

**MATERNITY UNIT SURVEY**  
**Administered in 2011**  
**INTERVIEW WITH THE MOTHER**



Data collected face to face  
 Questionnaire for of-age mothers born at 33 weeks or more  
 (single or twin births)

**Greyed-out questions must absolutely be completed**

**UPD** Updates (constructed variables and corrected variables) are included at the end of the chapter, indicated by this symbol.

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## GENERAL INFORMATION

**<FAFNIE>**

Bar code:

|\_|\_|\_|\_|\_|\_|\_|

**FAF**

**FTF questionnaire available**

0 Unavailable

1 Available

**<FAFUSERNAME>**

Interviewer ID \_\_\_\_\_

**\*FAFCREATION**

Questionnaire creation date

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**\*LIEUNAISSNF**

Maternity unit in which child was born \_\_\_\_\_

**\*COMNAISM2**

Maternity unit municipality \_\_\_\_\_

**\*DEPNAISM2**

Postcode of the maternity unit

|\_|\_|\_|\_|\_|\_|\_|

**NAISS**

Birth

0 Single

1 Multiple

**\*DNAISSE**

Date of birth of child (first born if twin pregnancy):

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**ENFTRANS**

Child transferred:

0 No

1 Yes

*If ENFTRANS=0 then DNAISSM (page 2)*

*If ENFTRANS=1 and NAISS=1*

**QLENFTRAN**

Which child is concerned?

1 The first born

2 The second born

3 Both

9 No answer

**TRPREV**

**Were you informed before the birth that your baby/babies may be transferred?**

- 0 No
- 1 Yes
- 9 No answer

**TREXPL**

**Was the reason for the transfer clearly explained to you?**

- 1 Yes, absolutely
- 2 Yes, somewhat
- 3 No, not really
- 4 No, not at all
- 9 No answer

**MVUBB**

**Were you able to see your baby/babies before the transfer?**

- 0 No
- 1 Yes
- 9 No answer

**PVUBB**

**Was the father of the baby/babies able to see him/her/them?**

- 0 No
- 1 Yes, saw him/her/them
- 2 Yes, saw him/her/them and accompanied him/her/them
- 9 No answer

**MERETR**

**Were you able to transfer to the building or establishment to which your baby/babies was/were transferred?**

- 0 No
- 1 Yes
- 9 No answer

## SOCIO-DEMOGRAPHIC SITUATION

### \*DNAISSM

What is your date of birth? (dd/mm/yy)

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

### ANAISSM

(Constructed variable) Date of birth of the mother

|\_|\_|\_|\_|\_|

⇒ See end of chapter for the constructed variable: age of the mother at birth

### LIEUNAISM

Were you born in France or in another country?

1 In France

2 In another country

*If LIEUNAISM=1*

### CPCONNUM

Do you know the postcode of your town of birth?

0 No

1 Yes

9 No answer

*If CPCONNUM=1*

### \*DEPNAISM

What is that postcode?

|\_|\_|\_|\_|\_|\_|\_|

### \*COMNAISM

What municipality were you born in? \_\_\_\_\_

*If CPCONNUM=0*

### \*DEPM

What department were you born in?

|\_|\_|

### \*COMM

What municipality were you born in? \_\_\_\_\_

### \*COMCLAIRM

Municipality of the mother \_\_\_\_\_

*If LIEUNAISM=2*

### \*PAYSNAISM

In which country? \_\_\_\_\_

⇒ See end of chapter for the constructed variable

### NATIOM

What is your nationality?

1 French by birth (including by reintegration)

2 French by acquisition (naturalisation, marriage, declaration, or choice when coming of age)

3 Foreign

4 Stateless

INT: DO NOT SUGGEST

**ETATMAT**

**What is your marital status?**

- 1 Married or remarried (including legally separated)
- 2 Civil partnership
- 3 Divorced
- 4 Single
- 5 Widow

INT: PROPOSE ANSWERS. IMPORTANT: THE STATUS OF A WOMAN SAYING SHE IS IN A COMMON-LAW UNION NECESSARILY CORRESPONDS TO ONE OF THE FIVE PROPOSED.

