## den norske Mor & barn undersøkelsen

## 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 theref	ore important that you follow these instructions:
Use a blue or black ballpoint pen.	ore important that you renow those mediaetions.
Put a cross in the box that is most relevant like this:	
If you put a cross in the wrong box, correct it by filling in the bases.	oox 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	h box like this:
Number: 1 2 3 4 5 6 7 8 9 0	Letter: ABCD
When entering a single-digit number in boxes containing two	or more squares, use the square on the right.  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 ir	
	rofession 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 question	nnaire.
Please return the completed questionnaire in the stamped add	ressed envelope provided.
Date when the questionnaire was completed  Day  Month	(write the year in full, e.g. 2001) Year
Antenatal care and health	
Where have you been to antenatal check- ups?     (Fill in one or more boxes.) Specify how many times.	3. Is your doctor male or female? How many times have you gone to him/her?
Public health centre times	General practitioner
☐ Doctor's surgery times	☐ male times
Hospital (outpatients) clinic times	Gynaecologist
2. Who has examined you each time? (Fill in one or	☐ male times
more boxes.) Specify how many times.	
☐ Midwife times	4. If you visit or have visited a gynaecologist or hospital clinic for your antenatal check-ups, what is or was the reason?
General practitioner times	Referred due to complications during this pregnancy
Gynaecologist times	Referred due to previous illness or complications in previous pregnancies
Public health nurse times	On your own initiative without a referral
	Referred for another reason

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5. Do you agree with the following statements concerning your antenatal check-ups?	14. Were there complications during the first 2 weeks following the amniocentesis?
Agree Agree Disagree Disagree Disagree completely Agree somewhat somewhat completely	□ No
I have been given sufficient advice and information	☐ Yes
I have been well taken care of	<ul><li>15. If yes, what kind of complications?</li><li> Vaginal bleeding</li></ul>
There was not enough	Leakage of amniotic fluid
time during the consultations	☐ Abdominal pain (similar to or stronger than menstrual pains) ☐ Other
I felt secure during these check-ups	16. Have you had an X-ray during pregnancy?
I have been able to discuss	□ No
everything I needed to during the check-ups	☐ Yes
On the whole, I am satisfied	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
with the way I have been followed up by the health service \  \qquad \qquad \qquad \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	one or more boxes.) Week of pregnancy No. of
6. Have you contacted a midwife or doctor in addition to your	0-12 13-16 17-20 21-24 25-28 29+ times
normal check-ups?	Teeth
Midwife	Lungs.
Doctor	Lungs.
7.If yes, was it difficult to get an appointment?	Arms or legs
Midwife Doctor	Pelvis/abdomen/
Not difficult	back
Very difficult	Other
8. Have you had a gynaecological examination during your pregnancy (internal examination)? If so, how many times?	18. Have you received treatment to prevent a premature birth during this pregnancy? (Fill in one or more boxes.)
pregnancy (internal examination): If 50, now many times:	No
No	Yes, relax or bed-rest Yes, medication
Yes Times	Which medicines?—————
9. How many ultrasound examinations have you had during your pregnancy?	19. Have you been vaccinated during this pregnancy?
your pregnancy:	☐ No☐ Yes
External ultrasound examination Times	Which vaccine?
Internal ultrasound examination Times	20. Has the midwife or doctor told you that you have or have
	had high blood pressure during this pregnancy?  No
10. How many children are you expecting?	Yes
11. Have you been offered an amniocentesis or placenta biopsy?	21. If yes, what was the highest reading during this
☐ No (go to question 16) ☐ Yes	pregnancy? (High blood pressure is over 140/90) (Refer to your health card.)
Yes	
12. If yes, were any tests performed and what were the results?  Was the test performed? Were the results normal?	/ E.g. 150/ 95
Yes No Yes No	☐ Don't know
Amniocentesis	
. ,	22. Have you had high blood pressure without being pregnant?
If the tests were abnormal, describe the findings:	□ No
40 K an amplianatala and a state of the state	☐ Yes☐ Don't know
13. If an amniocentesis or placenta biopsy was performed, what was the reason?	23. If yes, what was the highest reading before this
Due to my age (normally 38 or older at the time of delivery)	pregnancy?
Previous child with a chromosome disorder  Previous child with neural tube defect (spina bifida)	/ E.g. 150/ 95
Epilepsy (medication for epilepsy)	
☐ Ultrasound findings ☐ Other	☐ Don't know

