Gen1_M_16-18W Qn

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]:***__

G100_COUNTY
1-Australia
2-United Kingdom
3-Eastern Europe
4-Africa
5-Western Europe
6-New Zealand
7-North America
8-South East Asia
9-India
10-Middle East
11-South America
12-Other

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

   Where
   [G100_PLACE]:

   1-City; 2-Town;3-Country; 77-Unknown; -99-Missing

5. In what year did you arrive in Australia?
   [G100_ARRIV]-Number of years since arrival in Australia

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
   8=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,

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

   G100_CHURCH_FREQ - Frequency of church attendance
   0-Not at all
   1-Twice or less per year
   2-Between 3 and 6 times per year
   3-Once a month
   4-Weekly
   5-More than once a week

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

Mother's race

1 = Caucasian (European descent)
2 = Aboriginal
3 = Polynesian
4 = Vietnamese
5 = Chinese
6 = Indian
7 = Other; 9 = Unknown

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]: What type of education?

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,

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 = Unknown

16. Was your own birth premature? ***[G100_PREMAT]***

0 = No (full term) *Note that 1-2 weeeks early term was classified as full term here.*
1 = Yes, premature

[G100_EARLY]: Number of weeks born premature.

3 = 3 weeks
4 = 4 weeks
5 = 5 weeks
6 = 6 weeks
7 = 7 weeks
8 = 8+ weeks
77 - Unknown

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 = ??
2 = ??
3 = ??
4 = ??
5 = ??
6 = ??
7 = ??
Value labels for 1-7 are missing

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

0 = No
1 = Yes
2 = Both

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
77 = Unknown

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

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

Note that Q23-Q34 were answered by mothers but are related to fathers.

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
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~~

1-Australia
2-United Kingdom
3-Eastern Europe
4-Africa
5-Western Europe
6-New Zealand
7-North America
8-South East Asia
9-India
10-Middle East
11-South America
12-Other
77-Unknown

27. In what year did he arrive in Australia?
[G100_FA_ARRIV]: Father - Number of years since arrival in Australia
77 = Unknown

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

1 = English
2 = Vietnamese
3 = Chinese
4 = Italian
5 = Greek
6 = Spanish
8 = Other
77 = Unknown

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

1 = Caucasian (European descent)
2 = Aboriginal
3 = Polynesian
4 = Vietnamese
5 = Chinese
6 = Indian
8 = Other
9 = Unknown

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:~~ _____

0 = NO 31. Does he adhere to any other special diet? ***[G100_FA_DIET]:***

1 = Diet 1??

Lacking value labels for 1-7.

2 = Diet 2??

3 = Diet 3??

4 = Diet 4??

5 = Diet 5??

6 = Diet 6??

7 = Diet 7??

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 - Unknown

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

[G100_PEOPLE]*: Number of people (adults and children) this income supports*

~~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_BATH]:*** _____

41. How many toilets are there? ***[G100_LOOS_1]:*** _____

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:~~ _____

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
77 - Unknown

47. How often have you used insect repellant 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 repellant: _____~~

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__YJOB_CODE]:*** Hrs/Wk ***[G100_YHRS]:***

1. *Your current main job; 2-digit code; ASCO First Edition* _____ _____
_____ *Total hours per week worked in ALL CURRENT jobs (actual hours)*

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

~~Please comment: _____~~

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

How many hours per week

0 = No
1 = <15 hours
2 = 15-30 hours
3 = 30-40 hours
4 = >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. _____ _____

NOTES: Raw data wasn't entered 30+ years ago, and we are now unable to decipher the original coding guide and make clear of the formula used to calculate the G100_ACTIVE and G100_KCAL. Therefore, these two variables were removed from core datasets.

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

[G100_LST_NUM]: Number of life stressors (out of 11)

Pregnancy problems ***[G100_LST_PREG]:*** Y / N

Death of a close relative ***[G100_LST_DREL]:*** Y / N

~~Which relative?~~ _____

Death of a close friend ***[G100_LST_DFRND]:*** Y / N

Separation or divorce ***[G100_LST_SEPAR]:*** Y / N

Marital problems ***[G100_LST_MARIT]:*** Y / N

Problems with your children ***[G100_LST_KIDS]:*** Y / N

Your own job loss (not voluntary) ***[G100_LST_JLOSS]:*** Y / N

Your partner's job loss (not voluntary) ***[G100_LST_PJLOSS]:*** Y / N

Money problems ***[G100_LST_MONEY]:*** Y / N

Residential move ***[G100_LST_MOVE]:*** Y / N

Other, please describe ***[G100_LST_OTHER]:***

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]:*** ___

Time since stopped smoking (months)

96 = < 1 month
90 = > 5 years
97 = Hasn't stopped
77 = Unknownsas

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

0 = No (Go to Q62)
1 = Yes
77 = 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
7 = 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

Raw data not entered 30+ years ago

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

0mg___ Decaffeinated
50mg____ Brewed
90mg__ Instant
200mg_ Turkish

65. How many cups of tea? *****

100mg___ Strong
50mg__ Weak
90mg__ Medium
_-__ Herbal

Raw data not entered 30+ years ago

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

G100_DIETDK
Average diet drinks per day, 300ml cans

____ 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?
_____

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
0 = Never (Go to Q69)

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

Total number of standard drinks of alcoholic drinks per week, calculated as the sum of first three + 1/3 of the forth, rounded up.
Caution: It was under estimated.

