

RAINE STUDY

[Mother – 1st questionnaire after recruitment (16-18 weeks)]

Thankyou for agreeing to be part of this study

This questionnaire asks you some background questions about yourself and the father of this baby.

Some of the questions relate specifically to the few weeks before you became pregnancy with this baby, and to the first 3 months of this pregnancy. Please think carefully about your answers, and make sure that they do relate to this time.

PLEASE READ EACH QUESTION CAREFULLY.

Fill in the spaces provided, or circle the option that is most appropriate.

The names and addresses on the next page are solely to help us find you and your baby after the baby is born. They will not be kept with the other information, or used for any other purpose.

ALL ANSWERS WILL BE STRICTLY CONFIDENTIAL.

If you have any problems with the questions, please discuss them with the midwife. She will also ask you some questions about your other pregnancies and family history.

If there are any questions you cannot answer at this time, we will be happy for you to write the answers on your checklist at home and bring them with you, together with the father's questionnaire, to your next clinic visit. These questionnaires need to be returned to the study midwife.

STUDY NO [STUDYNO]: _____

Firstly, some questions about yourself: (Please circle appropriate answer or write in space provided)

1. What is your date of birth? [G100_DOB]: ____ / ____ / ____
2. Have you lived at your present address for more than 12 months?
[G100_HOME]:
Y / N
If YES, no. of years [G100_HOMYR]: _____ (Go to Q4)
3. How many times have you moved in the last 12 months? [G100_HOMMOV]: ____

88 = Not applicable

4. In which country were you born? [G100_COUNTY]: _____

A = Australia

Where? [G100_PLACE]: _____ (Go to Q6)

O = Other

Which country?: _____

5. In what year did you arrive in Australia? [G100_ARRIV]: 19 ____
6. What is the language that is spoken most often at your home?
[G100_LANG]:
1 = English
2 = Vietnamese
3 = Chinese
4 = Italian
5 = Greek
6 = Spanish
9 = Other,
specify: _____

7. Which of the following would you describe yourself as? [G100_RELIG]:
0 = No religion
1 = Protestant
2 = Catholic
3 = Muslim
4 = Mormon
5 = Jewish
6 = Hare Krishna
7 = Jehovah Witness
8 = Seventh Day Adventist
9 = Other religion,
specify: _____

8. Do you attend church services? [G100_CHURCH_FREQ]:

0 = Not at all

1 = Twice or less per year

2 = Between 3 and 6 times a year

- 3 = Once a month
- 4 = Weekly
- 5 = More than once a week
- 88 = Not applicable

9. Which of the following would you describe yourself as? **[G100_RACE]:**

- | | |
|----------------------------------|---------------------------|
| 1 = Caucasian (European descent) | 5 = Chinese |
| 2 = Aboriginal | 6 = Indian |
| 3 = Polynesian | 8 = Other, specify: _____ |
| 4 = Vietnamese | |

10. How old were you when you left school? **[G100_SCHAGE]:** _____

11. What was the last class at school that you completed? **[G100_SCHYR]:**

Year _____ e.g. Year 10
OR equivalent _____

12. Since leaving school have you completed any further education? **[G100_SCHLVL]:**

- 0 = None
- 1 = Trade certificate or apprenticeship
- 2 = Professional registration (non-degree) e.g. Nursing, police
- 3 = College Diploma or Degree eg. TAFE / WAIT / WACAE
- 4 = University degree
- 5 = Other,

What type of education: _____

13. What is your usual weight when you are not pregnant? **[G100_WEIGHT]:**

_____ stones _____ lbs OR _____ kg

If you don't know, what weight are you now?

_____ stones _____ lbs OR _____ kg

14. What was your weight when you were born? **[G100_BTHWT]:**

_____ lbs _____ oz OR _____ g OR _____ Don't Know

15. Which of the following would describe your own birth? **[G100_DELIVE]:**

- 1 = Normal delivery
- 2 = Forceps or 'suction' delivery

3 = Caesarean section
77 = Don't know

16. Was your own birth premature? **[G100_EARLY]:**

0 = No
1 = Yes

How many weeks premature? _____ w
77 = Don't know

17. Do you consider yourself vegetarian? **[G100_VEGE]:**

0 = No
1 = Yes, but I eat fish, eggs and milk products
2 = Yes, but I don't eat fish but include eggs and milk products
3 = Strictly vegetables, fruit and seeds only (vegan)