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? 3 29+
at a time?
at a time?
Large
Large amounts

30. Do you wake up at night due to pelvic pain?	39. If yes, where and when was it done? (Fill in one or more boxes.)
Yes, frequently Yes, sometimes	Tattoo Body piercing
No, never	Before this pregnancy:
	In Norway
31. Do you have to use a stick or crutches in order to walk	Abroad
due to pelvic pain?	During this pregnancy:
No, never	In Norway
Yes, but not every day, the pain varies from day to day Yes, I have to use a stick or crutches every day	Abroad
Tes, I have to use a stick of crutches every day	40. Have you ever had a blood transfusion? If yes, give the
	number of transfusions.
32. Have you received an anaesthetic in connection with surgery or dental treatment during this pregnancy?	No
No	Yes, during this pregnancy Times
Yes	Yes, before this pregnancy Times
33. If yes, what type of anaesthetic have you had? (Fill in one	41. If yes, in which country and which year? (Give the last
or more boxes.)	2 transfusions.) YEAR
General (full) anaesthetic	Country:
Spinal anaesthetic (epidural) Local anaesthetic	
Don't know	Country:
34. Have you been to the dentist during this pregnancy?	42. Have you ever had breast surgery?
☐ No ☐ Yes	No
□ 165	Yes
35. If yes, did the dentist perform any of the following treat-	
ments? (Fill in one or more boxes.)	43. If yes, was it:
Yes No	Breast enlargement Breast reduction
Put in new amalgam fillings (silver fillings)  Removed or replaced amalgam fillings	Cancer/biopsy
Put in new white fillings	Other, describe:
Ť	
36. How many teeth do you have and how many have	44. Have you ever had cervical dysplasia?
fillings? (Look in the mirror and count.)	☐ No ☐ Yes
Total number of teeth	Year the dysplasia was detected the first time
Number of teeth with amalgam fillings	45. Have you had an operation on your cervix?
	No
Number of teeth with other types of fillings	Yes Year of operation
	Year of operation
37. At present, do your gums bleed when you brush your teeth?	
No, seldom or never	46. Have you ever had a gamma globulin injection? (used to prevent infection of hepatitis A, primarily when
Yes, sometimes	travelling abroad.)
Yes, frequently Yes, nearly always	□ No
L 163, Heally diways	Yes
38. Have you had a tattoo or body piercing, including extra	If yes, which year?
holes in the ears? (Do not include pierced ears if you have one hole in each ear.)	
No	
Yes	

ŀ	How have you been recently?													
So	ome questions a	bout th	e tin	ne tha	at ha	s ela	osed since the 13th week of pre	gnancy.						
<b>47</b> .	<ul><li>47. Have you had one or more episodes of vaginal bleeding after the 13th week of pregnancy?</li><li>No</li><li>Yes</li></ul>													
48.	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.)													
	more than 2 episo			•		the las	In which week of pro		e	No. of days				
		The (spotting		nt of bl		os)	bleeding o <u>13–16 17–20 21–2</u>		<u>+</u>	bleeding lasted				
	4 🗆 0					1			1					
	1. Spotting	More	than	spottin	ng L	Large	amounts		J					
	2. Spotting	More	than	spottin	ng _	Large	amounts							
Number of episodes of bleeding if more than 2														
			_											
49.	No No	you bled	1?				51. Have you been bot  No	hered by uteri	ne contra	ctions?				
	Yes						Yes, a little							
50.	. If yes, what was the	reason? (I	ill in o	ne or n	nore bo	oxes.)	Yes, a lot							
	The placenta is too lov	w/is in a di	fficult p	osition	/placen	ta previ	à							
	Premature separation  Threatening miscar			-	'ablatio	placent	a							
		0 1			ono in th	ne vagir	a							
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	Cervical ulcer, bleedin Following intercourse	g of the m	ucous i	membra	ane in u	.o vag.								
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1 2 3 4 5 6 7	Cervical ulcer, bleedin Following intercourse Other reason  Do you have or have y ctures, suppositories, ir w long you took them. ular and occasional us  Pelvic girdle pain  Back pains  Other pains in muscles/joints  Nausea  Long-term nausea and vomiting  Vaginal thrush  Vaginal catarrh, unusual discharge.	rou had ar nhalers, cr (Fill in one e. Do not In will did 13-16	ny of the eams, or mo include nich w I you h	etc. in etc. in re boxe e vitam eek of nave pi	wing illi conne es.) (Th ins and pregn roblem 25-	nesses ection v is appl I nutriti ancy is?	ith the illness or problem, give the name(s) of es to all types of medicines including alternational supplements as these are asked about each of the name of the medication taken.  In w did 13- The name of the medication taken.	the medication tive and herbal disewhere.) hich week of pd you take med 17- 21-	regnancy dication 25- 29+	nd oth No. of days				
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Fever more than 3 times

