

Mother and Child in the Environment (MACE)

1. Date:/ 2. Mother Identification No		
	- 	
1. Name of respondent:		
1. Name of respondent.	First	
	Middle	
	Middle	
	Surname	
2. Dhana numhara	nome.	
2. Phone numbers:	work:	
	cell:	
	other:	
2. What is your physical address 2		
3. What is your physical address?	House No.	
	Road/Street	
	City	
4. How old are you?	Postal Codeyears	
5. What is your date of birth?		
•		
	day month year □ ₉ Refused	
6. What is your marital status?	□ ₁ Married	
	☐ ₂ Living together	
	□ ₃ Single □ ₄ Divorced	
	□₄ Divorced □₅ Separated	
	□ ₆ Widow	
	□- Other	

7. What is the highest grade or year of school you completed? [READ CHOICES – select only one]	 □₁ Never attended school or only pre-school □₂ Class 1 – Std 5 (Grades 1 through 7) □₃ Std 6 – Std 9 (Grades 9 through 11- Some high school) □₄ Std 10 / Matric (Grade 12 - High school graduate) □₅ Non-degree training □₆ College / technikon / university (1 year to 3 years) □ȝ Refused to answer
8. What is the highest grade or year of school your baby's father completed? [READ CHOICES]	□₁ Never attended school or only pre-school □₂ Class 1 – Std 5 (Grades 1 through 7) □₃ Std 6 – Std 9 (Grades 9 through 11- Some high school) □₄ Std 10 / Matric (Grade 12 - High school graduate) □₅ Non-degree training □₆ College / technikon / university (1 year to 3 years) □₂ Refused to answer

[INTRODUCTION: INTERVIEWER READS TO RESPONDENT]

The purpose of this questionnaire is to collect information about your pregnancy and reproductive health. If there is a question you do not want to answer, please let me know and we can skip it. All of your responses are confidential and will not shown to anyone outside the study team without your written consent. If you wish to stop the interview at anytime, please advise me. We can continue at a later time at your convenience

A. HOUSEHOLD CONDITIONS		
9. With whom do you live? (Fill in one or several boxes.)	\square_1 Spouse	
	□ ₂ Partner	
	□ ₃ Parents	
	□ ₄ Parents-in-law	
	□ ₅ Children	
	\square_6 No one	
	□ ₈₈ Others, describe	
10. How many people including you live in your home?	□₁ Number of people over 18 years	
	\square_2 Number of people between 12 and	
	18 years	
	\square_3 Number of people between 6 and	
	11 years	
	□ ₄ Number of people under 6 years	
11. Usual language spoken at home:	□ ₁ English	
	□ ₂ Zulu	
	□₃ Xhosa	
	□ ₄ Afrikaans	
	□ ₈₈ Other	
	(Specify:)	
12. How many of your children are at nursery school?		
	no. of children	

13. What is your yearly gross income? (<i>Include child</i>	\square_0 No income
support, unemployment benefits and other allowances.)	□₁ Less than R2 000
	□ ₂ R10 001–30 000
	□ ₃ R30 001–75 000
	□ ₄ R75 001–150 000
	□ ₅ R150 001 and above
	□ ₆ Refused to answer
14. What is the baby's father's yearly gross income?	□ ₀ No income
(Include child support, unemployment benefits and	□₁ Less than R2 000
other allowances.)	□ ₂ R10 001–30 000
,	□ ₃ R30 001–75 000
	□4 R75 001–150 000
	\square_5 R150 001 and above
	\square_6 Refused to answer
15. What type of housing do you live in?	□₁ Detached house, Semidetached
To: Trinat type of floading do you live lift	\square_2 Farm
	□₃ Flat, Terraced flat, Apartment
	building
	□ ₄ Refused to answer
	□ ₈₈ Other
16. Has there been water damage, visible signs of	□ ₁ No
fungus/mildew or a smell of mildew in your home in the	□₂ Yes, water damage
past 3 months? (Fill in one or several boxes.)	\square_3 Yes, signs of fungus and mould
μ · · · · · · · · · · · · · · · · ·	□ ₄ Yes, a smell of mildew
17. What year was this house/structure originally built?	
	year
	□99 don't know
IF RESPONDENT IS UNSURE ASK:	□ ₁ before 1970
18. Would you say it was built:	\square_2 between 1970 and 1985
	□₃ after 1985
19. How many rooms are there in your home? (counting the	
kitchen, but not the bathroom or toilet)	rooms
20 How long have you lived at this address?	
	years
	□₁ less than 1 year
21. Is your home drinking water from the tap or from a river	□ ₁ tap
or dam?	\square_2 river or dam
	□ ₃ well
	□ ₈₈ other, please specify:
22. Do any pets live in this home?	□₁ Yes
	\square_2 No [If no, skip to Q24]

23. What kind of pets live he	ere?			
(a). a dog?			□₁ Yes	
(1) 10			□ ₂ No	
(b). a cat?			□₁ Yes	
(a) a hird?			□ ₂ No	
(c). a bird?			□₁ Yes □₂ No	
(d). any other pet(s)			□₂ No □₁ Yes	
(d). any other pet(s)			□₁ res □₂ No	
			□ ₈₈ please sp	ecify.
			please op	cony.
24. During the past 12 month	hs was a room heater u	sed to	□₁ Yes	
heat one or more rooms			\square_2 No [If no, s	skip to Q25]
				[If don't know, skip to
			Q25]	•
(a). Was this heater fuel	led by		\square_0 not applica	able – no furnace
, ,	•		□₁ paraffin	
			□₂ gas	
			□ ₃ electricity	
			\square_4 wood	
			□ ₅ coal	
			□ ₆ Gel	
			\square_{88} other, plea	ase specify:
			 □ ₈₈ don't knov	
25. During the past 12 mont	hs was one or more woo	nd	□ ₁ Yes	•
stoves used in this house		Ju	□₁ res □₂ No	
Stoves asea in this float	50:		□ ₉₉ Don't kno	ow.
26. During the past 12 mont	hs was a fireplace used	to heat	□₁ Yes	···
the rooms in this house'		to mout	\square_2 No	
			□ ₉₉ Don't kno	ow .
27. During the past 12 month	ths was the stove or ove	n ever	□ ₁ Yes	
used to heat this house'			\square_2 No	
			□ ₉₉ Don't kno	ow .
28. Is a stove or oven used to	for cooking in this house	?	□₁ Yes	
			\square_2 No	
			□ ₉₉ Don't knd	ow .
. ,	y source of heat for this	stove or	□₁ paraffin	
oven?			□₂ gas	
			□ ₃ electricity	
			□₄ wood	
			□ ₅ coal	
			□ ₆ Gel	if
			\square_{88} other, plea	ase specify.
			don't knov	<u></u>
	B. FAMILY SMOKING	CHARAC		
29. Does anyone who lives	s here smoke cigarette	s in the	□₁ Yes	
home?			\square_2 No [If]	no, skip to Q30]
If yes, for each member of the	he household who smok	es, please	e indicate	
Cigarettes smoked per				
day in the home				

C. MENSTRUAL HISTORY		
30. How old were you when you had your first menstrual		
period?	years	
	age	
31. How many days between each menstrual cycle?	□ ₁ 28 days	
	□ ₂ 35 days	
	□ ₃ > 40 days	
	□ ₉₉ don't know	
32. Were your periods regular the year before you became	□ ₁ Yes	
pregnant?	□ ₂ No	
33. During the last year before you became pregnant, did you	☐₁ Yes, due to another pregnancy	
miss your period for more than three months without	\square_2 Yes, due to other reasons	
being pregnant?	□ ₃ No	
34. Date of first day of last menstrual period	//20	
	Day/month/year	
35. Did your last menstrual period come at the expected time	□₁ Yes	
	□ ₂ No	
36. Are you certain about the date of first day of last		
menstrual period?	\square_2 Uncertain	
37. Describe the duration, amount of bleeding and period		
pains of your last period		
(a). Was the duration	□ ₁ Usual	
	□ ₂ More than usual	
	□₃ Less than usual	
(b). Was the bleeding	□₁ Usual	
	\square_2 More than usual	
	□₃ Less than usual	
(c). Was the pain	□ ₁ Usual	
	\square_2 More than usual	
	□₃ Less than usual	
D. CONTRACEPTION AND REPROD		
38. Have you/your partner at any time during the last year	□₁ Condom	
used the following methods to avoid becoming	□ ₂ Diaphragm	
pregnant? (Fill in all that apply.)		
programm (r. m. m. am amad approyr)	□ ₅ Hormone injection	
	\square_7 Pill	
	□ ₁₁ No such methods	
	□ ₈₈ Other	
39. If you have used the pill, how long have you used them?	Pill	
oci ii you navo acca ale piii, non long navo you acca aleiii.	\square_0 never used	
	□₁ Less than one year	
	\square_2 1-3 years	
	□ ₃ 4-6 years	
	□ ₃ 4-6 years	
	□ ₅ 10 years or more	
	[If Pill never used, skip to Q43]	
40. If you have used the pill, how old were you when you	years old	
first used it?	years old	
41. Were you taking the pill during the last 4 months before	□₁ Yes	
	T =	
this pregnancy?	□ ₂ No [If no, skip to Q43]	
42. If yes, how long before your last menstrual period did	weeks	
you stop taking the pill	П. Усе	
43. Was this pregnancy planned?	□₁ Yes □₂ No llf no. skip to Q441	
	I LIZ INUI II IIU. SKID IU U441	

(a). If yes, how many months did you have regular intercourse without contraception before you became pregnant?	 □₁ Less than I month □₂ 1-2 months □₃ 3 months or more □₄ Number of months if more than 3
44. Did you become pregnant even though you or your partner used contraceptives	□₁ Yes □₂ No [If no, skip to Q46]
45. If yes, which type of contraceptives were used? (Fill in all that apply.)	□1 Condom[skip to Q47] □2 Diaphragm[skip to Q47] □3 IUD □4 Hormone injection[skip to Q47] □5 Pill [skip to Q47] □88 Other
46. If you became pregnant while using an IUD, has it now been removed?	□ ₁ Yes □ ₂ No
47. How long have you and the baby's father had a sexual relationship?	months oryears
48. How often did you have sexual intercourse during the four weeks before you became pregnant?	□₁ Every day □₂ 5-6 times a week □₃ 3-4 times a week □₄ 1-2 times a week □₅ 1-2 times every two weeks □₆ Less than 1-2 times every 2 weeks □ȝ Refused to answer
49. Have you ever been treated for infertility?	☐ ₁ Yes ☐ ₂ No [If no, skip to Q52]
50. If yes, was it in connection with this pregnancy or an earlier pregnancy?	□₁ This pregnancy □₂ Previous pregnancy
51 (a) What type of treatment did you have?	 □₁ Fallopian tube surgery □₂ Other surgery □₃ Medication for endometriosis □₄ Hormone treatment □₅ Insemination (injection of sperm) □₆ Test-tube method □₀₀ Other
52. Have you been given information about amniocentesis?	□ ₁ Yes □ ₂ No
E. PREVIOUS PREGNAN	ICIES
53. Have you been pregnant before?(Include all pregnancies that ended in abortion, miscarriage or stillbirth)	□ ₁ Yes □ ₂ No [If no, skip to Q62]
If yes, fill in for all earlier pregnancies. [Include all pregnancies that ended in abortion, misca pregnancies].	rriage or stillbirth as well as ectopic
54. Pregnancy No. 1	
(a). Year of pregnancy	year
(b). Pregnancy outcome	 □₁ Live infant born □₂ Spontaneous abortion □₃ Termination of pregnancy □₄ Ectopic pregnancy
(c). Week of pregnancy for abortion/still birth	weeks
(d) Did you breastfeed during this pregnancy?	□ ₁ Yes

	\square_2 No [If No, skip to Q f)
(e). No. of months breast feeding	
	months
(f). Weight gain during pregnancy	
	kg
(g). Smoked during pregnancy	□₁ Yes
	□ ₂ No
55. Pregnancy No. 2	
(a). Year of pregnancy	1007
4.5.	year
(b). Pregnancy outcome	□₁ Live infant born
	□₂ Spontaneous abortion
	☐ ₃ Termination of pregnancy
(c). Week of pregnancy for abortion/still birth	□ ₄ Ectopic pregnancy
(c). Week or pregnancy for abortion/still birth	weeks
(d) Did you breastfeed during this pregnancy?	□₁ Yes
(d) Did you breastieed duffing this pregnancy:	\square_2 No [If No, skip to Q f)
(e). No. of months breast feeding	112 140 [ii 140; skip to Q 1)
(o). No. of months broadt fooding	months
(f). Weight gain during pregnancy	
(i). It signit gain daming programsy	kg
(g). Smoked during pregnancy	□₁ Yes
(6)	□ ₂ No
56. Pregnancy No. 3	
(a). Year of pregnancy	
	year
(b). Pregnancy outcome	□₁ Live infant born
	\square_2 Spontaneous abortion
	\square_3 Termination of pregnancy
	□ ₄ Ectopic pregnancy
(c). Week of pregnancy for abortion/still birth	weeks
(4) Did b +f d d +bi 0	
(d) Did you breastfeed during this pregnancy?	□₁ Yes
(a) No of months broast fooding	□ ₂ No [If No, skip to Q f)
(e). No. of months breast feeding	months
(f). Weight gain during pregnancy	
(i). Weight gain during pregnancy	kg
(g). Smoked during pregnancy	□₁ Yes
(g). Officious during programmy	\square_2 No
57. Pregnancy No. 4	
(a). Year of pregnancy	
()	year
(b). Pregnancy outcome	□₁ Live infant born
	□ ₂ Spontaneous abortion
	□ ₃ Termination of pregnancy
	□ ₄ Ectopic pregnancy
(c). Week of pregnancy for abortion/still birth	
	weeks
(d) Did you breastfeed during this pregnancy?	□₁ Yes
	\square_2 No [If No, skip to Q f)
(e). No. of months breast feeding	months
(f) Maight gain during an array	
(f). Weight gain during pregnancy	

