

THE NORWEGIAN MOTHER & CHILD STUDY

Questionnaire 1

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

- Please use a blue or black ballpoint pen.
- Put a cross in the box that is most relevant like this:
- Should you put a cross in the wrong box correct it by filling in the box completely like this:
- In the large green boxes write a number or a capital letter

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

Number:

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

Letter:

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

- When filling in a single figure in boxes containing two or more squares, please use the square to the right. Example:

	5
--	---
- A number of questions in this questionnaire concern the week of pregnancy. For example, fill in week 5 for something that occurred 5 weeks after your last period.
- 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 provide the date when you completed the questionnaire.

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

Date on which the questionnaire was completed

AA9

Day

AA10

Month

AA11

Year

(write the year with 4 numbers, e.g. 2000)

Menstruation

1. How old were you when you had your first menstrual period?

AA12

 Years

2. How many days are there usually between the first day in your menstrual period and the first day in your next menstrual period?

AA13

 Days

3. Are you usually depressed or irritable before your period?

No

AA14

 Yes, noticeably
Yes, but just slightly Yes, very much

4. If yes, does this feeling disappear after you get your period?

No

AA15

Yes

5. Were your periods regular the year before you became pregnant?

No

AA16

Yes

6. During the last year before you became pregnant, did you lose your period for more than three months?

No

AA17

Yes, due to an earlier pregnancy

AA18

Yes, for other reasons

AA19

7. Date of first day of last menstrual period.

AA20	AA21	AA22
------	------	------

Day Month Year

8. Did your last menstrual period come at the expected time?

No
Yes

AA23

9. Are you certain about the date of first day of last menstrual period?

Certain

AA24

Uncertain

10. Describe the duration, amount of bleeding and menstrual pains of your last period ?

	As usual	More than usual	Less than usual	
Duration	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>AA25</td></tr></table>	AA25		
AA25				
Amount of bleeding . .	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>AA26</td></tr></table>	AA26		
AA26				
Menstrual pains	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>AA27</td></tr></table>	AA27		
AA27				

Contraception and pregnancy

11. Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant? (Fill in all that apply.)

Condom	AA28
Diaphragm	AA29
IUD	AA30
Hormone IUD	AA31
Hormone injection	AA32
Mini pill	AA33
Pill	AA34
Spermicides (foam, suppositories, cream)	AA35
Safe period	AA36
Withdrawal	AA37
No such methods	AA38
Other	AA39
	AA40
	AA1584

12. If you have used the pill/mini-pill, how long altogether have you used them?

	Pill	Mini-pill
Less than one year		
1-3 years	AA41	AA42
4-6 years		
7-9 years		
10 years or more		

13. If you have used the pill/mini-pill, how old were you when you first used it?

AA43 Years old

14. Were you taking the pill/mini-pill during the last 4 months before this pregnancy?

No AA44
Yes

15. If yes, how long before your last menstrual period did you stop taking the pill/mini-pill?

AA45 Weeks

16. Was this pregnancy planned?

No AA46
Yes

17. If yes, how many months did you have regular intercourse without contraception before you became pregnant?

Less than 1 month AA47

1-2 months

2 months or more

AA48 Number of months if more than 3

18. Did you become pregnant even though you or your partner used contraceptives?

No (proceed to question 21) AA49
Yes

19. If yes, which type? (Fill in all that apply.)

Condom	AA50
Diaphragm	AA51
IUD	AA52
Hormone IUD	AA53
Hormone injection	AA54
Mini pill	AA55
Pill	AA56
Spermicides (foam, suppositories, cream)	AA57
Safe period	AA58
Withdrawal	AA59
Other	AA60
	AA61
	AA1585

20. If you became pregnant while using an IUD, has it now been removed?

No AA62
Yes

21. How long have you and the baby's father had a sexual relationship?

AA63 months or AA64 years

22. How often did you have sexual intercourse during the four weeks before you became pregnant and during the last four weeks?

	Before	Now
Every day		
5-6 times a week	AA65	AA66
3-4 times a week		
1-2 times a week		
1-2 times every two weeks		
Less than 1-2 times every 2 weeks		
Never		

23. Have you ever been treated for infertility?

No AA67
Yes

24. If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment did you have? (Fill in all that apply.)

	Earlier Pregnancy	This Pregnancy
Fallopian tube surgery	AA68	AA69
Other surgery	AA70	AA71
Medication for endometriosis	AA72	AA73
Hormone treatment	AA74	AA75
Insemination (injection of sperm)	AA76	AA77
IVF (test tube) method	AA78	AA79
Other	AA80	AA81

25. Have you been given information about having an amniocentesis performed?

No AA82
Yes

26. What was your blood pressure at your first antenatal visit? (Check your medical card.)

AA83 / AA84 E.g. 150 / 95

27. What did you weigh at the time you became pregnant and what do you weigh now (in kilograms)?

When I became pregnant : AA85 kg Now: AA86 kg

28. How tall are you?

AA87 cm

29. How tall is the baby's father?

AA88 cm

30. How much does the baby's father weigh (in kilograms)?

AA89 kg

Previous pregnancies

31. Have you been pregnant before? (Include all pregnancies that ended in abortion, miscarriage or stillbirth as well)

No (proceed to question 36)

AA93

Yes

32. If yes, fill in for all earlier pregnancies. Include all pregnancies that ended in abortion, miscarriage or stillbirth as well as ectopic pregnancies. State the year the pregnancy began, how many kilos you gained during the pregnancy and the number of months you breast-fed each baby. State whether or not you smoked during earlier pregnancies.

Pregnancy Number	Year pregnancy started	Live infant born	Spontaneous abortion/stillbirth	Termination of pregnancy	Ectopic pregnancy	Week of pregnancy for abortion/still birth	Number of months breast feeding	Weight gain during pregnancy (in kg)	Smoked during pregnancy
1	AA94			AA95		AA96	AA97	AA98	AA99
2	AA100			AA101		AA102	AA103	AA104	AA105
3	AA106			AA107		AA108	AA109	AA110	AA111
4	AA112			AA113		AA114	AA115	AA116	AA117
5	AA118			AA119		AA120	AA121	AA122	AA123
6	AA124			AA125		AA126	AA127	AA128	AA129
7	AA130			AA131		AA132	AA133	AA134	AA135
8	AA136			AA137		AA138	AA139	AA140	AA141
9	AA142			AA143		AA144	AA145	AA146	AA147
10	AA148			AA149		AA150	AA151	AA152	AA153

33. Have you had any of the following problems during previous pregnancies? (Fill in all that apply.)

	No	Yes
1. Pelvic girdle pain requiring medical leave		AA154
2. Pelvic girdle pain requiring bed rest		AA155
3. Serious nausea and vomiting		AA156
4. Pre-eclampsia during pregnancy		AA157
5. Pregnancy diabetes		AA158
6. Sugar in urine		AA159
7. Problems with incontinence		AA160

34. If you had pelvic girdle pain in a previous pregnancy that led to bed rest or medical leave, when did the pain start?

