|  |  |  |
| --- | --- | --- |
| **1** | **How old were you when you had your first menstrual period?** |  |
|  |  |  | Number 0-99 | AA12 |
| **2** | **How many days are there usually between the first day in your menstrual period and the first day in your next menstrual period?** |  |
|  |  |  | Number 0-99 | AA13 |
| **3** | **Are you usually depressed or irritable before your period?** |  |
|  |  |  | No; Yes, but just slightly; Yes, noticeably; Yes, very much | AA14 |
| **4** | **If yes, does this feeling disappear after you get your period?** |  |
|  |  |  | No; Yes | AA15 |
| **5** | **Were your periods regular the year before you became pregnant?** |  |
|  |  |  | No; Yes | AA16 |
| **6** | **During the last year before you became pregnant, did you lose your period for more than three months?** |  |
| A |  |  | No; Yes | AA1687 |
| B,C,E |  |  | No; Yes, due to an earlier pregnancy; Yes, for other reasons | AA17 |
|  |  |  | No; Yes, due to an earlier pregnancy; Yes, for other reasons | AA18 |
|  |  |  | No; Yes, due to an earlier pregnancy; Yes, for other reasons | AA19 |
| **7** | **Date of first day of last menstrual period** |  |
|  | Day |  | Number 1-32 | AA20 |
|  | Month |  | Number 1-12 | AA21 |
|  | Year |  | Number 1990-2010 | AA22 |
| **8** | **Did your last menstrual period come at the expected time?** |  |
|  |  |  | No | AA23 |
| **9** | **Are you certain about the date of first day of last menstrual period?** |  |
|  |  |  | Certain; Uncertain | AA24 |
| **10** | **Describe the duration, amount of bleeding and menstrual pains of your last period** |  |
|  | Duration |  | As usual; More than usual ; Less than usual | AA25 |
| Amount of bleeding |  | As usual; More than usual ; Less than usual | AA26 |
| Menstrual pains |  | As usual; More than usual ; Less than usual | AA27 |
| **11** | **Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant?** |  |
|  | Condom |  |  | AA28 |
| Diaphragm |  |  | AA29 |
| IUD |  |  | AA30 |
| Hormone IUD |  |  | AA31 |
| Hormone injection |  |  | AA32 |
| Mini pill |  |  | AA33 |
| Pill |  |  | AA34 |
| Spermicides (foam, suppositories, cream) |  |  | AA35 |
| Safe period |  |  | AA36 |
| Withdrawal |  |  | AA37 |
| No such methods |  |  | AA38 |
| Other |  |  | AA39 |
| Other, specify |  |  | AA40 AA1584(txt) |
| **12** | **If you have used the pill/mini-pill, how long have you used them?** |  |
|  | Pill |  | Less than one year; 1-3 years; 4-6 years; 7-9 years; 10 years or more | AA41 |
| Mini-pill |  | Less than one year; 1-3 years; 4-6 years; 7-9 years; 10 years or more | AA42 |
| **13** | **If you have used the pill/mini-pill, how old were you when you first used it?** |  |
|  |  |  | Number 0 - 99 | AA43 |
| **14** | **Were you taking the pill/mini-pill during the last 4 months before this pregnancy?** |  |
|  |  |  | No; Yes | AA44 |
| **15** | **If yes, how long before your last menstrual period did you stop taking the pill/mini-pill?** |  |
|  |  |  | Number 0 - 99 | AA45 |
| **16** | **Was this pregnancy planned?** |  |
|  |  |  | No; Yes | AA46 |
| **17** | **If yes, how many months did you have regular intercourse without contraception before you became pregnant?** |  |
|  | In version B, C, E |  | Less than 1 month; 1-2 months; 3 months or more | AA47 |
| In all versions |  | Number of months if more than 3 | AA48 |
| Only in version A |  | Less than 2 months; 2-3 months; 3 months or more | AA1687 |
| **18** | **Did you become pregnant even though you or your partner used contraceptives?** |  |
|  |  |  | No;  Yes | AA49 |
| **19** | **If yes, which type?** |  |
|  | Condom |  |  | AA50 |
| Diaphragm |  |  | AA51 |
| IUD |  |  | AA52 |
| Hormone IUD |  |  | AA53 |
| Hormone injection |  |  | AA54 |
| Mini pill |  |  | AA55 |
| Pill |  |  | AA56 |
| Spermicides (foam, suppositories, cream) |  |  | AA57 |
| Safe period |  |  | AA58 |
| Withdrawal |  |  | AA59 |
| Other |  |  | AA60 |
| Other, specify |  |  | AA61 AA1585(txt) |
| **20** | **If you became pregnant while using an IUD, has it now been removed?** |  |
|  |  |  | No; Yes | AA62 |
|  |  |  |  |  |
| **21** | **How long have you and the baby’s father had a sexual relationship?** |  |
|  | Months  Years |  | Number 0 – 99 | AA63 AA64 |
| **22** | **How often did you have sexual intercourse during the four weeks before you became pregnant and during the last four weeks?** |  |
|  | Before |  | Every day;  5-6 times a week;  3-4 times a week;  1-2 times a week;  1-2 times every two weeks;  Less than 1-2 times every 2 weeks;  Never | AA65 |
| Now |  | Every day;  5-6 times a week;  3-4 times a week;  1-2 times a week;  1-2 times every two weeks;  Less than 1-2 times every 2 weeks;  Never | AA66 |
| **23** | **Have you ever been treated for infertility?** |  |
|  |  |  | No;  Yes | AA67 |
| **24** | **If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment did you have?** |  |
|  | Fallopian tube surgery | *Earlier pregnancy* |  | AA68 |
| Other surgery | *Earlier pregnancy* |  | AA70 |
| Medication for endometriosis | *Earlier pregnancy* |  | AA72 |
| Hormone treatment | *Earlier pregnancy* |  | AA74 |
| Insemination (injection of sperm) | *Earlier pregnancy* |  | AA76 |
| Test-tube method | *Earlier pregnancy* |  | AA78 |
| Other | *Earlier pregnancy* |  | AA80 |
|  | Fallopian tube surgery | *This pregnancy* |  | AA69 |
|  | Other surgery | *This pregnancy* |  | AA71 |
|  | Medication for endometriosis | *This pregnancy* |  | AA73 |
|  | Hormone treatment | *This pregnancy* |  | AA75 |
|  | Insemination (injection of sperm) | *This pregnancy* |  | AA77 |
|  | Test-tube method | *This pregnancy* |  | AA79 |
|  | Other | *This pregnancy* |  | AA81 |
| **25** | **Have you been given information about amniocentesis?** |  |
| B,C,E |  |  | No;  Yes | AA82 |
| A |  |  | If you are over 38 at the estimated date of delivery, have you been given information about amniocentesis? |
|  |  |  | 1. No Yes | AA1712 |
|  | If yes, have you planned to perform amniocentesis? |  |
|  |  |  | 1. No Yes | AA1713 |
| **26** | **What was your blood pressure at your first antenatal visit?** |  |
|  | Highest |  | Number | AA83 |
| Lowest |  |  | AA84 |
| **27** | **What did you weigh at the time you became pregnant and what do you weigh now (in kilograms)?** |  |
|  | When I became pregnant |  | Number 0 - 999 | AA85 |
| Now |  |  | AA86 |
| **28** | **How tall are you?** |  |
|  | cm |  | Number 0 - 999 | AA87 |
| **29** | **How tall is the baby’s father?** |  |
|  | cm |  | Number 0 - 999 | AA88 |
| **30** | **How much does the baby’s father weigh?** |  |
|  | kg |  | Number 0 - 999 | AA89 |
| **31** | **Have you been pregnant before? (Include all pregnancies that ended in abortion, miscarriage or stillbirth)** |  |
|  |  |  | 1. No Yes | AA93 |
| **32** | **If yes, fill in for all earlier pregnancies. Include all pregnancies that ended in abortion, miscarriage or stillbirth as well as ectopic pregnancies. State the year the pregnancy began, how many kilos you gained during the pregnancy and the number of months you breast-fed each baby. State whether or not you smoked during earlier pregnancies.** |  |
|  | Year pregnancy started |  | Number 0 – 9999 | (1)AA94 (2)AA100 (3)AA106 (4)AA112 (5)AA118 (6)AA124 (7)AA130 (8)AA136 (9)AA142 (10)AA148 |
| Outcome of pregnancy |  | Live infant born; Spontaneous abortion; Termination of pregnancy; Ectopic pregnancy | (1)AA95 (2)AA101 (3)AA107 (4)AA113 (5)AA119 (6)AA125 (7)AA131 (8)AA137 (9)AA143 (10)AA149 |
| Week of pregnancy for abortion/still birth |  | Number 0 – 99 | (1)AA96 (2)AA102 (3)AA108 (4)AA114 (5)AA120 (6)AA126 (7)AA132 (8)AA138 (9)AA144 (10)AA150 |
| Number of months breast feeding |  | Number 0 – 99 | (1)AA97 (2)AA103 (3)AA109 (4)AA115 (5)AA121 (6)AA127 (7)AA133 (8)AA139 (9)AA145 (10)AA151 |
| Weight gain during pregnancy |  | Number 0 – 99 | (1)AA98 (2)AA104 (3)AA110 (4)AA116 (5)AA122 (6)AA128 (7)AA134 (8)AA140 (9)AA146 (10)AA152 |
| Smoked during pregnancy |  | 1. No Yes | (1)AA99 (2)AA105 (3)AA111 (4)AA117 (5)AA123 (6)AA129 (7)AA135 (8)AA141 (9)AA147 (10)AA153 |
| **33** | **Have you had any of the following problems during previous pregnancies?** |  |
