

Child neurodevelopment among residents in the Mediterranean coastal regions of Italy, Slovenia, Croatia and Greece: the role of environmental exposure to heavy metals

Date of Interview (DDMMYY)	_ _ _ _ _ _ _
Start Time (HHMM)	_ _ _ _ _

|_|_|_|_|_|v1

|_|_|_|_|_|_|_|v2

|_|_|_|_|_|v3

D1	Full name of mother.....	
D2	Date of birth (DDMMYY)	_ _ _ _ _ _ _
D3	Full name of newborn.....	
D4	Sex of newborn	1. Female 2. Male
D5	Date of birth of newborn (DDMMYY)	_ _ _ _ _ _ _
D6	Address Street.....N°..... Municipality/Subdivision.....Province.....	

|_|_|_|_|_|v4

|_|_|_|_|_|_|_|v5

|_|_|_|_|_|v6

|_|v7

|_|_|_|_|_|_|_|v8

|_|_|_|_|_|_|_|v9

D7	Do you agree to participate in the study?	1. Yes 2. No
----	---	-----------------

|_|v10

PERSONAL DATA OF MOTHER AND HUSBAND/ LIVE IN MATE**D8 Place of birth of mother**

Municipality.....

|_|_|_|_|_|v11

Province/Foreign Country.....

D9 School title of mother

1. None
2. Elementary school
3. Middle school
4. High school
5. College degree

|_|v12

D10 Name of husband/live in mate.....**D11 Date of birth of husband/live in** |_|_|_|_|_|_|_|
mate(DDMMYY):

|_|_|_|_|_|_|_|v13

D12 School title of husband/live in mate:

1. None
2. Elementary school
3. Middle school
4. High school
5. College degree

|_|v14

D13 Profession of husband/live in mate:.....
.....

HEALTH STATUS AND OBSTETRIC/GYNAECOLOGIC HISTORY

D14 Was the last pregnancy your first one? 1. Yes
2. No

|_|v15

D15 How many previous pregnancies have you had? |_|_|

|_|_|v16

D16 What was the year and outcome of previous pregnancies?

Pregnancy	Year	Outcome
1		
2		
3		
4		
1=live born full term 2=live born premature 3=live born underweight 4=live born with malformations/genetic syndromes 5=miscarriage 6=stillbirth		

|_|_|v17 |_|v18

|_|_|v19 |_|v20

|_|_|v21 |_|v22

|_|_|v23 |_|v24

D17	Regarding the father of the child:	
A	Is he alive or deceased?	1. Alive (go to B) 2. Deceased (go to C, D)
B	If alive, is he in good health?	1. Yes 2. No: he is affected by.....
C	If deceased, give age of death in years:	_ _
D	What was the cause of death?.....	

|_|v25

|_|v26

|_|_|_|_|v27

|_|_|v28

|_|_|_|_|v29

D18	Regarding other children (newborn excluded):	
Child 1		
A	Is he/she alive or deceased?	1. Alive (go to B) 2. Deceased (go to C, D)
B	If alive, is he/she in good health?	1. Yes 2. No: he/she is affected by.....
C	If deceased, give age of death in years, months or days:	YY _ _ MM _ _ DD _ _
D	What was the cause of death?.....	

|_|v30

|_|v31

|_|_|_|_|v32

|_|_|_|_|_|_|v33

|_|_|_|_|v34

Child 2		
A	Is he/she alive or deceased?	1. Alive (go to B) 2. Deceased (go to C, D)
B	If alive, is he/she in good health?	1. Yes 2. No: he/she is affected by.....
C	If deceased, give age of death in years, months or days:	YY _ _ MM _ _ DD _ _
D	What was the cause of death?.....	

|_|v35

|_|v36

|_|_|_|_|v37

|_|_|_|_|_|_|v38

|_|_|_|_|v39

Child 3		
A	Is he/she alive or deceased?	1. Alive (go to B) 2. Deceased (go to C, D)
B	If alive, is he/she in good health?	1. Yes 2. No: he/she is affected by.....
C	If deceased, give age of death in years, months or days:	YY _ _ MM _ _ DD _ _
D	What was the cause of death?.....	

