

1	How old were you when you had your first menstrual period?		Number 0-99	AA12
2	How many days are there usually between the first day in your menstrual period and the first day in your next menstrual period?		Number 0-99	AA13
3	Are you usually depressed or irritable before your period?		No; Yes, but just slightly; Yes, noticeably; Yes, very much	AA14
4	If yes, does this feeling disappear after you get your period?		No; Yes	AA15
5	Were your periods regular the year before you became pregnant?		No; Yes	AA16
6	During the last year before you became pregnant, did you lose your period for more than three months?		No; Yes	AA1687
6	During the last year before you became pregnant, did you lose your period for more than three months?		No; Yes, due to an earlier pregnancy; Yes, for other reasons	AA17
6	During the last year before you became pregnant, did you lose your period for more than three months?		No; Yes, due to an earlier pregnancy; Yes, for other reasons	AA18
6	During the last year before you became pregnant, did you lose your period for more than three months?		No; Yes, due to an earlier pregnancy; Yes, for other reasons	AA19
7	Date of first day of last menstrual period	Day	Number 1-32	AA20
7	Date of first day of last menstrual period	Month	Number 1-12	AA21
7	Date of first day of last menstrual period	Year	Number 1990-2010	AA22
8	Did your last menstrual period come at the expected time?		No	AA23
9	Are you certain about the date of first day of last menstrual period?		Certain; Uncertain	AA24
10	Describe the duration, amount of bleeding and menstrual pains of your last period	Duration	As usual; More than usual; Less than usual	AA25
10	Describe the duration, amount of bleeding and menstrual pains of your last period	Amount of bleeding	As usual; More than usual; Less than usual	AA26
10	Describe the duration, amount of bleeding and menstrual pains of your last period	Menstrual pains	As usual; More than usual; Less than usual	AA27
11	Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant?	Condom		AA28
11	Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant?	Diaphragm		AA29
11	Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant?	IUD		AA30
11	Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant?	Hormone IUD		AA31
11	Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant?	Hormone injection		AA32
11	Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant?	Mini pill		AA33
11	Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant?	Pill		AA34
11	Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant?	Spermicides (foam, suppositories, cream)		AA35
11	Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant?	Safe period		AA36
11	Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant?	Withdrawal		AA37
11	Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant?	No such methods		AA38
11	Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant?	Other		AA39

11	Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant?	Other, specify		AA40 AA1584(txt)
12	If you have used the pill/mini-pill, how long have you used them?	Pill	Less than one year; 1-3 years; 4-6 years; 7-9 years; 10 years or more	AA41
12	If you have used the pill/mini-pill, how long have you used them?	Mini-pill	Less than one year; 1-3 years; 4-6 years; 7-9 years; 10 years or more	AA42
13	If you have used the pill/mini-pill, how old were you when you first used it?		Number 0 - 99	AA43
14	Were you taking the pill/mini-pill during the last 4 months before this pregnancy?		No; Yes	AA44
15	If yes, how long before your last menstrual period did you stop taking the pill/mini-pill?		Number 0 - 99	AA45
16	Was this pregnancy planned?		No; Yes	AA46
17	If yes, how many months did you have regular intercourse without contraception before you became pregnant?		Less than 1 month; 1-2 months; 3 months or more	AA47
17	If yes, how many months did you have regular intercourse without contraception before you became pregnant?		Number of months if more than 3	AA48
17	If yes, how many months did you have regular intercourse without contraception before you became pregnant?		Less than 2 months; 2-3 months; 3 months or more	AA1687
18	Did you become pregnant even though you or your partner used contraceptives?		No; Yes	AA49
19	If yes, which type?	Condom		AA50
19	If yes, which type?	Diaphragm		AA51
19	If yes, which type?	IUD		AA52
19	If yes, which type?	Hormone IUD		AA53
19	If yes, which type?	Hormone injection		AA54
19	If yes, which type?	Mini pill		AA55
19	If yes, which type?	Pill		AA56
19	If yes, which type?	Spermicides (foam, suppositories, cream)		AA57
19	If yes, which type?	Safe period		AA58
19	If yes, which type?	Withdrawal		AA59
19	If yes, which type?	Other		AA60
19	If yes, which type?	Other, specify		AA61 AA1585(txt)
20	If you became pregnant while using an IUD, has it now been removed?		No; Yes	AA62
21	How long have you and the baby's father had a sexual relationship?	Months \\\Years	Number 0 – 99	AA63 AA64
22	How often did you have sexual intercourse during the four weeks before you became pregnant and during the last four weeks?	Before	Every day; 5-6 times a week; 3-4 times a week; 1-2 times a week; 1-2 times every two weeks; Less than 1-2 times every 2 weeks; Never	AA65
22	How often did you have sexual intercourse during the four weeks before you became pregnant and during the last four weeks?	Now	Every day; 5-6 times a week; 3-4 times a week; 1-2 times a week; 1-2 times every two weeks; Less than 1-2 times every 2 weeks; Never	AA66
23	Have you ever been treated for infertility?		No; Yes	AA67
24	If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment didyou have?	Fallopian tube surgery	<i>Earlier pregnancy</i>	AA68
24	If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment didyou have?	Other surgery	<i>Earlier pregnancy</i>	AA70
24	If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment didyou have?	Medication for endometriosis	<i>Earlier pregnancy</i>	AA72
24	If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment didyou have?	Hormone treatment	<i>Earlier pregnancy</i>	AA74
24	If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment didyou have?	Insemination (injection of sperm)	<i>Earlier pregnancy</i>	AA76

24	If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment did you have?	Test-tube method	<i>Earlier pregnancy</i>	AA78
24	If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment did you have?	Other	<i>Earlier pregnancy</i>	AA80
24	If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment did you have?	Fallopian tube surgery	<i>This pregnancy</i>	AA69
24	If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment did you have?	Other surgery	<i>This pregnancy</i>	AA71
24	If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment did you have?	Medication for endometriosis	<i>This pregnancy</i>	AA73
24	If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment did you have?	Hormone treatment	<i>This pregnancy</i>	AA75
24	If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment did you have?	Insemination (injection of sperm)	<i>This pregnancy</i>	AA77
24	If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment did you have?	Test-tube method	<i>This pregnancy</i>	AA79
24	If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment did you have?	Other	<i>This pregnancy</i>	AA81
25	Have you been given information about amniocentesis?		No; Yes	AA82
25	If you are over 38 at the estimated date of delivery, have you been given information about amniocentesis?		No Yes	AA1712
25	If yes, have you planned to perform amniocentesis?		No Yes	AA1713
26	What was your blood pressure at your first antenatal visit?	Highest	Number	AA83
26	What was your blood pressure at your first antenatal visit?	Lowest		AA84
27	What did you weigh at the time you became pregnant and what do you weigh now (in kilograms)?	When I became pregnant	Number 0 - 999	AA85
27	What did you weigh at the time you became pregnant and what do you weigh now (in kilograms)?	Now		AA86
28	How tall are you?	Cm	Number 0 - 999	AA87
29	How tall is the baby's father?	Cm	Number 0 - 999	AA88
30	How much does the baby's father weigh?	kg	Number 0 - 999	AA89
31	Have you been pregnant before? (Include all pregnancies that ended in abortion, miscarriage or stillbirth)		No Yes	AA93
32	If yes, fill in for all earlier pregnancies. Include all pregnancies that ended in abortion, miscarriage or stillbirth as well as ectopic pregnancies. State the year the pregnancy began, how many kilos you gained during the pregnancy and the number of months you breast-fed each baby. State whether or not you smoked during earlier pregnancies.	Year pregnancy started	Number 0 - 9999	(1)AA94 (2)AA100 (3)AA106 (4)AA112 (5)AA118 (6)AA124 (7)AA130 (8)AA136 (9)AA142 (10)AA148
32	If yes, fill in for all earlier pregnancies. Include all pregnancies that ended in abortion, miscarriage or stillbirth as well as ectopic pregnancies. State the year the pregnancy began, how many kilos you gained during the pregnancy and the number of months you breast-fed each baby. State whether or not you smoked during earlier pregnancies.	Outcome of pregnancy	Live infant born; Spontaneous abortion; Termination of pregnancy; Ectopic pregnancy	(1)AA95 (2)AA101 (3)AA107 (4)AA113 (5)AA119 (6)AA125 (7)AA131 (8)AA137 (9)AA143 (10)AA149
32	If yes, fill in for all earlier pregnancies. Include all pregnancies that ended in abortion, miscarriage or stillbirth as well as ectopic pregnancies. State the year the pregnancy began, how many kilos you gained during the pregnancy and the number of months you breast-fed each baby. State whether or not you smoked during earlier pregnancies.	Week of pregnancy for abortion/still birth	Number 0 - 99	(1)AA96 (2)AA102 (3)AA108 (4)AA114 (5)AA120 (6)AA126 (7)AA132 (8)AA138 (9)AA144 (10)AA150
32	If yes, fill in for all earlier pregnancies. Include all pregnancies that ended in abortion, miscarriage or stillbirth as well as ectopic pregnancies. State the year the pregnancy began, how many kilos you gained during the pregnancy and the number of months you breast-fed each baby. State whether or not you smoked during earlier pregnancies.	Number of months breast feeding	Number 0 - 99	(1)AA97 (2)AA103 (3)AA109 (4)AA115 (5)AA121 (6)AA127 (7)AA133 (8)AA139 (9)AA145 (10)AA151
32	If yes, fill in for all earlier pregnancies. Include all pregnancies that ended in abortion, miscarriage or stillbirth as well as ectopic pregnancies. State the year the pregnancy began, how many kilos you gained during the pregnancy and the number of months you breast-fed each baby. State whether or not you smoked during earlier pregnancies.	Weight gain during pregnancy	Number 0 - 99	(1)AA98 (2)AA104 (3)AA110 (4)AA116 (5)AA122 (6)AA128 (7)AA134 (8)AA140 (9)AA146