|  | 1. Pelvic relaxation requiring medical leave |  | No; Yes | AA154 |
| 2. Pelvic relaxation requiring bed rest |  | AA155 |
| 3. Serious nausea and vomiting |  | AA156 |
| 4. Eclampsia during pregnancy |  | AA157 |
| 5. Diabetes during pregnancy |  | AA158 |
| 6. Sugar in urine |  | AA159 |
| 7. Problems with incontinence |  | AA160 |
| **34** | **If you had pelvic relaxation in a previous pregnancy that led to bed rest or medical leave, when did the pain start?** |  |
|  | months after start of pregnancy |  | Number 0 - 99 | AA161 |
| **35** | **When did the pain stop?** |  |
|  | months after pregnancy |  | Number 0 - 99 | AA162 |
| Still have pain |  | AA163 |
| **36** | **Have you had bleeding from the vagina once or more during this pregnancy?** |  |
|  |  |  | 1. No Yes | AA164 |
| **37.I** | **If yes, describe the first bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.** |  |
|  | Day |  | Number | AA165 |
| month |  | Number | AA166 |
| Year |  | Number | AA167 |
| Number of days variation |  | Number | AA168 |
| Amount |  | Trace of blood; More than just a trace; Coagulated blood | AA169 |
| **37.II** | **If yes, describe the last bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.** |  |  |  |
|  | Day |  | Number | AA170 |
|  | month |  | Number | AA171 |
|  | Year |  | Number | AA172 |
|  | Number of days variation |  | Number | AA173 |
|  | Amount |  | Trace of blood; More than just a trace; Coagulated blood | AA174 |
|  | If more than two episodes of bleeding write in the number of times |  | Number 0 – 99 | AA175 |
| **38** | **Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them.** |  |
|  | 1. Pelvic relaxation | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA176; AA177; AA178; AA179; AA180; AA1586; AA1586k; AA181; AA182; AA183; AA184; AA185 |
| 2. Abdominal pain | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA186; AA187; AA188; AA189; AA190; AA1587; AA1587k; AA191; AA192; AA193; AA194; AA195 |
| 3. Back pain | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA196; AA197; AA198; AA199; AA200; AA1588; AA1588k; AA201; AA202; AA203; AA204; AA205 |
| 4. Neck and shoulder pain | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA206; AA207; AA208; AA209; AA210; AA1589; AA1589k; AA211; AA212; AA213; AA214; AA215 |
| 5. Nausea | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA216; AA217; AA218; AA219; AA220; AA1590; AA1590k; AA221; AA222; AA223; AA224; AA225 |
| 6. Nausea with vomiting | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA226; AA227; AA228; AA229; AA230; AA1591; AA1591k; AA231; AA232; AA233; AA234; AA235 |
| 7. Vaginal thrush | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA236; AA237; AA238; AA239; AA240; AA1592; AA1592k; AA241; AA242; AA243; AA244; AA245 |
| 8. Vaginal catarrh/unusual discharge | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA246; AA247; AA248; AA249; AA250; AA1593; AA1593k; AA251; AA252; AA253; AA254; AA255 |
|  | 9. Pregnancy itchy | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA256; AA257; AA258; AA259; AA260; AA1594; AA1594k; AA261; AA262; AA263; AA264; AA265 |
| 10. Constipation | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA266; AA267; AA268; AA269; AA270; AA1595; AA1595k; AA271; AA272; AA273; AA274; AA275 |
| 11. Diarrhoea/ gastric flu | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA276; AA277; AA278; AA279; AA280; AA1596; AA1596k; AA281; AA282; AA283; AA284; AA285 |
| 12. Unusual tiredness/sleepiness | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA286; AA287; AA288; AA289; AA290; AA1597; AA1597k; AA291; AA292; AA293; AA294; AA295 |
| 13. Sleeping problems | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA296; AA297; AA298; AA299; AA300; AA1598; AA1598k; AA301; AA302; AA303; AA304; AA305 |
| 14. Heartburn/reflux | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA306; AA307; AA308; AA309; AA310; AA1599; AA1599k; AA311; AA312; AA313; AA314; AA315 |
| 15. Oedema | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA316; AA317; AA318; AA319; AA320; AA1600; AA1600k; AA321; AA322; AA323; AA324; AA325 |
| 16. Fever with rash | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA326; AA327; AA328; AA329; AA330; AA1601; AA1601k; AA331; AA332; AA333; AA334; AA335 |
| 17. Fever over 38.5o C | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA336; AA337; AA338; AA339; AA340; AA1602; AA1602k; AA341; AA342; AA343; AA344; AA345 |
| 18. Common cold | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA346; AA347; AA348; AA349; AA350; AA1603; AA1603k; AA351; AA352; AA353; AA354; AA355 |
| 19. Throat infection | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA356; AA357; AA358; AA359; AA360;AA1604; AA1604k; AA361; AA362; AA363; AA364; AA365 |
|  | 20. Sinusitis/ear infection | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA366; AA367; AA368; AA369; AA370 AA1605(txt) AA1605k; AA371; AA372; AA373; AA374; AA375 |
|  | 21. Influenza | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA376; AA377; AA378; AA379; AA380 AA1606(txt) AA1606k; AA381; AA382; AA383; AA384; AA385 |
| 22. Pneumonia/ bronchitis | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA386; AA387; AA388; AA389; AA390 AA1607(txt) AA1607k; AA391; AA392; AA393; AA394; AA395 |
| 23. Sugar in urine | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA396; AA397; AA398; AA399; AA400 AA1608(txt) AA1608k; AA401; AA402; AA403; AA404; AA405 |
| 24. Protein in urine | *In week of pregnancy 0-4, 5-8,9-12,13+* | *Illness; Name of medicine; Number of days;* | AA406; AA407; AA408; AA409; AA410 AA1609(txt) AA1609k; AA411; AA412; AA413; AA414; AA415 |
| **39** | **Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.** |  |
| ASTHMA/ALLERGY/SKINDISORDERS | 1. Asthma | Illness/health problem; Before pregnancy; During pregnancy; |  | AA419; AA420; AA421 AA1610(txt) AA1610k; AA422; AA423; AA424; AA425; AA426; AA427 |
| 2. Hay fever, pollen allergy | Illness/health problem; Before pregnancy; During pregnancy; |  | AA428; AA429; AA430 AA1611(txt) AA1611k; AA431; AA432; AA433; AA434; AA435; AA436 |
| 3. Animal hair allergy | Illness/health problem; Before pregnancy; During pregnancy; |  | AA437; AA438; AA439 AA1612(txt) AA1612k; AA440; AA441; AA442; AA443; AA444; AA445 |
| 4. Other allergy | Illness/health problem; Before pregnancy; During pregnancy; |  | AA446; AA447; AA448 AA1613(txt) AA1613k; AA449; AA450; AA451; AA452; AA453; AA454 |
| 5. Atopic dermatitis (childhood eczema) | Illness/health problem; Before pregnancy; During pregnancy; |  | AA455; AA456; AA457 AA1614(txt) AA1614k; AA458; AA459; AA460; AA461; AA462; AA463 |
| 6. Urticaria (hives) | Illness/health problem; Before pregnancy; During pregnancy; |  | AA464; AA465; AA466 AA1615(txt) AA1615k; AA467; AA468; AA469; AA470; AA471; AA472 |
| 7. Psoriasis | Illness/health problem; Before pregnancy; During pregnancy; |  | AA473; AA474; AA475 AA1616(txt) AA1616k; AA476; AA477; AA478; AA479; AA480; AA481 |
| 8. Other eczema | Illness/health problem; Before pregnancy; During pregnancy; |  | AA482; AA483; AA484 AA1617(txt) AA1617k; AA485; AA486; AA487; AA488; AA489; AA490 |
| 9. Cold sores (herpes) | Illness/health problem; Before pregnancy; During pregnancy; |  | AA491; AA492; AA493 AA1618(txt) AA1618k; AA494; AA495; AA496; AA497; AA498; AA499 |
| 10. Acne/pimples (serious) | Illness/health problem; Before pregnancy; During pregnancy; |  | AA500; AA501; AA502 AA1619(txt) AA1619k; AA503; AA504; AA505; AA506; AA507; AA508 |
| DIABETES | 11. Diabetes treated with insulin | Illness/health problem; Before pregnancy; During pregnancy; |  | AA509; AA510; AA511 AA1620(txt) AA1620k; AA512; AA513; AA514; AA515; AA516; AA517 |
| 12. Diabetes not treated with insulin | Illness/health problem; Before pregnancy; During pregnancy; |  | AA518; AA519; AA520 AA1621(txt) AA1621k; AA521; AA522; AA523; AA524; AA525; AA526 |
| HEART/METABOLISM/ | 13. Congenital heart defect | Illness/health problem; Before pregnancy; During pregnancy; |  | AA527; AA528; AA529 AA1622(txt) AA1622k; AA530; AA531; AA532; AA533; AA534; AA535 |
| 14. Other heart disease | Illness/health problem; Before pregnancy; During pregnancy; |  | AA536; AA537; AA538 AA1623(txt) AA1623k; AA539; AA540; AA541; AA542; AA543; AA544 |