|_|v40

|_|v41

|_|_|_|_|42

|_|_|_|_|_|_|v43

|_|_|_|_|v44

Child 4		
A	Is he/she alive or deceased?	1. Alive (go to B) 2. Deceased (go to C, D)
B	If alive, is he/she in good health?	1. Yes 2. No: he/she is affected by.....
C	If deceased, give age of death in years, months or days:	YY _ _ MM _ _ DD _ _
D	What was the cause of death?.....	

|_|v45

|_|v46

|_|_|_|_|v47

|_|_|_|_|_|_|v48

|_|_|_|_|v49

D19 Is/was (if deceased) anyone in your family affected by any of the following diseases?:

	1=Yes 2=No	1=child's father; 2=child; 3=parents of father or mother; 4=sibling of father or mother
Cardiovascular diseases		
Neurological diseases		
Genetic diseases		
Tumors		
Diabetes Mellitus		
Hypertension		

|_|v50

|_|_|_|_|v51

|_|v52

|_|_|_|_|v53

|_|v54

|_|_|_|_|v55

|_|v56

|_|_|_|_|v57

|_|v58

|_|_|_|_|v59

|_|v60

|_|_|_|_|v61

D20 Before and during pregnancy, were you affected by:

	Before (B) or During (D) Pregnancy 2=No		Specify actual disease
Diabetes			
Asthma			
Allergies			
Epilepsy			
Hypertension			
Vomiting			
Hypothyroidism			
Hyperthyroidism			
Lupus e. s.			
Rheumatoid diseases			
Urinary infections			
Infections			
Fever			
Seizure			
Anaemia			
Cardiac diseases			

|_|v62 |_|_|_|_|v63

|_|v64 |_|_|_|_|v65

|_|v66 |_|_|_|_|v67

|_|v68 |_|_|_|_|v69

|_|v70 |_|_|_|_|v71

|_|v72 |_|_|_|_|v73

|_|v74 |_|_|_|_|v75

|_|v76 |_|_|_|_|v77

|_|v78 |_|_|_|_|v79

|_|v80 |_|_|_|_|v81

|_|v82 |_|_|_|_|v83

|_|v84 |_|_|_|_|v85

|_|v86 |_|_|_|_|v87

|_|v88 |_|_|_|_|v89

|_|v90 |_|_|_|_|v91

|_|v92 |_|_|_|_|v93

D21 Did you take any therapeutic drugs during pregnancy? 1. Yes
2. No (go to D23)

|_|_|v94

D22 If “Yes”, which one(s)

Brand Name	Reason	From	To	Times a day

|_|_|_|v95 |_|_|_|_|v96
|_|_|_|v97 |_|_|_|v98 |_|_|v99

|_|_|_|_|v100 |_|_|_|_|v101
|_|_|_|v102 |_|_|_|v103 |_|_|v104

|_|_|_|_|v105 |_|_|_|_|v106
|_|_|_|v107 |_|_|_|v108 |_|_|v109

|_|_|_|_|v110 |_|_|_|_|v111
|_|_|_|v112 |_|_|_|v113 |_|_|v114

|_|_|_|_|v115 |_|_|_|_|v116
|_|_|_|v117 |_|_|_|v118 |_|_|v119

|_|_|_|_|v120 |_|_|_|_|v121
|_|_|_|v122 |_|_|_|v123 |_|_|v124

D23 How many OB/GYN exams did you undergo during pregnancy? |_|_|_|

|_|_|_|v125

D24 How many ultrasound exams? |_|_|_|

|_|_|_|v126

D25 Did you have any dental exams during pregnancy? 1. Yes
2. No (go to D28)

|_|_|v127

D26	During dental exams, did you have any tooth fillings?	1. Yes 2. No	__ v128
D27	How many tooth fillings?	1. < 2 2. 3-5 3. 6-9 4. 10+	__ v129
D28	What was your average weight before pregnancy?	Kg: __ __	__ __ v130
D29	How many Kg did you gain during pregnancy?	Kg: __ __	__ __ v131
D30	How tall are you?	Cm: __ __ __	__ __ __ v132
D31	How tall is the father of the baby?	Cm: __ __ __	__ __ __ v133
D32	What is the father's weight?	Kg: __ __ __	__ __ __ v134

HEALTH STATUS OF NEWBORN

D33	How much did your baby weigh at birth?	Gm: __ __ __ __	__ __ __ __ v135
D34	How long was your baby at birth?	Cm: __ __	__ __ v136
D35	What type of delivery did you have?	1. Spontaneous 2. Induced with drugs 3. Caesarean section 4. with suction cup 5. breach 6. with forceps	__ v137

D36 After birth, was your baby affected by any of the following?