	during earlier pregnancies.			(10)AA152
32	If yes, fill in for all earlier pregnancies. Include all pregnancies that ended in abortion, miscarriage or stillbirth as well as ectopic pregnancies. State the year the pregnancy began, how many kilos you gained during the pregnancy and the number of months you breast-fed each baby. State whether or not you smoked during earlier pregnancies.	Smoked during pregnancy	No Yes	(1)AA99 (2)AA105 (3)AA111 (4)AA117 (5)AA123 (6)AA129 (7)AA135 (8)AA141 (9)AA147 (10)AA153
33	Have you had any of the following problems during previous pregnancies?	1. Pelvic relaxation requiring medical leave	No; Yes	AA154
33	Have you had any of the following problems during previous pregnancies?	2. Pelvic relaxation requiring bed rest	No; Yes	AA155
33	Have you had any of the following problems during previous pregnancies?	3. Serious nausea and vomiting	No; Yes	AA156
33	Have you had any of the following problems during previous pregnancies?	4. Eclampsia during pregnancy	No; Yes	AA157
33	Have you had any of the following problems during previous pregnancies?	5. Diabetes during pregnancy	No; Yes	AA158
33	Have you had any of the following problems during previous pregnancies?	6. Sugar in urine	No; Yes	AA159
33	Have you had any of the following problems during previous pregnancies?	7. Problems with incontinence	No; Yes	AA160
34	If you had pelvic relaxation in a previous pregnancy that led to bed rest or medical leave, when did the pain start?	months after start of pregnancy	Number 0 - 99	AA161
35	When did the pain stop?	months after pregnancy	Number 0 - 99	AA162
	Still have pain	months after pregnancy		AA163
36	Have you had bleeding from the vagina once or more during this pregnancy?		No Yes	AA164
37	If yes, describe the first bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.	Day	Number	AA165
37	If yes, describe the first bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.	month	Number	AA166
37	If yes, describe the first bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.	Year	Number	AA167
37	If yes, describe the first bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.	Number of days variation	Number	AA168
37	If yes, describe the first bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.	Amount	Trace of blood; More than just a trace; Coagulated blood	AA169
37	If yes, describe the last bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.	Day	Number	AA170
37	If yes, describe the last bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.	month	Number	AA171
37	If yes, describe the last bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.	Year	Number	AA172
37	If yes, describe the last bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.	Number of days variation	Number	AA173
37	If yes, describe the last bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.	Amount	Trace of blood; More than just a trace; Coagulated blood	AA174
37	If yes, describe the last bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.	If more than two episodes of bleeding write in the number of times	Number 0 – 99	AA175
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	1. Pelvic relaxation	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA176; AA177; AA178; AA179; AA180; AA1586; AA1586k; AA181; AA182; AA183; AA184; AA185
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	2. Abdominal pain	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA186; AA187; AA188; AA189; AA190; AA1587; AA1587k; AA191; AA192; AA193; AA194; AA195

38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	3. Back pain	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA196; AA197; AA198; AA199; AA200; AA1588; AA1588k; AA201; AA202; AA203; AA204; AA205
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	4. Neck and shoulderpain	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA206; AA207; AA208; AA209; AA210; AA1589; AA1589k; AA211; AA212; AA213; AA214; AA215
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	5. Nausea	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA216; AA217; AA218; AA219; AA220; AA1590; AA1590k; AA221; AA222; AA223; AA224; AA225
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	6. Nausea withvomiting	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA226; AA227; AA228; AA229; AA230; AA1591; AA1591k; AA231; AA232; AA233; AA234; AA235
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	7. Vaginal thrush	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA236; AA237; AA238; AA239; AA240; AA1592; AA1592k; AA241; AA242; AA243; AA244; AA245
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	8. Vaginal catarrh/unusualdischarge	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA246; AA247; AA248; AA249; AA250; AA1593; AA1593k; AA251; AA252; AA253; AA254; AA255
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	9. Pregnancy itchy	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA256; AA257; AA258; AA259; AA260; AA1594; AA1594k; AA261; AA262; AA263; AA264; AA265
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	10. Constipation	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA266; AA267; AA268; AA269; AA270; AA1595; AA1595k; AA271; AA272; AA273; AA274; AA275
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	11. Diarrhoea/ gastricflu	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA276; AA277; AA278; AA279; AA280; AA1596; AA1596k; AA281; AA282; AA283; AA284; AA285
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	12. Unusual tiredness/sleepiness	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA286; AA287; AA288; AA289; AA290; AA1597; AA1597k; AA291; AA292; AA293; AA294; AA295
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	13. Sleeping problems	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA296; AA297; AA298; AA299; AA300; AA1598; AA1598k; AA301; AA302; AA303; AA304; AA305
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	14. Heartburn/reflux	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA306; AA307; AA308; AA309; AA310; AA1599; AA1599k; AA311; AA312; AA313; AA314; AA315
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	15. Oedema	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA316; AA317; AA318; AA319; AA320; AA1600; AA1600k; AA321; AA322; AA323; AA324; AA325
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	16. Fever with rash	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine;</i>	AA326; AA327; AA328; AA329;

	medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.		<i>Number of days;</i>	AA330; AA1601; AA1601k; AA331; AA332; AA333; AA334; AA335
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	17. Fever over 38.5° C	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA336; AA337; AA338; AA339; AA340; AA1602; AA1602k; AA341; AA342; AA343; AA344; AA345
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	18. Common cold	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA346; AA347; AA348; AA349; AA350; AA1603; AA1603k; AA351; AA352; AA353; AA354; AA355
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	19. Throat infection	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA356; AA357; AA358; AA359; AA360; AA1604; AA1604k; AA361; AA362; AA363; AA364; AA365
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	20. Sinusitis/earinfection	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA366; AA367; AA368; AA369; AA370 AA1605(txt) AA1605k; AA371; AA372; AA373; AA374; AA375
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	21. Influenza	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA376; AA377; AA378; AA379; AA380 AA1606(txt) AA1606k; AA381; AA382; AA383; AA384; AA385
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	22. Pneumonia/bronchitis	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA386; AA387; AA388; AA389; AA390 AA1607(txt) AA1607k; AA391; AA392; AA393; AA394; AA395
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	23. Sugar in urine	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA396; AA397; AA398; AA399; AA400 AA1608(txt) AA1608k; AA401; AA402; AA403; AA404; AA405
38	Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.	24. Protein in urine	<i>In week of pregnancy 0-4, 5-8,9-12,13+ // Illness; Name of medicine; Number of days;</i>	AA406; AA407; AA408; AA409; AA410 AA1609(txt) AA1609k; AA411; AA412; AA413; AA414; AA415
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	1. Asthma	Illness/health problem; Before pregnancy; During pregnancy;	AA419; AA420; AA421 AA1610(txt) AA1610k; AA422; AA423; AA424; AA425; AA426; AA427
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	2. Hay fever, pollenallergy	Illness/health problem; Before pregnancy; During pregnancy;	AA428; AA429; AA430 AA1611(txt) AA1611k; AA431; AA432; AA433; AA434; AA435; AA436
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	3. Animal hair allergy	Illness/health problem; Before pregnancy; During pregnancy;	AA437; AA438; AA439 AA1612(txt) AA1612k; AA440; AA441; AA442; AA443; AA444; AA445
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	4. Other allergy	Illness/health problem; Before pregnancy; During pregnancy;	AA446; AA447; AA448 AA1613(txt) AA1613k; AA449; AA450; AA451; AA452; AA453; AA454
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem	5. Atopic dermatitis(childhood eczema)	Illness/health problem; Before pregnancy; During pregnancy;	AA455; AA456; AA457 AA1614(txt) AA1614k; AA458;