| 15. High cholesterol | Illness/health problem; Before pregnancy; During pregnancy; |  | AA545; AA546; AA547 AA1624(txt) AA1624k; AA548; AA549; AA550; AA551; AA552; AA553 |
| 16. High blood pressure | Illness/health problem; Before pregnancy; During pregnancy; |  | AA554; AA555; AA556 AA1625(txt) AA1625k; AA557; AA558; AA559; AA560; AA561; AA562 |
|  | 17. Hypothyroidism or hyperthyroidism | Illness/health problem; Before pregnancy; Duringpregnancy; |  | AA563; AA564; AA565 AA1626(txt) AA1626k; AA566; AA567; AA568; AA559; AA570; AA571 |
| /BLOOD | 18. Anaemia/low hemoglobin | Illness/health problem; Before pregnancy; During pregnancy; |  | AA572; AA573; AA574 AA1627(txt) AA1627k; AA575; AA576; AA577; AA578; AA579; AA580 |
| 19. B-12/folic acid insufficiency | Illness/health problem; Before pregnancy; During pregnancy; |  | AA581; AA582; AA583 AA1628(txt) AA1628k; AA584; AA585; AA586; AA587; AA588; AA589 |
| GASTROINTESTINAL | 20. Hepatitis/jaundice | Illness/health problem; Before pregnancy; During pregnancy; |  | AA590; AA591; AA592 AA1629(txt) AA1629k; AA593; AA594; AA595; AA596; AA597; AA598 |
| 21. Gall stones | Illness/health problem; Before pregnancy; During pregnancy; |  | AA599; AA600; AA601 AA1630(txt) AA1630k; AA602; AA603; AA604; AA605; AA606; AA607 |
| 22.Duodenal/stomach ulcer | Illness/health problem; Before pregnancy; During pregnancy; |  | AA608; AA609; AA610 AA1631(txt) AA1631k; AA611; AA612; AA613; AA614; AA615; AA616 |
| 23. Crohn’s disease/ulcerative colitis | Illness/health problem; Before pregnancy; During pregnancy; |  | AA617; AA618; AA619 AA1632(txt) AA1632k; AA620; AA621; AA622; AA623; AA624; AA625 |
| 24. Celiac disease | Illness/health problem; Before pregnancy; During pregnancy; |  | AA626; AA627; AA628 AA1633(txt) AA1633k; AA629; AA630; AA631; AA632; AA633; AA634 |
| 25. Other gastro- intestinal problems | Illness/health problem; Before pregnancy; During pregnancy; |  | AA635; AA636; AA637 AA1634(txt) AA1634k; AA638; AA639; AA640; AA641; AA642; AA643 |
| MUSCLE/SKELETON | 26. Rheumatoid arthritis/Bechterev’s reflex | Illness/health problem; Before pregnancy; During pregnancy; |  | AA644; AA645; AA646 AA1635(txt) AA1635k; AA647; AA648; AA649; AA650; AA651; AA652 |
| 27. Lupus (SLE) | Illness/health problem; Before pregnancy; During pregnancy; |  | AA653; AA654; AA655 AA1636(txt) AA1636k; AA656; AA657; AA658; AA659; AA660; AA661 |
| 28. Sciatica | Illness/health problem; Before pregnancy; During pregnancy; |  | AA662; AA663; AA664 AA1637(txt) AA1637k; AA665; AA666; AA667; AA668; AA669; AA670 |
| 29. Myalgia | Illness/health problem; Before pregnancy; During pregnancy; |  | AA671; AA672; AA673 AA1638(txt) AA1638k; AA674; AA675; AA676; AA677; AA678; AA679 |
| GENITAL/ | 30. Ovary/fallopian tube infection | Illness/health problem; Before pregnancy; During pregnancy; |  | AA680; AA681; AA682 AA1639(txt) AA1639k; AA683; AA684; AA685; AA686; AA687; AA688 |
| 31. Endometriosis | Illness/health problem; Before pregnancy; During pregnancy; |  | AA689; AA690; AA691 AA1640(txt) AA1640k; AA692; AA693; AA694; AA695; AA696; AA697 |
| 32. Descent of the uterus | Illness/health problem; Before pregnancy; During pregnancy; |  | AA698; AA699; AA700 AA1641(txt) AA1641k; AA701; AA702; AA703; AA704; AA705; AA706 |
| 33. Ovarian cyst | Illness/health problem; Before pregnancy; During pregnancy; |  | AA707; AA708; AA709 AA1642(txt) AA1642k; AA710; AA711; AA712; AA713; AA714; AA715 |
| 34. Myoma | Illness/health problem; Before pregnancy; During pregnancy; |  | AA716; AA717; AA718 AA1643(txt) AA1643k; AA719; AA720; AA721; AA722; AA723; AA724 |
| URITARYTRACT | 35. Cervical cell changes | Illness/health problem; Before pregnancy; During pregnancy; |  | AA725; AA726; AA727 AA1644(txt) AA1644k; AA728; AA729; AA730; AA731; AA732; AA733 |
| 36. Herpes | Illness/health problem; Before pregnancy; During pregnancy; |  | AA734; AA735; AA736 AA1645(txt) AA1628k; AA737; AA738; AA739; AA740; AA741; AA742 |
| 37. Venereal warts/ condyloma | Illness/health problem; Before pregnancy; During pregnancy; |  | AA743; AA744; AA745 AA1646(txt) AA1646k; AA746; AA747; AA748; AA749; AA750; AA751 |
| 38. Gonorrhea | Illness/health problem; Before pregnancy; During pregnancy; |  | AA752; AA753; AA754 AA1647(txt) AA1647k; AA755; AA756; AA757; AA758; AA759; AA760 |
| 39. Chlamydia | Illness/health problem; Before pregnancy; During pregnancy; |  | AA761; AA762; AA763 AA1648(txt) AA1648k; AA764; AA765; AA766; AA767; AA768; AA769 |
| 40. Kidney stones | Illness/health problem; Before pregnancy; During pregnancy; |  | AA770; AA771; AA772 AA1649(txt) AA1649k; AA773; AA774; AA775; AA776; AA777; AA778 |
| 41. Kidney infection/ pyelonephritis | Illness/health problem; Before pregnancy; During pregnancy; |  | AA779; AA780; AA781 AA1650(txt) AA1650k; AA782; AA783; AA784; AA785; AA786; AA787 |
| 42. Urinary tract infections | Illness/health problem; Before pregnancy; During pregnancy; |  | AA788; AA789; AA790 AA1651(txt) AA1651k; AA791; AA792; AA793; AA794; AA795; AA796 |
|  | 43. Incontinence | Illness/health problem; Before pregnancy; During pregnancy; |  | AA797; AA798; AA799 AA1652(txt) AA1652k; AA800; AA801; AA802; AA803; AA804; AA805 |
| OTHERILLNESS/HEALTH | 44. Anorexia/ bulimia/ other eating disorders | Illness/health problem; Before pregnancy; During pregnancy; |  | AA806; AA807; AA808 AA1653(txt) AA1653k; AA809; AA810; AA811; AA812; AA813; AA814 |
| 45. Migraine | Illness/health problem; Before pregnancy; During pregnancy; |  | AA815; AA816; AA817 AA1654(txt) AA1654k; AA818; AA819; AA820; AA821; AA822; AA823 |
| 46. Other headache | Illness/health problem; Before pregnancy; During pregnancy; |  | AA824; AA825; AA826 AA1655(txt) AA1655k; AA827; AA828; AA829; AA830; AA831; AA832 |
| 47. Epilepsy | Illness/health problem; Before pregnancy; During pregnancy; |  | AA833; AA834; AA835 AA1656(txt) AA1656k; AA836; AA837; AA838; AA839; AA840; AA841 |
| 48. Multiple sclerosis | Illness/health problem; Before pregnancy; During pregnancy; |  | AA842; AA843; AA844 AA1623(txt) AA1623k; AA845; AA846; AA847; AA848; AA849; AA850 |
| 49. Cerebral palsy | Illness/health problem; Before pregnancy; During pregnancy; |  | AA851; AA852; AA853 AA1657(txt) AA1657k; AA854; AA855; AA856; AA857; AA858; AA859 |
| 50. Cancer | Illness/health problem; Before pregnancy; During pregnancy; |  | AA860; AA861; AA862 AA1658(txt) AA1658k; AA863; AA864; AA865; AA866; AA867; AA868 |
| 51. Depression | Illness/health problem; Before pregnancy; During pregnancy; |  | AA869; AA870; AA871 AA1659(txt) AA1659k; AA872; AA873; AA874; AA875; AA876; AA877 |
| 52. Anxiety | Illness/health problem; Before pregnancy; During pregnancy; |  | AA878; AA879; AA880 AA1611(txt) AA1611k; AA881; AA882; AA883; AA884; AA885; AA886 |
| 53. Other long illnesses or health problems | Illness/health problem; Before pregnancy; During pregnancy; |  | AA887; AA888; AA889 AA1612(txt) AA1612k; AA890; AA891; AA892; AA893; AA894; AA895 |
|  | Other, specify |  | AA896 AA1663(txt) |
| **40** | **Do you have a congenital deformity/ birth defect?** |  |
|  |  |  | 1. No Yes | AA900 |
| **41** | **If yes, which?** |  |
|  |  |  |  | AA901 AA1664(txt) |
| **42** | **Do your gums bleed when you brush your teeth at present?** |  |
|  |  |  | 1. 1-No, rarely or never 2-Yes, sometimes Yes, often Yes, almost always | AA902 |
| **43** | **If you had diabetes before you became pregnant, what was your last long-term blood sugar level (HbA1c) before you became pregnant?** |  |
|  |  |  | 1. 1) Less that 7.5 2) 7.5 -12 More than 12 Don’t know | AA903 |
| **44** | **Have you used other medication not previously mentioned? If yes, which and when did you take them?** |  |
|  |  |  |  |  |
|  | Name of medication |  | Medicine 1;Medicine 2;Medicine 3; | AA904 AA1665(txt) AA1665k; |
| Use of medication | Last 6 months before pregnancy | Medicine 1;Medicine 2;Medicine 3; | AA905; AA912; AA919; AA926; AA933 |
| Pregnancy week 0-4 | Medicine 1;Medicine 2;Medicine 3; | AA906; AA913; AA920; AA927; AA934 |
| Pregnancy week 5-8 | Medicine 1;Medicine 2;Medicine 3; | AA907; AA914; AA921; AA928; AA935 |
