

## The Norwegian Influenza Cohort Study

### Questionnaire about pregnancy and health

The form will be read by a machine. Please use blue or black ballpoint pen and write clearly.

- In the small check boxes, indicate the answer that you think is best, as follows: x
- If you feel that you have set the cross in the wrong box, you can correct it by filling the box completely, as follows: ■
- Number boxes have two or more squares. When you write a one-digit numbers, use the right pane. Example: 5 is written as 5

Enter day, month and year of completion of the form (write the year with 4 digits, e.g. 2010)  
day month year

#### About this pregnancy

##### 1. Give date of the first day of your last menstrual period

day month year

##### 2. How much did you weigh when you got pregnant, and how much do you weigh now (in kg)?

When I was pregnant: kg      now: kg

##### 3. How tall are you?      cm

##### 4. How tall (approximately) is the child's father?      cm

##### 5. How much (approximately) does the child's father weigh (to the nearest kg)? kg

##### 6. What was your blood pressure at the first prenatal consultation?

(See your pregnancy health record)

##### 7. During a prenatal consultation, has a midwife or doctor told you that you have / have had high blood pressure in this pregnancy?

No  
Yes

##### 8. If yes, what was the highest reading during this pregnancy?

(See your pregnancy health record)

##### 9. Have you had vaginal bleeding during this pregnancy?

No  
Yes

##### 10. If yes, please mark when you had bleeding and if you sought medical attention because of it? (You can mark multiple boxes).

Week of pregnancy	Had bleeding	Contacted doctor / midwife
	No Yes	

0-8  
9-12  
13-20  
21-28  
29-34  
35 +

**11. Why did you bleed?**

Don't know

The placenta was too low / placenta praevia

Premature detachment (or separation) of the placenta/abruption placenta

Threatening miscarriage / premature birth

Cervical ulcer, bleeding of the mucous membrane in the vagina

Following intercourse

Other reason

**12. Have you experienced periods where the child has altered activity / kicking?**

No

Yes

Don't know

**13. If yes, please mark when you experienced the altered activity / kicking and if you consulted a doctor or midwife because of it.**

(You can mark several boxes.)

Week of pregnancy | Less active/kicking than normal | More active/kicking than normal |  
 Consulted doctor/midwife

No Yes

23-24

25-26

27-28

29-34

35 +

**About previous pregnancies**

**14. Have you been pregnant before? (This also applies to pregnancies that ended in miscarriage, abortion or stillbirth.)**

No (Go to question 16)

Yes

**15. If yes, please list any previous pregnancies, in chronological order. Also include pregnancies that ended in abortion or stillbirth, or if the pregnancy was ectopic. Enter year at the start of pregnancy, how many kilos you gained during pregnancy and the number of months you breastfed each child. Please mark if you smoked during previous pregnancies.**

Pregnancy number | Year of pregnancy | Live-born babies | Miscarriages/stillbirths  
 |Termination| Ectopic pregnancy | Pregnancy week for miscarriage/stillbirth | Number of  
 months of breastfeeding | Weight gain during pregnancy (to nearest kg) | Smoked during  
 pregnancy

1

2

3

4

5

6

7

### About diseases and health problems

First, we will ask about temporary illnesses and health problems during pregnancy. Then we will ask about long term / chronic diseases and health problems.

#### 16. Have you had any of the following diseases / health problems during pregnancy? If yes, please mark in which week of pregnancy.

(You can mark several times.)

In pregnancy week  
No Yes 0-8 9-12 13-20 21-28 29-34 35+

1. Pelvic girdle pain
2. Long-term nausea with vomiting
3. Bacterial vaginosis
4. Cystitis / pyelitis
5. Cold
6. Sore throat
7. Sinusitis / ear infection
8. Influenza
9. Pneumonia
10. Meningitis
11. Fever of 38.0 or higher
12. Sugar in urine
13. Protein in urine
14. Injury / blow to the stomach
15. Other

Describe:

#### 17. Have you or have you had any of the following chronic / long-term diseases / health problems earlier and now during pregnancy?

No | Yes, before pregnancy | Yes, during pregnancy

1. Asthma
2. Hay fever, pollen allergy
3. Animal hair allergy
4. Other allergies
5. Atopic eczema
6. Urticaria
7. Cold sores (herpes)
8. Genital herpes
9. Diabetes treated with insulin
10. Diabetes not treated with insulin
11. Congenital heart defects
12. Other cardiovascular diseases
13. Too high blood pressure
14. Hyperthyroidism/hypothyroidism
15. Hepatitis / liver inflammation/ jaundice
16. Crohn's Disease / Ulcerative colitis
17. Coeliac sprue (gluten sensitivity)
18. Arthritis / Rheumatoid arthritis / Bechterev`s reflex
19. Lupus (LE)
20. Salpingitis / fallopian tubes
21. Endometriosis
22. Epilepsy
23. Multiple sclerosis (MS)
24. Chronic fatigue syndrome / ME
25. Cancer
26. Other chronic / long-term illness

Describe

**18. Have you been hospitalised during pregnancy?**

No

Yes, which hospital?

