

9. Will this be your first child?

Yes No

**9a) If no:- what month and year were each of your previous children born in ?
- starting with the eldest:**

| | Month | Year | | | | | | |
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| (add birth dates of all other children) | <table border="1"><tr><td> </td><td> </td></tr></table> | | | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | |
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Section A - Where you live

These questions relate to where you are living at present.

***A1. How long have you lived at your current address?**

| | | | |
|---|---|---|---|
| | | | |
| y | y | m | m |

***A2. In which of these ways does your household occupy this address?**

(Cross ONE box ONLY)

If answers yes to any of the three * questions, please go to A2a). If not go to A3

- Buying it with the help of a mortgage or loan
- Owns outright
- *Rents it
- *Lives here rent free (including rent free in relatives/friends property excluding squatting)
- *Pays part rent and part mortgage (shared ownership)
- Don't know
- Squatting

***A2a) If A2 was answered - Rents it: Lives rent free or pays part rent and part mortgage - ask who is your landlord?**

(Cross ONE box ONLY)

- Private Landlord or Letting Agency, Another individual
- Housing Association, Housing Co-operative, Charitable Trust
- Local Authority/Council
- Relative or friend (before you lived here) of a household member
- Employer (individual) of a household member
- Employer (organisation) of a household member
- Another Organisation
- Don't Know

A3) How many bedrooms does your household have, including bedsitting rooms and spare bedrooms?

Enter number of bedrooms

| | |
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| | |
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Section B - Who you live with?

B1. What ages are those, including yourself, who live in your household or accommodation? [If age not known, please give best estimate]

Is there anybody:-

| Age | Number of males | Number of females |
|-----------------------------|---|---|
| Under 2 years | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| between 2 -15 years | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| between 16 - 17 years | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| between 18 - 64 years | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 65 years and over | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

B2. Are you: (Cross ONE box ONLY)

- Married (first marriage)
- Re-married
- Single (never married)
- Separated (but still legally married)
- Divorced
- Widowed

B3. Are you: (Cross ONE box ONLY)

- Living with baby's father
- Living with another partner
- Not living with a partner – but in a relationship (eg. partner living abroad or in another property)
- Not living with a partner and not in a relationship





Section C - About you, your family and your baby's father and his family

C1. What country were you and your baby's father born in?

(Cross ONE box ONLY in each column).

| Country | You | Country | Baby's father |
|---------------------------|--------------------------|---------------------------|--------------------------|
| England | <input type="checkbox"/> | England | <input type="checkbox"/> |
| Northern Ireland | <input type="checkbox"/> | Northern Ireland | <input type="checkbox"/> |
| Scotland | <input type="checkbox"/> | Scotland | <input type="checkbox"/> |
| Wales | <input type="checkbox"/> | Wales | <input type="checkbox"/> |
| Channel Islands | <input type="checkbox"/> | Channel Islands | <input type="checkbox"/> |
| Isle of Man | <input type="checkbox"/> | Isle of Man | <input type="checkbox"/> |
| Republic of Ireland | <input type="checkbox"/> | Republic of Ireland | <input type="checkbox"/> |
| Czech Republic | <input type="checkbox"/> | Czech Republic | <input type="checkbox"/> |
| Poland | <input type="checkbox"/> | Poland | <input type="checkbox"/> |
| Slovakia | <input type="checkbox"/> | Slovakia | <input type="checkbox"/> |
| Bangladesh | <input type="checkbox"/> | Bangladesh | <input type="checkbox"/> |
| India | <input type="checkbox"/> | India | <input type="checkbox"/> |
| Pakistan | <input type="checkbox"/> | Pakistan | <input type="checkbox"/> |
| Sri Lanka | <input type="checkbox"/> | Sri Lanka | <input type="checkbox"/> |
| Philippines | <input type="checkbox"/> | Philippines | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |

You - Other (Please write in)

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Baby's father - Other (Please write in)

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***C4. What country were your mother and father born in?**

(Cross ONE box ONLY in each column).

| Country | Your Mother | Country | Your Father |
|---------------------------|--------------------------|---------------------------|--------------------------|
| England | <input type="checkbox"/> | England | <input type="checkbox"/> |
| Northern Ireland | <input type="checkbox"/> | Northern Ireland | <input type="checkbox"/> |
| Scotland | <input type="checkbox"/> | Scotland | <input type="checkbox"/> |
| Wales | <input type="checkbox"/> | Wales | <input type="checkbox"/> |
| Channel Islands | <input type="checkbox"/> | Channel Islands | <input type="checkbox"/> |
| Isle of Man | <input type="checkbox"/> | Isle of Man | <input type="checkbox"/> |
| Republic of Ireland | <input type="checkbox"/> | Republic of Ireland | <input type="checkbox"/> |
| Czech Republic | <input type="checkbox"/> | Czech Republic | <input type="checkbox"/> |
| Poland | <input type="checkbox"/> | Poland | <input type="checkbox"/> |
| Slovakia | <input type="checkbox"/> | Slovakia | <input type="checkbox"/> |
| Bangladesh | <input type="checkbox"/> | Bangladesh | <input type="checkbox"/> |
| India | <input type="checkbox"/> | India | <input type="checkbox"/> |
| Pakistan | <input type="checkbox"/> | Pakistan | <input type="checkbox"/> |
| Sri Lanka | <input type="checkbox"/> | Sri Lanka | <input type="checkbox"/> |
| Philippines | <input type="checkbox"/> | Philippines | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |

Your mother - Other (Please write in)

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Your father - Other (Please write in)

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If answered Pakistan for your mother or father in C4 go to C5 if not Pakistan then go to C6

C5) Were your mother and father born in Mirpur district?