54.	Have you taken other medication after the 13th we the name, when and how many days altogether the m remedies, both regular and occasional use. Do not income	edication	was takei	n for. (This	applies	to all typ	es of me	dicines in	cluding a	Iternative ar	
	Name of medication (e.g. Valium, Rohypnol, Paracetamol)					Use of 13–16	medicati 17–20	on in wee 21–24	k of preg 25–28	nancy 29+	No. of days taken
55.	During this pregnancy have you been involve	ed in an	acciden	it or bee			56. If	ves. in	which v	veek of pr	egnancy?
	injured (e.g. traffic accident, fall, hit in the storm. No	nach)?			-			700,			- g
	Yes						ш				
V	itamins, minerals and	dieta	ary s	supp	lem	ent	S				
57.	Have you taken vitamins, minerals or other i	nutrition	al suppl	ements	after th	e 13th	week of	i pregna	incy?		
	No (go to question 61) Yes										
	If you take supplements, please find the page	kage/bo	ottle.								
58.	Fill in the table below for the vitamins and m approximately how often you have taken the		found o	n the vita	amin pa	ackage/	bottle.	Fill in w	hen and	i	
		Week of	f pregna	ncy supp	lement	taken?	_	How	often did		is supplement?
	<del>-</del>										
	_	13–16	17–20	21–24	25–28	29+			Daily	4-6 times a week	1-3 times a week
1	Folate/folic acid	13–16	17–20	21–24	25–28	29+			Daily	times	times
2	Vitamin B1 (Thiamine)	13–16	17–20	21–24	25–28	29+			Daily	times	times
2 3	Vitamin B1 (Thiamine)  Vitamin B2 (Riboflavin)	13–16	17–20	21–24	25–28	29+			Daily	times	times
2 3 4	Vitamin B1 (Thiamine)	13–16	17–20	21–24	25–28	29+			Daily	times	times
2 3 4 5	Vitamin B1 (Thiamine)	13–16	17–20	21–24	25–28	29+			Daily	times	times
2 3 4 5 6	Vitamin B1 (Thiamine)	13–16	17–20	21–24	25–28	29+			Daily	times	times
2 3 4 5 6 7	Vitamin B1 (Thiamine)	13-16	17-20	21–24	25–28	29+			Daily	times	times
2 3 4 5 6 7 8 9	Vitamin B1 (Thiamine)  Vitamin B2 (Riboflavin)  Vitamin B6 (Pyridoxine)  Vitamin B12  Niacin  Pantothenic acid  Biotin  Vitamin C	13-16	17-20	21–24	25–28	29+			Daily	times	times
2 3 4 5 6 7 8 9	Vitamin B1 (Thiamine)  Vitamin B2 (Riboflavin)  Vitamin B6 (Pyridoxine)  Vitamin B12  Niacin  Pantothenic acid  Biotin  Vitamin C  Vitamin A	13-16	17-20	21–24	25–28	29+			Daily	times	times
2 3 4 5 6 7 8 9 10	Vitamin B1 (Thiamine)  Vitamin B2 (Riboflavin)  Vitamin B6 (Pyridoxine)  Vitamin B12  Niacin  Pantothenic acid  Biotin  Vitamin C  Vitamin A  Vitamin D	13-16	17-20	21-24	25–28	29+			Daily  Daily	times	times
