

Questionnaire 2

**Your Diet**



Please fill in today's date:

day

month

year

BB11

## Instructions

This questionnaire encompasses your diet from when you became pregnant until now. We therefore ask you to recapitulate what you have been eating the last three to four months.

We know that many of you have experienced nausea and perhaps still are nauseated part of the day in a way that affects or has affected your diet. Still we would like to have information on your actual diet during this period.

We greatly appreciate your cooperation in this study, and wish you good luck for the remaining part of your pregnancy.

This questionnaire will be processed by a computer and it is therefore important that you follow the instructions below:

- Please use a blue or black ballpoint pen
- Mark the most relevant box, like this: ☒
- You should only mark **one** box for each line
- If you have marked the wrong box, fill it completely, like this ☐ and then mark the correct box.

### Example

	Slices of bread with this food item												
	per day						or per week			or per month			
Cheese	6+	5	4	3	2	1	5-6	3-4	1-2	3	2	1	0
Hard cheese (fat 27%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- The (plus) sign "+" means "more than". Example: 6+ means 6 and more than 6
- Please fill in the mean intake of the food items eaten since you became pregnant.  
Example: If you have had fried chicken twice a week for 2 weeks in a row during the first month, but have not had fried chicken since, you have had fried chicken 4 times. Mean intake of fried chicken will then be once a month, and you mark the question like this;

	Number of times eaten									
	per week					or per month				
Dinners with poultry	5+	4	3	2	1	3	2	1	0	
Fried chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

- Some places we ask you to write a text response, please write clearly and only when you are asked.

**When completed, please return the form in the stamped addressed envelope provided.**

## Your diet

1. How would you describe your diet since you became pregnant? BB15

Mark only one box

### My diet

- |   |                          |
|---|--------------------------|
| 1. I eat both meat and fish   | <input type="checkbox"/> |
| 2. I avoid meat, but eat fish   | <input type="checkbox"/> |
| 3. I avoid fish, but eat meat   | <input type="checkbox"/> |
| 4. I'm a vegetarian and include dairy products and eggs in my diet (ovo-lacto-vegetarian) | <input type="checkbox"/> |
| 5. I'm a vegetarian and include dairy products but not eggs in my diet (lacto-vegetarian) | <input type="checkbox"/> |
| 6. I'm a vegetarian and avoid all dairy products and eggs (vegan)                         | <input type="checkbox"/> |

2. Have you used ecologically grown food products since you became pregnant?

Ecologically grown food products	Seldom/never	Sometimes	Often	Usually
1. Milk, dairy products, cheese		<span style="border: 1px solid black; padding: 0 5px;">BB16</span>		
2. Bread and cereals		<span style="border: 1px solid black; padding: 0 5px;">BB17</span>		
3. Eggs		<span style="border: 1px solid black; padding: 0 5px;">BB18</span>		
4. Vegetables		<span style="border: 1px solid black; padding: 0 5px;">BB19</span>		
5. Fruit		<span style="border: 1px solid black; padding: 0 5px;">BB20</span>		
6. Meat		<span style="border: 1px solid black; padding: 0 5px;">BB21</span>		

## Your meal pattern

3. How often have you had the following meals per week since you became pregnant?

A snack is a smaller meal consisting of, for example, a fruit, biscuit, cake, yogurt or chocolate. A snack consisting only of a drink should not be considered. Beverage will be covered later.

	Number of meals per week							
	7	6	5	4	3	2	1	0
1. Breakfast				<span style="border: 1px solid black; padding: 0 5px;">BB22</span>				
2. Snack, a.m.				<span style="border: 1px solid black; padding: 0 5px;">BB23</span>				
3. Lunch				<span style="border: 1px solid black; padding: 0 5px;">BB24</span>				
4. Snack, before dinner				<span style="border: 1px solid black; padding: 0 5px;">BB25</span>				
5. Dinner				<span style="border: 1px solid black; padding: 0 5px;">BB26</span>				
6. Snack, in the afternoon				<span style="border: 1px solid black; padding: 0 5px;">BB27</span>				
7. Supper				<span style="border: 1px solid black; padding: 0 5px;">BB28</span>				
8. Night meal				<span style="border: 1px solid black; padding: 0 5px;">BB29</span>				

## Bread/crispbread/crackers

4. How many slices of bread/crispbread/crackers have you eaten on average per day since you became pregnant? When answering this question we ask you to include bread eaten during the whole day, i.e. with all meals. Half a roll = 1 slice of bread, 1 baguette = 4 slices of bread, 1 ciabatta = 3 slices of bread.