	give the name(s) of the medication(s) and when you took them.			AA459; AA460; AA461; AA462; AA463
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	6. Urticaria (hives)	Illness/health problem; Before pregnancy; During pregnancy;	AA464; AA465; AA466 AA1615(txt) AA1615k; AA467; AA468; AA469; AA470; AA471; AA472
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	7. Psoriasis	Illness/health problem; Before pregnancy; During pregnancy;	AA473; AA474; AA475 AA1616(txt) AA1616k; AA476; AA477; AA478; AA479; AA480; AA481
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	8. Other eczema	Illness/health problem; Before pregnancy; During pregnancy;	AA482; AA483; AA484 AA1617(txt) AA1617k; AA485; AA486; AA487; AA488; AA489; AA490
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	9. Cold sores (herpes)	Illness/health problem; Before pregnancy; During pregnancy;	AA491; AA492; AA493 AA1618(txt) AA1618k; AA494; AA495; AA496; AA497; AA498; AA499
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	10. Acne/pimples(serious)	Illness/health problem; Before pregnancy; During pregnancy;	AA500; AA501; AA502 AA1619(txt) AA1619k; AA503; AA504; AA505; AA506; AA507; AA508
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	11. Diabetes treatedwith insulin	Illness/health problem; Before pregnancy; During pregnancy;	AA509; AA510; AA511 AA1620(txt) AA1620k; AA512; AA513; AA514; AA515; AA516; AA517
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	12. Diabetes not treated with insulin	Illness/health problem; Before pregnancy; During pregnancy;	AA518; AA519; AA520 AA1621(txt) AA1621k; AA521; AA522; AA523; AA524; AA525; AA526
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	13. Congenital heartdefect	Illness/health problem; Before pregnancy; During pregnancy;	AA527; AA528; AA529 AA1622(txt) AA1622k; AA530; AA531; AA532; AA533; AA534; AA535
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	14. Other heartdisease	Illness/health problem; Before pregnancy; During pregnancy;	AA536; AA537; AA538 AA1623(txt) AA1623k; AA539; AA540; AA541; AA542; AA543; AA544
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	15. High cholesterol	Illness/health problem; Before pregnancy; During pregnancy;	AA545; AA546; AA547 AA1624(txt) AA1624k; AA548; AA549; AA550; AA551; AA552; AA553
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	16. High bloodpressure	Illness/health problem; Before pregnancy; During pregnancy;	AA554; AA555; AA556 AA1625(txt) AA1625k; AA557; AA558; AA559; AA560; AA561; AA562
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	17. Hypothyroidism orhyperthyroidism	Illness/health problem; Before pregnancy; Duringpregnancy;	AA563; AA564; AA565 AA1626(txt) AA1626k; AA566; AA567; AA568; AA559; AA570; AA571
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	18. Anaemia/lowhemoglobin	Illness/health problem; Before pregnancy; During pregnancy;	AA572; AA573; AA574 AA1627(txt) AA1627k; AA575; AA576; AA577; AA578; AA579;

				AA580
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	19. B-12/folic acidinsufficiency	Illness/health problem; Before pregnancy; During pregnancy;	AA581; AA582; AA583 AA1628(txt) AA1628k; AA584; AA585; AA586; AA587; AA588; AA589
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	20. Hepatitis/jaundice	Illness/health problem; Before pregnancy; During pregnancy;	AA590; AA591; AA592 AA1629(txt) AA1629k; AA593; AA594; AA595; AA596; AA597; AA598
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	21. Gall stones	Illness/health problem; Before pregnancy; During pregnancy;	AA599; AA600; AA601 AA1630(txt) AA1630k; AA602; AA603; AA604; AA605; AA606; AA607
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	22. Duodenal/stomachulcer	Illness/health problem; Before pregnancy; During pregnancy;	AA608; AA609; AA610 AA1631(txt) AA1631k; AA611; AA612; AA613; AA614; AA615; AA616
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	23. Crohn's disease/ulcerativecolitis	Illness/health problem; Before pregnancy; During pregnancy;	AA617; AA618; AA619 AA1632(txt) AA1632k; AA620; AA621; AA622; AA623; AA624; AA625
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	24. Celiac disease	Illness/health problem; Before pregnancy; During pregnancy;	AA626; AA627; AA628 AA1633(txt) AA1633k; AA629; AA630; AA631; AA632; AA633; AA634
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	25. Other gastro- intestinal problems	Illness/health problem; Before pregnancy; During pregnancy;	AA635; AA636; AA637 AA1634(txt) AA1634k; AA638; AA639; AA640; AA641; AA642; AA643
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	26. Rheumatoid arthritis/Bechterev'sreflex	Illness/health problem; Before pregnancy; During pregnancy;	AA644; AA645; AA646 AA1635(txt) AA1635k; AA647; AA648; AA649; AA650; AA651; AA652
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	27. Lupus (SLE)	Illness/health problem; Before pregnancy; During pregnancy;	AA653; AA654; AA655 AA1636(txt) AA1636k; AA656; AA657; AA658; AA659; AA660; AA661
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	28. Sciatica	Illness/health problem; Before pregnancy; During pregnancy;	AA662; AA663; AA664 AA1637(txt) AA1637k; AA665; AA666; AA667; AA668; AA669; AA670
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	29. Myalgia	Illness/health problem; Before pregnancy; During pregnancy;	AA671; AA672; AA673 AA1638(txt) AA1638k; AA674; AA675; AA676; AA677; AA678; AA679
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	30. Ovary/fallopian tube infection	Illness/health problem; Before pregnancy; During pregnancy;	AA680; AA681; AA682 AA1639(txt) AA1639k; AA683; AA684; AA685; AA686; AA687; AA688
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	31. Endometriosis	Illness/health problem; Before pregnancy; During pregnancy;	AA689; AA690; AA691 AA1640(txt) AA1640k; AA692; AA693; AA694; AA695; AA696; AA697

39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	32. Descent of the uterus	Illness/health problem; Before pregnancy; During pregnancy;	AA698; AA699; AA700 AA1641(txt) AA1641k; AA701; AA702; AA703; AA704; AA705; AA706
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	33. Ovarian cyst	Illness/health problem; Before pregnancy; During pregnancy;	AA707; AA708; AA709 AA1642(txt) AA1642k; AA710; AA711; AA712; AA713; AA714; AA715
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	34. Myoma	Illness/health problem; Before pregnancy; During pregnancy;	AA716; AA717; AA718 AA1643(txt) AA1643k; AA719; AA720; AA721; AA722; AA723; AA724
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	35. Cervical cell changes	Illness/health problem; Before pregnancy; During pregnancy;	AA725; AA726; AA727 AA1644(txt) AA1644k; AA728; AA729; AA730; AA731; AA732; AA733
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	36. Herpes	Illness/health problem; Before pregnancy; During pregnancy;	AA734; AA735; AA736 AA1645(txt) AA1628k; AA737; AA738; AA739; AA740; AA741; AA742
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	37. Venereal warts/condyloma	Illness/health problem; Before pregnancy; During pregnancy;	AA743; AA744; AA745 AA1646(txt) AA1646k; AA746; AA747; AA748; AA749; AA750; AA751
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	38. Gonorrhea	Illness/health problem; Before pregnancy; During pregnancy;	AA752; AA753; AA754 AA1647(txt) AA1647k; AA755; AA756; AA757; AA758; AA759; AA760
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	39. Chlamydia	Illness/health problem; Before pregnancy; During pregnancy;	AA761; AA762; AA763 AA1648(txt) AA1648k; AA764; AA765; AA766; AA767; AA768; AA769
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	40. Kidney stones	Illness/health problem; Before pregnancy; During pregnancy;	AA770; AA771; AA772 AA1649(txt) AA1649k; AA773; AA774; AA775; AA776; AA777; AA778
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	41. Kidney infection/pyelonephritis	Illness/health problem; Before pregnancy; During pregnancy;	AA779; AA780; AA781 AA1650(txt) AA1650k; AA782; AA783; AA784; AA785; AA786; AA787
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	42. Urinary tract infections	Illness/health problem; Before pregnancy; During pregnancy;	AA788; AA789; AA790 AA1651(txt) AA1651k; AA791; AA792; AA793; AA794; AA795; AA796
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	43. Incontinence	Illness/health problem; Before pregnancy; During pregnancy;	AA797; AA798; AA799 AA1652(txt) AA1652k; AA800; AA801; AA802; AA803; AA804; AA805
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	44. Anorexia/ bulimia/other eating disorders	Illness/health problem; Before pregnancy; During pregnancy;	AA806; AA807; AA808 AA1653(txt) AA1653k; AA809; AA810; AA811; AA812; AA813; AA814
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication	45. Migraine	Illness/health problem; Before pregnancy; During pregnancy;	AA815; AA816; AA817

