

# Questionnaire

1. Age

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2. Nationality

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3. Educational qualification

- Primary School
- Secondary school
- Degree
- Master's or PhD

4. Write your height (cm)

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5. Write your weight before pregnancy (kg)

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6. How many kilos did you gain in the last pregnancy?

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7. On average how many kilos did you gain in previous pregnancies?

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8. Have you had any other pregnancies?

Yes

No

9. How many spontaneous births?

0

1

2

> 3

10. How many spontaneous miscarriages?

0

1

2

> 3

11. How many IVGs?

0

1

2

> 3

12. Do you suffer from any major diseases?

- Diabetes
- Thyroidopathies
- Hypertension
- Polycystic ovary
- Heart diseases
- Genetic diseases
- Epilepsy
- None
- Other: \_\_\_\_\_

13. Do you usually take any drugs?

- Yes
- No

14. If the answer is "yes" write which drugs, otherwise answer "no".

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15. What type of birth did you undergo?

Natural

Cesarean

16. At what week of gestation did you give birth?

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17. How much did the baby weigh at birth (gr)?

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18. How long was the baby at birth (cm)?

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19. Where was the baby admitted after birth?

Nest (cradle near the mother)

Neonatal Intensive Care

Other: \_\_\_\_\_

20. If the answer is "Neonatal Intensive Care", write the reason

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21. Did you develop pathologies during pregnancy?

- No
- Gestational diabetes
- Gestational hypertension
- Preeclampsia
- Eclampsia
- Cholestasis
- Toxoplasmosis
- Cytomegalovirus
- Chickenpox
- Covid-19
- Other: \_\_\_\_\_

22. If you answered "Covid 19" to the previous question, specify your gestation period

\_\_\_\_\_

23. Were you often on a diet before pregnancy?

- Yes
- No

24. Were you worried about your weight before pregnancy?

- Yes
- No

25. Were you on a diet during pregnancy?

- Yes
- No

26. If the answer is yes, who was it followed by?

- Nutritionist
- Gynecologist
- Family Doctor
- Other: \_\_\_\_\_

27. Were you worried about your weight during pregnancy?

- Yes
- No

28. Did you attend a birth accompaniment course during your last pregnancy?

- Yes
- No

29. If so, has the topic of nutrition and supplements in pregnancy been discussed during the course?

- Yes
- No

30. Did you use any food or vitamin supplements when you were pregnant?

- Yes
- No

31. If the answer is "yes", specify which ones

\_\_\_\_\_

32. Are you vegetarian?

- Yes
- No

33. Are you vegan?

Yes

No

34. Has your diet changed during pregnancy or was it your usual one?

No

Yes, I have decreased the amount of portions

Yes, I have increased the portion size

Yes, I have eliminated some foods

35. If you have reduced quantities, at what time of pregnancy?

Never

In the first trimester

In the second trimester

In the third trimester

36. If you have increased quantities, at what time of pregnancy?

Never

In the first trimester

In the second trimester

In the third trimester

37. Have you avoided some foods for pathologies or intolerances?

No

Yes

38. If the answer is "yes", specify the reason

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39. If the answer is "yes", specify which foods

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40. Have you introduced new products and food during pregnancy?

No

Yes

41. If the answer is "yes", specify which ones

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42. If the answer is "yes", specify the trimester in which you have introduced new foods.

No, I haven't introduced any new foods

yes, from the 1°

yes, from the 2°

yes, from the 3°

43. Did you smoke during pregnancy?

Yes

No

44. Did you drink alcohol during pregnancy?

Yes

No

45. Did you take narcotic substances during pregnancy?

Tranquilizer

Cannabis

Hashish

Nothing

Other: \_\_\_\_\_

Please indicate with an X the answer you most identify with (it can also indicate more than one answer).

46. How many times do you/did you practise physical exercise?

	Never	1-2 times a week	3-4 times a week	> 5 times a week
Before the pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This part of the questionnaire contains a series of statements regarding the lifestyle or eating habits followed before pregnancy.

47. BEFORE PREGNANCY did you use olive oil as your main cooking fat?

Yes

No

48. BEFORE PREGNANCY Did you use 4 or more tablespoons of olive oil per day (including oil for frying, salad dressing, meals outside the home, etc.)?