Type of bread	Number of slices										or per week			
	13+	9-12	8	7	per day						5-6	3-4	1-2	0
1. White bread (baguettes, ciabatta etc.)					BB30							BB31		
2. Wholemeal bread (Kneipp, Graham etc.)					BB32							BB33		
3. Dark bread (Danish ryebread etc.)					BB34							BB35		
4. Fiber bread, fiber crispbread, ryecrisp					BB36							BB37		
5. Crispbread, rusk etc.					BB38							BB39		
6. Crackers (Cream cracker etc.)					BB40							BB41		

5. Do you use butter/margarine with your sandwiches?

BB42

☐ Yes

☐ No (go to question 8)

**6. If you use butter/margarine, on how many sandwiches on average and what kind do you use?**

Type of butter/margarine	Number of slices										or	per week			
	13+	9-12	8	7	6	5	4	3	2	1		5-6	3-4	1-2	0
1. Butter/Bremyk					BB43								BB44		
2. Hard margarine (Per, Melange)					BB45								BB46		
3. "Brelett"					BB47								BB48		
4. Soft margarine (Soft, Vita, Olivero etc.)					BB49								BB50		
5. Light margarine (Soft light, Vita lett etc.)					BB51								BB52		

**7. How much butter/margarine do you use on your sandwiches?**

BB53

Plenty

☐

Medium

☐

Minimum

☐

## Cheese/meat cold cuts/fish/spreads

**8. How often do you have the following food items on your sandwiches?**

Cheese	Number of slices with this food item										or	per week			or	per month			
	6+	5	4	3	2	1	5-6	3-4	1-2	0		5-6	3-4	1-2		3	2	1	0
1. Whey cheese goat milk, regular			BB54					BB55					BB56				BB57		
2. Whey cheese low fat, spread goat milk			BB57					BB58					BB59				BB60		
3. Hard cheese (Norvegia, etc.), cream cheese			BB60					BB61					BB62				BB63		
4. Hard cheese, cream cheese, low fat			BB63					BB64					BB65				BB66		
5. Blue cheese (Camembert, Norzola etc.)			BB66					BB67					BB68				BB69		
6. Other kinds of cheese			BB69					BB70					BB71				BB72		
<b>Fish</b>																			
7. Roe spread			BB72					BB73					BB74				BB75		
8. Mackerel/sardine in tomato sauce			BB75					BB76					BB77				BB78		
9. Sardine in oil			BB78					BB79					BB80				BB81		
10. Smoked salmon/trout/mackerel			BB81					BB82					BB83				BB84		
11. Herring, pickled			BB84					BB85					BB86				BB87		
12. Shrimp, Northern			BB87					BB88					BB89				BB90		
13. Crab			BB90					BB91					BB92				BB93		
14. Tuna			BB93					BB94					BB95				BB96		
15. Svolværpostei, etc. (spread of fish liver/roe)			BB96					BB97					BB98				BB99		
16. Other kinds of fish			BB99					BB100					BB101				BB102		
<b>Meat</b>																			
17. Low fat cold cuts (ham, roast beef etc.)			BB102					BB103					BB104				BB105		
18. Medium fat cold cuts of lamb, calf etc.			BB105					BB106					BB107				BB108		
19. Salami, Swedish sausage etc.			BB108					BB109					BB110				BB111		
20. Cold cuts of turkey, chicken			BB111					BB112					BB113				BB114		
21. Liver paste			BB114					BB115					BB116				BB117		
22. Other kinds of meat			BB117					BB118					BB119				BB120		

