Health Form

for expectant parents

mother

To be filled in by midwife

Estimated date of birth: ...........................................
Public dental care: ...................................................
Welcome to Maternity Health Care and Salut

We wish you very welcome to Maternity Health Care. We would like you to tell us a little about your habits and how you feel about your health. So please fill in this form and bring it with you when you come to see us.

The purpose of maternity health care is to promote and strengthen your coming parenthood and prevent or detect illness in a mother or her baby at an early stage. We therefore offer medical, psychological and social support during pregnancy.

Salut is a health initiative in the county of Västerbotten, the aim of which is to support the child while he or she is growing up, and beginning already during the mother’s pregnancy. We know today that a favourable environment during the foetal period and while growing up is important for lifelong health. You will therefore encounter the Salut initiative’s health-promoting activities in maternal health care and public dental care and later on in paediatric healthcare, open preschool, preschool and school.

The Health Form is sent to all parents-to-be in the county. It is used in your talk with the midwife and in the health interview that the dental hygienist offers you and your partner. Details marked “information for your maternity health care record” will be entered in your healthcare record. With the exception of the separate sheet used by the midwife, your answers are compiled and used in the Salut initiative to tell us more about the habits and health of the county’s parents-to-be. We hope that you will want to take part!

THANK YOU FOR YOUR ASSISTANCE.

Maternity Health Care and the RD&E unit
Västerbotten County Council

Participation is voluntary. If you do not want the Health Form to be forwarded to Västerbotten County Council’s Research, Development and Education unit (RD&E) please tell the midwife. The Health Form will then only be used as a basis for your interviews with the midwife and the dental hygienist.

The people who see your answers and the results of any examinations are legally bound to confidentiality. Your details are processed by the RD&E unit in collaboration with Umeå University. The information will be used in research projects approved by an ethics committee. No individual person can be identified in any analysis or report.

All personal information in the Salut initiative is processed in accordance with the Personal Data Act (SFS 1998:204) and your details are stored in a database. You are entitled to request a so-called extract from register and to have incorrect information corrected. You are also entitled to have your details deleted from the database. In such cases, please contact Personuppgiftsansvarig för Salut-satsningen, Landstingsstyrelsen i Västerbottens läns landsting.
Contact information & occupation
Documentation for your antenatal medical record

Today's date: ........................ / ........ / ........................ Year Month Day
Health centre: .................................................................
Midwife: .................................................................

Name: .................................................................
Personal identification number: .................................................................
Street address: .................................................................
Postal code: ................................................................. Locality: .................................................................
Telephone: home: ........................... work: ........................... mobile: ...........................

X1. What is your present type of occupation?
☐ Employed
☐ Student, apprentice
☐ Self-employed
☐ Doing household work at home (no personal income)
☐ Jobseeker for more than 6 months
☐ On parental or other leave
☐ Jobseeker for less than 6 months
☐ On sickness, old age or disability benefit

X2. What is your occupation?
State your occupation using a designation that defines it clearly, such as 'upper secondary school teacher' or 'construction carpenter', and describe your job duties in a few words. If you are self-employed, we also want to know how many people are employed in your company. If you are not working at present, state your previous occupation/employment.

If you are employed:
a) Who is your employer? .................................................................
b) What is your working time status? ☐ Full-time ☐ Part-time

Next of kin: Name: .................................................................
Personal identification number: .................................................................
Address same as above ☐ Yes ☐ No
Street address: .................................................................
Postal code: ................................................................. Locality: .................................................................
Telephone: home: ........................... work: ........................... mobile: ...........................
Occupation: ................................................................. Employer: .................................................................
X3. What is the highest level of education you have completed?

- ☐ Less than 9 years of school
- ☐ Completed compulsory school, or the equivalent of 9 years of school
- ☐ Completed secondary school, or the equivalent of 12 years of school
- ☐ At least 1 year of school beyond secondary school
- ☐ A university degree

X4. In which country were you born?

- ☐ Sweden
- ☐ Another country, namely: ........................................

X5. In which country was your partner born?

- ☐ Sweden
- ☐ Another country, namely: ........................................

X6. With whom do you live?

