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Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Health and medications

*Below you find some questions about your health and about medications you may have used. Many of the questions are about your weight. We know that it may be difficult to remember how much one has weighed earlier since both weight and body shape change during our lifetime, but we still ask you to try to answer these questions. It is important for the results that as many people as possible answer.*

### 1. How tall are you?

Cm

### 2. How much have you weighed?

*State your weight in kilograms at respective age. Mark how much you weighed before you got pregnant (the last time) until your present age.*

<b>Before pregnancy</b>	<b>20 years</b>	<b>25 years</b>	<b>30 years</b>	<b>35 years</b>	<b>40 years</b>	kg
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

### 3. Which image corresponds best to how you looked before pregnancy and at age 20, 25, 30, 35 and 40 years, respectively? Mark the box under the figure that fits best.

<b>Before pregnancy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At age 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At age 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At age 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At age 35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At age 40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**4. Has your weight changed during the last two years (before pregnancy)?**

*Disregard weight gains in connection with pregnancies.*

- Yes, I weighed **more**, approximately  kg more than two years ago
- Yes, I weighed **less**, approximately  kg less than two years ago
- No, I weighed approximately the same before I got pregnant as two years ago

**5. What was your approximate birthweight?**

*If you know your exact birthweight, write it here*

 Grams

*or tick the box that fits the best:*

- Less than 2,5 kg
- Between 2,5 and 3,0 kg
- Between 3,0 and 3,5 kg
- Between 3,5 and 4,0 kg
- More than 4,0 kg
- Don't know

**6. Have you made a habit of weighing yourself regularly?**

- Yes
- No

**7. Which has been your "normal" weight (weight during most of your adult life, that is since age 20 and onwards)?**

*Disregard weight changes in connection with pregnancies.*

 kg

**8. How much is the highest weight you have ever weighed as an adult (that is since age 20 and onwards)?**

 kg at  years  Don't know

**9. How much is the lowest weight you have ever weighed as an adult (that is since age 20 and onwards)?**

 kg at  years  Don't know

**10. Since the age of 20 years, have you ever lost 5 kilograms or more in weight without dieting?**

- Yes    ⇒ *if yes, please state number of times*  
 No  
 Don't know

times

**11. Since the age of 20 have you ever gained 5 kilograms or more in weight during less than two years?**

- Yes    ⇒ *if yes please state number of times*  
 No  
 Don't know

times

**12. Have you ever been on a diet?**

- Yes  
 No    ⇒ *if no please go to question 16*

**13. How many times have you been on a diet and lost 5 kilograms or more?**

times

**14. What methods of dieting/preparations have you used?**

*Tick all dieting methods/preparations you have used altogether for at least one week.*

**Food**

- I ate less, but continued to eat the same kind of food as before  
 I just stopped eating sweets, cookies etc.  
 I made small changes, changed to low fat milk and low fat margarine, etc.  
 I joined the Weightwatchers or followed their regime  
 A diet mainly without bread, pasta, rice and potatoes (e.g. Air hostess diet or the Scarsdale method)

**Diet preparations/powders**

- Prescribed dieting medicine (e.g. Xenical)  
 Dieting powder (e.g. Meritene, Nutrilett)  
 Other diet preparation (e.g. dieting tea or other preparation from a health food store)

**Which ones?** \_\_\_\_\_

**Exercise**

- Walks  
 Jogging  
 Gymnastics (aerobics workout)  
 Gym training  
 Other, **what?** \_\_\_\_\_

**Others**

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- Fasting (e.g. in a health centre or at home)
- Purgatives
- Diuretics
- Surgical process
- Others, **what?** \_\_\_\_\_
- I have not used any particular method of dieting

*Questions on medications*

**15. Have you regularly used any medication to loose weight or stay energetic?**

*State each time you have used any medication what can be used to loose weight, lessen the appetite or stay energetic. For each period, state the name of the medication, how old you were when you started using the medication and how long you used it altogether and also how much you used to take.*

<u>What medication?</u>	<u>When?</u>	<u>How long?</u>		<u>How much?</u>
Name of medication	Your age	years	months	weeks
_____	_____	_____	_____	_____
_____	—	_____	_____	_____
_____	—	_____	_____	_____
_____	—	_____	_____	_____
_____	—	_____	_____	_____

*Questions on diseases and diagnoses*

**16. Have you been treated by doctors for hypertension for at least one year?**

- Yes    ⇒ *if Yes, state the first time* yr 19
- No
- Don't know

**17. Have you ever been diagnosed by your doctor with diabetes?**

- Yes    ⇒ *if Yes, state the first time* yr 19
- No        ⇒ *if No, please go to question 19*
- Don't know    ⇒ *if Don't know, please go to question 19*

**18. How have you been treated for your diabetes?**

*State one or more alternatives*

- I have had insulin

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Don't know

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**26. Which of your (biological) relatives have or have had breast cancer?**

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# Menstruation, pregnancies and births

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*Questions about menstruation*

**27. How old were you when you had your first menstruation?**

Yrs

Don't remember

**28. Have you gone through any gynecological operation?**

if Yes, what operation?

