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? *[M_DOS]:* ___ / ___ / ___

2. Have you lived at your present address for more than 12 months? *[M_HOME]:*

    Y / N
    >   If YES, no. of years *[M_HOMYR]:* _____ (Go to Q4)

3. How many times have you moved in the last 12 months? *[M_HOMMOV]:* ____

    9 = Not applicable

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

    A = Australia
    >   Where? *[M_PLACE]:* _____ (Go to Q6)
    O = Other
    >   Which country?: _____

5. In what year did you arrive in Australia? *[M_ARRIV]:* 19 ___

6. What is the language that is spoken most often at your home? *[M_LANG]:*

1 = English	5 = Greek
2 = Vietnamese	6 = Spanish
3 = Chinese	9 = Other,
4 = Italian	specify: _____

7. Which of the following would you describe yourself as? *[M_RELIG]:*

0 = No religion	6 = Hare Krishna
1 = Protestant	7 = Jehovah Witness
2 = Catholic	8 = Seventh Day Adventist
3 = Muslim	9 = Other religion,
4 = Mormon	specify:_____
5 = Jewish	

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

    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
9 = Not applicable

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

1 = Caucasian (European descent)	5 = Chinese
	6 = Indian
2 = Aboriginal	7 = Other,
3 = Polynesian	specify: _____
4 = Vietnamese	

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

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

Year _____ e.g. Year 10
OR equivalent _____

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

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

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

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

3 = Caesarean section
9 = Don't know

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

0 = No
1 = Yes
How many weeks premature? _____ w
9 = Don't know

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

0 = No
1 = Yes

What is this? _____

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

0 = No
1 = Yes

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

1 = Right
2 = Left
3 = Both

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

1 = Right
2 = Left
3 = Both

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

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

Now I have some questions about the <u>father</u> 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? *[F_DOB]:*

    ___ / ___ / ___
    <u>Or</u> if this is not known, how old is he? _____

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

    H = With you (Go to Q26)
    O = Somewhere else

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

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

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

    A = Australia
        Where? *[F_PLACE]:* _____ (Go to Q28)
    O = Other
        Which country?: _____
    9 = Unknown

27. In what year did he arrive in Australia? *[F_ARRIVE]:*   19____
                                                                99 = Unknown

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

    1 = English   4 = Italian   8 = Other,
    2 = Vietnamese   5 = Greek   specify:_____
    3 = Chinese   6 = Spanish   9 = Unknown

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

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

30. Does he consider himself vegetarian? *[F_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)
    9 = Unknown

    Please comment: _____

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

    0 = No
    1 = Yes

    What is this? _____

    9 = Unknown

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

    0 = No
    1 = Yes
    9 = Unknown

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

    1 = Right
    2 = Left
    3 = Both
    9 = Unknown

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

    1 = Right
    2 = Left
    3 = Both
    9 = Unknown

35. What was your <u>total</u> family income <u>before</u> tax, per year, at the time you became pregnant? *[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
      9. Family income unknown (e.g. adolescent at home)

      Number it supports *[PEOPLE]:* _____ / _____ (Adults/Children)

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

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) *[ADULTS]:* _____

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

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

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

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

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

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

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

      Please comment: _____

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

1 = Perth Metropolitan
2 = Other municipal
3 = Private bore / dam
8 = Other,
      specify: _____
9 = Not Applicable

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

47. How often have you used insect repellant on your skin in the last six months?
[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) <u>during the time you became pregnant and during the first three months of your pregnancy?</u>
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 <u>not</u> shoe factory

JOB *[M_JOB]:*   Hrs/Wk *[M_JOBHR]:*
1. _____   _____
_____
_____

2. _____   _____
_____
_____

3. _____   _____
_____
_____

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

 0 = Very good
 1 = OK
 2 = Poor
 3 = Very poor
 9 = Do/did not work

Please comment: _____

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

 0 = No
 1 = Yes
  How many hours / weeks: _____
 9 = Never worked

LEISURE ACTIVITIES

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

ACTIVITY *[M_ACTIVE]:*   Hrs/Wk *[ ]:*

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

4. _____

_____

_____

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

SPORT *[KCAL]:*   Hrs/Wk *[ ]:*

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

4. _____

_____

_____

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53. Have you had any of the following emotional upsets <u>since you became pregnant?</u>
[M_UPSET]: Circle Y is appropriate

Pregnancy problems *[M_PREGPB]:* Y / N

Death of a close relative *[M_RELATE]:* Y / N
Which relative? _____

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

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

Marital problems *[M_MARIT]:* Y / N

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

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

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

Money problems *[M_MONEY]:* Y / N

Residential move *[M_RMOVE]:* Y / N

Other, please describe *[M_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 <u>in any way</u> to make judgements about people's behaviour.

