbox"/>
64	Paté and liver sausage	1	2	3	4	5	6	7	<input type="checkbox"/>
65	Faggots and black pudding	1	2	3	4	5	6	7	<input type="checkbox"/>
66	Sausages	1	2	3	4	5	6	7	<input type="checkbox"/>
67	Ham and luncheon meat	1	2	3	4	5	6	7	<input type="checkbox"/>
68	White fish	1	2	3	4	5	6	7	<input type="checkbox"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
69	Fish fingers and fish dishes	1	2	3	4	5	6	7	<input type="checkbox"/>
70	Oily fish	1	2	3	4	5	6	7	<input type="checkbox"/>
71	Shellfish	1	2	3	4	5	6	7	<input type="checkbox"/>
72	Boiled and poached eggs	1	2	3	4	5	6	7	<input type="checkbox"/>
73	Omelette and fried eggs	1	2	3	4	5	6	7	<input type="checkbox"/>
74	Cottage Cheese	1	2	3	4	5	6	7	<input type="checkbox"/>
75	Cheese	1	2	3	4	5	6	7	<input type="checkbox"/>
76	Pizza, quiches and cheese flans	1	2	3	4	5	6	7	<input type="checkbox"/>
77	Soup	1	2	3	4	5	6	7	<input type="checkbox"/>
78	Mayonnaise and salad cream	1	2	3	4	5	6	7	<input type="checkbox"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
79	Pickles, chutney, tomato ketchup and brown sauce	1	2	3	4	5	6	7	<input type="checkbox"/>
80	Chocolate	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
81	Other sweets	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
82	Ice cream and chocolate desserts	1	2	3	4	5	6	7	<input type="checkbox"/>
83	Cream	1	2	3	4	5	6	7	<input type="checkbox"/>
84	Crisps and savoury snacks	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
85	Sweet spreads	1	2	3	4	5	6	7	<input type="checkbox"/>
86A	Gravy granules and powders	1	2	3	4	5	6	7	<input type="checkbox"/>
86B	Stock cubes and Marmite	1	2	3	4	5	6	7	<input type="checkbox"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
87	Drinking chocolate and milk shakes not including McDonald style milkshakes	1	2	3	4	5	6	7	<input type="text"/>
88	Decaffeinated coffee and tea	1	2	3	4	5	6	7	<input type="text"/> <input type="text"/>
89	Tea	1	2	3	4	5	6	7	<input type="text"/> <input type="text"/>
90	Coffee	1	2	3	4	5	6	7	<input type="text"/> <input type="text"/>
93	Spreading fat (1) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2	3	4	5	6	7	<input type="text"/>
94	Spreading fat (2) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2	3	4	5	6	7	<input type="text"/>
95	Spreading fat (3) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2	3	4	5	6	7	<input type="text"/>
96	Frying fat or oil (1) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2	3	4	5	6	7	<input type="text"/>
97	Frying fat or oil (2) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2	3	4	5	6	7	<input type="text"/>
98	Frying fat or oil (3) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2	3	4	5	6	7	<input type="text"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
99	Other vegetable oil (1) e.g. salad dressings, _____ F <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2	3	4	5	6	7	<input type="text"/>
100	Other vegetable oil (2) e.g. salad dressings, _____ F <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1	2	3	4	5	6	7	<input type="text"/>

2.2 Are there food or drinks which you have eaten or drunk **once a week or more** which are not on the list? Include breakfast bars such as Nutrigrain and Kellogg's

0.No/1. Yes

☐

If Yes

Name of food/drink	1-2 times per week	3-6 times per week	Once a day	More than once a day
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/>

Now I would like to ask in more detail about some specific foods

2.3: Which types of milk have you used regularly in drinks and added to breakfast cereals over the last 3 months?