**COUPLE**

**Are you currently in a couple?**

- 0 No
- 1 Yes

If ETATMAT≠1

**RECONU**

**Has the father recognised your child?**

- 0 No
- 1 Yes
- 9 No answer

INT: PROPOSE ANSWERS

**\*DNAISSP**

**What is the date of birth of the child's father?**

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

⇒ See end of chapter for the constructed variable: date of birth of child

**ANAISSP**

**Year of birth of father**

|\_|\_|\_|\_|

⇒ See end of chapter for the constructed variable: age of father at birth

**LIEUNAISP**

**Was he born in France or in another country?**

- 1 In France
- 2 In another country

If LIEUNAISP=1

**CPCONNUP**

**Do you know the postcode of the municipality he was born in?**

- 0 No
- 1 Yes
- 9 No answer

If CPCONNUP=1

**\*DEPNAISP**

**What is that postcode?**

|\_|\_|\_|\_|\_|\_|

**\*COMNAISP**

What municipality was he born in? \_\_\_\_\_

*If CPCONNUP=0*

**\*DEPP**

What department was he born in? \_\_\_\_\_

|\_|\_|

**\*COMP**

What municipality was he born in? \_\_\_\_\_

**\*COMCLAIRP**

Municipality of the father: \_\_\_\_\_

*If LIEUNAISP=2*

**\*PAYSNAISP**

In which country? \_\_\_\_\_

*⇒ See end of chapter for the constructed variable*

**NATIOP**

What is his nationality?

- 1 French by birth (including by reintegration)
- 2 French by acquisition (naturalisation, marriage, declaration, or choice when coming of age)
- 3 Foreign
- 4 Doesn't know

**AGEM**

**UPD** (Constructed variable) Age of the mother at the date of birth of the ELFE child |\_|\_|, |\_|

**AGEP**

**UPD** (Constructed variable) Age of the father at the date of birth of the ELFE child |\_|\_|, |\_|

**PAYS2NAISM**

**UPD** (Constructed variable) In which country?

- 0 France
- 1 European Union and EEE
- 2 Turkey
- 3 Morocco
- 4 Algeria
- 5 Tunisia
- 6 French-speaking Sub-Saharan Africa
- 7 Other Sub-Saharan Africa
- 8 Other country
- 9 Not stated

*⇒ See end of chapter for the constructed variable*

**PAYS2NAISP**

**UPD** (Constructed variable) In which country?

- 0 France
- 1 European Union and EEE
- 2 Turkey
- 3 Morocco
- 4 Algeria
- 5 Tunisia
- 6 French-speaking Sub-Saharan Africa
- 7 Other Sub-Saharan Africa
- 8 Other country
- 9 Not stated

⇒ See end of chapter for the constructed variable

**JNAISSEALEA**

**UPD** (Constructed variable) Date of birth of child (ELFE theoretical days, generated randomly)?

|\_|\_|

**PAYS5NAISM**

**UPD** (Constructed variable) In which country?

- 1 European Union
- 2 Turkey
- 3 Morocco
- 4 Algeria
- 5 Tunisia
- 6 French-speaking Sub-Saharan Africa
- 7 Other Sub-Saharan Africa
- 8 Eastern/Central Europe
- 9 Asia
- 10 South/Central America
- 11 Other
- 12 Not stated

**PAYS5NAISP**

**UPD** (Constructed variable) In which country?

- 1 European Union
- 2 Turkey
- 3 Morocco
- 4 Algeria
- 5 Tunisia
- 6 French-speaking Sub-Saharan Africa
- 7 Other Sub-Saharan Africa
- 8 Eastern/Central Europe
- 9 Asia
- 10 South/Central America
- 11 Other
- 12 Not stated

