The Northern Ireland Baby Hearts Study Questionnaire

This questionnaire was implemented on ipad, but was also available on paper, in English and translated to Polish.

This questionnaire was used for prenatal recruitment. Slight modifications to wording were made for postnatal recruitment.

It is recommended for future users of this questionnaire that the following changes to the questionnaire should be implemented, unless available in linked medical records:

1. If there is a potential for discordance between the (gestational/postnatal) age at recruitment of cases and controls, then the questionnaire needs to be more precise about age of mother and father: e.g. the age at expected date of delivery (not at questionnaire completion).

2. If there is a potential for discordance between the (gestational/postnatal) age at recruitment of cases and controls, then questions about having been “ever diagnosed” with a medical condition, for both mother and father of the baby, need to make it clear that this should be either up to the first trimester of case/control pregnancy but not later. Relying on the mother to specify further details about the timing leads to missing data and potential for bias due to inclusion of later diagnoses.

3. The questions about alcohol were too complex and therefore poorly filled in.

Study ID No _____

Todays date:_____

The Baby Hearts Study

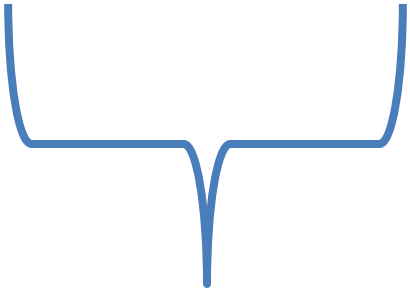
THANK YOU FOR TAKING PART IN THE NI BABY HEARTS STUDY.

1. **We will be asking you questions about events during the first three months of your pregnancy and the three months before you became pregnant. This question will let you make a personal timeline to help you remember when the three months before and the first three months of pregnancy occurred for you. Please fill in the table below with the names of these months to help you remember when they occurred for you.**

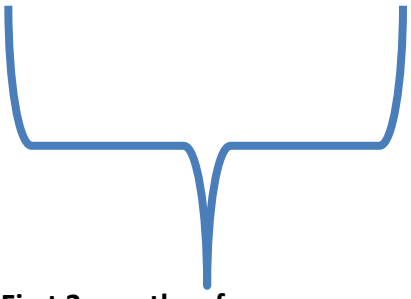
   a) **How many completed weeks pregnant are you now?**
   …… Weeks

   b) **What month do you think you became pregnant in?**
   Write your answer in this box

Month	-3	-2	-1	1	2	3



3 months before pregnancy



First 3 months of pregnancy

Now fill in boxes -3 to -1 with the three months before you became pregnant, and boxes 2 and 3 with the second and third month that you were pregnant.

2. **How many weeks pregnant were you when you first thought you might be pregnant?**

   ……. Weeks

3. **How many weeks pregnant were you when you had your pregnancy confirmed?**
   ……. Weeks

4. **How many weeks pregnant were you when you first saw a health professional about your pregnancy? …….**Weeks

Part 1: About you

Firstly, we would like to ask a few background questions about you. Please remember that everything you tell us is confidential.

5. **How old are you?** …….

6. **How old is the father of your baby?** **…….**

7. **What is the highest level of education that you have achieved? (Please select one)**

- Left school with no qualifications ☐
- Left school when compulsory education completed with basic qualifications ☐
- Higher secondary school/Technical College qualifications ☐
- University degree ☐

8. **What is your marital status? (Please select one)**

- Married/Civil partnership ☐
- In a steady relationship/living with someone ☐
- Single/Separated/Divorced/Widowed ☐

9. **How many years have you lived in the United Kingdom and/or Republic of Ireland? (Please select one)**

- Less than a year ☐
- 1 to 4 years ☐
- 5 to 9 years ☐
- 10 or more years ☐

10. **Were you living in Northern Ireland during the FIRST THREE MONTHS of your pregnancy? (Please select one)**

- Yes ☐
- No ☐

11. Is this the first time that you have been pregnant? (Please select one)

Yes ☐

No ☐

12. How long were you trying to get pregnant? (Please select one)

I was not planning to become pregnant (**Go to Q14)** ☐

Up to one year **(Go to Q 14)** ☐

Longer than a year (**Go to Q 13)** ☐

13. Did you attend a fertility clinic? (Please select one)

Yes ☐

No ☐

14. What type of maternity care did you receive during the FIRST FIVE MONTHS of pregnancy? (Please select all that apply)

Routine antenatal care (NHS) ☐

Specialist antenatal care (NHS) ☐

Private antenatal care ☐

Part 2 Diet and Exercise

15. Did you take folic acid at any time during the THREE MONTHS BEFORE you became pregnant and/or during the FIRST THREE MONTHS of your pregnancy? (Please select one)

Yes, on its own **(Go to Q 16)** ☐

Yes, in multivitamins or as part of an iron supplement (**Go to Q16)** ☐

No **(Go to Q 19)** ☐

I don't know **(Go to Q 19)** ☐

16. When did you start to take folic acid? (Please select one)

Before I became pregnant **(Go to Q 17)** ☐

When I was pregnant **(Go to Q 16b)** ☐

16b. How many weeks pregnant were you when you started to take folic acid?