	(tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.			AA1654(txt) AA1654k; AA818; AA819; AA820; AA821; AA822; AA823
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	46. Other headache	Illness/health problem; Before pregnancy; During pregnancy;	AA824; AA825; AA826 AA1655(txt) AA1655k; AA827; AA828; AA829; AA830; AA831; AA832
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	47. Epilepsy	Illness/health problem; Before pregnancy; During pregnancy;	AA833; AA834; AA835 AA1656(txt) AA1656k; AA836; AA837; AA838; AA839; AA840; AA841
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	48. Multiple sclerosis	Illness/health problem; Before pregnancy; During pregnancy;	AA842; AA843; AA844 AA1623(txt) AA1623k; AA845; AA846; AA847; AA848; AA849; AA850
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	49. Cerebral palsy	Illness/health problem; Before pregnancy; During pregnancy;	AA851; AA852; AA853 AA1657(txt) AA1657k; AA854; AA855; AA856; AA857; AA858; AA859
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	50. Cancer	Illness/health problem; Before pregnancy; During pregnancy;	AA860; AA861; AA862 AA1658(txt) AA1658k; AA863; AA864; AA865; AA866; AA867; AA868
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	51. Depression	Illness/health problem; Before pregnancy; During pregnancy;	AA869; AA870; AA871 AA1659(txt) AA1659k; AA872; AA873; AA874; AA875; AA876; AA877
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	52. Anxiety	Illness/health problem; Before pregnancy; During pregnancy;	AA878; AA879; AA880 AA1611(txt) AA1611k; AA881; AA882; AA883; AA884; AA885; AA886
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	53. Other long illnesses or healthproblems	Illness/health problem; Before pregnancy; During pregnancy;	AA887; AA888; AA889 AA1612(txt) AA1612k; AA890; AA891; AA892; AA893; AA894; AA895
39	Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.	Other, specify_____		AA896 AA1663(txt)
40	Do you have a congenital deformity/ birth defect?		No Yes	AA900
41	If yes, which?			AA901 AA1664(txt)
42	Do your gums bleed when you brush your teeth at present?		1-No, rarely or never2-Yes, sometimes Yes, often Yes, almost always	AA902
43	If you had diabetes before you became pregnant, what was your last long-term blood sugar level (HbA1c) before you became pregnant?		1) Less that 7.52) 7.5 -12 More than 12 Don't know	AA903
44	Have you used other medication not previously mentioned? If yes, which and when did you take them?	Name of medication	Medicine 1;Medicine 2;Medicine 3;	AA904 AA1665(txt) AA1665k;
44	Have you used other medication not previously mentioned? If yes, which and when did you take them?	Use of medication	Last 6 months before pregnancy	AA905; AA912; AA919; AA926; AA933
44	Have you used other medication not previously mentioned? If yes, which and when did you take them?	Use of medication	Pregnancy week 0-4	AA906; AA913; AA920; AA927; AA934
44	Have you used other medication not previously mentioned? If yes, which and when did you take them?	Use of medication	Pregnancy week 5-8	AA907; AA914; AA921; AA928; AA935

44	Have you used other medication not previously mentioned? If yes, which and when did you take them?	Use of medication	Pregnancy week 9-12	AA908; AA915; AA922; AA929; AA936
44	Have you used other medication not previously mentioned? If yes, which and when did you take them?	Use of medication	Pregnancy week 13+	AA909; AA916; AA923; AA930; AA937
44	Have you used other medication not previously mentioned? If yes, which and when did you take them?	No. of days	Number 0 – 999	AA910; AA917; AA924; AA931; AA938
45	Do you take vitamins, minerals or other dietary supplements?		No Yes	AA939
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	1. Folic acid	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA940; AA941; AA942; AA943; AA944; AA945; AA946; AA947
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	2. Vitamin B1 (Thiamine)	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA948; AA949; AA950; AA951; AA952; AA953; AA954; AA955
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	3. Vitamin B2 (Riboflavin)	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA956; AA957; AA958; AA959; AA960; AA961; AA962; AA963
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	4. Vitamin B6 (Pyridoxine)	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA964; AA965; AA966; AA967; AA968; AA969; AA970; AA971
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	5. Vitamin B12	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA972; AA973; AA974; AA975; AA976; AA977; AA978; AA979
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	6. Niacin	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA980; AA981; AA982; AA983; AA984; AA985; AA986; AA987
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	7. Pantothenic acid	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA988; AA989; AA990; AA991; AA992; AA993; AA994; AA995
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	8. Biotin	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-	AA996; AA997; AA998; AA999; AA1000; AA1001; AA1002; AA1003

			4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	9. Vitamin C	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA1004; AA1005; AA1006; AA1007; AA1008; AA1009; AA1010; AA1011
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	10. Vitamin A	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA1012; AA1013; AA1014; AA1015; AA1016; AA1017; AA1018; AA1019
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	11. Vitamin D	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA1020; AA1021; AA1022; AA1023; AA1024; AA1025; AA1026; AA1027
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	12. Vitamin E	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA1028; AA1029; AA1030; AA1031; AA1032; AA1033; AA1034; AA1035
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	13. Iron	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA1036; AA1037; AA1038; AA1039; AA1040; AA1041; AA1042; AA1043
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	14. Calcium	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA1044; AA1045; AA1046; AA1047; AA1048; AA1049; AA1050; AA1051
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	15. Iodine	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy -In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA1052; AA1053; AA1054; AA1055; AA1056; AA1057; AA1058; AA1059
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	16. Zinc	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA1060; AA1061; AA1062; AA1063; AA1064; AA1065; AA1066; AA1067
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	17. Selenium	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-	AA1068; AA1069; AA1070; AA1071; AA1072; AA1073; AA1074; AA1075

			4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	18. Copper	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA1076; AA1077; AA1078; AA1079; AA1080; AA1081; AA1082; AA1083
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	19. Chromium	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA1084; AA1085; AA1086; AA1087; AA1088; AA1089; AA1090; AA1091
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	20. Magnesium	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA1092; AA1093; AA1094; AA1095; AA1096; AA1097; AA1098; AA1099
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	21. Cod liver oil	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA1100; AA1101; AA1102; AA1103; AA1104; AA1105; AA1106; AA1107
46	If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.	22. Omega -3 fatty acid	When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week]	AA1108; AA1109; AA1110; AA1111; AA1112; AA1113; AA1114; AA1115
47	Give the complete name(s) of all vitamins and dietary supplements you take. Include alternative/herbal remedies and diet products.	1;2;3;4;5;6		AA1116 AA1670(txt) ; AA1117 AA1671(txt) ; AA1118 AA1672(txt) ; AA1119 AA1673(txt) ; AA1120 AA1674(txt) ; AA1121 AA1675(txt)
48	If you use multivitamins (with or without minerals) do these contain folic acid?		1-Yes 2-No 3-Don't know	AA1122
49	What is your civil status?		Married Cohabitant3-Single 4-Divorced 5-Separated6-Widow 7-Other	AA1123
50	What education do you and the baby's father have? (Fill in the highest level of education you have completed and current studies if you are still in school.)	Education you have completed	9-year secondary school 1-2 year high school Vocational high school 3-year high school general studies, junior college Regional technical college, 4-year university degree(Bachelor's degree, nurse, teacher, engineer) University, technical college, more than 4 years(Master's degree, medical doctor, PhD)	AA1124
50	What education do you and the baby's father have? (Fill in the highest level of education you have completed and current studies if you are still in school.)	Education baby's father has completed	9-year secondary school 1-2 year high school Vocational high school 3-year high school general studies, junior college Regional technical college, 4-year university degree(Bachelor's degree, nurse, teacher, engineer) University, technical college, more than 4 years(Master's degree, medical doctor, PhD)	AA1126
50	What education do you and the baby's father have? (Fill in the highest level of education you have completed and current studies if you are still in school.)	Education you're doing	9-year secondary school 1-2 year high school Vocational high school 3-year high school general studies, junior college Regional technical college, 4-year university degree(Bachelor's degree, nurse, teacher,	AA1125

			engineer) University, technical college, more than 4 years(Master's degree, medical doctor, PhD)	
50	What education do you and the baby's father have? <i>(Fill in the highest level of education you have completed and current studies if you are still in school.)</i>	Education baby's father is doing	9-year secondary school 1-2 year high school Vocational high school 3-year high school general studies, junior college Regional technical college, 4-year university degree(Bachelor's degree, nurse, teacher, engineer) University, technical college, more than 4 years(Master's degree, medical doctor, PhD)	AA1127
50	What education do you and the baby's father have? <i>(Fill in the highest level of education you have completed and current studies if you are still in school.)</i>	Other education you have completedOther education you're doing Other education baby's father has completedOther education baby's father is doing	9-year secondary school 1-2 year high school Vocational high school 3-year high school general studies, junior college Regional technical college, 4-year university degree(Bachelor's degree, nurse, teacher, engineer) University, technical college, more than 4 years(Master's degree, medical doctor, PhD)	AA1128AA1129 AA1130 AA1131
51	What was your and the baby's father's work situation when you became pregnant?	1. Student	You; Father	AA1132; AA1133
51	What was your and the baby's father's work situation when you became pregnant?	2. At home	You; Father	AA1134; AA1135
51	What was your and the baby's father's work situation when you became pregnant?	3. Intern/apprentice	You; Father	AA1136; AA1137
51	What was your and the baby's father's work situation when you became pregnant?	4. Military service	You; Father	AA1138; AA1139
51	What was your and the baby's father's work situation when you became pregnant?	5. Unemployed/laid off	You; Father	AA1140; AA1141
51	What was your and the baby's father's work situation when you became pregnant?	6. Rehabilitation/disabled	You; Father	AA1142; AA1143
51	What was your and the baby's father's work situation when you became pregnant?	7. Employed in public sector	You; Father	AA1144; AA1145
51	What was your and the baby's father's work situation when you became pregnant?	8. Employed in private sector	You; Father	AA1146; AA1147
51	What was your and the baby's father's work situation when you became pregnant?	9. Self-employed	You; Father	AA1148; AA1149
51	What was your and the baby's father's work situation when you became pregnant?	10. Family member without steady income in familycompany (ex. Farming, business)	You; Father	AA1150; AA1151
51	What was your and the baby's father's work situation when you became pregnant?	11. Other	You; Father	AA1152; AA1153
52	Did you have an extra job (with or without salary) when you became pregnant? <i>(For example, accountant, hair dresser, singer in a dance band, club leader)?</i>		No Yes If yes, describe	AA1157 AA1158 AA1676(txt)
53	Have you been absent from work more than two weeks during this pregnancy?		No Yes	AA1159
54	Are you absent from your work at the present time?		No Yes	AA1160
55	If yes, what is the reason for your absence?	Medical leave		AA1161
55	If yes, what is the reason for your absence?	Leave of absence		AA1162
55	If yes, what is the reason for your absence?	Sick child		AA1163
55	If yes, what is the reason for your absence?	Other		AA1164
55	If yes, what is the reason for your absence?	If other, describe		AA1165 AA1677(txt)
56	The usual number of paid working hours a week before you became pregnant and at present.	Before the pregnancy	Number	AA1166
56	The usual number of paid working hours a week before you became pregnant and at present.	During the pregnancy	Number	AA1167
57	Describe the type of work carried out at your and the baby's father's place of work as accurately as possible. <i>(Write for example, hospital department for children with cancer, body shop at a garage for diesel vehicles, farming with grain and swine, work in the home.)</i>	You		AA1168 (txt)
57	Describe the type of work carried out at your and the baby's father's place of work as accurately as possible. <i>(Write for example, hospital department for children with cancer, body shop at a garage for diesel vehicles, farming with grain and swine, work in the home.)</i>	Baby's father		AA1169 (txt)
58	Occupation/title at this workplace? <i>(Write for example, staff nurse, mechanic, foreman, lecturer, student, cleaning assistant, housewife/at home.)</i>	You		AA1170 (txt)
58	Occupation/title at this workplace? <i>(Write for example, staff nurse, mechanic, foreman, lecturer, student, cleaning assistant, housewife/at home.)</i>	Baby's father		AA1171 (txt)
59	Indicate the appropriate answer for each of the following questions concerning your present work situation.	Do you sometimes have so much to do that	Yes, every day more than half ofthe working day; Yes, every day less than	AA1172