	kg
(g). Smoked during pregnancy	□ ₁ Yes □ ₂ No
58. Pregnancy No. 5	
(a). Year of pregnancy	year
(b). Pregnancy outcome	 □₁ Live infant born □₂ Spontaneous abortion □₃ Termination of pregnancy □₄ Ectopic pregnancy
(c). Week of pregnancy for abortion/still birth	weeks
(d) Did you breastfeed during this pregnancy?	□ ₁ Yes □ ₂ No [If No, skip to Q f)
(e). No. of months breast feeding	months
(f). Weight gain during pregnancy	kg
(g). Smoked during pregnancy	□ ₁ Yes □ ₂ No
59. Pregnancy No. 6	
(a). Year of pregnancy	year
(b). Pregnancy outcome	 □₁ Live infant born □₂ Spontaneous abortion □₃ Termination of pregnancy □₄ Ectopic pregnancy
(c). Week of pregnancy for abortion/still birth	weeks
(d) Did you breastfeed during this pregnancy?	□ ₁ Yes □ ₂ No [If No, skip to Q f)
(e). No. of months breast feeding	months
(f). Weight gain during pregnancy	kg
(g). Smoked during pregnancy	□ ₁ Yes □ ₂ No
60. Pregnancy No. 7	
(a). Year of pregnancy	year
(b). Pregnancy outcome	 □₁ Live infant born □₂ Spontaneous abortion □₃ Termination of pregnancy □₄ Ectopic pregnancy
(c). Week of pregnancy for abortion/still birth	weeks
(d) Did you breastfeed during this pregnancy?	\square_1 Yes \square_2 No [If No, skip to Q f)
(e). No. of months breast feeding	months
(f). Weight gain during pregnancy	kg
(g). Smoked during pregnancy	□ ₁ Yes □ ₂ No
61. Pregnancy No. 8	
(a). Year of pregnancy	

	year
(b). Pregnancy outcome	 □₁ Live infant born □₂ Spontaneous abortion □₃ Termination of pregnancy □₄ Ectopic pregnancy
(c). Week of pregnancy for abortion/still birth	weeks
(d) Did you breastfeed during this pregnancy?	□ ₁ Yes □ ₂ No [If No, skip to Q f)
(e). No. of months breast feeding	months
(f). Weight gain during pregnancy	kg
(g). Smoked during pregnancy	□ ₁ Yes □ ₂ No
62. Have you had any of the following problems during previous pregnancies? (Fill in all that apply.)	
(c). Severe nausea and vomiting	□ ₁ Yes □ ₂ No
(d). Eclampsia during pregnancy	□₁ Yes □₂ No
(e). Diabetes during pregnancy	□ ₁ Yes □ ₂ No
(f). Sugar in urine	□₁ Yes □₂ No
(g). Problems with incontinence	□₁ Yes □₂ No
	NONE OF THE ABOVE
F. ILLNESSES AND HEALTH PROBLEMS DURING THIS P	
63. Have you had bleeding from the vagina once or more	□₁ Yes
during this pregnancy?	□ ₂ No [If no, skip to Q69]
64. Number of episodes:	de Circa the data the blooding atoms
If yes, describe from the first to the last bleeding episod	
how many days the bleeding lasted and how much you b 65. First Bleeding Episode:	led for each episode.
<u> </u>	
(a). Date when bleeding started (b). No. of days bleeding	
(c). Amount	 □ ₁ Spotting
(o). Altioditi	☐₂ Light bleeding ☐₃ Heavy bleeding
66. Second Bleeding Episode:	
(a). Date when bleeding started	
(b). No. of days bleeding	
(c). Amount	 □₁ Spotting □₂ Light bleeding □₃ heavy bleeding
67. Third Bleeding Episode:	
(a). Date when bleeding started	
(b). No. of days bleeding	
(c). Amount	□₁ Spotting □₂ Light bleeding □₃ Heavy bleeding
68. Fourth Bleeding Episode:	
(a). Date when bleeding started	
(b). No. of days bleeding	

(c). Amount	□ ₁ Spotting □ ₂ Light bleeding □ ₃ Heavy bleeding		
Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them. (Include all types of medication, both prescription and over the counter medicines in addition to alternative and herbal remedies. Do not include vitamins and dietary supplements as these are discussed			
elsewhere.)			
69. Abdominal Pain	□₁ Yes		
())) (□ ₂ No [If no, skip to Q70]		
(a). Week of pregnancy	week of pregnancy		
(b). Medication taken	□ ₁ Yes □ ₂ No [If no, skip to Q70]		
(i). Name of medication			
(ii). Do you have the bottle or package that	□ ₁ Yes		
you could show?	\square_2 No		
Interview to indicate whether bottle or			
package seen:			
Seen: Yes /No]			
70. Back Pain	□₁ Yes		
	\square_2 No [If no, skip to Q71]		
(a). Week of pregnancy	week of pregnancy		
(b). Medication taken	□₁ Yes		
	□ ₂ No [If no, skip to Q71]		
(i). Name of medication			
(ii). Do you have the bottle or package that you could	□₁ Yes		
show?	□ ₂ No		
[Interview to indicate whether bottle or			
package seen:			
Seen: Yes/No]			
(iii). Was this prescribed by:	□₁ Doctor		
	\square_2 Clinic nurse		
	\square_3 None of the above		
	□ ₄ Don't know		
(iv). Was this over the counter medication	□₁ Yes		
	□ ₂ No		
(v). No. of days taken	days		
74. No ale and Obsaulder Daire	 		
71. Neck and Shoulder Pain	□₁ Yes		
(a) Mook of programs:	□ ₂ No [If no, skip to Q72]		
(a). Week of pregnancy	week of pregnancy		
(b). Medication taken	\square_1 Yes \square_2 No [If no, skip to Q72]		
(i). Name of medication	□ ₂ No [If no, skip to Q72]		
(ii). Name of medication (ii). Do you have the bottle or package that you could			
show?	\square_1 res \square_2 No		
[Interview to indicate whether bottle or			
package seen:			
Seen: Yes /No]			
(iii). Was this prescribed by:	□ ₁ Doctor		
(). Trac the procented by.	\square_2 Clinic nurse		
	\square_3 None of the above		
	□ ₄ Don't know		
(iv). Was this over the counter medication	□₁ Yes		
1.7. Trae and ever the counter medication	· · · · ·		

	□ ₂ No
(v). No. of days taken	days
72. Nausea	□₁ Yes
())) ()	□ ₂ No [If no, skip to Q73]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□₁ Yes
(i). Name of medication	□ ₂ No [If no, skip to Q73]
(ii). Do you have the bottle or package that you could	
show?	
[Interview to indicate whether bottle or package seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□ ₂ Clinic nurse
	\square_3 None of the above
	□₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
(v) No. of dove taken	□ ₂ No
(v). No. of days taken	days
73. Nausea with Vomiting	□ ₁ Yes
75. Nadsca with Vollithing	\square_2 No [If no, skip to Q74]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□ ₁ Yes
	\square_2 No [If no, skip to Q74]
(i). Name of medication	
(ii). Do you have the bottle or package that you could	□ ₁ Yes
show?	\square_2 No
[Interview to indicate whether bottle or package seen:	
Seen: Yes /No]	□ Dester
(iii). Was this prescribed by:	□₁ Doctor □₂ Clinic nurse
	\square_3 None of the above
	\square_4 Don't know
(iv). Was this over the counter medication	□ ₁ Yes
	\square_2 No
(v). No. of days taken	days
74. Vaginal Thrush	□ ₁ Yes
	□ ₂ No [If no, skip to Q75]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□₁ Yes
(i). Name of medication	□ ₂ No [If no, skip to Q75]
(ii). Do you have the bottle or package that you could	
show?	\square_2 No
[Interview to indicate whether bottle or package seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□ ₂ Clinic nurse
	\square_3 None of the above
() NA/ 11 :	□₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
(v). No. of days taken	□ ₂ No days
(), ito. or dayo takon	, adyo

75 Varinal Discharge	□ Voc
75. Vaginal Discharge	□₁ Yes
	□ ₂ No [If no, skip to Q76]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□ ₁ Yes
	\square_2 No [If no, skip to Q76]
(i). Name of medication	
(ii). Do you have the bottle or package that you could	□₁ Yes
show?	\square_2 No
[Interview to indicate whether bottle or package seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
(III). Was this prescribed by.	□₂ Clinic nurse
	☐₃ None of the above
	□ ₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
	□ ₂ No
(v). No. of days taken	days
76. Itchy rash	□ ₁ Yes
	□₂ No [If no, skip to Q77]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□ ₁ Yes
(D). Medication taken	
(!) NI	\square_2 No [If no, skip to Q77]
(i). Name of medication	
(ii). Do you have the bottle or package that you could	□₁ Yes
show?	\square_2 No
[Interview to indicate whether bottle or package seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□₁ Doctor
	□ ₂ Clinic nurse
	□₃ None of the above
	□₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes
(17). True the ever the dealter medication	\square_2 No
(v). No. of days taken	days
(V). NO. OI days taken	uays
77. 0	
77. Constipation	□₁ Yes
	□ ₂ No [If no, skip to Q78]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□₁ Yes
	\square_2 No [If no, skip to Q78]
(i). Name of medication	
(ii). Do you have the bottle or package that you could	□ ₁ Yes
show?	□ ₂ No
[Interview to indicate whether bottle or package seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
(iii). Was tilis prosoribod by.	□₂ Clinic nurse
	☐3 None of the above
(i. A. AAA - Aleis arrange and the second se	□₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
	□ ₂ No
(v). No. of days taken	days
78. Diarrhoea	□₁ Yes

	\square_2 No [If no, skip to Q79]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□ ₁ Yes
	\square_2 No [If no, skip to Q79]
(i). Name of medication	
(ii). Do you have the bottle or package that you could	□ ₁ Yes
show?	□ ₂ No
[Interview to indicate whether bottle or package seen:	
Seen: Yes/No] (iii). Was this prescribed by:	□₁ Doctor
(III). Was this prescribed by.	□₁ Doctor □₂ Clinic nurse
	☐₃ None of the above
	□ ₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes
(.,,	\square_2 No
(v). No. of days taken	days
. , ,	,
79. Unusual tiredness or sleepiness	□₁ Yes
·	\square_2 No [If no, skip to Q80]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□₁ Yes
	□ ₂ No [If no, skip to Q80]
(i). Name of medication	
(ii). Do you have the bottle or package that you could	□₁ Yes
show?	□ ₂ No
[Interview to indicate whether bottle or package seen: Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
(iii). Was this prescribed by:	□₂ Clinic nurse
	\square_3 None of the above
	□ ₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes
` '	\square_2 No
(v). No. of days taken	days
80. Sleeping Problems	□ ₁ Yes
	\square_2 No [If no, skip to Q81]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□₁ Yes
(i) Name of modication	□ ₂ No [If no, skip to Q81]
(i). Name of medication	
(ii). Do you have the bottle or package that you could show?	□ ₁ Yes □ ₂ No
[Interview to indicate whether bottle or package seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
, , , , , , , , , , , , , , , , , , , ,	□ ₂ Clinic nurse
	\square_3 None of the above
	□ ₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
	□ ₂ No
(v). No. of days taken	days
04.11	
81. Heartburn	☐₁ Yes
(a). Week of pregnancy	☐ ₂ No [If no, skip to Q82]
(a). WEEK UI PIEGHAHUY	week of pregnancy

(b). Medication taken	□ ₁ Yes
	\square_2 No [If no, skip to Q82]
(i). Name of medication	
(ii). Do you have the bottle or package that you could	□₁ Yes
show?	\square_2 No
[Interview to indicate whether bottle or package seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□₁ Doctor
	□₂ Clinic nurse
	\square_3 None of the above
	□ ₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
	\square_2 No
(v). No. of days taken	days
	,
82. Swelling of the legs and feet	□ ₁ Yes
	\square_2 No [If no, skip to Q83]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□ ₁ Yes
(5)	\square_2 No [If no, skip to Q83]
(i). Name of medication	2 , 3, 3 , 3 , 3 , 3
(ii). Do you have the bottle or package that you could	□ ₁ Yes
show?	\square_2 No
[Interview to indicate whether bottle or package seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
()	\square_2 Clinic nurse
	\square_3 None of the above
	□ ₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
	\square_2 No
(v). No. of days taken	days
	,
83. Fever with rash	□ ₁ Yes
	\square_2 No [If no, skip to Q84]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□ ₁ Yes
	\square_2 No [If no, skip to Q84]
(i). Name of medication	
(ii). Do you have the bottle or package that you could	□ ₁ Yes
show?	\square_2 No
[Interview to indicate whether bottle or package seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□ ₂ Clinic nurse
	□₃ None of the above
	□ ₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes
	\square_2 No
(v). No. of days taken	days
84. High fever (over 38.5 degrees C)	□ ₁ Yes
, ,	\square_2 No [If no, skip to Q85]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□ ₁ Yes
	\square_2 No [If no, skip to Q85]

(i). Name of medication	
(ii). Do you have the bottle or package that you could	□ ₁ Yes
show?	□ ₂ No
[Interview to indicate whether bottle or package seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□ ₂ Clinic nurse
	□₃ None of the above
	□ ₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
	\square_2 No
(v). No. of days taken	days
	<u> </u>
85. Common cold	□₁ Yes
	\square_2 No [If no, skip to Q 86]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□ ₁ Yes
().	\square_2 No [If no, skip to Q86]
(i). Name of medication	.,
(ii). Do you have the bottle or package that you could	□ ₁ Yes
show?	\square_2 No
[Interview to indicate whether bottle or package seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□₁ Doctor
(). True une procentiou by:	\square_2 Clinic nurse
	\square_3 None of the above
	□ ₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes
(iv). Was the over the souther modication	\square_2 No
(v). No. of days taken	days
(V). IVO. Of days taken	uays
86. Throat infection	□ ₁ Yes
do. Thioat iniconom	\square_2 No [If no, skip to Q87]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□ ₁ Yes
(b). Wedication taken	□₂ No [If no, skip to Q87]
(i). Name of medication	
(ii). Do you have the bottle or package that you could	
show?	\square_1 res \square_2 No
[Interview to indicate whether bottle or package seen:	
Seen: Yes /No 1	
(iii). Was this prescribed by:	□ ₁ Doctor
(III). Was this prescribed by.	□₂ Clinic nurse
	□₃ None of the above
	□ □ None of the above
(iv). Was this over the counter medication	□₁ Yes
(iv). Was this over the counter medication	\square_1 res \square_2 No
(v) No. of days taken	
(v). No. of days taken	days
97 Cinualtus with coninfection	П. Усе
87. Sinusitus with ear infection	☐₁ Yes
(a) Meak of programs:	□ ₂ No [If no, skip to Q88]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	
(') N	□ ₂ No [If no, skip to Q88
(i). Name of medication	