…… weeks

17. Where did you obtain your folic acid? (Please select all that apply)

Low dose (normal periconceptional dose, 400 mcg) prescribed by a health professional ☐

High dose (5mg) prescribed by a health professional ☐

Folic acid as part of an iron supplement prescribed by a health professional ☐

Folic acid given by the Healthy Start Scheme, as part of a multivitamin supplement ☐

Folic acid bought off the shelf, as part of a multivitamin or iron supplement ☐

Folic acid bought off the shelf, not as part of a multivitamin or iron supplement ☐

18. How often did you take your folic acid/multivitamin supplement? (Please select one)

Every day or nearly every day ☐

3 to 4 times a week ☐

Once or twice a week ☐

Once or twice a month ☐

Less than once a month ☐

19. Do you buy cereals, breads, cereal bars or spreads fortified with folic acid? (Please select one)

- Yes- since before I became pregnant ☐
- Yes- since I became pregnant ☐
- No ☐
- I don't know ☐

20. During the FIRST THREE MONTHS of your pregnancy which of the following types of folic acid fortified breads did you eat three times a week or more? (Please select all that apply)

- Irwins High fibre Brown ☐
- Irwins Sandwich pan white ☐
- Irwins Toasty pan white ☐
- Irwins Rolls (white/high fibre brown/ white finger) ☐
- None of these breads ☐

21. During the FIRST THREE MONTHS of your pregnancy which of the following types of breakfast cereals did you eat three times a week or more? (Please select all that apply)

- Muesli or Granola ☐
- Porridge ☐
- Puffed Wheat ☐
- Organic cereals ☐
- Shredded Wheat ☐
- Selected Kelloggs cereals (see lists on following pages) ☐
- Selected Nestle cereals (see lists on following pages) ☐
- Selected Weetabix cereals (see lists on following pages) ☐
- Selected Asda cereals (see lists on following pages) ☐
- Selected Marks and Spencer's cereals (see lists on following pages) ☐
- Selected Sainsburys cereals (see lists on following pages) ☐
- Selected Tesco cereals (see lists on following pages) ☐
- Other cereals not listed **(Go to Q 22)** ☐
- I don't eat cereals **(Go to Q 22)** ☐

22. During the FIRST THREE MONTHS of your pregnancy did you eat any of the selected cereal bars (see lists on following pages) three times a week or more? (Please select yes or no)

- Yes ☐
- No ☐

23. During the FIRST THREE MONTHS of your pregnancy did you use any of the selected types of spreads (see list on following pages) three times a week or more? (Please select yes or no)

- Yes ☐
- No ☐

Cereals, Cereal bars and spreads

Kellogg's Cereals

All Bran (original/ crunchy oatbakes)
Branflakes (original/with additions)
Coco Pops (all varieties)
Cornflakes (original/with additions)
Country Store
Crunchy Nut (original/with additions)
Frosties (original/reduced sugar)
Fruit n Fibre
Honey Loops
Just Right
Optivita Oat Crisp (Berry/Raisin)
Ricicles
Rice Krispies (original/with additions)
Special K (original/with additions)
Start
Wheats (/frosted/raisin)
Froot Loops
Honey Pops
Mini Max (Original/Chocolate)
Krave Chocolate Hazelnut
Krave Milk Chocolate
Krave White Chocolate Brownie
Multigrain Porridge, Simply Original
Multigrain Porridge, Red Berries
Multigrain Porridge, Almond & Honey.

Nestle cereals

Cheerios (original/with additions)
Clusters
Cookie Crisp
Curiously Cinnamon
Golden Nuggets
Nesquik
Oats & More (original/with additions)
Shreddies (original/with additions)
Curiously Strawberry
Golden Grahams
Lion
Fitness (original/fruit/chocolate)
Toffee Crisp

Weetabix Cereals

Weetabix (original/minis with additions)
Crunchy Bran
Oatiflakes (original/with additions)
Ready Brek (original/with additions)
Weetos (chocolate flavour)

Asda Cereals

Asda Milk Chocolate Coco Locos branflakes
Coco Rice (smartprice)
Coco Rice, Jungle Rocks
Choco Flakes/Squares/Snaps
Cornflakes (original/with additions/smartprice)
Crisp Cereal Starting Right
Frosted Flakes
Fruit and Fibre (original/smartprice)
High Bran
Honey Numbers
Malted Wheaties
Multi-grain Hoops
Rice Snaps
Sultana Bran
Vitality (original/with additions/smart price)