0. None
1. Whole pasteurised
2. Semi-skimmed pasteurised
3. Skimmed pasteurised
4. Whole UHT
5. Semi-skimmed UHT
6. Skimmed UHT
7. Other

Milk 1 ☐ Other (specify) _____

Milk 2 ☐ Other (specify) _____

Milk 3 ☐ Other (specify) _____

2.4 On average over the last 3 months how much
* of each milk have you consumed per day?

Milk 1 . pints

Milk 2 . pints

Milk 3 . pints

2.5 Have you added sugar to breakfast cereals, tea & coffee, puddings etc.?

0. No *go to 2.7*

1. Yes

☐

2.6 Approximately how many teaspoons of sugar have you added each day?

2.7 When you eat meat, how much of the fat have you usually cut off (including chicken skin)?

1. all 100%

2. most 60%

3. some 30%

4. none 0%

9. not applicable

☐

2.8 Just thinking about the **past week** how many servings did you eat of:

Vegetables and vegetable-containing dishes (excluding potatoes)?	
fruit and pure fruit juices?	
meat and fish and their dishes?	

3: FOOD SUPPLEMENTS & DIETARY CHANGES

3.1 During the past three months 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

If yes, please state which:

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

Supplement	Number per day	How many days in the last 90?	Did you start taking this: 1: Less than 1 month ago 2: 1-2 months ago 3: More than 2 months ago
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

3.2 We have asked you about your diet on 2 occasions. In the time between our **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 Section 4.

☐

3.3 (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

☐

APPETITE AND NAUSEA DURING PREGNANCY

4.1: Have you experienced any nausea or sickness since becoming pregnant?

0. No

1. Yes

☐

If yes, has this been:

1. Mild (nausea only)

2. Moderate (sometimes sick)

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

☐

4.2 Since you became pregnant, are you eating:

1. More

2. The same

3. Less in amount

☐

4.3 If **more**, is this

*

1. Because you feel more hungry

2. To prevent you feeling sick

3. Because you feel it is best for the baby

(9. Not sure/other reason)

☐

If **less**, is this

*

1. Because you feel less hungry

2. Because of nausea/sickness

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

(9. Not sure/other reason)

☐

5: ALCOHOL CONSUMPTION

I'd like to ask you a few questions about your drinking and smoking habits.

5.1 Do you ever drink alcohol?

0. No *go to section 6*

1. Yes

☐

5.2 During the past three months:

a) How often have you drunk
Shandy or Low Alcohol Beer/Lager/Cider? FFQ 1-7 >x1
 (don't include alcohol **free** lager etc)

b) When you drank these how many pints did you
 normally have? .
 (if range given code mid-point)

5.3 a) How often have you drunk
Beer/Stout/Lager/Cider/Alcopops? FFQ 1-7 >x1

b) When you drank these how many pints did you
 normally have? .
 (if range given code mid-point)

5.4 a) How often have you drunk
Low alcohol wine? FFQ 1-7 >x1

b) When you drank this how many glasses did you
 normally have? .
 (if range given code mid-point)

5.5 a) How often have you drunk
Wine/Sherry/Martini/Cinzano? FFQ 1-7 > x1

b) When you drank these how many glasses did you
 normally have? .
 (if range given code mid-point)

5.5 a) How often have you drunk
Spirits/Liqueurs? FFQ 1-7 > x1

b) When you drank these how many measures did you
 normally have? .
 (if range given code mid-point)

6: SMOKING

6.1 Did you smoke at the time of your last menstrual period?
 0. No *go to 6.3*
 1. Yes

6.2 How many per day (record maximum stated)?

6.3 Are you currently smoking?
 0. No *go to 6.5*
 1. Yes

6.4 How many per day? (code max)

Go to Section 7

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

0. No

1. Yes

☐

7: MEDICINES

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

7.1 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		

8: PREGNANCIES AND ILLNESSES

8.1 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 8.1, go to 8.3

8.2 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

8.3 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

8.4 **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

8.5 Have you had wheezing or whistling in the chest in the last 12 months?

- 0.No *go to 8.7* ☐
1.Yes

8.6 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 ☐

8.7 Did you suffer from eczema in childhood?

0. No ☐
1. Yes

- 8.8** Have you had eczema affecting the creases of your elbows or knees in the last year?
0. No ☐
1. Yes
- 8.9** 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 9* ☐
- 1.Yes
- 8.10** Is the nose problem usually accompanied by itchy-watery eyes?
- 0.No ☐
- 1.Yes
- 8.11** 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 9* ☐
- 1.Yes
- 8.12** 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

9: **BABY'S FATHER**

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

- 9.1** **Either** as a child or an adult, has he ever suffered from asthma?
0. No *go to 9.3* ☐
1. Yes
8. Don't talk about him *go to Section 11*
- 9.2** If Yes a) was this confirmed by a doctor?
- 0.No ☐
- 1.Yes
- 9.3** Has he had wheezing or whistling in the chest in the last 12 months?
- 0.No *go to 9.5* ☐
- 1.Yes
- 9.4** 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