Jaundice	1. Yes 2. No
Infections	1. Yes 2. No
Respiratory problems	1. Yes 2. No
Seizures	1. Yes 2. No

|__|v138

|__|v139

|__|v140

|__|v141

D37 Was your baby ever hospitalized?

1. Yes
2. No (go to D38)

|__|v142

Weeks of age	Reason	Medications for treatment

|__|v143|__|v144

|__|v145|__|v146

|__|v147|__|v148

|__|v149|__|v150

|__|v151|__|v152

D38 Hospitalizations excluded, did your baby ever need medical attention?

1. Yes
2. No (go to D39)

|__|v153

D39 Presently, how is your baby being nursed:

1. Breast milk only
2. Mostly breast milk
3. Partially breast milk
4. Artificial milk (formula)

|__|v154

D40 In the preceeding weeks, your baby was nursed with:

From (weeks)	To (weeks)	Method
Method: 1. Breast milk only 2. Mostly breast milk 3. Partially breast milk 4. Artificial milk (formula)		

|__|__|v155 |__|__|v156|__|v157
 |__|__|v158 |__|__|v159|__|v160
 |__|__|v161 |__|__|v162|__|v163
 |__|__|v164 |__|__|v165|__|v166
 |__|__|v167 |__|__|v168|__|v169
 |__|__|v170 |__|__|v171|__|v172

D41 Is your baby taking the
pacifier?

1. Yes
2. No

|__|v173

D42 Presently, where does your
baby sleep?

1. in the same room with parents
2. alone in his/her room
3. with “others”

|__|v174

MOTHER'S DIET

D43 During pregnancy, with what frequency, on the average, did you eat the following foods?

Food item	Daily	Weekly	Monthly	9 mos	
Milk (1 glass) Local/Home farm-raised Store bought	_ v175 _ v179	_ _ v176 _ _ V180	_ _ _ v177 _ _ _ v181	_ _ _ v178 _ _ _ v182	175-182
Yogurt (1 jar, 125 g)	_ v183	_ _ v184	_ _ _ v185	_ _ _ v186	183-186
Pasta or rice with oil or butter (80 g)	_ v187	_ _ v188	_ _ _ v189	_ _ _ v190	187-190
Pasta or rice with tomato sauce (80 g)	_ v191	_ _ v192	_ _ _ v193	_ _ _ v194	191-194
Pasta or rice with ragù sauce/ Lasagna/cannelloni (80 g)	_ v195	_ _ v196	_ _ _ v197	_ _ _ v198	195-198
Pasta or rice with fish sauce (80 g)	_ v199	_ _ v200	_ _ _ v201	_ _ _ v202	199-202
Vegetable/legume soup/pasta with beans (250 g)	_ v203	_ _ v204	_ _ _ v205	_ _ _ v206	203-206
Fish soup/ broth (100 g)	_ v207	_ _ v208	_ _ _ v209	_ _ _ v210	207-210
Pizza (1, 200 g)	_ v211	_ _ v212	_ _ _ v213	_ _ _ v214	211-214
Bread (1 bun/slice)	_ v215	_ _ v216	_ _ _ v217	_ _ _ v218	215-218
Crackers, grissini, melba toast (1 serving/5/3)	_ v219	_ _ v220	_ _ _ v221	_ _ _ v222	219-222
Polenta (2 slices)	_ v223	_ _ v224	_ _ _ v225	_ _ _ v226	223-226
Boiled chicken/turkey, grilled (1 serv., 200 g) Local/Home farm-raised Store bought	_ v227 _ v231	_ _ v228 _ _ v232	_ _ _ v229 _ _ _ v233	_ _ _ v230 _ _ _ v234	227-234
Chicken/turkey roasted, stewed, fried (1 serv, 200 g) Local/Home farm-raised Store bought	_ v235 _ v239	_ _ v236 _ _ v240	_ _ _ v237 _ _ _ v241	_ _ _ v238 _ _ _ v242	235-242
Beef/pork boiled, grilled (1 serv., 120 g) Local/Home farm-raised Store bought	_ v243 _ v247	_ _ v244 _ _ v248	_ _ _ v245 _ _ _ v249	_ _ _ v246 _ _ _ v250	243-250
Beef/pork roasted, stewed, fried (1 serv., 150 g) Local/Home farm-raised Store bought	_ v251 _ v255	_ _ v252 _ _ v256	_ _ _ v253 _ _ _ v257	_ _ _ v254 _ _ _ v258	251-258