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*Questions about pregnancies and births*

**29. Have you been pregnant before?**

Yes    ⇒ if Yes, please state number of times  times

No    ⇒ if no, please go to **question 37**

**30. Have you given birth?**

Yes    ⇒ if Yes, please state number of times  times

No    ⇒ if no please go to **question 32**

**31. If Yes, state year of birth for all children you've given birth to.**

<u>Child</u>	<u>Year of birth</u>		
1	19 <input type="text"/>	5	19 <input type="text"/>
2	19 <input type="text"/>	6	19 <input type="text"/>
3	19 <input type="text"/>	7	19 <input type="text"/>
4	19 <input type="text"/>	8	19 <input type="text"/>

**32. Have you had any pregnancy that lasted less than six months?**

Yes

No    ⇒ if no go to **question 34**

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**33. For which reason was the pregnancy terminated/interrupted? Please state all times.**

<input type="checkbox"/> Extrauterine pregnancy	19	<input type="text"/>	19	<input type="text"/>	19	<input type="text"/>	19	<input type="text"/>	19	<input type="text"/>
<input type="checkbox"/> Miscarriage or abortion	19	<input type="text"/>	19	<input type="text"/>	19	<input type="text"/>	19	<input type="text"/>	19	<input type="text"/>

**34. Have you ever had hypertension in connection with pregnancy/pregnancies?**

Yes  times

No

**35. How much weight did you gain during pregnancy?**

State the exact weight increase if you can, otherwise mark the alternative that fits the best.  
Applies to all pregnancies, also those that lasted less than six months.

<u>Pregnancy</u>	<u>Exact</u> Weight gain	<u>If you can not state the exact weight, mark the one that fits the best</u>					Don't remember
		less than 10 kg	10-15 kg	16-20 kg	more than 20 kg		
1	<input type="text"/> kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="text"/> kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="text"/> kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="text"/> kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="text"/> kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="text"/> kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**36. How much did you weigh one year after the pregnancy?**

How much did you weigh 1 year after pregnancy, compared to before pregnancy.  
Mark the alternative that fits the best. Applies to all pregnancies, also those that lasted less than six months.

<u>Pregnancy</u>	<u>Weight one year after pregnancy</u>					Don't remember
	<u>As before</u>	<u>More than before</u>		<u>Less than before</u>		
		1-5 kg	6-10 kg	more than 10 kg		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about contraceptives (oral pill, contraceptive shots or contraceptive rods)

**37. Have you ever used oral pills?**

Yes , I started using oral pills year 19

No      ⇒ if no go to **question 40**

Don't know      ⇒ if Don't know go to **question 40**

**38. If Yes, what type of oral pills?**

Only progesterone       Yes       No       Don't know

"Swedish minipiller"

"Combined"       Yes       No       Don't know

<u>What pills?</u>	<u>When?</u>	<u>How long?</u>		
Name of brand	Your age	Yr	Mon	Weeks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**39. For how long altogether have you used oral pills?**

yr    and/or     months

**40. Have you ever used contraceptive shots or rods?**

Yes, I started using shots or rods yr 19

No      ⇒ if no go to **question 42**

Don't know      ⇒ if Don't know go to **question 42**

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**41. For how long altogether have you used contraceptive shots or rods?**

yr *and/or*  months

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## Food and drink

Questions about your dietary habits. State your normal consumption, as it was before pregnancy.

**42. Which type of milk do you usually use (for example to drink, with porridge, jellies or coffee) and how much do you use per day or per week?**

Only mark one of the columns (1 glass = approximately 2 dl).

Low-fat milk, mini-milk	<input type="text"/>	glasses/day	or	<input type="text"/>	glasses/week
Medium-fat milk	<input type="text"/>	"	or	<input type="text"/>	"
High fat milk	<input type="text"/>	"	or	<input type="text"/>	"
Sour milk, yoghurt, kefir	<input type="text"/>	"	or	<input type="text"/>	"
Low fat sour milk or yoghurt	<input type="text"/>	"	or	<input type="text"/>	"

I drink or eat milk seldom or never.