9.5 Did he suffer from eczema in childhood?

0. No

1. Yes

☐

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

0. No

1. Yes

☐

9.7 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 9.11*

1.Yes

☐

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

0.No

1.Yes

☐

9.9 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 9.11*

1.Yes

☐

9.10 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

☐

9.11 Approximately what is his height?

In feet and inches

ft

.

ins

OR in centimetres

.

cm

9.12 Approximately what is his current weight?

In stones and pounds

st

lb

OR in kilograms

.

kg

9.13 What was his birth weight?

In pounds and ounces

lbs

oz

OR in grams

grams

9.14 What is his date of birth?

d d

m m

y y

10: BABY'S FATHER'S OCCUPATION

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

0. No *go to 10.3*
1. Yes

☐

10.2 Was he working full time or part time?

0. Full time (more than 30 hours) *go to 10.6b*
1. Part time (30 hours or fewer)

☐

10.3 Was he going to college full time?

- 0.No *if working part-time go to 10.6a*
if not working go to 10.5
1.Yes

☐

10.4 *If yes, what is he studying?* _____
If working part time go to 10.7
If not working go to section 11

10.5 *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)

☐

10.6a *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 10.7, otherwise go to section 11

Job Position _____

Self-employed/manager/foreman/employee

Industry _____

10.6b *If working full-time, what is his job ? (Then go to section 11)*
Probe industry & self-employed/manager/foreman/employee

Job Position _____

Self-employed/manager/foreman/employee

Industry _____

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

Job Position _____

Self-employed/manager/foreman/employee

Industry _____

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

		hrs			mins
--	--	-----	--	--	------

11: BODY MEASUREMENTS

If not done before get consent here

11.1 Pulse (30sec)

(Double the value to give pulse for 1 minute)

--	--	--

11.2 Which hand do you write with ?

1. Right

2. Left

3. Completely ambidextrous

--

11.3 Weight

			.		kg
--	--	--	---	--	----

11.4 How much did you weigh 3-4 months ago, ie. before you became pregnant?

		st			.		lbs
--	--	----	--	--	---	--	-----

			kg
--	--	--	----

11.5 Head circumference

		.		cm
--	--	---	--	----

*Mark and measure up the non-dominant arm and side of the body
(measure the left if completely ambidextrous)*

11.6 Waist circumference

			.		cm
--	--	--	---	--	----

11.7 Hip circumference

			.		cm
--	--	--	---	--	----

11.8 Mid-thigh circumference

		.		cm
--	--	---	--	----

11.9 Calf circumference

		.		cm
--	--	---	--	----

11.10 Mid-upper arm circumference
(non-dominant side)

		.		cm
--	--	---	--	----

11.11 Triceps skinfold
(non-dominant side)

		.		mm			.		mm
		.		mm			.		mm
		.		mm			.		

11.12 Biceps skinfold
(non-dominant side)

		.		mm			.		mm
		.		mm			.		mm
		.		mm			.		

11.13 Subscapular skinfold
(non-dominant side)

		.		mm			.		mm
		.		mm			.		mm
		.		mm			.		

11.14 Upper suprailiac skinfold
(non-dominant side)

		.		mm			.		mm
		.		mm			.		mm
		.		mm			.		

11.15 Skinfold calipers used

--	--	--

11.16 Time (24 hr clock)

--	--	--	--

11.17 Room Temperature

		.		°C
--	--	---	--	----

11.18 Heel ultrasound performed?

0 = No
1 = Yes

--

11.19 Intramalleolar distance

		.		cm
--	--	---	--	----

11.20 Soft tissue distance

		.		cm
--	--	---	--	----

12. BLOOD SAMPLE*Has the woman given her consent?**0. No**1. Yes*☐**12.1** What time did you
finish your last meal or snack?

--	--	--	--

Time blood sample taken

--	--	--	--

FINAL CHECK FOR NURSES*Have you left the Baby's Father's Birth Details Form?**0. No**1. Yes*☐*Have you left a food diary?**0. No**1. Yes*☐**THANK YOU VERY MUCH**