## EDUCATION AND OCCUPATIONAL SITUATION

### **NIVET**

**What is your educational level?**

- 1 Primary school
- 2 Middle school (age 11-15)
- 3 Classes preparing a vocational training certificate or school-leaving diploma
- 4 General high-school classes for 15-18 year-olds
- 5 Technical high-school classes for 15-18 year-olds
- 6 Occupational high-school classes for 15-18 year-olds
- 7 Higher education (university, etc.)
- 8 You never attended school

### **\*PROFESSP**

**What is your current or most recent occupation? \_\_\_\_\_**

INT: INDICATE OCCUPATION IN DETAIL IF NO OCCUPATION, WRITE "NONE" AND NOTE DOWN NOTHING FOR **PROFESS**

### **PROFMAUCUN**

**No occupation:** |\_\_|

### **PROFESS**

**In which of these categories would you put your occupation?**

- 1 Farmer
- 2 Self-employed: business, trade or crafts
- 3 Manager, professional and higher-level intellectual occupation
- 4 Intermediate occupation (teacher, nurse, technician, supervisor, etc.)
- 5 Clerical or sales worker
- 6 Manual worker
- 7 No occupation
- 9 Unable to categorise occupation

### **CSP1M**

**Constructed variable: Social category completed from 2-month questionnaire for mothers having taken part in two-month and whose social category was missing or incorrectly entered in the maternity unit**

- 1 Farmer
- 2 Self-employed: business, trade or crafts
- 3 Manager, professional and higher-level intellectual occupation
- 4 Intermediate occupation (teacher, nurse, technician, supervisor, etc.)
- 5 Clerical or sales worker
- 6 Manual worker
- 7 No occupation
- 9 Unable to categorise occupation

### **SITUG**

**When you became pregnant**

- 1 You had a job
- 2 You were a homemaker
- 3 You were a student or in training



- 4 You were unemployed
- 5 You were on parental leave
- 6 You were retired
- 7 You were in another situation

INT: PROPOSE ALL ANSWERS

*If SITUG=1*

**\*DARRETT**

**When did you stop working, i.e. without returning to your job before the delivery?**

⇒ *See end of chapter for the corrected variable and constructed variable: date stopped work in amenorrhoea days*

**\*PROFESSCP**

**What is the current or most recent occupation of the child's father?**

INT: INDICATE OCCUPATION IN DETAIL IF NO OCCUPATION, WRITE "NONE" AND NOTE DOWN NOTHING FOR THE NEXT QUESTION

**PROFAUCUN**

**No occupation:** |\_\_|

**PROFESSC**

**In which of these categories would you put that occupation?**

- 1 Farmer
- 2 Self-employed: business, trade or crafts
- 3 Manager, professional and higher-level intellectual occupation
- 4 Intermediate occupation (teacher, nurse, technician, supervisor, etc.)
- 5 Clerical or sales worker
- 6 Manual worker
- 7 No occupation
- 9 Unable to categorise occupation

**CSP1P**

**Constructed variable: Social category completed from 2-month questionnaire for mothers having taken part in two-month and whose social category was missing or incorrectly entered in the maternity unit**

- 1 Farmer
- 2 Self-employed: business, trade or crafts
- 3 Manager, professional and higher-level intellectual occupation
- 4 Intermediate occupation (teacher, nurse, technician, supervisor, etc.)
- 5 Clerical or sales worker
- 6 Manual worker
- 7 No occupation
- 9 Unable to categorise occupation

**EMPLOIC**

**Currently, the father of your child**

- 1 Has a job
- 2 Is a homemaker
- 3 Is a student or in training

- 4 Is unemployed
- 5 Is on parental leave
- 6 Is retired
- 7 Is in another situation