2 3 4 5 6 7 8 9 10 11 12	Vitamin B1 (Thiamine)  Vitamin B2 (Riboflavin)  Vitamin B6 (Pyridoxine)  Vitamin B12  Niacin  Pantothenic acid  Biotin  Vitamin C  Vitamin A	13-16	17-20	21-24	25–28	29+			Daily  Daily	times	times
2 3 4 5 6 7 8 9 10 11 12 13	Vitamin B1 (Thiamine)  Vitamin B2 (Riboflavin)  Vitamin B6 (Pyridoxine)  Vitamin B12  Niacin  Pantothenic acid  Biotin  Vitamin C  Vitamin A  Vitamin D  Vitamin E	13-16	17-20	21-24	25-28	29+			Daily  Daily	times	times
2 3 4 5 6 7 8 9 10 11 12 13 14	Vitamin B1 (Thiamine)  Vitamin B2 (Riboflavin)  Vitamin B6 (Pyridoxine)  Vitamin B12  Niacin  Pantothenic acid  Biotin  Vitamin C  Vitamin A  Vitamin D  Vitamin E  Iron	13-16	17-20	21-24	25-28	29+			Daily  Daily	times	times
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Vitamin B1 (Thiamine)  Vitamin B2 (Riboflavin)  Vitamin B6 (Pyridoxine)  Vitamin B12  Niacin  Pantothenic acid  Biotin  Vitamin C  Vitamin A  Vitamin D  Vitamin E  Iron  Calcium  Iodine  Zinc	13-16	17-20	21-24	25-28	29+			Daily  Daily	times	times
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Vitamin B1 (Thiamine)  Vitamin B2 (Riboflavin)  Vitamin B6 (Pyridoxine)  Vitamin B12  Niacin  Pantothenic acid  Biotin  Vitamin C  Vitamin A  Vitamin D  Vitamin E  Iron  Calcium  Iodine  Zinc  Selenium	13-16	17-20	21-24	25-28	29+			Daily  Daily	times	times
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Vitamin B1 (Thiamine)  Vitamin B2 (Riboflavin)  Vitamin B6 (Pyridoxine)  Vitamin B12  Niacin  Pantothenic acid  Biotin  Vitamin C  Vitamin A  Vitamin D  Vitamin E  Iron  Calcium  Iodine  Zinc  Selenium  Copper	13-16	17-20		25-28	29+			Daily  Daily	times	times
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Vitamin B1 (Thiamine)  Vitamin B2 (Riboflavin)  Vitamin B6 (Pyridoxine)  Vitamin B12  Niacin  Pantothenic acid  Biotin  Vitamin C  Vitamin A  Vitamin D  Vitamin E  Iron  Calcium  Iodine  Zinc  Selenium  Copper  Chromium	13-16	17-20		25-28	29+			Daily  Daily	times	times
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Vitamin B1 (Thiamine)  Vitamin B2 (Riboflavin)  Vitamin B6 (Pyridoxine)  Vitamin B12  Niacin  Pantothenic acid  Biotin  Vitamin C  Vitamin A  Vitamin D  Vitamin E  Iron  Calcium  Iodine  Zinc  Selenium  Copper	13-16	17-20		25-28	29+			Daily  Daily	times	times

