

THE NORWEGIAN MOTHER & CHILD STUDY

Questionnaire 3C

This questionnaire applies mainly to the period after week 12 of your pregnancy. We will ask you some questions which you may recognise from the first questionnaire. We do this because we want to continue following your and your child's progress. It would be useful for you to consult your pregnancy health card before you start answering the questions so that you can use the information contained in it when completing this questionnaire. If you feel uncomfortable with a question or it is difficult to answer, you can skip this question and go on to the next one.

This questionnaire will be processed by a computer. It is therefore important that you follow these instructions:

- Use a blue or black ballpoint pen.
- Put a cross in the box that is most relevant like this: X
- If you put a cross in the wrong box, correct it by filling in the box completely like this: ?
- Write a number or capital letter in the large green boxes.

It is important that you only write in the white area of each box like this:

Number:

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

Letter:

A	B	C	D
---	---	---	---

- When entering a single-digit number in boxes containing two or more squares, use the square on the right.

5

For example: 5 is written like this:
- A number of questions in this questionnaire concern the week of pregnancy. For example: If you want to indicate something that happened 14 weeks after your last period, enter a cross in the box for week 13-16.
- Specific information concerning, for example, medication or profession should be written in the boxes or on the lines provided. Please write clearly in CAPITAL LETTERS.
- Remember to enter the date when you completed the questionnaire.

Please return the completed questionnaire in the stamped addressed envelope provided.

Date when the questionnaire was completed

CC11

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Day

--	--

Month

--	--	--	--

Year

(write the year in full, e.g. 2001)

Antenatal care and health

1. Where you been to antenatal check-ups? (Fill in one or more boxes.) Specify how many times.

Public health centre

CC12	CC13
------	------

 times

Doctor's surgery

CC14	CC15
------	------

 times

Hospital (outpatients) clinic

CC16	CC17
------	------

 times

2. Who has examined you each time? (Fill in one or more boxes.) Specify how many times.

Midwife

CC18	CC19
------	------

 times

General practitioner

CC20	CC21
------	------

 times

Gynaecologist

CC22	CC23
------	------

 times

Public health nurse

CC24	CC25
------	------

 times

3. Is your doctor male or female? How many times have you gone to him/her?

General practitioner

CC26

 female

CC27

 times

CC28

 male

CC29

 times

Gynaecologist

CC30

 female

CC31

 times

CC32

 male

CC33

 times

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

Referred due to previous illness or complications in previous pregnancies

CC35

On your own initiative without a referral

CC36

Referred for another reason

CC37

5. Do you agree with the following statements concerning your antenatal check-ups?

Agree completely Agree Agree somewhat Disagree somewhat Disagree completely

I have been given sufficient advice and information CC38

I have been well taken care of CC39

There was not enough time during the consultations CC40

I felt secure during these check-ups CC41

I have been able to discuss everything I needed to during the check-ups CC42

On the whole, I am satisfied with the way I have been followed up by the health service CC43

6. Have you contacted a midwife or doctor in addition to your normal check-ups?

No Yes

Midwife..... CC44

Doctor..... CC45

7. If yes, was it difficult to get an appointment?

Midwife Doctor

Not difficult..... CC46 CC47

Somewhat difficult.....

Very difficult.....

8. Have you had a gynaecological examination during your pregnancy (internal examination)? If so, how many times?

No CC49 Times

Yes CC48

9. How many ultrasound examinations have you had during your pregnancy?

External ultrasound examination CC50 Times

Internal ultrasound examination CC51 Times

10. How many children are you expecting? CC52

11. Have you been offered an amniocentesis or placenta biopsy?

No (go to question 16) CC53

Yes

12. If yes, were any tests performed and what were the results?

Was the test performed? Were the results normal?

Yes No Yes No

Amniocentesis CC54 CC55

Placenta biopsy CC56 CC57

If the tests were abnormal, describe the findings: CC58

CC1362

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 CC60

Previous child with a chromosome disorder CC61

Previous child with neural tube defect (spina bifida) CC62

Epilepsy (medication for epilepsy) CC63

Ultrasound findings CC64

Other

14. Were there complications during the first 2 weeks following the amniocentesis?

No CC65

Yes

15. If yes, what kind of complications?

Vaginal bleeding CC66

Leakage of amniotic fluid CC67

Abdominal pain (similar to or stronger than menstrual pains) CC68

Other CC69 CC70 CC1363

16. Have you had an X-ray during pregnancy?

No CC71

Yes

17. If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy? (Fill in one or more boxes.)

	Week of pregnancy						No. of times
	0-12	13-16	17-20	21-24	25-28	29+	
Teeth	CC72	CC73	CC74	CC75	CC76	CC77	CC78
Lungs.	CC79	CC80	CC81	CC82	CC83	CC84	CC85
Arms or legs	CC86	CC87	CC88	CC89	CC90	CC91	CC92
Pelvis/abdomen/back	CC93	CC94	CC95	CC96	CC97	CC98	CC99
Other	CC100	CC101	CC102	CC103	CC104	CC105	CC106

18. Have you received treatment to prevent a premature birth during this pregnancy? (Fill in one or more boxes.)

No CC107

Yes, relax or bed-rest CC108

Yes, medication CC109

Which medicines? CC110 CC1364 CC1364k

19. Have you been vaccinated during this pregnancy?

No CC111

Yes CC112 CC1365

Which vaccine? CC113

20. Has the midwife or doctor told you that you have or have had high blood pressure during this pregnancy?

No CC113

Yes

21. If yes, what was the highest reading during this pregnancy? (High blood pressure is over 140/90) (Refer to your health card.)

CC114 / CC115 E.g. 150 / 95

Don't know CC116

22. Have you had high blood pressure without being pregnant?

No CC117

Yes

Don't know

23. If yes, what was the highest reading before this pregnancy?

CC118 / CC119 E.g. 150 / 95

Don't know CC120

24. What was your blood percentage/haemoglobin (Hb) value during this pregnancy? (Refer to your health card and note the most recent, in addition to the highest and lowest values.)

	Haemoglobin (Hb)	Week of preg
Value at last antenatal check-up during pregnancy	CC124	CC125
Highest value during pregnancy	CC126	CC127
Lowest value during pregnancy	CC128	CC129
Don't know	CC130	

25. How much did you weigh at your last antenatal check-up and when was it? (Refer to your health card.)

Weight CC131 kg

Date of antenatal check-up

N/A	CC133	CC134
Day	Month	Year

26. Have you been admitted to the hospital since you became pregnant?

No CC135

Yes, which hospital(s) CC136 CC1366

27. If yes, why and when were you hospitalised? (Fill in one or more boxes.)

		In which week of pregnancy were you admitted?							
		0-4	5-8	9-12	13-16	17-20	21-24	25-28	29+
Prolonged nausea and vomiting	CC137	CC138	CC139	CC140	CC141	CC142	CC143	CC144	CC145
Bleeding	CC146	CC147	CC148	CC149	CC150	CC151	CC152	CC153	CC154
Leakage of amniotic fluid	CC155	CC156	CC157	CC158	CC159	CC160	CC161	CC162	CC163
Threatening preterm labour	CC164	CC165	CC166	CC167	CC168	CC169	CC170	CC171	CC172
High blood pressure	CC173	CC174	CC175	CC176	CC177	CC178	CC179	CC180	CC181
(Pre-)Eclampsia	CC182	CC183	CC184	CC185	CC186	CC187	CC188	CC189	CC190
Other	CC1367	CC191	CC192	CC193	CC194	CC195	CC196	CC197	CC198
									CC199