(Cross ONE box ONLY)

Your mother Yes No Don't Know

Your father Yes No Don't Know



C5a) If yes, which town or village?

Your mother - (Please write in)

Don't Know

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Your father - (Please write in)

Don't Know

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C5b) Do you know the name of your mother's and father's Biraderi?

Your mother - (Please write in)

Don't Know

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Your father - (Please write in)

Don't Know

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If answered Pakistan in C8 for where the mother of the baby's father or father of the baby's father was born ask C9: If not then go to C10.

Answer this if the mother of the baby's father or father of the baby's father was born in Pakistan

C9. Was the mother of the baby's father / father of the baby's father born in Mirpur ? (Cross ONE box ONLY in each row)

- Mother of baby's father Yes No Don't Know
 Father of baby's father Yes No Don't Know

C9a) If yes, which town or village ?

Mother of baby's father - (Please write in) Don't Know

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Father of baby's father - (Please write in) Don't Know

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C9b) Do you know the name of your baby's father's parents' Biraderies?

Mother of baby's father - (Please write in) Don't Know

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Father of baby's father - (Please write in) Don't Know

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Returning to you;

C10. To which of these groups do you consider you belong? (Cross ONE box ONLY)

- White Asian or Asian British
 Mixed ethnic group Chinese
 Black or Black British Other

C10a) If Answered C10 as White what do you consider your cultural background?

- British Irish (Cross ONE box ONLY)

Any other white background (please write in)

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Section D - Your Family

These questions are about you and your family and about baby's father and his family.

D1. Are you related to the father of your baby other than by marriage? For example are you cousins? (Cross ONE box ONLY)

Yes No Don't Know

D1a) If yes, how are you related to the father of your baby? e.g. 1st cousin, 2nd cousin (Cross ONE box ONLY)

1st Cousin Other related by blood
 1st Cousin, once removed Other related by marriage
 Second Cousin Don't know

D2. Were your parents related? For example were they cousins?
(Cross ONE box ONLY)

Yes No Don't Know

D2a) If yes, how were your parents related? (Cross ONE box ONLY)

1st Cousins Other related by blood
 1st Cousins, once removed Other related by marriage
 Second Cousins Don't know

D3. Were the parents of the father of your baby related? For example were they cousins? (Cross ONE box ONLY)

Yes No Don't Know

D3a) If yes, how were they related? (Cross ONE box ONLY)

1st Cousins Other related by blood
 1st Cousins, once removed Other related by marriage
 Second Cousins Don't know

Interviewer: If answered yes in D1, please complete a family tree (on a separate form after you have completed this section. Do not change questions D1 to D3 after the family tree is completed).

D4. Was a family tree completed? Yes No

Section E Education

E1. What is the highest educational qualification you have? (Cross ONE box ONLY)

- 1 + 0 levels/CSEs/GCEs (any grades)
- 5 + 0 levels, 5+ CSEs (grade 1) 5 + GCSEs (grades A-C), School Certificate
- 1 + A levels/AS levels
- 2 + A levels, 4 + AS levels, Higher School Certificate
- NVQ Level 1, Foundation GNVQ
- NVQ Level 2, Intermediate GNVQ
- NVQ Level 3, Advanced GNVQ
- NVQ Levels 4-5, HNC, HND
- First Degree (e.g. BA, BSc)
- Higher Degree (e.g. MA, PhD, PGCE Post-graduate certificates/diplomas)
- Other qualifications (e.g. City and Guilds, RSA/OCR, BTEC/Edexcel)
- Overseas qualification *(If obtained in Pakistan go to E1a, If obtained in another country go to E1b)*
- No Qualifications
- Don't know

E1a) If your highest educational qualification was obtained in Pakistan please indicate: (Cross ONE box ONLY)

- Second School Certificate (SSC) Matriculation (Metric)
- Diploma in Commerce
- Higher Secondary (HSC) Cert/Intermediate Humanities, Pre-Eng or Pre-Medical/Science Streams
- Certificate from Board of Technical Education
- Diploma from Board of Technical Education
- Final Apprenticeship Certificate/Grade 2 Skilled
- Vocational Institute Diploma/Grade 3 Skilled Worker Certificate
- Bachelor Degree (4 year) in generally professional fields (excluding Bachelor of Education)
- Bachelor of Arts/Commerce/Engineering/Science/Technology (Pass and Honours)
- Postgraduate Eg Masters degree/PhD
- Don't know



Section F Your Current Employment

- F1. Are you currently a full time student?** Yes No
- F2. Are you currently working?** Yes No (If Yes, go to F3)
- F2a) If No - Have you ever worked?** Yes No (If No, go to F12)
- F2b) If yes to F2a - how long ago did you stop working?**

Years Months

If stopped less than one month ago record weeks - (round up to nearest week) Weeks

- F3. Are you currently on Maternity/Sick Leave?** Yes No
- F4. Were/are you self employed?** Yes No

F4a) If no to F4 - If an employee, what type of industry/company do/did you work for?