59.	Give th																		clude	also	herba	al rer	nedie	es and	diet	
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	I have sto I have go			_		me p	ositi	on								man man			oon or	even	ing w	ork				
	Other																	0	rotas							
65.	If you ha	ve st	opp	ed w	orkii	ng, w	hy c	lid yo	ou sto	p?							nes (e	extra v	vork, ex	tra sh	ifts, te	mpor	ary en	nploym	ent, etc	c.)
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69.	Answer	each	of t	he fo	ollow	ing c	ues	tions	for y	our pi	esent	wor	<b>k.</b> (F	ill in	each	item	1.)									
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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)						
	Sick leave during week of Number of % days sick leave						
Example: Pelvic girdle pain	16 20 24 28						
Example. Felvic girdle pain							
76. Do you currently lift anything over 10 kilos while you are pregnant? (10 kilos is equivalent to a full bucket of water)  Home Work  Seldom or never	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 Laser Photocopy monitor printer machine  Seldom/never						

82. Do you live close to high-voltage power lines?  No Yes, closer than 50 metres Yes, between 50 - 100 metres Yes, more than 100 metres	<ul> <li>83. How often have you been to a discotheque since you answered the previous questionnaire?</li> <li>Never</li> <li>At least 1-2 times a week</li> <li>Less often</li> </ul>							
84. How often do you exercise at present? (Fill in for each item.)	1-3 3 times times Once Twice or more Never a month a week a week							
<ol> <li>Walking</li> <li>Brisk walking</li> <li>Running/jogging/orienteering</li> <li>Cycling</li> <li>Training studio/weight training</li> <li>Special gymnastics/aerobics for pregnant women</li> <li>Aerobics/gymnastics/dance without running and jumping</li> <li>Aerobics/gymnastics/dance with running and jumping</li> <li>Dancing (swing/rock/folk)</li> <li>Skiing</li> <li>Ball sports</li> <li>Swimming</li> <li>Riding</li> <li>Other</li> </ol>								
85. How often do you do exercises at home or at a gym for the  Never  Abdominal muscles  Back muscles	following groups of muscles? (Fill in for each item.)  1-3  times Once Twice 3 times a month a week a week or more							
Pelvic floor muscles (Muscles around the vagina, urethra, anus)								
86. How often at the moment are you so physically active in you sweat? (Fill in for both spare time and work.)  Never  Less than once a week Once a week Twice a week 3-4 times a week 5 or more times a week	Spare time and/or at work that you get out of breath or  Spare time At work							
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  1-2 times a week  Less frequently  Never	89. If yes, which countries did you visit and when?  Country  Month  Year							
88. Have you been abroad during the last year?  No Yes	<ul> <li>90. Have you come into contact with animals either at work or in your free time?</li> <li>No</li> <li>Yes</li> </ul>							

91. If yes, which animals have you come into contact with and	98. Do you smoke at present? If yes, how many cigarettes?
how often? 3–6 1-2	□ No
Daily times times Less a week a week often	Sometimes Cigarettes per week
Dog	☐ Daily Cigarettes per day
Canary or other caged birds	99. Does the baby's father smoke at present? If yes, how many cigarettes?
Horse       □       □       □         Pig       □       □       □         Other       □       □       □	□ No
Other	Sometimes Cigarettes per week
92. How many hours a day do you usually sleep now when you are pregnant?	☐ Daily Cigarettes per day
Over 10 hours  8–9 hours	100. If one or both of you have stopped smoking during the pregnancy, in which week of pregnancy did you stop?
6-7 hours 4-5 hours	
Less than 4 hours	You Week of pregnancy
93. Do you currently sleep on a waterbed or use an electric	Baby's father Week of pregnancy
blanket?  Yes No  Waterbed	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.)
Electric blanket	Weeks of pregnancy <u>without</u> smoking 0-4 5-8 9-12 13-16 17-20 21-24 25-28 29+
94. Can you rest during the day (both at home and at work)?  No Yes	You
95. Have you been in a sauna while you have been pregnant?  No	102. Have you used other forms of nicotine after the 13th week of pregnancy?
1–5 times 6-10 times	No Yes
☐ More than 10 times	Nicotine chewing gum
96. Have you been in a solarium while you have been pregnant?  No	Nicotine inhaler
☐ 1-5 times ☐ 6-10 times	103. Have you used any of the following substances after the
☐ More than 10 times	13th week of pregnancy?  No Yes
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	Hash
Home	Ecstasy
	Cocaine
Work	
404 Have very seen to a self-to-fill-to	
104. Have you ever used any of the following substances? (Fill in fo	or each item.)  Last 6 months  During  before  this
	No Previously pregnancy pregnancy
Anabolic steroids	
Growth hormones (e.g. genotropin/somatropin)	

## 12 Food and drink 105. How often do you eat the following foods? (Fill in for each item.) Before the pregnancy During the pregnancy A few 1–3 1-3 Once a Once a Never times times a Never times a week week Month or more month or more a year 1 Crab ..... 2 3 Shellfish (e.g. mussels, oysters) . . П 4 Fish liver ..... 5 Tuna fish or halibut ..... 6 Flounder/other flat fish ..... 7 8 Other fresh water fish . . . . . . . . . 9 10 11 Liver or kidney from game ..... 12 Wild mushrooms ..... 106. How often do you eat the following types of food? (Fill in for each item.) A few 1-3 times Once a week Never times a year a month or more Meat (not including tinned) bought in other countries ..... Meat (including poultry) that is raw or undercooked (pink near the bone) ..... Smoked or cured salmon or trout (uncooked) ..... Soft cheeses (e.g. cream cheese, camembert, blue cheese, etc.) . . . . . . . Unwashed raw vegetables, unwashed fruit ..... 107. Do you avoid eating the following foods during this 110. What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy? No Yes pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups) Fish Number of Decaffeinated Eggs cups / glasses (fill in) Nuts Oranges, lemons Strawberries Other, specify 2. Instant coffee ...... 3. Boiled coffee..... 108. What type of drinking water do you have where you live? Own water source (e.g. well) 4. Other coffee..... Water company (public or private) Other source 5. Tea ...... Name of water company Don't know the name of the water company 6. Coca Cola/Pepsi, etc.... 7. Other fizzy drinks . . . . . . 109. Is your water treated (chlorinated or UV-radiated)? No 8. Diet Coca Cola, diet Pepsi Yes, UV radiation