| Pregnancy week 9-12 | Medicine 1;Medicine 2;Medicine 3; | AA908; AA915; AA922; AA929; AA936 |
| Pregnancy week 13+ | Medicine 1;Medicine 2;Medicine 3; | AA909; AA916; AA923; AA930; AA937 |
| No. of days | Number 0 – 999 | Medicine 1;Medicine 2;Medicine 3; Medicine 4;Medicine 5 | AA910; AA917; AA924; AA931; AA938 |
| **45** | **Do you take vitamins, minerals or other dietary supplements?** |  |
|  |  |  | 1. No Yes | AA939 |
| **46** | **If yes, fill in the table below for the vitamins and minerals found in the content list on the vitamin package /bottle.** |  |
|  | 1. Folic acid |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA940; AA941; AA942; AA943; AA944; AA945; AA946; AA947 |
| 2. Vitamin B1 (Thiamine) |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA948; AA949; AA950; AA951; AA952; AA953; AA954; AA955 |
| 3. Vitamin B2 (Riboflavin) |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA956; AA957; AA958; AA959; AA960; AA961; AA962; AA963 |
| 4. Vitamin B6 (Pyridoxine) |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA964; AA965; AA966; AA967; AA968; AA969; AA970; AA971 |
| 5. Vitamin B12 |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA972; AA973; AA974; AA975; AA976; AA977; AA978; AA979 |
| 6. Niacin |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA980; AA981; AA982; AA983; AA984; AA985; AA986; AA987 |
| 7. Pantothenic acid |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA988; AA989; AA990; AA991; AA992; AA993; AA994; AA995 |
| 8. Biotin |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA996; AA997; AA998; AA999; AA1000; AA1001; AA1002; AA1003 |
| 9. Vitamin C |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA1004; AA1005; AA1006; AA1007; AA1008; AA1009; AA1010; AA1011 |
| 10. Vitamin A |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA1012; AA1013; AA1014; AA1015; AA1016; AA1017; AA1018; AA1019 |
| 11. Vitamin D |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA1020; AA1021; AA1022; AA1023; AA1024; AA1025; AA1026; AA1027 |
| 12. Vitamin E |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA1028; AA1029; AA1030; AA1031; AA1032; AA1033; AA1034; AA1035 |
| 13. Iron |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA1036; AA1037; AA1038; AA1039; AA1040; AA1041; AA1042; AA1043 |
| 14. Calcium |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA1044; AA1045; AA1046; AA1047; AA1048; AA1049; AA1050; AA1051 |
| 15. Iodine |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy -In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA1052; AA1053; AA1054; AA1055; AA1056; AA1057; AA1058; AA1059 |
| 16. Zinc |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA1060; AA1061; AA1062; AA1063; AA1064; AA1065; AA1066; AA1067 |
| 17. Selenium |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA1068; AA1069; AA1070; AA1071; AA1072; AA1073; AA1074; AA1075 |
| 18. Copper |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA1076; AA1077; AA1078; AA1079; AA1080; AA1081; AA1082; AA1083 |
| 19. Chromium |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA1084; AA1085; AA1086; AA1087; AA1088; AA1089; AA1090; AA1091 |
| 20. Magnesium |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA1092; AA1093; AA1094; AA1095; AA1096; AA1097; AA1098; AA1099 |
| 21. Cod liver oil |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA1100; AA1101; AA1102; AA1103; AA1104; AA1105; AA1106; AA1107 |
| 22. Omega -3 fatty acid |  | When did you take the supplements? Last 6 months before pregnancy - In pregnancy weeks 26-9 8-5 4-0 // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] /// When did you take the supplements? During this pregnancy - In pregnancy weeks 0-4 5-8 9-12 13+ // In this period how often did you take them? [1=Daily; 2=4-6 times a week; 3=1-3 times a week] | AA1108; AA1109; AA1110; AA1111; AA1112; AA1113; AA1114; AA1115 |
| **47** | **Give the complete name(s) of all vitamins and dietary supplements you take. Include alternative/herbal remedies and diet products.** |  |
|  |  | 1;2;3;4;5;6 |  | AA1116 AA1670(txt) ; AA1117 AA1671(txt) ; AA1118 AA1672(txt) ; AA1119 AA1673(txt) ; AA1120 AA1674(txt) ; AA1121 AA1675(txt) |
| **48** | **If you use multivitamins (with or without minerals) do these contain folic acid?** |  |
|  |  |  | 1-Yes 2-No 3-Don't know | AA1122 |
| **49** | **What is your civil status?** |  |
|  |  |  | Married Cohabitant 3-Single 4-Divorced 5-Separated 6-Widow 7-Other | AA1123 |
| **50** | **What education do you and the baby’s father have? *(Fill in the highest level of education you have completed and current studies if you are still in school.)*** |  |
|  | Education you have completed |  | 1. 9-year secondary school 1-2 year high school Vocational high school 3-year high school general studies, junior college Regional technical college, 4-year university degree (Bachelor’s degree, nurse, teacher, engineer) University, technical college, more than 4 years (Master’s degree, medical doctor, PhD) | AA1124 |
| Education baby’s father has completed |  | 9-year secondary school 1-2 year high school Vocational high school 3-year high school general studies, junior college Regional technical college, 4-year university degree (Bachelor’s degree, nurse, teacher, engineer) University, technical college, more than 4 years (Master’s degree, medical doctor, PhD) | AA1126 |
| Education you’re doing |  | 9-year secondary school 1-2 year high school Vocational high school 3-year high school general studies, junior college Regional technical college, 4-year university degree (Bachelor’s degree, nurse, teacher, engineer) University, technical college, more than 4 years (Master’s degree, medical doctor, PhD) | AA1125 |
| Education baby’s father is doing |  | 9-year secondary school 1-2 year high school Vocational high school 3-year high school general studies, junior college Regional technical college, 4-year university degree (Bachelor’s degree, nurse, teacher, engineer) University, technical college, more than 4 years (Master’s degree, medical doctor, PhD) | AA1127 |
| Other education you have completed Other education you’re doing Other education baby’s father has completed Other education baby’s father is doing |  | 9-year secondary school 1-2 year high school Vocational high school 3-year high school general studies, junior college Regional technical college, 4-year university degree (Bachelor’s degree, nurse, teacher, engineer) University, technical college, more than 4 years (Master’s degree, medical doctor, PhD) | AA1128 AA1129 AA1130 AA1131 |
| **51** | **What was your and the baby’s father’s work situation when you became pregnant?** |  |
|  | 1. Student | You; Father |  | AA1132; AA1133 |
| 2. At home | You; Father |  | AA1134; AA1135 |
| 3. Intern/apprentice | You; Father |  | AA1136; AA1137 |
| 4. Military service | You; Father |  | AA1138; AA1139 |
| 5. Unemployed/laid off | You; Father |  | AA1140; AA1141 |
| 6. Rehabilitation/disabled | You; Father |  | AA1142; AA1143 |
| 7. Employed in public sector | You; Father |  | AA1144; AA1145 |
| 8. Employed in private sector | You; Father |  | AA1146; AA1147 |
| 9. Self-employed | You; Father |  | AA1148; AA1149 |
| 10. Family member without steady income in family company (ex. Farming, business) | You; Father |  | AA1150; AA1151 |
| 11. Other | You; Father |  | AA1152; AA1153 |
| **52** | **Did you have an extra job (with or without salary) when you became pregnant? *(For example, accountant, hair dresser, singer in a dance band, club leader)?*** |  |
|  |  |  | No Yes  If yes, describe | AA1157  AA1158 AA1676(txt) |
| **53** | **Have you been absent from work more than two weeks during this pregnancy?** |  |
|  |  |  | 1. No Yes | AA1159 |
| **54** | **Are you absent from your work at the present time?** |  |
|  |  |  | 1. No Yes | AA1160 |
| **55** | **If yes, what is the reason for your absence?** |  |
|  | Medical leave |  |  | AA1161 |
| Leave of absence |  |  | AA1162 |
| Sick child |  |  | AA1163 |
| Other |  |  | AA1164 |
| If other, describe |  |  | AA1165 AA1677(txt) |
| **56** | **The usual number of paid working hours a week before you became pregnant and at present.** |  |