28. Do you have or have you ever had any of the following?

		If yes, how often have you had problems?				How much at a time?			
		No	Yes	1-4 times a month	1-6 times a week	Once a day	More than once a day	Drops	Large amounts
Before this pregnancy:									
Incontinence when coughing, sneezing or laughing	CC201				CC202			CC203	
Incontinence during physical activity (running / jumping)	CC204				CC205			CC206	
Incontinence with a strong need to urinate	CC207				CC208			CC209	
Problems retaining faeces	CC210				CC211				
Problems with flatulence	CC212				CC213				
In this pregnancy:									
Incontinence when coughing, sneezing or laughing	CC214				CC215			CC216	
Incontinence during physical activity (running / jumping)	CC217				CC218			CC219	
Incontinence with a strong need to urinate	CC220				CC221			CC222	
Problems retaining faeces	CC223				CC224				
Problems with flatulence	CC225				CC226				

29. Do you have or have you had pain in any of the following parts of your body? Where and when? (Fill in one or more boxes.)

	During this pregnancy		During earlier pregnancies		Between pregnancies		Prior to first pregnancy		
	No	Mild Pain	Severe Pain	Mild Pain	Severe Pain	Mild Pain	Severe Pain	Mild Pain	Severe Pain
Small of the back	CC227	CC228		CC229		CC230		CC231	
One of the pelvic/sacroiliac joints at the back	CC232	CC233		CC234		CC235		CC236	
Both pelvic/sacroiliac joints at the back	CC237	CC238		CC239		CC240		CC241	
Over the coccygeal bone	CC242	CC243		CC244		CC245		CC246	
In the buttocks	CC247	CC248		CC249		CC250		CC251	
Over the pubic bone	CC252	CC253		CC254		CC255		CC256	
Groin	CC257	CC258		CC259		CC260		CC261	
Other back pains	CC262	CC263		CC264		CC265		CC266	

30. Do you wake up at night due to pelvic pain?

Yes, frequently

Yes, sometimes

No, never

31. 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

Yes, I have to use a stick or crutches every day

32. Have you received an anaesthetic in connection with surgery or dental treatment during this pregnancy?

No

Yes

33. If yes, what type of anaesthetic have you had? (Fill in one or more boxes.)

General (full) anaesthetic

Spinal anaesthetic (epidural)

Local anaesthetic

Don't know

34. Have you been to the dentist during this pregnancy?

No

Yes

35. If yes, did the dentist perform any of the following treatments? (Fill in one or more boxes.)

	Yes	No
Put in new amalgam fillings (silver fillings)	<input type="text" value="CC275"/>	
Removed or replaced amalgam fillings	<input type="text" value="CC276"/>	
Put in new white fillings	<input type="text" value="CC277"/>	

36. How many teeth do you have and how many have fillings? (Look in the mirror and count.)

Total number of teeth

Number of teeth with amalgam fillings

Number of teeth with other types of fillings

37. At present, do your gums bleed when you brush your teeth?

No, seldom or never

Yes, sometimes

Yes, frequently

Yes, nearly always

38. 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.)

No

Yes

39. If yes, where and when was it done? (Fill in one or more boxes.)

	Tattoo	Body piercing
Before this pregnancy:		
In Norway	<input type="text" value="CC283"/>	<input type="text" value="CC284"/>
Abroad	<input type="text" value="CC285"/>	<input type="text" value="CC286"/>
During this pregnancy:		
In Norway	<input type="text" value="CC287"/>	<input type="text" value="CC288"/>
Abroad	<input type="text" value="CC289"/>	<input type="text" value="CC290"/>

40. Have you ever had a blood transfusion? If yes, give the number of transfusions.

No

Yes, during this pregnancy Times

Yes, before this pregnancy Times

41. If yes, in which country and which year? (Give the last 2 transfusions.)

	COUNTRY	YEAR
Country:	<input type="text" value="CC296"/> <input type="text" value="CC1368"/>	<input type="text" value="CC297"/>
Country:	<input type="text" value="CC298"/> <input type="text" value="CC1369"/>	<input type="text" value="CC299"/>

42. Have you ever had breast surgery?

No

Yes

43. If yes, was it:

Breast enlargement	<input type="text" value="CC301"/>		
Breast reduction	<input type="text" value="CC302"/>		
Cancer/biopsy	<input type="text" value="CC303"/>		
Other, describe:	<input type="text" value="CC304"/>	<input type="text" value="CC305"/>	<input type="text" value="CC1370"/>

44. Have you ever had cervical dysplasia?

No

Yes Year the dysplasia was detected the first time

45. Have you had an operation on your cervix?

No

Yes Year of operation

46. Have you ever had a gamma globulin injection? (used to prevent infection of hepatitis A, primarily when travelling abroad.)

No

Yes

If yes, which year?

How have you been recently?

Some questions about the time that has elapsed since the 13th week of pregnancy.

47. Have you had one or more episodes of vaginal bleeding after the 13th week of pregnancy?

No
Yes

48. 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)			In which week of pregnancy did the bleeding occur?					No. of days bleeding lasted		
			13-16	17-20	21-24	25-28	29+			
1.	Spotting	More than spotting	Large amounts	<input type="text" value="CC316"/>	<input type="text" value="CC317"/>	<input type="text" value="CC318"/>	<input type="text" value="CC319"/>	<input type="text" value="CC320"/>	<input type="text" value="CC321"/>	<input type="text" value="CC322"/>
2.	Spotting	More than spotting	Large amounts	<input type="text" value="CC323"/>	<input type="text" value="CC324"/>	<input type="text" value="CC325"/>	<input type="text" value="CC326"/>	<input type="text" value="CC327"/>	<input type="text" value="CC328"/>	<input type="text" value="CC329"/>
Number of episodes of bleeding if more than 2				<input type="text" value="CC330"/>						<input type="text" value="CC331"/>

49. Do you know why you bled?

No
Yes

50. If yes, what was the reason? (Fill in one or more boxes.)

The placenta is too low/is in a difficult position/placenta previa	<input type="text" value="CC333"/>
Premature separation of the placenta/abruptio/ablatio placenta	<input type="text" value="CC334"/>
Threatening miscarriage/premature birth	<input type="text" value="CC335"/>
Cervical ulcer, bleeding of the mucous membrane in the vagina	<input type="text" value="CC336"/>
Following intercourse	<input type="text" value="CC337"/>
Other reason	<input type="text" value="CC338"/>

51. Have you been bothered by uterine contractions?

No
Yes, a little
Yes, a lot

52. 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. (Fill in one or more boxes.) (This applies to all types of medicines including alternative and herbal remedies, both regular and occasional use. Do not include vitamins and nutritional supplements as these are asked about elsewhere.)