9. Other diet fizzy drinks....

11. Bottled water.....

Yes, chlorinated

Don't know

Number of Organic cups/glass (fill in)	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.)
12. Juice/squash	Last 3 mths In this pregnancy before last week of pregnancy period 0–12 13–24 25+
13. Diet juice/squash	Several times a week
14. Milk (skimmed, low fat, whole)	1-3 times a month
15. Yogurt, all types	Never
16. Yogurt with active Lactobacillus all types	113. How many units do you usually drink when you consume alcohol? (See the above explanation.)  Last 3 mthsIn this pregnancy_
17. Other type of cultured milk (kefir)	before last week of pregnancy period 0–12 13–24 25+
18. Other	10 or more
	5–6
111. How often did you consume alcohol before and how often do you consume it now?	1–2
Last 3 months In this pregnancy before last week of pregnancy	114. If you have changed your drinking habits before this
period 0-12 13-24 25+  Roughly 6-7 times a week .	pregnancy, when did the change occur? (Fill in one or more boxes.)  Reduced intake Increased intake
Roughly 4-5 times a week	Last 3 months before last period
Roughly 2-3 times a week.	During pregnancy weeks 0-6  During pregnancy weeks 7-12
Roughly 1–3 times a month	During pregnancy weeks 13-24  After pregnancy week 25
Never	115. If you have modified your consumption of alcohol, how
	important were the following factors? (Fill in one or more boxes.)
Alcohol units Alcohol units are used to compare the different types of alcoholic	Not Not very Quite Important Very relevant important important important
beverages. 1 alcohol unit = 1.5 cl. pure alcohol.	Nausea, discomfort
1 glass of beer = 1 alcohol unit 1 wine glass of red or white wine = 1 alcohol unit	For the baby's sake
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	Depression/problems .
- Factional Breezer of Cider - Factorior unit	Other reasons
You and your life now	
116. What is your current civil status?	119. Do you often feel lonely?
☐ Married☐ Cohabiting	☐ Almost never ☐ Seldom
Single	Sometimes
☐ Divorced/separated☐ Widowed	☐ Usually ☐ Almost always
☐ Other	
117. Do you have anyone other than your husband/partner you can ask for advice in a difficult situation?	120. If you have given birth before, in general, how was the
□ No.	experience of giving birth?
<ul><li>✓ Yes, 1 or 2 people</li><li>✓ Yes, more than 2 people</li></ul>	☐ Very good☐ Good
118. How frequently do you meet or talk on the telephone with	Alright
your family (other than your husband/partner and children) or close friends?	☐ Bad ☐ Very bad
Once a month or less	
2-8 times a month  More than twice a week	

121. Do you agree or disagree with the following statements relating (Fill in for each statement.)	to the forth	ncoming birth	of your ba	iby?	
		Agree completely	-	gree Disagree ewhat somewhat	Disagree Disagree completely
I want to give birth as naturally as possible without painkillers or intervention.					
I am really dreading giving birth					
I want to have enough medication so that the birth will be painless					
I want to have an epidural regardless				ī	
I want to have an epidural if the midwife agrees					
If I could choose I would have a caesarean.					
I think the woman herself should decide whether or not to have a caesarean					
I worry all the time that the baby will not be healthy or normal					
I am really looking forward to the baby coming					
122. How do these statements describe your relationship? (Only answ	ver if you ha	ave a partner.)			
(Fill in for each statement.)	Agree		Agree Di	sagree Disa	gree Completely
	completely	sor	newhat soi	mewhat	disagree
My husband/partner and I have a close relationship					
My partner and I have problems in our relationship					
I am very happy in my relationship					
My partner is usually understanding					
I often think about ending our relationship					
I am satisfied with my relationship with my partner					
We often disagree about important decisions					
I have been lucky in my choice of a partner					
We agree on how children should be raised					
I think my partner is satisfied with our relationship					
1. Feeling fearful 2. Nervousness or shakiness inside 3. Feeling hopeless about the future 4. Feeling blue 5. Worrying too much about things 6. Feeling everything is an effort		bothered	bothered	d bothered	bothered
<ul><li>7. Feeling tense or keyed up</li><li>8. Suddenly scared for no reason</li></ul>					
124. How often do you experience the following in your everyday life?	? (Fill in for Seldom/ never	each statemer Fairly seldom	,	es Often	Very often
Feel pleased about somethingFeel happy					
Feel joyful, as though everything is going your way					
Feel that you will scream at someone or hit something					
Feel angry, irritated or annoyed					
Feel mad at someone					
125. How well do these statements describe you? (Fill in for each state		ncorrect	Partly correct	Almost correct	Completely correct
I always manage to solve difficult problems if I try hard enough					
If anyone opposes me, I find a way to get what I want					
I am sure that I can cope with unexpected events					
I am calm when I encounter difficulties because I trust my ability to o	cope				