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F5. What was/is your job title?

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F5b) How many people work at the place that you usually work?

1-2 3-24 25-499 500+ (Cross ONE box ONLY)

F5c) Are/were you a: (Cross ONE box ONLY)

Manager Supervisor Other Employee

F6. Please list the 2 or 3 main tasks you perform/performed at work?

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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F7. How many hours do/did you work in a typical week?

Indicate number of hours .





Draft

Only answer F8-F11 if currently working or stopped working less than one year ago.

F8. How long have/had you done this job?

Years Months

F9. Where is/was your main place of work? (Cross ONE box ONLY)

Work mainly at or from home No regular place of work

If neither of the above ask 10 and 10a. Everyone should be asked F11.

F10. What is/was your main place of work?

Street

Town

Postcode

F10a. How do/did you usually travel to work?

Cross ONE box ONLY indicating what is/was the longest part, by distance, of your usual journey to work.

- Work mainly at or from home
- Train
- Bus, minibus or coach
- Motor cycle, scooter or moped
- Driving a car or van
- Passenger in a car or van
- Taxi
- Bicycle
- On foot
- Other

Other - (please write in)

F11. How many days in a typical week do/did you go to work?

(Enter 0 if works mainly at or from home)

Days



Draft





About baby's father

***F12. Which best describes the sort of work the baby's father does?**

If not in work now, please **cross ONE box ONLY** to show what work he did in his last main job.

- Modern professional occupations
- Clerical and intermediate occupations
- Senior managers or administrators
- Technical and craft occupations
- Semi-routine manual and service occupations
- Routine manual and service occupations
- Middle or junior managers
- Traditional professional occupations
- Self Employed
- Student/in training
- Does not work – long term unemployed/ill health (one year or over).
- Don't know



***F14. This table shows income in weekly, monthly and annual amounts.**

Which of the amounts on this list represents you and your husband/partner's, total income from all jobs, (full and part time), all tax credits, all benefits and all other sources and earnings after tax when all income is added together. (Cross ONE box ONLY)

| Weekly Income after Tax | Monthly Income after tax | Annual Income after Tax | |
|--|--------------------------|-------------------------|--------------------------|
| Less than £25 | Less than £108 | less than £1,299 | <input type="checkbox"/> |
| £25 - £39 | £109 - £175 | £1,300 - £2,099 | <input type="checkbox"/> |
| £40 - £59 | £176 - £259 | £2,100 - £3,099 | <input type="checkbox"/> |
| £60 - £79 | £260 - £350 | £3,100 - £4,199 | <input type="checkbox"/> |
| £80 - £99 | £351 - £433 | £4,200 - £5,199 | <input type="checkbox"/> |
| £100 - £124 | £434 - £542 | £5,200 - £6,499 | <input type="checkbox"/> |
| £125 - £149 | £543 - £650 | £6,500 - £7,799 | <input type="checkbox"/> |
| £150 - £179 | £651 - £775 | £7,800 - £9,299 | <input type="checkbox"/> |
| £180 - £209 | £776 - £917 | £9,300 - £10,999 | <input type="checkbox"/> |
| £210 - £259 | £918 - £1,125 | £11,000 - £13,499 | <input type="checkbox"/> |
| £260 - £299 | £1,126 - £1,333 | £13,500 - £15,999 | <input type="checkbox"/> |
| £300 - £379 | £1,334 - £1,667 | £16,000 - £19,999 | <input type="checkbox"/> |
| £380 - £479 | £1,668 - £2,083 | £20,000 - £24,999 | <input type="checkbox"/> |
| £480 - £577 | £2,084 - £2,500 | £25,000 - £29,999 | <input type="checkbox"/> |
| £578 - £769 | £2,501 - £3,333 | £30,000 - £39,999 | <input type="checkbox"/> |
| £770 - £962 | £3,334 - £4,167 | £40,000 - £49,999 | <input type="checkbox"/> |
| £963 - £1,154 | £4,168 - £5,000 | £50,000 - £59,999 | <input type="checkbox"/> |
| £1,155 - £1,346 | £5,001 - £5,833 | £60,000 - £69,999 | <input type="checkbox"/> |
| £1,347 - £1,538 | £5,834 - £6,667 | £70,000 - £79,999 | <input type="checkbox"/> |
| £1,539 or more | £6,668 or more | £80,000 or more | <input type="checkbox"/> |
| Does not wish to answer <input type="checkbox"/> | | Don't know | <input type="checkbox"/> |



The next few questions are about the sorts of things that some people have but which many people have difficulty finding the money for.