	In which week of pregnancy did you have problems?					The name of the medication taken	In which week of pregnancy did you take medication					No. of days taken		
	13-16	17-20	21-24	25-28	29+		13-16	17-20	21-24	25-28	29+			
1 Pelvic girdle pain	<input type="text" value="CC340"/>	<input type="text" value="CC341"/>	<input type="text" value="CC342"/>	<input type="text" value="CC343"/>	<input type="text" value="CC344"/>	<input type="text" value="CC1371"/>	<input type="text" value="CC345"/>	<input type="text" value="CC1371k"/>	<input type="text" value="CC346"/>	<input type="text" value="CC347"/>	<input type="text" value="CC348"/>	<input type="text" value="CC349"/>	<input type="text" value="CC350"/>	<input type="text" value="CC351"/>
2 Back pains	<input type="text" value="CC352"/>	<input type="text" value="CC353"/>	<input type="text" value="CC354"/>	<input type="text" value="CC355"/>	<input type="text" value="CC356"/>	<input type="text" value="CC1372"/>	<input type="text" value="CC357"/>	<input type="text" value="CC1372k"/>	<input type="text" value="CC358"/>	<input type="text" value="CC359"/>	<input type="text" value="CC360"/>	<input type="text" value="CC361"/>	<input type="text" value="CC362"/>	<input type="text" value="CC363"/>
3 Other pains in muscles/joints	<input type="text" value="CC364"/>	<input type="text" value="CC365"/>	<input type="text" value="CC366"/>	<input type="text" value="CC367"/>	<input type="text" value="CC368"/>	<input type="text" value="CC1373"/>	<input type="text" value="CC369"/>	<input type="text" value="CC1373k"/>	<input type="text" value="CC370"/>	<input type="text" value="CC371"/>	<input type="text" value="CC372"/>	<input type="text" value="CC373"/>	<input type="text" value="CC374"/>	<input type="text" value="CC375"/>
4 Nausea	<input type="text" value="CC376"/>	<input type="text" value="CC377"/>	<input type="text" value="CC378"/>	<input type="text" value="CC379"/>	<input type="text" value="CC380"/>	<input type="text" value="CC1374"/>	<input type="text" value="CC381"/>	<input type="text" value="CC1374k"/>	<input type="text" value="CC382"/>	<input type="text" value="CC383"/>	<input type="text" value="CC384"/>	<input type="text" value="CC385"/>	<input type="text" value="CC386"/>	<input type="text" value="CC387"/>
5 Long-term nausea and vomiting	<input type="text" value="CC388"/>	<input type="text" value="CC389"/>	<input type="text" value="CC390"/>	<input type="text" value="CC391"/>	<input type="text" value="CC392"/>	<input type="text" value="CC1375"/>	<input type="text" value="CC393"/>	<input type="text" value="CC1375k"/>	<input type="text" value="CC394"/>	<input type="text" value="CC395"/>	<input type="text" value="CC396"/>	<input type="text" value="CC397"/>	<input type="text" value="CC398"/>	<input type="text" value="CC399"/>
6 Vaginal thrush	<input type="text" value="CC400"/>	<input type="text" value="CC401"/>	<input type="text" value="CC402"/>	<input type="text" value="CC403"/>	<input type="text" value="CC404"/>	<input type="text" value="CC1376"/>	<input type="text" value="CC405"/>	<input type="text" value="CC1376k"/>	<input type="text" value="CC406"/>	<input type="text" value="CC407"/>	<input type="text" value="CC408"/>	<input type="text" value="CC409"/>	<input type="text" value="CC410"/>	<input type="text" value="CC411"/>
7 Vaginal catarrh, unusual discharge	<input type="text" value="CC412"/>	<input type="text" value="CC413"/>	<input type="text" value="CC414"/>	<input type="text" value="CC415"/>	<input type="text" value="CC416"/>	<input type="text" value="CC1377"/>	<input type="text" value="CC417"/>	<input type="text" value="CC1377k"/>	<input type="text" value="CC418"/>	<input type="text" value="CC419"/>	<input type="text" value="CC420"/>	<input type="text" value="CC421"/>	<input type="text" value="CC422"/>	<input type="text" value="CC423"/>
8 Pregnancy itch	<input type="text" value="CC424"/>	<input type="text" value="CC425"/>	<input type="text" value="CC426"/>	<input type="text" value="CC427"/>	<input type="text" value="CC428"/>	<input type="text" value="CC1378"/>	<input type="text" value="CC429"/>	<input type="text" value="CC1378k"/>	<input type="text" value="CC430"/>	<input type="text" value="CC431"/>	<input type="text" value="CC432"/>	<input type="text" value="CC433"/>	<input type="text" value="CC434"/>	<input type="text" value="CC435"/>
9 Constipation	<input type="text" value="CC436"/>	<input type="text" value="CC437"/>	<input type="text" value="CC438"/>	<input type="text" value="CC439"/>	<input type="text" value="CC440"/>	<input type="text" value="CC1379"/>	<input type="text" value="CC441"/>	<input type="text" value="CC1379k"/>	<input type="text" value="CC442"/>	<input type="text" value="CC443"/>	<input type="text" value="CC444"/>	<input type="text" value="CC445"/>	<input type="text" value="CC446"/>	<input type="text" value="CC447"/>
10 Diarrhoea/gastric flu	<input type="text" value="CC448"/>	<input type="text" value="CC449"/>	<input type="text" value="CC450"/>	<input type="text" value="CC451"/>	<input type="text" value="CC452"/>	<input type="text" value="CC1380"/>	<input type="text" value="CC453"/>	<input type="text" value="CC1380k"/>	<input type="text" value="CC454"/>	<input type="text" value="CC455"/>	<input type="text" value="CC456"/>	<input type="text" value="CC457"/>	<input type="text" value="CC458"/>	<input type="text" value="CC459"/>

Continued...