Food item	Daily	Weekly	Monthly	9 mos	
Wild game meats					
Local/Home farm raised	__ v259	__ __ v260	__ __ __ v261	__ __ __ v262	259-266
Store bought	__ v263	__ __ v264	__ __ __ v265	__ __ __ v266	
Assorted fried fish (1 serv.150 g)	__ v267	__ __ v268	__ __ __ v269	__ __ __ v270	267-270
Assorted fish grilled (1 serv.150 g)	__ v271	__ __ v272	__ __ __ v273	__ __ __ v274	271-274
Prosciutto/deli meats (50 g)	__ v275	__ __ v276	__ __ __ v277	__ __ __ v278	275-278
Eggs (1)					
Local/Home farm-raised	__ v279	__ __ v280	__ __ __ v281	__ __ __ v282	279-286
Store bought	__ v283	__ __ v284	__ __ __ v285	__ __ __ v286	
Cheese (1 serving, 100 g)	__ v287	__ __ v288	__ __ __ v289	__ __ __ v290	287-290
Dessert/fruit tarts (1 slice or cup)	__ v291	__ __ v292	__ __ __ v293	__ __ __ v294	291-294

D44 During pregnancy, with what frequency, on the average, did you eat the following sea foods?

Food item	Daily	Weekly	Monthly	9 mos	
Fish (150 g)	__ v295	__ __ v296	__ __ __ v297	__ __ __ v298	295-298
Molluscs/shellfish (150 g)	__ v299	__ __ v300	__ __ __ v301	__ __ __ v302	299-302
Tuna, mackerel, sardines packed in oil (1 can or 80 g)	__ v303	__ __ v304	__ __ __ v305	__ __ __ v306	303-306

D45 During pregnancy, with what frequency, on the average, did you eat the following types of fish?

Food item	Daily	Weekly	Monthly	9 mos	1=fresh 2=frozen 3=canned 4=don't know	
Eel	__ v307	__ __ v308	__ __ __ v309	__ __ __ v310	__ v311	307-311
Bass	__ v312	__ __ v313	__ __ __ v314	__ __ __ v315	__ v316	312-316
Gilthead	__ v317	__ __ v318	__ __ __ v319	__ __ __ v320	__ v321	317-321
Grey mullet	__ v322	__ __ v323	__ __ __ v324	__ __ __ v325	__ v326	322-326
Riboni	__ v327	__ __ v328	__ __ __ v329	__ __ __ v330	__ v331	327-331
Sole	__ v332	__ __ v333	__ __ __ v334	__ __ __ v335	__ v336	332-336
Fresh tuna	__ v337	__ __ v338	__ __ __ v339	__ __ __ v340	__ v341	337-341
Moli/melù	__ v342	__ __ v343	__ __ __ v344	__ __ __ v345	__ v346	342-346
Asià	__ v347	__ __ v348	__ __ __ v349	__ __ __ v350	__ v351	347-351

