

1	Where have you been to antenatal check- ups? Specify how many times.	Public health centre	Number	CC12
1	Where have you been to antenatal check- ups? Specify how many times.	No. Of times to public health centre	Number	CC13
1	Where have you been to antenatal check- ups? Specify how many times.	Doctor's surgery	Number	CC14
1	Where have you been to antenatal check- ups? Specify how many times.	No. Of times to doctor's surgery	Number	CC15
1	Where have you been to antenatal check- ups? Specify how many times.	Hospital (outpatients) clinic	Number	CC16
1	Where have you been to antenatal check- ups? Specify how many times.	No. Of times to clinic	Number	CC17
2	Who has examined you each time? Specify how many times.	Midwife	Number	CC18
2	Who has examined you each time? Specify how many times.	No. Of times examined by midwife	Number	CC19
2	Who has examined you each time? Specify how many times.	General practitioner	Number	CC20
2	Who has examined you each time? Specify how many times.	No. Of times examined by general practitioner	Number	CC21
2	Who has examined you each time? Specify how many times.	Gynaecologist	Number	CC22
2	Who has examined you each time? Specify how many times.	No. Of times examined by gynaecologist	Number	CC23
2	Who has examined you each time? Specify how many times.	Public health nurse	Number	CC24
2	Who has examined you each time? Specify how many times.	No. Of times examined by public health nurse	Number	CC25
3	Is your doctor male or female? How many times have you gone to him/her?	General practitioner: Female	Number	CC26
3	Is your doctor male or female? How many times have you gone to him/her?	No. Of times to female general practitioner	Number	CC27
3	Is your doctor male or female? How many times have you gone to him/her?	General practitioner: Male	Number	CC28
3	Is your doctor male or female? How many times have you gone to him/her?	No. Of times to male general practitioner	Number	CC29
3	Is your doctor male or female? How many times have you gone to him/her?	Gynaecologist: Female	Number	CC30
3	Is your doctor male or female? How many times have you gone to him/her?	No. Of times to female gynaecologist	Number	CC31
3	Is your doctor male or female? How many times have you gone to him/her?	Gynaecologist: Male	Number	CC32
3	Is your doctor male or female? How many times have you gone to him/her?	No. Of times to male gynaecologist	Number	CC33
4	If you visit or have visited a gynaecologist or hospital clinic for your antenatal check-ups, what is or was the reason?	Referred due to complications during this pregnancy		CC34
4	If you visit or have visited a gynaecologist or hospital clinic for your antenatal check-ups, what is or was the reason?	Referred due to previous illness or complications in previous pregnancies		CC35
4	If you visit or have visited a gynaecologist or hospital clinic for your antenatal check-ups, what is or was the reason?	On your own initiative without a referral		CC36
4	If you visit or have visited a gynaecologist or hospital clinic for your antenatal check-ups, what is or was the reason?	Referred for another reason		CC37

5	Do you agree with the following statements concerning your antenatal check-ups?	I have been given sufficient advice and information	Agree completely ; Agree; Agree somewhat; Disagree somewhat; Disagree completely	CC38
5	Do you agree with the following statements concerning your antenatal check-ups?	I have been well taken care of	Agree completely ; Agree; Agree somewhat; Disagree somewhat; Disagree completely	CC39
5	Do you agree with the following statements concerning your antenatal check-ups?	There was not enough time during the consultations	Agree completely ; Agree; Agree somewhat; Disagree somewhat; Disagree completely	CC40
5	Do you agree with the following statements concerning your antenatal check-ups?	I felt secure during these check-ups	Agree completely ; Agree; Agree somewhat; Disagree somewhat; Disagree completely	CC41
5	Do you agree with the following statements concerning your antenatal check-ups?	I have been able to discuss everything I needed to during the check-ups	Agree completely ; Agree; Agree somewhat; Disagree somewhat; Disagree completely	CC42
5	Do you agree with the following statements concerning your antenatal check-ups?	On the whole, I am satisfied with the way I have been followed up by the health service	Agree completely ; Agree; Agree somewhat; Disagree somewhat; Disagree completely	CC43
6	Have you contacted a midwife or doctor in addition to your normal check-ups?		No Yes	CC44/CC45
7	If yes, was it difficult to get an appointment?		Not difficult; Somewhat difficult ; Very difficult	/CC46/CC47
8	Have you had a gynecological examination during your pregnancy (internal examination)? If so, how manytimes?		If yes, number of times	CC48/CC49
9	How many ultrasound examinations have you had during your pregnancy?		Number	CC50/CC51
10	How many children are you expecting?		Number	CC52
11	Have you been offered an amniocentesis or placenta biopsy?		No Yes	CC53
12	If yes, were any tests performed and what were the results?	Amniocentesis performed?	No Yes	CC54
12	If yes, were any tests performed and what were the results?	Were the results normal?	No Yes	CC55
12	If yes, were any tests performed and what were the results?	Placenta biopsy performed?	No Yes	CC56
12	If yes, were any tests performed and what were the results?	Were the results normal?	No Yes	CC57
12	If yes, were any tests performed and what were the results?	If the tests were abnormal, describe the findings		CC58/CC1362(txt)
13	If an amniocentesis or placenta biopsy was performed, what was the reason?	Due to my age (normally 38 or older at the time of delivery)		CC59
13	If an amniocentesis or placenta biopsy was performed, what was the reason?	Previous child with a chromosome disorder		CC60
13	If an amniocentesis or placenta biopsy was performed, what was the reason?	Previous child with neural tube defect (spina bifida)		CC61
13	If an amniocentesis or placenta biopsy was performed, what was the reason?	Epilepsy (medication for epilepsy)		CC62
13	If an amniocentesis or placenta biopsy was performed, what was the reason?	Ultrasound findings		CC63
13	If an amniocentesis or placenta biopsy was performed, what was the reason?	Other		CC64
14	Were there complications during the first 2 weeks following the amniocentesis?		No Yes	CC65
15	If yes, what kind of complications?	Vaginal bleeding		CC66

1	If yes, what kind of complications?	Leakage of amniotic fluid		CC67
5				
1	If yes, what kind of complications?	Abdominal pain (similar to or stronger than menstrual pains)		CC68
5				
1	If yes, what kind of complications?	Other		CC69
5				
1	If yes, what kind of complications?	Other, describe		CC70/CC1363(txt)
5				
1	Have you had an X-ray during pregnancy?		No Yes	CC71
6				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Teeth	Week of pregnancy 0-12	CC72
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Teeth	Week of pregnancy 13-16	CC73
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Teeth	Week of pregnancy 17-20	CC74
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Teeth	Week of pregnancy 21-24	CC75
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Teeth	Week of pregnancy 25-28	CC76
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Teeth	Week of pregnancy 29+	CC77
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Teeth	No. of times	CC78
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Lungs	Week of pregnancy 0-12	CC79
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Lungs	Week of pregnancy 13-16	CC80
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Lungs	Week of pregnancy 17-20	CC81
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Lungs	Week of pregnancy 21-24	CC82
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Lungs	Week of pregnancy 25-28	CC83
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Lungs	Week of pregnancy 29+	CC84
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Lungs	No. of times	CC85
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Arms or legs	Week of pregnancy 0-12	CC86
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Arms or legs	Week of pregnancy 13-16	CC87
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Arms or legs	Week of pregnancy 17-20	CC88
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Arms or legs	Week of pregnancy 21-24	CC89
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Arms or legs	Week of pregnancy 25-28	CC90
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Arms or legs	Week of pregnancy 29+	CC91
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Arms or legs	No. of times	CC92
7				

“ ” ” ” ” ”

1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Pelvis/abdo -men/back	Week of pregnancy 0-12	CC93
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Pelvis/abdo -men/back	Week of pregnancy 13-16	CC94
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Pelvis/abdo -men/back	Week of pregnancy 17-20	CC95
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Pelvis/abdo -men/back	Week of pregnancy 21-24	CC96
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Pelvis/abdo -men/back	Week of pregnancy 25-28	CC97
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Pelvis/abdo -men/back	Week of pregnancy 29+	CC98
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Pelvis/abdo -men/back	No. of times	CC99
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Other	Week of pregnancy 0-12	CC100
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Other	Week of pregnancy 13-16	CC101
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Other	Week of pregnancy 17-20	CC102
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Other	Week of pregnancy 21-24	CC103
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Other	Week of pregnancy 25-28	CC104
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Other	Week of pregnancy 29+	CC105
7				
1	If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy?	Other	No. of times	CC106
7				
1	Have you received treatment to prevent a premature birth during this pregnancy?		No	CC107
8				
1	Have you received treatment to prevent a premature birth during this pregnancy?		Yes, relax or bed-rest	CC108
8				
1	Have you received treatment to prevent a premature birth during this pregnancy?		Yes, medication	CC109
8				
1	Have you received treatment to prevent a premature birth during this pregnancy?		Which medicine?	CC110/CC1364(txt)/CC1364k
8				
1	Have you been vaccinated during this pregnancy?		No Yes	CC111
9				
1	Have you been vaccinated during this pregnancy?		If yes, which vaccine?	CC112/CC1365(txt)
9				
2	Has the midwife or doctor told you that you have or have had high blood pressure during this pregnancy?		No Yes	CC113
0				
2	If yes, what was the highest reading during this pregnancy?	High	Number	CC114
1				
2	If yes, what was the highest reading during this pregnancy?	Low	Number	CC115
1				
2	If yes, what was the highest reading during this pregnancy?	Don't know		CC116
1				
2	Have you had high blood pressure without being pregnant?		No Yes Don't know	CC117
2				
2	If yes, what was the highest reading before this pregnancy?	High	Number	CC118
3				