Please comment: _____

18. Do you adhere to any other special diet? **[G100_DIET]:**

0 = No
1 = Yes

What is this? _____

19. Are you left-handed? **[G100_LHAND]:**

0 = No
1 = Yes

20. Which hand do you write with? **[G100_WRITE]:**

1 = Right
2 = Left
3 = Both

21. Which foot do you prefer to kick a ball with? **[G100_FOOT]:**

1 = Right
2 = Left
3 = Both

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22. What is your marital status? **[G100_MARRY]**

- 1 = Never married
- 2 = Married
- 3 = De Facto
- 4 = Separated or divorced
- 5 = Widowed

Now I have some questions about the father of the baby. Please answer them as fully as you can, but if there is something you do not know, the midwife will mark it on your checklist.

23. What is his date of birth? **[G100_FA_DOB]:**

___ / ___ / ___

Or if this is not known, how old is he? **[G100_FA_AGE]**

24. Where does he live? **[G100_FA_HOME]:**

- 0 = With you (Go to Q26)
- 1 = Somewhere else
- 77 = Don't know

25. How long has he lived there? **[G100_FA_HOMYR]:**

- A = Less than 12 months
- ___ = Number of years
- 99 = Unknown

26. In which country was he born? **[G100_FA_COUNTY]:**

A = Australia

Where? **[G100_FA_PLACE]:** _____

(Go to Q28) O = Other

Which country?: _____

9 = Unknown

27. In what year did he arrive in Australia? **[G100_FA_ARRIVE]:** 19___

77 = Unknown

28. What language does he most often speak at home? **[G100_FA_LANG]:**

- | | | |
|----------------|-------------|----------------|
| 1 = English | 4 = Italian | 8 = Other, |
| 2 = Vietnamese | 5 = Greek | specify: _____ |
| 3 = Chinese | 6 = Spanish | 77 = Unknown |

29. Which of the following would he describe himself as? **[G100_FA_RACE]:**

1 = Caucasian (European descent)

2 = Aboriginal

3 = Polynesian

4 = Vietnamese

5 = Chinese

6 = Indian

8 = Other,

77 = Unknown

specify: _____

30. Does he consider himself vegetarian? **[G100_FA_VEGE]:**

0 = No

1 = Yes, but he eats fish, eggs and milk products

2 = Yes, but he doesn't eat fish but includes eggs and milk products

3 = Strictly vegetables, fruit and seeds only (vegan)

77 = Unknown

Please comment: _____

31. Does he adhere to any other special diet? **[G100_FA_DIET]:**

0 = No

1 = Yes

What is this? _____

77 = Unknown

32. Is he left-handed? **[G100_FA_LHAND]:**

0 = No

1 = Yes

77 = Unknown

33. Which hand does he write with? **[G100_FA_WRITE]:**

1 = Right

2 = Left

3 = Both

77 = Unknown

34. Which foot does he prefer to kick a ball with? **[G100_FA_FOOT]:**

1 = Right

2 = Left

3 = Both

77 = Unknown

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35. What was your total family income before tax, per year, at the time you became pregnant? **[G100_FAM_INCOME]:**

1. Less than \$7,000
2. \$7,000 - \$11, 999
3. \$12,000 - \$23,999
4. \$24,000 - \$35,999
5. \$36,000 or more
77. Family income unknown (e.g. adolescent at home)

Number it supports **[G100_PEOPLE]:** ____ / ____ (Adults/Children)

If you don't know the total income before tax, what is the actual family 'take home' income per week: \$ _____

The next questions relate to your normal place of residence during this pregnancy

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36. How many adults live in the home? (including you and children 14 years or over) **[G100_ADULTS]:** _____