	Number of slices with this food item											
	per day						or per week			or per month		
Other spreads	6+	5	4	3	2	1	5-6	3-4	1-2	3	2	1 0
23. Spread with mayonnaise (Italian etc.)			BB123					BB124			BB125	
24. Spread made with yogurt and mayo.			BB126					BB127			BB128	
25. Mayonnaise			BB129					BB130			BB131	
26. Jam			BB132					BB133			BB134	
27. Honey			BB135					BB136			BB137	
28. Peanut butter			BB138					BB139			BB140	
29. Other nut spreads (Nugatti etc.)			BB141					BB142			BB143	
30. Sweet spreads (Sjokade, Hapå etc.)			BB144					BB145			BB146	
31. Tartex and other vegetarian spreads			BB147					BB148			BB149	
32. Fruit (banana, apple etc.)			BB150					BB151			BB152	
33. Vegetable (tomato, cucumber etc.)			BB153					BB154			BB155	

## Eggs

9. How many eggs have you eaten on average since you became pregnant? Include eggs eaten with all meals; however, do not include eggs in pastries.

Eggs	per day		or per week			or per month		
	2+	1	5-6	3-4	1-2	2-3	1	0
Eggs-fried, boiled, scrambled, omelet		BB156		BB157			BB158	
Number of seagull eggs eaten last year	BB159	0 <input type="checkbox"/>	1-5 <input type="checkbox"/>	6-10 <input type="checkbox"/>	more than 10 <input type="checkbox"/>			

## Breakfast cereals

10. How often have you eaten breakfast cereals or porridge on average since you became pregnant? Please include breakfast cereals eaten with all meals.

Breakfast cereals	per day		or per week			or per month		
	2+	1	5-6	3-4	1-2	2-3	1	0
1. Unsweetened cereals (4-Korn, All-Bran Flakes, etc.)		BB160		BB161			BB162	
2. Porridge, cream of wheat, rice, etc.		BB163		BB164			BB165	
3. Sweetened muesli with dried fruit, nuts, etc.		BB166		BB167			BB168	
4. Corn Flakes, Frosties etc.		BB169		BB170			BB171	
5. Sugar with your cereals/porridge		BB172		BB173			BB174	
6. Jam with your cereals/porridge		BB175		BB176			BB177	

## Beverage

11. How many cups/glasses have you been drinking on average of the following beverages since you became pregnant? Please include also milk/yogurt with your breakfast cereals. 1 mug = 1 glass = 2 cups = 2,5 dl, ½ liter bottle = 2 glasses.

Milk and yogurt		How many glasses											
		per day					or per week			or per month			
		8+	6-7	4-5	2-3	1	5-6	3-4	1-2	2-3	1	0	
1. Full-fat milk, Kefir, Kulturmilk	(1 glass)		BB178					BB179			BB180		
2. Low-fat milk	(1 glass)		BB181					BB182			BB183		
3. Extra low-fat milk	(1 glass)		BB184					BB185			BB186		
4. Skimmed/fermented sk. milk	(1 glass)		BB187					BB188			BB189		
5. Cultura, all types	(1 glass)		BB190					BB191			BB192		
6. Biola milk, Biola yogurt	(1 glass)		BB193					BB194			BB195		
7. Yogurt, plain/with fruit	(1 glass)		BB196					BB197			BB198		



## Hot meals

First, we ask you to answer a couple of general questions concerning your hot meals. We then put forward more detailed questions about your intake of hot meals since you became pregnant.