	In which week of pregnancy did you have problems?					The name of the medication taken	In which week of pregnancy did you take medication					No. of days taken		
	13-16	17-20	21-24	25-28	29+		13-16	17-20	21-24	25-28	29+			
11 Unusual fatigue /drowsiness.	CC460	CC461	CC462	CC463	CC464	CC1381	CC465	CC1381k	CC466	CC467	CC468	CC469	CC470	CC471
12 Heartburn.	CC472	CC473	CC474	CC475	CC476	CC1382	CC477	CC1382k	CC478	CC479	CC480	CC481	CC482	CC483
13 Swelling of the body (oedema)	CC484	CC485	CC486	CC487	CC488	CC1383	CC489	CC1383k	CC490	CC491	CC492	CC493	CC494	CC495
14 Common cold.	CC496	CC497	CC498	CC499	CC500	CC1384	CC501	CC1384k	CC502	CC503	CC504	CC505	CC506	CC507
15 Throat infection.	CC508	CC509	CC510	CC511	CC512	CC1385	CC513	CC1385k	CC514	CC515	CC516	CC517	CC518	CC519
16 Sinusitis/ear infection.	CC520	CC521	CC522	CC523	CC524	CC1386	CC525	CC1386k	CC526	CC527	CC528	CC529	CC530	CC531
17 Influenza.	CC532	CC533	CC534	CC535	CC536	CC1387	CC537	CC1387k	CC538	CC539	CC540	CC541	CC542	CC543
18 Pneumonia /bronchitis.	CC544	CC545	CC546	CC547	CC548	CC1388	CC549	CC1388k	CC550	CC551	CC552	CC553	CC554	CC555
19 Other cough.	CC556	CC557	CC558	CC559	CC560	CC1389	CC561	CC1389k	CC562	CC563	CC564	CC565	CC566	CC567
20 Sugar in urine.	CC568	CC569	CC570	CC571	CC572	CC1390	CC573	CC1390k	CC574	CC575	CC576	CC577	CC578	CC579
21 Protein in urine.	CC580	CC581	CC582	CC583	CC584	CC1391	CC585	CC1391k	CC586	CC587	CC588	CC589	CC590	CC591
22 Bladder infection/ cystitis.	CC592	CC593	CC594	CC595	CC596	CC1392	CC597	CC1392k	CC598	CC599	CC600	CC601	CC602	CC603
23 Incontinence.	CC604	CC605	CC606	CC607	CC608	CC1393	CC609	CC1393k	CC610	CC611	CC612	CC613	CC614	CC615
24 High blood pressure.	CC616	CC617	CC618	CC619	CC620	CC1394	CC621	CC1394k	CC622	CC623	CC624	CC625	CC626	CC627
25 Leg cramps.	CC628	CC629	CC630	CC631	CC632	CC1395	CC633	CC1395k	CC634	CC635	CC636	CC637	CC638	CC639
26 Asthma.	CC640	CC641	CC642	CC643	CC644	CC1396	CC645	CC1396k	CC646	CC647	CC648	CC649	CC650	CC651
27 Hay fever/other allergy.	CC652	CC653	CC654	CC655	CC656	CC1397	CC657	CC1397k	CC658	CC659	CC660	CC661	CC662	CC663
28 Headache/migraine.	CC664	CC665	CC666	CC667	CC668	CC1398	CC669	CC1398k	CC670	CC671	CC672	CC673	CC674	CC675
29 Depression.	CC676	CC677	CC678	CC679	CC680	CC1399	CC681	CC1399k	CC682	CC683	CC684	CC685	CC686	CC687
30 Other psychological problems.	CC688	CC689	CC690	CC691	CC692	CC1400	CC693	CC1400k	CC694	CC695	CC696	CC697	CC698	CC699
31 Other.	CC700	CC701	CC702	CC703	CC704	CC1401	CC705	CC1401k	CC706	CC707	CC708	CC709	CC710	CC711

53. 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.)

	Which week of pregnancy did you have a fever?					Name any medication taken to lower the fever	Highest recorded temperature (e.g. 38.9° C)	Temperature not taken			
	13-16	17-20	21-24	25-28	29+						
1st time	CC712	CC713	CC714	CC715	CC716	CC1402	CC717	CC1402k	CC718	°C	CC719
2nd time	CC720	CC721	CC722	CC723	CC724	CC1403	CC725	CC1403k	CC726	°C	CC727
3rd time	CC728	CC729	CC730	CC731	CC732	CC1404	CC733	CC1404k	CC734	°C	CC735
Fever more than 3 times	CC736										

54. 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. (This applies to all types of medicines including alternative and herbal remedies, both regular and occasional use. Do not include vitamins and nutritional supplements as these are discussed elsewhere.)

Name of medication

(e.g. Valium, Rohypnol, Paracetamol)

Use of medication in week of pregnancy
13–16 17–20 21–24 25–28 29+

No. of days
taken

CC740	CC1405	CC1405k	CC741	CC742	CC743	CC744	CC745	CC746
CC747	CC1406	CC1406k	CC748	CC749	CC750	CC751	CC752	CC753
CC754	CC1407	CC1407k	CC755	CC756	CC757	CC758	CC759	CC760
CC761	CC1408	CC1408k	CC762	CC763	CC764	CC765	CC766	CC767

55. During this pregnancy have you been involved in an accident or been injured (e.g. traffic accident, fall, hit in the stomach)?

No

Yes

56. If yes, in which week of pregnancy?

Vitamins, minerals and dietary supplements

57. Have you taken vitamins, minerals or other nutritional supplements after the 13th week of pregnancy?

No (go to question 61)

Yes

If you take supplements, please find the package/bottle.

58. 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.