Food item	Daily	Weekly	Monthly	9 mos	1=fresh 2=frozen 3=canned 4=don't know	
Mackerels	_ v352	_ _ v353	_ _ _ v354	_ _ _ v355	_ v356	352-356
Smooth dogfish	_ v357	_ _ v358	_ _ _ v359	_ _ _ v360	_ v361	357-361
Plaice	_ v362	_ _ v363	_ _ _ v364	_ _ _ v365	_ v366	362-366
Angler	_ v367	_ _ v368	_ _ _ v369	_ _ _ v370	_ v371	367-371
Vitello-mare	_ v372	_ _ v373	_ _ _ v374	_ _ _ v375	_ v376	372-376
p.S.Pietro	_ v377	_ _ v378	_ _ _ v379	_ _ _ v380	_ v381	377-381
Pilchards/ Sardines	_ v382	_ _ v383	_ _ _ v384	_ _ _ v385	_ v386	382-386
Shads	_ v387	_ _ v388	_ _ _ v389	_ _ _ v390	_ v391	387-391
Trout	_ v392	_ _ v393	_ _ _ v394	_ _ _ v395	_ v396	392-396
Cod	_ v397	_ _ v398	_ _ _ v399	_ _ _ v400	_ v401	397-401
Swordfish	_ v402	_ _ v403	_ _ _ v404	_ _ _ v405	_ v406	402-406
Salmon	_ v407	_ _ v408	_ _ _ v409	_ _ _ v410	_ v411	407-411
Other saltwater fish (list):	_ v412	_ _ v413	_ _ _ v414	_ _ _ v415	_ v416	412-416
Other freshwater fish (list):	_ v417	_ _ v418	_ _ _ v419	_ _ _ v420	_ v421	417-421

D46 During pregnancy, how many times, on the average did you eat fish at a restaurant?

1. <1/month
2. 1-3/month
3. 1/week
4. 2-4/week
5. >4/week
6. never

|_|v422

D47 If breast-feeding, with what frequency do you presently eat fish?

Food item	Daily	Weekly	Monthly
Fish (150 g)	__ v423	__ __ v424	__ __ __ v425
Molluscs/shellfish (150 g)	__ v426	__ __ v427	__ __ __ v428
Tuna, mackerel, sardines packed in oil (1 can or 80 g)	__ v429	__ __ v430	__ __ __ v431

423-425

426-428

429-431

D48 In the winter, where do you habitually buy fresh fish (2 mostly used):

1. Fish-shop
2. Fish market
3. Grocery store
4. From the fisherman
5. Fishes on her own
6. Other:.....
9. Does not buy fresh fish

|__|v432

D49 Can you indicate the name and/or the Municipality where you habitually buy fish in the winter?

Name

|__|__|__|v433

Municipality

|__|__|__|__|__|v434

Name

|__|__|__|v435

Municipality

|__|__|__|__|__|v436

D50 In the summer, where do you habitually buy fresh fish (2 mostly used):

1. Fish-shop
2. Fish market
3. Grocery store
4. From the fisherman
5. Fishes on her own
6. Other:.....
9. Does not buy fresh fish

|__|v437

D51 Can you indicate the name and/or the Municipality where you habitually buy fish in the summer?

Name

|_|_|_|v438

Municipality

|_|_|_|_|_|v439

Name

|_|_|_|v440

Municipality

|_|_|_|_|_|v441

D52 Do you buy pre-packaged fish?
1. Yes
2. No

|_|v442

D53 During pregnancy, how many times, on the average, did you consume the following vegetables?

Food Item	Raw			Cooked			In season (n° of months)
	Daily	Weekly	Monthly	Daily	Weekly	Monthly	
Potatoes (1;150g) <u>Local/Home garden</u> <u>Store bought</u>	_ v443 _ v444	_ _ v445 _ _ v446	_ _ _ v447 _ _ _ v448	_ v449 _ v450	_ _ v451 _ _ v452	_ _ _ v453 _ _ _ v454	_ _ v455 _ _ v456
Mixed salad (tomatoes, cucumbers, carrots) (50 g) <u>Local/Home garden</u> <u>Store bought</u>	_ v457 _ v458	_ _ v459 _ _ v460	_ _ _ v461 _ _ _ v462	_ v463 _ v464	_ _ v465 _ _ v466	_ _ _ v467 _ _ _ v468	_ _ v469 _ _ v470
Green and red lattice (50g) <u>Local/Home garden</u> <u>Store bought</u>	_ v471 _ v472	_ _ v473 _ _ v474	_ _ _ v475 _ _ _ v476	_ v477 _ v478	_ _ v479 _ _ v480	_ _ _ v481 _ _ _ v482	_ _ v483 _ _ v484
Spinach/ Chard (200g) <u>Local/Home garden</u> <u>Store bought</u>	_ v485 _ v486	_ _ v487 _ _ v488	_ _ _ v489 _ _ _ v490	_ v491 _ v492	_ _ v493 _ _ v494	_ _ _ v495 _ _ _ v496	_ _ v497 _ _ v498
Cabbage, Cauliflower, Broccoli, Brussels sprouts, Savoy cabbage, turnips (125g) <u>Local/Home garden</u> <u>Store bought</u>	_ v499 _ v500	_ _ v501 _ _ v502	_ _ _ v503 _ _ _ v504	_ v505 _ v506	_ _ v507 _ _ v508	_ _ _ v509 _ _ _ v510	_ _ v511 _ _ v512

