

NAME: _____

OR

STUDY NO: _____

4

The purpose of this questionnaire is to update some of the information you gave us at your first interview.

You will recognise the questions as being the same as those the study midwife asked you at that time.

Any you do not understand, ask the ultrasound midwife or leave blank.

1. On average, in a day, how many cups of coffee do you drink NOW?

Decaffeinated	<u>0</u>	Instant	<u>90</u>
Brewed	<u>50</u>	Turkish	<u>200</u>

G100_U_CAFFEN

2. How many cups of tea?

Strong	<u>100</u>	Medium	<u>90</u>
Weak	<u>50</u>	Herbal	<u>0</u>

Sum of coding
per day.

Maximum= 900

3. In an average week, how many 300ml cans or equivalent size bottles 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_U_DIETDK

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.

4. Would you say that you NOW drank alcohol:
Circle the answer that is closest for you.

1 Daily
2 Several times a week
3 Approximately once a week
4 Less than once a week
0 ~~5~~ Never Go to Q6

G100_U_ALCOH1

5. How many drinks in total do you consume per week NOW?

—	glasses of wine,
—	nips of spirits,
—	cans or stubbies of full strength beer,
—	cans or stubbies of low alcohol beer.

G100_U_ALCOH2

SUM OF THE FIRST THREE + 1/3 OF THE FOURTH, ROUNDED UP

6. Do you smoke cigarettes now?

- | | | |
|---|--------------------|---------|
| 0 | No | GO TO 7 |
| 1 | 1 -5 daily | |
| 2 | 6 - 10 daily | GO TO 8 |
| 3 | 11 - 15 daily | |
| 4 | 16 - 20 daily | |
| 5 | 21 or more per day | |

☐ ₁₂

G100_U_SMKAVE

7. If you smoked at the start of your pregnancy, how long ago did you stop smoking?

- ☐ months ago OR ☐ weeks ago
☐ Never smoked

☐ ₁₄

G100_U_SMKSTP

8. Does anyone else living with you smoke?

- 0 No
 1 Yes
 8 Sometimes

☐ ₁₅

G100_U_OTHSMK

9. For the last four months have you spent at least 2 hours a day exposed to someone else's smoke away from home e.g. at work?

- 0 No
 1 Yes
 2 Yes but only until I stopped work

☐ ₁₆

G100_U_EXPSMK

10. Have you been taking any medicines in the last four months?
This includes prescribed medicines, as well as vitamins, aspirins etc. Look at list A for examples.

What were they?

~~Dose~~

☐ ₁₈
☐ ₂₀

G100_U_MEDIC1

G100_U_MEDIC2

G100_U_VITAM1

G100_U_VITAM2

THIS INFORMATION HAS BEEN EXPANDED- SEE VARIABLES WITH PREFIX
"G100_PM34..." AND "G100_CM34..."

INFORMATION REGARDING THE DOSAGE IS MISSING/LOST

STRICTLY CONFIDENTIAL

11. Have you used any recreational drugs in the last four months?

(Z=None)

Was this regular or occasional use? 1 Regular 2 Occasional

☐ ₂₂

G100_U_DRUG1 G100_U_DRUG2 G100_U_DRUSE1 G100_U_DRUSE2

☐ ₂₄

12. When did you stop working or when do you intend to stop if you are still working?

weeks gestation

☐ ₂₆

G100_U_STOPWK

13. Did you attend, or do you intend to attend ante-natal classes?

- 0 No
 1 Yes, I have already attended classes
 2 Yes, I will attend classes - When?
 9 I haven't yet made up my mind

☐ ₂₇

G100_ANTENAT

STRICTLY CONFIDENTIAL

14. Have you had any of the following emotional upsets during the
last four months? Circle Y if appropriate.

- N Y Pregnancy problems
- N Y Death of a close relative
- Which relative?
- N Y Death of a close friend
- N Y Separation or divorce
- N Y Marital problems
- N Y Problems with your children
- N Y Your own job loss (not voluntary)
- N Y Your partner's job loss (not voluntary)
- N Y Money problems
- N Y Residential move
- N Y Other (please describe)

☐ 28 G100_U_UPSET

☐ 29 G100_U_PREGPB

☐ 30 G100_U_RELATE

☐ 31 G100_U_FRIEND

☐ 32 G100_U_SEPAR

☐ 33 G100_U_MARIT

☐ 34 G100_U_KID

☐ 35 G100_U_JLOSS

☐ 36 G100_U_PJLOSS

☐ 37 G100_U_MONEY

☐ 38 G100_U_RMOVE

☐ 39 G100_U_OTHPOB

15. Have you any worries about this pregnancy?

0 No Go to 19

1 Yes What?.....

☐ 40 G100_US_PWORY

16. Do you feel you can discuss these with your partner?

(0 No ~~1~~ Sometimes ~~2~~ Yes)
2 1

☐ 41 G100_US_PPART

17. Do you feel you can discuss these with a friend?

(0 No 1 Yes)

☐ 42 G100_US_PFRND

18. Do you feel you can discuss these with your doctor?

(0 No 1 Yes 9 No doctor)

☐ 43 G100_US_PDOC

DURING THE LAST FOUR MONTHS

19. Have you had an X-ray?

0 No

1 Yes (what type)
(when)
or

date (approx)
weeks gestation

☐ 44 G100_U_XRAY

20. Have you had a dental X-ray?

0 No

1 Yes (when)
or

date (approx)
weeks gestation

☐ 45 G100_U_DXRAY

21. Have you had a anaesthetic?

0 No

1 Yes (what operation)
(when)
or

date (approx)
weeks gestation

☐ 46 G100_U_ANAET

ALL THE NEXT SERIES OF QUESTIONS RELATE TO THINGS THAT MAY HAVE HAPPENED TO YOU SINCE YOU ENROLLED IN THE STUDY, THAT IS FOR ABOUT THE LAST FOUR MONTHS. PLEASE TRY AND ANSWER THEM ALL BY CIRCLING THE Y IF YOU FEEL YOU HAVE BEEN EXPOSED TO THIS AND GIVING SOME DETAIL ON THE DOTTED LINE IF POSSIBLE - WHAT IT WAS, HOW LONG, HOW OFTEN.