		your work situation become taxing?	half of the working day; Yes, periodically but not daily; Seldom or never	
59	Indicate the appropriate answer for each of the following questions concerning your present work situation.	Do you have to turn and bend many times in the course of an hour?	Yes, every day more than half of the working day; Yes, every day less than half of the working day; Yes, periodically but not daily; Seldom or never	AA1173
59	Indicate the appropriate answer for each of the following questions concerning your present work situation.	Do you work with your hands above shoulder level or higher?	Yes, every day more than half of the working day; Yes, every day less than half of the working day; Yes, periodically but not daily; Seldom or never	AA1174
59	Indicate the appropriate answer for each of the following questions concerning your present work situation.	Do you work walking or standing?	Yes, every day more than half of the working day; Yes, every day less than half of the working day; Yes, periodically but not daily; Seldom or never	AA1175
59	Indicate the appropriate answer for each of the following questions concerning your present work situation.	Can you choose to work a little faster some days and a little slower on other days?	Yes, every day more than half of the working day; Yes, every day less than half of the working day; Yes, periodically but not daily; Seldom or never	AA1176
59	Indicate the appropriate answer for each of the following questions concerning your present work situation.	Are you subjected to a lot of uncomfortable background noise?	Yes, every day more than half of the working day; Yes, every day less than half of the working day; Yes, periodically but not daily; Seldom or never	AA1177
59	Indicate the appropriate answer for each of the following questions concerning your present work situation.	Are you subjected to a lot of background noise that makes you have to raise your voice when talking to others, even at a distance of one metre?	Yes, every day more than half of the working day; Yes, every day less than half of the working day; Yes, periodically but not daily; Seldom or never	AA1178
60	How do the following statements describe your work situation?	I have physically heavy work	Agree; Agree mostly; Disagree mostly; Disagree	AA1179
60	How do the following statements describe your work situation?	My work is very stressful	Agree; Agree mostly; Disagree mostly; Disagree	AA1180
60	How do the following statements describe your work situation?	I learn a lot at work	Agree; Agree mostly; Disagree mostly; Disagree	AA1181
60	How do the following statements describe your work situation?	My work is very monotonous	Agree; Agree mostly; Disagree mostly; Disagree	AA1182
60	How do the following statements describe your work situation?	My work demands a lot of me	Agree; Agree mostly; Disagree mostly; Disagree	AA1183
60	How do the following statements describe your work situation?	I am able to decide how my work is to be carried out	Agree; Agree mostly; Disagree mostly; Disagree	AA1184
60	How do the following statements describe your work situation?	There is a good team spirit at my place of work	Agree; Agree mostly; Disagree mostly; Disagree	AA1185
60	How do the following statements describe your work situation?	I enjoy my work	Agree; Agree mostly; Disagree mostly; Disagree	AA1186
61	When are your working hours?	Permanent day work		AA1187
61	When are your working hours?	Permanent afternoon or evening work		AA1188
61	When are your working hours?	Permanent night work		AA1189
61	When are your working hours?	Shift work (day and night) or shift rotations		AA1190
61	When are your working hours?	No set times (extra work, extra shifts, temporary employment, etc.)		AA1191
61	When are your working hours?	Other		AA1192
62	During your pregnancy do you lift anything that weighs more than 10 k? (10 kilos is the equivalent of a full bucket of water.)	At home	Infrequently or never; Yes, less than 20 times a week; Yes, more than 20 times a week; Yes, 10-20 times a day ; Yes, more than 20 times a day	AA1193
62	During your pregnancy do you lift anything that weighs more than 10 k? (10 kilos is the equivalent of a full bucket of water.)	At work		AA1194
63	How often have you worked with radio transmitters or radar after becoming pregnant?		Never; Infrequently; A few times a week; Daily; On average more than an hour daily	AA1195
64	How often do you use a cell phone?		Never; Infrequently; A few times a week; Daily; On average more than an hour daily	AA1196
65	Do your cell phone calls last more than 15 minutes?		Never; Infrequently; Often	AA1197
66	How often do you work with a computer, laser printer or copying machine (at a distance of less than two metres) after you became pregnant?	Computer monitor	Never; Infrequently; A few times a week; Daily; On average more than an hour daily	AA1198
66	How often do you work with a computer, laser printer or copying machine (at a distance of less than two metres) after you became pregnant?	Laser printer	Never; Infrequently; A few times a week; Daily; On average more than an hour daily	AA1199

66	How often do you work with a computer, laser printer or copying machine (at a distance of less than two metres) after you became pregnant?	Copying machine	Never; Infrequently; A few times a week; Daily; On average more than an hour daily	AA1200
67	How often have you worked with x-ray equipment (at a distance of less than two metres) after you became pregnant? (<i>This does not include treatment as a patient</i>)		Never; Infrequently; A few times a week; Daily; On average more than an hour daily	AA1201
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	1. Lead vapors, lead dust, lead particles or lead alloys	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1202 ; AA1203 ; AA1204 ; AA1205
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	2. Chrome, arsenic, cadmium or combinations of these	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1206 ; AA1207 ; AA1208 ; AA1209
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	3. Gasoline or exhaust (does not apply to filling gasoline in your own car)	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1210 ; AA1211 ; AA1212 ; AA1213
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	4. Mercury vapors, mercury or work with amalgam fillings (does not apply to your own dental treatment)	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1214 ; AA1215 ; AA1216 ; AA1217
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	5. Disinfectants, vermin poisons	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1218 ; AA1219 ; AA1220 ; AA1221
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	6. Weed killers, insecticides, fungicides	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1222 ; AA1223 ; AA1224 ; AA1225
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	7. Oil-based paint	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1226 ; AA1227 ; AA1228 ; AA1229
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	8. Water-based or latex paint	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1230 ; AA1231 ; AA1232 ; AA1233
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	9. Paint thinner, paint-lacquer-glue remover or other solvents (ex. lynol, turpentine, toluene, carbon tetrachloride)	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1234 ; AA1235 ; AA1236 ; AA1237
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	10. Industrial dyes or ink	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1238 ; AA1239 ; AA1240 ; AA1241
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	11. Motor oil, lubrication oil or other types of oil	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1242 ; AA1243 ; AA1244 ; AA1245
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	12. Photographic chemicals (fixatives or developers)	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1246 ; AA1247 ; AA1248 ; AA1249
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	13. Substances used in welding	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1250 ; AA1251 ; AA1252 ; AA1253
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	14. Substances used in soldering	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1254 ; AA1255 ; AA1256 ; AA1257
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	15. Formalin/formaldehyde	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1258 ; AA1259 ; AA1260 ; AA1261
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	16. Chemotherapeutic substances/ chemotherapy treatment (does not apply to your own medical treatment)	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1262 ; AA1263 ; AA1264 ; AA1265
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	17. Laughing gas or other anesthetic gases (does not apply to your own treatment as a patient)	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1266 ; AA1267 ; AA1268 ; AA1269
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	18. Other substances and conditions	<i>The last 6 months; number of days</i> ; breathing protection?; protective gloves?	AA1270 ; AA1271 ; AA1272 ; AA1273
68	Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?	Other substances and conditions, describe _____		AA1274 AA1682 (txt)
69	How often have you been to a discotheque since you became pregnant?		1-2 times a week; Less often; Never	AA1275
70	Are you in contact with animals either at work or in your leisure?		No Yes	AA1276