13. How often have you on average had the following for your hot meals since you became pregnant?

General questions	How often							or per month			
	6+	5	per week 4 3	2	1			3	2	1	0
1. Meat and meat products			BB307						BB308		
2. Meat and meat products prepared as grilled			BB309						BB310		
3. Offal			BB311						BB312		
4. Chicken, turkey			BB313						BB314		
5. Fish, fish products, boiled/cooked in oven			BB315						BB316		
6. Fish, fish products, fried			BB317						BB318		
7. Vegetarian dishes			BB319						BB320		

## More detailed questions

14. How often have you on average had the following for your hot meals since you became pregnant?

Hot meal with meat products	How often							or per month			
	6+	5	per week 4 3	2	1			3	2	1	0
1. Meat/pork sausage			BB321						BB322		
2. Hot dogs and/or frankfurters			BB323						BB324		
3. Chicken and/or turkey sausage			BB325						BB326		
4. Meat balls, meat loaf			BB327						BB328		
5. Hamburger, meat patty			BB329						BB330		
6. Minced meat			BB331						BB332		
<b>Beef/veal</b>											
7. Beef and/or veal roast			BB333						BB334		
8. Beef (fillet, tenderloin, sirloin, entrecote)			BB335						BB336		
9. T-bone steak, beef and veal			BB337						BB338		
10. Beef stew, beef soup			BB339						BB340		
<b>Pork</b>											
11. Pork chop, pork roast, pork schnitzel			BB341						BB342		
12. Pork tenderloin, fillet			BB343						BB344		
13. Pork loin smoked			BB345						BB346		
14. Pork belly bacon, spareribs			BB347						BB348		
15. Bacon			BB349						BB350		
16. Pork stew			BB351						BB352		
<b>Lamb</b>											
17. Lamb roast, lamb sirloin			BB353						BB354		
18. Lamb stews (Fårikål etc.)			BB355						BB356		
<b>Venison</b>											
19. Reindeer roast			BB357						BB358		
20. Roast of elk, roe deer, fallow deer			BB359						BB360		
21. Reindeer patty/reindeer stew			BB361						BB362		
22. Patty/stew of elk, roe/fallow deer			BB363						BB364		
<b>Offal</b>											
23. Liver, kidney from beef, pork			BB365						BB366		
24. Liver kidney from lamb			BB367						BB368		

25. Liver, kidney from venison			BB369						BB370	
26. Black pudding, lungemos ["hashed lungs"]			BB371						BB372	
<b>Hot meal with Poultry</b>	6+	5	per week		4	3	2	1	or per month	3 2 1 0
27. Chicken fillet, turkey fillet			BB373						BB374	
28. Fried chicken			BB375						BB376	
29. Pan fried/baked/boiled chicken, hen, turkey			BB377						BB378	
30. Chickenschnitzel, nuggets			BB379						BB380	
31. Game (grouse, pheasant etc.)			BB381						BB382	
32. Other poultry (duck, goose, ostrich)			BB383						BB384	
<b>Seafood</b>										
33. Cod, saithe, haddock, Pollack			BB385						BB386	
34. Mackerel, herring			BB387						BB388	
35. Salmon, trout			BB389						BB390	
36. Halibut, plaice, flounder			BB391						BB392	
37. Tuna fish			BB393						BB394	
38. Perch, pike, pikecake			BB395						BB396	
39. Other fishes			BB397						BB398	
40. Fish cake, fish pudding, fish balls			BB399						BB400	
41. Fish fingers, breaded fish			BB401						BB402	
42. Fish casserole, soup			BB403						BB404	
43. Shrimps			BB405						BB406	
44. Mussels			BB407						BB408	
45. Crab			BB409						BB410	
46. Roe			BB411						BB412	
47. Fish liver			BB413						BB414	
<b>Pasta</b>										
48. Pasta with meat (Spaghetti bolognese, lasagna, etc.)			BB415						BB416	
49. Pasta with fish/mussels/shrimp			BB417						BB418	
50. Pasta with vegetables			BB419						BB420	
51. Pasta with only tomato sauce/ketchup			BB421						BB422	
52. Cheese (Parmesan, etc.) with your pasta			BB423						BB424	
<b>Other hot meals</b>										
53. Pizza			BB425						BB426	
54. Taco, burritos etc.			BB427						BB428	
55. Pancakes			BB429						BB430	
56. Cream of rice etc. (not breakfast)			BB431						BB432	
57. Soup, home made and packaged			BB433						BB434	
Vegetable dishes as main course										
58. Only with vegetables			BB435						BB436	
59. With beans and/or lentils			BB437						BB438	
60. With soy products (sausage, burger)			BB439						BB440	