AA161 months after start of pregnancy

35. When did the pain stop?

AA162 months after pregnancy

AA163 still have pain

Illnesses and health problems during this pregnancy

36. Have you had bleeding from the vagina once or more during this pregnancy?

No

AA164

Yes

37. If yes, describe the first and last bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.

	Date when bleeding started	No. of days variation	Amount
First bleeding	AA165 Day AA166 Month AA167 Year	AA168	AA169 Trace of blood More than just a trace Clots
Last bleeding	AA170 Day AA171 Month AA172 Year	AA173	AA174 Trace of blood More than just a trace Clots

If more than two episodes of bleeding write in the number of times

AA175

38. Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them. (Include all types of medication, both prescription and over the counter medicines in addition to alternative and herbal remedies. Do not include vitamins and dietary supplements as these are discussed elsewhere.)

Illness/health problem	Illness/health problem during this pregnancy					Use of medication during this pregnancy								Number of days taken	
	Week of pregnancy				Name of medicine taken	Week of pregnancy									
	0-4	5-8	9-12	13+		0-4	5-8	9-12	13+						
1 Pelvic girdle pain	AA176	AA177	AA178	AA179	AA180	AA1586	AA1586k	AA181	AA182	AA183	AA184		AA185		
2 Abdominal pain	AA186	AA187	AA188	AA189	AA190	AA1587	AA1587k	AA191	AA192	AA193	AA194		AA195		
3 Back pain	AA196	AA197	AA198	AA199	AA200	AA1588	AA1588k	AA201	AA202	AA203	AA204		AA205		
4 Neck and shoulder pain	AA206	AA207	AA208	AA209	AA210	AA1589	AA1589k	AA211	AA212	AA213	AA214		AA215		
5 Nausea	AA216	AA217	AA218	AA219	AA220	AA1590	AA1590k	AA221	AA222	AA223	AA224		AA225		
6 Nausea with vomiting	AA226	AA227	AA228	AA229	AA230	AA1591	AA1591k	AA231	AA232	AA233	AA234		AA235		
7 Vaginal thrush	AA236	AA237	AA238	AA239	AA240	AA1592	AA1592k	AA241	AA242	AA243	AA244		AA245		
8 Vaginal catarrh/unusual discharge	AA246	AA247	AA248	AA249	AA250	AA1593	AA1593k	AA251	AA252	AA253	AA254		AA255		
9 Pregnancy itch	AA256	AA257	AA258	AA259	AA260	AA1594	AA1594k	AA261	AA262	AA263	AA264		AA265		
10 Constipation	AA266	AA267	AA268	AA269	AA270	AA1595	AA1595k	AA271	AA272	AA273	AA274		AA275		
11 Diarrhoea/gastric flu	AA276	AA277	AA278	AA279	AA280	AA1596	AA1596k	AA281	AA282	AA283	AA284		AA285		
12 Unusual tiredness/sleepiness	AA286	AA287	AA288	AA289	AA290	AA1597	AA1597k	AA291	AA292	AA293	AA294		AA295		
13 Sleeping problems	AA296	AA297	AA298	AA299	AA300	AA1598	AA1598k	AA301	AA302	AA303	AA304		AA305		
14 Heartburn/reflux	AA306	AA307	AA308	AA309	AA310	AA1599	AA1599k	AA311	AA312	AA313	AA314		AA315		
15 Oedema	AA316	AA317	AA318	AA319	AA320	AA1600	AA1600k	AA321	AA322	AA323	AA324		AA325		
16 Fever with rash	AA326	AA327	AA328	AA329	AA330	AA1601	AA1601k	AA331	AA332	AA333	AA334		AA335		
17 Fever over 38.5 C	AA336	AA337	AA338	AA339	AA340	AA1602	AA1602k	AA341	AA342	AA343	AA344		AA345		
18 Common cold	AA346	AA347	AA348	AA349	AA350	AA1603	AA1603k	AA351	AA352	AA353	AA354		AA355		
19 Throat infection	AA356	AA357	AA358	AA359	AA360	AA1604	AA1604k	AA361	AA362	AA363	AA364		AA365		
20 Sinusitis/ear infection	AA366	AA367	AA368	AA369	AA370	AA1605	AA1605k	AA371	AA372	AA373	AA374		AA375		
21 Influenza	AA376	AA377	AA378	AA379	AA380	AA1606	AA1606k	AA381	AA382	AA383	AA384		AA385		
22 Pneumonia/bronchitis	AA386	AA387	AA388	AA389	AA390	AA1607	AA1607k	AA391	AA392	AA393	AA394		AA395		
23 Sugar in urine	AA396	AA397	AA398	AA399	AA400	AA1608	AA1608k	AA401	AA402	AA403	AA404		AA405		
24 Protein in urine	AA406	AA407	AA408	AA409	AA410	AA1609	AA1609k	AA411	AA412	AA413	AA414		AA415		

Previous and current illnesses and health problems

39. Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the illness or health problem give the name(s) of the medication(s) and when you took them.