2	If yes, what was the highest reading before this pregnancy?	Low	Number	CC119
3				
2	If yes, what was the highest reading before this pregnancy?	Don't know		CC120
3				
2	What was your blood percentage/haemoglobin (Hb) value during this pregnancy?	Hb value at last antenatal check-up during pregnancy	Number	CC124
4				
2	What was your blood percentage/haemoglobin (Hb) value during this pregnancy?	Week of pregnancy	Number	CC125
4				
2	What was your blood percentage/haemoglobin (Hb) value during this pregnancy?	Highest Hb value during pregnancy	Number	CC126
4				
2	What was your blood percentage/haemoglobin (Hb) value during this pregnancy?	Week of pregnancy	Number	CC127
4				
2	What was your blood percentage/haemoglobin (Hb) value during this pregnancy?	Lowest Hb value during pregnancy	Number	CC128
4				
2	What was your blood percentage/haemoglobin (Hb) value during this pregnancy?	Week of pregnancy		CC129
4				
2	What was your blood percentage/haemoglobin (Hb) value during this pregnancy?	Don't know		CC130
4				
2	How much did you weigh at your last antenatal check-up and when was it?	Weight		CC131
5				
2	How much did you weigh at your last antenatal check-up and when was it?	Month of antenatal check-up Year of antenatal check-up		CC133/CC134
5				
2	Have you been admitted to the hospital since you became pregnant?		No Yes	CC135
6				
2	Have you been admitted to the hospital since you became pregnant?		If yes, which hospital (s)?	CC136/CC1366(txt)
6				
2	If yes, why and when were you hospitalised?	Prolonged nausea and vomiting	Due to?;In week 0-4; 5-8; 9-12; 13-16; 17-20; 21-24; 25-28; 29+	CC137/CC138/CC139/CC140/CC141/CC142/CC143/C144/CC145
7				
2	If yes, why and when were you hospitalised?	Bleeding	Due to?;In week 0-4; 5-8; 9-12; 13-16; 17-20; 21-24; 25-28; 29+	CC146/CC147/CC148/CC149/CC150/CC151/CC152/C153/CC154
7				
2	If yes, why and when were you hospitalised?	Leakage of amniotic fluid	Due to?;In week 0-4; 5-8; 9-12; 13-16; 17-20; 21-24; 25-28; 29+	CC155/CC156/CC157/CC158/CC159/CC160/CC161/C162/CC163
7				
2	If yes, why and when were you hospitalised?	Threatening preterm labour	Due to?;In week 0-4; 5-8; 9-12; 13-16; 17-20; 21-24; 25-28; 29+	CC164/CC165/CC166/CC167/CC168/CC169/CC170/C171/CC172
7				
2	If yes, why and when were you hospitalised?	High blood pressure	Due to?;In week 0-4; 5-8; 9-12; 13-16; 17-20; 21-24; 25-28; 29+	CC173/CC174/CC175/CC176/CC177/CC178/CC179/C180/CC181
7				
2	If yes, why and when were you hospitalised?	(Pre-) Eclampsia	Due to?;In week 0-4; 5-8; 9-12; 13-16; 17-20; 21-24; 25-28; 29+	CC182/CC183/CC184/CC185/CC186/CC187/CC188/C189/CC190
7				
2	If yes, why and when were you hospitalised?	Other	Due to?;In week 0-4; 5-8; 9-12; 13-16; 17-20; 21-24; 25-28; 29+	CC191/CC192/CC193/CC194/CC195/CC196/CC197/C198/CC199
7				
2	If yes, why and when were you hospitalised?	If other, describe	Due to?;In week 0-4; 5-8; 9-12; 13-16; 17-20; 21-24; 25-28; 29+	CC200/CC1367
7				
2	Do you have or have you ever had any of the following? (Before this pregnancy)	Incontinence when coughing, sneezing or laughing	No- Yes; How often?; How much?	CC201/CC202/CC203
8				

2 8	Do you have or have you ever had any of the following? (Before this pregnancy)	Incontinence during physical activity	No- Yes; How often?; How much?	CC204/CC205/CC206
2 8	Do you have or have you ever had any of the following? (Before this pregnancy)	Incontinence with a strong need to urinate	No- Yes; How often?; How much?	CC207/CC208/CC209/CC21/CC222
2 8	Do you have or have you ever had any of the following? (Before this pregnancy)	Problems with retaining faeces	No- Yes; How often?; How much?	CC210/CC211/CC224
2 8	Do you have or have you ever had any of the following? (Before this pregnancy)	Problems with flatulence	No- Yes; How often?; How much?	CC212/CC213/CC226
2 8	Do you have or have you ever had any of the following? (During this pregnancy)	Incontinence when coughing, sneezing or laughing	No- Yes; How often?; How much?	CC214/CC215/CC216/CC1713
2 8	Do you have or have you ever had any of the following? (During this pregnancy)	Incontinence during physical activity	No- Yes; How often?; How much?	CC217/CC218/CC219/CC1714
2 8	Do you have or have you ever had any of the following? (During this pregnancy)	Incontinence with a strong need to urinate	No- Yes; How often?; How much?	CC220/CC221/CC222/CC1715
2 8	Do you have or have you ever had any of the following? (During this pregnancy)	Problems with retaining faeces	No- Yes; How often?; How much?	CC223/CC224/CC1716
2 8	Do you have or have you ever had any of the following? (During this pregnancy)	Problems with flatulence	No- Yes; How often?; How much?	CC225/CC226
2 9	Do you have or have you had pain in any of the following parts of your body? Where and when?	Small of the back	No, never Yes, but not every day, the pain varies from day to day 3- Yes, I have to use a stick or crutches every day	CC227/CC228/CC229/CC230/CC231
2 9	Do you have or have you had pain in any of the following parts of your body? Where and when?	One of the pelvic/sacroiliac joints at the back		CC232/CC233/CC234/CC235/CC236
2 9	Do you have or have you had pain in any of the following parts of your body? Where and when?	Both pelvic/sacroiliac joints at the back		CC237/CC238/CC239/CC240/CC241
2 9	Do you have or have you had pain in any of the following parts of your body? Where and when?	Over the coccygeal bone		CC242/CC243/CC244/CC245/CC246
2 9	Do you have or have you had pain in any of the following parts of your body? Where and when?	In the buttocks		CC247/CC248/CC249/CC250/CC251
2 9	Do you have or have you had pain in any of the following parts of your body? Where and when?	Over the pubic bone		CC252/CC253/CC254/CC255/CC256
2 9	Do you have or have you had pain in any of the following parts of your body? Where and when?	Groin		CC257/CC258/CC259/CC260/CC261
2 9	Do you have or have you had pain in any of the following parts of your body? Where and when?	Other back pains		CC262/CC263/CC264/CC265/CC266
3 0	Do you wake up at night due to pelvic pain?		1- Yes, frequently 2- Yes, sometimes 3- No, never	/CC267
3 1	Do you have to use a stick or crutches in order to walk due to pelvic pain?		No, never Yes, but not every day, the pain varies from day to day 3- Yes, I have to use a stick or crutches every day	/CC268
3 2	Have you received an anaesthetic in connection with surgery or dental treatment during this pregnancy?		No Yes	CC269
3 3	If yes, what type of anaesthetic have you had?	General (full) anaesthetic		CC270
3 3	If yes, what type of anaesthetic have you had?	Spinal anaesthetic (epidural)		CC271
3 3	If yes, what type of anaesthetic have you had?	Local anaesthetic		CC272
3 3	If yes, what type of anaesthetic have you had?	Don't know		CC273
3 4	Have you been to the dentist during this pregnancy?		No Yes;	CC274
3 5	If yes, did the dentist perform any of the following treatments?	Put in new amalgam fillings (silver fillings)	No Yes	CC275

3	If yes, did the dentist perform any of the following treatments?	Removed or replaced amalgam fillings	No Yes	CC276
5				
3	If yes, did the dentist perform any of the following treatments?	Put in new white fillings	No Yes	CC277
5				
3	How many teeth do you have and how many have fillings?	Total number of teeth		CC278
6				
3	How many teeth do you have and how many have fillings?	Number of teeth with amalgam fillings		CC279
6				
3	How many teeth do you have and how many have fillings?	Number of teeth with other types of fillings		CC280
6				
3	At present, do your gums bleed when you brush your teeth?		1-No, seldom or never 2-Yes, sometimes Yes, frequently Yes, nearly always;	/CC281
7				
3	Have you had a tattoo or body piercing, including extra holes in the ears? (Do not include pierced ears if you have one hole in each ear.)			CC282
8				
3	f yes, where and when was it done?	Tattoo in Norway	Before pregnancy; During pregnancy	CC283/CC287
9				
3	f yes, where and when was it done?	Body piercing in Norway	Before pregnancy; During pregnancy	CC284/CC288
9				
3	f yes, where and when was it done?	Tattoo abroad	Before pregnancy; During pregnancy	CC285/CC289
9				
3	f yes, where and when was it done?	Body piercing abroad	Before pregnancy; During pregnancy	CC286/CC290
9				
4	Have you ever had a blood transfusion? If yes, give the number of transfusions.	No		CC291
0				
4	Have you ever had a blood transfusion? If yes, give the number of transfusions.	Yes, during this pregnancy		CC292
0				
4	Have you ever had a blood transfusion? If yes, give the number of transfusions.	Number of times during this pregnancy		CC293
0				
4	Have you ever had a blood transfusion? If yes, give the number of transfusions.	Yes, before this pregnancy		CC294
0				
4	Have you ever had a blood transfusion? If yes, give the number of transfusions.	Number of times before this pregnancy		CC295
0				
4	If yes, in which country and which year? (Give the last 2 transfusions.)	Country		CC296/CC1368(txt)/CC298/CC1369(txt)
1				
4	If yes, in which country and which year? (Give the last 2 transfusions.)	Year		CC297/CC299
1				
4	Have you ever had breast surgery?		No; Yes	CC300
2				
4	If yes, was it:	Breast enlargement		CC301
3				
4	If yes, was it:	Breast reduction		CC302
3				
4	If yes, was it:	Cancer/biopsy		CC303
3				
4	If yes, was it:	Other		CC304
3				
4	If yes, was it:	If other, describe		CC305/CC1370(txt)
3				
4	Have you ever had cervical dysplasia?		No; Yes	/CC306
4				
4	Have you ever had cervical dysplasia?	Year the dysplasia was detected the first time		CC307
4				

4	Have you had an operation on your cervix?		No; Yes	/CC308
5				
4	Have you had an operation on your cervix?	Year of operation		CC309
5				
4	Have you ever had a gamma globulin injection? (used to prevent infection of hepatitis A, primarily when travelling abroad.)		No; Yes	/CC310
6				
4	Have you ever had a gamma globulin injection? (used to prevent infection of hepatitis A, primarily when travelling abroad.)	If yes, which year?		CC311
6				
4	Have you had one or more episodes of vaginal bleeding after the 13th week of pregnancy?		No; Yes	CC315
7				
4	If yes, how much did you bleed, in which week(s) of pregnancy and how many days did the bleeding last? (If you have had more than 2 episodes of bleeding, describe the last 2 only.)	The amount of blood (spotting means a few drops)	Spotting; More than spotting ; Large amounts	/CC316/CC323
8				
4	If yes, how much did you bleed, in which week(s) of pregnancy and how many days did the bleeding last? (If you have had more than 2 episodes of bleeding, describe the last 2 only.)	In which week of pregnancy did the bleeding occur?	13-16	/CC317/CC324
8				
4	If yes, how much did you bleed, in which week(s) of pregnancy and how many days did the bleeding last? (If you have had more than 2 episodes of bleeding, describe the last 2 only.)	In which week of pregnancy did the bleeding occur?	17-20	CC318/CC325
8				
4	If yes, how much did you bleed, in which week(s) of pregnancy and how many days did the bleeding last? (If you have had more than 2 episodes of bleeding, describe the last 2 only.)	In which week of pregnancy did the bleeding occur?	21-24	CC319/CC326
8				
4	If yes, how much did you bleed, in which week(s) of pregnancy and how many days did the bleeding last? (If you have had more than 2 episodes of bleeding, describe the last 2 only.)	In which week of pregnancy did the bleeding occur?	25-28	CC320/CC327
8				
4	If yes, how much did you bleed, in which week(s) of pregnancy and how many days did the bleeding last? (If you have had more than 2 episodes of bleeding, describe the last 2 only.)	In which week of pregnancy did the bleeding occur?	29+	CC321/CC328
8				
4	If yes, how much did you bleed, in which week(s) of pregnancy and how many days did the bleeding last? (If you have had more than 2 episodes of bleeding, describe the last 2 only.)	No. of days bleeding lasted		CC322/CC329
8				
4	If yes, how much did you bleed, in which week(s) of pregnancy and how many days did the bleeding last? (If you have had more than 2 episodes of bleeding, describe the last 2 only.)	No. of episodes of bleeding if more than 2		CC330
8				
4	If yes, how much did you bleed, in which week(s) of pregnancy and how many days did the bleeding last? (If you have had more than 2 episodes of bleeding, describe the last 2 only.)	No. of days of bleeding lasted		CC331
8				
4	Do you know why you bled?		Number 0 - 99	CC332
9				
5	If yes, what was the reason?	The placenta is too low/is in a difficult position/placenta previa		CC333
0				
5	If yes, what was the reason?	Premature separation of the placenta/abruptio/ablatio placenta		CC334
0				
5	If yes, what was the reason?	Threatening miscarriage/premature birth		CC335
0				
5	If yes, what was the reason?	Cervical ulcer, bleeding of the mucous membrane in the vagina		CC336
0				
5	If yes, what was the reason?	Following intercourse		CC337
0				
5	If yes, what was the reason?	Other reason		CC338
0				