FOOD ITEM	Raw			Cooked			In season(n° of months)
	Daily	Weekly	Monthly	Daily	Weekly	Monthly	
Carrots (100g) <u>Local/Home garden</u> <u>Store bought</u>	_ v513 _ v514	_ _ v515 _ _ v516	_ _ _ v517 _ _ _ v518	_ v519 _ v520	_ _ v521 _ _ v522	_ _ _ v523 _ _ _ v524	_ _ v525 _ _ v526
Fresh tomatoes (150g) <u>Local/Home garden</u> <u>Store bought</u>	_ v527 _ v528	_ _ v529 _ _ v530	_ _ _ v531 _ _ _ v532	_ v533 _ v534	_ _ v535 _ _ v536	_ _ _ v537 _ _ _ v538	_ _ v539 _ _ v540
Peppers, Zucchini, Egg-plant, winter squash (150g) <u>Local/Home garden</u> <u>Store bought</u>	_ v541 _ v542	_ _ v543 _ _ v544	_ _ _ v544 _ _ _ v545	_ v546 _ v547	_ _ v548 _ _ v549	_ _ _ v550 _ _ _ v551	_ _ v552 _ _ v553
Artichokes (1 whole, 3 bottoms) <u>Local/Home garden</u> <u>Store bought</u>	_ v554 _ v555	_ _ v556 _ _ v557	_ _ _ v558 _ _ _ v559	_ v560 _ v561	_ _ v562 _ _ v563	_ _ _ v564 _ _ _ v565	_ _ v566 _ _ v567
Fennel (1;100g) <u>Local/Home garden</u> <u>Store bought</u>	_ v568 _ v569	_ _ v570 _ _ v571	_ _ _ v572 _ _ _ v573	_ v574 _ v575	_ _ v576 _ _ v577	_ _ _ v578 _ _ _ v579	_ _ v580 _ _ v581
Peas, beans, green beans, chickpeas, lentils (100g) <u>Local/Home garden</u> <u>Store bought</u>	_ v582 _ v583	_ _ v584 _ _ v585	_ _ _ v586 _ _ _ v587	_ v588 _ v589	_ _ v590 _ _ v591	_ _ _ v592 _ _ _ v593	_ _ v594 _ _ v595

D54	During pregnancy, how many times, on the average, did you consume the following fruits?
-----	--