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

0 = No (Go to Q57)
1 = Yes

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

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

        0 = No
        1 = Yes
        9 = Unknown

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

0 = No
1 = Yes

64. Since you became pregnant, on average, in a day, how many cups of coffee do you drink? *[CAFFIENE]:*

____ Decaffeinated	____ Instant
____ Brewed	____ Turkish

65. How many cups of tea? *[CAFFEINE]:*

____ Strong	____ Medium
____ Weak	____ Herbal

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

____ 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? *[DIETDK]:*
_____

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

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 *[PRE_ALC]:*

_____ 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 *[NOW_ALCT]:*

       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 *[NOW_ALC]:*

    _____ 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)

    _____ [PRE_DRUG1]

       Was this regular or occasional? *[PRE_USE1]:*   1 = Regular
                                                        2 = Occasional

    _____ [PRE_DRUG2]

       Was this regular or occasional? *[PRE_USE2]:*   1 = Regular
                                                          2 = Occasional

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

    _____ [NOW_DRUG1]

       Was this regular or occasional? *[NOW_USE1]:*   1 = Regular
                                                         2 = Occasional

    _____ [NOW_DRUG2]

Was this regular or occasional? *[NOW_USE2]:*   1 = Regular
                                                         2 = Occasional

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

_____ *[F_DRUG1]*

      Was this regular or occasional? *[F_DRUSE1]:*   1 = Regular
                                                         2 = Occasional

_____ *[F_DRUG2]*

      Was this regular or occasional? *[F_DRUSE2]:*   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? *[MEDIC1] / [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? *[VITAM1] / [VITAM2]:*

      0 = No
         Yes

      Specify duration and dose:

      _____
      _____
      _____

Since you have been pregnant

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

0 = No
1 = Yes

     What type? _____

     When? _____ date (approx)

         OR _____ weeks gestation

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

    0 = No
    1 = Yes

     When? _____ date (approx)

         OR _____ weeks gestation

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

    0 = No
    1 = Yes

     What operation? _____

     When? _____ date (approx)

         OR _____ weeks gestation

79. Have you had a sauna? *[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? *[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? *[CATS]:* _____
     How many dogs? *[DOGS]:* _____
     How many cats and dogs come into the house? *[PET_INS]:* _____
     How many cats and dogs eat raw food? *[PET_RAW]:* _____

How many birds? *[BIRDS]:* _____
How many other pets? *[PET_OTH]:* _____
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. *[ME_XRAY]:* Y / N

Frequency *[ME_XRAY2]:* _____
Average duration *[ME_XRAY3]:* _____

<u>VDU</u> – Use of computer or typewriter with a computer screen or similar. *[ME_VDU]:* Y / N

Frequency *[ME_VDU]:* _____
Average duration *[ME_VDU]:* _____

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

Frequency *[ME_RADI2]:* _____
Average duration *[ME_RADI3]:* _____

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

Frequency *[ME_ISOT2]:* _____
Average duration *[ME_ISOT3]:* _____

<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. *[ME_SOLV]:* Y / N

Frequency *[ME_SOLV2]:* _____
Average duration *[ME_SOLV3]:* _____

<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. *[ME_GLUE]:* Y / N

Frequency *[ME_GLUE2]:* _____
Average duration [**ME_GLUE3**]:_____

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. *[ME_CHEM]:* Y / N

Frequency *[ME_CHEM2]:* _____
Average duration *[ME_CHEM3]:*_____

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

Frequency *[ME_DYES2]:* _____
Average duration *[ME_DYES3]:*_____

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

Frequency *[ME_PANT2]:* _____
Average duration *[ME_PANT3]:*_____

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. *[ME_DUST]:* Y / N

Frequency *[ME_DUST2]:* _____
Average duration *[ME_DUST3]:*_____

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

Frequency *[ME_INSL2]:* _____
Average duration *[ME_INSL3]:*_____

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. *[ME_AIRP]:* Y / N

Frequency *[ME_AIRP2]:* _____

Average duration *[ME_AIRP3]:*_____

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

       Frequency *[ME_WATP2]:* _____
       Average duration *[ME_WATP3]:*_____

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

       Frequency *[ME_SEWR2]:* _____
       Average duration *[ME_SEWR3]:*_____

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. *[ME_PEST]:* Y / N

       Frequency *[ME_PEST2]:* _____
       Average duration *[ME_PEST3]:*_____

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. *[ME_SPRY]:* Y / N

       Frequency *[ME_SPRY2]:* _____
       Average duration *[ME_SPRY3]:*_____

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

       Frequency *[ME_AGRY2]:* _____
       Average duration *[ME_AGRY3]:*_____

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

       Frequency *[ME_ANAE2]:* _____
       Average duration *[ME_ANAE3]:*_____

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

       Frequency *[ME_OTH2]:* _____

Average duration [**ME_OTH3**]:_____

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? *[MR_PRTIM]:* *[MR_PRFLG]*