5 1	Have you been bothered by uterine contractions?		No Yes, a little 3-Yes, a lot;	/CC339
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	1. Pelvic girdle pain	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+	CC340/CC341/CC342/CC343/CC344/CC345/CC1371(t xt)/CC1371k/CC346/CC347/CC348/CC349/CC350/CC351
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	2. Back pains	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+	CC352/CC353/CC354/CC355/CC356/CC357/CC1372(t xt)/CC1372k/CC358/CC359/CC360/CC361/CC362/CC363
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	3. Other pains in muscles/ joints	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+	CC364/CC365/CC366/CC367/CC368/CC369/CC1373(t xt)/CC1373k/CC370/CC371/CC372/CC373/CC374/CC375
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	4. Nausea	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+	CC376/CC377/CC378/CC379/CC380/CC381/CC1374(t xt)/CC1374k/CC382/CC383/CC384/CC385/CC386/CC387
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	5. Long-term nausea and vomiting	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+	CC388/CC389/CC390/CC391/CC392/CC393/CC1375(t xt)/CC1375k/CC394/CC395/CC396/CC397/CC398/CC399
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	6. Vaginal thrush	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+	CC400/CC401/CC402/CC403/CC404/CC405/CC1376(t xt)/CC1376k/CC406/CC407/CC408/CC409/CC410/CC411
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	7. Vaginal catarrh, unusual discharge	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+	CC412/CC413/CC414/CC415/CC416/CC417/CC1377(t xt)/CC1377k/CC418/CC419/CC420/CC421/CC422/CC423
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	8. Pregnancy itch	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+	CC424/CC425/CC426/CC427/CC428/CC429/CC1378(t xt)/CC1378k/CC430/CC431/CC432/CC433/CC434/CC435
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	9. Constipation	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+	CC436/CC437/CC438/CC439/CC440/CC441/CC1379(t xt)/CC1379k/CC442/CC443/CC444/CC445/CC446/CC447
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	10. Diarrhoea /gastric flu	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+	CC448/CC449/CC450/CC451/CC452/CC453/CC1380(t xt)/CC1380k/CC454/CC455/CC456/CC457/CC458/CC459

5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	11. Unusual fatigue/drowsiness	13-16; 17-20; 21-24; 25-28; 29+; Name of medicine; 13-16; 17-20; 21-24; 25-28; 29+	CC460/CC461/CC462/CC463/CC464/CC465/CC1381(t xt)/CC1381k/CC466/CC467/CC468/CC469/CC470/CC471
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	12. Heartburn	13-16; 17-20; 21-24; 25-28; 29+; Name of medicine; 13-16; 17-20; 21-24; 25-28; 29+	CC472/CC473/CC474/CC475/CC476/CC477/CC1382(t xt)/CC1382k/CC478/CC479/CC480/CC481/CC482/CC483
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	13. Swelling of the body(oedema)	13-16; 17-20; 21-24; 25-28; 29+; Name of medicine; 13-16; 17-20; 21-24; 25-28; 29+	CC484/CC485/CC486/CC487/CC488/CC489/CC1383(t xt)/CC1383k/CC490/CC491/CC492/CC493/CC494/CC495
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	14. Common cold	13-16; 17-20; 21-24; 25-28; 29+; Name of medicine; 13-16; 17-20; 21-24; 25-28; 29+	CC496/CC497/CC498/CC499/CC500/CC501/CC1384(t xt)/CC1384k/CC502/CC503/CC504/CC505/CC506/CC507
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	15. Throat infection	13-16; 17-20; 21-24; 25-28; 29+; Name of medicine; 13-16; 17-20; 21-24; 25-28; 29+	CC508/CC509/CC510/CC511/CC512/CC513/CC1385(t xt)/CC1385k/CC514/CC515/CC516/CC517/CC518/CC519
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	16. Sinusitis/ ear infection	13-16; 17-20; 21-24; 25-28; 29+; Name of medicine; 13-16; 17-20; 21-24; 25-28; 29+	CC520/CC521/CC522/CC523/CC524/CC525/CC1386(t xt)/CC1386k/CC526/CC527/CC528/CC529/CC530/CC531
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	17. Influenza	13-16; 17-20; 21-24; 25-28; 29+; Name of medicine; 13-16; 17-20; 21-24; 25-28; 29+	CC532/CC533/CC534/CC535/CC536/CC537/CC1387(t xt)/CC1387k/CC538/CC539/CC540/CC541/CC542/CC543
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	18. Pneumonia /bronchitis	13-16; 17-20; 21-24; 25-28; 29+; Name of medicine; 13-16; 17-20; 21-24; 25-28; 29+	CC544/CC545/CC546/CC547/CC548/CC549/CC1388(t xt)/CC1388k/CC550/CC551/CC552/CC553/CC554/CC555
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	19. Other cough	13-16; 17-20; 21-24; 25-28; 29+; Name of medicine; 13-16; 17-20; 21-24; 25-28; 29+	CC556/CC557/CC558/CC559/CC560/CC561/CC1389(t xt)/CC1389k/CC562/CC563/CC564/CC565/CC566/CC567
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	20. Sugar in urine	13-16; 17-20; 21-24; 25-28; 29+; Name of medicine; 13-16; 17-20; 21-24; 25-28; 29+	CC568/CC569/CC570/CC571/CC572/CC573/CC1390(t xt)/CC1390k/CC574/CC575/CC576/CC577/CC578/CC579
5 2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or	21. Protein in urine	13-16; 17-20; 21-24; 25-28; 29+; Name of medicine; 13-16; 17-20; 21-24; 25-28; 29+	CC580/CC581/CC582/CC583/CC584/CC585/CC1391(t xt)/CC1391k/CC586/CC587

5	problem, give the name(s) of the medication(s), when and how long you took them.		/CC588/CC589/CC590/CC591
2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	22. Bladder infection/cystitis	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+ CC592/CC593/CC594/CC595/CC596/CC597/CC1392(t xt)/CC1392k/CC598/CC599/CC600/CC601/CC602/CC603
2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	23. Incontinence	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+ CC604/CC605/CC606/CC607/CC608/CC609/CC1393(t xt)/CC1393k/CC610/CC611/CC612/CC613/CC614/CC615
2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	24. High blood pressure	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+ CC616/CC617/CC618/CC619/CC620/CC621/CC1394(t xt)/CC1394k/CC622/CC623/CC624/CC625/CC626/CC627
2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	25. Leg cramps	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+ CC628/CC629/CC630/CC631/CC632/CC633/CC1395(t xt)/CC1395k/CC634/CC635/CC636/CC637/CC638/CC639
2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	26. Asthma	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+ CC640/CC641/CC642/CC643/CC644/CC645/CC1396(t xt)/CC1396k/CC646/CC647/CC648/CC649/CC650/CC651
2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	27. Hay fever/ other allergy	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+ CC652/CC653/CC654/CC655/CC656/CC657/CC1397(t xt)/CC1397k/CC658/CC659/CC660/CC661/CC662/CC663
2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	28. Headache/ migraine	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+ CC664/CC665/CC666/CC667/CC668/CC669/CC1398(t xt)/CC1398k/CC670/CC671/CC672/CC673/CC674/CC675
2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	29. Depression	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+ CC676/CC677/CC678/CC679/CC680/CC681/CC1399(t xt)/CC1399k/CC682/CC683/CC684/CC685/CC686/CC687
2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	30. Other psychological problems	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+ CC688/CC689/CC690/CC691/CC692/CC693/CC1400(t xt)/CC1400k/CC694/CC695/CC696/CC697/CC698/CC699
2	Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them.	31. Other	13-16; 17-20; 21-24; 25-28; 29+; <i>Name of medicine</i> ; 13-16; 17-20; 21-24; 25-28; 29+ CC700/CC701/CC702/CC703/CC704/CC705/CC1401(t xt)/CC1401k/CC706/CC707/CC708/CC709/CC710/CC711