**43. Which type of bread do you usually eat and how many slices per day or per week?**

Only mark one of the columns.

Crisp bread	<input type="text"/>	slices/day	or	<input type="text"/>	Slices/week
White bread	<input type="text"/>	"	or	<input type="text"/>	"
Whole grain bread	<input type="text"/>	"	or	<input type="text"/>	"
Sweet bread	<input type="text"/>	"	or	<input type="text"/>	"

I seldom/never eat bread

**44. How many slices of bread with butter or margarine do you usually eat per day or per week? Only mark one column.**

<input type="text"/>	slices/day	or	<input type="text"/>	Slices/week
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I don't use any type of fat on bread      ⇒ go to question 47

**45. How much fat do you usually spread on your bread?**

- A thick layer  
 A "normal" layer  
 A thin layer

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State your usual consumption as it was before pregnancy.

**46. What type(s) of fat do you usually use on your bread?**

- Butter  
 Bregott (butter mixed with margarine)  
 Margarine for bread (e.g. Flora, Bords Eve)  
 Light margarine for bread (e.g. Lätta, Lätt & Lagom, Det Goda)  
 Cooking margarine (e.g. Milda, TreEss)

**47. What type of cheese do you usually use (on bread, in cooking etc) and how much do you use per day, week or month? Only mark one of the columns. (1 dl = appr 7 tbsp)**

	Slices/tablespoons per				
	day	week	month		
Cheese, 24% fat or more	<input type="text"/>	or	<input type="text"/>	or	<input type="text"/>
Low fat cheese, 17 % fat or less	<input type="text"/>	or	<input type="text"/>	or	<input type="text"/>
Cheese like brie, camembert	<input type="text"/>	or	<input type="text"/>	or	<input type="text"/>
Processed cheese	<input type="text"/>	or	<input type="text"/>	or	<input type="text"/>
Cottage cheese	<input type="text"/>	or	<input type="text"/>	or	<input type="text"/>

I seldom or never eat cheese

**48. What type of fat do you use when cooking?**

- |   |  |
|---|--|
| <input type="checkbox"/> Butter                 | <input type="checkbox"/> Cooking margarine (e.g. Milda, TreEss)              |
| <input type="checkbox"/> Bregott (butter&marg.) | <input type="checkbox"/> Margarine for bread (e.g. Flora, Bords Eve)         |
| <input type="checkbox"/> Olive oil              | <input type="checkbox"/> Light margarine (e.g. Lätta, Lätt & Lagom, DetGoda) |
| <input type="checkbox"/> Rape seed oil          | <input type="checkbox"/> Liquid margarine (e.g. Nyttä, Milda)                |
| <input type="checkbox"/> Cooking oil            | <input type="checkbox"/> I do not use any fat when cooking                   |

**49. How much sugar or honey do you use with coffee, tea, porridge, sour milk, pancakes, on bread or fruit in total per day or per week.**

Tea spoons/lumps per day or  Tea spoons/lumps per week

I seldom or never eat sugar/honey

**50. How many cups of coffee did you use to drink per day or per week? (1 cup=1,5 dl)**

cups per day or  cups/week  I seldom or never drink coffee

**51. How many cups of tea do you drink per day or per week? (1 cup=2,5 dl)**

cups per day or  cups /week  I seldom or never drink tea

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**52. How often and how much do you eat on average of the following food items?**

Mark with a cross in two appropriate boxes on each line: "How often" and "How much".

If you "never/seldom" eat of a food item you do not have to state "How much"

Less than once per month, that is less than 12 times per year counts as "never/seldom"

FOOD ITEM, DISH	HOW OFTEN?									HOW MUCH?			
	Never/ seldom	mon 1-3	Times per week				day			Medium portion	Amount Portion sizes		
			1	2	3-4	5-6	1	2	3+		Small	Medium	Large
<i>Example: cornflakes/müsli</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PORRIDGE, OATMEAL GRUEL, PASTA</b>													
Oatmeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,5 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other porridge/gruel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,5 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cornflakes/müsli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tagliatelle/tortellini	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,5 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spagetti, macaroni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,5 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pancakes/waffles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 panc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheat or oat bran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>POTATOES, ROOT VEGETABLES</b>													
Boiled potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French fries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 pieces/dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beetroots/turnips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MEAT, FISH, EGGS</b>													
Sausage (fried/grilled/boiled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pork (not ground meat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef/veal (not ground meat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Game (not ground meat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground meat dishes (meat balls etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken/other poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver/kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver pate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black sausage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	150 g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herring/macarel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salmon/whitefish/char etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cod/pike/coalfish etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caviar, e.g. Kalle's caviar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roe/caviar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seafood (shrimp, crayfish etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs, omelette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Creamy sauce