37. How many children at school but under 14 yeas of age? **[G100_CHILDREN]:** _____

38. How many children who have not started school yet? **[G100_BABIES]:** _____

39. How many bedrooms are there? **[G100_BEDS]:** _____

40. How many bathrooms are there? **[G100_BATHS]:** _____

41. How many toilets are there? **[G100_LOOS]:** _____

42. What do you think of the air quality where you live? **[G100_HOMEAIR]:**

- 0 = Very good
- 1 = OK
- 2 = Poor
- 3 = Very poor

Please comment: _____

43. Is your household drinking water supply **[G100_HOMWATER]:**

- 1 = Perth Metropolitan
- 2 = Other municipal
- 3 = Private bore / dam / well
- 4 = Rainwater tank
- 8 = Other,

specify: _____

44. What water do you use to water your garden? **[G100_GARDEN]:**

- 1 = Perth Metropolitan
- 2 = Other municipal
- 3 = Private bore / dam
- 8 = Other,

specify: _____

88 = Not Applicable

45. What proportion of your vegetables do you grow? **[G100_VEGET]:**

- 0 = None at all
- 1 = Less than a quarter
- 2 = Between a quarter and a half
- 3 = More than half
- 4 = All

46. Would someone use insecticide or pesticide at your home? **[G100_INSECT]:**

0 = Not at all

1 = Less than once per month

2 = 1 – 3 times per month

3 = At least once per week

4 = 3 – 4 times per week but not every day

5 = Daily

6 = More than once a day Which brand: _____

77 = Don't know

47. How often have you used insect repellent on your skin in the last six months?

[G100_REPEL]:

0 = Not at all

1 = Less than once per month

2 = 1 – 3 times per month

3 = At least once per week

4 = 3 – 4 times per week but not every day

5 = Daily

6 = More than once a day

Which insect repellent: _____

OCCUPATION

48. What were your occupations (including part-time jobs, etc) during the time you became pregnant and during the first three months of your pregnancy?

Please include housework but indicate whether it was paid outside the home or at your home only.

Please describe the work that you did in detail. E.g. glueing soles to shoes not shoe factory

JOB [G100_JOB]:	Hrs/Wk [G100_JOBHR]:
1. _____ _____ _____	_____
2. _____ _____ _____	_____
3. _____ _____ _____	_____

49. What do/did you think of the air quality where you work? [G100_WORAIR]:

- 0 = Very good
- 1 = OK
- 2 = Poor
- 3 = Very poor
- 88 = N/A

Please comment: _____

50. Are you still working in paid employment? [G100_WORKNOW]:

- 0 = No
- 1 = <15 hours
- 2 = 15-30 hours
- 3 = 30-40 hours
- 8 = Variable
- 9 = Never worked

LEISURE ACTIVITIES

51. What hobbies or leisure activities (e.g. sewing, model building) excluding sports, were you involved in during the time you became pregnant and during the first three months of your pregnancy?

ACTIVITY [G100_ACTIVE]:	Hrs/Wk []:
1. _____ _____ _____	_____
2. _____ _____ _____	_____
3. _____ _____ _____	_____
4. _____ _____ _____	_____

52. What sport or exercise (eg. tennis, walking, cycling) did you do during the time you became pregnant and during the first three months of your pregnancy, and how many hours did you spend on that activity each week?

SPORT [G100_KCAL]:	Hrs/Wk []:
1. _____ _____ _____	_____
2. _____ _____ _____	_____
3. _____ _____ _____	_____
4. _____ _____ _____	_____

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53. Have you had any of the following emotional upsets since you became pregnant?

[G100_UPSET]: Circle Y is appropriate

Pregnancy problems **[G100_PREGPB]:** Y / N

Death of a close relative **[G100_RELATE]:** Y / N

Which relative? _____

Death of a close friend **[G100_FRIEND]:** Y / N

Separation or divorce **[G100_SEPAR]:** Y / N

Marital problems **[G100_MARIT]:** Y / N

Problems with your children **[G100_KIDS]:** Y / N

Your own job loss (not voluntary) **[G100_JLOSS]:** Y / N

Your partner's job loss (not voluntary) **[G100_PJLOSS]:** Y /

N Money problems **[G100_MONEY]:** Y / N

Residential move **[G100_RMOVE]:** Y / N

Other, please describe **[G100_OTHPOB]:**

Now we would like to ask you some questions about smoking, alcohol and drugs. The point of these questions is simply to get information for the study, and not in any way to make judgements about people's behaviour.