Yes

No

49. BEFORE PREGNANCY Did you eat 2 or more servings of vegetables per day (1 serving = 200g)?

Yes

No

50. BEFORE PREGNANCY Did you consume 3 or more servings of fruit per day (including juices or natural centrifuges)?

Yes

No

51. BEFORE PREGNANCY Did you eat less than 1 serving (= 100-150g) of red meat, hamburgers or meat products (sausages etc) every day?

Yes

No

52. BEFORE PREGNANCY Did you consume less than 1 serving (12 g) of butter, margarine or cream per day?

Yes

No

53. BEFORE PREGNANCY Did you drink less than 1 glass (= 100ml) of carbonated sugary drinks per day?

Yes

No

54. BEFORE PREGNANCY Did you drink 7 or more glasses (= 100 ml) of red wine a week?

Yes

No

55. BEFORE PREGNANCY did you eat 3 or more portions (1 portion = 150g boiled) of legum a week?

Yes

No

56. BEFORE PREGNANCY did you eat 3 or more portions (1 portion = 150 g) of fish or sea fruit a week?

Yes

No

57. BEFORE PREGNANCY did you consume less than 3 times a week of sweets or commercial pastries (no homemade) as biscuits or cakes?

Yes

No

58. BEFORE PREGNANCY Did you consume 3 or more servings (1 serving = 30g) of dry fruit (walnuts, almonds, hazelnuts, etc.) a week?

Yes

No

59. BEFORE PREGNANCY Did you prefer white meat (chicken, turkey, rabbit) instead of red meat (veal, pork, hamburger, sausage)?

Yes

No

60. BEFORE PREGNANCY Did you use the "mixture" (tomato, onion, garlic or leek cooked with olive oil) to cook vegetables, pasta, rice or other dishes 2 or more times a week?

Yes

No

This part of the questionnaire contains a series of statements regarding the lifestyle, or eating habits, followed during the pregnancy period.

61. DURING PREGNANCY Did you use olive oil as your main cooking fat?

Yes

No

62. DURING PREGNANCY Did you use 4 or more tablespoons of olive oil per day (including oil for frying, salad dressing, meals outside the home, etc.)?

Yes

No

63. DURING PREGNANCY Did you eat 2 or more servings of vegetables per day (1 serving = 200g)?

Yes

No

64. DURING PREGNANCY Did you consume 3 or more servings of fruit per day (including natural juices)?

Yes

No

65. DURING PREGNANCY Did you consume less than 1 serving (= 100-150g) of red meat, hamburgers or meat products (sausages etc) every day?

Yes

No

66. DURING PREGNANCY Did you consume less than 1 serving (12 g) of butter, margarine or cream per day?

Yes

No

67. DURING PREGNANCY Did you drink less than 1 glass (= 100 ml) of sugary or carbonated drinks per day?

Yes

No

68. DURING PREGNANCY Did you drink 7 or more glasses (= 100 ml) of red wine a week?

Yes

No

69. DURING PREGNANCY did you consume 3 or more portions (1 portion = 150g boiled) of legumes a week?

Yes

No

70. DURING PREGNANCY Did you eat 3 or more portions (1 portion = 150 g) of fish or sea fruit a week?

Yes

No

71. DURING PREGNANCY did you consume less than 3 times a week sweets or commercial pastries (not homemade)?

Yes

No

72. DURING PREGNANCY Did you consume 3 or more servings (1 serving = 30g) of dry fruit (walnuts, almonds, hazelnuts, etc.) a week?

Yes

No

73. DURING PREGNANCY Did you prefer white meat (chicken, turkey, rabbit) or red meat (veal, pork, hamburger, sausage)?

Yes

No

74. DURING PREGNANCY Did you use the "mixture" (tomato, onion, garlic or leek cooked with olive oil) to cook vegetables, pasta, rice or other dishes 2 or more times a week?

Yes

No

Kindly, for each row (before pregnancy, first, second and third trimester) indicate with an X the answer with which you most identify.

75. How often have you eaten WHITE MEAT?

Select all applicable items.

	Daily	Very Often	1-2 times a week	Never
Before pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76. How often have you eaten RED MEAT?

Select all applicable items.

	Daily	Very Often	1-2 times a week	Never
Before pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

77. How often have you eaten FISH?

Select all applicable items.

	Daily	Very Often	1-2 times a week	Never
Before pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

78. How often have you eaten EGGS?

Select all applicable items.

	Daily	Very Often	1-2 times a week	Never
Before pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

79. How often have you eaten LEGUMES?

Select all applicable items.

	Daily	Very Often	1-2 times a week	Never
Before pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>