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0,5 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------	--------------------------	--------------------------	--------------------------

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*Please make sure that you have marked two boxes per line ("how often" + "how much")*

*If you "never/seldom" eat of a food item you do not have to state "How much"*

+

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FOOD ITEM, DISH	HOW OFTEN? Times per									HOW MUCH? Amount			
	Never/ seldom	mån 1-3	week				day			Medium portion	Portion sizes		
			1	2	3-4	5-6	1	2	3+		Small	Medium	Large
<b>VEGETABLES</b>													
White and red cabbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cauliflower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broccoli/Brussels sprouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomato juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lettuce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinach/kale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	¼	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onion/leek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garlic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 clove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pea soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,5 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brown/white beans, soy, lentils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FRUITS AND BERRIES</b>													
Oranges, other citrus fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apples/pears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Berries (fresh or frozen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jam/marmalade/mash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup or cream made of fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COOKIES, SWEETS, OTHER</b>													
Buns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danish pastries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crackers, rusks and wafers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cookies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gateau/cake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweets (not chocolate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisps/popcorn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuts/almonds e.g. peanuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mayonnaise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomato ketchup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cream/crème fraiche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lemonade/soft drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure that you have marked two boxes per line ("how often" + "how much")

+

*If you "never/seldom" eat of a food item you do not have to state "How much"*

+

+

+

State your average consumption before pregnancy

### 53. How much alcohol do you normally drink?

State glasses per week or per month or per year – only one alternative per drink.

	Glasses per				
	week		month	year	
Beer, class II (1 glass=2 dl)	<input type="text"/>	<i>or</i>	<input type="text"/>	<i>or</i>	<input type="text"/>
Strong beer (1 glass=2 dl)	<input type="text"/>	<i>or</i>	<input type="text"/>	<i>or</i>	<input type="text"/>
White wine (1 glass=1 dl)	<input type="text"/>	<i>or</i>	<input type="text"/>	<i>or</i>	<input type="text"/>
Red wine (1 glass=1 dl)	<input type="text"/>	<i>or</i>	<input type="text"/>	<i>or</i>	<input type="text"/>
Wine high in alcohol, e.g. sherry, port (1 glass=4 cl)	<input type="text"/>	<i>or</i>	<input type="text"/>	<i>or</i>	<input type="text"/>
Strong liquor (1 glass=4 cl)	<input type="text"/>	<i>or</i>	<input type="text"/>	<i>or</i>	<input type="text"/>

I never drink alcohol

State your average consumption

### 54. How often do you eat fried dishes on average?

	Times per		Seldom/ never	
	week	month		
Dishes with ground meat fried in a pan (e.g. hamburgers, meatballs, ground beef patties)	<input type="text"/>	<i>or</i>	<input type="text"/>	<input type="checkbox"/>
Meat or sausage fried in a pan (e.g. beef, pork chops, sausage)	<input type="text"/>	<i>or</i>	<input type="text"/>	<input type="checkbox"/>
Fish fried in a pan	<input type="text"/>	<i>or</i>	<input type="text"/>	<input type="checkbox"/>
Chicken fried in a pan (e.g. fried fillets or casserole)	<input type="text"/>	<i>or</i>	<input type="text"/>	<input type="checkbox"/>
Grilled chicken	<input type="text"/>	<i>or</i>	<input type="text"/>	<input type="checkbox"/>
Chicken baked in the oven	<input type="text"/>	<i>or</i>	<input type="text"/>	<input type="checkbox"/>
Sause or gravey e.g. brown sause	<input type="text"/>	<i>or</i>	<input type="text"/>	<input type="checkbox"/>

I never or seldom eat meat  
 I never or seldom eat fish

**55. How fried are these dishes usually?**

- Lightly fried surface (light brown)  
 Medium fried surface (brown)  
 Strongly fried surface (dark brown)  
 Very strongly fried surface (almost black)  
 I seldom or never eat fried food

**56. In the past 5 years, have you changed your dietary habits and kept the new habits for at least 2 years?**

- Yes, from yr 19  until   No

	<u>I began eating</u>		<u>Did not change</u> the amount	<u>Never used to eat</u> or stopped eating
	less	more		
High fat milk/sour milk/yoghurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low fat milk /sour milk /yoghurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butter, butter mixed with margarine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margarine for bread (80%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat margarine for bread (40%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sausage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brown bread/whole grain bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other dietary changes, <b>what?</b> _____				

**57. Have you at any time previously in your life changed your dietary habits (e.g. changed to diabetes diet or stopped eating meat) and kept this dietary habit for at least 2 years?**

- Yes, from yr 19  until 19  and from yr 19  until 19   
 No

## Work and leisure time

Questions about your work and leisure time. State the alternative that fits the best today (present pregnancy) and for respective age.