	Week of pregnancy supplement taken?					How often did you take this supplement?		
	13–16	17–20	21–24	25–28	29+	Daily	4–6 times a week	1–3 times a week
1 Folate/folic acid	<input type="text" value="CC771"/>	<input type="text" value="CC772"/>	<input type="text" value="CC773"/>	<input type="text" value="CC774"/>	<input type="text" value="CC775"/>		<input type="text" value="CC776"/>	
2 Vitamin B1 (Thiamine)	<input type="text" value="CC777"/>	<input type="text" value="CC778"/>	<input type="text" value="CC779"/>	<input type="text" value="CC780"/>	<input type="text" value="CC781"/>		<input type="text" value="CC782"/>	
3 Vitamin B2 (Riboflavin)	<input type="text" value="CC783"/>	<input type="text" value="CC784"/>	<input type="text" value="CC785"/>	<input type="text" value="CC786"/>	<input type="text" value="CC787"/>		<input type="text" value="CC788"/>	
4 Vitamin B6 (Pyridoxine)	<input type="text" value="CC789"/>	<input type="text" value="CC790"/>	<input type="text" value="CC791"/>	<input type="text" value="CC792"/>	<input type="text" value="CC793"/>		<input type="text" value="CC794"/>	
5 Vitamin B12	<input type="text" value="CC795"/>	<input type="text" value="CC796"/>	<input type="text" value="CC797"/>	<input type="text" value="CC798"/>	<input type="text" value="CC799"/>		<input type="text" value="CC800"/>	
6 Niacin	<input type="text" value="CC801"/>	<input type="text" value="CC802"/>	<input type="text" value="CC803"/>	<input type="text" value="CC804"/>	<input type="text" value="CC805"/>		<input type="text" value="CC806"/>	
7 Pantothenic acid	<input type="text" value="CC807"/>	<input type="text" value="CC808"/>	<input type="text" value="CC809"/>	<input type="text" value="CC810"/>	<input type="text" value="CC811"/>		<input type="text" value="CC812"/>	
8 Biotin	<input type="text" value="CC813"/>	<input type="text" value="CC814"/>	<input type="text" value="CC815"/>	<input type="text" value="CC816"/>	<input type="text" value="CC817"/>		<input type="text" value="CC818"/>	
9 Vitamin C	<input type="text" value="CC819"/>	<input type="text" value="CC820"/>	<input type="text" value="CC821"/>	<input type="text" value="CC822"/>	<input type="text" value="CC823"/>		<input type="text" value="CC824"/>	
10 Vitamin A	<input type="text" value="CC825"/>	<input type="text" value="CC826"/>	<input type="text" value="CC827"/>	<input type="text" value="CC828"/>	<input type="text" value="CC829"/>		<input type="text" value="CC830"/>	
11 Vitamin D	<input type="text" value="CC831"/>	<input type="text" value="CC832"/>	<input type="text" value="CC833"/>	<input type="text" value="CC834"/>	<input type="text" value="CC835"/>		<input type="text" value="CC836"/>	
12 Vitamin E	<input type="text" value="CC837"/>	<input type="text" value="CC838"/>	<input type="text" value="CC839"/>	<input type="text" value="CC840"/>	<input type="text" value="CC841"/>		<input type="text" value="CC842"/>	
13 Iron	<input type="text" value="CC843"/>	<input type="text" value="CC844"/>	<input type="text" value="CC845"/>	<input type="text" value="CC846"/>	<input type="text" value="CC847"/>		<input type="text" value="CC848"/>	
14 Calcium	<input type="text" value="CC849"/>	<input type="text" value="CC850"/>	<input type="text" value="CC851"/>	<input type="text" value="CC852"/>	<input type="text" value="CC853"/>		<input type="text" value="CC854"/>	
15 Iodine	<input type="text" value="CC855"/>	<input type="text" value="CC856"/>	<input type="text" value="CC857"/>	<input type="text" value="CC858"/>	<input type="text" value="CC859"/>		<input type="text" value="CC860"/>	
16 Zinc	<input type="text" value="CC861"/>	<input type="text" value="CC862"/>	<input type="text" value="CC863"/>	<input type="text" value="CC864"/>	<input type="text" value="CC865"/>		<input type="text" value="CC866"/>	
17 Selenium	<input type="text" value="CC867"/>	<input type="text" value="CC868"/>	<input type="text" value="CC869"/>	<input type="text" value="CC870"/>	<input type="text" value="CC871"/>		<input type="text" value="CC872"/>	
18 Copper	<input type="text" value="CC873"/>	<input type="text" value="CC874"/>	<input type="text" value="CC875"/>	<input type="text" value="CC876"/>	<input type="text" value="CC877"/>		<input type="text" value="CC878"/>	
19 Chromium	<input type="text" value="CC879"/>	<input type="text" value="CC880"/>	<input type="text" value="CC881"/>	<input type="text" value="CC882"/>	<input type="text" value="CC883"/>		<input type="text" value="CC884"/>	
20 Magnesium	<input type="text" value="CC885"/>	<input type="text" value="CC886"/>	<input type="text" value="CC887"/>	<input type="text" value="CC888"/>	<input type="text" value="CC889"/>		<input type="text" value="CC890"/>	
21 Cod liver oil	<input type="text" value="CC891"/>	<input type="text" value="CC892"/>	<input type="text" value="CC893"/>	<input type="text" value="CC894"/>	<input type="text" value="CC895"/>		<input type="text" value="CC896"/>	
22 Omega-3 fatty acid	<input type="text" value="CC897"/>	<input type="text" value="CC898"/>	<input type="text" value="CC899"/>	<input type="text" value="CC900"/>	<input type="text" value="CC901"/>		<input type="text" value="CC902"/>	

59. Give the complete name(s) of all the vitamins and nutritional supplements you take. Include also herbal remedies and diet products. (Write clearly using CAPITAL LETTERS since this will be read by a computer.)

1	e.g.	V	I	T	A	P	L	E	X	W	I	T	H			I	R	O	N						
2		CC903	CC1409																						
3		CC904	CC1410																						
4		CC905	CC1411																						
5		CC906	CC1412																						
6		CC907	CC1413																						

60. If you take multivitamins (with or without minerals), do these contain folate/folic acid?

No

Yes

Don't know

WORK

61. Have you been in paid employment during this pregnancy?

No (go to question 76)

Yes

62. Do you have the same job conditions now after the 13th week of pregnancy that you described in the first questionnaire?

No

Yes (go to question 66)

63. If no, in which week of your pregnancy did your work situation change?

Week of pregna

64. How has your work situation changed?

I have stopped working

I have gone over to a part-time position

Other

65. If you have stopped working, why did you stop?

I handed in my notice

The work was temporary (seasonal, short-term contract)

I was fired

Other

66. Have your working arrangements been changed during this pregnancy making your job more suitable for you now that you are pregnant?

No

Yes

67. If no, why have your working conditions not been changed to make them more suitable for you?

Not necessary

Impossible or nearly impossible

I have asked for changes but no changes have been made

It is difficult to ask

None of the above (explain why)

68. What are your working hours? (Fill in one or more boxes.)

Permanent day work

Permanent afternoon or evening work

Permanent night work

Shift work or shift rotas

No set times (extra work, extra shifts, temporary employment, etc.)

Other

69. Answer each of the following questions for your present work. (Fill in each item.)

	Yes daily, more than half of working hours	Yes daily, less than half of working hours	Yes periodically, but not daily	Seldom or never
Do you ever have so much to do that your work situation becomes taxing?			<input type="text" value="CC923"/>	
Do you have to bend or turn many times a day?			<input type="text" value="CC924"/>	
Do you work with your hands at shoulder level or higher?			<input type="text" value="CC925"/>	
Do you work standing or walking about?			<input type="text" value="CC926"/>	
In some jobs it is possible to decide yourself how much and how quickly you work. You can, for example, work a little faster one day and take it a little easier the next. Do you have this opportunity?			<input type="text" value="CC927"/>	
Is there so much noise at your workplace that it is uncomfortable?			<input type="text" value="CC928"/>	
Is there so much noise that you have to raise your voice to speak with others even at a distance of one metre?			<input type="text" value="CC929"/>	

70. How often have you worked with a radio transmitter or radar after the 13th week of pregnancy?

Seldom/never
 A few times a week
 Daily
 On average, more than 1 hour a day

71. How often have you worked with X-ray equipment (at a distance of less than 2 metres) after the 13th week of pregnancy? (Do not include treatment as a patient.)

Seldom/never
 A few times a week
 Daily
 On average, more than 1 hour a day

72. Have you been absent from your normal job for more than two weeks after the 13th week of pregnancy?

No
 Yes, part time
 Yes

73. Are you absent from regular work at the present time?

No
 Yes, part time
 Yes

74. If yes, why are you currently absent from work? (Fill in for only one item.)

Sick leave (with sick compensation pay)
 Absent due to sick child
 Made redundant with compensation
 Absent with maternity allowance due to the working environment
 Started maternity leave (with allowance)
 Service leave
 Other (describe)

75. 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.)