*If EMPLOIC=7*

**\*EMPLOICP** Specify clearly: \_\_\_\_\_

*(Question deleted from wave 2 onwards)*

**SS1**

**Which social security system manages your healthcare costs?**

- 1 Universal healthcare coverage (CMU)
- 2 The general system or another system connected to the general system: civil servants, state workers, agents of local authorities, authorised healthcare occupations, artists, religious occupations, Alsace-Moselle, disabled ex-servicemen, disabled adult allowance beneficiaries, disability pensions
- 3 The agricultural social security system: MSA, AMEXA, ASA, GAMEX, AAEXA - (including those of Alsace-Moselle)
- 4 The system for independent professionals: RSI, AMPI, RAM: (self-employed, business, trade and crafts, manufacturers, liberal professions, doctors charging their own fees)
- 5 Another system: EDF/GDF, SNCF, Mines, RATP, military careers, students, border-dwellers
- 6 State Medical Aid (AME)
- 7 The system of a family member or friend insured in another country
- 8 Doesn't know which system
- 9 No system (no coverage)

**CMCOMP**

**Do you have supplementary healthcare coverage (mutual insurance, private insurance, personal risk, including supplementary CMU) that reimburses your healthcare costs in addition to the social security system?**

- 1 Yes
- 2 No
- 9 Doesn't know

*If CMCOMP=1*

**CMU**

**Is it CMU?**


- 0 No
- 1 Yes
- 9 Doesn't know

**\*DARRETTTC**

 **Date stopped work before delivery (corrected)**

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**DARRETTJR**

 **(Constructed variable) Date stopped work in amenorrhoea days:**  
date stopped work – corrected conception date + 14

|\_|\_|

## SITUATION BEFORE YOUR PREGNANCY

"I'm going to ask you a few questions about your health before and during your pregnancy."

### **GANT**

**Had you ever been pregnant before this pregnancy (including abortions or miscarriages)?**

- 0 No
- 1 Yes

*If GANT=1*

### **ENFGANT**

**Had you already had children?**

- 0 No
- 1 Yes
- 9 Doesn't know

*If ENFGANT=1*

### **NBGANT**

**How many (not including the child just born)?**

|\_|\_|

*If GANT=1*

### **IVG**

**During your previous pregnancies, did you have one or more abortions, whether by surgery or drug-induced?**

- 0 No
- 1 Yes
- 9 Doesn't know

### **TRTSTER**

**For this pregnancy, did you have infertility treatment?**

- 0 No
- 1 Yes

## YOUR PREGNANCY

### REACG

#### When you found out you were pregnant:

- 1 You were happy that the pregnancy was occurring now
- 2 You would have liked it to happen earlier
- 3 You would have liked it to happen later
- 4 You would have preferred not to be pregnant

### DECLGQD

#### When did you declare your pregnancy?

- 0 Undeclared pregnancy
- 1 In the first trimester
- 2 In the second trimester
- 3 In the third trimester

*If DECLGQD≠0*

### DECLGQI

#### Who declared your pregnancy?

- 1 A gynaecologist or obstetrician in a private practice or as part of a mother-and-child-protection programme
- 2 A gynaecologist or obstetrician in a maternity unit
- 3 A GP
- 4 A midwife in a maternity unit
- 5 A midwife in a private practice
- 6 Other
- 9 Doesn't know

*If DECLGQI=6*

**\*DECLGQIP Specify** \_\_\_\_\_

*(Question deleted from wave 2 onwards)*

### SUIVIG

#### Throughout your pregnancy, you were monitored...

- 1 Mainly by a gynaecologist or obstetrician (or several)
- 2 Mainly by a GP (or several)
- 3 Mainly by a midwife (or several)
- 4 By several of these professionals
- 5 By none of these professionals
- 6 By no-one

### NVISPREN

How many prenatal visits did you have in all?

|\_|\_|

### NVPMAT

Of these visits, how many were at a maternity unit or with a person belonging to the medical team of a maternity unit?

|\_|\_|

**HOSPG**

Were you hospitalised during this pregnancy (including same-day hospitalisations)?

- 0 No
- 1 Yes

*If HOSPG=1*

**DURHOSPG**

What was the total length of these hospital stays? (In days)

|\_|\_|\_|

**ENT4MOIS**

Did you have a four-month interview?