71	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	1. Dog	Daily; 3-6 times a week; 1-2 times a week; Less than once a week	AA1280
71	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	2. Cat	Daily; 3-6 times a week; 1-2 times a week; Less than once a week	AA1281
71	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	3. Guinea pig	Daily; 3-6 times a week; 1-2 times a week; Less than once a week	AA1282
71	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	4. Hamster	Daily; 3-6 times a week; 1-2 times a week; Less than once a week	AA1283
71	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	5. Rabbit	Daily; 3-6 times a week; 1-2 times a week; Less than once a week	AA1284
71	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	6. Canary or other bird	Daily; 3-6 times a week; 1-2 times a week; Less than once a week	AA1285
71	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	7. Aquarium fish	Daily; 3-6 times a week; 1-2 times a week; Less than once a week	AA1286
71	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	8. Cow	Daily; 3-6 times a week; 1-2 times a week; Less than once a week	AA1287
71	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	9. Pig	Daily; 3-6 times a week; 1-2 times a week; Less than once a week	AA1288
71	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	10. Sheep, goat	Daily; 3-6 times a week; 1-2 times a week; Less than once a week	AA1289
71	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	11. Horse	Daily; 3-6 times a week; 1-2 times a week; Less than once a week	AA1290
71	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	12. Poultry	Daily; 3-6 times a week; 1-2 times a week; Less than once a week	AA1291
71	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	13. Other	Daily; 3-6 times a week; 1-2 times a week; Less than once a week	AA1292
72	With whom do you live?	Spouse/partner		AA1293
72	With whom do you live?	Parents		AA1294
72	With whom do you live?	Parents-in-law		AA1295
72	With whom do you live?	Children		AA1296
72	With whom do you live?	No one		AA1297
72	With whom do you live?	Other		AA1298
72	With whom do you live?	If other, describe		AA1299 AA1683(txt)
73	How many people including you live in your home?	Number of people over 18 years	Number	AA1300
73	How many people including you live in your home?	Number of people between 12 and 18 years	Number	AA1301
73	How many people including you live in your home?	Number of people between 6 and 11 years	Number	AA1302
73	How many people including you live in your home?	Number of people under 6 years	Number	AA1303
74	How many children are at nursery school/day care?		Number	AA1304
75	Do you or the baby's father have a mother tongue other than Norwegian?		No Yes	AA1305
76	If yes, which language?	You	1-Sámi; 2-Urdu ; 3-English; 4-Other	AA1306_D
76	If yes, which language?	Baby's father	1-Sámi; 2-Urdu ; 3-English; 4-Other	AA1307_D
76	If yes, which language?		If other, which	AA1308 AA1684(txt)
77	Do your parents or the baby's father's parents have a mother tongue other than Norwegian?		No Yes	AA1309
78	If yes, which language?	Your mother	1-Sámi2-Urdu 3-English4-Other	AA1310_D
78	If yes, which language?	Your father	1-Sámi2-Urdu 3-English4-Other	AA1311_D
78	If yes, which language?	Mother of the child's father	1-Sámi2-Urdu 3-English4-Other	AA1312_D
78	If yes, which language?	Father of the child's father	1-Sámi2-Urdu 3-English4-Other	AA1313_D
78	If yes, which language?		If other, which	AA1314 AA1685(txt)
79	What is your and the baby's father's yearly gross income? (<i>Include child support, unemployment benefits and other allowances.</i>)	Your gross income	No income Under 150.000 NOK 3) 151.000-199.999 NOK4) 200.000-299.999 NOK5) 300.000-399.999 NOK6) 400.000-499.999 NOK 7) Over 500.000 NOK	AA1315
79	What is your and the baby's father's yearly gross income? (<i>Include child support, unemployment benefits and other allowances.</i>)	Child's father's gross income	No income Under 150.000 NOK 3) 151.000-199.999 NOK4) 200.000-299.999 NOK5) 300.000-399.999 NOK6) 400.000-499.999 NOK Over 500.000 NOK Don't know	AA1316
80	Is it possible for your household to manage financially without your income?		No; Yes, but with difficulty; Yes, without difficulty	AA1317

81	What type of housing do you live in?	Detached house		AA1318
81	What type of housing do you live in?	Farm		AA1319
81	What type of housing do you live in?	Semidetached		AA1320
81	What type of housing do you live in?	Four-flat house		AA1321
81	What type of housing do you live in?	Maisonette		AA1322
81	What type of housing do you live in?	Terraced flat		AA1323
81	What type of housing do you live in?	Basement flat		AA1324
81	What type of housing do you live in?	Apartment building		AA1325
81	What type of housing do you live in?	Townhouse/tenement		AA1326
81	What type of housing do you live in?	Which floor?		AA1327
81	What type of housing do you live in?	Other		AA1328
81	What type of housing do you live in?	If other, describe		AA1329 AA1686(txt)
82	Has there been water damage, visible signs of fungus/mildew or a smell of mildew in your home in the past 3 months?		No; Yes, water damage; Yes, signs of fungus and mould ; Yes, a smell of mildew	AA1330 AA1331 AA1332 AA1333
83	Where does your drinking water come from?		Public or private water supply; Water from a local source (<i>e.g. well</i>)	AA1334AA1335
84	How many times have you moved in the last 3 years?		Number	AA1336
85	Has anyone in your home had influenza, a prolonged cough, childhood disease or an illness with fever and a rash after you became pregnant?		No Yes	AA1337
86	If yes, which illness?	German measles		AA1338
86	If yes, which illness?	Chicken pox		AA1339
86	If yes, which illness?	Measles		AA1340
86	If yes, which illness?	Roseola infantum		AA1341
86	If yes, which illness?	Other fever with rash		AA1342
86	If yes, which illness?	Influenza		AA1343
86	If yes, which illness?	Prolonged cough		AA1344
86	If yes, which illness?	Tuberculosis		AA1345
86	If yes, which illness?	Hand, foot and mouth disease		AA1346
86	If yes, which illness?	Other		AA1347
87	Did your mother smoke when she was pregnant with you?		No Yes Don't know	AA1348
88	Are you exposed to passive smoking at home?		No Yes	AA1349
89	If yes, how many hours a day are you exposed to passive smoking?		Number 0-99	AA1350
90	Are you exposed to passive smoking at work?		No Yes	AA1351
91	If yes, how many hours a day are you exposed to passive smoking?		Number 0-99	AA1352
92	Did the baby's father smoke before you became pregnant?		No Yes	AA1353
93	Does he smoke now?		No Yes	AA1354
94	Have you ever smoked?		No Yes	AA1355
95	Do you smoke now (after you became pregnant)?		No Sometimes3-Daily	AA1356
95	Do you smoke now (after you became pregnant)?	If sometimes, how many cigarettes per week?	Number	AA1357
95	Do you smoke now (after you became pregnant)?	If daily, how many cigarettes per day?	Number	AA1358
96	Did you smoke during the last 3 months before you became pregnant this time?		No Sometimes3-Daily	AA1359
96	Did you smoke during the last 3 months before you became pregnant this time?	If sometimes, how many cigarettes per	Number	AA1360

