Questionnaire - Update

Gen1_M_34w Qn

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	0	Instant	90
Brewed	50	Turkish	200

derived variable: G100_U_CAFFEN

2. How many cups of tea?

Strong	100	Medium	90
Weak	50	Herbal	0

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 .....)

derived variable: G100_U_DIETDK

What other soft drinks?	How many cans?
.....	.....
What other diet drinks?	How many cans?
.....	.....

□ 8

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.

G100_U_ALCOH1

□ 9

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

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.

□□ 11

G100_U_ALCOH2

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.

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

"Time since stopped smoking from the start of pregnancy (months)"

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.

☐☐ 18

What were they? ~~Dose~~

☐☐ 20

G100_U_MEDIC1

G100_U_MEDIC2

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

G100_U_VITAM1

INFORMATION REGARDING THE DOSAGE IS MISSING/LOST

G100_U_VITAM2

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

No 0
Yes, I haalready attended classes 1
Yes, I will attend classes 2
I haven't yet made up my mind 9

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14. Have you had any of the following emotional upsets during the last four months? Circle Y if appropriate. ☐29

G100_U_LST_PREG	N	Y	Pregnancy problems	☐29
G100_U_LST_DREL	N	Y	Death of a close relative - Which relative?	☐30
G100_U_LST_DFRND	N	Y	Death of a close friend	☐31
G100_U_LST_SEPAR	N	Y	Separation or divorce	☐32
G100_U_LST_MARIT	N	Y	Marital problems	☐33
G100_U_LST_KIDS	N	Y	Problems with your children	☐34
G100_U_LST_JLOSS	N	Y	Your own job loss (not voluntary)	☐35
G100_U_LST_PJLOSS	N	Y	Your partner's job loss (not voluntary)	☐36
G100_U_LST_MONEY	N	Y	Money problems	☐37
G100_U_LST_MOVE	N	Y	Residential move	☐38
G100_U_LST_OTHER	N	Y	Other (please describe)	☐39

15. Have you any worries about this pregnancy?
0 No Go to 19 G100_US_PWORY ☐40
1 Yes [redacted].....

16. Do you feel you can discuss these with your partner? G100_US_PPART
(0 No ~~1~~ Sometimes ~~2~~ Yes) ☐41
2 1

17. Do you feel you can discuss these with a friend? G100_US_PFRND
(0 No 1 Yes) 2 Sometimes ☐42

18. Do you feel you can discuss these with your doctor? G100_US_PDOC
(0 No 1 Yes [redacted] ☐43

DURING THE LAST FOUR MONTHS

19. Have you had an X-ray? G100_U_XRAY
0 No
1 Yes [redacted] ☐44

20. Have you had a dental X-ray? G100_U_DXRAY
0 No
1 Yes [redacted] ☐45

21. Have you had a anaesthetic? G100_U_ANAET
0 No
1 Yes [redacted] ☐46

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**
e.g. accidental exposure, work in X-ray department
Do not include medical X-rays or treatment. ☐ 47

☐☐ 49

Frequency Average duration:
G100_XRAY_34W
G100_XRAY_FREQ_34W
Comment .....
G100_XRAY_DUR_34W

N Y **VDU**
Use of computer or typewriter with a Computer screen or similar. ☐ 50

☐☐ 52

Frequency Average duration: G100_VDU_34W
G100_VDU_FREQ_34W
Comment ..... G100_VDU_DUR_34W

N Y **Non-ionis' radiation**
Such as used in physiotherapy or beauty therapy ☐ 53

Specify ..... ☐☐ 55

Frequency Average duration:
G100_RADI_34W
G100_RADI_FREQ_34W
Comment .....
G100_RADI_DUR_34W

N Y **Radioactive materials**
Medical or laboratory use of such isotopes as tritium, carbon-14, thorium, iodine-125.
Mining of uranium or mineral sands. ☐ 56

☐☐ 58

Specify .....

Frequency Average duration:

Comment .....

G100_ISOT_34W
G100_ISOT_FREQ_34W
G100_ISOT_DUR_34W

Exposure: yes/no
No = 0, Yes = 1

Frequency: G100_..._FREQ_34W
`1 day within the second trimester` = 1,
`2-3 days within the second trimester` = 2,
`4-6 days within the second trimester` = 3,
`7+ days within the second 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_34W
`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

N Y **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.

Specify .....
Frequency _____ Average duration: _____
Comment .....

G100_SOLV_34W
G100_SOLV_FREQ_34W
G100_SOLV_DUR_34W

59
61

N Y **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

Specify Use.....
Brand Name .....
Frequency _____ Average duration: _____
Frequency _____ Average duration: _____
Comment .....

G100_GLUE_34W
G100_GLUE_FREQ_34W
G100_GLUE_DUR_34W

62
64

N Y **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.

Specify .....
Frequency _____ Average duration: _____
Comment .....

G100_CHEM_34W
G100_CHEM_FREQ_34W
G100_CHEM_DUR_34W

65
67

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

Specify .....
Frequency _____ Average duration: _____
Comment .....

G100_DYES_34W
G100_DYES_FREQ_34W
G100_DYES_DUR_34W

68
70

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

Specify .....
Frequency _____ Average duration: _____
Comment .....

G100_PANT_34W
G100_PANT_FREQ_34W
G100_PANT_DUR_34W

71
73

N Y **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

Specify .....
Frequency _____ Average duration: _____
Comment .....
G100_DUST_34W
G100_DUST_FREQ_34W
G100_DUST_DUE_34W

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

Specify .....
Frequency _____ Average duration: _____
Comment .....
G100_INSL_34W
G100_INSL_FREQ_34W
G100_INSL_DUR_34W

N Y **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

Specify .....
Frequency _____ Average duration: _____
Comment .....
G100_AIRP_34W
G100_AIRP_FREQ_34W
G100_AIRP_DUR_34W

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

Specify .....
Frequency _____ Average duration: _____
Comment .....
G100_WATP_34W
G100_WATP_FREQ_34W
G100_WATP_DUR_34W

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

Specify .....
Frequency _____ Average duration: _____
Comment .....
G100_SEWR_34W
G100_SEWR_FREQ_34W
G100_SEWR_DUR_34W

N Y **Pest spraying**
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.

Brand name .....
Frequency _____ Average duration: _____
Comment .....
G100_PEST_34W
G100_PEST_FREQ_34W
G100_PEST_DUR_34W

N Y **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.

Brand Name .....

Frequency _____ Average duration: _____

Comment .....

G100_SPRY_34W
G100_SPRY_FREQ_34W
G100_SPRY_DUR_34W

□ 92
□□ 94

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

Specify .....

Frequency _____ Average duration: _____

Comment .....

G100_AGRY_34W
G100_AGRY_FREQ_34W
G100_AGRY_DUR_34W

□ 95
□□ 97

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

Specify .....

Frequency _____ Average duration: _____

Comment .....

G100_ANAE_34W
G100_ANAE_FREQ_34W
G100_ANAE_DUR_34W

□ 98
□□ 100

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

Specify .....

Frequency _____ Average duration: _____

Comment .....

.....

G100_OTHEXP_34W
G100_OTHEXP_FREQ_34W
G100_OTHEXP_DUR_34W

□ 101
□□ 103