## With your hot meal

15. How often have you on average eaten the following food items since you became pregnant?

	How often		
	per day	or per week	or per month
	1	5-6 3-4 1-2	2-3 1 0
<b>Potato/rice/spaghetti</b>			
1. Potatoes (boiled, baked, mashed)	BB441	BB442	BB443
2. French fries, fried potatoes	BB444	BB445	BB446
3. Creamed potatoes, potato casserole	BB447	BB448	BB449
4. Spaghetti, macaroni, noodles	BB450	BB451	BB452
5. Rice	BB453	BB454	BB455
6. Millet, couscous etc.	BB456	BB457	BB458
<b>Gravy/trimmings</b>			
7. Melted butter	BB462	BB463	BB464
8. Melted margarine	BB465	BB466	BB467
9. Brown/white gravy	BB468	BB469	BB470
10. Béarnaise sauce etc.	BB471	BB472	BB473
11. Mayonnaise, remoulade	BB474	BB475	BB476
12. Crème Fraîche	BB477	BB478	BB479
13. Light Crème Fraîche	BB480	BB481	BB482
14. Ketchup	BB483	BB484	BB485
15. Mustard	BB486	BB487	BB488

## Cooking fat

16. How often have you used the following types of fat in your cooking since you became pregnant? Mark only one box for each line.

	How often		
	per day	or per week	or per month
	2+ 1	5-6 3-4 1-2	2-3 1 0
<b>Cooking fat</b>			
1. Butter	BB489	BB490	BB491
2. Margarine soft (Bremyk, Smørgod)	BB492	BB493	BB494
3. Margarine hard (Melange, Per)	BB495	BB496	BB497
4. Soft, Soya margarine	BB498	BB499	BB500
5. Margarine with olive oil (Olivero)	BB501	BB502	BB503
6. Other types of margarine	BB504	BB505	BB506
7. Soya oil	BB507	BB508	BB509
8. Cooking oil	BB510	BB511	BB512
9. Olive oil	BB513	BB514	BB515
10. Corn oil	BB516	BB517	BB518
11. Other types of oil	BB519	BB520	BB521

## Vegetables

First we ask you a couple of general questions concerning your intake of vegetables. We then put forward more detailed questions about your intake of vegetables since you became pregnant.

17. How often have you on average had the following vegetables since you became pregnant?

	How often		
	per day	or per week	or per month
	2+ 1	5-6 3-4 1-2	2-3 1 0
<b>General questions</b>			
1. Raw vegetables (salads etc.)	BB522	BB523	BB524
2. Vegetables in casseroles, soups, wok etc.	BB525	BB526	BB527
3. Boiled vegetables with main dish	BB528	BB529	BB530