***F15. Do you or you and your husband/partner have?**

(Cross ONE box ONLY in each row)

| | Yes | I/we would like this but can't afford it at this moment | I/we do not want/need this at the moment | Does not wish to answer | Don't know |
|---|--------------------------|---|--|--------------------------|--------------------------|
| a) A holiday from home for at least one week once a year (not including staying with relatives in their home) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Friends or family who call for a drink or meal at your house at least once a month | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Two pairs of all weather shoes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Enough money to keep your home in a decent state of decoration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Household contents Insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Money to make regular savings of £10 a month or more for rainy days or retirement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Money to replace any worn out furniture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Money to replace or repair major electrical goods such as a refrigerator or a washing machine when broken | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) A small amount of money to spend each week on yourself (not on your family) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) A hobby or leisure activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) In winter are you able to keep your home warm enough | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

***F16. Sometimes people are not able to pay every bill when it falls due.**

May I ask, are you up to date with the bills on this list or are you behind with any of them?

Interviewer: Show card with list of bills

F16a) Are you up to date with all these bills? (Cross ONE box ONLY)

Yes No Don't Know Does not wish to answer



F16b) If no, which ones are you behind with? (Cross ALL that apply)

- | | |
|--|---|
| <input type="checkbox"/> Electricity Bill | <input type="checkbox"/> Telephone Bill |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Television/video/DVD rental or hire purchase |
| <input type="checkbox"/> Other fuel bills like coal or oil | <input type="checkbox"/> Other hire purchase payments |
| <input type="checkbox"/> Council tax | <input type="checkbox"/> Water rates |
| <input type="checkbox"/> Insurance Policies | |

***F17. These questions apply if you have any children living in your household now.** (Cross ONE box ONLY in each row)

| | Yes | Would like to have this but cannot afford this at the moment | Children do not want/need this at the moment | Does not apply |
|--|--------------------------|--|--|--------------------------|
| a) Are there enough bedrooms for every child of 10 or over of a different sex to have their own bedroom. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions apply to your children living with you

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| b) Does your child/children have leisure equipment or a bicycle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Does your child/children have celebrations on special occasions such as birthdays, or religious festivals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Does your child/do your children go swimming at least once a month | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Does your child/children do A hobby or leisure activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Does your child/children have friends round for tea or a snack once a fortnight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F18. If you have any children age under 6 who are not in School

(Cross ONE box ONLY)

| | Yes | Would like to have this but cannot afford this at the moment | Children do not want/need this at the moment | Does not apply |
|---|--------------------------|--|--|--------------------------|
| Does your child/children go to a toddler group/nursery/playgroup at least once a week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F19. If your child/children is/are over age 6 or in school.

(Cross ONE box ONLY)

| | Yes | Would like to have this but cannot afford this at the moment | Children do not want/need this at the moment | Does not apply |
|---|--------------------------|--|--|--------------------------|
| Does your child/children go on school trips | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





F20. For children of all ages (Cross ONE box ONLY)

Does your child/children have an outdoor space or facilities nearby where they can play safely

Yes

No

Does not apply

F21. How well would you say you or you and your husband/partner are managing financially these days. Would you say you are? (Cross ONE box ONLY)

Living comfortably

Finding it quite difficult

Doing alright

Finding it very difficult

Just about getting by

Does not wish to answer

F22. Compared to a year ago, how would you say you and your husband/partner are doing financially now? (Cross ONE box ONLY)

Better off

About the same

Worse off

Does not wish to answer





Section G - Smoking/Alcohol/Drug Use

We apologise if any questions in this section cause offence - we are asking everyone the same questions but we realise some religions do not permit certain things.

SMOKING

G1. Have you ever regularly smoked cigarettes; that is at least one cigarette a day? (Cross ONE box ONLY)

- Yes for more than 1 year Yes for less than 1 year No

If NO, go to question G4

G1a) How old were you when you started smoking cigarettes?

Age: Years old Don't Remember

G2. Do you smoke cigarettes nowadays? Yes No (Cross ONE box ONLY)

G2a) If no, when did you stop smoking?

Age: Years old Don't Remember

G3. How many cigarettes do/did you smoke during pregnancy, or in the three months before pregnancy? (Cross ONE box ONLY in each row)

| | None | 1-5 a day | 6-10 a day | 11-20 a day | Over 20 a day |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) 3 months before | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) First 3 months of pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Since the beginning of 4th month | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

G4. During pregnancy have you been exposed to other peoples' cigarette smoke at work or at home and if Yes, for how many hours per day approx?
(Cross ONE box ONLY)

- Yes No Less than 1 hour per day/occasionally

If yes - Hours



G5. Have you used any other tobacco products like Paan during pregnancy, or in the 3 months before pregnancy? Interviewer: please show list of possible products.