- ☐ The father to be
- ☐ Another partner
- ☐ Single
- ☐ Other

X7. With whom will the child be living? (tick one or several boxes)

- ☐ Its mother
- ☐ Its father
- ☐ Its siblings/half-siblings: how many ........................ their ages? ........................................
- ☐ Its stepmother (its father's new wife/partner)
- ☐ Its stepfather (its mother's new husband/partner)
- ☐ Alternately with its mother and father
- ☐ Other

Questions about your pregnancy & illnesses

Documentation for your antenatal medical record

When did your last menstruation start?  ........... / ........... / .......

Was your menstruation cycle regular? ☐ Yes ☐ No

Your period lasts for ...... days and recurs every .......th day

How much do you weigh at present? appr. ........ kg
How much did you weigh right before you became pregnant? appr. .......... kg

How tall are you? appr. ........ cm
Your drinking habits
Documentation for your antenatal medical record

Med ett "glas" menas:

| 50 cl folköl | 33 cl starköl | 1 glas rött el vitt vin | 1 litet glas starkvin | 4 cl sprit, t.ex. whisky |

A. Consider the 12 months immediately preceding your pregnancy.

<table>
<thead>
<tr>
<th>1. How often do you drink alcohol?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. How many glasses (see above) do you drink on a typical day of drinking alcohol?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

Consider the 12 months immediately preceding your pregnancy.

<table>
<thead>
<tr>
<th>3. How often do you drink six such &quot;glasses&quot; or more on one occasion?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. How often during the last year have you been unable to stop drinking once you had started?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. How often during the last year have you failed to do something you were expected to, because of drinking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. How often during the last year have you &quot;needed a drink&quot; in the morning because you drank a lot the day before?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. How often during the last year have you been unable to remember what happened the night before because of drinking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Have you or someone else been injured because of your drinking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Has a relative or a friend, or a doctor (or some other healthcare worker) expressed concern about your drinking or suggested you cut down on it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>
What are your alcohol habits like now that you are pregnant?

<table>
<thead>
<tr>
<th>Frequency of Drinking</th>
<th>Never</th>
<th>Once a month or less</th>
<th>2-4 times a month</th>
<th>2-3 times a week</th>
<th>4 or more times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. How often do you drink alcohol?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

12. How many glasses (see above) do you drink on a typical day of drinking alcohol?

<table>
<thead>
<tr>
<th>Number of Glasses</th>
<th>0-2</th>
<th>3-4</th>
<th>5-6</th>
<th>7-9</th>
<th>10 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

13. Are you worried about having drunk alcohol during your pregnancy? ☐ No ☐ Yes

Your use of tobacco & drugs
Documentation for your antenatal medical record

B1. Do you smoke at present? 1 pipeful = 1 cigarette

☐ No ☐ Yes, now & then (not every day) ☐ Yes, per day: ☐ 1-9 cigarettes/day ☐ 10 or more /day

Stopped smoking:
☐ less than 3 months ago ☐ number per day: ☐ 1-9 cigarettes/day ☐ 10 or more /day
☐ 3-12 months ago
☐ 1-3 years ago
☐ never smoked / stopped more than 3 years ago

B2. Does partner smoke?

☐ No ☐ Yes, now & then (not every day) ☐ Yes

Stopped smoking:
☐ less than 3 months ago
☐ 3-12 months ago
☐ 1-3 years ago
☐ never smoked / stopped more than 3 years ago

B3. Do you take snuff?

☐ No ☐ Yes, now & then (not every day) ☐ Yes, ☐ less than one snuffbox/week ☐ 1-2 boxes/week

Stopped taking snuff:
☐ less than 3 months ago
☐ 3-12 months ago
☐ 1-3 years ago
☐ never taken snuff / stopped more than 3 years ago

B4. Have you taken other drugs, such as hashish, marijuana, GHB, etc.?