(ii). Do you have the bottle or package that you could show?	□ ₁ Yes □ ₂ No
[Interview to indicate whether bottle or package seen:	
Seen: Yes/No] (iii). Was this prescribed by:	□ ₁ Doctor
(iii). Was this prescribed by.	\square_2 Clinic nurse
	□ ₃ None of the above
	□₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
(v). No. of days taken	□ ₂ No days
(v). No. or days taken	aayo
88. The 'Flu	□₁ Yes
())) ()	□ ₂ No [If no, skip to Q89]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□ ₁ Yes □ ₂ No [If no, skip to Q89]
(i). Name of medication	
(ii). Do you have the bottle or package that you could	□ ₁ Yes
show?	\square_2 No
[Interview to indicate whether bottle or package seen: Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□ ₂ Clinic nurse
	□₃ None of the above
(: \ \ \\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes □ ₂ No
(v). No. of days taken	days days
	days
(v). No. of days taken 89. Pneumonia or bronchitis	days □₁ Yes
89. Pneumonia or bronchitis	days □1 Yes □2 No [If no, skip to Q90]
89. Pneumonia or bronchitis (a). Week of pregnancy	days □₁ Yes □₂ No [If no, skip to Q90] week of pregnancy
89. Pneumonia or bronchitis	days □1 Yes □2 No [If no, skip to Q90]
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication	days □1 Yes □2 No [If no, skip to Q90] week of pregnancy □1 Yes □2 No [If no, skip to Q90]
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could	days □1 Yes □2 No [If no, skip to Q90] week of pregnancy □1 Yes □2 No [If no, skip to Q90] □1 Yes □1 Yes
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could show?	days □1 Yes □2 No [If no, skip to Q90] week of pregnancy □1 Yes □2 No [If no, skip to Q90]
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen:	days □1 Yes □2 No [If no, skip to Q90] week of pregnancy □1 Yes □2 No [If no, skip to Q90] □1 Yes □1 Yes
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	days □1 Yes □2 No [If no, skip to Q90] week of pregnancy □1 Yes □2 No [If no, skip to Q90] □1 Yes □2 No
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen:	days □1 Yes □2 No [If no, skip to Q90] week of pregnancy □1 Yes □2 No [If no, skip to Q90] □1 Yes □2 No □1 Yes □2 No
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	days □1 Yes □2 No [If no, skip to Q90] week of pregnancy □1 Yes □2 No [If no, skip to Q90] □1 Yes □2 No
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	days □1 Yes □2 No [If no, skip to Q90] week of pregnancy □1 Yes □2 No [If no, skip to Q90] □1 Yes □2 No □1 Doctor □2 Clinic nurse
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	days □1 Yes □2 No [If no, skip to Q90] week of pregnancy □1 Yes □2 No [If no, skip to Q90] □1 Yes □2 No □1 Doctor □2 Clinic nurse □3 None of the above □4 Don't know □1 Yes
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes /No] (iii). Was this prescribed by:	days □1 Yes □2 No [If no, skip to Q90] week of pregnancy □1 Yes □2 No [If no, skip to Q90] □1 Yes □2 No □1 Doctor □2 Clinic nurse □3 None of the above □4 Don't know □1 Yes □2 No
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes /No] (iii). Was this prescribed by:	days □1 Yes □2 No [If no, skip to Q90] week of pregnancy □1 Yes □2 No [If no, skip to Q90] □1 Yes □2 No □1 Doctor □2 Clinic nurse □3 None of the above □4 Don't know □1 Yes
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes /No] (iii). Was this prescribed by:	days □1 Yes □2 No [If no, skip to Q90] week of pregnancy □1 Yes □2 No [If no, skip to Q90] □1 Yes □2 No □1 Doctor □2 Clinic nurse □3 None of the above □4 Don't know □1 Yes □2 No
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 90. Sugar in the urine	days □1 Yes □2 No [If no, skip to Q90] week of pregnancy □1 Yes □2 No [If no, skip to Q90] □1 Yes □2 No □1 Doctor □2 Clinic nurse □3 None of the above □4 Don't know □1 Yes □2 No □4 Yes □2 No [If no, skip to Q91]
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes /No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 90. Sugar in the urine (a). Week of pregnancy	days l Yes2 No [If no, skip to Q90]week of pregnancyl Yes2 No [If no, skip to Q90] l Yes2 No l Doctor2 Clinic nurse3 None of the above4 Don't knowl Yes2 Nodays l Yes2 Nodays l Yes2 No [If no, skip to Q91]week of pregnancy
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 90. Sugar in the urine	days 1 Yes2 No [If no, skip to Q90]week of pregnancy1 Yes2 No [If no, skip to Q90] 1 Yes2 No 1 Doctor2 Clinic nurse3 None of the above4 Don't know1 Yes2 Nodays 1 Yes2 No [If no, skip to Q91]week of pregnancy1 Yes1 Yes
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes /No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 90. Sugar in the urine (a). Week of pregnancy (b). Medication taken	days l Yes2 No [If no, skip to Q90]week of pregnancyl Yes2 No [If no, skip to Q90] l Yes2 No l Doctor2 Clinic nurse3 None of the above4 Don't knowl Yes2 Nodays l Yes2 Nodays l Yes2 No [If no, skip to Q91]week of pregnancy
89. Pneumonia or bronchitis (a). Week of pregnancy (b). Medication taken (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes /No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 90. Sugar in the urine (a). Week of pregnancy	days 1 Yes2 No [If no, skip to Q90]week of pregnancy1 Yes2 No [If no, skip to Q90] 1 Yes2 No 1 Doctor2 Clinic nurse3 None of the above4 Don't know1 Yes2 Nodays 1 Yes2 No [If no, skip to Q91]week of pregnancy1 Yes1 Yes

[Interview to indicate whether bottle or package seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□₁ Doctor
	□ ₂ Clinic nurse
	□₃ None of the above
	□ ₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
	□ ₂ No
(v). No. of days taken	days
91. Protein in the urine	□ ₁ Yes
	\square_2 No [If no, skip to Q92]
(a). Week of pregnancy	week of pregnancy
(b). Medication taken	□ ₁ Yes
	\square_2 No [If no, skip to Q92]
(i). Name of medication	
(ii). Do you have the bottle or package that you could	□₁ Yes
show?	\square_2 No
[Interview to indicate whether bottle or package seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□ ₂ Clinic nurse
	\square_3 None of the above
	□₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes
	\square_2 No
(v). No. of days taken	days
92. In the last three months, have you had diarrhea that	□₁ Yes
lasted for more than three days?	\square_2 No
93. In the last three months did you have fever for more	□ ₁ Yes
than one month on end?	\square_2 No
94. Have you had white sores in your mouth over the last	□ ₁ Yes
three months?	\square_2 No
95. Do you have swollen lymph nodes in your neck, under	□ ₁ Yes
your arms or in your groin?	\square_2 No
96. Have you had shingles (painful blisters or sores usually	□₁ Yes
in a narrow band on one side of the head or body) over the	\square_2 No
last 12 months?	

G. PAST AND PRESENT ILLNESSES AND HEALTH PROB	LEMS
Do you have or have you had any of the following illnesses or health problems? If you have taken medication (tablets, mixtures, suppositories, inhalers, creams, etc.) in conjunction with the	
illness or health problem give the name(s) of the medicat	ion(s) and when you took them.
Respiratory, Allergy and Skin Disorders	
97. Have you ever been told by a doctor that you have asthma	\square_1 Yes \square_2 No [If no, skip to Q98]
(a). Were you told this more than six months before this pregnancy?	\square_1 Yes [If yes, skip to d] \square_2 No
(b). Were you told this in the last six months before this pregnancy?	□ ₁ Yes [If yes, skip to d] □ ₂ No
(c). Were you told this during this pregnancy?	□ ₁ Yes □ ₂ No
(i). If yes, in what week of the pregnancy?	\square_1 0-4 weeks \square_2 5-8 weeks \square_3 9-12 weeks \square_4 13+ weeks
(d). Have you taken any medication for this problem	□ ₁ Yes □ ₂ No [If no, skip to Q98]
(i). Name of medication	_ [,
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen:	□ ₁ Yes □ ₂ No
Seen: Yes/No]	
(iii). Was this prescribed by:	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes □ ₂ No
(v). No. of days taken	days
98. Have you ever been told by a doctor that you have chronic bronchitis	□ ₁ Yes □ ₂ No [If no, skip to Q99]
(a). Were you told this more than six months before this pregnancy?	□ ₁ Yes □ ₂ No
(b). Were you told this in the last six months before this pregnancy?	□ ₁ Yes □ ₂ No
(c). Were you told this during this pregnancy?	□ ₁ Yes □ ₂ No
(i). If yes, in what week of the pregnancy?	\square_1 0-4 weeks \square_2 5-8 weeks \square_3 9-12 weeks \square_4 13+ weeks
(d). Have you taken any medication for this problem	\square_1 Yes \square_2 No [If no, skip to Q99]
(i). Name of medication	· •
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes /No]	□ ₁ Yes □ ₂ No
	□ Doctor
(iii). Was this prescribed by:	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above

	□₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
	□ ₂ No
(v). No. of days taken	days
(1)	
99. Have you ever been told by a doctor that you have	□₁ Yes
emphysema	□₂ No [If no, skip to Q100]
(a). Were you told this more than six months before this	
pregnancy?	\square_2 No
(b). Were you told this in the last six months before this	□₁ Yes
pregnancy?	\square_2 No
(c). Were you told this during this pregnancy?	□₁ Yes
(b). Word you told this daining this programby.	\square_2 No
(i). If yes, in what week of the pregnancy?	\square_1 0-4 weeks
(i). If you, in what wook of the programoy.	\square_2 5-8 weeks
	\square_3 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□₁ Yes
(a). Thave you taken any medication for the problem	□₂ No [If no, skip to Q100]
(i). Name of medication	
(ii). Do you have the bottle or package that you	
could show?	\square_1 les \square_2 No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
(III). Was this prescribed by.	□₂ Clinic nurse
	□₃ None of the above
	□ □ None of the above
(iv). Was this over the counter medication	□ ₁ Yes
(IV). Was this over the counter medication	□₁ res □₂ No
(v). No. of days taken	
(V). NO. Of days taken	days
100. Have you ever been told by a doctor that you have TB	□₁ Yes
(or tuberculosis)	□1 res □2 No [If no, skip to Q101]
(a). Were you told this more than six months before this	□ ₁ Yes
	\square_1 res \square_2 No
pregnancy? (b). Were you told this in the last six months before this	
, ,	□₁ Yes
pregnancy?	□ ₂ No □ ₁ Yes
(c). Were you told this during this pregnancy?	
(i) If you in what wook of the programmy?	□ ₂ No
(i). If yes, in what week of the pregnancy?	□₁ 0-4 weeks
	\square_2 5-8 weeks
	□ ₃ 9-12 weeks
(d) Have you taken any madication for this much an	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	☐1 Yes
(i) Name of modication	\square_2 No [If no, skip to Q101]
(i). Name of medication	
(ii). Do you have the bottle or package that you	□₁ Yes
could show?	□ ₂ No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	
	□ ₂ Clinic nurse
	□₃ None of the above

	□ ₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes □ ₂ No
(v). No. of days taken	days
· · ·	
101. Have you ever been told by a doctor that you have hayfever?	☐ ₁ Yes ☐ ₂ No [If no, skip to Q102]
(a). Were you told this more than six months before this pregnancy?	□ ₁ Yes □ ₂ No
(b). Were you told this in the last six months before this pregnancy?	□ ₁ Yes □ ₂ No
(c). Were you told this during this pregnancy?	□ ₁ Yes □ ₂ No
(i). If yes, in what week of the pregnancy?	\square_1 0-4 weeks \square_2 5-8 weeks \square_3 9-12 weeks \square_4 13+ weeks
(d). Have you taken any medication for this problem	☐ ₁ Yes ☐ ₂ No [If no, skip to Q102]
(i). Name of medication	
(ii). Do you have the bottle or package that you could show?[Interview to indicate whether bottle or package	□ ₁ Yes □ ₂ No
seen: Seen: Yes/No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□ ₂ Clinic nurse
	☐₃ None of the above
(iv). Was this over the counter medication	□ ₄ Don't know □ ₁ Yes
(iv). Was this over the counter medication	□ ₂ No
(v). No. of days taken	days
102. Have you ever been told by a doctor that you have an allergy?	☐ ₁ Yes ☐ ₂ No [If no, skip to Q103]
(a). Were you told this more than six months before this pregnancy?	□ ₁ Yes □ ₂ No
(b). Were you told this in the last six months before this pregnancy?	□ ₁ Yes □ ₂ No
(c). Were you told this during this pregnancy?	□ ₁ Yes □ ₂ No
(i). If yes, in what week of the pregnancy?	\square_1 0-4 weeks \square_2 5-8 weeks \square_3 9-12 weeks \square_4 13+ weeks
(d). Have you taken any medication for this problem	☐ ₁ Yes ☐ ₂ No [If no, skip to Q103]
(i). Name of medication	
(ii). Do you have the bottle or package that you	□ ₁ Yes
could show?	□ ₂ No
[Interview to indicate whether bottle or package	
seen: Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
(iii). vvas tilis piesolibeu by.	□₂ Clinic nurse
	□₃ None of the above