Illness/health problem during this pregnancy						Use of medication						
Illness/health problem	Before Pregnancy	During Pregnancy	Name of medicines	Last 6 months before pregnancy	Pregnancy week				Number of days used			
					0-4	5-8	9-12	13+				
Asthma/Allergy/Skin disorders												
1 Asthma	AA419	AA420	AA421	AA1610	AA1610k	AA422	AA423	AA424	AA425	AA426	AA427	
2 Hay fever, pollen allergy	AA428	AA429	AA430	AA1611	AA1611k	AA431	AA432	AA433	AA434	AA435	AA436	
3 Animal hair allergy	AA437	AA438	AA439	AA1612	AA1612k	AA440	AA441	AA442	AA443	AA444	AA445	
4 Other allergy	AA446	AA447	AA448	AA1613	AA1613k	AA449	AA450	AA451	AA452	AA453	AA454	
5 Atopic dermatitis (childhood eczema)	AA455	AA456	AA457	AA1614	AA1614k	AA458	AA459	AA460	AA461	AA462	AA463	
6 Urticaria (hives)	AA464	AA465	AA466	AA1615	AA1615k	AA467	AA468	AA469	AA470	AA471	AA472	
7 Psoriasis	AA473	AA474	AA475	AA1616	AA1616k	AA476	AA477	AA478	AA479	AA480	AA481	
8 Other eczema	AA482	AA483	AA484	AA1617	AA1617k	AA485	AA486	AA487	AA488	AA489	AA490	
9 Cold sores (herpes)	AA491	AA492	AA493	AA1618	AA1618k	AA494	AA495	AA496	AA497	AA498	AA499	
10 Acne/pimples (serious)	AA500	AA501	AA502	AA1619	AA1619k	AA503	AA504	AA505	AA506	AA507	AA508	
Diabetes												
11 Diabetes treated with insulin	AA509	AA510	AA511	AA1620	AA1620k	AA512	AA513	AA514	AA515	AA516	AA517	
12 Diabetes not treated with insulin	AA518	AA519	AA520	AA1621	AA1621k	AA521	AA522	AA523	AA524	AA525	AA526	
Heart/Blood/Metabolism/Blood vessels												
13 Congenital heart defect	AA527	AA528	AA529	AA1622	AA1622k	AA530	AA531	AA532	AA533	AA534	AA535	
14 Other heart disease	AA536	AA537	AA538	AA1623	AA1623k	AA539	AA540	AA541	AA542	AA543	AA544	
15 High cholesterol	AA545	AA546	AA547	AA1624	AA1624k	AA548	AA549	AA550	AA551	AA552	AA553	
16 High blood pressure	AA554	AA555	AA556	AA1625	AA1625k	AA557	AA558	AA559	AA560	AA561	AA562	
17 Hypothyroidism or hyperthyroidism	AA563	AA564	AA565	AA1626	AA1626k	AA566	AA567	AA568	AA569	AA570	AA571	
18 Anaemia/low hemoglobin	AA572	AA573	AA574	AA1627	AA1627k	AA575	AA576	AA577	AA578	AA579	AA580	
19 B-12/folic acid insufficiency	AA581	AA582	AA583	AA1628	AA1628k	AA584	AA585	AA586	AA587	AA588	AA589	
Gastrointestinal												
20 Hepatitis/jaundice	AA590	AA591	AA592	AA1629	AA1629k	AA593	AA594	AA595	AA596	AA597	AA598	
21 Gall stones	AA599	AA600	AA601	AA1630	AA1630k	AA602	AA603	AA604	AA605	AA606	AA607	
22 Duodenal/stomach ulcer	AA608	AA609	AA610	AA1631	AA1631k	AA611	AA612	AA613	AA614	AA615	AA616	
23 Crohn's disease/ulcerative colitis	AA617	AA618	AA619	AA1632	AA1632k	AA620	AA621	AA622	AA623	AA624	AA625	
24 Celiac sprue (gluten sensitivity)	AA626	AA627	AA628	AA1633	AA1633k	AA629	AA630	AA631	AA632	AA633	AA634	
25 Other gastro-intestinal problems	AA635	AA636	AA637	AA1634	AA1634k	AA638	AA639	AA640	AA641	AA642	AA643	
Muscle/Skeleton/Connective tissue												
26 Arthritis (rheumatoid arthritis)/ Bechterev's reflex	AA644	AA645	AA646	AA1635	AA1635k	AA647	AA648	AA649	AA650	AA651	AA652	

Illness/health problem during this pregnancy				Use of medication							
Illness/health problem	Before Pregnancy	During Pregnancy	Name of medicines	Last 6 months before pregnancy	Pregnancy week				Number of days used		
					0-4	5-8	9-12	13+			
27 Lupus (SLE)	AA653	AA654	AA655	AA1636	AA1636k	AA656	AA657	AA658	AA659	AA660	AA661
28 Sciatica	AA662	AA663	AA664	AA1637	AA1637k	AA665	AA666	AA667	AA668	AA669	AA670
29 Fibromyalgia	AA671	AA672	AA673	AA1638	AA1638k	AA674	AA675	AA676	AA677	AA678	AA679
Genital and urinary tract											
30 Ovary/fallopian tube infection	AA680	AA681	AA682	AA1639	AA1639k	AA683	AA684	AA685	AA686	AA687	AA688
31 Endometriosis	AA689	AA690	AA691	AA1640	AA1640k	AA692	AA693	AA694	AA695	AA696	AA697
32 Uterus prolaps	AA698	AA699	AA700	AA1641	AA1641k	AA701	AA702	AA703	AA704	AA705	AA706
33 Ovarian cyst	AA707	AA708	AA709	AA1642	AA1642k	AA710	AA711	AA712	AA713	AA714	AA715
34 Myoma	AA716	AA717	AA718	AA1643	AA1643k	AA719	AA720	AA721	AA722	AA723	AA724
35 Cervical cell changes	AA725	AA726	AA727	AA1644	AA1644k	AA728	AA729	AA730	AA731	AA732	AA733
36 Herpes	AA734	AA735	AA736	AA1645	AA1645k	AA737	AA738	AA739	AA740	AA741	AA742
37 Venereal warts/condyloma	AA743	AA744	AA745	AA1646	AA1646k	AA746	AA747	AA748	AA749	AA750	AA751
38 Gonorrhea	AA752	AA753	AA754	AA1647	AA1647k	AA755	AA756	AA757	AA758	AA759	AA760
39 Chlamydia	AA761	AA762	AA763	AA1648	AA1648k	AA764	AA765	AA766	AA767	AA768	AA769
40 Kidney stones	AA770	AA771	AA772	AA1649	AA1649k	AA773	AA774	AA775	AA776	AA777	AA778
41 Kidney infection/pyelonephritis	AA779	AA780	AA781	AA1650	AA1650k	AA782	AA783	AA784	AA785	AA786	AA787
42 Urinary tract infections/cystitis	AA788	AA789	AA790	AA1651	AA1651k	AA791	AA792	AA793	AA794	AA795	AA796
43 Incontinence	AA797	AA798	AA799	AA1652	AA1652k	AA800	AA801	AA802	AA803	AA804	AA805
Other illnesses/health problems											
44 Anorexia/bulimia/other eating disorders	AA806	AA807	AA808	AA1653	AA1653k	AA809	AA810	AA811	AA812	AA813	AA814
45 Migraine	AA815	AA816	AA817	AA1654	AA1654k	AA818	AA819	AA820	AA821	AA822	AA823
46 Other headache	AA824	AA825	AA826	AA1655	AA1655k	AA827	AA828	AA829	AA830	AA831	AA832
47 Epilepsy	AA833	AA834	AA835	AA1656	AA1656k	AA836	AA837	AA838	AA839	AA840	AA841
48 Multiple sclerosis	AA842	AA843	AA844	AA1657	AA1657k	AA845	AA846	AA847	AA848	AA849	AA850
49 Cerebral palsy	AA851	AA852	AA853	AA1658	AA1658k	AA854	AA855	AA856	AA857	AA858	AA859
50 Cancer	AA860	AA861	AA862	AA1659	AA1659k	AA863	AA864	AA865	AA866	AA867	AA868
51 Depression	AA869	AA870	AA871	AA1660	AA1660k	AA872	AA873	AA874	AA875	AA876	AA877
52 Anxiety	AA878	AA879	AA880	AA1661	AA1661k	AA881	AA882	AA883	AA884	AA885	AA886
53 Other long illness or health problems	AA887	AA888	AA889	AA1662	AA1662k	AA890	AA891	AA892	AA893	AA894	AA895
Which	AA1663	AA896									