(Cross ONE box ONLY)

- Yes No Don't Know

If No, Don't Know or you don't remember go to question G6

***G5a) If yes please identify which ones and how many you smoke/chew etc., (relevant to point in pregnancy)**

3 Months before pregnancy

| | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Daily Weekly Monthly Rarely

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If 1+ per week, how many per week

| | |
|--|--|
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First 3 months of pregnancy

| | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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From beginning of 4th month to now

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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G6. Have you used any drugs like marijuana or ecstasy during pregnancy or in the three months before pregnancy? (Cross ONE box ONLY)

- Yes No Don't Know

If No, Don't Know or you don't remember go to question G7



***G6a) If yes please identify which ones and how often you have taken them (relevant to point in pregnancy)**

| | Daily | Weekly | Monthly | Rarely | If 1+ per week, how many per week |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|
| 3 Months before pregnancy | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| First 3 months of pregnancy | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| From beginning of 4th month to now | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

ALCOHOL

G7. Did you drink any alcohol during your pregnancy or in the 3 months before? (Cross ONE box ONLY)

Yes No Don't Remember If NO or don't remember go to Section H

G7a) Did you drink any alcohol in the 3 months before pregnancy?

(Cross ONE box ONLY)

Yes, Once per week or more Yes, occasionally No Don't remember



If NO or don't remember go to question G7d)

G7b) If once per week or more, what is the weekly average and maximum number of units in a week?

| | Average number of units per week | Maximum units at one time | | | | |
|----------------|--|------------------------------|--|--|--|--|
| Beer/Lager | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | |
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| | | | | | | |
| Wine | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | |
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| Spirits | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | |
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| | | | | | | |
| Other | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | |
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| | | | | | | |
| Don't remember | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

G7c) In the 3 months before pregnancy how often did you consume 5 or more units of alcohol on one occasion? (Cross ONE box ONLY)

- | | |
|---|--|
| <input type="checkbox"/> Everyday | <input type="checkbox"/> 1-3 times a month |
| <input type="checkbox"/> Nearly every day | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> 1-4 times/week | <input type="checkbox"/> Never |

G7d) Did you drink any alcohol in the first 3 months of pregnancy?

(Cross ONE box ONLY)

- Yes, Once per week or more Yes, occasionally No Don't remember

If NO or don't remember go to section G7g)

G7e) If once per week or more, what is the average and maximum number of units in a week?

| | Average number of units per week | Maximum units at one time | | | | |
|----------------|--|------------------------------|--|--|--|--|
| Beer/Lager | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | |
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| Wine | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | |
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| Spirits | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | |
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| Other | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | | <table border="1" style="width: 40px; height: 25px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | |
| | | | | | | |
| | | | | | | |
| Don't remember | <input type="checkbox"/> | <input type="checkbox"/> | | | | |



G7f) In the first 3 months of pregnancy how often did you consume 5 or more units of alcohol on one occasion? (Cross ONE box ONLY)

- Every day or more often 1-3 times a month
 Nearly every day Rarely
 1-4 times/week Never

G7g) Did you drink any alcohol from the beginning of the 4th month until now of your pregnancy? (Cross ONE box ONLY)

- Yes, Once per week or more Yes, occasionally No Don't remember
 If NO or don't remember go to section H

G7h) If once per week or more, what is the average and maximum number of units in a week?

| | Average number of units per week | Maximum units at one time | | | | |
|----------------|--|------------------------------|--|--|--|--|
| Beer/Lager | <table border="1" style="width: 40px; height: 30px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | | <table border="1" style="width: 40px; height: 30px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | |
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| Wine | <table border="1" style="width: 40px; height: 30px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | | <table border="1" style="width: 40px; height: 30px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | |
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| Other | <table border="1" style="width: 40px; height: 30px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | | <table border="1" style="width: 40px; height: 30px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | | |
| | | | | | | |
| | | | | | | |
| Don't remember | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

G7i) Since the beginning of the 4th month of your pregnancy how often did you consume 5 or more units of alcohol on one occasion?

(Cross ONE box ONLY)

- Every day or more often 1-3 times a month
 Nearly every day Rarely
 1-4 times/week Never



BREADS AND BREAD PRODUCTS

H1. During the last 4 weeks, on average how many slices/pieces of the following did you eat per week?

| | Total Slices/Pieces | No. eaten as toast |
|---|---|---|
| a) White bread incl baguette | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| b) Brown bread incl granary, multiseed, best of both. 50/50. | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| c) Baps/rolls/teacake | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| d) Crumpets | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| e) Pizza (1 slice) | <input type="text"/> <input type="text"/> | |
| f) Roti/Chappatis | <input type="text"/> <input type="text"/> | |
| g) Naan, pitta bread, bagel | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| h) Paratha | <input type="text"/> <input type="text"/> | |
| Other bread products e.g. wraps, croissants, pancakes, flatbreads, English muffin | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

Other please write in

| | | | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



CAFFEINATED DRINKS

H2. During the last 4 weeks of pregnancy, on average, how many cups or mugs of the following drinks would you have per day or per week?

(Glass is 200 ml Cup is 200 ml 1 Mug = 2 cups.