	□4 Don't know
(iv). Was this over the counter medication	□ ₁ Yes
	□ ₂ No
(v). No. of days taken	days
(e). What were you told you were allergic too?	□ ₁ food
	\square_2 pollen
	\square_3 animal hair
	□ ₄ medication
	\square_{88} other:
103. Have you ever been told by a doctor that you have one	□ ₁ Eczema
or more of the following skin problems	□ □ Urticaria (hives)
of filore of the following skill problems	□₂ Orticana (nives) □₃ Psoriasis
	□₄ Cold sores (herpes)
	□ ₅ Acne
	□ ₆ Other:
	□ ₇ No [If no, skip to Q104]
(a). Were you told this more than six months before this	□₁Yes
pregnancy?	□ ₂ No
(b). Were you told this in the last six months before this	□₁ Yes
pregnancy?	□ ₂ No
(c). Were you told this during this pregnancy?	□₁ Yes
	□ ₂ No
(i). If yes, in what week of the pregnancy?	□ ₁ 0-4 weeks
	\square_2 5-8 weeks
	□ ₃ 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□₁ Yes
	\square_2 No [If no, skip to Q104]
(i). Name of medication	(skin disease:)
	(skin disease:)
	(skin disease:)
	(skin disease:
(ii). Do you have the bottle or package that you	□₁ Yes
could show?	\square_2 No
[Interview to indicate whether bottle or package	_
seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□₂ Clinic nurse
	\square_3 None of the above
	□ ₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
(iv). vvas tilis over tile osamer modication	\square_2 No
(v). No. of days taken	days
(v). 110. of days taken	aays
104. Have you ever been told by a doctor that you have	□₁ Yes
diabetes	□1 Tes □2 No [If no, skip to Q105]
(a). Were you told this more than six months before this	□₁ Yes
pregnancy?	□ ₂ No
(i). If yes, was this in a previous pregnancy?	□ ₁ Yes
(, , , , , , , , , , , , , , , , , , ,	\square_2 No

(ii) If yes, was your blood sugar normal after the	□₁ Yes
pregnancy?	□ ₂ No
(b). Were you told this in the last six months before this	□₁ Yes
pregnancy?	\square_2 No
(c). Were you told this during this pregnancy?	□₁ Yes
(i) If we in what we also of the program of the	□ ₂ No
(i). If yes, in what week of the pregnancy?	□₁ 0-4 weeks
	☐ ₂ 5-8 weeks
	\square_3 9-12 weeks \square_4 13+ weeks
(ii) Are you now taking inculin?	□ ₁ Yes
(ii). Are you <u>now taking insulin?</u>	□₁ res
(iii). Was this prescribed by:	□₁ Doctor
(iii). VVd3 tili3 prosoribed by.	□₂ Clinic nurse
	□₃ None of the above
	□₄ Don't know
(iv). Name of medication	
(v). Do you have the bottle or package that	□₁ Yes
you could show?	\square_2 No
Interview to indicate whether bottle or	_
package seen:	
Seen: Yes/No]	
(vi). Was this prescribed by a doctor	□ ₁ Yes
	\square_2 No
(vii). Was this over the counter medication	□₁ Yes
	□ ₂ No
(viii). No. of days taken	days
Heart / Blood / Metabolism / Blood vessels	
105. Have you ever been told by a doctor that you have heart	□₁ Yes
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)?	\square_2 No [If no, skip to Q106]
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this	□ ₂ No [If no, skip to Q106] □ ₁ Yes
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy?	□ ₂ No [If no, skip to Q106] □ ₁ Yes □ ₂ No
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this	□ ₂ No [If no, skip to Q106] □ ₁ Yes □ ₂ No □ ₁ Yes
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)?(a). Were you told this more than six months before this pregnancy?(b). Were you told this in the last six months before this pregnancy?	\square_2 No [If no, skip to Q106] \square_1 Yes \square_2 No \square_1 Yes \square_2 No
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this	□ ₂ No [If no, skip to Q106] □ ₁ Yes □ ₂ No □ ₁ Yes □ ₂ No □ ₁ Yes □ ₂ No
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	\square_2 No [If no, skip to Q106] \square_1 Yes \square_2 No \square_1 Yes \square_2 No \square_1 Yes \square_2 No
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)?(a). Were you told this more than six months before this pregnancy?(b). Were you told this in the last six months before this pregnancy?	□ ₂ No [If no, skip to Q106] □ ₁ Yes □ ₂ No □ ₁ Yes □ ₂ No □ ₁ Yes □ ₂ No
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	☐ ₂ No [If no, skip to Q106] ☐ ₁ Yes ☐ ₂ No ☐ ₁ 1 O-4 weeks
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	☐ ₂ No [If no, skip to Q106] ☐ ₁ Yes ☐ ₂ No ☐ ₁ 0-4 weeks ☐ ₂ 5-8 weeks
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	☐ No [If no, skip to Q106] ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ O-4 weeks ☐ 5-8 weeks ☐ 3 9-12 weeks ☐ 4 13+ weeks ☐ 1 Yes ☐ Yes
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy?	☐ No [If no, skip to Q106] ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ 1 Yes ☐ No ☐ 1 0-4 weeks ☐ 5-8 weeks ☐ 9-12 weeks ☐ 4 13+ weeks
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication	□2 No [If no, skip to Q106] □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 0-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q106]
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication (ii). Do you have the bottle or package that you	☐ No [If no, skip to Q106] ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ O-4 weeks ☐ 5-8 weeks ☐ 9-12 weeks ☐ 13+ weeks ☐ Yes ☐ Yes ☐ No [If no, skip to Q106] ☐ Yes ☐ No [If no, skip to Q106]
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication (ii). Do you have the bottle or package that you could show?	□2 No [If no, skip to Q106] □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 0-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q106]
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package	☐ No [If no, skip to Q106] ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ O-4 weeks ☐ 5-8 weeks ☐ 9-12 weeks ☐ 13+ weeks ☐ Yes ☐ Yes ☐ No [If no, skip to Q106] ☐ Yes ☐ No [If no, skip to Q106]
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen:	☐ No [If no, skip to Q106] ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ O-4 weeks ☐ 5-8 weeks ☐ 9-12 weeks ☐ 13+ weeks ☐ Yes ☐ Yes ☐ No [If no, skip to Q106] ☐ Yes ☐ No [If no, skip to Q106]
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	□2 No [If no, skip to Q106] □1 Yes □2 No □1 Yes □2 No □1 O-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q106] □1 Yes □2 No
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen:	□2 No [If no, skip to Q106] □1 Yes □2 No □1 Yes □2 No □1 0-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q106] □1 Yes □2 No
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	□2 No [If no, skip to Q106] □1 Yes □2 No □1 Yes □2 No □1 0-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q106] □1 Yes □2 No
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	□2 No [If no, skip to Q106] □1 Yes □2 No □1 Yes □2 No □1 0-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q106] □1 Yes □2 No
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by:	□2 No [If no, skip to Q106] □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 0-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q106] □1 Yes □2 No □1 Doctor □2 Clinic nurse □3 None of the above □4 Don't know
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	□2 No [If no, skip to Q106] □1 Yes □2 No □1 Yes □2 No □1 0-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q106] □1 Yes □2 No
105. Have you ever been told by a doctor that you have heart defect since birth (a congenital heart defect)? (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by:	□2 No [If no, skip to Q106] □1 Yes □2 No □1 Yes □2 No □1 0-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q106] □1 Yes □2 No

106. Have you ever been told by a doctor that you have any	□ ₁ Yes
other heart disease	\square_2 No [If no, skip to Q107]
(a). If yes, please describe	
(b). Were you told this more than six months before this	□₁ Yes
pregnancy?	□ ₂ No
(c). Were you told this in the last six months before this	□₁ Yes
pregnancy?	□ ₂ No
(d). Were you told this during this pregnancy?	□₁ Yes
(i) If inl. of the name	
(i). If yes, in what week of the pregnancy?	\square_1 0-4 weeks \square_2 5-8 weeks
	□ ₂ 5-6 weeks □ ₃ 9-12 weeks
	\square_3 9-12 weeks \square_4 13+ weeks
(e). Have you taken any medication for this problem	□₁ Yes
(c). Have you taken any medication for this problem	\square_2 No [If no, skip to Q107]
(i). Name of medication	
(ii). Do you have the bottle or package that you	
could show?	□ ₂ No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	\square_2 Clinic nurse
	\square_3 None of the above
	□₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
() 11 (1	□ ₂ No
(v). No. of days taken	days
107. Have you ever been told by a dectar that you have high	□ ₁ Yes
107. Have you ever been told by a doctor that you have high cholesterol	□1 fes □2 No [If no, skip to Q108]
(a). Were you told this more than six months before this	
pregnancy?	\square_2 No
(b). Were you told this in the last six months before this	□₁ Yes
pregnancy?	\square_2 No
(c). Were you told this during this pregnancy?	□ ₁ Yes
	□ ₂ No
(i). If yes, in what week of the pregnancy?	□ ₁ 0-4 weeks
	\square_2 5-8 weeks
	\square_3 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□ ₁ Yes
	\square_2 No [If no, skip to Q108]
(i). Name of medication	
(ii). Do you have the bottle or package that you	□₁ Yes
could show?	□ ₂ No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes/No] (iii). Was this prescribed by:	□ ₁ Doctor
(iii). was tilis prescribed by.	□1 Doctor □2 Clinic nurse
	□3 None of the above
	□ □ None of the above
(iv). Was this over the counter medication	□₁ Yes
(11). That and other are desired interiorist	□₂ No
(v). No. of days taken	days

108. Have you ever been told by a doctor that you have high blood pressure?	☐ ₁ Yes ☐ ₂ No [If no, skip to Q109]
(a). Were you told this more than six months before this pregnancy?	□ ₁ Yes □ ₂ No
(i). If yes, was this in a previous pregnancy?	□ ₁ Yes □ ₂ No
(ii). If yes, was your blood pressure normal after the pregnancy?	□ ₁ Yes □ ₂ No
(b). Were you told this in the last six months before this pregnancy?	□ ₁ Yes □ ₂ No
(c). Were you told this during this pregnancy?	□ ₁ Yes □ ₂ No
(i). If yes, in what week of the pregnancy?	\square_1 0-4 weeks \square_2 5-8 weeks \square_3 9-12 weeks \square_4 13+ weeks
(d). Have you taken any medication for this problem	☐ ₁ Yes ☐ ₂ No [If no, skip to Q109]
(i). Name of medication	
(ii). Do you have the bottle or package that you could show?	□ ₁ Yes □ ₂ No
[Interview to indicate whether bottle or package seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□₁ Doctor
	□ ₂ Clinic nurse
	\square_3 None of the above
	□₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes □ ₂ No
(v). No. of days taken	days
109. Have you ever been told by a doctor that you have hypothyroidism or hyperthyroidism	□ ₁ Yes □ ₂ No [If no, skip to Q110]
(a). Were you told this more than six months before this pregnancy?	□ ₁ Yes □ ₂ No
(b). Were you told this in the last six months before this pregnancy?	□ ₁ Yes □ ₂ No
(c). Were you told this during this pregnancy?	□ ₁ Yes □ ₂ No
(i). If yes, in what week of the pregnancy?	\square_1 0-4 weeks \square_2 5-8 weeks \square_3 9-12 weeks \square_4 13+ weeks
(d). Have you taken any medication for this problem	□ ₁ Yes □ ₂ No [If no, skip to Q110]
(i). Name of medication	
(ii). Do you have the bottle or package that you	□ ₁ Yes
could show?	□ ₂ No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□₂ Clinic nurse
	\square_3 None of the above

	□ ₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes □ ₂ No
(v). No. of days taken	days
· · ·	
110. Have you ever been told by a doctor that you have anaemia	☐ ₁ Yes ☐ ₂ No [If no, skip to Q111]
(a). Were you told this more than six months before this pregnancy?	□ ₁ Yes □ ₂ No
(b). Were you told this in the last six months before this pregnancy?	□ ₁ Yes □ ₂ No
(c). Were you told this during this pregnancy?	□ ₁ Yes □ ₂ No
(i). If yes, in what week of the pregnancy?	\square_1 0-4 weeks \square_2 5-8 weeks \square_3 9-12 weeks \square_4 13+ weeks
(d). Have you taken any medication for this problem	☐ ₁ Yes ☐ ₂ No [If no, skip to Q111]
(i). Name of medication	
(ii). Do you have the bottle or package that you could show?[Interview to indicate whether bottle or package	□ ₁ Yes □ ₂ No
seen: Seen: Yes/No]	
(iii). Was this prescribed by:	□₁ Doctor
	☐ ₂ Clinic nurse ☐ ₃ None of the above
	□ □ None of the above
(iv). Was this over the counter medication	□ ₁ Yes
	□ ₂ No
(v). No. of days taken	days
111. Have you ever been told by a doctor that you have B- 12/folic acid insufficiency	☐ ₁ Yes ☐ ₂ No [If no, skip to Q112]
(a). Were you told this more than six months before this pregnancy?	□ ₁ Yes □ ₂ No
(b). Were you told this in the last six months before this pregnancy?	□ ₁ Yes □ ₂ No
(c). Were you told this during this pregnancy?	□ ₁ Yes □ ₂ No
(i). If yes, in what week of the pregnancy?	\square_1 0-4 weeks \square_2 5-8 weeks \square_3 9-12 weeks \square_4 13+ weeks
(d). Have you taken any medication for this problem	☐ ₁ Yes ☐ ₂ No [If no, skip to Q112]
(i). Name of medication	
(ii). Do you have the bottle or package that you	□ ₁ Yes
could show?	□ ₂ No
[Interview to indicate whether bottle or package	
seen: Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
(iii). VVas tilis piesolibed by.	□₂ Clinic nurse
	\square_3 None of the above