|  | Before the pregnancy |  | Number | AA1166 |
| During the pregnancy |  | Number | AA1167 |
| **57** | **Describe the type of work carried out at your and the baby’s father’s place of work as accurately as possible. (*Write for example, hospital department for children with cancer, body shop at a garage for diesel vehicles, farming with grain and swine, work in the home.)*** |  |
|  | You |  |  | AA1168 (txt) |
| Baby’s father |  |  | AA1169 (txt) |
| **58** | **Occupation/title at this workplace? *(Write for example, staff nurse, mechanic, foreman, lecturer, student, cleaning assistant, housewife/at home.)*** |  |
|  | You |  |  | AA1170 (txt) |
| Baby’s father |  |  | AA1171 (txt) |
| **59** | **Indicate the appropriate answer for each of the following questions concerning your present work situation.** |  |
|  | Do you sometimes have so much to do that your work situation becomes taxing? |  | Yes, every day more than half of the working day;  Yes, every day less than half of the working day; Yes, periodically but not daily ; Seldom or never | AA1172 |
| Do you have to turn and bend many times in the course of an hour? |  | Yes, every day more than half of the working day;  Yes, every day less than half of the working day; Yes, periodically but not daily ; Seldom or never | AA1173 |
| Do you work with your hands above shoulder level or higher? |  | Yes, every day more than half of the working day;  Yes, every day less than half of the working day; Yes, periodically but not daily ; Seldom or never | AA1174 |
| Do you work walking or standing? |  | Yes, every day more than half of the working day;  Yes, every day less than half of the working day; Yes, periodically but not daily ; Seldom or never | AA1175 |
| Can you choose to work a little faster some days and a little slower on other days? |  | Yes, every day more than half of the working day;  Yes, every day less than half of the working day; Yes, periodically but not daily ; Seldom or never | AA1176 |
| Are you subjected to a lot of uncomfortable background noise? |  | Yes, every day more than half of the working day;  Yes, every day less than half of the working day; Yes, periodically but not daily ; Seldom or never | AA1177 |
| Are you subjected to a lot of background noise that makes you have to raise your voice when talking to others, even at a distance of one metre? |  | Yes, every day more than half of the working day;  Yes, every day less than half of the working day; Yes, periodically but not daily ; Seldom or never | AA1178 |
| **60** | **How do the following statements describe your work situation?** |  |
|  | I have physically heavy work |  | Agree;   Agree mostly;  Disagree mostly ; Disagree | AA1179 |
| My work is very stressful |  | Agree;   Agree mostly;  Disagree mostly ; Disagree | AA1180 |
| I learn a lot at work |  | Agree;   Agree mostly;  Disagree mostly ; Disagree | AA1181 |
| My work is very monotonous |  | Agree;   Agree mostly;  Disagree mostly ; Disagree | AA1182 |
| My work demands a lot of me |  | Agree;   Agree mostly;  Disagree mostly ; Disagree | AA1183 |
| I am able to decide how my work is to be carried out |  | Agree;   Agree mostly;  Disagree mostly ; Disagree | AA1184 |
| There is a good team spirit at my place of work |  | Agree;   Agree mostly;  Disagree mostly ; Disagree | AA1185 |
| I enjoy my work |  | Agree;   Agree mostly;  Disagree mostly ; Disagree | AA1186 |
| **61** | **When are your working hours?** |  |
|  | Permanent day work |  |  | AA1187 |
| Permanent afternoon or evening work |  |  | AA1188 |
| Permanent night work |  |  | AA1189 |
| Shift work (day and night) or shift rotations |  |  | AA1190 |
| No set times (extra work, extra shifts, temporary employment, etc.) |  |  | AA1191 |
| Other |  |  | AA1192 |
| **62** | **During your pregnancy do you lift anything that weighs more than 10 k? (*10 kilos is the equivalent of a full bucket of water.)*** |  |
|  | At home |  | Infrequently or never; Yes, less than 20 times a week; Yes, more than 20 times a week ; Yes, 10-20 times a day ; Yes, more than 20 times a day | AA1193 |
| At work |  | AA1194 |
| **63** | **How often have you worked with radio transmitters or radar after becoming pregnant?** |  |
|  |  |  | Never;  Infrequently; A few times a week; Daily;  On average more than an hour daily | AA1195 |
| **64** | **How often do you use a cell phone?** |  |
|  |  |  | Never;  Infrequently; A few times a week; Daily;  On average more than an hour daily | AA1196 |
| **65** | **Do your cell phone calls last more than 15 minutes?** |  |
|  |  |  | Never;  Infrequently; Often | AA1197 |
| **66** | **How often do you work with a computer, laser printer or copying machine (at a distance of less than two metres) after you became pregnant?** |  |
|  | Computer monitor |  | Never;  Infrequently; A few times a week; Daily;  On average more than an hour daily | AA1198 |
| Laser printer |  | Never;  Infrequently; A few times a week; Daily;  On average more than an hour daily | AA1199 |
| Copying machine |  | Never;  Infrequently; A few times a week; Daily;  On average more than an hour daily | AA1200 |
| **67** | **How often have you worked with x-ray equipment (at a distance of less than two metres) after you became pregnant? (*This does not include treatment as a patient*)** |  |
|  |  |  | Never;  Infrequently; A few times a week; Daily;  On average more than an hour daily | AA1201 |
| **68** | **Have you been in contact with any of the following substances either at work or in your leisure time during the last six months?** |  |
|  | 1. Lead vapors, lead dust, lead particles or lead alloys | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1202 ; AA1203 ; AA1204 ; AA1205 |
| 2. Chrome, arsenic, cadmium or combinations of these | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1206 ; AA1207 ; AA1208 ; AA1209 |
| 3. Gasoline or exhaust (does not apply to filling gasoline in your own car) | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1210 ; AA1211 ; AA1212 ; AA1213 |
| 4. Mercury vapors, mercury or work with amalgam fillings (does not apply to your own dental treatment) | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1214 ; AA1215 ; AA1216 ; AA1217 |
| 5. Disinfectants, vermin poisons | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1218 ; AA1219 ; AA1220 ; AA1221 |
| 6. Weed killers, insecticides, fungicides | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1222 ; AA1223 ; AA1224 ; AA1225 |
| 7. Oil-based paint | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1226 ; AA1227 ; AA1228 ; AA1229 |
| 8. Water-based or latex paint | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1230 ; AA1231 ; AA1232 ; AA1233 |
| 9. Paint thinner, paint-lacquer-glue remover or other solvents (ex. lynol, turpentine, toluene, carbon tetrachloride) | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1234 ; AA1235 ; AA1236 ; AA1237 |
| 10. Industrial dyes or ink | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1238 ; AA1239 ; AA1240 ; AA1241 |
| 11. Motor oil, lubrication oil or other types of oil | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1242 ; AA1243 ; AA1244 ; AA1245 |
| 12. Photographic chemicals (fixatives or developers) | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1246 ; AA1247 ; AA1248 ; AA1249 |
| 13. Substances used in welding | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1250 ; AA1251 ; AA1252 ; AA1253 |
| 14. Substances used in soldering | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1254 ; AA1255 ; AA1256 ; AA1257 |
| 15. Formalin/formaldehyde | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1258 ; AA1259 ; AA1260 ; AA1261 |
| 16. Chemotherapeutic substances/ chemotherapy treatment (does not apply to your own medical treatment) | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1262 ; AA1263 ; AA1264 ; AA1265 |
| 17. Laughing gas or other anesthetic gases (does not apply to you own treatment as a patient) | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1266 ; AA1267 ; AA1268 ; AA1269 |
| 18. Other substances and conditions | *The last 6 months; number of days;* breathing protection?; protective gloves? |  | AA1270 ; AA1271 ; AA1272 ; AA1273 |