## 18. More detailed questions about vegetables

Vegetable	How often							
	per day 2+ 1	or 5-6	per week 3-4 1-2	or 2-3	per month 1 0			
1. Frozen vegetables	BB531		BB532		BB533			
2. Cucumber	BB534		BB535		BB536			
3. Aubergine	BB537		BB538		BB539			
4. Avocado	BB540		BB541		BB542			
5. Cauliflower, raw	BB543		BB544		BB545			
6. Cauliflower, boiled/in casseroles	BB546		BB547		BB548			
7. Broccoli, raw	BB549		BB550		BB551			
8. Broccoli, boiled/in casseroles	BB552		BB553		BB554			
9. Green beans, haricots verts	BB555		BB556		BB557			
10. Peas	BB558		BB559		BB560			
11. Carrots, raw	BB561		BB562		BB563			
12. Carrots, boiled/in casseroles	BB564		BB565		BB566			
13. Cabbage, raw	BB567		BB568		BB569			
14. Cabbage, boiled/in casseroles	BB570		BB571		BB572			
15. Garlic	BB573		BB574		BB575			
16. Swede, raw	BB576		BB577		BB578			
17. Swede, boiled/in casseroles	BB579		BB580		BB581			
18. Onion, leek, spring onion, raw	BB582		BB583		BB584			
19. Onion, leek, boiled/in casseroles	BB585		BB586		BB587			
20. Corn, corn-on-the-cob	BB588		BB589		BB590			
21. Pepper, raw	BB591		BB592		BB593			
22. Pepper in casseroles	BB594		BB595		BB596			
23. Brussels sprouts, boiled/in casseroles	BB597		BB598		BB599			
24. Green salad mix in plastic bag	BB600		BB601		BB602			
25. Lettuce, Chinese cabbage	BB603		BB604		BB605			
26. Celery, celeriac	BB606		BB607		BB608			
27. Mushroom common, raw	BB609		BB610		BB611			
28. Mushroom common, fried/in casseroles	BB612		BB613		BB614			
29. Mushroom	BB615		BB616		BB617			
30. Spinach	BB618		BB619		BB620			
31. Squash (zucchini)	BB621		BB622		BB623			
32. Tomato	BB624		BB625		BB626			
33. Other vegetables	BB627		BB628		BB629			

## 19. How often have you had dressing and other trimmings with your salad since you became pregnant?

pregnant:	How often								
	per day		or per week			or per month			
Dressing/trimmings	2+	1	5-6	3-4	1-2	2-3	1	0	
1. Dressing (Thousand-island etc.)	BB630			BB631			BB632		
2. Light dressing, yogurt dressing	BB633			BB634			BB635		
3. Olives, black/green	BB636			BB637			BB638		
4. Feta cheese	BB639			BB640			BB641		
Home made dressing									
5. With oil	BB642			BB643			BB644		
6. Without oil	BB645			BB646			BB647		
7. With Crème Fraîche/yogurt	BB648			BB649			BB650		

**20. How would you characterize the usual proportion between vegetables and meat/fish in your casseroles.**

		Have not eaten	More vegetables than meat	Same amount meat and veg.	More meat than vegetables
1. Casseroles with meat/fish	BB651				
2. Casseroles with minced meat	BB652				
3. Casseroles with offal	BB653				

**Fruit**

**21. How many fresh fruits have you eaten on average since you became pregnant?**

	8+	per day 6-7 4-5	2-3 1	or per week 5-6 3-4 1-2	or per month 2-3 1 0
Fresh fruit		BB657		BB658	BB659

**22. How often have you on average eaten the following fresh fruits since you became pregnant?**

Fresh fruit		per day 4+ 3 2 1				How often or per week 5-6 3-4 1-2			or per month 2-3 1 0		
1. Orange, clementine	(1 piece)		BB660				BB661			BB662	
2. Banana	(1 piece)		BB663				BB664			BB665	
3. Grapes	(8-10 pieces)		BB666				BB667			BB668	
4. Apple	(1 piece)		BB669				BB670			BB671	
5. Peach, nectarine	(1 piece)		BB672				BB673			BB674	
6. Grapefruit	(½ piece)		BB675				BB676			BB677	
7. Strawberries	(1 cup)		BB678				BB679			BB680	
8. Other berries (blueberries etc.)	(1 cup)		BB681				BB682			BB683	
9. Mango	(½ piece)		BB684				BB685			BB686	
10. Melon	(1 slice)		BB687				BB688			BB689	
11. Papaya	(½ piece)		BB690				BB691			BB692	
12. Plum	(1 piece)		BB693				BB694			BB695	
13. Pear	(1 piece)		BB696				BB697			BB698	
14. Other fruits			BB699				BB700			BB701	

**23. How often have you on average eaten the following dried fruits since you became pregnant?**

Dried fruit/nuts		per day 4+ 3 2 1				How often or per week 5-6 3-4 1-2			or per month 2-3 1 0		
1. Apricots			BB702				BB703			BB704	
2. Raisins			BB705				BB706			BB707	
3. Prune, fig, date			BB708				BB709			BB710	
4. Peanuts			BB711				BB712			BB713	
5. Almonds, hazelnuts, cashew nuts etc.			BB714				BB715			BB716	

