

# Expecting a child not pregnant



# Health questionnaire

*To be filled in by the midwife*

Health centre: ..... Code:

**Do you want to contribute to increasing knowledge about the health, lifestyle and living conditions of prospective parents?**

For many years now, Umeå University has been conducting research aimed at increasing knowledge about the health, lifestyle and living conditions of prospective parents and children. The university bases its research on consent. After reading this information, we would ask you to answer the question about consent on the previous page. The research has been approved by the Regional Ethical Review Board in Umeå (serial nos. 2010-63-31M and 2013-268-31Ö).

It is the questionnaires from ordinary visits to Antenatal Care that are used, but only when there is consent for research. Sometimes the questionnaires are used together with information from other sources, such as the Child Health Care 3-year-old questionnaires and Västerbotten Intervention Programme. *This is only done if you also consent to research in these questionnaires.* Other sources that may be relevant are Statistics Sweden's population register (demographic data, e.g. residential type, family size, parents' country of birth and education) and the National Board of Health and Welfare's data registers (medical data, such as on pregnancy and childbirth, hospital admissions and medicines prescribed by doctors).

At Umeå University, Anneli Ivarsson (professor and pediatrician), together with co-workers, will use the personal data. The data is stored in accordance with the university's archiving procedures. Staff who come into contact with the questionnaire have a duty of confidentiality. Questionnaire replies are compiled at group level so that no single individual's answer is shown. The results of the research will be used by Västerbotten Region to improve support for prospective parents and later for children and their parents. The results will also be disseminated through lectures and articles in Sweden and internationally.

Umeå University is the personal data controller for the research. Participation is voluntary, and you have the right to stop your participation at any time and withdraw your consent without justifying the decision. Note that withdrawal of consent does not affect the legality of the processing that occurred before the withdrawal. *If you refrain from participating, it will in no way affect the support you receive from Antenatal Care or from the health services in general.*

The research project has no fixed time for conclusion. The personal data is processed throughout the project period. When the project is concluded, the personal data will be archived in accordance with the Archives Act and the archive procedures at Umeå University. As a rule, materials such as this are kept for at least ten years. You can request an extract from the register and receive data in an electronic format against an administrative charge. If at the time of your request it is technically possible, you can request that Umeå University transfers the personal data directly to another personal data controller. You may also, under certain circumstances, request deletion of data, have inaccurate data corrected and supplement incomplete personal data. You can request that the processing is restricted instead of the data being deleted. This applies if you believe that Umeå University's processing is unlawful or if you need the personal data to assert or defend a legal claim, such as if you wish to sue Umeå University for incorrect processing of personal data. If you believe that your personal data is being processed incorrectly, you can complain to the Swedish Data Protection Authority through their website and you can also claim damages.

If you have any questions or wish to withdraw your consent, you are welcome to contact Anneli Ivarsson (professor and pediatrician) at Umeå University or Umeå University's data protection officer. The address is: Umeå University, 901 87 Umeå, telephone 090-786 50 00 (switchboard).

Sincerely  
Research Group



## Your eating habits

### 48. How often do you eat breakfast?

- Every day
- Almost every day
- A few times a week
- Once a week or less often

### 49. How often do you eat vegetables and/or root vegetables?

- Twice a day or more often
- Once a day
- A few times a week
- Once a week or less often

### 50. How often do you eat fruit/berries?

- Twice a day or more often
- Once a day
- A few times a week
- Once a week or less often

### 51. How often do you eat fish or shellfish as a main course, in a salad or as a sandwich filling?

- Three times a week or more often
- Twice a week
- Once a week
- A few times a month, less often or never

### 52. How often do you eat pastries, biscuits, sweets, crisps or soft drinks?

- Twice a day or more often
- Once a day
- A few times a week
- Once a week or less often

### 53. How often do you brush your teeth?

- Twice a day or more often
- Once a day
- Rarely or irregularly

## Consent to research

### 54. Do you want to contribute to increasing knowledge about the health, lifestyle and living conditions of prospective parents?

Before answering, it is important that you read the information on the next page.

#### Do you consent to Umeå University processing your personal data for this research?

Yes  No

Date: ..... Signature: .....

Do you want to see how other parents-to-be report their health and lifestyle?  
See: [www.regionvasterbotten.se/salutdata](http://www.regionvasterbotten.se/salutdata)

Thank you for answering the questions!

## Welcome to the Antenatal Care!

The Antenatal Care works for the prevention and early detection of disease in the pregnant woman and child, and to support future parenthood. We therefore offer medical, psychological and social support during pregnancy.

Before the visit, we would like you to fill out this questionnaire about your health, lifestyle and living conditions. Other expectant parents receive a similar questionnaire. There is no possibility to review your questionnaire in detail during visits to Antenatal Care. However, the midwife may want to ask you about something and will listen to your questions and refer you further if necessary. The questionnaire is a part of the healthcare record and is therefore saved by the Region. Staff who come into contact with the questionnaire have a duty of confidentiality.

With the aim of improving support to prospective parents in the future, the questionnaire's responses are compiled at group level in such a way that no individual's answers are shown. This is done in collaboration between the Antenatal Care and the Salut Programme.

The Salut Programme in Västerbotten aims to support the child throughout childhood, starting right from pregnancy. The child and its parents will find health-promoting and disease prevention efforts in antenatal care, child health care, dental care, open preschool, preschool, and then in school.

Sincerely  
Antenatal Care and the Salut Programme



## Help us to process your answers!

The questionnaire is machine-read.