		week?		
96	Did you smoke during the last 3 months before you became pregnant this time?	If daily, how many cigarettes per day?	Number	AA1361
97	How old were you when you started to smoke on a daily basis?		Number	AA1362
98	Have you stopped smoking completely?		No Yes	AA1363
99	If yes, how old were you when you stopped smoking?		Number 0-99	AA1364
100	If you stopped smoking after you became pregnant, in which week of pregnancy did you stop?		Number 0-99	AA1365
101	How long after you get up in the morning until you light your first cigarette?		5 minutes 6-29 minutes 30-60 minutes More than one hour	AA1366
102	Do you smoke when you are ill?		No Yes	AA1367
103	Do you smoke more often during the first few hours after you wake up than you do during the rest of the day?		No Yes	AA1368
104	If you have used other kinds of nicotine indicate which and when you used them.	1. Chewing tobacco/snuff	Before pregnancy; After pregnancy	AA1369; AA1370
104	If you have used other kinds of nicotine indicate which and when you used them.	2. Nicotine chewing gum	Before pregnancy; After pregnancy	AA1371; AA1372
104	If you have used other kinds of nicotine indicate which and when you used them.	3. Nicotine adhesive patch	Before pregnancy; After pregnancy	AA1373; AA1374
104	If you have used other kinds of nicotine indicate which and when you used them.	4. Nicotine inhaler	Before pregnancy; After pregnancy	AA1375; AA1376
105	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	1. Filter coffee	<i>No. of cups /glasses Before pregnancy; Now; Decaffeinated</i>	AA1377; AA1378; AA1379
105	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	2. Instant coffee	<i>No. of cups /glasses Before pregnancy; Now; Decaffeinated</i>	AA1380; AA1381; AA1382
105	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	3. Boiled coffee	<i>No. of cups /glasses Before pregnancy; Now; Decaffeinated</i>	AA1383; AA1384; AA1385
105	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	4. Tea	<i>No. of cups /glasses Before pregnancy; Now; Decaffeinated</i>	AA1386; AA1387; AA1388
105	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	5. Herbal tea	<i>No. of cups /glasses Before pregnancy; Now; Decaffeinated</i>	AA1389; AA1390; AA1391
105	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	6. Coca Cola/Pepsi, etc.	<i>No. of cups /glasses Before pregnancy; Now; Decaffeinated</i>	AA1392; AA1393; AA1394
105	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	7. Other fizzy drinks	<i>No. of cups /glasses Before pregnancy; Now; Decaffeinated</i>	AA1395; AA1396; AA1397
105	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	8. Diet Coca Cola, Pepsi	<i>No. of cups /glasses Before pregnancy; Now; Decaffeinated</i>	AA1398; AA1398; AA1400
105	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	9. Other diet fizzy drinks	<i>No. of cups /glasses Before pregnancy; Now; Decaffeinated</i>	AA1401; AA1402; AA1403
105	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	10. Tap water	<i>No. of cups /glasses Before pregnancy; Now; Decaffeinated</i>	AA1404; AA1405;
105	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	11. Bottled water	<i>No. of cups /glasses Before pregnancy; Now; Decaffeinated</i>	AA1406; AA1407;
105	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	12. Juice/squash	<i>No. of cups /glasses Before pregnancy; Now; Organic</i>	AA1408; AA1409; AA1410
105	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	13. Diet juice/squash	<i>No. of cups /glasses Before pregnancy; Now; Organic</i>	AA1411; AA1412; AA1413
105	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	14. Milk (skimmed, low fat, whole)	<i>No. of cups /glasses Before pregnancy; Now; Organic</i>	AA1414; AA1415; AA1416
105	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	15. Yogurt, all types	<i>No. of cups /glasses Before pregnancy; Now; Organic</i>	AA1417; AA1418; AA1419

5	10	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	16. Yogurt/ active Lactobacillus	<i>No. of cups /glasses Before pregnancy; Now; Organic</i>	AA1420; AA1421; AA1422
5	10	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	17. Other type of cultured milk (kefir)	<i>No. of cups /glasses Before pregnancy; Now; Organic</i>	AA1423; AA1424; AA1425
5	10	What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)	18. Other	<i>No. of cups /glasses Before pregnancy; Now; Organic</i>	AA1426; AA1427; AA1428
106		Have you used any of the following substances?	1. Hash	Never; Previously; Last 6 months before pregnancy; During pregnancy	AA1432; AA1433; AA1434; AA1435
6	10	Have you used any of the following substances?	2. Amphetamine	Never; Previously; Last 6 months before pregnancy; During pregnancy	AA1436; AA1437; AA1438; AA1439
6	10	Have you used any of the following substances?	3. Ecstasy	Never; Previously; Last 6 months before pregnancy; During pregnancy	AA1440; AA1441; AA1442; AA1443
6	10	Have you used any of the following substances?	4. Cocaine	Never; Previously; Last 6 months before pregnancy; During pregnancy	AA1444; AA1445; AA1446; AA1447
6	10	Have you used any of the following substances?	5. Heroin	Never; Previously; Last 6 months before pregnancy; During pregnancy	AA1448; AA1449; AA1450; AA1451
107		Have you ever consumed alcohol?		No Yes	AA1452
108		How often did you consume alcohol in the 3 months before you became pregnant and how often do you consume alcohol during the pregnancy?	Last 3 months before pregnancy	Approximately 6-7 time a week; Approximately 4-5 times a week; Approximately 2-3 times a week; Approximately once a week; Approximately 1-3 times a month; Less than once a month; Never	AA1453
8	10	How often did you consume alcohol in the 3 months before you became pregnant and how often do you consume alcohol during the pregnancy?	During pregnancy	Approximately 6-7 time a week; Approximately 4-5 times a week; Approximately 2-3 times a week; Approximately once a week; Approximately 1-3 times a month; Less than once a month; Never	AA1454
109		What type of alcohol do you usually drink?	1. Light beer		AA1455
9	10	What type of alcohol do you usually drink?	2. Beer		AA1456
9	10	What type of alcohol do you usually drink?	3. Red wine		AA1457
9	10	What type of alcohol do you usually drink?	4. White wine		AA1458
9	10	What type of alcohol do you usually drink?	5. Low alcohol sodas		AA1459
9	10	What type of alcohol do you usually drink?	6. Fortified wines (<i>sherry, port wine, Madeira</i>)		AA1460
9	10	What type of alcohol do you usually drink?	7. Spirits (<i>vodka, gin, snaps, cognac, whisky, liqueur</i>)		AA1461
110		Did you drink 5 units or more at least once during the last 3 months before pregnancy or during pregnancy?	Last 3 months before pregnancy	Several times per week; Once a week 1-3 times a month; Less than once a month/ Never	AA1462
0	11	Did you drink 5 units or more at least once during the last 3 months before pregnancy or during pregnancy?	During pregnancy	Several times per week; Once a week 1-3 times a month; Less than once a month/ Never	AA1463
111		How many units of alcohol do you usually drink when you consume alcohol?	Last 3 months before pregnancy	10 or more; 7-9; 5-6; 3-4; 1-2; Less than 1	AA1464
1	11	How many units of alcohol do you usually drink when you consume alcohol?	During pregnancy		AA1465
112		How many units of alcohol do you have to drink before you feel any effect?		Number	AA1466
113		Have other people irritated or hurt you by criticising how much you drink?		No; Yes	AA1467
114		Have you ever felt that you ought to drink less alcohol?		No; Yes	AA1468
115		Have you ever drunk alcohol in the morning to calm your nerves or to get rid of a hangover?		No; Yes	AA1469

116	Have you ever experienced any of the following problems during the last year in relation to your alcohol consumption?	1. Had argument of bad feelings with a family member	Never; Once; Several times	AA1470
116	Have you ever experienced any of the following problems during the last year in relation to your alcohol consumption?	2. Suddenly found yourself in a place that you could not remember getting to	Never; Once; Several times	AA1471
116	Have you ever experienced any of the following problems during the last year in relation to your alcohol consumption?	3. Been absent from work or school	Never; Once; Several times	AA1472
116	Have you ever experienced any of the following problems during the last year in relation to your alcohol consumption?	4. Fainted or passed out suddenly	Never; Once; Several times	AA1473
116	Have you ever experienced any of the following problems during the last year in relation to your alcohol consumption?	5. Had a bad time	Never; Once; Several times	AA1474
117	Do you think you were overweight before this pregnancy?		Yes, a lot; Yes, a little; No	AA1475
118	Are you worried about putting on more weight than necessary during this pregnancy?		Yes, very worried; Somewhat worried; No, not especially worried	AA1476
119	Has anyone said that you were too thin while you felt that you were too fat during the last 2 years?		Yes, often; Yes, occasionally; No	AA1477
120	Have you ever lost control while eating and not been able to stop before you have eaten far too much?	Last 6 months before this pregnancy	No; Infrequently; Yes, at least once a week	AA1478
120	Have you ever lost control while eating and not been able to stop before you have eaten far too much?	Now	No; Infrequently; Yes, at least once a week	AA1479
121	Have you ever used any of the following to control your weight?	Vomiting	[Last 6 months before this pregnancy / Now] At least once a week; Seldom; Never	AA1480; AA1481
121	Have you ever used any of the following to control your weight?	Laxatives	[Last 6 months before this pregnancy / Now] At least once a week; Seldom; Never	AA1482; AA1483
121	Have you ever used any of the following to control your weight?	Fasting	[Last 6 months before this pregnancy / Now] At least once a week; Seldom; Never	AA1484; AA1485
121	Have you ever used any of the following to control your weight?	Hard physical exercise	[Last 6 months before this pregnancy / Now] At least once a week; Seldom; Never	AA1486; AA1487
122	Is it important for your self-image that you maintain a certain weight?		Yes, very important; Yes, quite important; No, not especially important	AA1488
123	Do you have leakage of urine associated with coughing, sneezing, laughing or heavy lifting?		Yes; No	AA2149
124	Do you have leakage of urine associated with a sudden and strong urge to urinate?		Yes; No	AA2150
125	How often do you have leakage of urine?		Never; Less than once a month; Once or more times a month; Once or more times a week; Every day and/or every night	AA2151
126	How much urine do you usually leak every time?		Never leak; Droplets or tiny amount; Small spray; Larger amounts	AA2152
127	Do you have leakage of urine before this pregnancy?		Yes; No	AA2153
128	If yes, did you have leakage of urine the last month before this pregnancy?		Yes; No	AA2154
129	Did the leakage of urine occur the first time during a previous pregnancy?		Yes; No	AA2155
130	How often do you usually exercise at the present time?	1. Walking	[Last 3 monthsbefore this pregnancy / During this pregnancy] Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1489; AA1490
130	How often do you usually exercise at the present time?	2. Brisk walking	Last 3 monthsbefore this pregnancy / During this pregnancy] Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1491; AA1492
130	How often do you usually exercise at the present time?	3. Running/jogging/orienteering	Last 3 monthsbefore this pregnancy / During this pregnancy] Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1493; AA1494
130	How often do you usually exercise at the present time?	4. Bicycling	Last 3 monthsbefore this pregnancy / During this pregnancy] Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1495; AA1496
130	How often do you usually exercise at the present time?	5. Training studio/weight training	Last 3 monthsbefore this pregnancy / During this pregnancy] Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1497; AA1498
130	How often do you usually exercise at the present time?	6. Special gymnastics/aerobics for pregnant women	Last 3 monthsbefore this pregnancy / During this pregnancy] Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1499; AA1500
130	How often do you usually exercise at the present time?	7. Aerobics/gymnastics/dance without	Last 3 monthsbefore this pregnancy / During this pregnancy] Never; 1-3	AA1501; AA1502