54. Have you ever smoked more than 100 cigarettes in your life? **[G100_SMKLIF]:**

0 = No (Go to Q57)

1 = Yes

55. How old were you when you started smoking? **[G100_SMKAGE]:** _____

56. During the period that you smoked, what was the average number of cigarettes per day that you smoked? **[G100_SMKAVE]:**

0 = None

1 = 1 – 5 daily

2 = 6 – 10 daily

3 = 11 – 15 daily

4 = 16 – 20 daily

5 = 21 or more per day

57. Do you smoke cigarettes now? **[G100_SMKNOW]:**

- 0 = No
- 1 = 1 – 5 daily
- 2 = 6 – 10 daily
- 3 = 11 – 15 daily
- 4 = 16 – 20 daily
- 5 = 21 or more per day

58. If you no longer smoke, how long ago did you stop smoking? **[G100_SMKSTP]:** ____

- 96 = < 1 month
- 90 = > 5 years
- 98 = Unknown
- 99 = Not Applicable

59. Has the father of the baby smoked in the last 6 months? **[G100_FA_SMK6MT]:**

- 0 = No (Go to Q62)
- 1 = Yes
- 9 = Unknown (Go to Q62)

60. What was the average number of cigarettes per day that he smoked during this period? **[G100_FA_SMKAVE]:**

- 0 = None
- 1 = 1 – 5 daily
- 2 = 6 – 10 daily
- 3 = 11 – 15 daily
- 4 = 16 – 20 daily
- 5 = 21 or more per day

61. Is he smoking now? **[G100_FA_SMKNOW]:**

- 0 = No
- 1 = Yes
- 9 = Unknown

62. Does anyone else living with you smoke? **[G100_OTH_SMK]:**

- 0 = No
- 1 = Yes

63. Since you became pregnant have you spent at least 2 hours a day exposed to someone else's smoke away from home e.g. at work? **[G100_EXP_SMK]:**

0 = No
1 = Yes

64. Since you became pregnant, on average, in a day, how many cups of coffee do you drink? **[G100_CAFFIENE]** *Calculation includes data from item 65: Sum of items per day (maximum=900)

0 ___ Decaffeinated
50 ___ Brewed

90 ___ Instant
200 ___ Turkish

65. How many cups of tea? *

100 ___ Strong
50 ___ Weak

90 ___ Medium
- ___ Herbal

66. In an average week, how many 300ml cans or equivalent size bottle would you drink of the following?

___ Coca Cola
___ Diet Coke
___ Pepsi
___ Diet Pepsi
___ Soda stream coke (or equivalent)
___ Other brand coke (specify: _____)

What other soft drinks?

How many cans?

What other diet drinks?

How many cans? **[G100_DIETDK]:**

67. Before you were pregnant would you say that you drank alcohol **[G100_PRE_ALC]:**

1 = Daily
2 = Several times a week
3 = Approximately once a week
4 = Less than once a week
5 = Never (Go to Q69)

68. Before you became pregnant, how many drinks in total did you consume per week **[G100_PRE_ALC_TOT]:**

- ___ glasses of wine
- ___ nips of spirits
- ___ cans or stubbies of full strength beer
- ___ cans or stubbies of low alcohol beer

69. During the first 3 months of this pregnancy would you say that you drank alcohol
[G100_NOW_ALC]:

- 1 = Daily
- 2 = Several times a week
- 3 = Approximately once a week
- 4 = Less than once a week
- 5 = Never (Go to Q71)

70. During the first 3 months of this pregnancy, how many drinks in total did you
 consume per week **[G100_NOW_ALC_TOT]:**

- ___ glasses of wine
- ___ nips of spirits
- ___ cans or stubbies of full strength beer
- ___ cans or stubbies of low alcohol beer

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71. From this list could you please tell me the letters corresponding to any
 recreational drugs you have used before you became pregnant? (Z = none)

___ **[G100_PRE_DRG1]**

Was this regular or occasional? **[G100_PRE_DRG1_FREQ]:** 1 = Regular
 2 = Occasional

___ **[G100_PRE_DRG2]**

Was this regular or occasional? 1 = Regular
 2 = Occasional

[G100_PRE_DRG2_FREQ]:

72. Have you used any recreational drugs since you became pregnant? (Z = none)

___ **[G100_NOW_DRG1]**

Was this regular or occasional? **[G100_NOW_DRG1_FREQ]:** 1 = Regular
 2 = Occasional

___ **[G100_NOW_DRG2]**

Was this regular or occasional? **[G100_NOW_DRG2_FREQ]:** 1 = Regular
2 = Occasional

