



***LATE PREGNANCY
QUESTIONNAIRE***

Name: (Forename, Surname) _____

Date of Birth: d d m m y y

Have you changed your address or telephone number since you were seen in early pregnancy

0. No ☐
 1. Yes ☐

If yes, new address/postcode

Address: _____

Postcode:

Phone No:

Have you changed your GP since you would seen in early pregnancy

0. No ☐
 1. Yes ☐

If yes, new GP's name and address

Interviewer: Date of interview: d d m m y y

1: OCCUPATIONAL ACTIVITY

1.1 Have you had any paid jobs at any time since you became pregnant?

0. No (*go to Section 2*) ☐
 1. Yes ☐

- 1.2** Would you please tell me the paid jobs that you have done during your pregnancy and the weeks of your pregnancy in which you have done them?

If started before pregnancy, week started = 0

If job is still ongoing, week finished = 88

Occupation	Week Started	Week Finished
a)		
b)		
c)		
d)		

If not in paid work at around 11 weeks of pregnancy go to 1.6

- 1.3** At around 11 weeks of pregnancy – when we interviewed you for the first time during pregnancy - how many paid hours in total did you work during an average week?

hrs mins

- 1.4** Did this include working night shifts?

0. No

1. Yes

☐

- 1.5** At around this time did your paid work involve any of the following activities in an average day at work?
*

- i) Standing or walking for more than four hours in total?

0. No

1. Yes

☐

- ii) Kneeling or squatting for more than an hour in total?

0. No

1. Yes

☐

- (iii) Standing or sitting with your trunk bent forward (see diagram) for more than an hour in total?

0. No

1. Yes

☐

- (iv) Lifting or carrying weights of 56lbs (25kg) (4 stone) or more by hand, (equivalent to a sack of potatoes, a nine year old child, a very heavy suitcase)?

0. No

1. Yes

☐

- 1.6** *If not in paid work around 19 weeks of pregnancy go to 1.10*

At around 19 weeks of pregnancy – when you came for your routine scan - how many paid hours in total did you work during an average week?

hrs mins

- 1.7** Did this include working night shifts?

0. No

1. Yes

☐

1.8 Were the activities at work on the card, the same at 19 weeks as they were at 11 weeks?

0. No

1. Yes *go to 1.10*

☐

1.9 At around 19 weeks of pregnancy did your paid work involve any of the following activities in an average day at work?

*

i) Standing or walking for more than four hours in total?

0. No

1. Yes

☐

ii) Kneeling or squatting for more than an hour in total?

0. No

1. Yes

☐

(iii) Standing or sitting with your trunk bent forward (see diagram) for more than an hour in total?

0. No

1. Yes

☐

(iv) Lifting or carrying weights of 56lbs (25kg) (4 stone) or more by hand, (equivalent to a sack of potatoes, a nine year old child, a very heavy suitcase)?

0. No

1. Yes

☐

1.10 *If not in paid work now, go to 1.14*

How many paid hours a week in total are you working now?

<input type="text"/>	<input type="text"/>	hrs	<input type="text"/>	<input type="text"/>	mins
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1.11 Does this include working night shifts?

0. No

1. Yes

☐

1.12 Are the activities at work on the card, the same now as they were at 19 weeks?

0. No

1. Yes *go to 1.14*

☐

1.13 Does your paid work involve any of the following activities in an average day at work?

*

i) Standing or walking for at least an hour in total?

0. No

1. Yes

☐

ii) Kneeling or squatting for at least an hour in total?

0. No

1. Yes

☐

(iii) Standing or sitting with your trunk bent forward (see diagram) for at least an hour in total?

0. No

1. Yes

☐

- (iv) Lifting or carrying weights of 56lbs (25kg) (4 stone) or more by hand, (equivalent to a sack of potatoes, a nine year old child or a very heavy suitcase)?

0. No

☐

1. Yes

- 1.14** Have you at any time during your pregnancy left a paid job or changed the type of paid work that you were doing because of a health problem? (Excludes changes simply because pregnant, such as routine maternity leave).

0. No

☐

1. Yes

If yes, please give details of health problems and change and the stage of pregnancy at which they occurred:

2: ACTIVITY AND EXERCISE

Can I now 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.

- 2.1** Over a typical 24 hour day how many hours have you generally spent sleeping or lying with your feet up? hrs mins

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

This would indicate xx hours sitting or on your feet.