Reason for sick leave	Sick leave during week of pregnancy:					Number of days	% sick leave
	13-16	17-20	21-24	25-28	29+		
<i>Example: Pelvic girdle pain</i>						<input type="text" value="1"/> <input type="text" value="0"/>	<input type="text" value="5"/> <input type="text" value="0"/>
<input type="text" value="CC939"/> <input type="text" value="CC1416"/>	<input type="text" value="CC940"/>	<input type="text" value="CC941"/>	<input type="text" value="CC942"/>	<input type="text" value="CC943"/>	<input type="text" value="CC944"/>	<input type="text" value="CC945"/>	<input type="text" value="CC946"/>
<input type="text" value="CC947"/> <input type="text" value="CC1417"/>	<input type="text" value="CC948"/>	<input type="text" value="CC949"/>	<input type="text" value="CC950"/>	<input type="text" value="CC951"/>	<input type="text" value="CC952"/>	<input type="text" value="CC953"/>	<input type="text" value="CC954"/>
<input type="text" value="CC955"/> <input type="text" value="CC1418"/>	<input type="text" value="CC956"/>	<input type="text" value="CC957"/>	<input type="text" value="CC958"/>	<input type="text" value="CC959"/>	<input type="text" value="CC960"/>	<input type="text" value="CC961"/>	<input type="text" value="CC962"/>
<input type="text" value="CC963"/> <input type="text" value="CC1419"/>	<input type="text" value="CC964"/>	<input type="text" value="CC965"/>	<input type="text" value="CC966"/>	<input type="text" value="CC967"/>	<input type="text" value="CC968"/>	<input type="text" value="CC969"/>	<input type="text" value="CC970"/>

76. Do you currently lift anything over 10 kilos while you are pregnant? (10 kilos is equivalent to a full bucket of water)

Seldom 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

77. Have others helped you with housework or childcare more than they usually do to relieve you during this pregnancy?

Yes, considerably
 Yes, to a fair extent
 No, no one has offered
 No, it has not been necessary

78. If you are on maternity leave for this pregnancy, when did it start?

Date:
 day month year

Habits

79. How often do you talk on a mobile phone?

Seldom/never
 A few times a week
 Daily
 On average, more than 1 hour a day

80. Do you talk on your mobile phone for longer than 15 minutes at a time?

Never
 Seldom
 Frequently

81. 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	Laser printer	Photocopy machine
Seldom/never	<input type="text" value="CC979"/>	<input type="text" value="CC980"/>	<input type="text" value="CC981"/>
A few times a week. . . .			
Daily			
On average, more than 1 hour a day			

82. Do you live close to high-voltage power lines?

No

Yes, closer than 50 metres

CC982

Yes, between 50 - 100 metres

Yes, more than 100 metres

83. How often have you been to a discotheque since you answered the previous questionnaire?

Never

CC983

At least 1-2 times a week

Less often

84. How often do you exercise at present? (Fill in for each item.)

		Never	1-3 times a month	Once a week	Twice a week	3 times or more a week
1. Walking	CC984					
2. Brisk walking	CC985					
3. Running/jogging/orienteering	CC986					
4. Cycling	CC987					
5. Training studio/weight training	CC988					
6. Special gymnastics/aerobics for pregnant women	CC989					
7. Aerobics/gymnastics/dance without running and jumping	CC990					
8. Aerobics/gymnastics/dance with running and jumping ..	CC991					
9. Dancing (swing/rock/folk)	CC992					
10. Skiing	CC993					
11. Ball sports	CC994					
12. Swimming	CC995					
13. Riding	CC996					
14. Other	CC997					

85. How often do you do exercises at home or at a gym for the following groups of muscles? (Fill in for each item.)

		Never	1-3 times a month	Once a week	Twice a week	3 times or more a week
Abdominal muscles.	CC998					
Back muscles	CC999					
Pelvic floor muscles (Muscles around the vagina, urethra, anus)	CC1000					

86. 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? (Fill in for both spare time and work.)

	Spare time	At work
Never	CC1001	CC1002
Less than once a week		
Once a week		
Twice a week		
3-4 times a week		
5 or more times a week		

87. How often on average have you had sexual intercourse during the last month?

Daily

5-6 times a week

3-4 times a week

CC1003

1-2 times a week

Less frequently

Never

88. Have you been abroad during the last year?

No

CC1004

Yes

89. If yes, which countries did you visit and when?

Country		Month	Year
CC1005	CC1420	CC1006	CC1007
CC1008	CC1421	CC1009	CC1010
CC1011	CC1422	CC1012	CC1013

90. Have you come into contact with animals either at work or in your free time?

No

CC1014

Yes

91. If yes, which animals have you come into contact with and how often?

	Daily	3-6 times a week	1-2 times a week	Less often
Dog	CC1018			
Cat	CC1019			
Guinea pig/hamster/rabbit/rat, etc.	CC1020			
Canary or other caged birds	CC1021			
Hens and other poultry	CC1022			
Cow/sheep/goat.	CC1023			
Horse	CC1024			
Pig.	CC1025			
Other.	CC1026			

92. How many hours a day do you usually sleep now when you are pregnant?

Over 10 hours	CC1027
8-9 hours	
6-7 hours	
4-5 hours	
Less than 4 hours	

93. Do you currently sleep on a waterbed or use an electric blanket?

	Yes	No
Waterbed	CC1028	
Electric blanket	CC1029	

94. Can you rest during the day (both at home and at work)?

No	CC1030
Yes	

95. Have you been in a sauna while you have been pregnant?

No	CC1031
1-5 times	
6-10 times	
More than 10 times	

96. Have you been in a solarium while you have been pregnant?

No	CC1032
1-5 times	
6-10 times	
More than 10 times	

97. Are you exposed to passive smoking either at home or at work? If yes, how many hours a day?

	No	Yes	No. of hrs
Home	CC1033		CC1034
Work.	CC1035		CC1036

98. Do you smoke at present? If yes, how many cigarettes?

No	CC1037
Sometimes	CC1038
Daily	CC1039

Cigarettes per week

Cigarettes per day

99. Does the baby's father smoke at present? If yes, how many cigarettes?

No	CC1040
Sometimes	CC1041
Daily	CC1042

Cigarettes per week

Cigarettes per day

100. If one or both of you have stopped smoking during the pregnancy, in which week of pregnancy did you stop?

You	CC1043	CC1044	Week of pregnancy
Baby's father	CC1045	CC1046	Week of pregnancy

101. If you or the baby's father have smoked during the pregnancy, were there periods during which you or the baby's father did not smoke? (Fill in the weeks during pregnancy when you did not smoke.)

	Weeks of pregnancy without smoking							
	0-4	5-8	9-12	13-16	17-20	21-24	25-28	29+
You	CC1047	CC1048	CC1049	CC1050	CC1051	CC1052	CC1053	CC1054
Baby's father	CC1055	CC1056	CC1057	CC1058	CC1059	CC1060	CC1061	CC1062

102. Have you used other forms of nicotine after the 13th week of pregnancy?

	No	Yes
Nicotine chewing gum.	CC1063	
Nicotine patches	CC1064	
Nicotine inhaler	CC1065	
Chewing tobacco/snuff	CC1066	

103. Have you used any of the following substances after the 13th week of pregnancy?

	No	Yes
Hash	CC1067	
Amphetamine	CC1068	
Ecstasy	CC1069	
Cocaine	CC1070	
Heroin	CC1071	

104. Have you ever used any of the following substances? (Fill in for each item.)

	No	Previously	Last 6 months before pregnancy	During this pregnancy
Anabolic steroids	CC1072			
Testosterone products	CC1073			
Growth hormones (e.g. genotropin/somatropin)	CC1074			