☐ Never ☐ Once ☐ 2-5 times ☐ 6-10 times ☐ More than 10 times
C1. What was your health like before you became pregnant?
- Very good
- Good
- Reasonably good
- Poor
- Very poor

C2. What is your dental health like, in your opinion?
- Very good
- Good
- Reasonably good
- Poor
- Very poor

C3. How often do you visit the dental clinic?
- A dentist or a dental hygienist
  - Regularly: every year or every second year
  - Sporadically
  - Only in emergencies
  - Have never visited a dental clinic

C4. How often do you brush your teeth?
- Seldom or irregularly
- Once a day
- Twice a day or more

C5. Do you use flouride toothpaste?
- Yes
- No
- Don't know

C6. Do you use dental floss, tooth picks or an interdental brush? In addition to a toothbrush
- Never
- Now and then
- Daily

C7. Are you satisfied with your habits of life?
- Yes
- No
  Skip to the next page

C8. Which of your habits of life would you like to change?
Tick up to three items you would like to change.
- Improve sleeping habits
- Be more active in associations and clubs
- Spend more time with my family
- Improve my eating habits
- Get more exercise
- Slow down generally
- Reduce my alcohol consumption
- Stop using tobacco products
- Lose weight
- Spend more time with friends
- Start visiting the dentist regularly
- Look after my teeth better
- Spend more time outdoors

C9. Rate your motivation for changing your living habits

<table>
<thead>
<tr>
<th></th>
<th>Very weak</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Very strong</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate your motivation for changing your living habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate your present ability to change your living habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Your situation in life

Rate your satisfaction with your situation in life, in various respects.

<table>
<thead>
<tr>
<th>D1.</th>
<th>Very poor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Excellent</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home and family situation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leisure time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D2. How many hours of sleep do you get a typical week night?
   If you work the night shift, enter the average number of hours you sleep during a typical 24 hour stretch.

   appr. [__] [__] hours

D3. Do you feel stressed out at present?
   Stress is a state of tension, restlessness, nervousness, anxiety or decreased concentration.

   not at all [☐] to a certain degree [☐] to a considerable degree [☐] very much [☐]

D4. Do you feel important and appreciated outside your home?

   not at all [☐] to a certain degree [☐] to a considerable degree [☐] very much [☐]

D5. Is there anyone you can share your inner feelings with and confide in?

   Yes [☐] No [☐]

D6. Is there anyone who can help you if there are practical problems or you become ill?
   By giving advice, lending you things, helping out with groceries, repairs, child-minding, etc.

   Yes, always [☐] Yes, most of the time [☐] No, mostly not [☐] No, never [☐]

D7. Rate your ability to contribute to making your delivery a positive experience

   Very weak [☐] to a certain degree [☐] to a considerable degree [☐] very much [☐]

   Rate your ability to become a good parent

   Very weak [☐] to a certain degree [☐] to a considerable degree [☐] very much [☐]

   Rate your ability to take responsibility for a child

   Very weak [☐] to a certain degree [☐] to a considerable degree [☐] very much [☐]
### D8.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever felt that you were being controlled, by your partner or by somebody else who is important to you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been physically hurt by your partner or by somebody else who is important to you, such as by hair pulling, pushing, striking or kicking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been forced to carry out or be subject to sexual acts against your will?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your partner ever hurt you physically in any way since you became pregnant, such as by hitting, pushing or kicking you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been forced to carry out or be subject to sexual acts against your will, since you became pregnant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At present, are you afraid of your partner or somebody else?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Your physical activities

**E1. How often do you take part in some kind of physical activity in your spare time?**  
**Consider the 12 months immediately preceding your pregnancy.**

The questions relate to activities lasting at least 30 minutes per day, at one stretch, for 3x10 minutes, or for 2x15 minutes.
- in your home or your garden, such as vacuuming, shovelling snow, raking leaves
- on your way to or from work, school, etc., such as walking or cycling
- exercise, sports or open air activity, such as playing golf, picking berries, doing aerobics, playing ball

*Estimate your level of exertion in relation to the three levels indicated below. If the number of hours varies according to season, try to indicate an average.*

**Low level of exertion**  
Not out of breath or sweating

- Never
- Irregularly
- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 days per week
- 6-7 days per week

**Moderate level of exertion**  
Getting warm, barely able to carry on a conversation

- Never
- Irregularly
- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 days per week
- 6-7 days per week

**High level of exertion**  
A high pulse, out of breath, sweating

- Never
- Irregularly
- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 days per week
- 6-7 days per week
E2. What is your daily work or occupation like, in the way of physical exercise?