Marks and Spencer's Cereals

Branflakes
Corn Flakes
Fruit, Nuts and Flakes
Multi Fruit and Flakes
Apple and Cinnamon Flakes
Fruit and Fibre
Wheat Bisk
Maple and Pecan Flakes
Berries, Cherries and Flakes

Sainsbury Cereals

Balance (original/with additions)
Bran Flakes
Cornflakes (original/with additions/basics)
Frosted Flakes
Fruit and Fibre (original/basics)
Hi-Fibre Bran
Hi-fibre Cornflakes
Hot Oat Cereal
Malties
Rice Pops (original/basics)
Sultana Bran
Wholewheat Biscuits (original/basics)
Choco Rice

Tesco Cereals

Branflakes (original/value)
Choco Snaps (original/value)
Cornflakes (original/with additions/value)
Frosted Flakes (original/value)
Fruit and Fibre (original/value)
Malt Wheats (original/value/rasberry)
Multigrain Hoops (original/value)
Rice Snaps (original/value)
Special Flakes
Special Flakes & Fruit
Sultana Bran (lighter choices range)
Wheat Biscuits (original/value)

Kellogg's Cereal bars

Coco Pops (all varieties)
Frosties (all varieties)
Fruit n Fibre Bakes
Nutrigrain (all varieties)
Optivita Oat (berry/raisin)
Rice Krispies cereal & milk
Special K (all varieties)
Special K (Mini Breaks)
Crunchy Nut, Peanut & chocolate
Rice crispy squares (All varieties)
Elevenses (Original/With additions)
Crunchy Oat Granola Bars (Original/With Additions)
All Bran Breakfast Biscuits (original/with additions)

Weetabix Cereal bars

Weetabix On the Go
Breakfast Biscuits (Original/With Additions)

Spreads

Kerry Low Low (original)
Lidl Golden Sun Sunflower (original/light)
Pure Dairy Free Soya
St Ivel Vitalite
Tesco Healthy Living Olive Light
Tesco enriched Olive original
Tesco enriched Olive Light
Tesco enriched Sunflower
Clover Daily Boost
Clover Immunity Support
Asda Sunflower Spread Original
Asda Sunflower Light Spread

Marmite
Kraft vegemite
Sainsbury's reduced salt yeast extract
Asda yeast extract
Tesco Yeast Extract

Asda Cereal bars

Vitality (all varieties)
Soft baked bars (All varieties)

Lidls Cereal bars

Crownfield Crispy Cubes, Chocolate
Crownfield Choco Caramel

Sainsburys Cereal bars

Balance cereal bars (all varieties)
Chocolate cereal bars (basics)
Yogurt and fruit cereal bars(all varieties)

Tesco Cereal bars

Snaps cereal and milk bars
Choco rice

Which of the following foods were you eating during the THREE MONTHS BEFORE you became pregnant? (Please select one for each type of food)

		Not at all	Less than once a month	Once or twice a month	Once or twice a week	3 to 4 times a week	Every day/ nearly every day
24.	Broccoli, brussels sprouts, spinach, peas, dark leafy vegetables	☐	☐	☐	☐	☐	☐
25.	Raw or lightly cooked vegetables	☐	☐	☐	☐	☐	☐
26.	Brown rice, chickpeas, kidney beans, lentils	☐	☐	☐	☐	☐	☐
27.	Oranges, strawberries, raspberries, pineapple, kiwi, cantaloupe, lemons and limes	☐	☐	☐	☐	☐	☐
28.	Other fresh fruits e.g. apples, bananas, pears, other melons	☐	☐	☐	☐	☐	☐
29.	Tomatoes	☐	☐	☐	☐	☐	☐
30.	Liver	☐	☐	☐	☐	☐	☐
31.	Other fresh meat e.g. beef, chicken	☐	☐	☐	☐	☐	☐
32.	Processed meat e.g. sausages, bacon	☐	☐	☐	☐	☐	☐
33.	Fish	☐	☐	☐	☐	☐	☐
34.	Milk and dairy	☐	☐	☐	☐	☐	☐
35.	Special low calorie foods for dieting	☐	☐	☐	☐	☐	☐

36. Does the father of your baby eat similar types of food to you? (Please select one)

Yes ☐

No ☐

I don't know ☐

Prefer not to answer ☐

Which of the following beverages were you drinking during the FIRST THREE MONTHS of your pregnancy? (Please select one for each type)

		Not at all	Less than once a month	Once or twice a month	Once or twice a week	3 to 4 times a week	Every day/ nearly every day
37.	**High energy fizzy drinks (e.g. Red Bull)**	☐	☐	☐	☐	☐	☐
38.	**Other fizzy drinks**	☐	☐	☐	☐	☐	☐
39.	**Any Tea/coffee**	☐	☐	☐	☐	☐	☐
40.	**Juice/cordial**	☐	☐	☐	☐	☐	☐
41.	**Water**	☐	☐	☐	☐	☐	☐