5 3	If you have had a fever once or more since the 13th week of pregnancy, indicate in which week of pregnancy, name of any medication taken to reduce the fever and the highest temperature measured. (If more than 3 times, indicate the last 3.)	In which week of pregnancy did you have a fever? 13-16	1 <sup>st</sup> time; 2 <sup>nd</sup> time; 3 <sup>rd</sup> time	CC712/CC720/CC728
5 3	If you have had a fever once or more since the 13th week of pregnancy, indicate in which week of pregnancy, name of any medication taken to reduce the fever and the highest temperature measured. (If more than 3 times, indicate the last 3.)	In which week of pregnancy did you have a fever? 17-20	1 <sup>st</sup> time; 2 <sup>nd</sup> time; 3 <sup>rd</sup> time	CC713/CC721/CC729
5 3	If you have had a fever once or more since the 13th week of pregnancy, indicate in which week of pregnancy, name of any medication taken to reduce the fever and the highest temperature measured. (If more than 3 times, indicate the last 3.)	In which week of pregnancy did you have a fever? 21-24	1 <sup>st</sup> time; 2 <sup>nd</sup> time; 3 <sup>rd</sup> time	CC714/CC722/CC730
5 3	If you have had a fever once or more since the 13th week of pregnancy, indicate in which week of pregnancy, name of any medication taken to reduce the fever and the highest temperature measured. (If more than 3 times, indicate the last 3.)	In which week of pregnancy did you have a fever? 25-28	1 <sup>st</sup> time; 2 <sup>nd</sup> time; 3 <sup>rd</sup> time	CC715/CC723/CC731
5 3	If you have had a fever once or more since the 13th week of pregnancy, indicate in which week of pregnancy, name of any medication taken to reduce the fever and the highest temperature measured. (If more than 3 times, indicate the last 3.)	In which week of pregnancy did you have a fever? 29+	1 <sup>st</sup> time; 2 <sup>nd</sup> time; 3 <sup>rd</sup> time	CC716/CC724/CC732
5 3	If you have had a fever once or more since the 13th week of pregnancy, indicate in which week of pregnancy, name of any medication taken to reduce the fever and the highest temperature measured. (If more than 3 times, indicate the last 3.)	Medication taken to lower the fever	1 <sup>st</sup> time; 2 <sup>nd</sup> time; 3 <sup>rd</sup> time	CC717/CC725/CC733
5 3	If you have had a fever once or more since the 13th week of pregnancy, indicate in which week of pregnancy, name of any medication taken to reduce the fever and the highest temperature measured. (If more than 3 times, indicate the last 3.)		1 <sup>st</sup> time; 2 <sup>nd</sup> time; 3 <sup>rd</sup> time	CC1402(txt)/CC1403(txt)/C1404(txt)
5 3	If you have had a fever once or more since the 13th week of pregnancy, indicate in which week of pregnancy, name of any medication taken to reduce the fever and the highest temperature measured. (If more than 3 times, indicate the last 3.)		1 <sup>st</sup> time; 2 <sup>nd</sup> time; 3 <sup>rd</sup> time	CC1402k/CC1403k/CC1404k
5 3	If you have had a fever once or more since the 13th week of pregnancy, indicate in which week of pregnancy, name of any medication taken to reduce the fever and the highest temperature measured. (If more than 3 times, indicate the last 3.)	Highest recorded temperature (e.g. 38.9° C)	1 <sup>st</sup> time; 2 <sup>nd</sup> time; 3 <sup>rd</sup> time	CC718/CC726/CC734
5 3	If you have had a fever once or more since the 13th week of pregnancy, indicate in which week of pregnancy, name of any medication taken to reduce the fever and the highest temperature measured. (If more than 3 times, indicate the last 3.)	Temperature not taken	1 <sup>st</sup> time; 2 <sup>nd</sup> time; 3 <sup>rd</sup> time	CC719/CC727/CC735
5 3	If you have had a fever once or more since the 13th week of pregnancy, indicate in which week of pregnancy, name of any medication taken to reduce the fever and the highest temperature measured. (If more than 3 times, indicate the last 3.)	Fever more than 3 times		/CC736
5 4	Have you taken other medication after the 13th week of pregnancy not previously mentioned, for example, sleeping tablets or sedatives? Give the name, when and how many days altogether the medication was taken for.	Name of medication	Medicine 1; Medicine 2; Medicine 3; Medicine 4	CC740/CC1405(txt)/CC1405k/CC747/CC1406(txt)/CC1406k/CC754/CC1407(txt)/C1407k/CC761/CC1408(txt)/CC1408k
5 4	Have you taken other medication after the 13th week of pregnancy not previously mentioned, for example, sleeping tablets or sedatives? Give the name, when and how many days altogether the medication was taken for.	Use of medication in week of pregnancy 13-16	Medicine 1; Medicine 2; Medicine 3; Medicine 4	/CC741/CC748/CC755/CC762

5 4	Have you taken other medication after the 13th week of pregnancy not previously mentioned, for example, sleeping tablets or sedatives? Give the name, when and how many days altogether the medication was taken for.	17-20	<i>Medicine 1; Medicine 2;Medicine 3;Medicine 4</i>	CC742/CC749/CC756/CC763
5 4	Have you taken other medication after the 13th week of pregnancy not previously mentioned, for example, sleeping tablets or sedatives? Give the name, when and how many days altogether the medication was taken for.	21-24	<i>Medicine 1; Medicine 2;Medicine 3;Medicine 4</i>	CC743/CC750/CC757/CC764
5 4	Have you taken other medication after the 13th week of pregnancy not previously mentioned, for example, sleeping tablets or sedatives? Give the name, when and how many days altogether the medication was taken for.	25-28	<i>Medicine 1; Medicine 2;Medicine 3;Medicine 4</i>	CC744/CC751/CC758/CC765
5 4	Have you taken other medication after the 13th week of pregnancy not previously mentioned, for example, sleeping tablets or sedatives? Give the name, when and how many days altogether the medication was taken for.	29+	<i>Medicine 1; Medicine 2;Medicine 3;Medicine 4</i>	CC745/CC752/CC759/CC766
5 4	Have you taken other medication after the 13th week of pregnancy not previously mentioned, for example, sleeping tablets or sedatives? Give the name, when and how many days altogether the medication was taken for.	Number of days taken	<i>Medicine 1; Medicine 2;Medicine 3;Medicine 4</i>	CC746/CC753/CC760/CC767
5 5	During this pregnancy have you been involved in an accident or been injured (e.g. traffic accident, fall, hit in the stomach)?			CC768
5 6	If yes, in which week of pregnancy?			CC769
5 7	Have you taken vitamins, minerals or other nutritional supplements after the 13th week of pregnancy?			CC770
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	1. Folate/folic acid	<i>13-16;17-20;21-24;25-28;29+;How often?</i>	CC771/CC772/CC773/CC774/CC775/CC776
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	2. Vitamin B1 (Thiamine)	<i>13-16;17-20;21-24;25-28;29+;How often?</i>	CC777/CC778/CC779/CC780/CC781/CC782
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	3. Vitamin B2 (Riboflavin)	<i>13-16;17-20;21-24;25-28;29+;How often?</i>	CC783/CC784/CC785/CC786/CC787/CC788
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	4. Vitamin B6 (Pyridoxine)	<i>13-16;17-20;21-24;25-28;29+;How often?</i>	CC789/CC790/CC791/CC792/CC793/CC794
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	5. Vitamin B12	<i>13-16;17-20;21-24;25-28;29+;How often?</i>	CC795/CC796/CC797/CC798/CC799/CC800
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	6. Niacin	<i>13-16;17-20;21-24;25-28;29+;How often?</i>	CC801/CC802/CC803/CC804/CC805/CC806
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	7. Pantothenic acid	<i>13-16;17-20;21-24;25-28;29+;How often?</i>	CC807/CC808/CC809/CC810/CC811/CC812
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	8. Biotin	<i>13-16;17-20;21-24;25-28;29+;How often?</i>	CC813/CC814/CC815/CC816/CC817/CC818
5 8 9	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	9. Vitamin C	<i>13-16;17-20;21-24;25-28;29+;How often?</i>	CC819/CC820/CC821/CC822/CC823/CC824

5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	10. Vitamin A	13-16;17-20;21-24;25-28;29+;How often?	CC825/CC826/CC827/CC828/CC829/CC830
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	11. Vitamin D	13-16;17-20;21-24;25-28;29+;How often?	CC831/CC832/CC833/CC834/CC835/CC836
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	12. Vitamin E	13-16;17-20;21-24;25-28;29+;How often?	CC837/CC838/CC839/CC840/CC841/CC842
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	13. Iron	13-16;17-20;21-24;25-28;29+;How often?	CC843/CC844/CC845/CC846/CC847/CC848
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	14. Calcium	13-16;17-20;21-24;25-28;29+;How often?	CC849/CC850/CC851/CC852/CC853/CC854
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	15. Iodine	13-16;17-20;21-24;25-28;29+;How often?	CC855/CC856/CC857/CC858/CC859/CC860
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	16. Zinc	13-16;17-20;21-24;25-28;29+;How often?	CC861/CC862/CC863/CC864/CC865/CC866
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	17. Selenium	13-16;17-20;21-24;25-28;29+;How often?	CC867/CC868/CC869/CC870/CC871/CC872
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	18. Copper	13-16;17-20;21-24;25-28;29+;How often?	CC873/CC874/CC875/CC876/CC877/CC878
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	19. Chromium	13-16;17-20;21-24;25-28;29+;How often?	CC879/CC880/CC881/CC882/CC883/CC884
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	20. Magnesium	13-16;17-20;21-24;25-28;29+;How often?	CC885/CC886/CC887/CC888/CC889/CC890
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	21. Cod liver oil	13-16;17-20;21-24;25-28;29+;How often?	CC891/CC892/CC893/CC894/CC895/CC896
5 8	Fill in the table below for the vitamins and minerals found on the vitamin package/bottle. Fill in when and approximately how often you have taken them.	22. Omega -3 fatty acid	13-16;17-20;21-24;25-28;29+;How often?	CC897/CC898/CC899/CC900/CC901/CC902
5 9	Give the complete name(s) of all the vitamins and nutritional supplements you take. Include also herbal remedies and diet products.		(1);(2);(3);(4);(5)	CC903/CC1409(txt)/CC904/CC1410(txt)/CC905/CC1411(txt)/CC906/CC1412(txt)/CC907/CC1413(txt)
6 0	If you take multivitamins (with or without minerals), do these contain folate/folic acid?		No Yes Don't know;	/CC908
6 1	Have you been in paid employment during this pregnancy?		No Yes	CC909
6 2	Do you have the same job conditions now after the 13th week of pregnancy that you described in the first questionnaire?		No Yes	CC910
6 3	If no, in which week of your pregnancy did your work situation change?		Number	CC911

6 4	How has your work situation changed?		1-I have stopped working 2-I have gone over to a part-time position 3-Other	CC912
6 5	If you have stopped working, why did you stop?		1-I handed in my notice 2-The work was temporary (seasonal, short-term contract) 3-I was fired 4- Other;	/CC913
6 6	Have your working arrangements been changed during this pregnancy making your job more suitable for you now that you are pregnant?		No Yes	CC914
6 7	If no, why have your working conditions not been changed to make them more suitable for you?		Not necessary Impossible or nearly impossible 3-I have asked for changes but no changes have been made 4-It is difficult to ask 5-None of the above If none of the above, explain why?;	CC915/CC916/CC1414(txt)
6 8	What are your working hours?	Permanent day work		CC917
6 8	What are your working hours?	Permanent afternoon or evening work		CC918
6 8	What are your working hours?	Permanent night work		CC919
6 8	What are your working hours?	Shift work (day and night) or shift rotations		CC920
6 8	What are your working hours?	No set times (extra work, extra shifts, temporary employment, etc.)		CC921
6 8	What are your working hours?	Other		CC922
6 9	Indicate the appropriate answer for each of the following questions concerning your present work situation.	1. Do you sometimes have so much to do that your work situation becomes taxing?	Yes, daily more than half of the working hours Yes, daily less than half of the working hours Yes, periodically but not daily 4-Seldom or never;	CC923
6 9	Indicate the appropriate answer for each of the following questions concerning your present work situation.	2. Do you have to turn and bend many times in the course of an hour?	Yes, daily more than half of the working hours Yes, daily less than half of the working hours Yes, periodically but not daily 4-Seldom or never;	CC924
6 9	Indicate the appropriate answer for each of the following questions concerning your present work situation.	3. Do you work with your hands above shoulder level or higher?	Yes, daily more than half of the working hours Yes, daily less than half of the working hours Yes, periodically but not daily 4-Seldom or never;	CC925
6 9	Indicate the appropriate answer for each of the following questions concerning your present work situation.	4. Do you work walking or standing?	Yes, daily more than half of the working hours Yes, daily less than half of the working hours Yes, periodically but not daily 4-Seldom or never;	CC926
6 9	Indicate the appropriate answer for each of the following questions concerning your present work situation.	5. Can you choose to work a little faster some days and a little slower on other days?	Yes, daily more than half of the working hours Yes, daily less than half of the working hours Yes, periodically but not daily 4-Seldom or never;	CC927
6 9	Indicate the appropriate answer for each of the following questions concerning your present work situation.	6. Are you subjected to a lot of uncomfortable background noise?	Yes, daily more than half of the working hours Yes, daily less than half of the working hours Yes, periodically but not daily 4-Seldom or never;	CC928
6 9	Indicate the appropriate answer for each of the following questions concerning your present work situation.	7. 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, daily more than half of the working hours Yes, daily less than half of the working hours Yes, periodically but not daily 4-Seldom or never;	/CC929
7 0	How often have you worked with a radio transmitter or radar after the 13th week of pregnancy?		1-Seldom or never 2-A few times a week 3-Daily 4- On average, more than 1 hour a day	/CC933
7 1	How often have you worked with X-ray equipment (at a distance of less than 2 metres) after the 13th week of pregnancy?		1-Seldom or never 2-A few times a week 3-Daily 4- On average, more than 1 hour a day	/CC934
7 2	Have you been absent from your normal job for more than two weeks after the 13th week of pregnancy?		No Yes, part time 3-Yes	CC935