FOOD ITEM	Daily	Weekly	Monthly	In Season (n° of months)	
Bananas (1)	__ v596	__ __ v597	__ __ __ v598	__ __ v599	596-599
Apples or pears (1)					
<u>Local/Home garden</u>	__ v600	__ __ v602	__ __ __ v604	__ __ v606	600-607
<u>Store bought</u>	__ v601	__ __ v603	__ __ __ v605	__ __ v607	
Peaches (1) /apricots (3) /prunes (3), (100 g)					
<u>Local/Home garden</u>	__ v608	__ __ v610	__ __ __ v612	__ __ v614	608-615
<u>Store bought</u>	__ v609	__ __ v611	__ __ __ v613	__ __ v615	
Cantaloupe(2 slices)/watermelon (1 slice)					
<u>Local/Home garden</u>	__ v616	__ __ v618	__ __ __ v620	__ __ v622	616-623
<u>Store bought</u>	__ v617	__ __ v619	__ __ __ v621	__ __ v623	
Strawberries/cherries (1 cup, 150 g)					
<u>Local/Home garden</u>	__ v624	__ __ v626	__ __ __ v628	__ __ v630	624-631
<u>Store bought</u>	__ v625	__ __ v627	__ __ __ v629	__ __ v631	
Oranges (1)/ grapefruits(1)/ lemons (1) tangerines (2)/ fruit squeezes (150 g)					
<u>Local/Home garden</u>	__ v632	__ __ v634	__ __ __ v636	__ __ v638	632-639
<u>Store bought</u>	__ v633	__ __ v635	__ __ __ v637	__ __ v639	
Grape					
<u>Local/Home garden</u>	__ v640	__ __ v642	__ __ __ v644	__ __ v646	640-647
<u>Store bought</u>	__ v641	__ __ v643	__ __ __ v645	__ __ v647	
Kiwi					
<u>Local/Home garden</u>	__ v648	__ __ v650	__ __ __ v652	__ __ v654	648-655
<u>Store bought</u>	__ v649	__ __ v651	__ __ __ v653	__ __ v655	
Fruit juices (1 bottle, 125 g)	__ v656	__ __ v657	__ __ __ v658	__ __ v659	656-659
Dried fruit (50 g)	__ v660	__ __ v661	__ __ __ v662	__ __ v663	660-663
Cooked fruit (1 serving, 150 g)					
<u>Home prepared</u>	__ v664	__ __ v666	__ __ __ v668	__ __ v670	664-671
<u>Store bought</u>	__ v665	__ __ v667	__ __ __ v669	__ __ v671	
Berries (blueberries, raspberries, currants, 1 cup)					
<u>Local/Home garden</u>	__ v672	__ __ v674	__ __ __ v676	__ __ v678	672-679
<u>Store bought</u>	__ v673	__ __ v675	__ __ __ v677	__ __ v679	

D55 For fruits that can be peeled or eaten whole (apples, pears, etc), do you eat them peeled or whole?

1. Peeled
2. Whole

|__|v680

D56 What type of seasoning/sweeteners do you use? (use the codes reported below):

To season raw vegetables	__ __	__ __
To cook or season cooked vegetables	__ __	__ __
To cook meat	__ __	__ __
To cook fish	__ __	__ __
To season pasta or rice	__ __	__ __
1=none 4=peanut oil 7=soy oil 10=butter	2=olive oil (extra pure) 5=cornflower oil 8=Mixed seeds oil 11=cream, besciamella, lard, shortening	3=olive oil 6=sunflower oil 9=vegetable margarine 12=unspecified

|__|__|v681 |__|__|v682

|__|__|v683 |__|__|v684

|__|__|v685 |__|__|v686

|__|__|v687 |__|__|v688

|__|__|v689 |__|__|v690

D57 Did you chew gum during pregnancy?

1. Never
2. Sometimes
3. Often
4. Do not know

|__|v691

D58 Do you presently chew gum?

1. Never
2. Sometimes
3. Often
4. Do not know

|__|v692

D59 During pregnancy did you take vitamins or supplements?

Substance	Brand Name	When started (MM/YY)	When stopped (MM/YY)	Times/day
Iron				
Folic acid				
Vit B				
Vit C				
Vit E				
Vit A				
Multivitamins				
Selenium				
Zinc				
Calcium				

|_|_|_|_|v693
|_|_|_|_|v694
|_|v695

|_|_|_|_|v696
|_|_|_|_|v697
|_|v698

|_|_|_|_|v699
|_|_|_|_|v700
|_|v701

|_|_|_|_|v702
|_|_|_|_|v703
|_|v704

|_|_|_|_|v705
|_|_|_|_|v706
|_|v707

|_|_|_|_|v708
|_|_|_|_|v709
|_|v710

|_|_|_|_|v711
|_|_|_|_|v712
|_|v713

|_|_|_|_|v714
|_|_|_|_|v715
|_|v716

|_|_|_|_|v717
|_|_|_|_|v718
|_|v719

|_|_|_|_|v720
|_|_|_|_|v721
|_|v722

ALCOHOLIC DRINKS AND OTHER BEVERAGES

D60 Do you consume alcoholic drinks? |__|v723

1. Never (go to D63)
2. Yes
3. In the past

D61 When do you habitually consume alcoholic drinks? |__|v724

1. During or immediately prior to meals
2. Between meals
3. Both

D62 How many times a week do/did you consume the following beverages?