42. Thinking about the THREE MONTHS BEFORE you became pregnant how often did you take part in moderate physical activity like walking, riding a bicycle or playing a sport for at least 30 minutes a day? (Please select one)

- Not at all ☐
- Less than once a month ☐
- Once or twice a month ☐
- Once or twice a week ☐
- 3 to 4 times a week ☐
- Every day or nearly every day ☐

43. Did this change when you found out you were pregnant? (Please select one)

- No ☐
- Yes, I increased the amount of physical exercise I did ☐
- Yes, I cut down, but did not stop doing physical activity ☐
- Yes, I stopped doing physical activity ☐

Part 3

Health Conditions and Medications

44. Have you ever been diagnosed by a doctor with any of the following chronic health conditions? (Please select all that apply)

- Anaemia ☐
- Anorexia ☐
- Anxiety/Stress ☐
- Asthma ☐
- Bipolar disorder (Manic depression) ☐
- Clotting disorder ☐
- Depression ☐
- Diabetes ☐
- Epilepsy ☐
- Heart disease (Acquired in adulthood) ☐
- Obesity ☐
- Obsessive compulsive disorder (OCD) ☐
- Other mental health problems ☐
- Panic disorder ☐
- Raised blood pressure ☐
- Other (specify) ☐.....
- None **(Go to Q 47)** ☐

45. When were you were first diagnosed with the condition(s)? (Please select/enter one answer for each condition you have selected in Q44).

Name of condition	During this Pregnancy (No of weeks pregnant)	During a previous pregnancy	When I Was born	Age when diagnosed (years)	I don't know
Anaemia	☐ (…… Weeks pregnant)	☐	☐		☐
Anorexia	☐ (…… Weeks pregnant)	☐	☐		☐
Anxiety/Stress	☐ (…… Weeks pregnant)	☐	☐		☐
Asthma	☐ (…… Weeks pregnant)	☐	☐		☐
Bipolar disorder (Manic depression)	☐ (…… Weeks pregnant)	☐	☐		☐
Clotting disorder	☐ (…… Weeks pregnant)	☐	☐		☐
Depression	☐ (…… Weeks pregnant)	☐	☐		☐
Diabetes	☐ (…… Weeks pregnant)	☐	☐		☐
Epilepsy	☐ (…… Weeks pregnant)	☐	☐		☐
Heart disease (Acquired in adulthood)	☐ (…… Weeks pregnant)	☐	☐		☐
Obesity	☐ (…… Weeks pregnant)	☐	☐		☐
Obsessive compulsive disorder (OCD)	☐ (…… Weeks pregnant)	☐	☐		☐
Other mental health problems	☐ (…… Weeks pregnant)	☐	☐		☐
Panic disorder	☐ (…… Weeks pregnant)	☐	☐		☐
Raised blood pressure	☐ (…… Weeks pregnant)	☐	☐		☐
Other (specify)	☐ (…… Weeks pregnant)	☐	☐		☐

46. Are you still suffering from the condition(s)? (Please select one for each condition)

Name of condition	Yes	No	I don't know
Anaemia	☐	☐	☐
Anorexia	☐	☐	☐
Anxiety/Stress	☐	☐	☐
Asthma	☐	☐	☐
Bipolar disorder (Manic depression)	☐	☐	☐
Clotting disorder	☐	☐	☐
Depression	☐	☐	☐
Diabetes	☐	☐	☐
Epilepsy	☐	☐	☐
Heart disease (Acquired in adulthood)	☐	☐	☐
Obesity	☐	☐	☐
Obsessive compulsive disorder (OCD)	☐	☐	☐
Other mental health problems	☐	☐	☐
Panic disorder	☐	☐	☐
Raised blood pressure	☐	☐	☐
Other (specify)_____	☐	☐	☐

47. Has the father of your baby ever been diagnosed by a doctor with any of the following chronic health conditions? (Please select all that apply)

- Anaemia ☐
- Anorexia ☐
- Anxiety/Stress ☐
- Asthma ☐
- Bipolar disorder (Manic depression) ☐
- Clotting disorder ☐
- Depression ☐
- Diabetes ☐
- Epilepsy ☐
- Heart disease (Acquired in adulthood) ☐
- Obesity ☐
- Obsessive compulsive disorder (OCD) ☐
- Other mental health problems ☐
- Panic disorder ☐
- Raised blood pressure ☐
- Other (specify) ☐……
- None ☐
- I don't know ☐
- Prefer not to answer ☐

48. During the FIRST THREE MONTHS of your pregnancy were you diagnosed with any of the following infections? (Please select all that apply)

Rubella (German measles) ☐

Influenza ☐

Varicella (Chicken pox) ☐

Parvovirus (Slapped cheek) ☐

Toxoplasmosis ☐

Cytomegalovirus ☐

Kidney infection/Urinary infection ☐

Vaginal Infection/Thrush ☐

Other (specify) ☐.....