	□ ₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
, ,	\square_2 No
(v). No. of days taken	days
Gastrointestinal	
112. Have you ever been told by a doctor that you have	□ ₁ Yes
Hepatitis/jaundice/	□ ₂ No [If no, skip to Q113]
(a). Were you told this more than six months before this	□ ₁ Yes
pregnancy?	□ ₂ No
(b). Were you told this in the last six months before this	□ ₁ Yes
pregnancy?	□ ₂ No
(c). Were you told this during this pregnancy?	□₁ Yes
(i) If in in in of the O	□ ₂ No
(i). If yes, in what week of the pregnancy?	□₁ 0-4 weeks
	\square_2 5-8 weeks
	\square_3 9-12 weeks \square_4 13+ weeks
(d). Have you taken any medication for this problem	□₁ Yes
(u). Have you taken any medication for this problem	□₂ No [If no, skip to Q113]
(i). Name of medication	12 No [ii iio, skip to @110]
(ii). Do you have the bottle or package that you	
could show?	\square_2 No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□ ₂ Clinic nurse
	\square_3 None of the above
	□₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes
. ,	□ ₂ No
(v). No. of days taken	
(v). No. of days taken	□₂ No days
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall	□ ₂ Nodays □ ₁ Yes
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones	□ ₂ No days □ ₁ Yes □ ₂ No [If no, skip to Q114]
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this	□ ₂ No days □ ₁ Yes □ ₂ No [If no, skip to Q114] □ ₁ Yes
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy?	□ ₂ No days □ ₁ Yes □ ₂ No [If no, skip to Q114] □ ₁ Yes □ ₂ No
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this	□₂ No days □₁ Yes □₂ No [If no, skip to Q114] □₁ Yes □₂ No □₁ Yes
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy?	□ ₂ No
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this	□2 No days □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 Yes
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□ ₂ No days □ ₁ Yes □ ₂ No [If no, skip to Q114] □ ₁ Yes □ ₂ No
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy?	□2 No days □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No □1 O-4 weeks
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□ ₂ No days □ ₁ Yes □ ₂ No [If no, skip to Q114] □ ₁ Yes □ ₂ No
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□2 No days □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No □1 0-4 weeks □2 5-8 weeks
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□2 No days □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No □1 O-4 weeks □2 5-8 weeks □3 9-12 weeks
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy?	□2 No days □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 O-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication	□2 No days □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 O-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No [If no, skip to Q114]
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication (ii). Do you have the bottle or package that you	□2 No days □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 0-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No [If no, skip to Q114]
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication (ii). Do you have the bottle or package that you could show?	□2 No days □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 O-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No [If no, skip to Q114]
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (d). Have you taken any medication for this problem (i). Name of medication (ii). Do you have the bottle or package that you	□2 No days □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 0-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No [If no, skip to Q114]
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (i). If yes, in what week of the pregnancy? (ii). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen:	□2 No days □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 0-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No [If no, skip to Q114]
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	□2 No days □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 O-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (i). If yes, in what week of the pregnancy? (ii). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen:	□2 No days □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 O-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No
(v). No. of days taken 113. Have you ever been told by a doctor that you have Gall stones (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy? (i). If yes, in what week of the pregnancy? (i). Name of medication (ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	□2 No days □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 O-4 weeks □2 5-8 weeks □3 9-12 weeks □4 13+ weeks □1 Yes □2 No [If no, skip to Q114] □1 Yes □2 No

	□ ₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes
	□ ₂ No
(v). No. of days taken	days
114. Have you ever been told by a doctor that you have	□₁ Yes
stomach ulcer	□ ₂ No [If no, skip to Q115]
(a). Were you told this more than six months before this	□ ₁ Yes □ ₂ No
pregnancy? (b). Were you told this in the last six months before this	□₁ Yes
pregnancy?	\square_2 No
(c). Were you told this during this pregnancy?	□₁ Yes
(o). There year total time dating time programmey:	\square_2 No
(i). If yes, in what week of the pregnancy?	□ ₁ 0-4 weeks
	\square_2 5-8 weeks
	□ ₃ 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□₁ Yes
	□ ₂ No [If no, skip to Q115]
(i). Name of medication	
(ii). Do you have the bottle or package that you	□₁ Yes
could show? [Interview to indicate whether bottle or package	□ ₂ No
seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
()	□ ₂ Clinic nurse
	\square_3 None of the above
	□₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
	□ ₂ No
(v). No. of days taken	days
11E Have you ever been told by a destar that you have other	□₁ Yes
115. Have you ever been told by a doctor that you have other gastro-intestinal problems	□₁ Yes □₂ No [If no, skip to Q116]
(a). If yes, please describe	
(b). Were you told this more than six months before this	□₁ Yes
pregnancy?	\square_2 No
(c). Were you told this in the last six months before this	□ ₁ Yes
pregnancy?	\square_2 No
(d). Were you told this during this pregnancy?	□₁ Yes
	□ ₂ No
(i). If yes, in what week of the pregnancy?	□ ₁ 0-4 weeks
	\square_2 5-8 weeks
	\square_3 9-12 weeks
(a) Have you taken any medication for this makes.	□ ₄ 13+ weeks
(e). Have you taken any medication for this problem	\square_1 Yes \square_2 No [If no, skip to Q116]
(i). Name of medication	
(ii). Do you have the bottle or package that you could	
show?	□₂ No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□₁ Doctor
	\square_2 Clinic nurse

	□₃ None of the above
(: \) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	□₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes □ ₂ No
(v). No. of days taken	days
Musculoskeletal or Connective tissue	uays
116. Have you ever been told by a doctor that you have	□₁ Yes
Rheumatoid arthritis/	□₂ No [If no, skip to Q117]
(a). Were you told this more than six months before this	
pregnancy?	\square_2 No
(b). Were you told this in the last six months before this	□ ₁ Yes
pregnancy?	□ ₂ No
(c). Were you told this during this pregnancy?	□₁ Yes
	\square_2 No
(i). If yes, in what week of the pregnancy?	□ ₁ 0-4 weeks
	\square_2 5-8 weeks
	\square_3 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this	□₁ Yes
problem	□ ₂ No [If no, skip to Q117]
(i). Name of medication	
(ii). Do you have the bottle or package that you	□ ₁ Yes □ ₂ No
could show? [Interview to indicate whether bottle or package	LI2 NO
seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
(m) ac and precentact by	\square_2 Clinic nurse
	\square_3 None of the above
	□₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes
	□ ₂ No
(v). No. of days taken	days
447	
117. Have you ever been told by a doctor that you have	□₁ Yes
Lupus (SLE)/	☐ ₂ No [If no, skip to Q118]
(a). Were you told this more than six months before this	□ ₁ Yes □ ₂ No
pregnancy? (b). Were you told this in the last six months before this	□₁ Yes
pregnancy?	\square_1 les \square_2 No
(c). Were you told this during this pregnancy?	□₁ Yes
(b). Word you told this daring this programby.	\square_2 No
(i). If yes, in what week of the pregnancy?	\square_1 0-4 weeks
	\square_2 5-8 weeks
	□ ₃ 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□ ₁ Yes
	\square_2 No [If no, skip to Q118]
(i). Name of medication	
(ii). Do you have the bottle or package that you	□₁ Yes
could show?	\square_2 No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes /No]	□ Dester
(iii). Was this prescribed by:	□₁ Doctor □₂ Clinic nurse

	□₃ None of the above
/'	□ ₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
	□ ₂ No
(v). No. of days taken	days
118. Have you ever been told by a doctor that you have	□₁ Yes
Sciatica	\square_2 No [If no, skip to Q119]
(a). Were you told this more than six months before this	□₁ Yes
pregnancy?	□ ₂ No
(b). Were you told this in the last six months before this	□₁ Yes
pregnancy?	□ ₂ No
(c). Were you told this during this pregnancy?	□₁ Yes
	□ ₂ No
(i). If yes, in what week of the pregnancy?	□₁ 0-4 weeks
	\square_2 5-8 weeks
	\square_3 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□₁ Yes
	\square_2 No [If no, skip to Q119]
(i). Name of medication	
(ii). Do you have the bottle or package that you	□₁ Yes
could show?	□ ₂ No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□₁ Doctor
	□ ₂ Clinic nurse
	□₃ None of the above
	□₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
() NI	□ ₂ No
(v). No. of days taken	days
440 11	
119. Have you ever been told by a doctor that you have	□₁ Yes
myalgia	□ ₂ No [If no, skip to Q120]
(a). Were you told this more than six months before this	□₁ Yes
pregnancy?	□ ₂ No
(b). Were you told this in the last six months before this	□₁ Yes
pregnancy?	□ ₂ No
(c). Were you told this during this pregnancy?	□₁ Yes
	□ ₂ No
(i). If yes, in what week of the pregnancy?	□₁ 0-4 weeks
	\square_2 5-8 weeks
	□ ₃ 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□₁ Yes
(VA) (P P	\square_2 No [If no, skip to Q120]
(i). Name of medication	
(ii). Do you have the bottle or package that you	□₁ Yes
could show?	\square_2 No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□₁ Doctor
	\square_2 Clinic nurse

	□₃ None of the above □₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes
(iv). Was this over the counter medication	□ □ 1 Tes □ □ 2 No
(v). No. of days taken	days
Genital and urinary tract	uays
120. Have you ever been told by a doctor that you have	□₁ Yes
Ovary/fallopian tube infection	□₂ No [If no, skip to Q121]
(a). Were you told this more than six months before this	□ ₁ Yes
pregnancy?	\square_2 No
(b). Were you told this in the last six months before this	□ ₁ Yes
pregnancy?	□ ₂ No
(c). Were you told this during this pregnancy?	□₁ Yes
	□ ₂ No
(i). If yes, in what week of the pregnancy?	□ ₁ 0-4 weeks
	\square_2 5-8 weeks
	□ ₃ 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□₁ Yes
// A I	□ ₂ No [If no, skip to Q121]
(i). Name of medication	□ ₁ Yes
(ii). Do you have the bottle or package that you could show?	⊔₁ res □₂ No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□ ₂ Clinic nurse
	\square_3 None of the above
	□ ₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
	□ ₂ No
(v). No. of days taken	days
121. Have you ever been told by a doctor that you have	☐₁ Yes
Endometriosis	☐ ₂ No [If no, skip to Q122]
(a). Were you told this more than six months before this	□ ₁ Yes □ ₂ No
pregnancy? (b). Were you told this in the last six months before this	□₁ Yes
pregnancy?	\square_2 No
(c). Were you told this during this pregnancy?	□₁ Yes
(a). Were you toru time during time programmey:	\square_2 No
(i). If yes, in what week of the pregnancy?	\square_1 0-4 weeks
	\square_2 5-8 weeks
	□ ₃ 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□₁ Yes
	\square_2 No [If no, skip to Q122]
(i). Name of medication	
(ii). Do you have the bottle or package that you	□₁ Yes
could show?	□ ₂ No
[Interview to indicate whether bottle or package	
seen: Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
(iii). Trad tille prodolibed by.	□ □ Doctor

	□ None of the chave
	□₃ None of the above
('))) (□₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
	□ ₂ No
(v). No. of days taken	days
122. Have you ever been told by a doctor that you have	□₁ Yes
Ovarian cyst/	\square_2 No [If no, skip to Q123]
(a). Were you told this more than six months before this	□₁ Yes
pregnancy?	□ ₂ No
(b). Were you told this in the last six months before this	□₁ Yes
pregnancy?	□ ₂ No
(c). Were you told this during this pregnancy?	□₁ Yes
	\square_2 No
(i). If yes, in what week of the pregnancy?	□ ₁ 0-4 weeks
(, , ,	\square_2 5-8 weeks
	□₄ 13+ weeks
(d). Have you taken any medication for this problem	□₁ Yes
(a). Have you taken any mountainer and problem	□₂ No [If no, skip to Q123]
(i). Name of medication	
(ii). Do you have the bottle or package that you	
could show?	\square_2 No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
(III). Was this prescribed by.	□₂ Clinic nurse
	□₃ None of the above
	□ ₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes
(IV). Was this over the counter medication	□ □ No
(v). No. of days taken	days
(V). NO. OI days taken	uays
122. Have you over been told by a destar that you have any	□₁ Yes
123. Have you ever been told by a doctor that you have any	
cervical disease	☐ ₂ No [If no, skip to Q124]
(a). Were you told this more than six months before this	□₁ Yes
pregnancy?	\square_2 No
(b). Were you told this in the last six months before this	□₁ Yes
pregnancy?	□ ₂ No
(c). Were you told this during this pregnancy?	□₁Yes
	□ ₂ No
(i). If yes, in what week of the pregnancy?	□ ₁ 0-4 weeks
	\square_2 5-8 weeks
	□ ₃ 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□₁ Yes
	\square_2 No [If no, skip to Q124]
(i). Name of medication	
(ii). Do you have the bottle or package that you	□₁ Yes
could show?	\square_2 No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□₁ Doctor
	□ ₂ Clinic nurse

	□₃ None of the above
	□4 Don't know
(iv). Was this over the counter medication	□₁ Yes
	□ ₂ No
(v). No. of days taken	days
124. Have you ever been told by a doctor that you have	□₁ Yes
sexually transmitted infections?	□ ₂ No [If no, skip to Q125]
(a). Were you told this more than six months before this	□₁ Yes
pregnancy?	□ ₂ No
(b). Were you told this in the last six months before this	□₁Yes
pregnancy?	□ ₂ No
(c). Were you told this during this pregnancy?	□₁ Yes
(,) 12	\square_2 No
(i). If yes, in what week of the pregnancy?	□₁ 0-4 weeks
	□ ₂ 5-8 weeks
	\square_3 9-12 weeks \square_4 13+ weeks
(d) Have you taken any medication for this problem	-
(d). Have you taken any medication for this problem	☐ ₁ Yes
(i). Name of medication	□ ₂ No [If no, skip to Q125]
(ii). Do you have the bottle or package that you	□ Yes
could show?	□1 res □2 No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes /No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□ ₂ Clinic nurse
	\square_3^- None of the above
	□₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes
	□ ₂ No
(v). No. of days taken	days
(e). What was this disease?	□₁ herpes
	□ ₂ chlamydia
	□₃ gonorrhoea
	□₄ syphyllis
	□ ₅ venereal warts
	□ ₈₈ other, please describe:
	□ ₉₉ don't know
125. Have you ever been told by a destar that you have	□ ₁ Yes
125. Have you ever been told by a doctor that you have kidney stones	□1 res □2 No [If no, skip to Q126]
(a). Were you told this more than six months before this	
pregnancy?	\square_2 No
(b). Were you told this in the last six months before this	□₁ Yes
pregnancy?	\square_2 No
(c). Were you told this during this pregnancy?	□₁ Yes
() J	\square_2 No
(i). If yes, in what week of the pregnancy?	\square_1 0-4 weeks
(//· ·· /, ··· ······· ·· - ··· - ··· - - ·· - - ·· - - ·· - ·· · · · · · · · · · · · · · · · · ·	\square_2 5-8 weeks
	\square_3 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□ ₁ Yes
· · ·	\square_2 No [If no, skip to Q126]
(i). Name of medication	- · · · · · · · · · · · · · · · · · · ·