73. Has the father of the baby used any of these recreational drugs in the last six months? (Z = none)

■ **[G100_FA_DRG1]**

Was this regular or occasional? **[G100_FA_DRG1_FREQ]:** 1 = Regular
2 = Occasional

■ **[G100_FA_DRG2]**

Was this regular or occasional? **[G100_FA_DRG2_FREQ]:** 1 = Regular
2 = Occasional
88 = No answer
99 = Don't know

74. During the time you became pregnant and for the first three months since you became pregnant have you taken any prescription medicines? **[G100_MEDIC1]/ [G100_MEDIC2]:**

0 = No
Yes

Specify duration and dose:

75. During the time you became pregnant and for the first three months since you became pregnant have you taken any non-prescription medicines, including vitamins and headache tablets? **[G100_VITAM1] / [G100_VITAM2]:**

0 = No
Yes

Specify duration and dose:

Since you have been pregnant

76. Have you had an X-ray? **[G100_XRAY]:**

0 = No
1 = Yes

What type? _____
When? _____ date (approx)
OR _____ weeks gestation

77. Have you had a dental X-ray? **[G100_DENTALX]:**

0 = No
1 = Yes

When? _____ date (approx)
OR _____ weeks gestation

78. Have you had a general anaesthetic? **[G100_ANAES]:**

0 = No
1 = Yes

What operation? _____
When? _____ date (approx)
OR _____ weeks gestation

79. Have you had a sauna? **[G100_SAUNA]:**

0 = No
1 = Yes

How many times approx: _____
Average duration: _____
Temperature, if you know: _____

80. Have you had a hot spa or spa bath? **[G100_SPABATH]:**

0 = No
1 = Yes

How many times approx: _____
Average duration: _____
Temperature, if you know: _____

81. Now a question about any animals kept at your home. Please indicate whether these animals come into the house (inside) or are kept outside all the time (outside). Also circle the appropriate feed in the case of cats and dogs.

How many cats? **[G100_CATS]:** _____
How many dogs? **[G100_DOGS]:** _____
How many cats and dogs come into the house? **[G100_PET_INS_TOT]:** _____
How many cats and dogs eat raw food? **[G100_PET_RAW_TOT]:** _____

How many birds? **[G100_BIRDS]:** _____
How many other pets? **[G100_PET_OTH]:** _____
Please specify: _____

82. The next section deals with substances you may have been exposed to during the time you became pregnant and during the first three months of your pregnancy. This includes exposure while you were at work as well as at home or while you were engaged in any hobby or sport.

X-rays – e.g. accidental exposure, work in X-ray department. Do not include medical X-ray or treatment. **[G100_XRAY_EXP]:** Y / N

Frequency **[G100_XRAY_EXP_FREQ]:** _____
Average duration **[G100_XRAY_EXP_DUR]:** _____

VDU – Use of computer or typewriter with a computer screen or similar. **[G100_VDU_EXP]:** Y / N

Frequency **[G100_VDU_EXP_FREQ]:** _____
Average duration **[G100_VDU_EXP_DUR]:** _____

Non-ionising radiation – Such as used in physiotherapy or beauty therapy. **[G100_RADI_EXP]:** Y / N

Frequency **[G100_RADI_EXP_FREQ]:** _____
Average duration **[G100_RADI_EXP_DUR]:** _____

Radioactive materials – Medical or laboratory use of such isotopes as tritium, carbon – 14, thorium, iodine – 125. Mining of uranium or mineral sands. **[G100_ISOT_EXP]:** Y / N

Frequency **[G100_ISOT_EXP_FREQ]:** _____
Average duration **[G100_ISOT_EXP_DUR]:** _____

Solvents – Include dry cleaning fluids, degreasing fluids, petroleum products, used in some industries. e.g. benzene, chloroform, carbon tetrachloride, tetrachloroethylene, toluene, xylene, alcohols, lacquer petrol, white spirit. Do not include washing liquids or sprays used in normal household cleaning. **[G100_SOLV_EXP]:** Y / N

Frequency **[G100_SOLV_EXP_FREQ]:** _____
Average duration **[G100_SOLV_EXP_DUR]:** _____

Glues – Used in hobbies such as model-making, carpetweaving etc. Only if the use is prolonged or very intense. E.g. acetates, carpet glue, tiling glue. **[G100_GLUE_EXP]:** Y / N