**19. If yes, please indicate the reason and when it was.**

In pregnancy

The cause 0-8 9-12 13-20 21-28 29-34 35 +

1. Prolonged nausea / vomiting

2. Bleeding

3. Threatening premature birth

4. Pre-eclampsia

5. Influenza

6. Other, describe:

In pregnancy

No Yes 0-8 9-12 13-20 21-28 29-34 35 +

**About the use of medications, vitamins and nutritional supplements**

**20. If you have used medicines during pregnancy, please mark the type of the medicine and when you used it.**

**Include all kinds of medications, both with and without prescription, including herbal remedies and alternative medicine.**

Name of medicine| last 4 weeks of pregnancy | in pregnancy week 0-8 9-12 13-20 21-28 29-34 35 +

**21. Mark whether you have used vitamins or nutritional supplements in recent months. Please write the name of the product and when you used it.**

Include all kinds of dietary supplements, including herbal remedies and alternative medicines.

Name of preparation| last 4 weeks of pregnancy | in pregnancy week 0-8 9-12 13-20 21-28 29-34 35 +

Cod liver oil

(Other) Omega-3

Folate (separate tablets 0.4 mg)

Multivitamin / mineral

Other

Other

**About work and lifestyle**

**22. What education do you and the child's father have? (Please mark one box only for the highest education level you both have completed. Also mark the education level you are currently taking)**

	You	Child's father
Completed	Currently studying	Completed
		Currently studying

1. 9-year primary school

2. 1-2 year high school

3. Technical high school

4. 3 year high school general studies, junior college

5. Regional technical college, University college, 4 years university degree (bachelor's degree, nurse, teacher, engineer)

6. University, technical college, University more than 4 years (Master's degree, PhD)

7. Other education

**23. What was your and the child's father's working situation when you became pregnant?**

**(Mark one or more boxes.)**

You| Child's father

1. Paid work
2. Student / pupil
3. On leave
4. Sick leave
5. Homemaker
6. Unemployed
7. Other

**24. Have you been completely or partially on sick leave so far during this pregnancy?**

No

Yes

**25. If yes, how many days?**

Sick leave from 50 to 100%    Number of days

Sick leave less than 50%    Number of days

**Questions about the current work situation is to be answered by all who have paid work, even if they are temporary employees or are absent due to illness, leave or similar.**

**26. Describe the type of business at your present workplace or place of work as accurately as possible. (Type e.g. hospital for children with cancer, panel beater, farm with grain and pork, working from home)**

You| Child's father

**27. Occupation / title at this workplace?**

(Type e.g. Nurse, panel beater, chairman, teacher, student, special worker, cleaning assistant, homemaker)

You| Child's father

**28. How many people are there in your household?**

**(include yourself)**

Number of people over 18 years

People 12-18 years

People 6-11 years

Number of people under 6 years

**29. How many of the children go to centre-based childcare (nursery/kindergarten)?**

children

**30. What is your civil status?**

Married

Cohabitation

Single

**31. Do you or your child's father have a mother tongue other than Norwegian?**

No

Yes, my mother tongue is -----

Yes, the child's father's mother tongue is -----

**32. How often are you so physically active (in leisure or work) that you are out of breath or sweating?**

In my spare time | At work

Never  
 Less than once per week  
 Once per week  
 Twice per week  
 3-4 times per week

**33. Have you ever smoked?**

No  
 Yes

**34. Do you smoke at present (after you became pregnant)? If yes, how many cigarettes?**

No  
 Sometimes | Cigarettes per week  
 Daily | Cigarettes per day

**35. Do you use smokeless tobacco since you became pregnant?**

No  
 Yes

**36. Does the child's father smoke at present (since you became pregnant)? If yes, how many cigarettes?**

No  
 Sometimes | Cigarettes per week  
 Daily | Cigarettes per day

**Units of alcohol**

To compare different types of alcohol, we ask for what we call alcohol units (= 1.5 cl of pure alcohol). In practice this means the following:

1 small glass (1 / 3 litre) of beer = 1 unit  
 1 wine glass of red or white wine = 1 unit  
 1 sherry glass of sherry or other fortified wine = 1 unit  
 1 dram glass of brandy or liqueur = 1 unit  
 1 bottle of alcopop/ cider = 1 unit

**37. How often did you consume alcohol before, and how often do you consume it at present?**

Last 3 months before last period| in this pregnancy | pregnancy week  
 0-12 13-24 25+

Roughly 6-7 times a week  
 Roughly 4-5 times a week  
 Roughly 2-3 times a week  
 Roughly once a week  
 Roughly 1-3 times a month  
 Less than once a month  
 Never

**38. In the period immediately before you became pregnant and during this pregnancy, how many times have you consumed 5 or more units?**

(See explanation of units of alcohol on the previous page.)