None ☐

49. During the FIRST THREE MONTHS of your pregnancy did you have a fever or a high temperature? (Please select all that apply)

Yes, with influenza **(Go to Q 50)** ☐

Yes, with other illness **(Go to Q 50)** ☐

No or not sure **(Go to Q 51)** ☐

50. Please tell us the highest temperature that you had ……

I don't know ☐

During the FIRST THREE MONTHS of your pregnancy, did you take/receive any of the following types of medications, supplements, treatments or interventions? (Please select or enter all that apply). For each medication treatment or intervention, please give us the name(s) of all that you took. Also, tell us when you first started taking this type of medication, treatment or intervention, when you stopped, or if you are still taking/receiving it.

			51. Started			52. Stopped		
	Select if taken/ received	**Name of medication (s)**	**Started before pregnancy**	**Weeks pregnant when started (enter)**	**I don't know**	**Still taking it**	**Weeks pregnant when stopped (enter)**	**I don't know**
Vitamin, multivitamin, mineral or iron supplements	☐		☐		☐	☐		☐
Herbal remedies	☐		☐		☐	☐		☐
Painkillers, a few times	☐		☐		☐	☐		☐
Painkillers, regularly	☐		☐		☐	☐		☐
Antihistamines (to treat an allergy), a few times	☐		☐		☐	☐		☐
Antihistamines, regularly	☐		☐		☐	☐		☐
Antibiotics (to treat infection)	☐		☐		☐	☐		☐
Anti-acne tablets (Tablets/capsules to treat acne)	☐		☐		☐	☐		☐
Anti-asthma medication or inhalers	☐		☐		☐	☐		☐
Diabetic medications (Tablets or insulin)	☐		☐		☐	☐		☐
Medication to treat thyroid gland	☐		☐		☐	☐		☐

			Started			Stopped		
	Select if taken / received	**Name of medication(s)**	**Started before pregnancy**	**Weeks pregnant when started (enter)**	**I don't know**	**Still taking it**	**Weeks pregnant when stopped (enter)**	**I don't know**
Cytotec (Misoprostol)	☐		☐		☐	☐		☐
Anti-depressants to treat depression, anxiety, OCD, panic disorders)	☐		☐		☐	☐		☐
Antipsychotic medication (To treat schizophrenia, bipolar disorder)	☐		☐		☐	☐		☐
Weight-loss medication	☐		☐		☐	☐		☐
Other (Specify)	☐		☐		☐	☐		☐
I did not take any medications or supplements	☐		☐		☐	☐		☐
		Name of treatment(s) or intervention(s)						
Counselling or behaviour therapy	☐		☐		☐	☐		☐
Surgery or dental surgery with general anaesthetic	☐		☐		☐	☐		☐
Surgery or dental surgery with local anaesthetic	☐		☐		☐	☐		☐
Dental treatment with gas	☐		☐		☐	☐		☐
I did not receive any of the treatments or interventions listed above	☐		☐		☐	☐		☐

Part 4

Smoking, Alcohol and other substances

53. Have you ever been a smoker? (do not include Electronic cigarettes)

Yes **(Go to Q54)** ☐

No **(Go to Q 62)** ☐

54. Did you smoke during the THREE MONTHS BEFORE you became pregnant? (Please select all that apply)

Yes, cigarettes ☐

Yes, other tobacco products (Roll ups/Roll your own, Cigars) ☐

No **(Go to Q 62)** ☐

55. How many did you typically smoke each day? (Please select one)

Less than one ☐

1 to 5 ☐

6 to 10 ☐

11 to 20 ☐

21 to 40 ☐

41 or more ☐

56. What brand did you smoke? …….

57. Did you change your smoking habit when you found out or suspected that you were pregnant? (Please select all that apply)