40. Do you have a congenital malformation/birth defect?

No

AA900

Yes

41. If yes, which?

AA1664

AA901

42. Do your gums bleed when you brush your teeth at present?

No, rarely or never

Yes, sometimes

AA902

Yes, often

Yes, almost always

43. If you had diabetes before you became pregnant, what was your last long-term blood sugar level (HbA1c) before you became pregnant?

Less than 7.5

7.5 - 12

More than 12

Don't Know

AA903

Other medicines

44. Have you used other medication not previously mentioned? If yes, which and when did you take them?

Use of medication during pregnancy weeks

Name of medication

(e.g. Valium, Rohypnol, Paracetamol)

Last 6 months
before pregnancy

0-4

5-8

9-12

13+

Number
of days used

AA904

AA1665

AA1665k

AA905

AA906

AA907

AA908

AA909

AA910

AA911

AA1666

AA1666k

AA912

AA913

AA914

AA915

AA916

AA917

AA918

AA1667

AA1667k

AA919

AA920

AA921

AA922

AA923

AA924

AA925

AA1668

AA1668k

AA926

AA927

AA928

AA929

AA930

AA931

AA932

AA1669

AA1669k

AA933

AA934

AA935

AA936

AA937

AA938

Vitamins, minerals and dietary supplements

45. Do you take vitamins, minerals or other dietary supplements?

No (proceed to question 49)

AA939

Yes

46. If yes, fill in the table below for the vitamins and minerals found in the contents list on the vitamin package/bottle. (For instance, if you have taken cod liver oil for the last six months before becoming pregnant, enter a cross for each period under "When" (i.e. 7 crosses) and enter a cross in "Daily" under "How often").

When did you take the supplements?

Last 6 months before pregnancy

During pregnancy

In this period how often
did you take this?

26-9
weeks

8-5
weeks

4-0
weeks

0-4
weeks

5-8
weeks

9-12
weeks

13+
weeks

Daily

4-6 times
a week

1-3 times
a week

1	Folate/folic acid	AA940	AA941	AA942	AA943	AA944	AA945	AA946	AA947
2	Vitamin B1 (Thiamine)	AA948	AA949	AA950	AA951	AA952	AA953	AA954	AA955
3	Vitamin B2 (Riboflavin)	AA956	AA957	AA958	AA959	AA960	AA961	AA962	AA963
4	Vitamin B6 (Pyridoxine)	AA964	AA965	AA966	AA967	AA968	AA969	AA970	AA971
5	Vitamin B12	AA972	AA973	AA974	AA975	AA976	AA977	AA978	AA979
6	Niacin	AA980	AA981	AA982	AA983	AA984	AA985	AA986	AA987
7	Pantothenic acid	AA988	AA989	AA990	AA991	AA992	AA993	AA994	AA995
8	Biotin	AA996	AA997	AA998	AA999	AA1000	AA1001	AA1002	AA1003
9	Vitamin C	AA1004	AA1005	AA1006	AA1007	AA1008	AA1009	AA1010	AA1011
10	Vitamin A	AA1012	AA1013	AA1014	AA1015	AA1016	AA1017	AA1018	AA1019
11	Vitamin D	AA1020	AA1021	AA1022	AA1023	AA1024	AA1025	AA1026	AA1027
12	Vitamin E	AA1028	AA1029	AA1030	AA1031	AA1032	AA1033	AA1034	AA1035
13	Iron	AA1036	AA1037	AA1038	AA1039	AA1040	AA1041	AA1042	AA1043
14	Calcium	AA1044	AA1045	AA1046	AA1047	AA1048	AA1049	AA1050	AA1051
15	Iodine	AA1052	AA1053	AA1054	AA1055	AA1056	AA1057	AA1058	AA1059
16	Zinc	AA1060	AA1061	AA1062	AA1063	AA1064	AA1065	AA1066	AA1067
17	Selenium	AA1068	AA1069	AA1070	AA1071	AA1072	AA1073	AA1074	AA1075
18	Copper	AA1076	AA1077	AA1078	AA1079	AA1080	AA1081	AA1082	AA1083
19	Chromium	AA1084	AA1085	AA1086	AA1087	AA1088	AA1089	AA1090	AA1091
20	Magnesium	AA1092	AA1093	AA1094	AA1095	AA1096	AA1097	AA1098	AA1099
21	Cod liver oil	AA1100	AA1101	AA1102	AA1103	AA1104	AA1105	AA1106	AA1107
22	Omega-3 fatty acid	AA1108	AA1109	AA1110	AA1111	AA1112	AA1113	AA1114	AA1115

	You	Baby's Father
1 Student	AA1132	AA1133
2 At home	AA1134	AA1135
3 Intern/apprentice	AA1136	AA1137
4 Military service	AA1138	AA1139
5 Unemployed/laid off	AA1140	AA1141
6 Rehabilitation/disabled	AA1142	AA1143
7 Employed in public sector	AA1144	AA1145
8 Employed in private sector	AA1146	AA1147
9 Self-employed	AA1148	AA1149
10 Family member without steady income in family company (e.g. Farming, business)	AA1150	AA1151
11 Other	AA1152	AA1153

52. Did you have an extra job (with or without salary) when you became pregnant? (For example, accountant, hair dresser, singer in a dance band, club leader)

No

AA1157

Yes, describe

AA1676

AA1158

53. Have you been absent from your usual work more than two weeks altogether during this pregnancy?

No

AA1159

Yes

54. Are you absent from your work at the present time?

No

AA1160

Yes

55. If yes, what is the reason for your absence? (Fill in one or several boxes.)

Medical leave

AA1161

Leave of absence

AA1162

Sick child

AA1163

Other

AA1164

AA1165

AA1677

56. The usual number of paid working hours a week before you became pregnant and at present. Before the pregnancy:

AA1166

Hours

During the pregnancy :

AA1167

Hours

(Questions about current work situation to be answered by anyone in paid employment, even if they are temporarily absent due to illness, being on leave or for similar reasons.)