7 3	Are you absent from regular work at the present time?		No Yes, part time 3-Yes	CC936
7 4	If yes, why are you currently absent from work?		1-Sick leave (with sick compensation pay) 2-Absent due to sick child Mde redundant with compensation Absent with maternity allowance due to the working environment 5-Started maternity leave (with allowance) 6-Service leave 7-Other If other, describe_	CC937/CC938/CC1415(txt)
7 5	Complete the table below if you were on sick leave (full or part time) after the 13th week of pregnancy. Fill in the reason (e.g. pelvic girdle pain, pneumonia), which weeks you were on sick leave, the number of days and the percentage of time each period of sick leave represents. (Give one reason for sick leave per line	Sick leave No.1	Reason; Week of pregnancy 13-16;17-20;21-24;25-28;29+;How often?; Percentage	CC939/CC1416(txt)/CC956/CC941/CC942/CC943/CC944/CC945/CC946
7 5	Complete the table below if you were on sick leave (full or part time) after the 13th week of pregnancy. Fill in the reason (e.g. pelvic girdle pain, pneumonia), which weeks you were on sick leave, the number of days and the percentage of time each period of sick leave represents. (Give one reason for sick leave per line	Sick leave No.2	Reason; Week of pregnancy 13-16;17-20;21-24;25-28;29+;How often?; Percentage	CC947/CC1417(txt)/CC956/CC949/CC950/CC951/CC952/CC953/CC954
7 5	Complete the table below if you were on sick leave (full or part time) after the 13th week of pregnancy. Fill in the reason (e.g. pelvic girdle pain, pneumonia), which weeks you were on sick leave, the number of days and the percentage of time each period of sick leave represents. (Give one reason for sick leave per line	Sick leave No.3	Reason; Week of pregnancy 13-16;17-20;21-24;25-28;29+;How often?; Percentage	CC955/CC1418(txt)/CC956/CC957/CC958/CC959/CC960/CC961/CC962
7 5	Complete the table below if you were on sick leave (full or part time) after the 13th week of pregnancy. Fill in the reason (e.g. pelvic girdle pain, pneumonia), which weeks you were on sick leave, the number of days and the percentage of time each period of sick leave represents. (Give one reason for sick leave per line	Sick leave No.4	Reason; Week of pregnancy 13-16;17-20;21-24;25-28;29+;How often?; Percentage	CC963/CC1419(txt)/CC964/CC965/CC966/CC967/CC968/CC969/CC970
7 9	How often do you talk on a mobile phone?		1-Seldom/never 2-A few times a week 3-Daily 4-On average, more than 1 hour a day	/CC977
8 0	Do you talk on your mobile phone for longer than 15 minutes at a time?		1-Never 2-Seldom 3-Frequently	CC978
8 1	How frequently have you worked with a computer monitor, laser printer or photocopy machine (at a distance of less than 2 metres) after the 13th week of pregnancy?	Computer monitor	1-Seldom/never 2-A few times a week 3-Daily 4-On average, more than 1 hour a day; CC940; CC948	CC979/CC980/CC981
8 1	How frequently have you worked with a computer monitor, laser printer or photocopy machine (at a distance of less than 2 metres) after the 13th week of pregnancy?	Laser printer		
8 1	How frequently have you worked with a computer monitor, laser printer or photocopy machine (at a distance of less than 2 metres) after the 13th week of pregnancy?	Photocopy machine		
8 2	Do you live close to high-voltage power lines?		No Yes, closer than 50 meters Yes, between 50-100 meters 4-Yes, more than 100 meters	/CC982
8 3	How often have you been to a discotheque since you answered the previous questionnaire?		Never At least 1-2 times a week 3-Less often	CC983
8 4	How often do you usually exercise at present?	1. Walking	Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week	CC984
8 4	How often do you usually exercise at present?	2. Brisk walking	Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week	CC985
8 4	How often do you usually exercise at present?	3. Running/jogging/orienteering	Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week	CC986
8 4	How often do you usually exercise at present?	4. Bicycling	Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week	CC987



8	How often do you usually exercise at present?	5. Training studio/weight training	<i>Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week</i>	CC988
4				
8	How often do you usually exercise at present?	6. Special gymnastics/aerobics for pregnant women	<i>Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week</i>	CC989
4				
8	How often do you usually exercise at present?	7. Aerobics/gymnastics/dance without running and jumping	<i>Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week</i>	CC990
4				
8	How often do you usually exercise at present?	8. Aerobics/gymnastics with running and jumping	<i>Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week</i>	CC991
4				
8	How often do you usually exercise at present?	9. Dancing (swing/rock/folk)	<i>Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week</i>	CC992
4				
8	How often do you usually exercise at present?	10. Skiing	<i>Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week</i>	CC993
4				
8	How often do you usually exercise at present?	11. Ball sports	<i>Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week</i>	CC994
4				
8	How often do you usually exercise at present?	12. Swimming	<i>Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week</i>	CC995
4				
8	How often do you usually exercise at present?	13. Riding	<i>Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week</i>	CC996
4				
8	How often do you usually exercise at present?	14. Other	<i>Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week</i>	CC997
4				
8	How often do you do exercises at home or at a gym for the following groups of muscles?	Abdominal muscles	<i>Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week</i>	CC998
5				
8	How often do you do exercises at home or at a gym for the following groups of muscles?	Back muscles	<i>Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week</i>	CC999
5				
8	How often do you do exercises at home or at a gym for the following groups of muscles?	Pelvic floor muscles (muscles around the vagina, urethra, anus)	<i>Never; 1-3 times a month; Once a week; Twice a week;3 times or more a week</i>	CC1000
5				
8	How often at the moment are you so physically active in your spare time and/or at work that you get out of breath or sweat?	Spare time	<i>1) Never; 2) Less than once a week; 3) Once a week; 4) Twice a week; 5) 3-4 times or more a week 6) 5 times a week or more</i>	CC1001
6				
8	How often at the moment are you so physically active in your spare time and/or at work that you get out of breath or sweat?	At work	<i>1) Never; 2) Less than once a week; 3) Once a week; 4) Twice a week; 5) 3-4 times or more a week 6) 5 times a week or more</i>	CC1002
6				
8	How often on average have you had sexual intercourse during the last month?		<i>1) Daily; 2) 5-6 times a day; 3) 3-4 times a day; 4) 1-2 times a week; 5) Less frequently; 6) 5 or more times a week</i>	CC1003
7				
8	Have you been abroad during the last year?		<i>No; Yes</i>	CC1004
8				
8	If yes, which countries did you visit and when?	Country	<i>Country 1; Country 2; Country 3</i>	CC1005/CC1420(txt)/CC1008/CC1421(txt)/CC1011/CC1422(txt)
9				
8	If yes, which countries did you visit and when?	Month	<i>Country 1; Country 2; Country 3</i>	CC1006/CC1009/CC1012
9				
8	If yes, which countries did you visit and when?	Year	<i>Country 1; Country 2; Country 3</i>	CC1007/CC1010/CC1013
9				
0	Have you been abroad during the last year?		<i>No Yes</i>	CC1014
9	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	1. Dog	<i>Daily 3-6 times a week 1-2 times a week Less often;</i>	CC1018
1				
9	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	2. Cat	<i>Daily 3-6 times a week 1-2 times a week Less often;</i>	CC1019
1				
9	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	3. Guinea pig/hamster/rabbit/ rat, etc.	<i>Daily 3-6 times a week 1-2 times a week Less often;</i>	CC1020
1				

9 1	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	4. Canary or other caged birds	Daily 3-6 times a week 1-2 times a week Less often;	CC1021
9 1	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	5. Hens and other poultry	Daily 3-6 times a week 1-2 times a week Less often;	CC1022
9 1	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	6. Cow/sheep/goat	Daily 3-6 times a week 1-2 times a week Less often;	CC1023
9 1	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	7. Horse	Daily 3-6 times a week 1-2 times a week Less often;	CC1024
9 1	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	8. Pig	Daily 3-6 times a week 1-2 times a week Less often;	CC1025
9 1	If yes, what sort of animals and how often are you in contact with them on a weekly basis?	9. Other	Daily 3-6 times a week 1-2 times a week Less often;	CC1026
9 2	How many hours a day do you usually sleep now when you are pregnant?		Over 10 hours 8-9 hours 6-7 hours 4-5 hours Less than 4 hours	/CC1027
9 3	Do you currently sleep on a waterbed or use an electric blanket?	Waterbed	No Yes;	CC1028
9 3	Do you currently sleep on a waterbed or use an electric blanket?	Electric blanket	No Yes;	CC1029
9 4	Can you rest during the day (both at home and at work)?		No Yes;	CC1030
9 5	Have you been in a sauna while you have been pregnant?		No ; 1-5 times; 6-10 times; More than 10 times	/CC1031
9 6	Have you been in a solarium while you have been pregnant?		No ; 1-5 times; 6-10 times; More than 10 times	/CC1032
9 7	Are you exposed to passive smoking either at home or at work? If yes, how many hours a day?	Home	No Yes / Number of hours	CC1033/CC1034
9 7	Are you exposed to passive smoking either at home or at work? If yes, how many hours a day?	Work	No Yes / Number of hours	CC1035/CC1036
9 8	Do you smoke at present? If yes, how many cigarettes?	If sometimes, how many per week? If daily, how many per day?	No; Sometimes ; Daily / Number 0-99 / Number 0-99	CC1037/CC1038/CC1039
9 9	Does the baby's father smoke at present? If yes, how many cigarettes?	If sometimes, how many per week? If daily, how many per day?	No; Sometimes ; Daily / Number 0-99 / Number 0-99	CC1040/CC1041/CC1042
1 0 0	If one or both of you have stopped smoking during the pregnancy, in which week of pregnancy did you stop?	You		CC1043
1 0 0	If one or both of you have stopped smoking during the pregnancy, in which week of pregnancy did you stop?	<u>Week</u> of pregnancy		CC1044
1 0 0	If one or both of you have stopped smoking during the pregnancy, in which week of pregnancy did you stop?	Baby's father		CC1045
1 0 0	If one or both of you have stopped smoking during the pregnancy, in which week of pregnancy did you stop?	week of pregnancy		CC1046
1 0 1	If you or the baby's father has smoked during the pregnancy, were there periods during which you or the baby's father did not smoke?	You	0-4;5-8;9-12;13-16;17-20;21-24;25-28;29+	CC1047/CC1048/CC1049/ CC1050/CC1051/CC1052/ CC1053/CC1054
1 0 1	If you or the baby's father has smoked during the pregnancy, were there periods during which you or the baby's father did not smoke?	Baby's father	0-4;5-8;9-12;13-16;17-20;21-24;25-28;29+	CC1055/CC1056/CC1057/ CC1058/CC1059/CC1060/ CC1061/CC1062