Yes, I stopped smoking ☐

Yes, I cut down but did not stop ☐

Yes, I changed brands ☐

No **(Go to Q 59)** ☐

58. How many weeks pregnant were you when you made this change?

Before I became pregnant **(Go to Q59)** ☐

When I became pregnant ☐ -> how many weeks pregnant?_____

59. Were you in a smoking cessation programme during your pregnancy? (Please select one)

Yes ☐

No **(Go to Q 61)** ☐

60. When did you start the programme? (Please select one)

Before I became pregnant **(Go to Q61)** ☐

When I became pregnant ☐ -> how many weeks pregnant?_____

61. Did you use any of the following type(s) of therapies or medications? (Please select all that apply)

Nicotine replacement therapy (gum, lozenges, tablets, sprays, inhalers) ☐

Bupropion (Zyban) ☐

Varenicline (Champix) ☐

Other (specify) …….. ☐

None ☐

62. Does anyone else living in the same house as you smoke? (Please select one)

Yes, often ☐

Yes, occasionally ☐

No **(Go to Q 64)** ☐

Not applicable **(Go to Q 64)** ☐

63. Where do they smoke? (Please select one)

Mainly Indoors ☐

Mainly Outdoors ☐

Both Indoors and Outdoors ☐

64. Did you smoke Electronic cigarettes during the THREE MONTHS BEFORE you became pregnant?

Yes ☐

No **(Go to Q 66)** ☐

65. Did you continue to use Electronic cigarettes when you found out you were pregnant? (Please select all that apply)

Yes ☐

Yes, but I cut down ☐

Yes, I changed brands ☐

No, I stopped using them ☐

66. How often did you drink any type of alcohol during the THREE MONTHS BEFORE you became pregnant? (Please select one)

Not at all (**Go to Q79)** ☐
Less than once a month ☐
Once or twice a month ☐
Once or twice a week ☐
3 to 4 times a week ☐
Every day or nearly every day ☐

Please tell us how often you usually drank each of the following types of alcoholic drinks during the THREE MONTHS BEFORE you became pregnant? (Please select one for each type)

		Not at all	Less than once a month	Once or twice a month	Once or twice a week	3 to 4 times a week	Every day/ nearly every day
67.	Small glass red/white/rose wine (125ml) (1.5 units)	☐	☐	☐	☐	☐	☐
68.	Medium glass red/white/rose wine (175ml) (2.1 units)	☐	☐	☐	☐	☐	☐
69.	Large glass red/white/rose wine (250ml) (3 units)	☐	☐	☐	☐	☐	☐
70.	Beer/lager/cider low strength (ABV 3.6) (Pint) (2 units)	☐	☐	☐	☐	☐	☐
71.	Beer/lager/cider higher strength (ABV 5.2) (Pint) (3 units)	☐	☐	☐	☐	☐	☐
72.	Bottled beer/lager/cider (1.7 units)	☐	☐	☐	☐	☐	☐
73.	Canned beer/lager/cider (2 units)	☐	☐	☐	☐	☐	☐
74.	Alcopops (275 ml) (1.5 units)	☐	☐	☐	☐	☐	☐
75.	Spirits small (25ml) (1 unit)	☐	☐	☐	☐	☐	☐
76.	Spirits large (35ml) (1.5 units)	☐	☐	☐	☐	☐	☐

77. During the THREE MONTHS BEFORE you became pregnant how often did you drink 6 or more units of alcohol, (e.g. equivalent to two large glasses of wine or three pints of low strength beer) at one sitting? (Please select one)

- Not at all ☐
- Less than once a month ☐
- Once or twice a month ☐
- Once or twice a week ☐
- 3 to 4 times a week ☐
- Every day or nearly every day ☐

Drink	Units
Small glass red/white/rose wine (125ml)	1.5
Medium glass red/white/rose wine (175ml)	2.1
Large glass red/white/rose wine (250ml)	3
Beer/lager/cider low strength (ABV 3.6) (Pint)	2
Beer/lager/cider higher strength (ABV 5.2) (Pint)	3
Bottled beer/lager/cider	1.7
Can beer/lager/cider	1.7
Alcopops (275ml)	1.5
Spirits small (25ml)	1
Spirits large (35ml)	1.5

78. Did you reduce your alcohol intake when you found out or suspected you were pregnant? (Please select one)

- Yes, I stopped ☐
- Yes, I reduced a little ☐
- Yes I reduced to less than half of what I drank before ☐
- No, I continued to drink as before ☐

79. During the THREE MONTHS BEFORE you became pregnant how often did the baby's father drink any type of alcohol? (Please select one)

- Not at all ☐
- Less than once a month ☐
- Once or twice a month ☐
- Once or twice a week ☐
- 3 to 4 times a week ☐
- Every day or nearly every day ☐
- I don't know ☐
- Prefer not to answer ☐

80. Other than what you have already answered about medication, tobacco or alcohol, did you or the baby's father use any other recreational or addictive substances? (Please select all that apply for you and for the baby's father)

	You	Baby's father
Yes, during the **THREE MONTHS BEFORE** I became pregnant	☐	☐
Yes, during the **FIRST THREE MONTHS** of pregnancy	☐	☐
No	☐	☐
Prefer not to answer	☐	☐
I don't know		☐

Part 5 Stressful life events

For the following questions, please select all that apply for each event. For example, if you have experienced an event during the THREE MONTHS BEFORE pregnancy AND in the FIRST THREE MONTHS of pregnancy then you should tick both.