57. Describe the type of work carried out at your and the baby's father's place of work as accurately as possible. (Write for example, hospital department for children with cancer, body shop at a garage for diesel vehicles, farming with grain and swine, work in the home.)

You

Baby's Father

AA1168

AA1169

AA1170

AA1171

58. Occupation/title at this workplace? (Write for example, staff nurse, mechanic, foreman, lecturer, student, cleaning assistant, housewife/at home.)

59. Indicate the appropriate answer for each of the following questions concerning your present work situation. (Fill in only one box in each line.)

Yes every day more than half of the working day Yes every day less than half of the working day Yes, periodically but not daily Seldom or never

Do you sometimes have so much to do that your work situation becomes taxing?

AA1172

Do you have to turn or bend many times in the course of an hour?

AA1173

Do you work with your hands up at shoulder level or higher?

AA1174

Do you work standing or walking?

AA1175

Can you choose to work a little faster some days and a little slower on other days?

AA1176

Are you subjected to a lot of uncomfortable background noise?

AA1177

Are you subjected to a lot of background noise that makes you have to raise your voice when talking to others, even at a distance of one metre?

AA1178

60. How do the following statements describe your work situation? (Fill in only one box in each line.)

Agree Agree mostly Disagree mostly Disagree completely

I have physically heavy work.

AA1179

My work is very stressful

AA1180

I learn a lot at work

AA1181

My work is very monotonous

AA1182

My work demands a lot of me.

AA1183

I am able to decide how my work is to be carried out.

AA1184

There is a good team spirit at my place of work.

AA1185

I enjoy my work

AA1186

61. When are your working hours? (Fill in one or several boxes.)

Permanent day work

AA1187

Permanent afternoon or evening work

AA1188

Permanent night work

AA1189

Shift work or shift rotations

AA1190

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

AA1191

Other

AA1192

62. During your pregnancy do you lift anything that weighs more than 10 kg (10 kilos is the equivalent of a full bucket of water.)

At Home At Work

Seldom or never

AA1193

AA1194

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

63. How often have you worked with radio transmitters or radar after becoming pregnant?

Seldom/Never

A few times a week

Daily

On average more than an hour daily

64. How often do you talk on a cell phone?

Seldom/Never

A few times a week

Daily

On average more than an hour daily

65. Do your cell phone calls last more than 15 minutes?

Never

Seldom

Often

66. How often have you worked with a computer monitor, laser printer or copying machine (at a distance of less than two metres) after you became pregnant?

computer
monitor

laser
printer

Copying
machine

Seldom/Never

A few times per week

Daily

On average more than

an hour daily

67. How often have you worked with X-ray equipment (at a distance of less than two metres) after you became pregnant? (This does not include treatment as a patient)

Seldom/Never

A few times a week

Daily

On average more than an hour daily

68. Have you been in contact with any of the following substances either at work or in your leisure time during the last six months? (Fill in each line.)

	the last 6 months	If Yes, number of days (daily = 180 days)	Fill in if you have used a hood for gases or breathing protection	Fill in if you have used protective gloves
	No	Yes		

1	Lead vapours, lead dust, lead particles or lead alloys	<input type="text" value="AA1202"/>	<input type="text" value="AA1203"/>	<input type="text" value="AA1204"/>	<input type="text" value="AA1205"/>
2	Chrome, arsenic, cadmium or combinations of these	<input type="text" value="AA1206"/>	<input type="text" value="AA1207"/>	<input type="text" value="AA1208"/>	<input type="text" value="AA1209"/>
3	Gasoline or exhaust (does not apply to filling gasoline in your own car)	<input type="text" value="AA1210"/>	<input type="text" value="AA1211"/>	<input type="text" value="AA1212"/>	<input type="text" value="AA1213"/>
4	Mercury vapours, mercury or work with amalgam fillings (does not apply to your own dental treatment)	<input type="text" value="AA1214"/>	<input type="text" value="AA1215"/>	<input type="text" value="AA1216"/>	<input type="text" value="AA1217"/>
5	Disinfectants, vermin poisons	<input type="text" value="AA1218"/>	<input type="text" value="AA1219"/>	<input type="text" value="AA1220"/>	<input type="text" value="AA1221"/>
6	Weed killers, insecticides, fungicides	<input type="text" value="AA1222"/>	<input type="text" value="AA1223"/>	<input type="text" value="AA1224"/>	<input type="text" value="AA1225"/>
7	Oil-based paint	<input type="text" value="AA1226"/>	<input type="text" value="AA1227"/>	<input type="text" value="AA1228"/>	<input type="text" value="AA1229"/>
8	Water-based or latex paint	<input type="text" value="AA1230"/>	<input type="text" value="AA1231"/>	<input type="text" value="AA1232"/>	<input type="text" value="AA1233"/>
9	Paint thinner, paint-lacquer-glue remover or other solvents (e.g. lynol, turpentine, toluene, carbon tetrachloride)	<input type="text" value="AA1234"/>	<input type="text" value="AA1235"/>	<input type="text" value="AA1236"/>	<input type="text" value="AA1237"/>
10	Industrial dyes or ink	<input type="text" value="AA1238"/>	<input type="text" value="AA1239"/>	<input type="text" value="AA1240"/>	<input type="text" value="AA1241"/>
11	Motor oil, lubrication oil or other types of oil	<input type="text" value="AA1242"/>	<input type="text" value="AA1243"/>	<input type="text" value="AA1244"/>	<input type="text" value="AA1245"/>
12	Photographic chemicals (fixatives or developers)	<input type="text" value="AA1246"/>	<input type="text" value="AA1247"/>	<input type="text" value="AA1248"/>	<input type="text" value="AA1249"/>
13	Substances used in welding	<input type="text" value="AA1250"/>	<input type="text" value="AA1251"/>	<input type="text" value="AA1252"/>	<input type="text" value="AA1253"/>
14	Substances used in soldering	<input type="text" value="AA1254"/>	<input type="text" value="AA1255"/>	<input type="text" value="AA1256"/>	<input type="text" value="AA1257"/>
15	Formalin/formaldehyde	<input type="text" value="AA1258"/>	<input type="text" value="AA1259"/>	<input type="text" value="AA1260"/>	<input type="text" value="AA1261"/>
16	Chemotherapeutic substances/chemotherapy treatment (does not apply to your own medical treatment)	<input type="text" value="AA1262"/>	<input type="text" value="AA1263"/>	<input type="text" value="AA1264"/>	<input type="text" value="AA1265"/>
17	Laughing gas or other anaesthetic gases (does not apply to your own treatment as a patient)	<input type="text" value="AA1266"/>	<input type="text" value="AA1267"/>	<input type="text" value="AA1268"/>	<input type="text" value="AA1269"/>
18	Other substances and conditions, describe <input type="text" value="AA1682"/> <input type="text" value="AA1274"/>	<input type="text" value="AA1270"/>	<input type="text" value="AA1271"/>	<input type="text" value="AA1272"/>	<input type="text" value="AA1273"/>