When filling your answers, we therefore ask you to:

- use a lead pencil

- write numbers clearly, like this:

1	2	3	4	5	6	7	8	9	0
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- mark your answers with a cross, like this:

- if you tick the wrong box, rub it out and mark the correct box.



## Your physical activities

**45. In a normal week, how much time do you spend on physical exercise that makes you feel out of breath, e.g. running, aerobics or ball sports?**

*Add all time together (at least 10 minutes at a time).*

- 0 minutes/none
- Less than 30 minutes
- 30-60 minutes (0.5-1 hour)
- 60-90 minutes (1-1.5 hours)
- 90-120 minutes (1.5-2 hours)
- More than 120 minutes (2 hours)

**46. In a normal week, how much time do you spend on *everyday physical activities*, e.g. walking, cycling or gardening?**

*Add all time together (at least 10 minutes at a time).*

- 0 minutes/none
- Less than 30 minutes
- 30-60 minutes (0.5-1 hour)
- 60-90 minutes (1-1.5 hours)
- 90-150 minutes (1.5-2.5 hours)
- 150-300 minutes (2.5-5 hours)
- More than 300 minutes (5 hours)

**47. How physically demanding is your daily work or occupation?**

- Not strenuous (primarily sitting or standing work)
- Fairly strenuous (quite a lot of walking)
- Strenuous (lots of walking and quite a lot of lifting)
- Very strenuous (heavy manual labour)

## Your health & living conditions

### 29. How would you assess your general state of health?

- Very good  
 Good  
 Neither good or bad  
 Poor  
 Very poor

### 30. What is your dental health like?

- Very good  
 Good  
 Neither good or bad  
 Poor  
 Very poor

### 31. How many hours of sleep do you usually get on a typical week night?

*If you work nights/do shift work, enter the average number of hours you sleep during a typical 24-hour period.*

hours

### 32. How often do you meet relatives, friends or acquaintances?

- Every day  
 A few times a week  
 Once a week  
 Less often  
 Very seldom or never

### 33. Is there anyone who can help you if you are ill or have practical problems?

*E.g. giving advice, lending you things, helping out with shopping, repairs, child-minding.*

- Yes, always  
 Yes, most of the time  
 No, not usually  
 No, never

### 34. How safe or unsafe do you normally feel when you are alone outside your home at night?

- Very safe  
 Quite safe  
 Not very safe  
 Very unsafe

### 35. Do you feel stressed?

*Stress is a state of tension, restlessness, nervousness, anxiety or lack of concentration.*

- Not at all       To some extent       Quite a lot       A lot

Not much  
 1      2      3      4      5      6      A lot  
 7

### 36. How confident are you that you will be able to help make the delivery a positive experience?

### 37. How confident are you that you will be a good parent?

## Your contact information and occupation

Today's date:   /   /    
 Year      Month      Day

Personal id. no.   -   -   -      
 Year      Month      Day

Name: .....

1. If you are in work, where do you work? .....

2. How much do you work?  Full time     Part time     Not at all

3. What is your occupation? .....

4. Do you have any problems with your housing or working environment?  No     Yes

### 5. What is the highest level of education you have completed?

- Less than 9 years of schooling  
 Compulsory school or the equivalent of 9 years of schooling  
 Secondary school or the equivalent of 12 years of schooling  
 Post-secondary education, less than three years  
 Post-secondary education, three years or more

## Your family situation

### 6. In which country were you born?

- Sweden  
 Another European country: .....  
 A country outside of Europe: .....

### 7. Who do you live with?

- The other parent to be/mother  
 Single  
 Other

## Your family situation – cont.

9. What is the personal identity number of the other parent to be/mother?

<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"/>
Year			Month			Day						

don't know

10. How many children do you have from before?

None   
  1   
  2   
  3   
  4   
  5 or more

## Your weight & height

11. How much do you weigh?

<input type="text"/>	<input type="text"/>	<input type="text"/>	kg
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13. How tall are you?

<input type="text"/>	<input type="text"/>	<input type="text"/>	cm
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## Tobacco & drug habits

14. Smoking

- I have never been a smoker  
 I gave up smoking more than 3 months ago  
 I gave up smoking less than 3 months ago  
 I smoke, but not every day

I smoke  (number) cigarettes a day

15. Are you exposed to second-hand smoke from tobacco or a hookah?

- Every day  
 A few times a week  
 Once a week  
 Less often  
 Very seldom or never

16. Taking snuff

- I have never used snuff regularly  
 I gave up snuff more than 3 months ago  
 I gave up snuff less than 3 months ago  
 I use snuff, but not every day

I use snuff  (number) boxes a week

17. Have you tried other drugs such as cannabis, marijuana, spice etc.?

- Never  
 Once  
 2-5 times  
 6-10 times  
 More than 10 times

## Alcohol habits

One standard drink:



	Never	Once a month or less	2-4 times a month	2-3 times a week	4 times a week or more
18. How often do you drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1-2	3-4	5-6	7-9	10 or more
19. How many standard drinks do you have on a typical day when you are drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Never	Less than once a month	Every month	Every week	Daily, or almost daily
20. How often do you have six or more standard drinks on one occasion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. How often during the last year have you been unable to stop drinking once you'd started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. How often during the last year have you failed to do what was normally expected from you because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. How often during the last year have you needed a drink in the morning because you drank a lot the day before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes, but not in the last year	Yes, during the last year		
26. Have you or someone else been injured as a result of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
27. Has a relative or a friend, a doctor or other health worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