If less than 1 per day enter weekly average)

| How many cups of: ? | Per day | Per Week |
|--|---|---|
| a) Instant coffee (Caffeinated) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| b) Instant coffee (De-caffeinated) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| c) Filter/cafetiere coffee (Caffeinated) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| d) Filter/cafetiere coffee (De-caffeinated) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| e) Tea (Caffeinated) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| f) Tea (De-caffeinated) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| g) Kashmiri tea (Caffeinated) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| h) Kashmiri tea (De-caffeinated) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| i) Herbal/fruit teas (Caffeinated) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| j) Herbal/fruit teas (De-caffeinated) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| k) Cola (regular, with sugar Caffeinated) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| l) Cola (regular, with sugar De-caffeinated) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| m) Diet or sugar free cola (Caffeinated) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| n) Diet or sugar-free cola (De-caffeinated) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |



SUPPLEMENTS/VITAMINS

H3. Have you taken any dietary supplements including vitamins or iron tablets in the last 4 weeks of pregnancy? (Cross ONE box ONLY)

- Yes No Don't Remember

H3a) If Yes, which:

| | Daily | 5-6 per week | 2-4 per week | Once a week | Less Often |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Vitamin C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vitamin D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vitamin E | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Iron | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other vitamins and dietary supplements, please write in below:

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

Don't Know

If multivitamins:

| | | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Pregnacare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sanatogen prenatal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other multivitamins, please write in below:

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

Don't Know



Section I Water Consumption

*I1. On a typical day how much of the following do you drink?

| | At home | At work/study | Elsewhere |
|---|--|--|--|
| a) Tap water | Glasses per day: <input type="text"/> <input type="text"/> | Glasses per day: <input type="text"/> <input type="text"/> | Glasses per day: <input type="text"/> <input type="text"/> |
| b) Bottled water (Includes water cooler) | Glasses per day: <input type="text"/> <input type="text"/> | Glasses per day: <input type="text"/> <input type="text"/> | Glasses per day: <input type="text"/> <input type="text"/> |
| c) Tea (any sort) | Cups per day: <input type="text"/> <input type="text"/> | Cups per day: <input type="text"/> <input type="text"/> | Cups per day: <input type="text"/> <input type="text"/> |
| d) Coffee | Cups per day: <input type="text"/> <input type="text"/> | Cups per day: <input type="text"/> <input type="text"/> | Cups per day: <input type="text"/> <input type="text"/> |
| e) Squash (Including any other drinks made with tap water) | Glasses per day: <input type="text"/> <input type="text"/> | Glasses per day: <input type="text"/> <input type="text"/> | Glasses per day: <input type="text"/> <input type="text"/> |

I2. Do you filter the water you drink at home? (Cross ONE box ONLY)

Yes No Don't Know

I3. Do you filter the water you drink at work? (Cross ONE box ONLY)

Yes No Don't Know N/A

I4. In a typical week while you have been pregnant how often and for how long do you undertake the following?

(if you do not do any then fill in 0)

| | Times per week | Minutes each time |
|--------------|---|--|
| Shower | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Bath | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Swim | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |

Section J General Health

Interviewer to give questionnaire for this section to be self-completed.

We should like to know if you have had any medical complaints and how your health has been in general, over the past few weeks. Please answer ALL the questions on the following pages simply by putting a cross by the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past. It is important that you try to answer ALL the questions.

Cross ONE box ONLY for each question - have you:

J1a. Been feeling perfectly well and in good health?

Better than usual Same as usual Worse than usual Much worse than usual

J1b. Been feeling in need of a good tonic?

Not at all No more than usual Rather more than usual Much more than usual

J1c. Been feeling run down and out of sorts?

Not at all No more than usual Rather more than usual Much more than usual

J1d. Felt that you are ill?

Not at all No more than usual Rather more than usual Much more than usual

J1e. Been getting any pains in your head?

Not at all No more than usual Rather more than usual Much more than usual

J1f. Been getting a feeling of tightness or pressure in your head?

Not at all No more than usual Rather more than usual Much more than usual

J1g. Been having hot or cold spells?

Not at all No more than usual Rather more than usual Much more than usual

J2a. Lost much sleep over worry?

Not at all No more than usual Rather more than usual Much more than usual

J2b. Had difficulty in staying asleep once you are off?

Not at all No more than usual Rather more than usual Much more than usual

J2c. Felt constantly under strain?

Not at all No more than usual Rather more than usual Much more than usual

J2d. Been getting edgy and bad-tempered?

Not at all No more than usual Rather more than usual Much more than usual

J2e. Been getting scared or panicky for no good reason?

Not at all No more than usual Rather more than usual Much more than usual



J2f. Found everything getting on top of you?

Not at all No more than usual Rather more than usual Much more than usual

J2g. Been feeling nervous and strung-up all the time?

Not at all No more than usual Rather more than usual Much more than usual

J3a. Been managing to keep yourself busy and occupied?

More so than usual Same as usual Rather less than usual Much less than usual

J3b. Been taking longer over the things you do?

Quicker than usual Same as usual Longer than usual Much longer than usual

J3c. Felt on the whole you were doing things well?

Better than usual About the same as usual Less well than usual Much less well

J3d. Been satisfied with the way you've carried out your tasks?

More satisfied About the same as usual Less satisfied than usual Much less satisfied

J3e. Felt that you are playing a useful part in things?

More so than usual Same as usual Less useful than usual Much less than usual

J3f. Felt capable of making decisions about things?