Frequency **[G100_GLUE_EXP_FREQ]:** _____

Average duration **[G100_GLUE_EXP_DUR]:** _____

Chemicals or poisons – Only mention intense exposure or exposure of more than 15 minutes e.g. perming solution when you perm your own or someone else’s hair as in hairdressing, roof sealant, bleach, ammonia, mercury in dental surgery, styrene in plastics, silicone, formaldehyde, acids, phenol, ethylene dichloride, methyl chloride, vinyl chloride, chlordane, epichlorohydrin, perchloroethylene in some industries, wood preservatives eg. PCP, Busan. **[G100_CHEM_EXP]:** Y / N

Frequency **[G100_CHEM_EXP_FREQ]:** _____

Average duration **[G100_CHEM_EXP_DUR]:** _____

Dyes – e.g. hairdyes, clothes dyeing, wool dyeing, photographic developing, printing inks. **[G100_DYES_EXP]:** Y / N

Frequency **[G100_DYES_EXP_FREQ]:** _____

Average duration **[G100_DYES_EXP_DUR]:** _____

Paint – Repeated exposure to paints e.g. painting the house yourself, paint as a hobby, professional painter. **[G100_PAINT_EXP]:** Y / N

Frequency **[G100_PAINT_EXP_FREQ]:** _____

Average duration **[G100_PAINT_EXP_DUR]:** _____

Dusts – e.g. fur in fur industry, mortar, plaster, metal dust and wood dust in workshops, textile dust for seamstresses, dressmakers, excess household dust e.g. for cleaners. **[G100_DUST_EXP]:** Y / N

Frequency **[G100_DUST_EXP_FREQ]:** _____

Average duration **[G100_DUST_EXP_DUR]:** _____

Insulation Materials – e.g. asbestos, fibrous wool, glasswool, fibreglass, laying ‘Batts’ in the ceiling. **[G100_INSL_EXP]:** Y / N

Frequency **[G100_INSL_EXP_FREQ]:** _____

Average duration **[G100_INSL_EXP_DUR]:** _____

Air Pollution – e.g. large factory fire, bushfire, live near factory with smoke emission, work in polluted atmosphere, period of unusual or unpleasant odours around home, exposure to mosquito fogging, repeated exposure to exhaust gases. **[G100_AIRP_EXP]:** Y / N

Frequency **[G100_AIRP_EXP_FREQ]:** _____

Average duration **[G100_AIRP_EXP_DUR]:** _____

Water Pollution – e.g. dioxin waste, bad tasting bore water used for drinking, factory discharge into river by home. **[G100_WATP_EXP]:** Y / N

Frequency **[G100_WATP_EXP_FREQ]:** _____
Average duration **[G100_WATP_EXP_DUR]:** _____

Sewerage problem – e.g. blocked drains at home or work for more than 1 day. **[G100_SEWR_EXP]:** Y / N

Frequency **[G100_SEWR_EXP_FREQ]:** _____
Average duration **[G100_SEWR_EXP_DUR]:** _____

Pest Spraying – e.g. 2,4,5 T, cockroach fumigation, white ant fumigation, DOT, Lindane, Metasystoxi, Phosdrin, Folimat, Lannate, Malathion, Gusathion, Vamidothion, Dichlorvos, Carbaryl, Heptachlor, Chloropicrin, methyl bromide, Chlordane. This means fumigation not household aerosols. **[G100_PEST_EXP]:** Y / N

Frequency **[G100_PEST_EXP_FREQ]:** _____
Average duration **[G100_PEST_EXP_DUR]:** _____

Herbicides and Fungicides – e.g. 2,4D, Paraquat, 2,4,5T, Roundup, Tordan, Dignat, Simazine, Dicamba, Captan, Thiram, Polyram, Karathane, Morocide, Benomyl, Zineb, Bordeaux, Bromacil, Amitrole, Maneb. This means use in garden or farm near your home. **[G100_SPRY_EXP]:** Y / N

Frequency **[G100_SPRY_EXP_FREQ]:** _____
Average duration **[G100_SPRY_EXP_DUR]:** _____

Agricultural spraying – This means phosphates and other fertilizers, near your home, animal drenches, feed additives including hormones. **[G100_AGRY_EXP]:** Y / N