(ii). Do you have the bottle or package that you	□₁ Yes
could show?	□ ₂ No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes/No] (iii). Was this prescribed by:	□ ₁ Doctor
(III). Was this prescribed by.	□ ₁ Doctor □ ₂ Clinic nurse
	□₃ None of the above
	□ ₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
()	\square_2 No
(v). No. of days taken	days
126. Have you ever been told by a doctor that you have	□₁ Yes
kidney infection	\square_2 No [If no, skip to Q127]
(a). Were you told this more than six months before this	□₁ Yes
pregnancy?	□ ₂ No
(b). Were you told this in the last six months before this	□₁ Yes
pregnancy?	□ ₂ No
(c). Were you told this during this pregnancy?	□ ₁ Yes □ ₂ No
(i). If yes, in what week of the pregnancy?	□ ₁ 0-4 weeks
(1). If yes, iff what week of the pregnancy:	\square_2 5-8 weeks
	□ ₃ 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□ ₁ Yes
	□₂ No [If no, skip to Q127]
(i). Name of medication	
(ii). Do you have the bottle or package that you	□₁ Yes
could show?	\square_2 No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes/No] (iii). Was this prescribed by:	□ Doctor
(III). Was this prescribed by.	□ ₁ Doctor □ ₂ Clinic nurse
	☐₃ None of the above
	□ ₄ Don't know
(iv). Was this over the counter medication	□₁ Yes
(1)	\square_2 No
(v). No. of days taken	days
127. Have you ever been told by a doctor that you have	□ ₁ Yes
urinary tract infection?	\square_2 No [If no, skip to Q128]
(a). Were you told this more than six months before this	□₁ Yes
pregnancy?	□ ₂ No
(b). Were you told this in the last six months before this	□₁ Yes
pregnancy? (c). Were you told this during this pregnancy?	□ ₂ No □ ₁ Yes
(6). Were you told this during this pregnancy?	□₁ res □₂ No
(i). If yes, in what week of the pregnancy?	□₁ 0-4 weeks
(1). If you, in mac work of the programoy.	\square_2 5-8 weeks
	□ ₃ 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□ ₁ Yes
	\square_2 No [If no, skip to Q128]
(i). Name of medication	

(II) = 1	
(ii). Do you have the bottle or package that you	□ ₁ Yes
could show?	\square_2 No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	\square_2 Clinic nurse
	\square_3 None of the above
	□ ₄ Don't know
/' \ \ \ \ \	
(iv). Was this over the counter medication	□₁ Yes
	\square_2 No
(v). No. of days taken	days
128. Have you ever been told by a doctor that you have	□₁ Yes
incontinence?	\square_2 No [If no, skip to Q129]
(a). Were you told this more than six months before this	□ ₁ Yes
pregnancy?	\square_2 No
(b). Were you told this in the last six months before this	□ ₁ Yes
pregnancy?	\square_2 No
(c). Were you told this during this pregnancy?	□₁ Yes
	\square_2 No
(i). If yes, in what week of the pregnancy?	\square_1 0-4 weeks
	\square_2 5-8 weeks
	\square_3 9-12 weeks
	-
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□ ₁ Yes
	\square_2 No [If no, skip to Q129]
(i). Name of medication	
(i). Name of medication	\(\tau_\) \(\text{Yes}\)
(ii). Do you have the bottle or package that you	□₁ Yes
(ii). Do you have the bottle or package that you could show?	□ ₁ Yes □ ₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package	
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen:	
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package	
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	□ ₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen:	□ ₂ No □ ₁ Doctor
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	□ ₁ Doctor □ ₂ Clinic nurse
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by:	□ ₂ No □ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by:	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know □ ₁ Yes
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by:	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know □ ₁ Yes □ ₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know □ ₁ Yes
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken Other illnesses/health problems	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know □ ₁ Yes □ ₂ Nodays
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have	□₁ Doctor □₂ Clinic nurse □₃ None of the above □₄ Don't know □₁ Yes □₂ No days □₁ Yes
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have anorexia, bulimia or other eating disorders	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know □ ₁ Yes □ ₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have	□₁ Doctor □₂ Clinic nurse □₃ None of the above □₄ Don't know □₁ Yes □₂ No days □₁ Yes
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have anorexia, bulimia or other eating disorders (a). Were you told this more than six months before this	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know □ ₁ Yes □ ₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have anorexia, bulimia or other eating disorders (a). Were you told this more than six months before this pregnancy?	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know □ ₁ Yes □ ₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this prescribed by: (v). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have anorexia, bulimia or other eating disorders (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this	□₂ No □₁ Doctor □₂ Clinic nurse □₃ None of the above □₄ Don't know □₁ Yes □₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this prescribed by: (iv). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have anorexia, bulimia or other eating disorders (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy?	□₁ Doctor □₂ Clinic nurse □₃ None of the above □₄ Don't know □₁ Yes □₂ No □₂ No □₁ Yes □₂ No □₁ Yes □₂ No [If no, skip to Q130] □₁ Yes □₂ No □₁ Yes □₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this prescribed by: (v). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have anorexia, bulimia or other eating disorders (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this	□₁ Doctor □₂ Clinic nurse □₃ None of the above □₄ Don't know □₁ Yes □₂ No □₂ No □1 Yes □₂ No □1 Yes □₂ No [If no, skip to Q130] □1 Yes □₂ No □1 Yes □2 No □1 Yes □2 No □1 Yes
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this prescribed by: (iv). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have anorexia, bulimia or other eating disorders (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy?	□₁ Doctor □₂ Clinic nurse □₃ None of the above □₄ Don't know □₁ Yes □₂ No □₂ No □₁ Yes □₂ No □₁ Yes □₂ No [If no, skip to Q130] □₁ Yes □₂ No □₁ Yes □₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have anorexia, bulimia or other eating disorders (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□₁ Doctor □₂ Clinic nurse □₃ None of the above □₄ Don't know □₁ Yes □₂ No days □₁ Yes □₂ No [If no, skip to Q130] □₁ Yes □₂ No □₁ Yes □₂ No □₁ Yes □₂ No □₁ Yes □₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this prescribed by: (iv). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have anorexia, bulimia or other eating disorders (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy?	□¹ Doctor □² Clinic nurse □³ None of the above □⁴ Don't know □¹ Yes □² No □² No □¹ Yes □² No □¹ Yes □² No [If no, skip to Q130] □¹ Yes □² No □¹ O-4 weeks
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have anorexia, bulimia or other eating disorders (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□¹ Doctor □² Clinic nurse □³ None of the above □⁴ Don't know □¹ Yes □² No □⁴ days □¹ Yes □² No [If no, skip to Q130] □¹ Yes □² No □¹ O-4 weeks □² 5-8 weeks
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have anorexia, bulimia or other eating disorders (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□¹ Doctor □² Clinic nurse □³ None of the above □⁴ Don't know □¹ Yes □² No □² days □¹ Yes □² No □¹ O-4 weeks □² 5-8 weeks □³ 9-12 weeks
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have anorexia, bulimia or other eating disorders (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□¹ Doctor □² Clinic nurse □³ None of the above □⁴ Don't know □¹ Yes □² No □² No □¹ Yes □² No □¹ Yes □² No [If no, skip to Q130] □¹ Yes □² No □¹ 1 Yes □² No □¹ 1 O-4 weeks □² 5-8 weeks □³ 9-12 weeks □⁴ 13+ weeks
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have anorexia, bulimia or other eating disorders (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□¹ Doctor □² Clinic nurse □³ None of the above □⁴ Don't know □¹ Yes □² No □¹ Yes □² No □¹ Yes □² No [If no, skip to Q130] □¹ Yes □² No □¹ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken Other illnesses/health problems 129. Have you ever been told by a doctor that you have anorexia, bulimia or other eating disorders (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□¹ Doctor □² Clinic nurse □³ None of the above □⁴ Don't know □¹ Yes □² No □² No □¹ Yes □² No □¹ Yes □² No [If no, skip to Q130] □¹ Yes □² No □¹ 1 Yes □² No □¹ 1 O-4 weeks □² 5-8 weeks □³ 9-12 weeks □⁴ 13+ weeks

(ii). Do you have the bottle or package that you could show?	□ ₁ Yes □ ₂ No
[Interview to indicate whether bottle or package	⊔ ₂ NO
seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□ ₂ Clinic nurse
	□₃ None of the above
(iv) Mag this given the country production	□ ₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes □ ₂ No
(v). No. of days taken	days
(1): 110: Of days tanon	
130. Have you ever been told by a doctor that you have	□₁ Yes
Migraine	\square_2 No [If no, skip to Q131]
(a). Were you told this more than six months before this	□₁ Yes
pregnancy?	□ ₂ No
(b). Were you told this in the last six months before this	□₁ Yes
pregnancy? (c). Were you told this during this pregnancy?	□ ₂ No □ ₁ Yes
(c). Were you told this during this pregnancy?	□ ₂ No
(i). If yes, in what week of the pregnancy?	□ ₁ 0-4 weeks
(i). If you, in what work of the programmy.	\square_2 5-8 weeks
	□ ₃ 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□₁ Yes
() N	\square_2 No [If no, skip to Q131]
(i). Name of medication	
(ii). Do you have the bottle or package that you could show?	□ ₁ Yes □ ₂ No
[Interview to indicate whether bottle or package	□2 NO
seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□ ₂ Clinic nurse
	□₃ None of the above
(iv) Man this aver the country madication	□ ₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes □ ₂ No
(v). No. of days taken	days
(V). IVO. Of days taken	aays
131. Have you ever been told by a doctor that you have	□₁ Yes
Epilepsy	\square_2 No [If no, skip to Q132]
(a). Were you told this more than six months before this	□₁ Yes
pregnancy?	□ ₂ No
(b). Were you told this in the last six months before this	□₁ Yes
pregnancy?	□ ₂ No
(c). Were you told this during this pregnancy?	□ ₁ Yes
(i). If yes, in what week of the pregnancy?	□ ₂ No
(1). If you, if what week of the pregnancy:	₄ ()=4 Weeks
	□ ₁ 0-4 weeks □ ₂ 5-8 weeks
	\square_1 0-4 weeks \square_2 5-8 weeks \square_3 9-12 weeks
	□ ₂ 5-8 weeks
(d). Have you taken any medication for this problem	☐ ₂ 5-8 weeks ☐ ₃ 9-12 weeks ☐ ₄ 13+ weeks ☐ ₁ Yes
(d). Have you taken any medication for this problem (i). Name of medication	\square_2 5-8 weeks \square_3 9-12 weeks \square_4 13+ weeks

(ii). Do you have the bottle or package that you	□ ₁ Yes
could show?	\square_2 No
[Interview to indicate whether bottle or package	
seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□ ₂ Clinic nurse
	\square_3 None of the above
	□ ₄ Don't know
/' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(iv). Was this over the counter medication	□₁ Yes
	\square_2 No
(v). No. of days taken	days
132. Have you ever been told by a doctor that you have	□ ₁ Yes
Cancer	
	□ ₂ No [If no, skip to Q133]
(a). Were you told this more than six months before this	□ ₁ Yes
pregnancy?	\square_2 No
(b). Were you told this in the last six months before this	□ ₁ Yes
pregnancy?	\square_2 No
(c). Were you told this during this pregnancy?	□₁ Yes
	\square_2 No
(i). If yes, in what week of the pregnancy?	□ ₁ 0-4 weeks
	\square_2 5-8 weeks
	\square_3 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□₁ Yes
	\square_2 No [If no, skip to Q133]
(i). Name of medication	
()	
(ii). Do you have the bottle or package that you	□₁ Yes
(ii). Do you have the bottle or package that you could show?	□ ₁ Yes □ ₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package	
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen:	
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	□ ₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen:	□ ₂ No □ ₁ Doctor
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	□ ₂ No □ ₁ Doctor □ ₂ Clinic nurse
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by:	□ ₂ No □ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No]	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by:	□ ₂ No □ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by:	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know □ ₁ Yes □ ₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by:	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know □ ₁ Yes
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know □ ₁ Yes □ ₂ Nodays
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know □ ₁ Yes □ ₂ Nodays □ ₁ Yes
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 133. Have you ever been told by a doctor that you have Depression or Anxiety	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know □ ₁ Yes □ ₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know □ ₁ Yes □ ₂ Nodays □ ₁ Yes
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 133. Have you ever been told by a doctor that you have Depression or Anxiety	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know □ ₁ Yes □ ₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 133. Have you ever been told by a doctor that you have Depression or Anxiety (a). Were you told this more than six months before this pregnancy?	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know □ ₁ Yes □ ₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 133. Have you ever been told by a doctor that you have Depression or Anxiety (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this	□₂ No □₁ Doctor □₂ Clinic nurse □₃ None of the above □₄ Don't know □₁ Yes □₂ No days □₁ Yes □₂ No [If no, skip to Q134] □₁ Yes □₂ No □₁ Yes □₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 133. Have you ever been told by a doctor that you have Depression or Anxiety (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy?	□₂ No □₁ Doctor □₂ Clinic nurse □₃ None of the above □₄ Don't know □₁ Yes □₂ No □₂ No □₂ No □₁ Yes □₂ No [If no, skip to Q134] □₁ Yes □₂ No □₁ Yes □₂ No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 133. Have you ever been told by a doctor that you have Depression or Anxiety (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this	□₁ Doctor □₂ Clinic nurse □₃ None of the above □₄ Don't know □₁ Yes □₂ No □₂ No □1 Yes □₂ No [If no, skip to Q134] □1 Yes □₂ No □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 Yes
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 133. Have you ever been told by a doctor that you have Depression or Anxiety (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□¹ Doctor □² Clinic nurse □³ None of the above □⁴ Don't know □¹ Yes □² No days □¹ Yes □² No [If no, skip to Q134] □¹ Yes □² No
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 133. Have you ever been told by a doctor that you have Depression or Anxiety (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□₁ Doctor □₂ Clinic nurse □₃ None of the above □₄ Don't know □₁ Yes □₂ No □₂ No □1 Yes □₂ No [If no, skip to Q134] □1 Yes □₂ No □1 Yes □2 No □1 Yes □2 No □1 Yes □2 No □1 Yes
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 133. Have you ever been told by a doctor that you have Depression or Anxiety (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy?	□¹ Doctor □² Clinic nurse □³ None of the above □⁴ Don't know □¹ Yes □² No □² No □¹ Yes □² No □¹ Yes □² No [If no, skip to Q134] □¹ Yes □² No □¹ O-4 weeks
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 133. Have you ever been told by a doctor that you have Depression or Anxiety (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□¹ Doctor □² Clinic nurse □³ None of the above □⁴ Don't know □¹ Yes □² No □⁴ days □¹ Yes □² No [If no, skip to Q134] □¹ Yes □² No □¹ O-4 weeks □² 5-8 weeks
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 133. Have you ever been told by a doctor that you have Depression or Anxiety (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□¹ Doctor □² Clinic nurse □³ None of the above □⁴ Don't know □¹ Yes □² No □² days □¹ Yes □² No [If no, skip to Q134] □¹ Yes □² No □¹ O-4 weeks □² 5-8 weeks □³ 9-12 weeks
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this prescribed by: (iv). No. of days taken 133. Have you ever been told by a doctor that you have Depression or Anxiety (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□¹ Doctor □² Clinic nurse □³ None of the above □⁴ Don't know □¹ Yes □² No □² No □¹ Yes □² No □¹ Yes □² No [If no, skip to Q134] □¹ Yes □² No □¹ 1 Yes □² No □¹ 1 O-4 weeks □² 5-8 weeks □³ 9-12 weeks □⁴ 13+ weeks
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this over the counter medication (v). No. of days taken 133. Have you ever been told by a doctor that you have Depression or Anxiety (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□¹ Doctor □² Clinic nurse □³ None of the above □⁴ Don't know □¹ Yes □² No □² No □¹ Yes □² No □¹ Yes □² No [If no, skip to Q134] □¹ Yes □² No □¹ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(ii). Do you have the bottle or package that you could show? [Interview to indicate whether bottle or package seen: Seen: Yes/No] (iii). Was this prescribed by: (iv). Was this prescribed by: (iv). No. of days taken 133. Have you ever been told by a doctor that you have Depression or Anxiety (a). Were you told this more than six months before this pregnancy? (b). Were you told this in the last six months before this pregnancy? (c). Were you told this during this pregnancy?	□¹ Doctor □² Clinic nurse □³ None of the above □⁴ Don't know □¹ Yes □² No □² No □¹ Yes □² No □¹ Yes □² No [If no, skip to Q134] □¹ Yes □² No □¹ 1 Yes □² No □¹ 1 O-4 weeks □² 5-8 weeks □³ 9-12 weeks □⁴ 13+ weeks