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

69. <u>During the first 3 months of this pregnancy</u> 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 = One binge effort
0 = Never (Go to Q71)

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

Total number of standard drinks of alcoholic drinks per week, calculated as the sum of first three + 1/3 of the forth, rounded up. Caution: It was under estimated.

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

PRE_DRG1; PRE_DRUG2; NOW_DRG1; NOW_DRG2; FA_DRG1 FA_DRG2

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71. From this list could you please tell me the letters corresponding to any recreational drugs you have used <u>before you became pregnant</u>?

0 None
1 Marijuana
2 Lysergic acid diethylamide/acid
3 Heroin
4 Cocaine
5 Magic mushrooms
6 Amphetamines
7 Barbiturates
8 Tranquillizers
9 Ecstasy
10 Other
11 Methadone

_____ ***[G100_PRE_DRG1]***

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

_____ ***[G100_PRE_DRG2]***

Was this regular or occasional?

[G100_PRE_DRG2_FREQ]: 1 = Regular 2 = Occasional

72. Have you used any recreational drugs <u>since you became pregnant</u>?

_____ ***[G100_NOW_DRG1]***

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

_____ ***[G100_NOW_DRG2]***

1 = Regular
2 = Occasional

Was this regular or occasional? ***[G100_NOW_DRG2_FREQ]:***

73. Has the father of the baby used any of these recreational drugs in the last six months?

__[G100_FA_DRG1]

1 = Regular
2 = Occasional
77 = Do not know

Was this regular or occasional? ***[G100_FA_DRG1_FREQ]:***

_____ [G100_FA_DRG2]

1 = Regular
2 = Occasional
77 = Do not know

Was this regular or occasional? ***[G100_FA_DRG2_FREQ]:***

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

0 = No
Yes

[G100_VITAM1] / [G100_VITAM2]
0 None
1 Antibiotics
2 Insulin
3 Aldomet
4 Beta Blockers (incl Labetalol)
5 Anticonvulsants
6 Ventolin
7 Other asthma drugs
8 Thyroxine
9 Antibiotics + Insulin
10 Antibiotics + Aldomet
11 Antibiotics + Beta Blockers (incl Labetalol)
12 Antibiotics + Anteconvulsants
13 Antibiotics + Ventolin
14 Antibiotics + Other athsma drugs
15 Antibiotics + Thyroxine
16 Antibiotics + Other
17 Ventolin + Other asthma drugs
18 Oral contraceptive pill
19 Anti-ematic
20 Steroids
21 Heparin
22 Other

Specify duration and dose:

_____
_____
_____

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

~~0 = No~~
~~Yes~~

~~Specify duration and dose:~~

_____
_____
_____
_____
_____
_____

<u>Since you have been pregnant</u>

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_PT_HN2]:*** _____
How many dogs? ***[G100_PT_HN1]:*** _____
How many cats and dogs come into the house? ***[G100_PT_HIN1_2]:*** _____
How many cats and dogs eat raw food? ***[G100_PT_HRN1_2]:*** _____

Exposure: yes/no
No = 0, Yes = 1
Frequency: G100_..._FREQ_18W
`1 day within the first trimester` = 1,
`2-3 days within the first trimester` = 2,
`4-6 days within the first trimester` = 3,
`7+ days within the first trimester` = 4,
`1 day per week` = 5,
`2-3 days per week` = 6,
`4-6 days per week` = 7,
`7+ days per month` = 8,
Everyday = 10,
`N/A` = -88,
Missing = -99
Duration: G100_..._DUR_18W
`10-30 minutes` = 1,
`30-60 minutes` = 2,
`1-2 hours` = 3,
`3-4 hours` = 4,
`5-6 hours` = 5,
`7+ hours` = 6,
`intermittent` = 7,
`All day` = 8,
`N/A` = -88,
Missing = -99

How many birds? ***[G100_PT_HL3]:*** _____
How many other pets? ***[G100_PT_HL4_7]:***
_____ Please specify: _____

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

<u>X-rays</u> – e.g. accidental exposure, work in X-ray department. Do not include medical X-ray or treatment.

Frequency _____ Average duration _____

XRAY_18W
XRAY_FREQ_18W
XRAY_DUR_18W

VDU_18W
VDU_FREQ_18W
VDU_DUR_18W

<u>VDU</u> – Use of computer or typewriter with a computer screen or similar.

Frequency _____ Average duration _____

RADI_18W
RADI_FREQ_18W
RADI_DUR_18W

<u>Non-ionising radiation</u> – Such as used in physiotherapy or beauty therapy.