|  | Other substances and conditions, describe |  |  | AA1274 AA1682 (txt) |
| **69** | **How often have you been to a discotheque since you became pregnant?** |  |
|  |  |  | 1. 1-2 times a week; Less often; Never | AA1275 |
| **70** | **Are you in contact with animals either at work or in your leisure?** |  |
|  |  |  | 1. No Yes | AA1276 |
| **71** | **If yes, what sort of animals and how often are you in contact with them on a weekly basis?** |  |
|  | 1. Dog |  | 1. Daily; 3-6 times a week; 1-2 times a week; Less than once a week | AA1280 |
| 2. Cat |  | Daily; 3-6 times a week; 1-2 times a week; Less than once a week | AA1281 |
| 3. Guinea pig |  | Daily; 3-6 times a week; 1-2 times a week; Less than once a week | AA1282 |
| 4. Hamster |  | Daily; 3-6 times a week; 1-2 times a week; Less than once a week | AA1283 |
| 5. Rabbit |  | Daily; 3-6 times a week; 1-2 times a week; Less than once a week | AA1284 |
| 6. Canary or other bird |  | Daily; 3-6 times a week; 1-2 times a week; Less than once a week | AA1285 |
| 7. Aquarium fish |  | Daily; 3-6 times a week; 1-2 times a week; Less than once a week | AA1286 |
| 8. Cow |  | Daily; 3-6 times a week; 1-2 times a week; Less than once a week | AA1287 |
| 9. Pig |  | Daily; 3-6 times a week; 1-2 times a week; Less than once a week | AA1288 |
| 10. Sheep, goat |  | Daily; 3-6 times a week; 1-2 times a week; Less than once a week | AA1289 |
| 11. Horse |  | Daily; 3-6 times a week; 1-2 times a week; Less than once a week | AA1290 |
| 12. Poultry |  | Daily; 3-6 times a week; 1-2 times a week; Less than once a week | AA1291 |
| 13. Other |  | Daily; 3-6 times a week; 1-2 times a week; Less than once a week | AA1292 |
| **72** | **With whom do you live?** |  |
|  | Spouse/partner |  |  | AA1293 |
| Parents |  |  | AA1294 |
| Parents-in-law |  |  | AA1295 |
| Children |  |  | AA1296 |
| No one |  |  | AA1297 |
| Other |  |  | AA1298 |
| If other, describe |  |  | AA1299 AA1683(txt) |
| **73** | **How many people including you live in your home?** |  |
|  | Number of people over 18 years |  | Number | AA1300 |
| Number of people between 12 and 18 years |  | Number | AA1301 |
| Number of people between 6 and 11 years |  | Number | AA1302 |
| Number of people under 6 years |  | Number | AA1303 |
| **74** | **How many children are at nursery school/day care?** |  |
|  |  |  | Number | AA1304 |
| **75** | **Do you or the baby's father have a mother tongue other than Norwegian?** |  |
|  |  |  | 1. No Yes | AA1305 |
| **76** | **If yes, which language?** |  |
|  | You |  | 1-Sámi ; 2-Urdu ;  3-English; 4-Other | AA1306\_D |
| Baby’s father |  | 1-Sámi ; 2-Urdu ;  3-English; 4-Other | AA1307\_D |
|  |  | If other, which | AA1308 AA1684(txt) |
| **77** | **Do your parents or the baby's father's parents have a mother tongue other than Norwegian?** |  |
|  |  |  | 1. No Yes | AA1309 |
| **78** | **If yes, which language?** |  |
|  | Your mother |  | 1-Sámi 2-Urdu 3-English 4-Other | AA1310\_D |
| Your father |  | 1-Sámi 2-Urdu 3-English 4-Other | AA1311\_D |
| Mother of the child’s father |  | 1-Sámi 2-Urdu 3-English 4-Other | AA1312\_D |
| Father of the child’s father |  | 1-Sámi 2-Urdu 3-English 4-Other | AA1313\_D |
|  |  | If other, which | AA1314 AA1685(txt) |
| **79** | **What is your and the baby’s father’s yearly gross income? (*Include child support, unemployment benefits and other allowances.)*** |  |
|  | Your gross income |  | No income Under 150.000 NOK 3) 151.000-199.999 NOK 4) 200.000-299.999 NOK 5) 300.000-399.999 NOK 6) 400.000-499.999 NOK 7) Over 500.000 NOK | AA1315 |
| Child’s father’s gross income |  | No income Under 150.000 NOK 3) 151.000-199.999 NOK 4) 200.000-299.999 NOK 5) 300.000-399.999 NOK 6) 400.000-499.999 NOK Over 500.000 NOK Don’t know | AA1316 |
| **80** | **Is it possible for your household to manage financially without your income?** |  |
|  |  |  | No; Yes, but with difficulty ; Yes, without difficulty | AA1317 |
| **81** | **What type of housing do you live in?** |  |
|  | Detached house |  |  | AA1318 |
| Farm |  |  | AA1319 |
| Semidetached |  |  | AA1320 |
| Four-flat house |  |  | AA1321 |
| Maisonette |  |  | AA1322 |
| Terraced flat |  |  | AA1323 |
| Basement flat |  |  | AA1324 |
| Apartment building |  |  | AA1325 |
| Townhouse/tenement |  |  | AA1326 |
| Which floor? |  |  | AA1327 |
| Other |  |  | AA1328 |
| If other, describe |  |  | AA1329 AA1686(txt) |
| **82** | **Has there been water damage, visible signs of fungus/mildew or a smell of mildew in your home in the past 3 months?** |  |
|  |  |  | No; Yes, water damage; Yes, signs of fungus and mould ; Yes, a smell of mildew | AA1330 AA1331 AA1332 AA1333 |
| **83** | **Where does your drinking water come from?** |  |
|  |  |  | Public or private water supply;  Water from a local source *(e.g. well)* | AA1334 AA1335 |
| **84** | **How many times have you moved in the last 3 years?** |  |
|  |  |  | Number | AA1336 |
| **85** | **Has anyone in your home had influenza, a prolonged cough, childhood disease or an illness with fever and a rash after your became pregnant?** |  |
|  |  |  | 1. No Yes | AA1337 |
| **86** | **If yes, which illness?** |  |
|  | German measles |  |  | AA1338 |
| Chicken pox |  | AA1339 |
| Measles |  | AA1340 |
| Roseola infantum |  | AA1341 |
| Other fever with rash |  | AA1342 |
| Influenza |  | AA1343 |
| Prolonged cough |  | AA1344 |
| Tuberculosis |  | AA1345 |
| Hand, foot and mouth disease |  | AA1346 |
| Other |  | AA1347 |
| **87** | **Did your mother smoke when she was pregnant with you?** |  |
|  |  |  | 1. No Yes Don’t know | AA1348 |
| **88** | **Are you exposed to passive smoking at home?** |  |
|  |  |  | 1. No Yes | AA1349 |
| **89** | **If yes, how many hours a day are you exposed to passive smoking?** |  |
|  |  |  | Number 0-99 | AA1350 |
| **90** | **Are you exposed to passive smoking at work?** |  |
|  |  |  | 1. No Yes | AA1351 |
| **91** | **If yes, how many hours a day are you exposed to passive smoking?** |  |
|  |  |  | Number 0-99 | AA1352 |
| **92** | **Did the baby’s father smoke before you became pregnant?** |  |
|  |  |  | 1. No Yes | AA1353 |
| **93** | **Does he smoke now?** |  |
|  |  |  | 1. No Yes | AA1354 |
| **94** | **Have you ever smoked?** |  |
|  |  |  | 1. No Yes | AA1355 |
| **95** | **Do you smoke now (after you became pregnant)?** |  |
|  |  |  | No Sometimes 3-Daily | AA1356 |
| If sometimes, how many cigarettes per week? |  | Number | AA1357 |
| If daily, how many cigarettes per day? |  | Number | AA1358 |
| **96** | **Did you smoke during the last 3 months before you became pregnant this time?** |  |
|  |  |  | No Sometimes 3-Daily | AA1359 |
| If sometimes, how many cigarettes per week? |  | Number | AA1360 |
| If daily, how many cigarettes per day? |  | Number | AA1361 |
| **97** | **How old were you when you started to smoke on a daily basis?** |  |
|  |  |  | Number | AA1362 |
| **98** | **Have you stopped smoking completely?** |  |
|  |  |  | 1. No Yes | AA1363 |
| **99** | **If yes, how old were you when you stopped smoking?** |  |
|  |  |  | Number 0-99 | AA1364 |
| **100** | **If you stopped smoking after you became pregnant, in which week of pregnancy did you stop?** |  |
|  |  |  | Number 0-99 | AA1365 |
| **101** | **How long after you get up in the morning until you light your first cigarette?** |  |
|  |  |  | 1. 5 minutes 6-29 minutes 30-60 minutes More than one hour | AA1366 |
| **102** | **Do you smoke when you are ill?** |  |
|  |  |  | 1. No Yes | AA1367 |
| **103** | **Do you smoke more often during the first few hours after you wake up than you do during the rest of the day?** |  |
|  |  |  | 1. No Yes | AA1368 |
| **104** | **If you have used other kinds of nicotine indicate which and when you used them.** |  |
|  | 1. Chewing tobacco/snuff | Before pregnancy; After pregnancy |  | AA1369; AA1370 |
| 2. Nicotine chewing gum |  | AA1371; AA1372 |
| 3. Nicotine adhesive patch |  | AA1373; AA1374 |
| 4. Nicotine inhaler |  | AA1375; AA1376 |
| **105** | **What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)** |  |