(ii). Do you have the bottle or package that you	□₁ Yes
could show? [Interview to indicate whether bottle or package	□ ₂ No
seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□ ₁ Doctor
	□ ₂ Clinic nurse
	□₃ None of the above
(iv) Mass this swanths assumbly modification	□ ₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes □ ₂ No
(v). No. of days taken	days
134. Have you ever been told by a doctor that you have any	□ ₁ Yes
other long illnesses or health problems	\square_2 No [If no, skip to Q135]
If so, please describe	
(a). Were you told this more than six months before this	□₁ Yes
pregnancy? (b). Were you told this in the last six months before this	□ ₂ No □ ₁ Yes
pregnancy?	□ ₂ No
(c). Were you told this during this pregnancy?	□₁ Yes
(o). Word you told this during this programay.	\square_2 No
(i). If yes, in what week of the pregnancy?	□ ₁ 0-4 weeks
	\square_2 5-8 weeks
	\square_3 9-12 weeks
	□ ₄ 13+ weeks
(d). Have you taken any medication for this problem	□ ₁ Yes □ ₂ No [If no, skip to Q135]
(i). Name of medication	
(ii). Do you have the bottle or package that you	
could show?	\square_2 No
[Interview to indicate whether bottle or package	_
seen:	
Seen: Yes/No]	
(iii). Was this prescribed by:	□₁ Doctor
	☐ ₂ Clinic nurse
	□ ₃ None of the above □ ₄ Don't know
(iv). Was this over the counter medication	□ ₁ Yes
(iv). That all of the all of starter means and in	□ ₂ No
(v). No. of days taken	days
Other diseases	
135. Do you have a congenital deformity or birth defect?	□ ₁ Yes
	□ ₂ No
136. If yes, please describe?	
137. Do your gums bleed when you brush your teeth at	□₁ No, rarely or never
present?	□ ₂ Yes, sometimes □ ₃ Yes, often
	☐ ₄ Yes, almost always
	1 24 1 30, annoce analys
H. OTHER MEDICATION	
138. Have you used other medication not previously	□₁Yes
mentioned?	\square_2 No [If no, skip to Q145]
139. If yes, please state these medication	Medication 1:

	Medication 2:
	Medication 3:
	Medication 4:
	Medication 5:
140. Do you have the bottle or package that you could show for medication 1?	□ ₁ Yes □ ₂ No
[Interview to indicate whether bottle or package seen: Seen: Yes/No]	
(a). Was this prescribed by:	□ ₁ Doctor □ ₂ Clinic nurse □ ₃ None of the above □ ₄ Don't know
(b). Was this over the counter medication	□ ₁ Yes □ ₂ No
(c). No. of days taken	days
(d). Did you take this more than six months before this pregnancy?	□ ₁ Yes □ ₂ No
(e). Did you take this during this pregnancy?	□ ₁ Yes □ ₂ No
(f). If yes, in what week of the pregnancy?	□ ₁ 0-4 weeks
(·/· ·· / • • ; ··· · · · · · · · · · · · · · · ·	\square_2 5-8 weeks
	□ ₃ 9-12 weeks
	□ ₄ 13+ weeks
141. Do you have the bottle or package that you could show	□₁ Yes
for medication 2?	\square_2 No
[Interview to indicate whether bottle or package seen: Seen: Yes /No]	
(a). Was this prescribed by:	□ ₁ Doctor
(a). Was this prescribed by.	□ ₂ Clinic nurse
	□₃ None of the above
	□ ₄ Don't know
(b). Was this over the counter medication	□₁ Yes
` '	□ ₂ No
(c). No. of days taken	days
(d). Did you take this more than six months	□₁ Yes
before this pregnancy?	□ ₂ No
(e). Did you take this during this	□ ₁ Yes □ ₂ No
pregnancy? (f). If yes, in what week of the pregnancy?	\square_1 No \square_1 0-4 weeks
(i). If yes, in what week of the pregnancy:	\square_2 5-8 weeks
	\square_3 9-12 weeks
	□ ₄ 13+ weeks
142. Do you have the bottle or package that you could show	□ ₁ Yes
for medication 3?	□ ₂ No
[Interview to indicate whether bottle or package seen:	
Seen: Yes/No]	П D4
(a). Was this prescribed by:	□₁ Doctor
	\square_2 Clinic nurse \square_3 None of the above
	□₃ None of the above □₄ Don't know

(b). Was this over the counter medication	□ ₁ Yes
	\square_2 No
(c). No. of days taken	days
(d). Did you take this more than six months	□₁ Yes
before this pregnancy?	□ ₂ No
(e). Did you take this during this	□₁ Yes
pregnancy?	□ ₂ No
(f). If yes, in what week of the pregnancy?	□₁ 0-4 weeks
	☐ ₂ 5-8 weeks
	\square_3 9-12 weeks \square_4 13+ weeks
	□4 13+ Weeks
143. Do you have the bottle or package that you could show	□ ₁ Yes
for medication 4?	□ ₂ No
[Interview to indicate whether bottle or package seen:	<u></u>
Seen: Yes /No]	
(a). Was this prescribed by:	□₁ Doctor
, , ,	□ ₂ Clinic nurse
	\square_3 None of the above
	□₄ Don't know
(b). Was this over the counter medication	□ ₁ Yes
	□ ₂ No
(c). No. of days taken	days
(d). Did you take this more than six months	□₁ Yes
before this pregnancy?	□ ₂ No
(e). Did you take this during this	□₁ Yes
pregnancy?	□ ₂ No
(f). If yes, in what week of the pregnancy?	\square_1 0-4 weeks \square_2 5-8 weeks
	□ ₃ 9-12 weeks
	□ ₄ 13+ weeks
144. Do you have the bottle or package that you could show	□₁ Yes
for medication 5?	□ ₂ No
[Interview to indicate whether bottle or package seen:	
Seen: Yes/No]	
(a). Was this prescribed by:	□₁ Doctor
	□ ₂ Clinic nurse
	□₃ None of the above
	□₄ Don't know
(b). Was this over the counter medication	□ ₁ Yes
(c). No. of days taken	□ ₂ No
(d). Did you take this more than six months	days □ ₁ Yes
before this pregnancy?	□ ₂ No
(e). Did you take this during this pregnancy?	□₁ Yes
(o). Did you take this during this programay.	□₂ No
(f). If yes, in what week of the pregnancy?	\square_1 0-4 weeks
	□ ₂ 5-8 weeks
	\Box_3 9-12 weeks
	□₄ 13+ weeks
I WORK AND LEISURE	
145. What was your work situation when you became	□ ₁ Student [skip to Q162]
pregnant? (Fill on one or several boxes for each.)	\square_2 At home [skip to Q162]
	□ ₃ Intern/apprentice
	□ ₄ Military service

	□5 Unemployed/laid off □6 Rehabilitation/disabled [skip to Q162] □7 Employed in public sector □8 Self-employed □9 Family member without steady income in family company □10 manufacturing □11 chemical □12 mining □13 commercial and retail □14 agricultural and farming □88 Other
146. What kind of work do/did you do?	\square_1 general assistant \square_2 clerical/administrative \square_3 machine operator \square_4 farm assistant \square_5 supervisor/manager \square_6 engineering, designer or planning \square_{88} other, please specify:
147. Did you have an extra job (with or without salary) when you became pregnant? (For example, accountant, hair dresser, singer in a dance band, club leader)	□ ₁ Yes □ ₂ No Describe:
148. Have you been absent from work more than two weeks during this pregnancy?	□ ₁ Yes □ ₂ No
149. Are you absent from your work at the present time?	□₁ Yes □₂ No
150. If yes, what is the reason for your absence? (Fill in one or several boxes.)	□₁ Medical leave □₂ Leave of absence □₃ Sick child □ଃ Other:
151 The usual number of paid working hours a week before you became pregnant and at present.	Before the pregnancy hours
152. Describe the type of work carried out at your place of work as accurately as possible. (Write for example, hospital department for children with cancer, body shop at a garage for diesel vehicles, farming with grain and swine, work in the home.)	
Indicate the appropriate answer for each of the following questituation, using the following score: 1 = yes, everyday, more than half of the working day 2 = yes, everyday, less than half of the working day 3 = yes, periodically, but not daily 4 = seldom or never (Fill in only one box in each line.)	stions concerning your present work

If the respondent is not involved in any occupational a purposes of these questions, housework is included a				or the
153. Too much to do, that the work situation is taxing	occupa	2	3	4
154. Bending and turning many times in an hour	1		3	<u> </u>
155. Working with hands above shoulder level				
156. Working in a standing or walking position				
157. Can choose to work faster on some days, and slower				
on some days				
158. Have a lot of uncomfortable background noise				
159. Have a lot of background noise that causes you to				
raise your voice when talking to others even within a				
distance of one metre				
160. When are your working hours? (Fill in one or several boxes.)	□ ₂ Pern work □ ₃ Pern □ ₄ Shift rotations □ ₅ No s	nanent day v nanent after nanent night work (day a et times (ex nporary emper	noon or e t work and night; tra work,	or shift extra
 161. During your pregnancy do you lift anything that weighs more than 10 kg at work? (10 kilos is the equivalent of a full bucket of water.) 162. During your pregnancy do you lift anything that weighs more than 10 kg at home? (10 kilos is the equivalent 	\square_2 Yes, \square_3 Yes, \square_4 Yes, \square_5 Yes,	quently or n less than 20 more than 2 10-20 times more than 2 quently or no less than 20) times a 20 times a s a day 20 times a ever	a week a day
of a full bucket of water.)	□ ₃ Yes, □ ₄ Yes, □ ₅ Yes,	more than 2 10-20 times more than	20 times as a day 20 times	week
163. What was the baby's father work situation when you became pregnant? (Fill on one or several boxes for each.)	\square_2 At ho \square_3 Inter \square_4 Milita \square_5 Uner \square_6 Reha Q166] \square_7 Emp \square_8 Self- \square_9 Famincome in \square_{10} man \square_{11} cher \square_{12} min \square_{13} con	ing nmercial and icultural and	o Q166] d off sabled [s blic sector without s pany	r
164. Describe the type of work carried out at the baby's				
father's place of work as accurately as possible.				
(Write for example, hospital department for children				

with cancer, body shop at a garage for diesel	
vehicles, farming with grain and swine, work in the	
home.)	
165. How often do you use a cell phone?	□₁ Infrequently
	\square_2 Never \square_3 A few times a week
	-
	□ ₄ Daily □ ₅ On average more than an hour
	daily
166. How often do you work with a computer, laser printer	□ ₁ Never
or copying machine (at a distance of less than two metres)	□ □ Never □ □ □ A few times a week
after you became pregnant?	□3 Daily
and you became pregnant:	□₄ On average more than an hour
	daily
167. How often have you worked with x-ray equipment (at a	□ ₁ Never
distance of less than two metres) after you became	\square_2 A few times a week
pregnant? (<i>This does not include treatment as a patient</i>)	□ ₃ Daily
	\square_4 On average more than an hour
	daily
Have you been in contact with any of the following substa	ı
time during the last six months, and if yes, for how many	
168. Lead vapors, lead dust, lead particles or lead alloys	□ ₁ Yes
	\square_2 No
(a). If yes, for how many days (daily = 180 days)	days
169. Chrome, arsenic, cadmium or combinations of these	□ ₁ Yes
	□ ₂ No
(a). If yes, for how many days (daily = 180 days)	days
170. petrol or exhaust vapour (does not apply to filling	□ ₁ Yes
gasoline in your own car)	\square_2 No
(a). If yes, for how many days (daily = 180 days)	days
171. Mercury vapors, mercury or work with amalgam fillings	□ ₁ Yes
(does not apply to your own dental treatment)	□ ₂ No
(a). If yes, for how many days (daily = 180 days)	days
172. Disinfectants, vermin poisons	□ ₁ Yes
	□ ₂ No
(a). If yes, for how many days (daily = 180 days)	days
173. Weed killers, insecticides, fungicides	□₁ Yes
	□ ₂ No
(a). If yes, for how many days (daily = 180 days)	days
174. Oil-based paint	□₁ Yes
() If () () () () ()	□ ₂ No
(a). If yes, for how many days (daily = 180 days)	days
175. Substances used in welding	□₁ Yes
() If () () () () ()	□ ₂ No
(a). If yes, for how many days (daily = 180 days)	days
176. Substances used in soldering	□₁ Yes
(a) If you far have recent days (daily = 400 days)	□ ₂ No
(a). If yes, for how many days (daily = 180 days)	days
177. Formalin/ formaldehyde	□₁ Yes
(a) If you for how many days (daily = 400 days)	□ ₂ No
(a). If yes, for how many days (daily = 180 days)	days
178. Photographic chemicals (fixatives or developers)	□₁ Yes
(a) If you for how many days (daily = 100 days)	□ ₂ No
(a). If yes, for how many days (daily = 180 days)	days
179. Motor oil, lubrication oil or other types of oil	□₁ Yes □₂ No
	I LIZ INU