## Desserts, ice cream, cakes, candy

**24. How often have you on average eaten the following sweets since you became pregnant?**

Dessert/ice cream	How often								
	per day		or 5-6	per week			or 2-3	per month	
	2+	1		3-4	1-2	1		0	
1. Pudding (chocolate, creme caramel etc.)	BB717			BB718			BB719		
2. Canned fruit, stewed fruit thickened with potato flour	BB720			BB721			BB722		
3. Fruit salad made of fresh fruit	BB723			BB724			BB725		
4. Ice cream	BB726			BB727			BB728		
5. Ice cream made of yogurt, low fat ice cream	BB729			BB730			BB731		
6. Water ice sticks, sherbet	BB732			BB733			BB734		
7. Vanilla sauce	BB735			BB736			BB737		
8. Cream, whipped cream	BB738			BB739			BB740		

**25. How often have you on average eaten cakes and buns since you became pregnant?**

		How often									
		per day				or per week			or per month		
Cakes, buns		4+	3	2	1	5-6	3-4	1-2	2-3	1	0
1. Sweet bun	(1 piece)		BB741				BB742			BB743	
2. Danish pastry	(1 piece)		BB744				BB745			BB746	
3. Doughnut, sponge cake	(1 piece)		BB747				BB748			BB749	
4. Waffle	(1 plate)		BB750				BB751			BB752	
5. Chocolate cake, cream layer cake etc.	(1 piece)		BB753				BB754			BB755	
6. Cookie	(1 piece)		BB756				BB757			BB758	

**26. How often have you on average eaten sweets and snacks since you became pregnant?**

Sweets and snacks	How often										
	4+	per day			or	per week			or	per month	
		3	2	1	5-6	3-4	1-2		2-3	1	0
1. Plain chocolate		BB759				BB760				BB761	
2. Fancy and filled chocolate		BB762				BB763				BB764	
3. Caramel, candies, liquorice		BB765				BB766				BB767	
4. Jelly sweets, marshmallow		BB768				BB769				BB770	
5. Pastille with sugar		BB771				BB772				BB773	
6. Pastille sugar free		BB774				BB775				BB776	
7. Marzipan		BB777				BB778				BB779	
8. Potato chips		BB780				BB781				BB782	
9. Popcorn		BB783				BB784				BB785	
10. Salty snacks		BB786				BB787				BB788	

## Other food items

**27. It will not be possible to include all kinds of food in a questionnaire. We therefore ask you to write down food items that you have eaten since you became pregnant and that you have not yet been asked about.**

Other food items eaten				How often											
				per day						or per week			or per month		
				6+	5	4	3	2	1	5-6	3-4	1-2	2-3	1	
Name:		BB789					BB790					BB791			BB792
Name:		BB793					BB794					BB795			BB796
Name:		BB797					BB798					BB799			BB800
Name:		BB801					BB802					BB803			BB804

## Genetically modified food

28. Many countries, i.e. USA, England and France, have opened up for genetically modified food. Most European countries, however, require labeling of such food items. We wish to know if you have eaten any genetically modified food items, either abroad or in Norway, since you became pregnant?

BB805

☐ Yes

☐ No

☐ Do not know

29. If yes, we ask you to write the name of the gene modified food item(s) you have eaten.

Gene modified food items				How often											
				per day						or per week			or per month		
				6+	5	4	3	2	1	5-6	3-4	1-2	2-3	1	
Name:		BB806					BB807					BB808			BB809
Name:		BB810					BB811					BB812			BB813
Name:		BB814					BB815					BB816			BB817
Name:		BB818					BB819					BB820			BB821