69. How often have you been to a discotheque since you became pregnant?

1-2 times a week

Less often

Never

70. Are you in contact with animals either at work or in your leisure time?

No

Yes

71. If yes, what sort of animals and how often are you in contact with them on a weekly basis?

	Daily	3-6 times a week	1-2 times a week	Less than 1 time a week
1 Dog		AA1280		
2 Cat		AA1281		
3 Guinea pig		AA1282		
4 Hamster		AA1283		
5 Rabbit		AA1284		
6 Canary or other bird ..		AA1285		
7 Aquarium fish		AA1286		
8 Cow		AA1287		
9 Pig		AA1288		
10 Sheep, goat		AA1289		
11 Horse		AA1290		
12 Poultry		AA1291		
13 Other		AA1292		

Housing and household

72. With whom do you live? (Fill in one or several boxes.)

Spouse/partner	AA1293		
Parents	AA1294		
Parents-in-law	AA1295		
Children	AA1296		
No one	AA1297	AA1683	AA1299
Other describe	AA1298		

73. How many people including you live in your home? .

Number of people over 18 years	AA1300
Number of people between 12 - 18 years ...	AA1301
Number of people between 6 - 11 years	AA1302
Number of people under 6 years	AA1303

74. How many children are at nursery school/day care?

children AA1304

75. Do you or the baby's father have a mother tongue other than Norwegian?

No AA1305
Yes

76. If yes, which language?

	You	Baby's Father
Sámi		
Urdu	AA1306	AA1307
English		
Other		

If other, which? AA1308 AA1684

77. Do your parents or the baby's father's parents have a mother tongue other than Norwegian?

No AA1309
Yes

78. If yes, which language?

	Your Mother	Your Father	Mother of the child's father	Father of the child's father
Sámi				
Urdu	AA1310	AA1311	AA1312	AA1313
English				
Other				
If other, which?	AA1685	AA1314		

79. What is your and the baby's father's yearly gross income? (Include child support, unemployment benefits and other allowances.)

Your gross income	AA1315	Child's father's gross income	AA1316
No income		No income	
Under 150.000 NOK		Under 150.000 NOK	
150-199.999 NOK		150-199.999 NOK	
200-299.999 NOK		200-299.999 NOK	
300-399.999 NOK		300-399.999 NOK	
400-499.999 NOK		400-499.999 NOK	
over 500.000 NOK		over 500.000 NOK	
		Don't know	

80. Is it possible for your household to manage financially without your income?

No AA1317
Yes, but with difficulty
Yes, without difficulty

81. What type of house do you live in?

What type of house do you live in?		AA1318
Detached house		AA1319
Farm		AA1320
Semi detached		AA1321
Four-flat house		AA1322
Maisonette		AA1323
Terraced flat		AA1324
Basement flat		AA1325
Apartment building		AA1326
Townhouse/tenement	AA1327	AA1326
Which floor?	AA1686	AA1328
Other		AA1329

82. Has there been damp damage, visible signs of fungus/mildew or a smell of mildew in your home in the past 3 months? (Fill in one or several boxes.)

No	AA1330
Yes, damp damage	AA1331
Yes, signs of fungus and mould	AA1332
Yes, a smell of mildew	AA1333

83. Where does your drinking water come from?

Public or private water company	AA1334
Water from a local source (e.g. own well)	AA1335

84. How many times have you moved in the last 3 years?

times AA1336

85. Has anyone in your home had influenza, a prolonged cough, childhood disease or an illness with fever and a rash after you became pregnant?

No AA1337
Yes

86. If yes, which illness? (fill in one or several boxes)

German measles	AA1338
Chicken pox	AA1339
Measles	AA1340
Roseola infantum	AA1341
Other fever with rash	AA1342
Influenza	AA1343
Prolonged cough	AA1344
Tuberculosis	AA1345
Hand, foot and mouth disease	AA1346
Other	AA1347

Living habits

87. Did your mother smoke when she was pregnant with you?

No AA1348
 Yes
 Don't Know

88. Are you exposed to passive smoking at home?

No Yes AA1349

89. If yes, how many hours a day are you exposed to passive smoking?

hours per day AA1350

104: responses in
questionnaire1b.doc and the Excel
file don't match

90. Are you exposed to passive smoking at work?

No Yes AA1351

91. If yes, how many hours a day are you exposed to passive smoking?

hours per day AA1352

92. Did the baby's father smoke before you became pregnant?

No Yes AA1353

93. Does he smoke now?

No
 Yes AA1354

94. Have you ever smoked?

No (proceed to question 104)
 Yes AA1355

95. Do you smoke now (after you became pregnant)?

No AA1356
 Sometimes cigarettes per week
 Daily cigarettes per day

96. Did you smoke during the last 3 months before you became pregnant this time?

No AA1359
 Sometimes cigarettes per week
 Daily cigarettes per day

97. How old were you when you started to smoke on a daily basis?

Years AA1362

98. Have you stopped smoking completely?

No Yes AA1363

99. If yes, how old were you when you stopped smoking?

Years AA1364

100. If you stopped smoking after you became pregnant, in which week of pregnancy did you stop?

week of pregnancy AA1365

101. How long after you get up in the morning until you light your first cigarette?

5 minutes AA1366
 6-29 minutes
 30-60 minutes
 More than one hour

102. Do you smoke when you are ill?

No Yes AA1367

103. Do you smoke more often during the first few hours after you wake up than you do during the rest of the day?

No Yes AA1368

104. If you have used other kinds of nicotine indicate which and when you used them.

	Before pregnancy	During pregnancy
Chewing tobacco/snuff	<input type="text"/> AA1369	<input type="text"/> AA1370
Nicotine chewing gum	<input type="text"/> AA1371	<input type="text"/> AA1372
Nicotine adhesive patch	<input type="text"/> AA1373	<input type="text"/> AA1374
Nicotine inhaler	<input type="text"/> AA1375	<input type="text"/> AA1376