0		running and jumping	times a month; Once a week; Twice a week; 3 times or more a week	
0	13 How often do you usually exercise at the present time?	8. Aerobics/gymnastics with running and jumping	Last 3 monthsbefore this pregnancy / During this pregnancy] Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1503; AA1504
0	13 How often do you usually exercise at the present time?	9. Dancing (swing/rock/folk)	Last 3 monthsbefore this pregnancy / During this pregnancy] Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1505; AA1506
0	13 How often do you usually exercise at the present time?	10. Skiing	Last 3 monthsbefore this pregnancy / During this pregnancy] Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1507; AA1508
0	13 How often do you usually exercise at the present time?	11. Ball sports	Last 3 monthsbefore this pregnancy / During this pregnancy] Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1509; AA1510
0	13 How often do you usually exercise at the present time?	12. Swimming	Last 3 monthsbefore this pregnancy / During this pregnancy] Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1511; AA1512
0	13 How often do you usually exercise at the present time?	13. Riding	Last 3 monthsbefore this pregnancy / During this pregnancy] Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1513; AA1514
0	13 How often do you usually exercise at the present time?	14. Other	Last 3 monthsbefore this pregnancy / During this pregnancy] Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1515; AA1516
131	How many times a week do you do exercises for the following muscle groups?	Abdominal muscles	Last 3 monthsbefore this pregnancy; During this pregnancy] : Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1517; AA1518
1	13 How many times a week do you do exercises for the following muscle groups?	Back muscles	Last 3 monthsbefore this pregnancy; During this pregnancy] : Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1519; AA1520
1	13 How many times a week do you do exercises for the following muscle groups?	Pelvic floor muscles (muscles around the vagina, urethra,anus)	Last 3 monthsbefore this pregnancy; During this pregnancy] : Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1521; AA1522
132	How often are you currently so physically active in your leisure and/or at work that you get out of breath or sweat?	Leisure	Last 3 monthsbefore this pregnancy; During this pregnancy] : Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1523; AA1525
2	13 How often are you currently so physically active in your leisure and/or at work that you get out of breath or sweat?	At work	Last 3 monthsbefore this pregnancy; During this pregnancy] : Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week	AA1524; AA1526
133	Do you agree or disagree with the following statements?	1. In most ways my life is close to my ideal	Disagree completely; Disagree; Disagree somewhat; Don't agree or disagree; Agree somewhat; Agree; Agree completely	AA1527
3	13 Do you agree or disagree with the following statements?	2. The conditions of my life are excellent	Disagree completely; Disagree; Disagree somewhat; Don't agree or disagree; Agree somewhat; Agree; Agree completely	AA1528
3	13 Do you agree or disagree with the following statements?	3. I am satisfied with my life	Disagree completely; Disagree; Disagree somewhat; Don't agree or disagree; Agree somewhat; Agree; Agree completely	AA1529
3	13 Do you agree or disagree with the following statements?	4. So far I have gotten the important things I want in life	Disagree completely; Disagree; Disagree somewhat; Don't agree or disagree; Agree somewhat; Agree; Agree completely	AA1530
3	13 Do you agree or disagree with the following statements?	5. If I could live my life over, I would change almost nothing	Disagree completely; Disagree; Disagree somewhat; Don't agree or disagree; Agree somewhat; Agree; Agree completely	AA1531
134	How well do these statements describe your relationship?	1. I have a close relationship with my spouse/partner	Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely	AA1532
4	13 How well do these statements describe your relationship?	2. My partner and I have problems in our relationship	Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely	AA1533
4	13 How well do these statements describe your relationship?	3. I am very happy with our relationship	Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely	AA1534
4	13 How well do these statements describe your relationship?	4. My partner is generally understanding	Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely	AA1535
4	13 How well do these statements describe your relationship?	5. I often consider ending our relationship	Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely	AA1536
4	13 How well do these statements describe your relationship?	6. I am satisfied with my relationship with my partner	Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely	AA1537
	13 How well do these statements describe your relationship?	7. We frequently disagree on important	Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree;	AA1538

4		decisions	Disagree completely	
13	How well do these statements describe your relationship?	8. I have been lucky in my choice of a partner	Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely	AA1539
4	13 How well do these statements describe your relationship?	9. We agree on how our child should be raised	Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely	AA1540
4	13 How well do these statements describe your relationship?	10. I believe my partner is satisfied with our relationship	Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely	AA1541
135	Do you have anyone other than your husband/partner you can ask for advice in a difficult situation?		No; Yes, 1 or 2 people; Yes, more than 2 people	AA1545
136	How often do you meet or talk on the telephone with your family (other than your husband/partner and children) or close friends?		Once a month or less; 2-8 times a month; More than twice a week	AA1546
137	Do you often feel lonely?		Almost never; Infrequently; Sometimes; Usually; Almost always	AA1547
138	Have you been bothered by any of the following during the last two weeks?	1. Feeling fearful	Not bothered; A little bothered; Quite bothered; Very bothered	AA1548
13	Have you been bothered by any of the following during the last two weeks?	2. Nervousness or shakiness inside	Not bothered; A little bothered; Quite bothered; Very bothered	AA1549
8	13 Have you been bothered by any of the following during the last two weeks?	3. Feeling hopeless about the future	Not bothered; A little bothered; Quite bothered; Very bothered	AA1550
8	13 Have you been bothered by any of the following during the last two weeks?	4. Feeling blue	Not bothered; A little bothered; Quite bothered; Very bothered	AA1551
8	13 Have you been bothered by any of the following during the last two weeks?	5. Worrying too much about things	Not bothered; A little bothered; Quite bothered; Very bothered	AA1552
139	Have you ever in your adult life been slapped, hit, kicked or bothered in any way physically? (you may cross off several)	During this pregnancy	Yes; No; Don't remember	AA1553
13	Have you ever in your adult life been slapped, hit, kicked or bothered in any way physically? (you may cross off several)	Last 6 months before pregnancy	Yes; No; Don't remember	AA1554
9	13 Have you ever in your adult life been slapped, hit, kicked or bothered in any way physically? (you may cross off several)	Earlier	Yes; No; Don't remember	AA1555
140	Have you ever been pressured or forced to have sexual intercourse?	No, never	During this pregnancy; Last 6 months before pregnancy; Earlier	AA1556; AA1557; AA1558
14	Have you ever been pressured or forced to have sexual intercourse?	Yes, pressured	During this pregnancy; Last 6 months before pregnancy; Earlier	AA1559; AA1560; AA1561
0	14 Have you ever been pressured or forced to have sexual intercourse?	Yes, forced with violence	During this pregnancy; Last 6 months before pregnancy; Earlier	AA1562; AA1563; AA1564
0	14 Have you ever been pressured or forced to have sexual intercourse?	Yes, raped	During this pregnancy; Last 6 months before pregnancy; Earlier	AA1565; AA1566; AA1567
141	How do you feel about yourself?	1. I have a positive attitude toward myself	Agree completely; Agree; Disagree; Disagree completely	AA1568
14	How do you feel about yourself?	2. I feel completely useless at times	Agree completely; Agree; Disagree; Disagree completely	AA1569
1	14 How do you feel about yourself?	3. I feel that I do not have much to be proud about	Agree completely; Agree; Disagree; Disagree completely	AA1570
1	14 How do you feel about yourself?	4. I feel that I am a valuable person, as good as anyone else	Agree completely; Agree; Disagree; Disagree completely	AA1571
142	Have you ever experienced the following for a period of 2 weeks or more?	1. Felt depressed, sad	No; Yes	AA1572
14	Have you ever experienced the following for a period of 2 weeks or more?	2. Had problems with appetite or eaten too much	No; Yes	AA1573
2	14 Have you ever experienced the following for a period of 2 weeks or more?	3. Been bothered by lack of energy	No; Yes	AA1574
2	14 Have you ever experienced the following for a period of 2 weeks or more?	4. Blamed yourself and felt worthless	No; Yes	AA1575

2				
14	Have you ever experienced the following for a period of 2 weeks or more?	5. Had problems with concentration or had problems making decisions	No; Yes	AA1576
2				
14	Have you ever experienced the following for a period of 2 weeks or more?	6. Had at least 3 of the problems named above simultaneously	No; Yes	AA1577
2				
143	If you have had 3 or more of these problems at the same time how many weeks did the longest period last?	Weeks	Number	AA1578
144	Was there a particular reason for this?		No, no particular reason; Yes (<i>ex. death, divorce, miscarriage, accident</i>)	AA1579