## Hot meals bought at kiosks, gas stations and fast food restaurants

30. How often have you eaten hot meals bought at kiosks, gas stations and fast food restaurants?

Food bought from		per day			or per week			or per month		
		4+	2-3	1	5-6	3-4	1-2	2-3	1	0
1. Kiosks			BB825			BB826			BB827	
2. Gas stations			BB828			BB829			BB830	
3. Fast food restaurants (McDonald's etc)			BB831			BB832			BB833	

## Dietary changes due to this pregnancy

31. Please mark if you have eaten more, less or the same amount of the following food items compared to before you became pregnant

Compared to before you became pregnant		Did not eat or drink this before pregnancy	As before	More	Less	Stopped completely
Food item						
1. Milk, dairy products and cheese				BB834		
2. Bread and cereals				BB835		
3. Biscuits				BB836		
4. Fat				BB837		
5. Meat				BB838		
6. Fish				BB839		
7. Eggs				BB840		
8. Vegetables				BB841		
9. Fruit				BB842		
10. Chocolate				BB843		
11. Other sweets				BB844		
12. Coffee				BB845		
13. Tea				BB846		
14. Juice				BB847		
15. Soft drinks with sugar				BB848		
16. Soft drinks sugar free				BB849		
17. Alcohol				BB850		

32. Have you experienced nausea during this pregnancy?

BB851

☐ Yes

☐ No

33. If yes, has this caused you to eat more or less than before?

BB852

☐ More

☐ Less

(Hvis ja har dette medført at du har spist mer eller mindre enn for du ble gravid)

34. In which week(s) have you been most bothered with nausea?

From pregnancy week	To pregnancy week	Still nauseated
<input type="text"/> BB853	<input type="text"/> BB854	<input type="text"/> BB855

35. Have you been throwing up (vomiting) during this pregnancy?

BB856

☐ Yes

☐ No

36. In which week(s) have you been throwing up (vomiting)?

From pregnancy week	To pregnancy week	Still throwing up
<input type="text"/> BB857	<input type="text"/> BB858	<input type="text"/> BB859

37. Have you started to eat or drink certain food items during this pregnancy?

BB860

☐ Yes

☐ No

38. If yes, name the two most important food items you have started to eat/drink.

Write the name of the food item	
<input type="text"/>	<input type="text"/> BB861
<input type="text"/>	<input type="text"/> BB862

# Supplements

39. Do you use, or have you used supplements during this pregnancy? ☐ BB863 ☐ Yes ☐ No

40. If yes, we ask you to name and quantify the supplements you have used/are using

(ts = teaspoon, bs = dessert spoon, ss = tablespoon)

Liquid supplements		Times per week									Amount			
		7	6	5	4	3	2	1	<1	0	1 ts	1bs	1ss	
1. Cod liver oil					BB864						BB865			
2. Omega-3 cod liver oil					BB866						BB867			
3. Sanasol					BB868						BB869			
4. Biovit					BB870						BB871			
5. Liquid iron mixture (Floradix etc.)					BB872						BB873			
Other liquid supplements														
6. Name:					BB874						BB875			
7. Corporation:					BB876						BB877			
8. Name:					BB878						BB879			
9. Corporation:					BB880						BB881			
Capsules/tablets		Times per week									Number(s) at a time			
		7	6	5	4	3	2	1	<1	0	1	2	3	4+
10. Cod liver capsules					BB882							BB883		
11. Cod liver capsules without A and D-vitamins					BB884							BB885		
12. Vitaplex					BB886							BB887		
13. Kostpluss/nyco plus multi					BB888							BB889		
14. Nyco plus folic acid 0,4 mg					BB890							BB891		
15. Spekro (Solaray)					BB892							BB893		
16. Hemofer					BB894							BB895		
17. Duroferon durreter					BB896							BB897		
Other supplements														
18. Name:	BB898				BB900							BB901		
19. Corporation:	BB899													
20. Name:	BB902				BB904							BB905		
21. Corporation:	BB903													
22. Name:	BB???				BB???							BB???		
23. Corporation:	BB???													
24. Name:	BB???				BB???							BB???		
25. Corporation:	BB???													

Please remember to fill out the date on page 1!

Thank you for your time and help!