- 1 Yes
- 2 No
- 9 Doesn't know

**PREPNAIS**

Did you attend birth classes during this pregnancy?

- 0 No
- 1 Yes

*If PREPNAIS=1*

**NPREPNAIS**

How many?

|\_|\_|

*If NAISS=1 (twin pregnancy)*

**TYPJUM**

Are your twins monozygotic or dizygotic?

- 1 Monozygotic
- 2 Dizygotic
- 3 Doesn't know

*If NAISS=1 (twin pregnancy)*

**TYPGGEM**

Was your pregnancy monochorionic or dichorionic?

- 1 Monochorionic
- 2 Dichorionic
- 3 Doesn't know

*If TYPGGEM=1 (monochorionic twin pregnancy)*

**GMONOCH**

And was it monoamniotic or diamniotic?

- 1 Monoamniotic
- 2 Diamniotic
- 3 Doesn't know

## PSYCHOLOGICAL ASPECTS

"I am now going to ask you a few questions about your experience of the pregnancy."

### **DIFFPSY**

**During the pregnancy, did you have any persistent psychological difficulties?**

- 0 No
- 1 Yes

*If DIFFPSY=1*

### **CONSLPSY**

**During your pregnancy, did you see a psychiatrist, a psychologist or a psychotherapist concerning these difficulties?**

- 0 No
- 1 Yes
- 9 Doesn't know

*If DIFFPSY=1*

### **MEDPSY**

**Did you take any medicine for these difficulties during your pregnancy?**

- 0 No
- 1 Yes
- 9 Doesn't know

*If MEDPSY=1*

### **MEDANX**

**Specifically, did you take any medicine for anxiety during your pregnancy?**

- 0 No, not at all
- 1 Yes, once
- 2 Yes, several times
- 9 Doesn't know

*If MEDPSY=1*

### **MEDDEP**

**Medicine for depression?**

- 0 No, not at all
- 1 Yes, once
- 2 Yes, several times
- 9 Doesn't know

*If MEDPSY=1*

### **MEDHUM**

**Medicine to alter your mood?**

- 0 No, not at all
- 1 Yes, once
- 2 Yes, several times
- 9 Doesn't know

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**DEPGR**

**And during a previous pregnancy, were you depressed or very anxious?**

0 No

1 Yes

9 Doesn't know

*If DEPGR=1*

**How long did that last?**

**DEPMOI In months:**


Or **DEPSEM In weeks:**

INT: IF SEVERAL PREGNANCIES, THE LONGEST PERIOD

## IMAGING EXAMINATIONS: SCANNER, MRI, X-RAY, ULTRASOUND

"We are now going to talk about your medical examinations during your pregnancy."

### NECHO

How many ultrasounds did you have in all (whatever the location)?

|\_|\_|

### SCANNER

Did you have any scans during your pregnancy?

0 No

1 Yes

*If SCANNER=1*

In which trimester and for what reason?

Entire body:

### SCORT

Trimester |\_|

### SCORM

Reason

1 Pelvimetry

2 Trauma

3 Chronic illness

4 Other

5 Doesn't know

Head:

### STETT

Trimester |\_|

### STETM

Reason

1 Pelvimetry

2 Trauma

3 Chronic illness

4 Other

5 Doesn't know

Chest:

### STHOT

Trimester |\_|

### STHOM

Reason

1 Pelvimetry

2 Trauma

3 Chronic illness



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- 4 Other
- 5 Doesn't know

**Stomach (abdomen):**

**SABDOT**

Trimester |\_\_|

**SABDOM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

**Pelvis or hips:**

**SBASST**

Trimester |\_\_|

**SBASSM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

**Limb (wrist, hand, foot, ankle, leg, arm, shoulder):**

**SMEMBT**

Trimester |\_\_|

**SMEMBM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

**Kidneys, bladder:**

**SREINT**

Trimester |\_\_|

**SREINM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness

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- 4 Other
- 5 Doesn't know

INT: FILL IN FOR PART OF BODY CONCERNED

**IRM**

**Did you have an MRI during your pregnancy?**

- 0 No
- 1 Yes

*If IRM=1*

**In which trimester and for what reason?**

**Entire body:**

**ICORT**

Trimester |\_\_|

**ICORM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

**Head:**

**ITETT**

Trimester |\_\_|

**ITETM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

**Chest:**

**ITHOT**

Trimester |\_\_|

**ITHOM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

**Stomach (abdomen):**

**IABDOT**

Trimester |\_\_|

**IABDOM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

**Pelvis or hips:**

**IBASST**

Trimester |\_\_|

**IBASSM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

**Limb (wrist, hand, foot, ankle, leg, arm, shoulder):**

**IMEMBT**

Trimester |\_\_|

**IMEMBS**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

**Kidneys, bladder:**

**IREINT**

Trimester |\_\_|

**IREINM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

INT: FILL IN FOR PART OF BODY CONCERNED

**RADIO**

**Did you have an X-ray during your pregnancy?**

- 0 No
- 1 Yes

*If RADIO=1*

**In which trimester and for what reason?**

**Entire body:**

**RCORT**

**Trimester |\_\_|**

**RCORM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

**Head:**

**RTETT**

**Trimester |\_\_|**

**RTETM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

**Chest:**

**RTHOT**

**Trimester |\_\_|**

**RTHOM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

**Stomach (abdomen):**

**RABDOT**

Trimester |\_\_|

**RABDOM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

**Pelvis or hips:**

**RBASST**

Trimester |\_\_|

**RBASSM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

**Limb (wrist, hand, foot, ankle, leg, arm, shoulder):**

**RMEMBT**

Trimester |\_\_|

**RMEMBM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

**Kidneys, bladder:**

**RREINT**

Trimester |\_\_|

**RREINM**

**Reason**

- 1 Pelvimetry
- 2 Trauma
- 3 Chronic illness
- 4 Other
- 5 Doesn't know

INT: FILL IN FOR PART OF BODY CONCERNED



## SCREENING

"Now let's talk about any illnesses you were tested for during your pregnancy."

### DEPVIHG

Were you screened for AIDS (HIV) during your pregnancy?

- 1 Yes
- 2 No
- 9 Doesn't know

*If DEPVIHG=2*

### NONVIH

Why?

- 1 Not proposed
- 2 You refused
- 3 Last recent examination
- 4 Other reason
- 5 Doesn't know

*If NONVIH=4*

### \*NONVIHP

Other reason, specify \_\_\_\_\_

*(Question deleted from wave 2 onwards)*

### CONTOXO

During your pregnancy, did you receive any preventive advice to avoid contracting toxoplasmosis?

- 1 Yes
- 2 No, because immunised
- 3 No, with no further precisions
- 4 Doesn't know

### DEPDG

Were you screened for gestational diabetes?

- 0 No
- 1 Yes, once
- 2 Yes, several times
- 3 Doesn't know

*If DEPDG=1 or 2 (screened for diabetes)*

Was it done on the basis of:

### TDEPDG\_1

Fasting glycaemia

- 0 No
- 1 Yes
- 9 Doesn't know

### TDEPDG\_2

Post-prandial glycaemia (after a meal)

- 0 No
- 1 Yes

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**TDEPDG\_3**

**Glucose level test**

0 No

1 Yes

**TDEPDG\_4**

**Doesn't know**

0 No

1 Yes

INT: SEVERAL ANSWERS POSSIBLE



## NUTRITION, TOBACCO AND ALCOHOL

### ACIDEFOL

Did you take folic acid (vitamin B9) before and/or during your pregnancy (to prevent nervous system problems)?