102102102102	Have you used other forms of nicotine after the 13th week of pregnancy?	Nicotine chewing gum	No Yes	CC1063
102102102102	Have you used other forms of nicotine after the 13th week of pregnancy?	Nicotine patches	No Yes	CC1064
102102102102	Have you used other forms of nicotine after the 13th week of pregnancy?	Nicotine inhaler	No Yes	CC1065
102102102102	Have you used other forms of nicotine after the 13th week of pregnancy?	Chewing tobacco/snuff	No Yes	CC1066
103103103103103103	Have you used any of the following substances after the 13th week of pregnancy?	Hash	No Yes	CC1067
103103103103103103	Have you used any of the following substances after the 13th week of pregnancy?	Amphetamine	No Yes	CC1068
103103103103103103	Have you used any of the following substances after the 13th week of pregnancy?	Ecstasy	No Yes	CC1069
103103103103103103	Have you used any of the following substances after the 13th week of pregnancy?	Cocaine	No Yes	CC1070
103103103103103103	Have you used any of the following substances after the 13th week of pregnancy?	Heroin	No Yes	CC1071
104104104104104104	Have you ever used any of the following substances?	Anabolic steroids	1-No; 2-Previously; 3-Last 6 months before pregnancy 4-During this pregnancy	CC1072
104104104104104104	Have you ever used any of the following substances?	Testosterone products	1-No; 2-Previously; 3-Last 6 months before pregnancy 4-During this pregnancy	CC1073
104104104104104104	Have you ever used any of the following substances?	Growth hormones (e.g. genotropin/somatropin)	1-No; 2-Previously; 3-Last 6 months before pregnancy 4-During this pregnancy	CC1074
105105105105105105	How often do you eat the following foods?	1. Crabs	1) Never; 2) A few times a year; 3) 1-3 times a month; 4) Once a week or more	CC1075/CC1076
105105105105105105	How often do you eat the following foods?	2. Shrimps	1) Never; 2) A few times a year; 3) 1-3 times a month; 4) Once a week or more	CC1077/CC1078
105105105105105105	How often do you eat the following foods?	3. Shellfish (e.g. mussels, oysters)	1) Never; 2) A few times a year; 3) 1-3 times a month; 4) Once a week or more	CC1079/CC1080
105105105105105105	How often do you eat the following foods?	4. Fish liver	1) Never; 2) A few times a year; 3) 1-3 times a month; 4) Once a week or more	CC1081/CC1082
105105105105105105	How often do you eat the following foods?	5. Tuna fish or halibut	1) Never; 2) A few times a year; 3) 1-3 times a month; 4) Once a week or more	CC1083/CC1084

1051051051051051	How often do you eat the following foods?	6. Flounder/other flat fish	1) Never; 2) A few times a year; 3) 1-3 times a month; 4) Once a week or more	CC1085/CC1086
1051051051051051	How often do you eat the following foods?	7. Pike or perch	1) Never; 2) A few times a year; 3) 1-3 times a month; 4) Once a week or more	CC1087/CC1088
1051051051051051	How often do you eat the following foods?	8. Other fresh water fish	1) Never; 2) A few times a year; 3) 1-3 times a month; 4) Once a week or more	CC1089/CC1090
1051051051051051	How often do you eat the following foods?	9. Reindeer meat	1) Never; 2) A few times a year; 3) 1-3 times a month; 4) Once a week or more	CC1091/CC1092
1051051051051051	How often do you eat the following foods?	10. Mutton	1) Never; 2) A few times a year; 3) 1-3 times a month; 4) Once a week or more	CC1093/CC1094
1051051051051051	How often do you eat the following foods?	11. Liver or kidney from game	1) Never; 2) A few times a year; 3) 1-3 times a month; 4) Once a week or more	CC1095/CC1096
1051051051051051	How often do you eat the following foods?	12. Wild mushroom	1) Never; 2) A few times a year; 3) 1-3 times a month; 4) Once a week or more	CC1097/CC1098
1061061061061061	How often do you eat the following types of food?	Food from restaurant/street vendors/canteen or the like	Never A few times a year 1-3 times a month Once a week or more;	CC1099
1061061061061061	How often do you eat the following types of food?	Meat (not including tinned) bought in other countries	Never A few times a year 1-3 times a month Once a week or more;	CC1100
1061061061061061	How often do you eat the following types of food?	Meat (including poultry) that is raw or undercooked (pink near the bone)	Never A few times a year 1-3 times a month Once a week or more;	CC1101
1061061061061061	How often do you eat the following types of food?	Raw minced meat/meat mixtures (even to taste)	Never A few times a year 1-3 times a month Once a week or more;	CC1102
1061061061061061	How often do you eat the following types of food?	Smoked or cured salmon or trout (uncooked)	Never A few times a year 1-3 times a month Once a week or more;	CC1103
1061061061061061	How often do you eat the following types of food?	Soft cheeses (e.g. cream cheese, camembert, blue cheese, etc.)	Never A few times a year 1-3 times a month Once a week or more;	CC1104
1061061061061061	How often do you eat the following types of food?	Unwashed raw vegetables, unwashed fruit	Never A few times a year 1-3 times a month Once a week or more;	CC1105
1071071071071071	Do you avoid eating the following foods during this pregnancy?	Fish	Never A few times a year 1-3 times a month Once a week or more;	CC1106
1071071071071071	Do you avoid eating the following foods during this pregnancy?	Eggs	Never A few times a year 1-3 times a month Once a week or more;	CC1107
1071071071071071	Do you avoid eating the following foods during this pregnancy?	Nuts	Never A few times a year 1-3 times a month Once a week or more;	CC1108

1 0 7 1 0 7 1 0 7	Do you avoid eating the following foods during this pregnancy?	Oranges, lemons	<i>Never A few times a year 1-3 times a month Once a week or more;</i>	CC1109
1 0 7 1 0 7	Do you avoid eating the following foods during this pregnancy?	Strawberries	<i>Never A few times a year 1-3 times a month Once a week or more;</i>	CC1110
1 0 7 1 0 7	Do you avoid eating the following foods during this pregnancy?	Other, specify_	<i>Never A few times a year 1-3 times a month Once a week or more;</i>	CC1111/CC1423(txt)
1 0 8 1 0 8 1 0 8	What type of drinking water do you have where you live?		<i>1-Own water source (e.g. well); 2-Water company (public or private); 3-Other source</i>	CC1112
1 0 8 1 0 8	What type of drinking water do you have where you live?	Name of water company		CC1113/CC1424(txt)
1 0 8 1 0 8	What type of drinking water do you have where you live?	Don't know the name of the water company		CC1114
1 0 9 1 0 9 1 0 9 1 0 9	Is your water treated (chlorinated or UV-radiated)?	No		CC1115
1 0 9 1 0 9 1 0 9 1 0 9	Is your water treated (chlorinated or UV-radiated)?	Yes, UV radiation		CC1116
1 0 9 1 0 9 1 0 9 1 0 9	Is your water treated (chlorinated or UV-radiated)?	Yes, chlorinated		CC1117
1 0 9 1 0 9 1 0 9 1 0 9	Is your water treated (chlorinated or UV-radiated)?	Don't know		CC1118
1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13 <sup>th</sup> week of pregnancy?	1. Filter coffee	<i>No. of cups; Decaffeinated?</i>	CC1119/CC1120
1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	2. Instant coffee	<i>No. of cups; Decaffeinated?</i>	CC1121/CC1122
1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	3. Boiled coffee	<i>No. of cups; Decaffeinated?</i>	CC1123/CC1124
1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	4. Other coffee	<i>No. of cups; Decaffeinated?</i>	CC1125/CC1126
1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	5. Tea	<i>No. of cups; Decaffeinated?</i>	CC1127/CC1128
1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	6. Coca Cola/Pepsi, etc.	<i>No. of cups; Decaffeinated?</i>	CC1129/CC1130
1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	7. Other fizzy drinks	<i>No. of cups; Decaffeinated?</i>	CC1131/CC1132

1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	8. Diet Coca Cola, Pepsi	No. of cups; Decaffeinated?	CC1133/CC1134
1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	9. Other diet fizzy drinks	No. of cups; Decaffeinated?	CC1135/CC1136
1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	10. Tap water	No. of cups; Decaffeinated?	CC1137
1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	11. Bottled water	No. of cups; Decaffeinated?	CC1138
1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	12. Juice/squash	No. of cups; Organic?	CC1142/CC1143
1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	13. Diet juice/squash	No. of cups; Organic?	CC1144/CC1145
1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	14. Milk (skimmed, low fat, whole)	No. of cups; Organic?	CC1146/CC1147
1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	15. Yogurt, all types	No. of cups; Organic?	CC1148/CC1149
1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	16. Yogurt with active Lactobacillus all types	No. of cups; Organic?	CC1150/CC1151
1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	17. Other type of cultured milk (kefir)	No. of cups; Organic?	CC1152/CC1153
1 1 0	What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy?	18. Other	No. of cups; Organic?	CC1154/CC1155
1 1 1	How often did you consume alcohol before and how often do you consume it now?	Last 3 months before last period	1-Roughly 6-7 times a week 2-Roughly 4-5 times a week 3-Roughly 2-3 times a week 4- Roughly once a week 5-Roughly 1-3 times a week 6-Less than once a month 7-Never	CC1156
1 1 1	How often did you consume alcohol before and how often do you consume it now?	In this pregnancy, week 0-12	1-Roughly 6-7 times a week 2-Roughly 4-5 times a week 3-Roughly 2-3 times a week 4- Roughly once a week 5-Roughly 1-3 times a week 6-Less than once a month 7-Never	CC157
1 1 1	How often did you consume alcohol before and how often do you consume it now?	In this pregnancy, week 13-24	1-Roughly 6-7 times a week 2-Roughly 4-5 times a week 3-Roughly 2-3 times a week 4- Roughly once a week 5-Roughly 1-3 times a week 6-Less than once a month 7-Never	CC1158
1 1 1	How often did you consume alcohol before and how often do you consume it now?	In this pregnancy, week 25+	1-Roughly 6-7 times a week 2-Roughly 4-5 times a week 3-Roughly 2-3 times a week 4- Roughly once a week 5-Roughly 1-3 times a week 6-Less than once a month 7-Never	CC1159
1 1 2	In the period just before you became pregnant and during this pregnancy, how many times have you consumed 5 units or more of alcohol?	Last 3 months before last period	Several times a week Once a week 1-3 times a week Less than once a month Never;	CC1160