Last 3 months before last period| in this pregnancy | pregnancy week  
 0-12 13-24 25+

Several times a week  
 Once a week  
 1-3 times a month  
 Less than once a month  
 Never

**39. How many alcoholic units do you usually drink? (See explanation of units of alcohol on the previous page)**

Last 3 months before last period | in this pregnancy | pregnancy week  
 0-12 13-24 25+

10 or more  
 7-9  
 5-6  
 3-4  
 1-2  
 Fewer than 1

**About food and drink**

**40. How often have you eaten bread / biscuits in the last 2 months? (Mark once per line.)**

Rarely / never | 1-3 times per week | 4-6 times per week | Once a day | 2-3 times per day | 4 + times per day

1. White bread (including baguette, pita, ciabatta, etc.)
2. Wholegrain bread
3. Crackers / biscuits

**41. How often have you used the following spreads on bread in the last 2 months? (Mark once per line)**

Rarely / never | 1-2 times per week | 3-4 times per week | 5-6 times per week | Daily

1. Butter
2. Margarine
3. Hard white cheese, cream cheese
4. Whey cheese goat (brown)
5. Cold cuts (low fat)
6. Savelat, salami, liver pate etc.
7. Fish spreads
8. Jam, other sweet spread

**42. How often have you had these dishes for dinner during the last 2 months? (Mark one per line.)**

Rarely / never | 1-2 times per month | 3-4 times per month | 2-3 times per week | 4-7 times per week

1. Hot dogs, hamburgers, minced beef
2. Pure meat (steak, chop, beef etc.)
3. Chicken / turkey
4. Low fat fish (cod, pollock, haddock etc.)
5. Fatty fish (trout, salmon, mackerel, herring)
6. Fish fingers, fish balls etc.
7. Vegetarian dishes

**43. How often did you eat vegetables and fruit during the last 2 months? (Mark one per line.)**

Rarely /never| 1-2 times per week| 3-4 times per week | 5-7 times per week | 2+ times per day

1. Lettuce / tomato / cucumber / red pepper
2. Onion / garlic / leek
3. Cabbage, cauliflower, broccoli
4. Carrot / swede
5. Peas, beans
6. Boiled potatoes
7. Fried potatoes / French fries
8. Other vegetables
9. Fresh fruit
10. Berries
11. Almonds, cashew nuts, other nuts

**45. How often have you consumed the following during the last 2 months? (Mark one per line)**

Rarely /never | 1-6 times per week | Once per day | 2-3 times per day | 4 + times per day

1. Full fat milk, kefir, yogurt
2. Extra low fat and low fat milk
3. Fruit juice
4. Soft drinks / soda / cordial with sugar (Cola etc.)
5. Soft drinks / soda / cordial - artificially sweetened (Pepsi Max, etc.)
6. Coffee
7. Tea / herbal tea

**44. How often have you used butter, margarine or oil in cooking / dressing during the last 2 months? (Mark one per line)**

Rarely / never | 1-2 times per week| 3-4 times per day | 5-6 times per day | daily

1. Butter
2. Margarine
3. Olive oil
4. Other oil

**46. How often have you eaten the following during the last 2 months? (Mark one per line)**

Rarely / never | 1-2 times per week| 3-4 times per day | 5-6 times per day | daily

1. Cakes / buns / sweet biscuits
2. Chocolate / sweets
3. Ice cream / sorbet
4. Potato crisps

**About your current situation**

**47. Do you agree or disagree with the following statements related to the forthcoming birth? (Mark only one box per line.)**

Completely agree |agree |Slightly agree |Slightly disagree |disagree |Completely disagree

1. I am really dreading giving birth
2. I worry all the time that the baby will not be healthy or normal
3. I am really looking forward to the baby coming



**48. If you have a spouse / partner, do you agree with these descriptions? (Please mark each line.)**

Completely agree |agree |Slightly agree |Slightly disagree |disagree |Completely disagree

1. My partner and I have problems in our relationship
2. I am very happy in my relationship
3. My partner is usually understanding
4. I am satisfied with the relationship with my partner
5. We agree on how children should be raised

**49. During the last 2 weeks have you been bothered with any of the following? (please mark each line)**

Not bothered|A little bothered| Quite bothered|Very much bothered

1. Increasingly fearful or anxious
2. Nervousness, or shakiness inside
3. Feeling hopelessness about the future
4. Feeling blue, melancholy
5. Worrying to much about things
6. Feeling everything is an effort
7. Feeling tense or keyed up
8. Suddenly scared for no reason

**50. Have you experienced any of the following during the last 18 month? If yes, how painful and difficult was it for you?**

(Please mark for each line.)

If yes  
No |Yes |Not so bad |Difficult |Very difficult

1. Have you had financial problems
2. Have you been divorced, separated or ended your relationship with your partner
3. Have you had problems or conflicts with your family, friends or at work
4. Have you been seriously ill or injured
5. Have you lost someone close to you
6. Other

**51. Do you agree or disagree with the following statements? (Put a mark on each line.)**

Completely disagree |Disagree |Slightly disagree |Neither agree nor disagree |Slightly agree |Agree |Completely agree

1. My life is largely what I wanted it to be
2. My life is very good
3. I am satisfied with my life
4. I have achieved so far what is important to me in my life
5. If I could start all over, there is very little I would do differently
6. I really enjoy my work

**Comments**

Have you remembered to fill in the date for completing the form on page 1?  
Thank you for your help!