Food and drink

105. How often do you eat the following foods? (Fill in for each item.)

		Before the pregnancy				During the pregnancy		
		Never	A few times a year	1–3 times a Month	Once a week or more	Never	1–3 times a month	Once a week or more
1	Crab			CC1075			CC1076	
2	Shrimps			CC1077			CC1078	
3	Shellfish (e.g. mussels, oysters) ..			CC1079			CC1080	
4	Fish liver			CC1081			CC1082	
5	Tuna fish or halibut			CC1083			CC1084	
6	Flounder/other flat fish			CC1085			CC1086	
7	Pike or perch			CC1087			CC1088	
8	Other fresh water fish			CC1089			CC1090	
9	Reindeer meat			CC1091			CC1092	
10	Mutton			CC1093			CC1094	
11	Liver or kidney from game			CC1095			CC1096	
12	Wild mushrooms			CC1097			CC1098	

106. How often do you eat the following types of food? (Fill in for each item.)

	Never	A few times a year	1-3 times a month	Once a week or more
Food from restaurant/street vendors/canteen or the like	CC1099			
Meat (not including tinned) bought in other countries	CC1100			
Meat (including poultry) that is raw or undercooked (pink near the bone)	CC1101			
Raw minced meat/meat mixtures (even to taste)	CC1102			
Smoked or cured salmon or trout (uncooked)	CC1103			
Soft cheeses (e.g. cream cheese, camembert, blue cheese, etc.)	CC1104			
Unwashed raw vegetables, unwashed fruit	CC1105			

107. Do you avoid eating the following foods during this pregnancy?

	No	Yes
Fish	CC1106	
Eggs	CC1107	
Nuts	CC1108	
Oranges, lemons	CC1109	
Strawberries	CC1110	
Other, specify	CC1111	CC1423

108. What type of drinking water do you have where you live?

Own water source (e.g. well)	CC1112
Water company (public or private)	
Other source	CC1113 CC1424
Name of water company	
Don't know the name of the water company	CC1114

109. Is your water treated (chlorinated or UV-radiated)?

No	CC1115
Yes, UV radiation	CC1116
Yes, chlorinated	CC1117
Don't know	CC1118

110. What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)

	Number of cups / glasses	Decaffeinated fill in
1. Filter coffee	CC1119	CC1120
2. Instant coffee	CC1121	CC1122
3. Boiled coffee	CC1123	CC1124
4. Other coffee	CC1125	CC1126
5. Tea	CC1127	CC1128
6. Coca Cola/Pepsi, etc.	CC1129	CC1130
7. Other fizzy drinks	CC1131	CC1132
8. Diet Coca Cola, Pepsi	CC1133	CC1134
9. Other diet fizzy drinks	CC1135	CC1136
10. Tap water	CC1137	
11. Bottled water	CC1138	

	Number of cups/glass	Organic (fill in)
12. Juice/squash	CC1142	CC1143
13. Diet juice/squash	CC1144	CC1145
14. Milk (skimmed, low fat, whole)	CC1146	CC1147
15. Yogurt, all types.	CC1148	CC1149
16. Yogurt with active Lactobacillus all types	CC1150	CC1151
17. Other type of cultured milk (kefir)	CC1152	CC1153
18. Other.	CC1154	CC1155

111. How often did you consume alcohol before and how often do you consume it now?

	Last 3 months before last period	In this pregnancy week of pregnancy		
		0-12	13-24	25+
Roughly 6-7 times a week . .	CC1156	CC1157	CC1158	CC1159
Roughly 4-5 times a week .				
Roughly 2-3 times a week .				
Roughly 1 time a week . . .				
Roughly 1-3 times a month				
Less than once a month . .				
Never.				

Alcohol units

Alcohol units are used to compare the different types of alcoholic beverages. 1 alcohol unit = 1.5 cl. pure alcohol.

1 glass of beer	= 1 alcohol unit
1 wine glass of red or white wine	= 1 alcohol unit
1 sherry glass of sherry or other fortified wine	= 1 alcohol unit
1 spirit glass of spirits or liqueur	= 1 alcohol unit
1 bottle/can breezer or cider	= 1 alcohol unit

112. In the period just before you became pregnant and during this pregnancy, how many times have you consumed 5 units or more of alcohol? (See the explanation for units.)

	Last 3 mths before last period	In this pregnancy week of pregnancy		
		0-12	13-24	25+
Several times a week	CC1160	CC1161	CC1162	CC1163
Once a week				
1-3 times a month				
Less than once a month . . .				
Never				

113. How many units do you usually drink when you consume alcohol? (See the above explanation.)

	Last 3 mths before last period	In this pregnancy week of pregnancy		
		0-12	13-24	25+
10 or more	CC1164	CC1165	CC1166	CC1167
7-9				
5-6				
3-4				
1-2				
Less than 1				

114. If you have changed your drinking during or before this pregnancy, when did the change occur? (Fill in one or more boxes.)

	Reduced intake	Increased intake
Last 3 months before last period		CC1168
During pregnancy weeks 0-6		CC1169
During pregnancy weeks 7-12		CC1170
During pregnancy weeks 13-24		CC1171
After pregnancy week 25		CC1172

115. If you have modified your consumption of alcohol, how important were the following factors? (Fill in one or more boxes.)

	Not relevant	Not very important	Quite important	Important	Very important
Nausea, discomfort . . .		CC1173			
Altered taste		CC1174			
For the baby's sake . . .		CC1175			
Depression/problems . .		CC1176			
Other reasons		CC1177			

You and your life now

116. What is your current civil status?

Married	CC1178
Cohabiting	
Single	
Divorced/separated	
Widowed	
Other	

117. Do you have anyone other than your husband/partner you can ask for advice in a difficult situation?

No.	CC1179
Yes, 1 or 2 people	
Yes, more than 2 people	

118. 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	CC1180
2-8 times a month	
More than twice a week	

119. Do you often feel lonely?

Almost never	
Seldom	CC1181
Sometimes	
Usually	
Almost always	

120. If you have given birth before, in general, how was the experience of giving birth?

Very good	
Good	CC1182
Alright	
Bad	
Very bad	

121. Do you agree or disagree with the following statements relating to the forthcoming birth of your baby?

(Fill in for each statement.)

	Agree completely	Agree somewhat	Disagree somewhat	Disagree completely
I want to give birth as naturally as possible without painkillers or intervention	CC1183			
I am really dreading giving birth	CC1184			
I want to have enough medication so that the birth will be painless	CC1185			
I want to have an epidural regardless	CC1186			
I want to have an epidural if the midwife agrees	CC1187			
If I could choose I would have a caesarean	CC1188			
I think the woman herself should decide whether or not to have a caesarean.	CC1189			
I worry all the time that the baby will not be healthy or normal.	CC1190			
I am really looking forward to the baby coming	CC1191			

122. How do these statements describe your relationship?(Only answer if you have a partner.)

(Fill in for each statement.)