- 1 Yes
- 2 No
- 9 Doesn't know

*If ACIDEFOL=1*

Indicate the periods during which you took it:

### PERIODAF\_1

1 to 3 months before the pregnancy

- 0 No
- 1 Yes
- 9 Doesn't know

### PERIODAF\_2

In the first two months of the pregnancy

- 0 No
- 1 Yes

### PERIODAF\_3

Between the second and sixth month of the pregnancy

- 0 No
- 1 Yes

### PERIODAF\_4

After the sixth month of the pregnancy

- 0 No
- 1 Yes

INT: SEVERAL ANSWERS POSSIBLE

### POIMAVTG

How much did you weigh before this pregnancy? (in kg)

|\_|\_|\_|

### POIMFING

How much did you weigh at the end of this pregnancy? (in kg)

|\_|\_|\_|

### TAIM

How tall are you? (in cm)

|\_|\_|\_|

### TABAVTG

Before your pregnancy, had you smoked for at least one year?

- 0 No
- 1 Yes
- 9 Doesn't know

*If TABAVTG=1*

**DBTTABA**

At what age did you start smoking?

|\_|\_|

*If TABAVTG=1*

**ARRTABA**

Have you ever stopped smoking?

0 No

1 Yes

9 Not documented

*If ARRTABA=1*

**AGARRTAB**

How old were you when you last stopped?

|\_|\_|

*If TABAVTG=1*

**NBCIGAG**

On average, for the entire period in which you smoked, before stopping or cutting down, how much did you smoke?

|\_|\_|

**UTCIGAG**

Unit

1 Pack(s)

2 Cigarette(s)

9 Not documented

**FRCIGAG**

Per

1 Day

2 Week

3 Month

9 Not documented

**TABAG**

Did you smoke during your pregnancy, even just from time to time?

0 No

1 Yes

9 Doesn't know

*If TABAG=1*

**TABA3G**

Was that the case during the third trimester of your pregnancy?

0 No

1 Yes

9 Not documented

*If TABA3G=1*

**NBCIG3G**

How much on average?

|\_|\_|

**UTCIG3G**

**Unit**

- 1 Pack(s)
- 2 Cigarette(s)
- 9 Not documented

**FRCIG3G**

**Per**

- 1 Day
- 2 Week
- 3 Month
- 9 Not documented

*If TABA3G=1*

*( Filter provided for: TABA3G=0, programming error)*

**MSTOPTAB**

**At what month of your pregnancy did you stop smoking?**

|\_|\_|

**EXPTABD**

**During your pregnancy, were you exposed to the tobacco smoke of other people in your household?**

- 0 Never or almost never
- 1 Less than an hour a day
- 2 1 to 2 hours a day
- 3 2 to 5 hours a day
- 4 Over five hours a day

**EXPTABLF**

**During your pregnancy, were you exposed to the tobacco smoke of other people in any other closed environment (workplace, leisure venue, bar, restaurant, etc.)?**

- 0 Never or almost never
- 1 Less than an hour a day
- 2 1 to 2 hours a day
- 3 2 to 5 hours a day
- 4 Over 5 hours a day

*If EXPTABLF=4*

**EXPTABLFP**

**How many hours a day?**

|\_|\_|

**FQALCOOL**

**During your pregnancy, how often did you consume alcoholic drinks (beer, cider, wine, aperitifs, etc.)?**

- 0 Never
- 1 Once a month or less frequently, or at special occasions such as parties
- 2 2 to 4 times a month
- 3 2 to 3 times a week
- 4 4 times a week or more but not every day
- 5 Every day
- 6 Only before you knew you were pregnant
- 7 Prefers not to answer

## HOLIDAYS – UV EXPOSURE

### HOLIDAYS

Did you take any holidays outside your habitual residence during your pregnancy, for four days or more?

*If VACANCES = 0, then PEREACC (page 20)*

- 0 No
- 1 Yes

*If VACANCES=1*

### NBVAC

How many times?

|\_|\_|

Detail on each holiday:

### VPAYS1

Which country did you visit?