|  | 1. Filter coffee | *Before pregnancy; Now; Decaffeinated* | *No. of cups /glasses* | AA1377; AA1378; AA1379 |
| 2. Instant coffee | *Before pregnancy; Now; Decaffeinated* | *No. of cups /glasses* | AA1380; AA1381; AA1382 |
| 3. Boiled coffee | *Before pregnancy; Now; Decaffeinated* | *No. of cups /glasses* | AA1383; AA1384; AA1385 |
| 4. Tea | *Before pregnancy; Now; Decaffeinated* | *No. of cups /glasses* | AA1386; AA1387; AA1388 |
| 5. Herbal tea | *Before pregnancy; Now; Decaffeinated* | *No. of cups /glasses* | AA1389; AA1390; AA1391 |
| 6. Coca Cola/Pepsi, etc. | *Before pregnancy; Now; Decaffeinated* | *No. of cups /glasses* | AA1392; AA1393; AA1394 |
| 7. Other fizzy drinks | *Before pregnancy; Now; Decaffeinated* | *No. of cups /glasses* | AA1395; AA1396; AA1397 |
| 8. Diet Coca Cola, Pepsi | *Before pregnancy; Now; Decaffeinated* | *No. of cups /glasses* | AA1398; AA1398; AA1400 |
| 9. Other diet fizzy drinks | *Before pregnancy; Now; Decaffeinated* | *No. of cups /glasses* | AA1401; AA1402; AA1403 |
| 10. Tap water | *Before pregnancy; Now; Decaffeinated* | *No. of cups /glasses* | AA1404; AA1405; |
| 11. Bottled water | *Before pregnancy; Now; Decaffeinated* | *No. of cups /glasses* | AA1406; AA1407; |
|  | 12. Juice/squash | *Before pregnancy; Now; Organic* | *No. of cups /glasses* | AA1408; AA1409; AA1410 |
| 13. Diet juice/squash | *Before pregnancy; Now; Organic* | *No. of cups /glasses* | AA1411; AA1412; AA1413 |
| 14. Milk (skimmed, low fat, whole) | *Before pregnancy; Now; Organic* | *No. of cups /glasses* | AA1414; AA1415; AA1416 |
| 15. Yogurt, all types | *Before pregnancy; Now; Organic* | *No. of cups /glasses* | AA1417; AA1418; AA1419 |
| 16. Yogurt/ active Lactobacillus | *Before pregnancy; Now; Organic* | *No. of cups /glasses* | AA1420; AA1421; AA1422 |
| 17. Other type of cultured milk (kefir) | *Before pregnancy; Now; Organic* | *No. of cups /glasses* | AA1423; AA1424; AA1425 |
| 18. Other | *Before pregnancy; Now; Organic* | *No. of cups /glasses* | AA1426; AA1427; AA1428 |
| **106** | **Have you used any of the following substances?** |  |
|  | 1. Hash | Never; Previously; Last 6 months before pregnancy; During pregnancy |  | AA1432; AA1433; AA1434; AA1435 |
| 2. Amphetamine | Never; Previously; Last 6 months before pregnancy; During pregnancy |  | AA1436; AA1437; AA1438; AA1439 |
| 3. Ecstasy | Never; Previously; Last 6 months before pregnancy; During pregnancy |  | AA1440; AA1441; AA1442; AA1443 |
| 4. Cocaine | Never; Previously; Last 6 months before pregnancy; During pregnancy |  | AA1444; AA1445; AA1446; AA1447 |
| 5. Heroin | Never; Previously; Last 6 months before pregnancy; During pregnancy |  | AA1448; AA1449; AA1450; AA1451 |
| **107** | **Have you ever consumed alcohol?** |  |
|  |  |  | 1. No Yes | AA1452 |
| **108** | **How often did you consume alcohol in the 3 months before you became pregnant and how often do you consume alcohol during the pregnancy?** |  |
|  | Last 3 months before pregnancy |  | Approximately 6-7 time a week; Approximately 4-5 times a week ; Approximately 2-3 times a week ; Approximately once a week; Approximately 1-3 times a month; Less than once a month; Never | AA1453 |
| During pregnancy |  | Approximately 6-7 time a week; Approximately 4-5 times a week ; Approximately 2-3 times a week ; Approximately once a week; Approximately 1-3 times a month; Less than once a month; Never | AA1454 |
| **109** | **What type of alcohol do you usually drink?** |  |
|  | 1. Light beer |  |  | AA1455 |
| 2. Beer |  |  | AA1456 |
| 3. Red wine |  |  | AA1457 |
| 4. White wine |  |  | AA1458 |
| 5. Low alcohol sodas |  |  | AA1459 |
| 6. Fortified wines (*sherry, port wine, Madeira)* |  |  | AA1460 |
| 7. Spirits (*vodka, gin, snaps, cognac, whisky, liqueur)* |  |  | AA1461 |
| **110** | **Did you drink 5 units or more at least once during the last 3 months before pregnancy or during pregnancy?** |  |
|  | Last 3 months before pregnancy |  | Several times per week;  Once a week 1-3 times a month;  Less than once a month/ Never | AA1462 |
| During pregnancy |  | Several times per week;  Once a week 1-3 times a month;  Less than once a month/ Never | AA1463 |
| **111** | **How many units of alcohol do you usually drink when you consume alcohol?** |  |
|  | Last 3 months before pregnancy |  | 10 or more; 7-9; 5-6; 3-4; 1-2; Less than 1 | AA1464 |
| During pregnancy |  | AA1465 |
| **112** | **How many units of alcohol do you have to drink before you feel any effect?** |  |
|  |  |  | Number | AA1466 |
| **113** | **Have other people irritated or hurt you by criticising how much you drink?** |  |
|  |  |  | 1. No; Yes | AA1467 |
| **114** | **Have you ever felt that you ought to drink less alcohol?** |  |
|  |  |  | 1. No; Yes | AA1468 |
| **115** | **Have you ever drunk alcohol in the morning to calm your nerves or to get rid of a hangover?** |  |
|  |  |  | 1. No; Yes | AA1469 |
| **116** | **Have you ever experienced any of the following problems during the last year in relation to your alcohol consumption?** |  |
|  | 1. Had argument of bad feelings with a family member |  | Never; Once; Several times | AA1470 |
| 2. Suddenly found yourself in a place that you could not remember getting to |  | Never; Once; Several times | AA1471 |
| 3. Been absent from work or school |  | Never; Once; Several times | AA1472 |
| 4. Fainted or passed out suddenly |  | Never; Once; Several times | AA1473 |
| 5. Had a bad time |  | Never; Once; Several times | AA1474 |
| **117** | **Do you think you were overweight before this pregnancy?** |  |
|  |  |  | Yes, a lot; Yes, a little; No | AA1475 |
| **118** | **Are you worried about putting on more weight than necessary during this pregnancy?** |  |
|  |  |  | Yes, very worried; Somewhat worried; No, not especially worried | AA1476 |
| **119** | **Has anyone said that you were too thin while you felt that you were too fat during the last 2 years?** |  |
|  |  |  | Yes, often; Yes, occasionally; No | AA1477 |
| **120** | **Have you ever lost control while eating and not been able to stop before you have eaten far too much?** |  |
|  | Last 6 months before this pregnancy |  | 1. No; Infrequently; Yes, at least once a week | AA1478 |
| Now |  | No; Infrequently; Yes, at least once a week | AA1479 |
| **121** | **Have you ever used any of the following to control your weight?** |  |
|  | Vomiting | Last 6 months before this pregnancy; Now | At least once a week; Seldom; Never | AA1480; AA1481 |
| Laxatives | Last 6 months before this pregnancy; Now | At least once a week; Seldom; Never | AA1482; AA1483 |
| Fasting | Last 6 months before this pregnancy; Now | At least once a week; Seldom; Never | AA1484; AA1485 |
| Hard physical exercise | Last 6 months before this pregnancy; Now | At least once a week; Seldom; Never | AA1486; AA1487 |
| **122** | **Is it important for your self-image that you maintain a certain weight?** |  |
|  |  |  | Yes, very important; Yes, quite important; No, not especially important | AA1488 |
| **123** | **Do you have leakage of urine associated with coughing, sneezing, laughing or heavy lifting?** |  |
|  |  |  | Yes; No | AA2149 |
| **124** | **Do you have leakage of urine associated with a sudden and strong urge to urinate?** |  |
|  |  |  | Yes; No | AA2150 |
| **125** | **How often do you have leakage of urine?** |  |
|  |  |  | Never;  Less than once a month;  Once or more times a month;  Once or more times a week; Every day and/or every night | AA2151 |
| **126** | **How much urine do you usually leak every time?** |  |
|  |  |  | Never leak; Droplets or tiny amount ; Small spray; Larger amounts | AA2152 |
| **127** | **Do you have leakage of urine before this pregnancy?** |  |
|  |  |  | Yes; No | AA2153 |
| **128** | **If yes, did you have leakage of urine the last month before this pregnancy?** |  |
|  |  |  | Yes; No | AA2154 |
| **129** | **Did the leakage of urine occur the first time during a previous pregnancy?** |  |
|  |  |  | Yes; No | AA2155 |
| **130** | **How often do you usually exercise at the present time?** |  |
|  | 1. Walking | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1489; AA1490 |