		No	Yes, during the THREE MONTHS BEFORE I became pregnant	Yes, during the FIRST THREE MONTHS of pregnancy	Yes, more recently
81.	Have you experienced the death(s) of an immediate member of the family, other family member or a close friend?	☐	☐	☐	☐
82.	Have you or a close family member or friend had a serious illness or injury?	☐	☐	☐	☐
83.	Have you moved house?	☐	☐	☐	☐
84.	Have you or your partner had serious trouble at work or become unemployed?	☐	☐	☐	☐
85.	Have you had major relationship difficulties with your partner or husband, or become separated or divorced?	☐	☐	☐	☐
86.	Has someone close to you experienced substance abuse or alcohol problems?	☐	☐	☐	☐
87.	Have you experienced social or ethnic discrimination?	☐	☐	☐	☐
88.	Have you or your partner had serious legal or financial problems?	☐	☐	☐	☐
89.	Have you or anyone close to you been a victim of violence or crime, including domestic violence?	☐	☐	☐	☐

	No	Yes, during the THREE MONTHS BEFORE I became pregnant	Yes, during the FIRST THREE MONTHS of pregnancy	Yes, more recently
90. Have you or anyone close to you been arrested or held in prison?	☐	☐	☐	☐
91. Have you been stressed about any aspect of your pregnancy, or about becoming pregnant?	☐	☐	☐	☐

92. During the FIRST THREE MONTHS of pregnancy did you feel you had good social support from family and friends? (Please select one)

Yes ☐

No ☐

Part 6

Your home, work and hobbies in the first three months of your pregnancy

93. During the FIRST THREE MONTHS of pregnancy what type of accommodation did you live in? (Please select all that apply)

- Detached house or bungalow ☐
- Semi-detached house or bungalow ☐
- Terraced house ☐
- Flat, Apartment or Maisonette ☐
- A caravan or other mobile or temporary structure ☐
- A farmhouse ☐
- Other (specify)…… ☐

94. Do you own or rent your home? (Please select one)

- Own outright ☐
- Own with mortgage or loan ☐
- Rent (Social) ☐
- Rent (Private) ☐
- Do not own or rent a house ☐

95. During the FIRST THREE MONTHS of pregnancy what type of heating did your home/accommodation have? (Please select all that apply)

- Gas (Mains) ☐
- Gas (Bottled) ☐
- Electric storage heaters **(Go to Q97)** ☐
- Oil ☐
- Solid fuel (coal, wood) **(Go to Q97)** ☐
- Other specify_____ **(Go to Q97)** ☐
- No Heating ☐

96. Where was your boiler located? (Please select all that apply)

- Indoors (Kitchen) ☐
- Indoors (Bedroom) ☐
- Indoors (Other) ☐
- Garage/Shed ☐
- Outdoors ☐

97. During the FIRST THREE MONTHS of pregnancy what type of fuel did you use for cooking (including heating up and/or defrosting food)? (Please select all that apply).

- Gas (Mains) ☐
- Gas (Bottled) ☐
- Electricity (Cooker) ☐
- Electricity (microwave) ☐
- Solid fuel (coal, wood, turf) ☐
- Other (specify) …… ☐

98. Were you employed during any part of the FIRST THREE MONTHS of your pregnancy? (Please select one)

- Yes, employed ☐
- Yes, employed but not actively working (on leave) ☐
- Yes, self-employed ☐
- Yes, self-employed but not actively working (on leave) ☐
- No, unemployed **(Go to Q 105)** ☐
- No, home keeper **(Go to Q 105)** ☐
- No, Student **(Go to Q 105)** ☐

99. What was your main job title? (Please select one)

Anaesthetist ☐

Clerk ☐

Cleaner ☐

Dentist ☐

Dental nurse ☐

Dry cleaner ☐

Doctor ☐
Did you work in operating theatres? ☐ Yes ☐ No
Did you work in a radiology dept.? ☐ Yes ☐ No
Did you work in an oncology dept.? ☐ Yes ☐ No

Factory worker ☐ What type of factory did you work in…….

Hairdresser ☐

Laboratory worker ☐ What type of laboratory did you work in?.....