1 1 2	In the period just before you became pregnant and during this pregnancy, how many times have you consumed 5 units or more of alcohol?	In this pregnancy, week 0-12	Several times a week Once a week 1-3 times a week Less than once a month Never;	CC1161
1 1 2	In the period just before you became pregnant and during this pregnancy, how many times have you consumed 5 units or more of alcohol?	In this pregnancy, week 13-24	Several times a week Once a week 1-3 times a week Less than once a month Never;	CC1162
1 1 2	In the period just before you became pregnant and during this pregnancy, how many times have you consumed 5 units or more of alcohol?	In this pregnancy, week 25+	Several times a week Once a week 1-3 times a week Less than once a month Never;	CC1163
1 1 3	How many units do you usually drink when you consume alcohol?	Last 3 months before last period	1) 10 or more 2) 7-9 3) 5-6 4) 3-4 5) 1-2 6) Less than 1;	CC1164
1 1 3	How many units do you usually drink when you consume alcohol?	In this pregnancy, week 0-12	1) 10 or more 2) 7-9 3) 5-6 4) 3-4 5) 1-2 6) Less than 1;	CC1165
1 1 3	How many units do you usually drink when you consume alcohol?	In this pregnancy, week 13-24	1) 10 or more 2) 7-9 3) 5-6 4) 3-4 5) 1-2 6) Less than 1;	CC1166
1 1 3	How many units do you usually drink when you consume alcohol?	In this pregnancy, week 25+	1) 10 or more 2) 7-9 3) 5-6 4) 3-4 5) 1-2 6) Less than 1;	CC1167
1 1 4	If you have changed your drinking habits before this pregnancy, when did the change occur?	Last 3 months before last period	1-Reduced intake 2-Increased intake;	CC1168
1 1 4	If you have changed your drinking habits before this pregnancy, when did the change occur?	During pregnancy weeks 0-6	1-Reduced intake 2-Increased intake;	CC1169
1 1 4	If you have changed your drinking habits before this pregnancy, when did the change occur?	During pregnancy weeks 7-12	1-Reduced intake 2-Increased intake;	CC1170
1 1 4	If you have changed your drinking habits before this pregnancy, when did the change occur?	During pregnancy weeks 13-24	1-Reduced intake 2-Increased intake;	CC1171
1 1 4	If you have changed your drinking habits before this pregnancy, when did the change occur?	After pregnancy week 25	1-Reduced intake 2-Increased intake;	CC1172
1 1 5	If you have modified your consumption of alcohol, how important were the following factors?	Nausea, discomfort	1-Not relevant	CC1173
1 1 5	If you have modified your consumption of alcohol, how important were the following factors?		2-Not very important 3-Quite important 4-Important	
1 1 5	If you have modified your consumption of alcohol, how important were the following factors?		5-Very important	
1 1 5	If you have modified your consumption of alcohol, how important were the following factors?	Altered taste	1-Not relevant	CC1174
1 1 5	If you have modified your consumption of alcohol, how important were the following factors?		2-Not very important 3-Quite important 4-Important	

1 1 5	If you have modified your consumption of alcohol, how important were the following factors?		5-Very important	
1 1 5	If you have modified your consumption of alcohol, how important were the following factors?	For the baby's sake	1-Not relevant  2-Not very important 3-Quite important 4-Important  5-Very important	CC1175
1 1 5	If you have modified your consumption of alcohol, how important were the following factors?			
1 1 5	If you have modified your consumption of alcohol, how important were the following factors?	Depression/problems	1-Not relevant  2-Not very important 3-Quite important 4-Important  5-Very important	CC1176
1 1 5	If you have modified your consumption of alcohol, how important were the following factors?			
1 1 5	If you have modified your consumption of alcohol, how important were the following factors?	Other reasons	1-Not relevant  2-Not very important 3-Quite important 4-Important  5-Very important	CC1177
1 1 5	If you have modified your consumption of alcohol, how important were the following factors?			
1 1 5	If you have modified your consumption of alcohol, how important were the following factors?			
1 1 5	If you have modified your consumption of alcohol, how important were the following factors?			
1 1 6	What is your current civil status?		1-Married 2-Cohabiting 3-Single 4-Divorced/separated 5-Widowed 6-Other	/CC1178
1 1 7	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	/CC1179
1 1 8	How frequently 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	CC1180
1 1 9	Do you often feel lonely?		1-Almost never 2-Seldom 3-Sometimes 4-Usually 5-Almost always	/CC1181
1 2 0	If you have given birth before, in general, how was the experience of giving birth?		1-Very good 2-Good 3-Alright 4-Bad 5-Very bad	/CC1182
1 2 1	Do you agree or disagree with the following statements relating to the forthcoming birth of your baby?	1. I want to give birth as naturally as possible without painkillers or intervention	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1183
1 2 1	Do you agree or disagree with the following statements relating to the forthcoming birth of your baby?	2. I am really dreading giving birth	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1184



1 2 1	Do you agree or disagree with the following statements relating to the forthcoming birth of your baby?	3. I want to have enough medication so that the birth will be painless	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1185
1 2 1	Do you agree or disagree with the following statements relating to the forthcoming birth of your baby?	4. I want to have an epidural regardless	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1186
1 2 1	Do you agree or disagree with the following statements relating to the forthcoming birth of your baby?	5. I want to have an epidural if the midwife agrees	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1187
1 2 1	Do you agree or disagree with the following statements relating to the forthcoming birth of your baby?	6. If I could choose I would have a caesarean	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1188
1 2 1	Do you agree or disagree with the following statements relating to the forthcoming birth of your baby?	7. I think the woman herself should decide whether or not to have a caesarean	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1189
1 2 1	Do you agree or disagree with the following statements relating to the forthcoming birth of your baby?	8. I worry all the time that the baby will not be healthy or normal	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1190
1 2 1	Do you agree or disagree with the following statements relating to the forthcoming birth of your baby?	9. I am really looking forward to the baby coming	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1191
1 2 2	How well do these statements describe your relationship?	1. I have a close relationship with my spouse/partner	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1192
1 2 2	How well do these statements describe your relationship?	2. My partner and I have problems in our relationship	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1193
1 2 2	How well do these statements describe your relationship?	3. I am very happy with our relationship	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1194
1 2 2	How well do these statements describe your relationship?	4. My partner is generally understanding	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1195
1 2 2	How well do these statements describe your relationship?	5. I often consider ending our relationship	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1196
1 2 2	How well do these statements describe your relationship?	6. I am satisfied with my relationship with my partner	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1197
1 2 2	How well do these statements describe your relationship?	7. We frequently disagree on important decisions	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1198
1 2 2	How well do these statements describe your relationship?	8. I have been lucky in my choice of a partner	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1199
1 2 2	How well do these statements describe your relationship?	9. We agree on how our child should be raised	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1200
1 2 2	How well do these statements describe your relationship?	10. I believe my partner is satisfied with our relationship	1-Agree completely 2-Agree Agree somewhat Disagree somewhat 5-Disagree 6-Disagree completely;	CC1201

1 2 3	Have you been bothered by any of the following during the last two weeks?	1. Feeling fearful	1-Not bothered 2-A little bothered 3-Quite bothered 4-Very bothered	CC1202
1 2 3	Have you been bothered by any of the following during the last two weeks?	2. Nervousness or shakiness inside	1-Not bothered 2-A little bothered 3-Quite bothered 4-Very bothered	CC1203
1 2 3	Have you been bothered by any of the following during the last two weeks?	3. Feeling hopeless about the future	1-Not bothered 2-A little bothered 3-Quite bothered 4-Very bothered	CC1204
1 2 3	Have you been bothered by any of the following during the last two weeks?	4. Feeling blue	1-Not bothered 2-A little bothered 3-Quite bothered 4-Very bothered	CC1205
1 2 3	Have you been bothered by any of the following during the last two weeks?	5. Worrying too much about things	1-Not bothered 2-A little bothered 3-Quite bothered 4-Very bothered	CC1206
1 2 3	Have you been bothered by any of the following during the last two weeks?	6. Feeling everything is an effort	1-Not bothered 2-A little bothered 3-Quite bothered 4-Very bothered	CC1207
1 2 3	Have you been bothered by any of the following during the last two weeks?	7. Feeling tense or keyed up	1-Not bothered 2-A little bothered 3-Quite bothered 4-Very bothered	CC1208
1 2 3	Have you been bothered by any of the following during the last two weeks?	8. Suddenly scared for no reason	1-Not bothered 2-A little bothered 3-Quite bothered 4-Very bothered	CC1209
1 2 4	How often do you experience the following in your everyday life?	1. Feel glad about something	1-Rarely or never 2-Hardly ever 3-Sometimes 4-Often 5-Very often	CC1210
1 2 4	How often do you experience the following in your everyday life?	2. Feel happy	1-Rarely or never 2-Hardly ever 3-Sometimes 4-Often 5-Very often	CC1211
1 2 4	How often do you experience the following in your everyday life?	3. Feel joyful, like everything is going your way, everything is rosy	1-Rarely or never 2-Hardly ever 3-Sometimes 4-Often 5-Very often	CC1212
1 2 4	How often do you experience the following in your everyday life?	4. Feel like screaming at somebody or banging on something	1-Rarely or never 2-Hardly ever 3-Sometimes 4-Often 5-Very often	CC1213
1 2 4	How often do you experience the following in your everyday life?	5. Feel angry, irritated, annoyed	1-Rarely or never 2-Hardly ever 3-Sometimes 4-Often 5-Very often	CC1214
1 2 4	How often do you experience the following in your everyday life?	6. Feel mad at somebody	1-Rarely or never 2-Hardly ever 3-Sometimes 4-Often 5-Very often	CC1215
1 2 5	How well do these statements describe you?	1. I can always manage to solve difficult problems if I try hard enough	1-Not at all true; 2-Hardly true; 3-Moderately true; 4-Exactly true;	CC1216
1 2 5	How well do these statements describe you?	2. If someone opposes me, I can find the means and ways to get what I	1-Not at all true; 2-Hardly true; 3-Moderately true; 4-Exactly true	CC1217
1 2 5	How well do these statements describe you?	3. I am confident that I could deal efficiently with unexpected events	1-Not at all true; 2-Hardly true; 3-Moderately true; 4-Exactly true	CC1218