- 1 France
- 2 Another country
- 9 Not documented

*If VPAYS1=2*

### VPAYSE1

Which country? \_\_\_\_\_

### VDPT1

Department (if France): \_\_\_\_\_

### VVILLE1

Town(s): \_\_\_\_\_

Type of place:

### VTYPE1\_1

Beach

- 0 No
- 1 Yes

### VTYPE1\_2

Mountain

- 0 No
- 1 Yes

### VTYPE1\_3

Other

- 0 No
- 1 Yes

INT: SEVERAL ANSWERS POSSIBLE

**VDEXACT1**

Do you know the exact dates of your stay?

- 0 No
- 1 Yes

*If VDEXACT1=1*

**VDDEPART1**

Departure date:

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**VDRETOUR1**

Return date:

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

*If VDEXACT1=0*

**VMDEPART1**

Month of departure: \_\_\_\_\_

**VMRETOUR1**

Month of return: \_\_\_\_\_

**DUREESEJ1**

Length of stay (in days):

|\_|\_|

**VEXPOSOL1**

Average exposure to sun (hours per day):

|\_|\_|

*If VEXPOSOL1>0*

**EXPOVOL1**

Did you voluntarily expose yourself to the sun?

- 0 No
- 1 Yes
- 9 Not documented

*If VEXPOSOL1>0*

**VCREMSOL1**

Use of sunscreen:

- 0 No
- 1 Yes
- 9 Not documented

INT: REPEAT THIS PART UP TO 10 TIMES IN THE EVENT OF OTHER HOLIDAYS

## DELIVERY AND CHILD

"I'd like to finish with a few questions about your baby/babies."

### PEREACC

Was the father present at the delivery?

- 0 No
- 1 Yes

How is/are your baby/babies currently being fed?

ALIMENF\_1

Mother's milk only

- 0 No
- 1 Yes

ALIMENF\_2

Initial milk only

- 0 No
- 1 Yes

ALIMENF\_3

Combined (mother's milk and initial milk)

- 0 No
- 1 Yes

ALIMENF\_4

Doesn't know

- 0 No
- 1 Yes

ALIMENF\_5

Other

- 0 No
- 1 Yes

⇒ See end of chapter for corrected variables

If ALIMENF 5=1

**\*ALIMENFP**

Specify \_\_\_\_\_

(Question deleted from wave 2 onwards)

If ALIMENF 2=1 or ALIMENF 5=1

**NONALLAIT**

Is it because you didn't want to breastfeed your child/children?

- 0 No
- 1 Yes
- 9 Not documented

**CHALIM**

**What motivated your feeding choice for your child/children?**

- 1 The child's health or well-being
- 2 Practical reasons
- 3 Financial reasons
- 4 Establishing a relationship with the child
- 5 Normal choice, customary in life environment, was fed herself that way
- 6 Medical prescriptions/contraindications
- 7 Other

**SUIVIENF**

**Have you planned to have someone monitor the health of your children after leaving?**

- 0 No
- 1 Yes

*If SUIVIENF=1*

**SUIVIENFQ**

**Who?**

- 1 Your GP
- 2 Another GP
- 3 A paediatrician in a private practice
- 4 Mother-and-child protection centre (PMI)
- 5 Other
- 9 Not documented

*If SUIVIENFQ=5*

**\*SUIVIENFP**

**Specify \_\_\_\_\_**

**How is/are your baby/babies currently being fed?**

**ALIMENFC\_1**

**UPD** Mother's milk only (corrected)

- 0 No
- 1 Yes

**ALIMENFC\_2 (corrected)**

**UPD** Initial milk only (corrected)

- 0 No
- 1 Yes

**ALIMENFC\_3**

**UPD** Combined (mother's milk and initial milk) (corrected)

- 0 No
- 1 Yes

**ALIMENFC\_4**

**UPD** Doesn't know (corrected)

- 0 No
- 1 Yes

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**ALIMENFC\_5**

**UPD** Other (corrected)

0 No

1 Yes

**"Thank you for taking part."**

**END**