105. What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)

	Number of cups/glasses		
	Before pregnancy	Now	Decaffeinated (Enter a cross)
1 Filter coffee	<input type="text"/> <input type="text"/> AA1377	<input type="text"/> <input type="text"/> AA1378	<input type="text"/> AA1379
2 Instant coffee	<input type="text"/> <input type="text"/> AA1380	<input type="text"/> <input type="text"/> AA1381	<input type="text"/> AA1382
3 Boiled coffee	<input type="text"/> <input type="text"/> AA1383	<input type="text"/> <input type="text"/> AA1384	<input type="text"/> AA1385
4 Tea	<input type="text"/> <input type="text"/> AA1386	<input type="text"/> <input type="text"/> AA1387	<input type="text"/> AA1388
5 Herbal tea	<input type="text"/> <input type="text"/> AA1389	<input type="text"/> <input type="text"/> AA1390	<input type="text"/> AA1391
6 Coca Cola/Pepsi etc.	<input type="text"/> <input type="text"/> AA1392	<input type="text"/> <input type="text"/> AA1393	<input type="text"/> AA1394
7 Other fizzy drinks	<input type="text"/> <input type="text"/> AA1395	<input type="text"/> <input type="text"/> AA1396	<input type="text"/> AA1397
8 Diet Coca Cola/Pepsi	<input type="text"/> <input type="text"/> AA1398	<input type="text"/> <input type="text"/> AA1399	<input type="text"/> AA1400
9 Other diet fizzy drinks	<input type="text"/> <input type="text"/> AA1401	<input type="text"/> <input type="text"/> AA1402	<input type="text"/> AA1403
10 Tap water	<input type="text"/> <input type="text"/> AA1404	<input type="text"/> <input type="text"/> AA1405	
11 Bottled water	<input type="text"/> <input type="text"/> AA1406	<input type="text"/> <input type="text"/> AA1407	
	Before pregnancy	Now	Ecological (Enter a cross)
12 Juice/squash	<input type="text"/> <input type="text"/> AA1408	<input type="text"/> <input type="text"/> AA1409	<input type="text"/> AA1410
13 Diet juice/squash	<input type="text"/> <input type="text"/> AA1411	<input type="text"/> <input type="text"/> AA1412	<input type="text"/> AA1413
14 Milk (skim, low fat, whole)	<input type="text"/> <input type="text"/> AA1414	<input type="text"/> <input type="text"/> AA1415	<input type="text"/> AA1416
15 Yogurt, all types	<input type="text"/> <input type="text"/> AA1417	<input type="text"/> <input type="text"/> AA1418	<input type="text"/> AA1419
16 Yogurt/active Lactobacillus	<input type="text"/> <input type="text"/> AA1420	<input type="text"/> <input type="text"/> AA1421	<input type="text"/> AA1422
17 Other type of cultured milk - Kefir	<input type="text"/> <input type="text"/> AA1423	<input type="text"/> <input type="text"/> AA1424	<input type="text"/> AA1425
18 Other	<input type="text"/> <input type="text"/> AA1426	<input type="text"/> <input type="text"/> AA1427	<input type="text"/> AA1428

106. Have you used any of the following substances?

	Never	Last month Previously	During before pregnancy	pregnancy
1 Hash	AA1432	AA1433	AA1434	AA1435
2 Amphetamine	AA1436	AA1437	AA1438	AA1439
3 Ecstasy	AA1440	AA1441	AA1442	AA1443
4 Cocaine	AA1444	AA1445	AA1446	AA1447
5 Heroin	AA1448	AA1449	AA1450	AA1451

107. Have you ever consumed alcohol?

No (proceed to question 117)

Yes

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

- 1 bottle/can energy drink or cider
- 1 glass (1/3 litre) of beer
- 1 wine glass red or white wine
- 1 sherry glass or other fortified wine
- 1 snaps glass spirits or liqueur

108. How often did you consume alcohol in the 3 months before you became pregnant and how often do you consume alcohol during the pregnancy?

	Last 3 months before pregnancy	During pregnancy
1 Approximately 6-7 times a week ..		
2 Approximately 4-5 times a week ..		
3 Approximately 2-3 times a week ..	<input type="text" value="AA1453"/>	<input type="text" value="AA1454"/>
4 Approximately once a week		
5 Approximately 1-3 times a month ..		
6 Less than once a month		
7 Never		

109. What type of alcohol do you usually drink? (Fill in one or several boxes.)

1 Light beer	<input type="text" value="AA1455"/>
2 Beer	<input type="text" value="AA1456"/>
3 Red wine	<input type="text" value="AA1457"/>
4 White wine	<input type="text" value="AA1458"/>
5 Low alcohol sodas	<input type="text" value="AA1459"/>
6 Fortified wines (sherry, port, Madeira)	<input type="text" value="AA1460"/>
7 Spirits (vodka, gin, snaps, cognac, whisky, liqueur)	<input type="text" value="AA1461"/>

110. Did you drink 5 units or more at least once during the last 3 months before pregnancy or during pregnancy?

	Last 3 months before pregnancy	During pregnancy
1 Several times per week		
2 Once a week	<input type="text" value="AA1462"/>	<input type="text" value="AA1463"/>
3 1-3 times a month		
4 Less than once a month		
5 Never		

111. How many units of alcohol do you usually drink when you consume alcohol?

	Last 3 months before pregnancy	During pregnancy
10 or more		
7-9		
5-6	<input type="text" value="AA1464"/>	<input type="text" value="AA1465"/>
3-4		
1-2		
Less than 1		

112. How many units of alcohol do you have to drink before you feel any effect?

units

113. Have other people irritated you or hurt your feelings by criticising how much you drink?

No

Yes

114. Have you ever felt that you ought to drink less alcohol?

No

Yes

115. Have you ever drunk alcohol in the morning to calm your nerves or to get rid of a hangover?

No

Yes

116. Have you ever experienced any of the following problems during the last year in relation to your alcohol consumption?

	Never	Once	Several times
Argued with or had negative feelings for a family member			<input type="text" value="AA1470"/>
Suddenly found yourself somewhere without knowing how you got there			<input type="text" value="AA1471"/>
Been absent from work or school			<input type="text" value="AA1472"/>
Fainted or passed out suddenly			<input type="text" value="AA1473"/>
Had a sad period			<input type="text" value="AA1474"/>

Weight and weight control

117. Do you think you were overweight just before this pregnancy?

Yes, a lot

Yes, a little

No

118. Are you worried about putting on more weight than necessary during this pregnancy?

Yes, very worried

Somewhat worried

No, not especially worried

119. Has anyone said that you were too thin while you felt that you were overweight during the last 2 years?

Yes, often

Yes, occasionally

No

120. Have you ever felt that you lost control while eating and were not able to stop before you have eaten far too much?

	Last 6 months before this pregnancy	Now
No		
Infrequently	<input type="text" value="AA1478"/>	<input type="text" value="AA1479"/>
Yes, at least once a week		