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

84. What was the date of the first day of your last period? *[MR_PRDAT]:*

___ / ___ / ___

85. How sure are you of that date? *[MR_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? *[MR_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? *[MR_TIME]:*

96 = < 1 month
98 = Don't know
90 = > 5 years

88. Did you go to a doctor or clinic for help in becoming pregnant? *[MR_HELP]:*

0 = No (Go to Q90)
1 = Yes

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

1 = Ovulation disorder   4 = Uterine disorder
2 = Tubal disease   8 = Other
3 = Low sperm count   9 = Unknown

89. If <u>YES</u> what kind of medical treatment or advice did you have? *[MR_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? *[MR_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 *[MO_GRAV]:* _____
    Parity *[MO_PARITY]:* _____
    Previous 1st trimester abortion (<12w):
        Spontaneous *[MO_AB1S]:* _____
        Induced *[MO_AB1I]:* _____
    Previous 2nd trimester abortion (12-20w):
        Spontaneous *[MO_AB2S]:* _____
        Induced *[MO_AB2I]:* _____
    Previous stillbirth (20w or more) *[MO_SB]:* _____
    Previous preterm delivery (<37w) *[MO_PTD]:* _____
    Previous neonatal death (before 28 days after due date) *[MO_NND]:* _____
    Previous IUGR *[MO_IUGR]:* _____
    SIDS (age?) *[MO_SIDS]:* _____
    Childhood death (age? cause?) *[MO_CHDX]:* _____
    Previous congenital abnormality (specify) *[MO_CONGN]:* _____
    Previous multiple gestation (specify) *[MO_MULTI]:* _____

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

    Cold or flu *[COLDFLU]:* _____
    Chest infection *[CHESTINF]:* _____
    Urinary infection *[UTI]:* _____
    Diarrhoea *[DIARR]:* _____
    Convulsions *[CONVULS]:* _____
    Fever *[FEVER]:* _____
        What temperature? _____
        When? _____

How long? _____
Herpes (genital, cold sores) *[HERPES]:* _____
Other infection *[OTHINF]:* _____
Other viral infection *[OTHVIRAL]:* _____
Other (specify) *[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 *[MH_HX]:* _____
Pregnancy induced Hypertension *[MH_PIHX]:* _____
Heart disease *[MH_HD]:* _____
Rheumatic fever *[MH_RHEM]:* _____
Diabetes [*MH_DX]:* _____
Gestational diabetes *[MH_PIDX]:* _____
Asthma *[MH_ASTH]:* _____
Thyroid dysfunction *[MH_THYR]:* _____
Hepatitis *[MH_HEP]:* _____
Epilepsy *[MH_EPI]:* _____
Psychiatric disorder *[MH_PSYC]:* _____
Other (specify) *[MH_OTH]:* _____

Which operations have you had? *[MH_OPS]:*_____

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

a) You have been vaccinated against Rubella? *[RUB_VAC]:* _____
    At what age? *[???]:* _____
b) You had the disease? *[RUB_DIS]:* _____
    At what age? *[???]:* _____
c) A blood test has shown you to be immune? *[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?
    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 *[FH_HX]:* _____
Stroke *[FH_STRK]:* _____

Heart Disease *[FH_HD]:* _____
High cholesterol or hyperlipidaemia *[FH_CHOL]:* _____
Diabetes *[FH_DX]:* _____
Asthma *[FH_ASTH]:* _____
Epilepsy *[FH_EPI]:* _____
Urinary reflux nephropathy *[FH_REFX]:* _____
Other renal disease *[FH_RENAL]:* _____
Urinary tract infections in childhood *[FH_UTI]:* _____
Cancer *[FH_CX]:* _____
Chronic allergies *[FH_ALGY]:* _____
Haemoglobinopathy (Thalassemia) *[FH_THAL]:* _____
Other blood diseases *[FH_BLDIS]:* _____
Any hereditable disease *[FH_HERIT]:* _____
Any congential malformations *[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 <u>members of your family</u> excluding those living with you? *[S_FAMILY]:*

       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 <u>friends</u> either inside or outside your home? *[S_FRIEND]:*

       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? *[S_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? *[S_CLOSE]:* ____0 = No
                                            1 = Yes

100.   Do you feel you can talk about your feelings with the father of the baby?
   [S_FATHER]: _____ 0 = No
                              1 = Sometimes
                              2 = Yes

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

                     0 = No (Go to Q107)
                     1 = Yes, what: _____

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

                     0 = No
                     1 = Sometimes
                     2 = Yes

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

                     0 = No
                     1 = Yes

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

                     0 = No
                     1 = Yes
                     9 = No doctor

Now I have your height from your notes, but:

107.   Height *[M_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). *[M_HEADSZ]:*
        _____ 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.**