Frequency _____ Average duration _____

ISOT_18W
ISOT_FREQ_18W
ISOT_DUR_18W

<u>Radioactive materials</u> – Medical or laboratory use of such isotopes as tritium, carbon – 14, thorium, iodine – 125. Mining of uranium or mineral sands.

Frequency _____ Average duration _____

SOLV_18W
SOLV_FREQ_18W
SOLV_DUR_18W

<u>Solvents</u> – 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.

Frequency _____ Average duration _____

GLUE_18W
GLUE_FREQ_18W
GLUE_DUR_18W

<u>Glues</u> – 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.

Frequency _____ Average duration _____

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.

CHEM_18W
CHEM_FREQ_18W
CHEM_DUR_18W

Frequency _____ Average duration _____

Dyes – e.g. hairdyes, clothes dyeing, wool dyeing, photographic developing, printing inks.

DYES_18W
DYES_FREQ_18W
DYES_DUR_18W

Frequency _____ Average duration _____

Paint – Repeated exposure to paints e.g. painting the house yourself, paint as a hobby, professional painter.

PANT_18W
PANT_FREQ_18W
PANT_DUR_18W

Frequency _____ Average duration _____

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.

DUST_18W
DUST_FREQ_18W
DUST_DUR_18W

Frequency _____ Average duration _____

Insulation Materials – e.g. asbestos, fibrous wool, glasswool, fibreglass, laying 'Batts' in the ceiling.

INSL_18W
INSL_FREQ_18W
INSL_DUR_18W

Frequency _____ Average duration _____

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.

AIRP_18W
AIRP_FREQ_18W
AIRP_DUR_18W

Frequency_____ Average duration _____

WATP_18W
WATP_FREQ_18W
WATP_DUR_18W

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

Frequency _____ Average duration _____

SEWR_18W
SEWR_FREQ_18W
SEWR_DUR_18W

Sewerage problem – e.g. blocked drains at home or work for more than 1 day.

Frequency _____ Average duration _____

PEST_18W
PEST_FREQ_18W
PEST_DUR_18W

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.

Frequency _____ Average duration _____

SPRY_18W
SPRY_FREQ_18W
SPRY_DUR_18W

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.

Frequency _____ Average duration _____

AGRY_18W
AGRY_FREQ_18W
AGRY_DUR_18W

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

Frequency _____ Average duration _____

ANAE_18W
ANAE_FREQ_18W
ANAE_DUR_18W

Anaesthetics – If you administer anaesthetics in your job e.g. halothane, ether.

Frequency _____ Average duration _____

OTHEXP_18W
OTHEXP_FREQ_18W
OTHEXP_DUR_18W

Other – Is there anything else that you feel you may have been exposed to that has not been covered?

Frequency _____Average duration _____

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]:*** 77=Unknown ***[G100_PRFLG]***

Regular = 1
Irregular = 2

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
77 = Unknown
90 = > 5 years

88. Did you go to a doctor or clinic for help in becoming pregnant? G100_DOC_HELP

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
5 = Combination
8 = Other
77 = Unknown

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

0=Nil
1=Gamete Intra-Fallopian Transfer
2=In vitro fertilization
3=Artificial insemination by husband
4=Artificial insemination by donor
5=Pergonal
6=Clomiphene
7=Other fertility drug
8=Tubal surgery
9=Other

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

0 = No
1 = Yes
77 = Unknown

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_AB1S]:*** ____
Induced ***[G100_AB1I]:*** ____
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 ***[G100_SIDS]:*** ____
Childhood death ***[G100_CHDX]:*** ____
Previous congenital abnormality (specify) ***[G100_CONGN]:*** ____
Previous multiple gestation (specify) ***[G100_MULTI]:*** ____

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?[***G100_OPS]*** (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_HX]:*** ____

~~Which operations have you had? :~~ _____

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

a) You have been vaccinated against Rubella?

At what age? ____ **[G100_RUB_VAC]**: Gestation age in weeks

b) You had the disease?

At what age? ____ [**G100_RUB_DIS**]:Gestation age in weeks

c) A blood test has shown you to be immune?

When? ~~***[G100_RUB_BLD]:***~~ Gestation age in weeks

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]***

0=No; 1=Yes

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

Mother =1 Father =2
Siblings =3 Grandparent =4
Aunts/Uncles =5 Cousins =6
Mother and Father =7 Mother and Siblings =8
Mother and grandparent/s =9 Mother and Aunts/Uncles =10
Mother and Cousins =11 Father and Siblings=12
Father and Grandparent/s =13 Father and Aunts/Uncles =14
Father and Cousins =15 Siblings and Grandparent/s =16
Siblings and Aunts/Uncles =17 Siblings and Cousins =18
Grandparent/s and Aunts/Uncles =19 Granparent/s and Cousins =20
Aunts/Uncles and Cousins =21 Both grandparents =22
Aunts/Uncles both sides =23 Cousins both sides =24
Unknown =77 Missing =-99

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 hereditable disease ***[G100_FH_HERIT]:*** _____
Any congential 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

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]***

[G100_UW18COMPLETED]*: 18-week questionnaire completed*
0=NO
1=YES