More so than usual Same as usual Rather less so than usual Much less capable

J3g. Been able to enjoy your normal day-to-day activities?

More so than usual Same as usual Less so than usual Much less than usual

J4a. Been thinking of yourself as a worthless person?

Not at all No more than usual Rather more than usual Much more than usual

J4b. Felt that life is entirely hopeless?

Not at all No more than usual Rather more than usual Much more than usual

J4c. Felt that life isn't worth living?

Not at all No more than usual Rather more than usual Much more than usual

J4d. Thought of the possibility that you might make away with yourself?

Definitely not I don't think so Has crossed my mind Definitely have

J4e. Found at times you couldn't do anything because your nerves were too bad?

Not at all No more than usual Rather more than usual Much more than usual

J4f. Found yourself wishing you were dead and away from it all?

Not at all No more than usual Rather more than usual Much more than usual

J4g. Found that the idea of taking your own life kept coming into your mind?

Definitely not I don't think so Has crossed my mind Definitely has



Section K Exercise

Interviewer to give questionnaire for this section to be self-completed

K1. Please tell us about the type and amount of physical activity involved in your paid work.

(Cross ONE box ONLY)

- I am not in paid employment

- I spend most of my time at work sitting (such as in an office)

- I spend most of my time at work standing or walking. However my work does not require much intense physical effort (e.g. shop assistant; hairdresser; childminder)

- My work involves definite physical effort including handling of heavy objects and use of tools (e.g. cleaner; hospital nurse; gardener, postal delivery worker)

- My work involves vigorous physical activity including handling of very heavy objects.

K2. During the last week how many hours did you spend on each of the following activities?

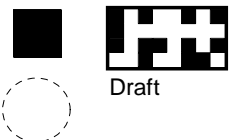
(Cross only one box in each row)

| | None | Some but less than one hour | 1 hour but less than 3 hours | 3 hours or more |
|---|--------------------------|-----------------------------|------------------------------|--------------------------|
| a) Physical exercise such as swimming, jogging, aerobics, tennis, gym workout etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Cycling, including cycling to work and during leisure time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Walking, including walking to work, shopping, for pleasure etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Housework/childcare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Gardening/DIY (Do it Yourself) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

K3. How would you describe your usual walking pace?

- Slow pace
- Steady average pace
- Brisk pace
- Fast pace

Please return to the interviewer' - 'Thank you for completing this questionnaire

Section Interviewer's feedback

L1. Was anyone present with Mother during the interview? (Cross ONE box ONLY)

- Yes
 No
 Part of interview

L1a) If yes or part of interview: who was present? (Cross ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Baby's father | <input type="checkbox"/> Mother's friend |
| <input type="checkbox"/> Mother's mother | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Mother's father | <input type="checkbox"/> Child |

Other (please write in)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

L2 Was a transliteration used to administer the questionnaire? Yes No Partially
(Cross ONE box ONLY)

L3 Were there any problems in completing this interview? Yes No

L3a) If yes, what were the problems

L4 Do you feel confident with the answers provided? Yes No

L4a) If no, why are you not confident?

COMPLETED QUESTIONNAIRE - CHECKED BY STUDY ADMINISTRATOR Yes

ALSO CHECKED: M Diet J General Health K Exercise

BY: Name

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Interviewer Number
(if applicable)

| | | | | |
|--|--|---|--|--|
| | | - | | |
|--|--|---|--|--|

Draft



Section M Your diet

Questionnaire about your diet

This short questionnaire asks you about the food you have eaten over the last four weeks of your pregnancy. You may not eat all the foods given or you may find that some of the foods you eat are not included – please do not worry but complete all of the question asked.

Please do not leave any of the lines blank and answer every question even if you are uncertain.

INSTRUCTIONS ABOUT HOW TO COMPLETE THE QUESTIONS

Please put a cross in each box to show how often you have eaten each food item. E.g. if you eat 4 slices of white bread a day – cross the box as shown below

| FOOD ITEM | HOW OFTEN HAVE YOU EATEN THIS <u>IN THE LAST 4 WEEKS?</u> | | | | | | | |
|-------------|---|--------------------|-------------|------------------|------------------|-----------------|-----------------|----------|
| | Rarely or never | Less than 1 a Week | Once a Week | 2-3 times a Week | 4-6 times a Week | 1-2 times a Day | 3-4 times a Day | 5+ a Day |
| White bread | 0 | 1 | 2 | 3 | 4 | 5 | X ₆ | 7 |

If you make a mistake and cross the wrong box, just cross out and enter the cross in the correct box.

E.g. If you cross you had fruit juice 3 times a day when you meant 3 times a week just cross out the '3-4 times a day' answer and cross the '2-3 times a week' box.

| FOOD ITEM | HOW OFTEN HAVE YOU EATEN THIS <u>IN THE LAST 4 WEEKS?</u> | | | | | | | |
|-------------------------------------|---|--------------------|-------------|------------------|------------------|-----------------|-----------------|----------|
| | Rarely or never | Less than 1 a Week | Once a Week | 2-3 times a Week | 4-6 times a Week | 1-2 times a Day | 3-4 times a Day | 5+ a Day |
| Fruit juice (not cordial or squash) | 0 | 1 | 2 | X ₃ | 4 | 5 | X | 7 |

M1. The following questions ask about some food and drinks you might have consumed during the last 4 weeks of your pregnancy. Do not be concerned if some things you eat or drink are not mentioned.