(a). If yes, for how many days (daily = 180 days)		d	ays			
180. Industrial dyes or ink	□₁ Yes					
() () () () ()	□ ₂ No					
(a). If yes, for how many days (daily = 180 days)			ays			
181. Chemotherapeutic substances/chemotherapy	□ ₁ Yes					
treatment (does not apply to your own medical treatment)						
(a). If yes, for how many days (daily = 180 days)		d	ays			
182. Laughing gas or other anesthetic gases (does not	□₁ Yes		ays			
apply to you own treatment as a patient)	\square_2 No					
(a). If yes, for how many days (daily = 180 days)		d	ays			
183. Water-based or latex paint	□ ₁ Yes		<i>y</i> -			
·	□ ₂ No					
(a). If yes, for how many days (daily = 180 days)		d	ays			
184. Paint thinner, paint-lacquer-glue remover or other	□ ₁ Yes					
solvents (ex. lynol, turpentine, toluene, carbon	□ ₂ No					
tetrachloride)						
(a). If yes, for how many days (daily = 180 days)			ays			
185. Other substances and conditions, describe:	□ ₁ Yes □ ₂ No					
(a). If yes, for how many days (daily = 180 days)		d	ays			
40C Have offers have you have to a night slick since you		4:	a.ale			
186. How often have you been to a night club since you became pregnant?		times a ss often	week			
became pregnant:	\square_3 Ne					
187. Are you in contact with animals either at work or in	□₁ Yes					
your leisure?	\square_2 No		, skip to	Q202]		
Please indicate how often are you in contact with them on a 0 = never 1 = daily 2 = 3-6 times a week 3 = 1-2 times a week 4 = less than once a week	weekly ba	ısis, usir	ig the foll	owing co	ode:	
4 = less than once a week	0	1	2	3	4	
	0	ı		3	4	
188. Dog						
189. Cat						
190. Guinea Pig						
191. Hamster						
192. Rabbit						
193. Bird						
194. Aquarium Fish						
195. Cow						
196 Pig						
107 Shoon goot						
197 Sheep, goat						
199. Horse						
199. Horse 200. Poultry						
199. Horse						
199. Horse 200. Poultry						
199. Horse 200. Poultry 201. Other:	□ ₁ Yes					
199. Horse 200. Poultry 201. Other:	□ ₁ Yes □ ₂ No					
199. Horse 200. Poultry 201. Other: J. HABITS 202. Did your mother smoke when she was pregnant with	-					

	\square_2 No				
204. If yes, how many hours a day are you exposed to passive smoking?			hours a da	у	
2056. Are you exposed to passive smoking at work?	□₁ Yes □₂ No				
206. If yes, how many hours a day are you exposed to passive smoking?			hours a day	/	
207. Did the baby's father smoke before you became pregnant?	□₁ Yes □₂ No				
208. Does he smoke now?	□ ₁ Yes □ ₂ No				
209. Have you ever smoked?	□ ₁ Yes □ ₂ No (
210. Do you smoke now (after you became pregnant)?	□ ₁ No □ ₂ Som □ ₃ Daily				
(a). If yes, how many			ettes per we ettes per da		
211. Did you smoke during the last 3 months before you became pregnant this time?	□ ₁ No □ ₂ Som □ ₃ Daily		·		
(a). If yes, how many			ettes per we ettes per da		
212. How old were you when you started to smoke on a daily basis?	years				
213. Have you stopped smoking completely?	□ ₁ Yes □ ₂ No				
214. If yes, how old were you when you stopped smoking?		ye	ears		
215. If you stopped smoking after you became pregnant, in which week of pregnancy did you stop?		W	eek of preg	nancy	
Have you used any of the following substances? If yes, please indicate when you used them, using the followint 1 = never 2 = previously 3 = last month before this pregnancy 4 = during this pregnancy	ng code:				
216. Hash	1	2	3	4	
217. Ecstasy					
218. Heroin					
219. Cocaine					
220. Amphetamine					
221. Other:					
222. Have you ever consumed alcohol?	□ ₁ Yes □ ₂ No		kip to Q230		
Alcohol units are used to compare the different types of alcohol pure alcohol) is equivalent to: 1 bottle/can energy drink or cider 1 glass (1/3 liter) of beer 1 wine glass red or white wine 1 wine glass sherry or other fortified wine	olic bever	ages. 1 a	alcohol unit ((= 1.5 cl.	

1 snaps glass spirits or liqueur		
223. How often did you consume alcohol in the 3 months before you became pregnant?	□₁ Approximately 6-7 time a week □₂ Approximately 4-5 times a week □₃ approximately 2-3 times a week □₄ approximately once a week □₅ approximately 1-3 times a month □₆ less than once a month □դ Never	
224. How often do you consume alcohol during this pregnancy?	\square_1 Approximately 6-7 time a week \square_2 Approximately 4-5 times a week \square_3 approximately 2-3 times a week \square_4 approximately once a week \square_5 approximately 1-3 times a month \square_6 less than once a month \square_7 Never	
225. What type of alcohol do you usually drink? (Fill in one or several boxes.)	□ ₁ Light beer □ ₂ Beer □ ₃ Red wine □ ₄ White wine □ ₅ Low alcohol sodas □ ₆ Fortified wines (<i>sherry, port wine, Madeira</i>)/□ ₇ Spirits (<i>vodka, gin, snaps, cognac, whisky, liqueur</i>)	
226. Did you drink 5 units or more at least once during the last 3 months before this pregnancy?	 □₁ Several times per week □₂ Once a week □₃ 1-3 times a month □₄ Less than once a month □₅ Never 	
227. Did you drink 5 units or more at least once during this pregnancy?	 □₁ Several times per week □₂ Once a week □₃ 1-3 times a month □₄ Less than once a month □₅ Never 	
228. How many units of alcohol did you usually drink when you consume alcohol in the last 3 months before pregnancy?	$□_1$ 10 or more $□_2$ 7-9 $□_3$ 5-6 $□_4$ 3-4 $□_4$ 1-2 $□_5$ Less that 1	
229. How many units of alcohol do you usually drink when you consume alcohol during this pregnancy?	□ ₁ 10 or more □ ₂ 7-9 □ ₃ 5-6 □ ₄ 3-4 □ ₄ 1-2 □ ₅ Less that 1	
K. WEIGHT AND WEIGHT CONTROL		
230. Do you think you were overweight before this pregnancy?	□ ₁ Yes, a lot □ ₂ Yes, a little □ ₃ No	
231. Are you worried about putting on more weight than necessary during this pregnancy?	□₁ Yes, very worried □₂ Somewhat worried □₃ No, not especially worried	
232. Has anyone said that you were too thin while you felt that you were too fat during the last 2 years?	□ ₁ Yes, often/ □ ₂ Yes, occasionally □ ₃ No	

Have you ever used any of the following to control your weight	ght in the l	ast 6 m	onths be	fore this	5	
pregnancy? If yes, please state how often, using the follow						
1 = at least once a week						
2 = seldom						
3 = never	1 4			1	2	
233. Vomiting	1		2		3	
234. Laxatives						
235. Fasting						
236. Hard physical exercise	<u> </u>	40.0		0.16		
Have you ever used any of the following to control your weight	ght during	this pro	egnancy	? If yes,	please	
state how often, using the following codes:						
1 = at least once a week 2 = seldom						
3 = never						
237. Vomiting	1		2		3	
238. Laxatives	1				3	
239. Fasting						
240. Hard physical exercise		+				
270. Haru physical cacioise						
L. PHYSICAL ACTIVITY						
How often did you usually exercise in the last 3 months bef	ore this n	adnana	v2 For o	ach eve	rcise	
please indicate if you do this, and if yes, please indicate how					10130,	
1 = never	v Oitori, us	ing the i	onowing	couc.		
2 = 1-3 times per month						
3 = once a week						
4 = twice a week						
5 = 3 times or more week						
(Fill in each line, both before and during this pregnancy.)						
	1	2	3	4	5	
241. Walking						
— · · · · · · · · · · · · · · · · · · ·						
242. Brisk walking						
242. Brisk walking						
242. Brisk walking 243. Running/jogging/cross-country running						
242. Brisk walking 243. Running/jogging/cross-country running 244. Bicycling						
242. Brisk walking 243. Running/jogging/cross-country running 244. Bicycling 245. weight training						
242. Brisk walking 243. Running/jogging/cross-country running 244. Bicycling 245. weight training 246. Special gymnastics/aerobics for pregnant women						
242. Brisk walking 243. Running/jogging/cross-country running 244. Bicycling 245. weight training 246. Special gymnastics/aerobics for pregnant women 247. Aerobics/gymnastics/dance without running and						
242. Brisk walking 243. Running/jogging/cross-country running 244. Bicycling 245. weight training 246. Special gymnastics/aerobics for pregnant women 247. Aerobics/gymnastics/dance without running and jumping						
242. Brisk walking 243. Running/jogging/cross-country running 244. Bicycling 245. weight training 246. Special gymnastics/aerobics for pregnant women 247. Aerobics/gymnastics/dance without running and						
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257. Running/jogging/cross-country running						
258. Bicycling						
259. weight training						
260. Special gymnastics/aerobics for pregnant wom	nen					
261. Aerobics/gymnastics/dance without running ar jumping	nd					
262. Aerobics/gymnastics with running and jumping	1					
263. Dancing						
264. Team sports						
265. Swimming						
266. Water aerobics						
267. Riding						
268. Other						
269. Other 269. How often were you so physically active in your leisure time that you get out of breath or sweat in the last 3 months before this pregnancy?			ver s than or ce a weel mes a we times a we mes a we	k eek week		
270 How often are you currently so physically active	e in your	□₁ Nev				
leisure time that you get out of breath or swe		□₂ Les	s than or	nce a we	ek	
during this pregnancy?		□₃ Ond	ce a weel	k		
		□ ₄ 2 tir	nes a we	ek		
		-	times a v			
			nes a we	ek or m	ore	
271. How often were you so physically active at wo		□₁ Nev				
you get out of breath or sweat in the last 3 me	onths		s than or		eek	
before this pregnancy?		-	ce a wee			
		-	nes a we			
		_	times a v			
			nes a we	ek or m	ore	
272. How often are you currently so physically active		□₁ Nev				
work that you get out of breath or sweat during	ng this		s than or		ek	
pregnancy?		-	ce a weel			
			nes a we			
			times a v			
		\square_6 5 tir	nes a we	ek or m	ore	
We would be grateful if you would write anythin pregnancy or previous births/pregnancies that a next page.						
COMMENTS						
273. Are your contact numbers the same?	□ ₁ Yes □ ₂ No	[if yes, s	kip to Q	274]		
274. If NO, what is your new contact number/s?	Home:	-	-			
	Cell:					
	Other:					
	□ ₁ Yes	[if yes, s	kip to Q	283 <u>]</u>		
275. Are you living at the same address?	□ ₂ No		-	_		
	□ ₉₉ Refu	ised to ar	nswer [sk	cip to Q	283]	
276. If No, What is your new address?						

	House No.	
	Road/Street	
	City	
	Postal Code	
277. When did you move to your new address?	monthyear	
278. What type of new house do you currently live in?	□ ₁ Detached house, Semidetached □ ₂ Farm □ ₃ Flat, Terraced flat, Apartment building □ ₄ Refused to answer □ ₈₈ Other	
279. Has there been water damage, visible signs of fungus/mildew or a smell of mildew in your new home? (Fill in one or several boxes.)	□ ₁ No □ ₂ Yes, water damage □ ₃ Yes, signs of fungus and mould □ ₄ Yes, a smell of mildew □ ₉₉ don't know	
280. Is your new home drinking water from the tap or from a river or dam?	□ ₁ tap □ ₂ river or dam □ ₃ well □ ₈₈ other, please specify:	
281. Have you used a room heater in one or more rooms in this house?	☐ ₁ Yes ☐ ₂ No [if No, skip to Q281] ☐ ₉₉ don't know (skip to Q281)	
(a). Was this heater fueled by	\square_1 paraffin \square_2 gas \square_3 electricity \square_4 wood \square_5 coal \square_{88} other, please specify: $\underline{\qquad}$	
282. Is a stove or oven used for cooking in this house?	☐ ₁ Yes ☐ ₂ No [if No, skip to Q282] ☐ ₉₉ Don't know [skip to Q282]	
(a). What is the primary source of heat for this stove or oven?	\square_1 paraffin \square_2 gas \square_3 electricity \square_4 wood \square_5 coal \square_{88} other, please specify: \square_{99} don't know	
283. Have you been scanned by ultrasound during the pregnancy?	☐ ₁ Yes ☐ ₂ No [if No,skip to Q286] ☐ ₉₉ Don't know [skip to Q286]	
284. If Yes, At what week of pregnancy were you scanned?	weeks	
285. Did the ultrasound show normal conditions?	□ ₁ Yes [If yes, skip to Q286] □ ₂ No □ ₉₉ Don't know [skip to Q286]	
286. If No, please explain		

287. Have you had bleedings from the vagina at	□ ₁ Yes	
anytime during this pregnancy?	\square_2 No [If No, skip to Q288]	
	□99 Don't know [skip to Q288]	
288. What is the reason for your bleeding?	Explain:	
289. Did you have any contractions?	□ ₁ Yes	
	\square_2 No	
	□ ₉₉ Don't know	

Thank you!