| 2. Brisk walking | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1491; AA1492 |
| 3. Running/jogging/orienteering | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1493; AA1494 |
| 4. Bicycling | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1495; AA1496 |
| 5. Training studio/weight training | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1497; AA1498 |
| 6. Special gymnastics/aerobics for pregnant women | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1499; AA1500 |
| 7. Aerobics/gymnastics/dance without running and jumping | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1501; AA1502 |
| 8. Aerobics/gymnastics with running and jumping | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1503; AA1504 |
| 9. Dancing (swing/rock/folk) | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1505; AA1506 |
| 10. Skiing | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1507; AA1508 |
| 11. Ball sports | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1509; AA1510 |
| 12. Swimming | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1511; AA1512 |
| 13. Riding | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1513; AA1514 |
| 14. Other | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1515; AA1516 |
| **131** | **How many times a week do you do exercises for the following muscle groups?** |  |
|  | Abdominal muscles | Last 3 months before this pregnancy; During this pregnancy | 1. Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1517; AA1518 |
| Back muscles | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1519; AA1520 |
| Pelvic floor muscles (muscles around the vagina, urethra, anus) | Last 3 months before this pregnancy; During this pregnancy | Never; 1-3 times a month; Once a week; Twice a week; 3 times or more a week | AA1521; AA1522 |
| **132** | **How often are you currently so physically active in your leisure and/or at work that you get out of breath or sweat?** |  |
|  | Leisure | Last 3 months before this pregnancy; During this pregnancy | Never;  Less than once a week;  Once a week;  Twice a week;  3-4 times or more a week;  5 times a week or more | AA1523; AA1525 |
| At work | Last 3 months before this pregnancy; During this pregnancy | Never;  Less than once a week;  Once a week;  Twice a week;  3-4 times or more a week;  5 times a week or more | AA1524; AA1526 |
| **133** | **Do you agree or disagree with the following statements?** |  |
|  | 1. In most ways my life is close to my ideal |  | Disagree completely; Disagree;  Disagree somewhat; Don’t agree or disagree; Agree somewhat; Agree;  Agree completely | AA1527 |
| 2. The conditions of my life are excellent |  | Disagree completely; Disagree;  Disagree somewhat; Don’t agree or disagree; Agree somewhat; Agree;  Agree completely | AA1528 |
| 3. I am satisfied with my life |  | Disagree completely; Disagree;  Disagree somewhat; Don’t agree or disagree; Agree somewhat; Agree;  Agree completely | AA1529 |
| 4. So far I have gotten the important things I want in life |  | Disagree completely; Disagree;  Disagree somewhat; Don’t agree or disagree; Agree somewhat; Agree;  Agree completely | AA1530 |
| 5. If I could live my life over, I would change almost nothing |  | Disagree completely; Disagree;  Disagree somewhat; Don’t agree or disagree; Agree somewhat; Agree;  Agree completely | AA1531 |
| **134** | **How well do these statements describe your relationship?** |  |
|  | 1. I have a close relationship with my spouse/partner |  | Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely | AA1532 |
| 2. My partner and I have problems in our relationship |  | Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely | AA1533 |
| 3. I am very happy with our relationship |  | Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely | AA1534 |
| 4. My partner is generally understanding |  | Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely | AA1535 |
| 5. I often consider ending our relationship |  | Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely | AA1536 |
| 6. I am satisfied with my relationship with my partner |  | Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely | AA1537 |
| 7. We frequently disagree on important decisions |  | Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely | AA1538 |
| 8. I have been lucky in my choice of a partner |  | Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely | AA1539 |
| 9. We agree on how our child should be raised |  | Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely | AA1540 |
| 10. I believe my partner is satisfied with our relationship |  | Agree completely; Agree; Agree somewhat; Disagree somewhat; Disagree; Disagree completely | AA1541 |
| **135** | **Do you have anyone other than your husband/partner you can ask for advice in a difficult situation?** |  |
|  |  |  | No; Yes, 1 or 2 people; Yes, more than 2 people | AA1545 |
| **136** | **How often do you meet or talk on the telephone with your family (other than your husband/partner and children) or close friends?** |  |
|  |  |  | Once a month or less;  2-8 times a month;  More than twice a week | AA1546 |
| **137** | **Do you often feel lonely?** |  |
|  |  |  | Almost never; Infrequently; Sometimes; Usually; Almost always | AA1547 |
| **138** | **Have you been bothered by any of the following during the last two weeks?** |  |
|  | 1. Feeling fearful |  | Not bothered; A little bothered ; Quite bothered; Very bothered | AA1548 |
| 2. Nervousness or shakiness inside |  | Not bothered; A little bothered ; Quite bothered; Very bothered | AA1549 |
| 3. Feeling hopeless about the future |  | Not bothered; A little bothered ; Quite bothered; Very bothered | AA1550 |
| 4. Felling blue |  | Not bothered; A little bothered ; Quite bothered; Very bothered | AA1551 |
| 5. Worrying too much about things |  | Not bothered; A little bothered ; Quite bothered; Very bothered | AA1552 |
| **139** | **Have you ever in your adult life been slapped, hit, kicked or bothered in any way physically? (*you may cross off several)*** |  |
|  | During this pregnancy |  | Yes; No; Don’t remember | AA1553 |
| Last 6 months before pregnancy |  | Yes; No; Don’t remember | AA1554 |
| Earlier |  | Yes; No; Don’t remember | AA1555 |
| **140** | **Have you ever been pressured or forced to have sexual intercourse?** |  |
|  | No, never | During this pregnancy; Last 6 months before pregnancy; Earlier |  | AA1556; AA1557; AA1558 |
| Yes, pressured | During this pregnancy; Last 6 months before pregnancy; Earlier |  | AA1559; AA1560; AA1561 |
| Yes, forced with violence | During this pregnancy; Last 6 months before pregnancy; Earlier |  | AA1562; AA1563; AA1564 |
| Yes, raped | During this pregnancy; Last 6 months before pregnancy; Earlier |  | AA1565; AA1566; AA1567 |
| **141** | **How do you feel about yourself?** |  |
|  | 1. I have a positive attitude toward myself |  | Agree completely ; Agree;  Disagree;  Disagree completely | AA1568 |
| 2. I feel completely useless at times |  | Agree completely ; Agree;  Disagree;  Disagree completely | AA1569 |
| 3. I feel that I do not have much to be proud about |  | Agree completely ; Agree;  Disagree;  Disagree completely | AA1570 |
| 4. I feel that I am a valuable person, as good as anyone else |  | Agree completely ; Agree;  Disagree;  Disagree completely | AA1571 |
| **142** | **Have you ever experienced the following for a period of 2 weeks or more?** |  |
|  | 1. Felt depressed, sad |  | 1. No; Yes | AA1572 |
| 2. Had problems with appetite or eaten too much |  | No; Yes | AA1573 |
| 3. Been bothered by lack of energy |  | No; Yes | AA1574 |
| 4. Blamed yourself and felt worthless |  | No; Yes | AA1575 |
| 5. Had problems with concentration or had problems making decisions |  | No; Yes | AA1576 |
| 6. Had at least 3 of the problems named above simultaneously |  | No; Yes | AA1577 |
| **143** | **If you have had 3 or more of these problems at the same time how many weeks did the longest period last?** |  |
|  | weeks |  | Number | AA1578 |
| **144** | **Was there a particular reason for this?** |  |
|  |  |  | No, no particular reason ; Yes *(ex. death, divorce, miscarriage, accident)* | AA1579 |