- 2.2** 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

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

 hrs mins

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

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

2.5 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

2.6 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

3: DIETARY QUESTIONS

3.1 Now I am going to ask you about the foods you have eaten in 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 during the past 3 months. Again the list may include foods you never eat 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="checkbox"/>
	When you ate bread/toast/sandwiches, how many slices/rolls did you eat at a typical meal? <div><input type="text"/><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="checkbox"/>
	How many slices/rolls did you eat at a typical meal? <div><input type="text"/><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="checkbox"/>
4	Wholemeal and rye crackers	1	2	3	4	5	6	7	<input type="checkbox"/>
5	'Bran' breakfast cereals	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
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"/> <input type="checkbox"/>
12	Other biscuits	1	2	3	4	5	6	7	<input type="checkbox"/> <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 DESCRIPTION	FREQUENCY EATEN							
FOOD CODE		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="checkbox"/>
16	Yogurt and fruit fools	1	2	3	4	5	6	7	<input type="checkbox"/>
17	Potatoes – boiled and jacket	1	2	3	4	5	6	7	<input type="checkbox"/>
	When you ate these how many potatoes did you eat at a typical meal? <div> <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="checkbox"/>
	When you ate these how many potatoes did you eat at a typical meal? <div> <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="checkbox"/>
20	Brown and white rice	1	2	3	4	5	6	7	<input type="checkbox"/>
21	Pasta and dumplings	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
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) _____ F <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) _____ F <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) _____ F <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) _____ F <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) _____ F <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) _____ F <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"/>

3.2 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

3.3: 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) _____

3.4 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

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

0. No *go to 3.7* ☐
1. Yes

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

3.7 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

3.8 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?	

4: FOOD SUPPLEMENTS

4.1 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"/>			

5: APPETITE AND NAUSEA DURING PREGNANCY

5.1 Have you experienced any nausea or sickness over the last 3 months?

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)

☐
☐

5.2 Compared with **BEFORE** you were pregnant, are you eating:

1. More

2. The same

3. Less in amount

☐

5.3 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)

6: ALCOHOL CONSUMPTION

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

6.1 Do you ever drink alcohol?

0. No *go to section 7*

1. Yes

During the past three months:

6.2: a) How often have you drunk

Shandy or Low Alcohol Beer/Lager/Cider? FFQ 1-7

(don't include alcohol **free** lager etc)

 >x1

b) When you drank these how many pints did you normally have?

(if range given code mid-point)

 .

6.3 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)

 .

6.4 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)

 .

6.5 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)

 .

6.6 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)

.

7: SMOKING

7.1 Are you currently smoking?

0. No

1. Yes

If Yes, how many per day (code max)

If No, go to Section 8

8: MEDICINES

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

8.1 What, if any, medicines/inhalers/pills, tablets indigestion remedies have you taken
since we administered a questionnaire earlier in the pregnancy?

USE BLOCK CAPITALS & COPY NAMES DIRECTLY OFF BOTTLES IF POSSIBLE

1		
2		
3		
4		
5		
6		
7		
8		

9: BODY MEASUREMENTS

9.1 Pulse (30sec)

(Double the value to give pulse for 1 minute)

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9.2 Which hand do you write with ?

1. Right

2. Left

3. Completely ambidextrous

--

9.3 Weight

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

Mark and measure up the non-dominant arm and side of the body

(measure the left if completely ambidextrous)

9.4 Mid-thigh circumference

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

9.5 Calf circumference

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

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

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

9.7 Triceps skinfold
(non-dominant side)

		.		mm			.		mm
		.		mm			.		mm
		.		mm			.		

9.8 Biceps skinfold
(non-dominant side)

		.		mm			.		mm
		.		mm			.		mm
		.		mm			.		

9.9 Subscapular skinfold
(non-dominant side)

		.		mm			.		mm
		.		mm			.		mm
		.		mm			.		

9.10 Upper suprailiac skinfold
(non-dominant side)

		.		mm			.		mm
		.		mm			.		mm
		.		mm			.		

9.11 Skinfold calipers used

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9.12 Time (24 hr clock)

--	--	--	--

9.13 Room Temperature

		.		°C
--	--	---	--	----

9.18 Heel ultrasound performed?

0 = No

1 = Yes

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9.19 Intramalleolar distance

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

9.20 Soft tissue distance

		.		cm
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10: BLOOD SAMPLE

Has the woman given her consent?

0. No

1. Yes

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10.1 What time did you finish
your last meal or snack?

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Time blood sample taken

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