During the last four months, have you been exposed to any of the following? This includes exposure while you were at work as well as at home or while you were engaged in any hobby or sport.

GIVE SOME DETAIL ON THE DOTTED LINE IF POSSIBLE -
WHAT IT WAS, HOW LONG, HOW OFTEN.

N Y Xrays G100_UE_XRAY
e.g. accidental exposure, work in X-ray department
Do not include medical X-rays or treatment.

G100_UE_XRAY3
Frequency _____ Average duration: G100_UE_XRAY2

Comment

☐ 47

☐ ☐ 49

N Y VDU G100_UE_VDU
Use of computer or typewriter with a Computer screen or similar.

G100_UE_VDU3
Frequency _____ Average duration: G100_UE_VDU2

Comment

☐ 50

☐ ☐ 52

N Y Non-ionising radiation G100_UE_RADI
Such as used in physiotherapy or beauty therapy

Specify

G100_UE_RADI3
Frequency _____ Average duration: G100_UE_RADI2

Comment

☐ 53

☐ ☐ 55

N Y Radioactive materials G100_UE_ISOT
Medical or laboratory use of such isotopes as tritium, carbon-14, thorium, iodine-125.
Mining of uranium or mineral sands.

Specify

G100_UE_ISOT3
Frequency _____ Average duration: G100_UE_ISOT2

Comment

☐ 54

☐ ☐ 56

- N Y Solvents G100_UE_SOLV
 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.

☐ 59
☐ 61

Specify
 Frequency G100_UE_SOLV3 Average duration: G100_UE_SOLV2
 Comment

- N Y Glues G100_UE_GLUE
 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

☐ 62
☐ 64

Specify Use.....
 Brand Name
 Frequency G100_UE_GLUE3 Average duration: G100_UE_GLUE2
 Frequency Average duration:
 Comment

- N Y Chemicals or poisons G100_UE_CHEM
 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.

☐ 65
☐ 67

Specify
 Frequency G100_UE_CHEM3 Average duration: G100_UE_CHEM2
 Comment

- N Y Dyes G100_UE_DYES
 e.g. hairdyes, clothes dyeing, wool dyeing, photographic developing, printing inks

☐ 68
☐ 70

Specify
 Frequency G100_UE_DYES3 Average duration: G100_UE_DYES2
 Comment

- N Y Paint G100_UE_PANT
 Repeated exposure to paints e.g. painting the house yourself, paint as a hobby, professional painter

☐ 71
☐ 73

Specify
 Frequency G100_UE_PANT3 Average duration: G100_UE_PANT2
 Comment

- N Y Dusts G100_UE_DUST
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

		74
		76

Specify
Frequency G100_UE_DUST3 Average duration: G100_UE_DUST2
Comment

- N Y Insulation Materials G100_UE_INSL
e.g. asbestos, fibrous wool, glasswool, fibreglass, laying 'Batts' in the ceiling

		77
		79

Specify
Frequency G100_UE_INSL3 Average duration: G100_UE_INSL2
Comment

- N Y Air Pollution G100_UE_AIRP
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

		80
		82

Specify
Frequency G100_UE_AIRP3 Average duration: G100_UE_AIRP2
Comment

- N Y Water Pollution G100_UE_WATP
e.g. dioxin waste, bad tasting bore water used for drinking, factory discharge into river by home

		83
		85

Specify
Frequency G100_UE_WATP3 Average duration: G100_UE_WATP2
Comment

- N Y Sewerage problem G100_UE_SEWR
e.g. blocked drains at home or work for more than 1 day

		86
		88

Specify
Frequency G100_UE_SEWR3 Average duration: G100_UE_SEWR2
Comment

- N Y Pest spraying G100_UE_PEST
e.g. 2,4,5 T, cockroach fumigation, white ant fumigation, DDT, Lindane, Metasystoxi, Phosdrin, Folimat, Lannate, Malathion, Gusathion, Vamidothion, Dichlorvos, Carbaryl, Heptachlor, Chloropicrin, methyl bromide, Chlordane. This means fumigation not household aerosols.

		89
		91

Brand name
Frequency G100_UE_PEST3 Average duration: G100_UE_PEST2
Comment

N Y Herbicides and Fungicides **G100⁷_UE_SPRY**
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.

Brand Name

Frequency **G100_UE_SPRY3** Average duration: **G100_UE_SPRY2**

Comment

N Y Agricultural spraying **G100_UE_AGRY**
This means phosphates and other fertilisers, near your
home, animal drenches, feed additives including hormones

Specify

Frequency **G100_UE_AGRY3** Average duration: **G100_UE_AGRY2**

Comment

N Y Anaesthetics **G100_UE_ANAE**
If you administer anaesthetics in your job
e.g. halothane, ether

Specify

Frequency **G100_UE_ANAE3** Average duration: **G100_UE_ANAE2**

Comment

N Y Other **G100_UE_OTH**
Is there anything else that you feel you may
have been exposed to that has not been covered?

Specify

Frequency **G100_UE_OTH3** Average duration: **G100_UE_OTH2**

Comment

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☐ 92

☐ 94

☐ 95

☐ 97

☐ 98

☐ 100

☐ 101

☐ 103