121. Have you ever used any of the following methods to control your weight?

	Last 6 months before this pregnancy		Now	
	At least once a week	Seldom/ Never	At least once a week	Seldom/ Never
Vomiting		<input type="text" value="AA1480"/>		<input type="text" value="AA1481"/>
Laxatives		<input type="text" value="AA1482"/>		<input type="text" value="AA1483"/>
Fasting		<input type="text" value="AA1484"/>		<input type="text" value="AA1485"/>
Hard physical exercise		<input type="text" value="AA1486"/>		<input type="text" value="AA1487"/>

122. Is it important for your self-image that you maintain a certain weight?

Yes, very important

Yes, quite important

No, not especially important

Physical activity

123. How often do you exercise? (Fill in each line for both before and during this pregnancy.)

		Last 3 months before this pregnancy					During this pregnancy				
		1-3		1 time	2 times	3 or more	1-3		1 time	2 times	3 or more
		Never	times a month	a week	a week	times a week	Never	times a month	a week	a week	times a week
				AA1489					AA1490		
1	Walking			AA1491					AA1492		
2	Brisk walking			AA1493					AA1494		
3	Running/jogging/orienteering			AA1495					AA1496		
4	Bicycling			AA1497					AA1498		
5	Training studio/weight training			AA1499					AA1500		
6	Special gymnastics/aerobics for pregnant women			AA1501					AA1502		
7	Aerobics/gymnastics/dance without running and jumping			AA1503					AA1504		
8	Aerobics/gymnastics/dance with running and jumping			AA1505					AA1506		
9	Dancing (swing/rock/folk)			AA1507					AA1508		
10	Skiing			AA1509					AA1510		
11	Ball sports			AA1511					AA1512		
12	Swimming			AA1513					AA1514		
13	Riding			AA1515					AA1516		
14	Other										

124. How often do you do exercises for the following muscle groups? (Fill in each line for both before and during this pregnancy.)

	Last 3 months before pregnancy					During pregnancy				
	Never	1-3 times a month	1 time a week	2 times a week	3 or more times a week	Never	1-3 times a month	1 time a week	2 times a week	3 or more times a week
Abdominal muscles				AA1517					AA1518	
Back muscles				AA1519					AA1520	
Pelvic floor muscles (muscles around the vagina, urethra, anus)				AA1521					AA1522	

125. How often are you so physically active in your leisure and/or at work that you get out of breath or sweat?

		Last 3 months before this pregnancy		During this pregnancy	
		Leisure	At work	Leisure	At work
	Never				
	Less than once a week				
	Once a week	AA1523	AA1524	AA1525	AA1526
	2 times a week				
	3-4 times a week				
	5 times a week or more				

A little more about yourself and how you are keeping now

126. Do you agree or disagree with the following statements? (Fill in only one box in each line.)

		Disagree completely	Disagree	Disagree somewhat	Don't agree or disagree	Agree somewhat	Agree	Agree completely
	My life is largely what I wanted it to be							
	My life is very good							
	I am satisfied with my life							
	To date, I have achieved 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 these statements describe your relationship? (Only answer if you have a partner.) (Fill in only one box in each line.)

		Agree Completely	Agree	Agree somewhat	Disagree somewhat	Disagree	Disagree completely
	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 about how children should be raised						
	I think my partner is satisfied with our relationship						

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

No
 Yes 1-2 people
 Yes more than 2 people

129. How often do you meet or talk on the telephone with your family (other than those you live with) or close friends?

Once a month or less
 2-8 times a month
 More than twice a week

130. Do you often feel lonely?

Almost never
 Seldom
 Sometimes
 Usually
 Almost always

131. Have you been bothered by any of the following during the last two weeks? (Enter a cross for each line.)

	Not bothered	A little bothered	Quite bothered	Very bothered
Constantly frightened or anxious				<input type="text" value="AA1548"/>
Nervous, inner turmoil				<input type="text" value="AA1549"/>
Feeling of hopelessness with regard to the future . . .				<input type="text" value="AA1550"/>
Depressed, sad				<input type="text" value="AA1551"/>
Frequently worried or uneasy				<input type="text" value="AA1552"/>

132. Have you ever in your adult life been slapped, hit, kicked or bothered in any way physically? (fill in one or several boxes)

	During this pregnancy	Last 6 months before pregnancy	Earlier
No	<input type="text" value="AA1553"/>	<input type="text" value="AA1554"/>	<input type="text" value="AA1555"/>
Yes			
Don't remember			

133. Have you ever been pressured or forced to have sexual intercourse? (Fill in one or several boxes.)

	During this pregnancy	Last 6 months before pregnancy	Earlier
No, never	<input type="text" value="AA1556"/>	<input type="text" value="AA1557"/>	<input type="text" value="AA1558"/>
Yes, pressured	<input type="text" value="AA1559"/>	<input type="text" value="AA1560"/>	<input type="text" value="AA1561"/>
Yes, forced with violence	<input type="text" value="AA1562"/>	<input type="text" value="AA1563"/>	<input type="text" value="AA1564"/>
Yes, raped	<input type="text" value="AA1565"/>	<input type="text" value="AA1566"/>	<input type="text" value="AA1567"/>

134. How do you feel about yourself? (Enter a cross for each line.)

	Agree completely	Disagree completely
I have a positive attitude toward myself		<input type="text" value="AA1568"/>
I feel completely useless at times		<input type="text" value="AA1569"/>
I feel that I do not have much to be proud about . . .		<input type="text" value="AA1570"/>
I feel that I am a valuable person, as good as anyone else . . .		<input type="text" value="AA1571"/>

135. Have you ever experienced the following for a continuous period of 2 weeks or more? (Fill in each line.)

	No	Yes
Felt depressed, sad		<input type="text" value="AA1572"/>
Had problems with appetite or eaten too much		<input type="text" value="AA1573"/>
Been bothered by feeling weaker or a lack of energy		<input type="text" value="AA1574"/>
Really blamed yourself and felt worthless		<input type="text" value="AA1575"/>
Had problems with concentration or had problems making decisions		<input type="text" value="AA1576"/>
Had at least 3 of the problems named above simultaneously		<input type="text" value="AA1577"/>

136. If you have had 3 or more of these problems at the same time, how many weeks did the longest period last?

weeks

137. Was there a particular reason for this?

No, no particular reason
 Yes (e.g. death, divorce, miscarriage, accident)

We would be grateful if you would write anything else you would like to tell us about this pregnancy or previous births/pregnancies that are not addressed in this questionnaire on the next page.

Comments

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.

Avd. for medisinsk fødselsregister
Kalfarveien 31
5018 Bergen