126. Do you agree or disagree with the following statements? (Fill in	n for each statement.)	
	Disagree Disagree Don't agree Agree Agree Agree	
	completely somewhat or disagree somewhat completely	
My life is largely what I wanted it to be		
My life is very good		
I am satisfied with my life		
I have achieved so far what is important for me in my life		
If I could start all over, there is very little I would do differently		
127. How do you feel about yourself? (Fill in for each statement.)		
	Agree Disagree completely Agree Disagree	
I have a positive attitude toward myself		
I feel completely useless at times		
I feel that I do not have much to be proud about		
I feel that I am a valuable person, as good as anyone else		
128. Have you experienced any of the following during the last 12 r (Fill in for each statement.)	montns? If yes, how painful or difficult was it for you?	
(i iii iii ioi cacii stateinent.)	IF YES	
	Not too Painful/ Very painful/	
	No Yes bad difficult difficult	
Have you had problems at work or where you study?		
Have you had financial problems?		
Have you been divorced, separated or ended your relationship with your pa	artner?	
Have you had problems or conflicts with your family, friends or neighbours?	· · · · · · · · · · · · · · · · · · ·	
Have you been seriously ill or injured?		
Has anyone close to you been seriously ill or injured?		
Have you been involved in a serious accident, fire or robbery?		
Have you lost someone close to you?		
Other		
129. Have you ever experienced any of the following? (Fill in for each	h statement.)	
	Who was responsible for this? Has this	
Yes, as a child	occurred during	
No, <i>(under</i>	ine last vear?	
never <i>18)</i>	18) stranger relative known person No Yes	
Someone has over a long period of time		
systematically tried to subdue, degrade or humiliate you		
Someone has threatened to hurt you		
or someone close to you		
You have been subjected to physical abuse		
You have been forced to have sexual intercourse		
Miscellaneous		
420 Has among living with any budget of the City of	420. The shill that died of each death is a few in	
130. Has anyone living with you had any of the following ill- nesses during this pregnancy? (Enter a cross and specify the period)	132. The child that died of cot death in my family was:	
	☐ My sister	
In which week of pregnancy?	My brother	
0–9 10–19 20–29 30+	My sister's child Boy Girl	
☐ Influenza	My brother's child Boy Girl	
Childhood diseases (fever and rash)	☐ My mother's sibling ☐ Boy ☐ Girl ☐ Sex unknown	
Prolonged cough	☐ My father's sibling ☐ Boy ☐ Girl ☐ Sex unknown	
Other infectious disease	Other	
131. Have there been any instances of cot death in your family		
or your partner's family?		
∐ No		
☐ Don't know		
to the annual temporal temporal temporal and the temporal temporate temporal temporal temporal temporal temporal temporal tempora		
Yes, in my family (see question 132)		
Yes, in the baby's father's family (see question 132)		

133. The child that died of cot death in the baby's father's family was:    Baby's father's sister	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):  Number of sessions via telephone (approximately):  Weeks of support (approximately):  Weeks of support support group, family, friends  Number of sessions via telephone (approximately):  Weeks of support group, family, friends  I would be support group, family, friends  Number of sessions via telephone (approximately):  Weeks of support group, family, friends  Very good Good enough	
Stillbirth (Birth after the 16th week of pregnancy.)  Cot death Accident Illness/birth defect Which illness/birth defect:  Other  Year Child's age  Child 1 Child 2	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 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	
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.		