☐ Not at all strenuous (primarily sitting or standing work)
☐ Fairly strenuous (walk fairly much)
☐ Strenuous (walk a lot and also lift fairly much)
☐ Very strenuous (heavy manual labour)

E3. How many hours a day do you normally spend in front of a TV, in your spare time? Consider the 12 months immediately preceding your pregnancy.

Including watching DVDs, videos, TV games, etc.
If the number of hours varies with the season, try to estimate an average.

On weekdays? Appr. time/day hours minutes
On weekends? Appr. time/day hours minutes

E4. How many hours a day do you normally spend in front of a computer, in your spare time? Consider the 12 months immediately preceding your pregnancy.

Including sending email, chatting, working, studying, surfing, gaming, watching video, etc.
If the number of hours varies with the season, try to estimate an average.

On weekdays? Appr. time/day hours minutes
On weekends? Appr. time/day hours minutes

F1. What do you normally eat on weekdays? Consider the 12 months immediately preceding your pregnancy. Tick the type of meal that best fits each meal time.

Only tick one box for each meal time.

<table>
<thead>
<tr>
<th>Meal time</th>
<th>Main meal</th>
<th>A light meal</th>
<th>Snacks</th>
<th>Beverage only</th>
<th>Nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast, morning meal</td>
<td>cooked food (e.g. meat and potatoes); soup with bread; salad with bread; pizza with salad; hamburger w chips</td>
<td>e.g. porridge, fresh/sour milk w cereals, sandwiches, soup, salad, omelette, hot dogs, a hamburger (possibly with a beverage)</td>
<td>e.g. biscuits, buns, cookies, fruit, sweets, ice cream (possibly with a beverage)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meal/meals during the morning hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midday meal (lunch)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meal/meals during the afternoon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dinner, evening meal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Late night meal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
F2. Below, a number of foodstuffs are listed. How often do you normally eat these foodstuffs? Consider the 12 months immediately preceding your pregnancy. Indicate an answer to all queries, but only tick one box for each type of food.

<table>
<thead>
<tr>
<th>Foodstuffs</th>
<th>Times per month</th>
<th>Times per week</th>
<th>Times per day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vegetables and roots other than potatoes, of all kinds (fresh, frozen, preserved, etc.)</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Fruits and berries, of all kinds (fresh, frozen, preserved, juice, etc.)</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Potatoes (boiled, mashed, baked, gratin)</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Cheese, 5-17 % fat (keyhole branded)</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Meat, minced meat, fowl, as the main dish</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Fish, seafood, as the main dish</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Sausage as the main dish</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Cheese, 24-40 % fat</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Pizza, food pies, ready-made sandwiches</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Hamburgers, kebab, hotdogs with rolls</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Chips, fried potatoes</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Buns, biscuits, crackers, cake, etc.</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Double cream, crème fraiche 34%</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Fizzy or still soft drinks</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Potato crisps, salt sticks, peanuts, snacks</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Chocolate and sweets</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td><strong>Ice cream</strong></td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

*Less than once a month or never*
F3. What do you consider your biggest obstacles when it comes to eating nutritious and healthy food? Consider the 12 months immediately preceding your pregnancy. Tick the three obstacles you considered the biggest.

- No obstacles  ➔ Skip to the next question
- Irregular working hours
- Healthy food is dull/less tempting
- Not enough cooking skills
- Not enough knowledge about healthy food
- Lack of time
- Takes too long to cook
- Feel challenged by others
- Don't get full up
- Uninterested in cooking
- Family's or friends' choices
- The price (of healthy food)
- Must give up food I like
- My shop doesn't offer any healthier options
- There aren't any healthier options at home
- The food is foreign or strange
- The 'experts' keep changing their recommendations
- Little choice of healthy food when I eat out
- Storage problems
- Limited cooking resources
- To much of a change from my present eating habits
- I don't want to change my eating habits
- Food allergy

Thank you for taking time to answer the Health Questionnaire!