Please cross how often you eat at least ONE portion of the following foods & drinks: (a portion includes: a packet of crisps, a serving of chips, one bowl of cereal). **(Please cross ONE box ONLY, but answer EVERY line even if you don't eat that food)**

| | Rarely or never | Less than 1 a Week | Once a Week | 2-3 times a Week | 4-6 times a Week | 1-2 times a Day | 3-4 times a Day | 5+ Times a Day |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Chips | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Roast or fried potatoes, hash browns or potato waffles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Fibre or bran-rich wheat breakfast cereal, like Weetabix, Fruit 'n Fibre, Bran flakes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Oat cereals including muesli, porridge, crunchy oats, instant hot oats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Other breakfast cereals like cornflakes, rice krispies, Cheerios | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Crispbread, like Ryvita | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Pasta or noodles (also pot noodles, tinned spaghetti) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Savouries like Yorkshire puddings, dumplings, pakoras or bhajia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Potato crisps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Other salted savoury snacks like tortilla chips, Wotsits, Quavers, Bombay mix | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Cakes, buns, gateaux, doughnuts, muffins | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Sweet pastries like fruit pies, Danish pastries, custard/curd tarts, croissants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Chocolate bars and chocolate coated biscuits e.g. Twix, Kit-Kat, Dairy milk bar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n) Sweet biscuits like digestive, custard creams, gingernut, shortbread | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



M2. The following questions ask about types of meat and fish you might have consumed over the last 4 weeks of your pregnancy. Please cross how often you eat at least ONE portion of the following:

| | Rarely or never | Less than 1 a Week | 2-3 times a Week | 4-6 times a Week | 7+ times a week |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Whole meats | | | | | |
| a) Beef - steaks, roasts, joints, or chops (not in sauce) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Pork - steaks, roasts, joints, or chops (not in sauce) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Lamb, mutton or goat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Chicken or Turkey - steaks, roasts, joints, portions (not in batter, sauce or breadcrumbs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Processed meats/meat | | | | | |
| e) Meat sausages e.g. Walls or chipolata | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Beef burgers, either home cooked or takeaway | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Kebabs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Hot dog, frankfurter or saveloy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Bacon rashers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Meat pies and pastries (sausage roll, pasties, meat samosa, steak/meat pie) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Chicken/turkey nuggets, Kiev, turkey or chicken burgers, chicken pies, or in batter or breadcrumbs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Ham | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Cured/dried sausage e.g. Chorizo, Salami | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meat dishes | | | | | |
| n) Chicken or turkey with sauce e.g. curry, stir-fry, casserole | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o) Beef, lamb or goat in sauce e.g. curry, stew, Shepherd's pie, Bolognese sauce, Chilli con carne, Lasagne | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p) Pork in sauce e.g. stew, casserole or stir-fry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q) Gravy made with pan or meat juices (not instant) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fish | | | | | |
| r) White fish in batter or breadcrumbs, like 'fish 'n chips' | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s) White fish not in batter or breadcrumbs e.g. cod in parsley sauce, fish curry (marsala fish), fish pie | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t) Tinned tuna | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u) Fresh or tinned oily fish like sardines, mackerel, salmon, trout (not tuna) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v) Smoked fish, like smoked mackerel, kippers or smoked salmon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w) Salted/dried fish e.g. 'Bombay duck'/bummalo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



M3. If eaten in the last 4 weeks of pregnancy how did you mainly cook the following?

Please enter only one cross on each line for cooking method. Cross yes if mainly eaten very well done, crispy or heavily browned as shown.

| | Did not eat | Don't know or take-away | Grill | Fry | Roast | BBQ | Well done? Yes No | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Beef - steaks, roasts, joints, or chops (not in sauce) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Beef burgers, either home cooked or takeaway | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Pork - steaks, roasts, joints, or chops (not in sauce) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Lamb, mutton or goat - steaks, roasts, joints, or chops (not in sauce) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Chicken or Turkey-steaks, roasts, joints, portions (not in batter, sauce or breadcrumbs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Meat Sausages e.g. Walls or chipolata | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Bacon rashers, chops or bacon ribs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) White fish fillets or steaks e.g. cod or haddock NOT in batter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Oily fish fillets or steaks e.g. salmon, mackerel, trout | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

M4. a. Are you familiar with the "5 a day" recommendations for fruit and vegetables?

Yes No

**b. Do you consume 5 portions of fruit and vegetables per day?
(Please place a CROSS in ONE box ONLY)**

Always Sometimes Never

(Please place a CROSS in ONE box ONLY)

M5. Where does most of your advice about healthy eating during pregnancy come from?

- Family members GPs/Doctors
 Friends Midwife/Health Visitor
 Magazines/Newspapers Other
 Books

Thank you for completing this questionnaire - please leave it in the place indicated.