Frequency **[G100_AGRY_EXP_FREQ]:** _____
Average duration **[G100_AGRY_EXP_DUR]:** _____

Anaesthetics – If you administer anaesthetics in your job e.g. halothane, ether. **[G100_ANAE_EXP]:** Y / N

Frequency **[G100_ANAE_EXP_FREQ]:** _____
Average duration **[G100_ANAE_EXP_DUR]:** _____

Other – Is there anything else that you feel you may have been exposed to that has not been covered? **[ME_OTH_EXP]:** Y / N

Frequency **[ME_OTH_EXP_FREQ]:** _____

Average duration **[G100_OTH_EXP_DUR]:** _____

Now I would like to ask you some questions about your reproductive history, please.

83. Before you became pregnant, how many days were there from the start of one period to the start of the next? **[G100_PR_TIM]:** _____ **[G100_PRFLG]**

_____ (Range of days if irregular, Unknown = 99)

84. What was the date of the first day of your last period?

[G100_PRDAT]:

___ / ___ / ___

85. How sure are you of that date? **[G100_PRSUR]**

0 = Very sure

1 = Within a day or two

2 = Within 3 – 5 days

3 = Within about a week

4 = Not at all sure

86. Was this pregnancy planned i.e. were you and the father actually trying to have a baby? **[G100_PLAN]:**

0 = No (Go to Q90)

1 = Yes

87. Once you had decided to have a baby, how many months did it take for you to become pregnant? **[G100_DEC_TIM]:**

96 = < 1 month

98 = Don't know

90 = > 5 years

88. Did you go to a doctor or clinic for help in becoming pregnant?

0 = No (Go to Q90)

1 = Yes

If yes, what were you told was the cause of the problem? **[G100_HELP]:**

1 = Ovulation disorder

2 = Tubal disease

3 = Low sperm count

4 = Uterine disorder

8 = Other

9 = Unknown

88=N/A

89. If YES what kind of medical treatment or advice did you have? **[G100_TX]:**

- | | |
|----------|--------------------------|
| 0 = Nil | 5 = Pergonal/HOG |
| 1 = GIFT | 6 = Clomiphene |
| 2 = IVF | 7 = Other fertility drug |
| 3 = AIH | 8 = Tubal surgery |
| 4 = AID | 9 = Other |

90. Are you happy about being pregnant now? **[G100_HAPPY]:**

- 0 = No
1 = Not sure
2 = Yes

91. The next section pertaining to previous obstetric history will be filled in directly onto the clinical note sheet, and then the table completed with the number in each case.

Gravidity **[G100_GRAV]:** ____
Parity **[G100_PARTY]:** ____
Previous 1st trimester abortion (<12w):
 Spontaneous **[G100_ABIS]:** ____
 Induced **[G100_ABII]:** ____
Previous 2nd trimester abortion (12-20w):
 Spontaneous **[G100_AB2S]:** ____
 Induced **[G100_AB2I]:** ____
Previous stillbirth (20w or more) **[G100_SB]:** ____
Previous preterm delivery (<37w) **[G100_PTD]:** ____
Previous neonatal death (before 28 days after due date) **[G100_NND]:** ____
Previous IUGR **[G100_IUGR]:** ____
SIDS (age?) **[G100_SIDS]:** ____
Childhood death (age? cause?) **[G100_CHDX]:** ____
Previous congenital abnormality (specify) **[G100_CONGN]:** ____
Previous multiple gestation (specify) **[G100_MULTII]:** ____

92. Since you became pregnant this time have you had any of the following problems:
(0 = No, 1 = Yes)

Cold or flu **[G100_COLDFLU]:** ____
Chest infection **[G100_CHESTINF]:** ____
Urinary infection **[G100_UTI]:** ____
Diarrhoea **[G100_DIARR]:** ____
Convulsions **[G100_CONVULS]:** ____
Fever **[G100_FEVER]:** ____
 What temperature? ____
 When? ____

How long? _____
Herpes (genital, cold sores) [G100_HERPES]: _____
Other infection [G100_OTHINF]: _____
Other viral infection [G100_OTHVIRAL]: _____
Other (specify) [G100_OTHMED]: _____

93. The next section asks about your previous medical history. Has any doctor ever told you that you had any of the following? (0 = No, 1 = Yes)