### 58. How would you describe your work?

State the alternative that fits the best with the work you did at the respective age.

Gainful employment	Today	Age, year				
		20	25	30	35	40
<u>Mostly sedentary.</u> Office work, Light assemblage or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Medium non-sedentary work.</u> Sitting down ½ work time, e.g. teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Active work.</u> Little sitting down, lift and carry, e.g. hospital work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Heavy bodily work.</u> Lifting heavy goods, e.g. building construction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Part-time</u> 50-75%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Neither gainful employment nor studies</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 59. How often have you carried out household work or worked on the house and the garden?

Have you gone food shopping, cooked, washed up, cleaned, taken care of children, worked in the garden, washed the car, done home repairs or carried out other household work? State the average for the whole year.

Home/household work	Today	Age, yr				
		20	25	30	35	40
Less than 1 hour per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 1 and 2 hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 2 and 4 hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 4 and 6 hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 6 to 8 hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 8 hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**60. How much have you walked or cycled on a regular day (to work, day care, trains/busses etc)?** *State the average for the whole year, with considerations for any differences between summer and winter.*

Walking/cycling	Today	Age, yr				
		20	25	30	35	40
Less than 10 minutes per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 10 and 20 minutes per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 20 and 40 minutes per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 40 and 60 minutes per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 1 hour per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**61. How would you judge your physical activity in your leisure time at different ages?**

*State the average for the whole year and take into consideration any differences between summer and winter.*

Leisure time	Today	Age, yr				
		20	25	30	35	40
<u>Mostly sedentary.</u> Reads, watches TV or does handicraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Occasional exercise.</u> Walks, goes skiing, swims etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Regular exercise.</u> Walks at a high pace, jogs etc about 1 time per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular heavy exercise. Cross-country running at least twice a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**62. Have you changed your physical activities since you got pregnant?**

Yes

No

If Yes, in what way?

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If Yes, when (what week) during the pregnancy?

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## Tobacco

Questions about your smoking habits and snuff use.

63. Have you smoked a total of at least **100 cigarettes**?

Yes                       No                      ⇒ if no go to *question 71*

64. Have you ever smoked cigarettes more or less daily during at least 6 months?

Yes                       No                      ⇒ If no go to *question 71*

65. At what age did you start smoking more or less daily?

yrs of age

66. Have you stopped smoking for any length of time?

Yes    ⇒ how long?  months    or     years  
 No

67. Do you still smoke cigarettes?

Yes                      ⇒ If Yes go to *question 69*  
 No

68. If you've quit smoking, state at what age you stopped.

yrs of age

69. How long time altogether have you smoked cigarettes daily?

Years or     months

70. How much have you smoked per day at different ages? State how many cigarettes per day you smoked on average at different ages. Mark a box until your present age group.

-15 yr	16-20 yr	21-25 yr	26-30 yr	31-35 yr	36-40 yr	41-45 yr
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

71. Have you ever used snuff regularly (that is, at least once a week) during 6 months or longer?

Yes                       No                      ⇒ If no go to *question 77*

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**72. At what age did you start using snuff daily?**

yrs of age

**73. Do you still use snuff?**

Yes     $\Rightarrow$  *If Yes go to question 75*  
 No

**74. If you quit using snuff, state at what age you stopped.**

yrs of age

**75. How long altogether have you used snuff daily?**

Years *or*  months

**76. How much snuff have you used at different ages? State how many boxes of snuff per week that you have used on average at different ages. Mark boxes until your present age group.**

<b>-15 yr</b>	<b>16-25 yr</b>	<b>26-35 yr</b>	<b>36-45 yr</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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## Upbringing and education

77. What year were you born?

19

78. In which country were you born?

Sweden

Other country, **which?**

I was  years old when I came to Sweden

79. How many years altogether have you gone to school, university or other education?

*All types of schools and educations count. Recalculate part-time studies into full-time.*

years

80. Which is your highest education?

*Choose the type of schooling that best corresponds to your own.*

Vocational school ? – “Swedish Folkskola”

Compulsory school (9 yrs)

Junior secondary school? “In Swedish Realskola “

Secondary school

University college, university or equivalent

Non-academic professional training

Other, **which?** \_\_\_\_\_

**Many thanks you for your participation!**