Midwife ☐ Did you work in labour or delivery suites during this time? ☐ Yes ☐ No

Nail technician ☐

Nurse ☐ What type of nurse were you?
☐ Theatre nurse
☐ Recovery nurse
☐ Oncology nurse
☐ Industrial Occupational Health nurse
☐ Other

Radiographer ☐

Secretary ☐

Teacher ☐ Did your teaching role involve laboratory work? ☐ Yes ☐ No

Vet ☐

Veterinary Nurse ☐

Other ☐ Specify_____

100. Did you change the types of tasks you did in your job when you found out you were pregnant? (Please select one)

Yes ☐

No **(Go to Q103)** ☐

101. How many weeks pregnant were you when you changed the tasks? …… weeks

102. Did you change the number of hours you worked when you found out you were pregnant? (Please select one)

Yes, I increased the number of hours I worked ☐

Yes, I reduced the number of hours that I worked ☐

Yes, I stopped working **(Go to Q105)** ☐

No **(Go to Q105)** ☐

103. How many hours a week did you work before you found out you were pregnant?.....Hours

104. How many hours a week did you work after you found out you were pregnant?.....Hours

105. Did your partner/husband work during the FIRST THREE MONTHS of your pregnancy? (Please select one)

Yes, employed ☐

Yes, employed but not actively working (on leave) ☐

Yes, self-employed ☐

Yes, self-employed but not actively working (on leave) ☐

No, unemployed **(Go to Q 107)** ☐

No, home keeper **(Go to Q 107)** ☐

No, Student **(Go to Q 107)** ☐

Not applicable **(Go to Q 107)** ☐

106. What was your partner/husbands job title? _____

107. Do you have any other children under the age of five?

Yes ☐

No **(Go to Q109)** ☐

108. During the FIRST THREE MONTHS of pregnancy did any of these children attend crèche, nursery school or playgroup?

Yes ☐

No ☐

During the FIRST THREE MONTHS of your pregnancy how often did you come into contact with and /or use any of the following types of products? (Please select one for each product)

		Not at all	Less than once a month	Once or twice a month	Once or twice a week	3 to 4 times a week	Every day/ nearly every day
109.	Disinfectant (e.g. Dettol, TCP, Zoflora)	☐	☐	☐	☐	☐	☐
110.	Bleach based products	☐	☐	☐	☐	☐	☐
111.	Oven cleaner	☐	☐	☐	☐	☐	☐
112.	Drain cleaner	☐	☐	☐	☐	☐	☐
113.	Mould remover	☐	☐	☐	☐	☐	☐
114.	Air freshener	☐	☐	☐	☐	☐	☐
115.	Hairspray	☐	☐	☐	☐	☐	☐
116.	Hair dye	☐	☐	☐	☐	☐	☐
117.	Hair removal creams	☐	☐	☐	☐	☐	☐
118.	Nail varnish, varnish remover or other nail product	☐	☐	☐	☐	☐	☐
119.	Sunscreen/sunblock	☐	☐	☐	☐	☐	☐
120.	Shower gels	☐	☐	☐	☐	☐	☐
121.	Moisturisers	☐	☐	☐	☐	☐	☐
122.	Cosmetics (make-up)	☐	☐	☐	☐	☐	☐
123.	Perfumes	☐	☐	☐	☐	☐	☐
124.	Tanning products	☐	☐	☐	☐	☐	☐

During the FIRST THREE MONTHS of pregnancy did you or others engage in any of the following activities in your house or garden? (Please select one for each activity)

		Yes, myself	Yes, others	Yes, myself and others	No
125.	Paint stripping, painting or varnishing part of the house (indoors and outdoors)	☐	☐	☐	☐
126.	Cleaning carpets or upholstery	☐	☐	☐	☐
127.	Laying new carpets or floors	☐	☐	☐	☐
128.	Putting down weed killer in the garden	☐	☐	☐	☐
129.	Using pesticides, rodent or insect killers indoors	☐	☐	☐	☐
130.	Using pesticides, rodent or insect killers outdoors	☐	☐	☐	☐
131.	Crafts involving paints, glues, glazes or enamels	☐	☐	☐	☐
132.	Looking after cats	☐	☐	☐	☐
133.	Looking after dogs	☐	☐	☐	☐
134.	Looking after other pets	☐	☐	☐	☐
135.	Looking after farm animals	☐	☐	☐	☐

We would like to ask you about your family history of congenital heart disease

136. Were you BORN with a heart condition? (Please select one)

Yes ☐

No **(Go to Q 138)** ☐

I don't know **(Go to Q 138)** ☐

137. Please tell us the name of the condition(s) ……

……

138. Was your baby's father BORN with a heart condition? (Please select one)

Yes ☐

No **(Go to Q 140)** ☐

I don't know **(Go to Q 140)** ☐

139. Please tell us the name of the condition(s) ……..

……..

140. Does your baby have a brother or sister who was BORN with a heart condition? (Please select one)

Yes ☐

No **(Go to Q 142)** ☐

I don't know **(Go to Q 142)** ☐

141. Please tell us the name of the condition(s) ……..

……..

142. Does your baby have an aunt or uncle who was BORN with a heart condition? (Please select one)

Yes ☐

No **(Go to Q 144)** ☐

I don't know **(Go to Q 144)** ☐

143. Please tell us the name of the condition(s) ……..

……..

144. Please use this space to tell us about any worries or concerns you may have had about this pregnancy.

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Thank you for answering our questions.