Treated Hypertension [G100_HX]: _____
Pregnancy induced Hypertension [G100_PIHX]: _____
Heart disease [G100_HD]: _____
Rheumatic fever [G100_RHEM]: _____
Diabetes [G100_DX]: _____
Gestational diabetes [G100_PIDX]: _____
Asthma [G100_ASTH]: _____
Thyroid dysfunction [G100_THYR]: _____
Hepatitis [G100_HEP]: _____
Epilepsy [G100_EPI]: _____
Psychiatric disorder [G100_PSYC]: _____
Other (specify) [G100_OTH]: _____

Which operations have you had? [G100_OPS]: _____

94. Do you think you are immune to Rubella because [G100_SUBJ_RUBELLA]:

- a) You have been vaccinated against Rubella? [G100_RUB_VAC]: _____
At what age? _____
b) You had the disease? [G100_RUB_DIS]: _____
At what age? _____
c) A blood test has shown you to be immune? [G100_RUB_BLD]: _____
When? _____

95. Have any members of your or your partner's immediate family – parents, brothers and sisters or children – had any of the following? [G100_FH_FLAG]

Code Y for yes and enter the letters for which relations.

Code for your baby's family as:

- A = you
- B = the father
- C = siblings – any other children of you and/or the father
- D = grandparents – parents of you or the father
- E = aunts and uncles – brothers and sisters of you or the father
- F = cousins – their children

Hypertension or high blood pressure [G100_FH_HX]: _____
Stroke [G100_FH_STRK]: _____

Heart Disease [G100_FH_HD]: _____
 High cholesterol or hyperlipidaemia [G100_FH_CHOL]: _____
 Diabetes [G100_FH_DX]: _____
 Asthma [G100_FH_ASTH]: _____
 Epilepsy [G100_FH_EPI]: _____
 Urinary reflux nephropathy [G100_FH_REFX]: _____
 Other renal disease [G100_FH_RENAL]: _____
 Urinary tract infections in childhood [G100_FH_UTI]: _____
 Cancer [G100_FH_CX]: _____
 Chronic allergies [G100_FH_ALGY]: _____
 Haemoglobinopathy (Thalassemia) [G100_FH_THAL]: _____
 Other blood diseases [G100_FH_BLDIS]: _____
 Any hereditary disease [G100_FH_HERIT]: _____
 Any congenital malformations [G100_FH_CONGN]: _____

I'd like to ask you some questions about your friends and family with whom you communicate regularly.

96. How often do you have contact with members of your family excluding those living with you? [G100_FAMILY_FREQ]:

- 0 = Not at all
- 1 = Once or twice a month
- 2 = Approximately once a week
- 3 = More often than once a week

97. How often do you have contact with friends either inside or outside your home? [G100_FRIEND_FREQ]:

- 0 = Not at all
- 1 = Once or twice a month
- 2 = Approximately once a week
- 3 = More often than once a week

98. Among these family and friends, how many people are there who you feel close to, and with whom you can talk frankly, without having to watch what you say? [G100_EASE]:

- 0 = None
- 1 = 1-2 people
- 2 = 3-5 people
- 3 = More than 5 people

99. Do any of these people live near to you? [G100_CLOSE]: _____ 0 = No
 1 = Yes

100. Do you feel you can talk about your feelings with the father of the baby?

[G100_FATHER]: _____ 0 = No

1 = Sometimes

2 = Yes

101. Have you any worries about this pregnancy? **[G100_WORRY]:** _____

0 = No (Go to Q107)

1 = Yes, what: _____

102. Do you feel you can discuss these with your partner? **[G100_PWORRY]:** _____

0 = No

1 = Sometimes

2 = Yes

103. Do you feel you can discuss these with a friend? **[G100_FWORRY]:** _____

0 = No

1 = Yes

104. Do you feel you can discuss these with your doctor? **[G100_DRWORRY]:** _____

0 = No

1 = Yes

9 = No doctor

Now I have your height from your notes, but:

107. Height **[G100_HEIGHT]:** _____ cm

108. Now I would like to measure your head size, as we are trying to see how well that correlates with the baby's head size (cm). **[G100_HC]:**
_____ cm

Now I would like you to go home and measure the father's head size if possible, write it on the space on his form, and bring it to the next clinic visit. **[Data missing or not recorded]**