1 2 5	How well do these statements describe you?	4. I can remain calm when facing difficulties because I can rely on my coping abilities	1-Not at all true; 2-Hardly true; 3-Moderately true; 4-Exactly true	CC1219
1 2 5	How well do these statements describe you?	5. If I am in trouble, I can think of a good solution	1-Not at all true; 2-Hardly true; 3-Moderately true; 4-Exactly true	CC1220
1 2 6	Do you agree or disagree with the following statements?	1. In most ways my life is close to my ideal	Strongly disagree; Disagree; Slightly disagree; Neither agree nor disagree ; Slightly agree; Agree; Strongly agree	CC1224
1 2 6	Do you agree or disagree with the following statements?	2. The conditions of my life are excellent	Strongly disagree; Disagree; Slightly disagree; Neither agree nor disagree ; Slightly agree; Agree; Strongly agree	CC1225
1 2 6	Do you agree or disagree with the following statements?	3. I am satisfied with my life	Strongly disagree; Disagree; Slightly disagree; Neither agree nor disagree ; Slightly agree; Agree; Strongly agree	CC1226
1 2 6	Do you agree or disagree with the following statements?	4. So far I have gotten the important things I want in life	Strongly disagree; Disagree; Slightly disagree; Neither agree nor disagree ; Slightly agree; Agree; Strongly agree	CC1227
1 2 6	Do you agree or disagree with the following statements?	5. If I could live my life over, I would change almost nothing	Strongly disagree; Disagree; Slightly disagree; Neither agree nor disagree ; Slightly agree; Agree; Strongly agree	CC1228
1 2 7	How do you feel about yourself?	1. I have a positive attitude toward myself	1-Strongly agree 2-Agree 3-Disagree 4-Strongly disagree	CC1229
1 2 7	How do you feel about yourself?	2. I feel completely useless at times	1-Strongly agree 2-Agree 3-Disagree 4-Strongly disagree	CC1230
1 2 7	How do you feel about yourself?	3. I feel that I do not have much to be proud about	1-Strongly agree 2-Agree 3-Disagree 4-Strongly disagree	CC1231
1 2 7	How do you feel about yourself?	4. I feel that I am a valuable person, as good as anyone else	1-Strongly agree 2-Agree 3-Disagree 4-Strongly disagree	CC1232
1 2 8	Have you experienced any of the following during the last 12 months? If yes, how painful or difficult was it for you?	1. Have you had problems at work or where you study?	No; Yes / Not too bad Painful/difficult Very painful/difficult	CC1233/CC1234
1 2 8	Have you experienced any of the following during the last 12 months? If yes, how painful or difficult was it for you?	2. Have you had financial problems?	No; Yes / Not too bad Painful/difficult Very painful/difficult	CC1235/CC1236
1 2 8	Have you experienced any of the following during the last 12 months? If yes, how painful or difficult was it for you?	3. Have you been divorced, separated or ended the relationship with your partner?	No; Yes / Not too bad Painful/difficult Very painful/difficult	CC1237/CC1238
1 2 8	Have you experienced any of the following during the last 12 months? If yes, how painful or difficult was it for you?	4. Have you had any problems or conflicts with your family, friends or neighbors?	No; Yes / Not too bad Painful/difficult Very painful/difficult	CC1239/CC1240
1 2 8	Have you experienced any of the following during the last 12 months? If yes, how painful or difficult was it for you?	5. Have you been seriously ill or injured?	No; Yes / Not too bad Painful/difficult Very painful/difficult	CC1241/CC1242
1 2 8	Have you experienced any of the following during the last 12 months? If yes, how painful or difficult was it for you?	6. Has anyone close to you been seriously ill or injured?	No; Yes / Not too bad Painful/difficult Very painful/difficult	CC1243/CC1244

1 2 8	Have you experienced any of the following during the last 12 months? If yes, how painful or difficult was it for you?	7. Have you been involved in a serious traffic accident, house fire or robbery?	No; Yes / Not too bad Painful/difficult Very painful/difficult	CC1245/CC1246
1 2 8	Have you experienced any of the following during the last 12 months? If yes, how painful or difficult was it for you?	8. Have you lost someone close to you?	No; Yes / Not too bad Painful/difficult Very painful/difficult	CC1247/CC1248
1 2 8	Have you experienced any of the following during the last 12 months? If yes, how painful or difficult was it for you?	9. Other	No; Yes / Not too bad Painful/difficult Very painful/difficult	CC1249/CC1250
1 2 9	Have you ever experienced any of the following?	1. Someone has over a long period of time systematically tried to subdue, degrade or humiliate you	No never / Yes as a child (under;18); Yes as an adult (over 18) / Who was responsible for this?A stranger; Family or relative; Another known person / Has this occurred during the last year?No; Yes	CC1251/CC1252/CC1253/CC1254/CC1255/CC1256/CC1257
1 2 9	Have you ever experienced any of the following?	2. Someone has threatened to hurt you or someone close to you	No never / Yes as a child (under;18); Yes as an adult (over 18) / Who was responsible for this?A stranger; Family or relative; Another known person / Has this occurred during the last year?No; Yes	CC1258/CC1259/CC1260/CC1261/CC1262/CC1263/CC1264
1 2 9	Have you ever experienced any of the following?	3. You have been subjected to physical abuse	No never / Yes as a child (under;18); Yes as an adult (over 18) / Who was responsible for this?A stranger; Family or relative; Another known person / Has this occurred during the last year?No; Yes	CC1265/CC1266/CC1267/CC1268/CC1269/CC1270/CC1271
1 2 9	Have you ever experienced any of the following?	4. You have been forced to have sexual intercourse	No never / Yes as a child (under;18); Yes as an adult (over 18) / Who was responsible for this?A stranger; Family or relative; Another known person / Has this occurred during the last year?No; Yes	CC1272/CC1273/CC1274/CC1275/CC1276/CC1277/CC1278
1 3 0	Has anyone living with you had any of the following illnesses during this pregnancy?	1. Influenza	Having this illness? / In which week of pregnancy? 0-9 /10-19/20-29/30+	CC1279/CC1280/CC1281/CC1282/CC1283
1 3 0	Has anyone living with you had any of the following illnesses during this pregnancy?	2. Childhood diseases (fever or rash)	Having this illness? / In which week of pregnancy? 0-9 /10-19/20-29/30+	CC1284/CC1285/CC1286/CC1287/CC1288
1 3 0	Has anyone living with you had any of the following illnesses during this pregnancy?	3. Prolonged cough	Having this illness? / In which week of pregnancy? 0-9 /10-19/20-29/30+	CC1289/CC1290/CC1291/CC1292/CC1293
1 3 0	Has anyone living with you had any of the following illnesses during this pregnancy?	4. Other infectious disease	Having this illness? / In which week of pregnancy? 0-9 /10-19/20-29/30+	CC1294/CC1295/CC1296/CC1297/CC1298
1 3 1	Have there been any instances of cot death in your family or your partner's family?	No		CC1299
1 3 1	Have there been any instances of cot death in your family or your partner's family?	Don't know		CC1300
1 3 1	Have there been any instances of cot death in your family or your partner's family?	Yes, in my family		CC1301
1 3 1	Have there been any instances of cot death in your family or your partner's family?	Yes, in the baby's father's family		CC1302
1 3 2	The child that died of cot death in my family was:	1. My sister	Yes	CC1303

1 3 2	The child that died of cot death in my family was:	2. My brother	Yes	CC1304
1 3 2	The child that died of cot death in my family was:	3. My sister's child	Yes / Boy / Girl / Unknown	CC1305/CC1306/CC1307
1 3 2	The child that died of cot death in my family was:	4. My brother's child	Yes / Boy / Girl / Unknown	CC1308/CC1309/CC1310
1 3 2	The child that died of cot death in my family was:	5. My mother's sibling	Yes / Boy / Girl / Unknown	CC1311/CC1312/CC1313/ CC1314
1 3 2	The child that died of cot death in my family was:	6. My father's sibling	Yes / Boy / Girl / Unknown	CC1315/CC1316/CC1317/ CC1318
1 3 2	The child that died of cot death in my family was:	7. Other	Yes / Boy / Girl / Unknown	CC1319
1 3 3	The child that died of cot death in the baby's father's family was:	1. Baby's father's sister	Yes / Boy / Girl / Unknown	CC1320
1 3 3	The child that died of cot death in the baby's father's family was:	2. Baby's father's brother	Yes / Boy / Girl / Unknown	CC1321
1 3 3	The child that died of cot death in the baby's father's family was:	3. Baby's father's sister's child	Yes / Boy / Girl / Unknown	CC1322/CC1323/CC1324
1 3 3	The child that died of cot death in the baby's father's family was:	4. Baby's father's brother's child	Yes / Boy / Girl / Unknown	CC1325/CC1326/CC1327
1 3 3	The child that died of cot death in the baby's father's family was:	5. Baby's paternal grandmother's sibling	Yes / Boy / Girl / Unknown	CC1328/CC1329/CC1330/ CC1331
1 3 3	The child that died of cot death in the baby's father's family was:	6. Baby's paternal grandfather's sibling	Yes / Boy / Girl / Unknown	CC1332/CC1333/CC1334/ CC1335
1 3 3	The child that died of cot death in the baby's father's family was:	7. Other		CC1336
1 3 4	Have you ever lost a child?		No Yes	CC1337
1 3 5	If yes, what was the cause of death and when did the death occur?	1. Stillbirth (Birth after the 16 <sup>th</sup> week of pregnancy)		CC1338
1 3 5	If yes, what was the cause of death and when did the death occur?	2. Cot death		CC1339
1 3 5	If yes, what was the cause of death and when did the death occur?	3. Accident		CC1340

1 3 5	If yes, what was the cause of death and when did the death occur?	4. Illness/birth defect		CC1341
1 3 5	If yes, what was the cause of death and when did the death occur?	5. Which illness/birth defect_		CC1342/CC1425(txt)
1 3 5	If yes, what was the cause of death and when did the death occur?	6. Other		CC1343
1 3 5	If yes, what was the cause of death and when did the death occur?	The death occurred at year:		(1)/CC1344/(2)CC1347
1 3 5	If yes, what was the cause of death and when did the death occur?	Child age: Year Month		(1)/CC1345/(2)CC1348/(1)/CC1346/(2)CC1349
1 3 6	Did you receive counselling from healthcare staff or other persons after the death? How many sessions did you have with healthcare staff, and/or parent support group, family and friends? How many weeks did you receive support?	No. of meetings with healthcare staff		CC1350
1 3 6	Did you receive counselling from healthcare staff or other persons after the death? How many sessions did you have with healthcare staff, and/or parent support group, family and friends? How many weeks did you receive support?	No. of meetings with parent support group, family, friends		CC1351
1 3 6	Did you receive counselling from healthcare staff or other persons after the death? How many sessions did you have with healthcare staff, and/or parent support group, family and friends? How many weeks did you receive support?	No. of sessions via telephone with healthcare staff		CC1352
1 3 6	Did you receive counselling from healthcare staff or other persons after the death? How many sessions did you have with healthcare staff, and/or parent support group, family and friends? How many weeks did you receive support?	No. of sessions via telephone with parent support group, family, freinds		CC1353
1 3 6	Did you receive counselling from healthcare staff or other persons after the death? How many sessions did you have with healthcare staff, and/or parent support group, family and friends? How many weeks did you receive support?	Weeks of support from healthcare staff ;		CC1354
1 3 6	Did you receive counselling from healthcare staff or other persons after the death? How many sessions did you have with healthcare staff, and/or parent support group, family and friends? How many weeks did you receive support?	Weeks of support from parent support group, family, friends ;		CC1355
1 3 7	Do you feel that the follow -up you received after your child's death was adequate?		1-No follow-up was provided 2-Very good; 3-Good enough; 4-Should have been better 5-Bad	CC1356
1 3 8	Has the death made you more anxious during this pregnancy?		1-No, not at all;2-No, not very much 3-Yes, to a fair extent 4-Yes, very much	CC1357
1 3 9	Do you feel that the health care staff at the antenatal clinics took into consideration this painful experience in their contact with you?		1-Yes, very much 2-Yes, to a fair extent 3-No, not at all ;	CC1358