	Agree completely	Agree somewhat	Disagree somewhat	Disagree completely
My husband/partner and I have a close relationship	CC1192			
My partner and I have problems in our relationship	CC1193			
I am very happy in my relationship.	CC1194			
My partner is usually understanding	CC1195			
I often think about ending our relationship	CC1196			
I am satisfied with my relationship with my partner.	CC1197			
We often disagree about important decisions.	CC1198			
I have been lucky in my choice of a partner.	CC1199			
We agree on how children should be raised	CC1200			
I think my partner is satisfied with our relationship	CC1201			

123. Have you been bothered by any of the following feelings during the past 2 weeks? (Fill in for each statement.)

	Not bothered	A little bothered	Quite bothered	Very bothered
Feeling fearful	CC1202			
Nervousness or shakiness inside	CC1203			
Feeling hopeless about the future	CC1204			
Feeling blue	CC1205			
Worrying too much about things	CC1206			
Feeling everything is an effort	CC1207			
Feel tense or keyed up	CC1208			
Suddenly scared for no reason	CC1209			

124. How often do you experience the following in your everyday life? (Fill in for each statement.)

	Seldom/ never	Fairly seldom	Sometimes	Often	Very often
Feel glad about something	CC1210				
Feel happy.	CC1211				
Feel joyful, like everything is going your way, everything is rosey.	CC1212				
Feel like screaming at somebody or hitting things.	CC1213				
Feel angry, irritated or annoyed	CC1214				
Feel mad at somebody	CC1215				

125. How well do these statements describe you? (Fill in for each statement.)

	Incorrect	Partly correct	Almost correct	Completely correct
I always manage to solve difficult problems if I try hard enough	CC1216			
If anyone opposes me, I find a way to get what I want	CC1217			
I am sure that I can cope with unexpected events	CC1218			
I am calm when I encounter difficulties because I trust my ability to cope	CC1219			
When I am in a difficult situation, I usually find a solution	CC1220			

126. Do you agree or disagree with the following statements? (Fill in for each statement.)

	Disagree completely	Disagree somewhat	Don't agree or disagree	Agree somewhat	Agree	Agree completely
My life is largely what I wanted it to be	CC1224					
My life is very good	CC1225					
I am satisfied with my life	CC1226					
I have achieved so far what is important for me in my life	CC1227					
If I could start all over, there is very little I would do differently	CC1228					

127. How do you feel about yourself? (Fill in for each statement.)

	Agree completely	Agree	Disagree	Disagree completely
I have a positive attitude toward myself	CC1229			
I feel completely useless at times	CC1230			
I feel that I do not have much to be proud about	CC1231			
I feel that I am a valuable person, as good as anyone else	CC1232			

128. Have you experienced any of the following during the last 12 months? If yes, how painful or difficult was it for you? (Fill in for each statement.)

	No	Yes	Not too bad	Painful/difficult	Very painful/difficult
Have you had problems at work or where you study?	CC1233			CC1234	
Have you had financial problems?	CC1235			CC1236	
Have you been divorced, separated or ended your relationship with your partner?	CC1237			CC1238	
Have you had problems or conflicts with your family, friends or neighbours?	CC1239			CC1240	
Have you been seriously ill or injured?	CC1241			CC1242	
Has anyone close to you been seriously ill or injured?	CC1243			CC1244	
Have you been involved in a serious accident, fire or robbery?	CC1245			CC1246	
Have you lost someone close to you?	CC1247			CC1248	
Other	CC1249			CC1250	

129. Have you ever experienced any of the following? (Fill in for each statement.)

	No, never	Yes, as a child (under 18)	Yes, as an adult (over 18)	Who was responsible for this?			Has this occurred during the last year?	
				A stranger	Family or relative	Another known person	No	Yes
Someone has over a long period of time systematically tried to subdue, degrade or humiliate you	CC1251	CC1252	CC1253	CC1254	CC1255	CC1256		CC1257
Someone has threatened to hurt you or someone close to you	CC1258	CC1259	CC1260	CC1261	CC1262	CC1263		CC1264
You have been subjected to physical abuse	CC1265	CC1266	CC1267	CC1268	CC1269	CC1270		CC1271
You have been forced to have sexual intercourse	CC1272	CC1273	CC1274	CC1275	CC1276	CC1277		CC1278

Miscellaneous

130. Has anyone living with you had any of the following illnesses during this pregnancy? (Enter a cross and specify the period)

	In which week of pregnancy?				
	0-9	10-19	20-29	30+	
Influenza	CC1279	CC1280	CC1281	CC1282	CC1283
Childhood diseases (fever and rash)	CC1284	CC1285	CC1286	CC1287	CC1288
Prolonged cough	CC1289	CC1290	CC1291	CC1292	CC1293
Other infectious disease	CC1294	CC1295	CC1296	CC1297	CC1298

131. Have there been any instances of cot death in your family or your partner's family?

No	CC1299
Don't know	CC1300
Yes, in my family (see question 132)	CC1301
Yes, in the baby's father's family (see question 133)	CC1302

132. The child that died of cot death in my family was:

My sister	CC1303				
My brother	CC1304				
My sister's child	CC1305	Boy	CC1306	Girl	CC1307
My brother's child	CC1308	Boy	CC1309	Girl	CC1310
My mother's sibling	CC1311	Boy	CC1312	Girl	CC1313
My father's sibling	CC1315	Boy	CC1316	Girl	CC1317
Other	CC1319				
				Sex unknown	CC1314
				Sex unknown	CC1318

133. The child that died of cot death in the baby's father's family was:

Baby's father's sister	CC1320				
Baby's father's brother	CC1321				
Baby's father's sister's child	CC1322	CC1323	CC1324		
Baby's father's brother's child	CC1325	CC1326	CC1327		
Baby's paternal grandmother's sibling	CC1328	CC1329	CC1330	Sex unknown	CC1331
Baby's paternal grandfather's sibling	CC1332	CC1333	CC1334	Sex unknown	CC1335
Other	CC1336				

134. Have you ever lost a child? CC1337

No (if no, you are finished with the questionnaire)

Yes

135. If yes, what was the cause of death and when did the death occur?

Stillbirth (Birth after the 16th week of pregnancy.)	CC1338
Cot death	CC1339
Accident	CC1340
Illness/birth defect	CC1341
Which illness/birth defect:	CC1425
Other	CC1342
	CC1343

	Year	Child's age	
		Years	Months
Child 1	CC1344	CC1345	CC1346
Child 2	CC1347	CC1348	CC1349

136. 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?

	Healthcare staff	Parent support group, family, friends
Number of meetings (approximately):	CC1350	CC1351
Number of sessions via telephone (approximately):	CC1352	CC1353
Weeks of support (approximately):	CC1354	CC1355

137. Do you feel that the follow-up you received after your child's death was adequate?

No follow-up was provided	
Very good	CC1356
Good enough	
Should have been better	
Bad	

138. Has the death made you more anxious during this pregnancy?

No, not at all	
No, not very much	CC1357
Yes, to a fair extent	
Yes, very much	

139. Do you feel that the health care staff at the antenatal clinics took into consideration this painful experience in their contact with you?

Yes, very much	CC1358
Yes, to a fair extent	
No, not at all	

Have you remembered to fill in the date on which you completed the questionnaire on page 1?

Thank you very much for your help!

Please return the completed questionnaire in the stamped addressed envelope provided.