	Before Pregnancy	During pregnancy	Presently
Wine (125ml)			
<u>Red</u>	__ __ v725	__ __ v727	__ __ v729
<u>White</u>	__ __ v726	__ __ v728	__ __ v730
Beer (330ml)	__ __ v731	__ __ v732	__ __ v733
Liquor (30ml)	__ __ v734	__ __ v735	__ __ v736

725-730

731-733

734-736

D63 During pregnancy, what type of water did you habitually drink? |__|v737

1. Faucet water
2. Well or tank water
3. Bottled

D64 During pregnancy, how many cups of coffee did you habitually drink?

	Daily	Weekly	Monthly	
Coffee	__ v738	__ __ v739	__ __ v740	738-740
Decaf.	__ v741	__ __ v742	__ __ v743	741-743
Tea	__ v744	__ __ v745	__ __ v746	744-746
Decaf. tea	__ v747	__ __ v748	__ __ v749	747-749
Herbal tea				
<u>Local/Home grown</u>	__ v750	__ __ v752	__ __ v754	750-755
<u>Store bought</u>	__ v751	__ __ v753	__ __ v755	

SMOKING

D65 Presently you are a:

1. never smoker (go to D67)
2. smoker
3. ex-smoker: quit before last pregnancy
4. ex-smoker: quit during or after last pregnancy

|__|v756

D66 At what age did you start smoking?

|__|__|

|__|__|v757

D67 On average, how much do/di you smoke daily?

	Before Pregnancy	During pregnancy	Presently
Cigarettes	__ __ v758	__ __ v759	__ __ v760
Cigars	__ __ v761	__ __ v762	__ __ v763
Pipe	__ __ v764	__ __ v765	__ __ v766

758-760

761-763

764-766

D68 Did you quit smoking during pregnancy?

1. Yes,
If yes, when? |__|__|MM
2. No

|__|v767
|__|__|v768

D69 If an ex-smoker, at what age did you quit?

|__|__|

|__|__|v769

D70 Which of the following situations do you identify with?

	Before Pregnancy	During pregnancy	Presently
Share a home with smokers	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
Work in an environment where everyone smokes	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

|__|v770|__|v771
|__|v772

|__|v773|__|v774
|__|v775

RESIDENTIAL HISTORY

D71 Please describe your present home :

Address

Street.....N°

Municipality/Subdivision.....Province.....

|_|_|_|_|_|_|v775

How long have you lived at the present address?

Since: |_|_|_|_|_|MMYY

|_|_|_|_|_|_|v776

How many homes are in the same building?

|_|_|_|_|

|_|_|_|_|_|v777

How many homes are located on the same floor?

|_|_|_|_|

|_|_|_|_|_|v778

Which floor is your home situated on?

|_|_|_|_|

|_|_|_|_|_|v779

Are you the owner or do you rent?

1. Own

2. Rent

|_|_|_|_|_|v780

How many rooms (total) are there in the home?

|_|_|_|_|

|_|_|_|_|_|v781

What is the average number of persons living in your home?

|_|_|_|_|

|_|_|_|_|_|v782

In what part of town is your home located?

1. Center

2. Periphery/suburb

3. Rural area

|_|_|_|_|_|v783

Your home is < 1 km from:

Businesses (list)

1. Yes (list)

.....

.....

2. No

|_|_|_|_|_|v784

Highway

1. Yes

2. No

|_|_|_|_|_|v785

State road

1. Yes

2. No

|_|_|_|_|_|v786

Provincial/County Road

1. Yes

2. No

|_|_|_|_|_|v787

Other high traffic roads

1. Yes

2. No

|_|_|_|_|_|v788

Train station

1. Yes

2. No

|_|_|_|_|_|v789

From your home, have you ever noted odors from the following sources?

Agriculture

1. Never

2. Occasionally

3. Often

|_|_|_|_|_|v790

Industry

|_|_|_|_|_|v791

D72 During the last 5 years, have you 1. Yes |__|v792
ever moved? 2. No

If yes, please describe your previous homes (most recent first)		
N° 1		
Address		
Street.....N°		
Municipality/Subdivision.....Province.....		__ __ __ __ v793
How long did you live at the above address?	From: __ __ __ __ MMYY To: __ __ __ __ MMYY	__ __ __ __ v794 __ __ __ __ v795
How many homes were in the same building?	__ __ __	__ __ __ v796
How many homes were located on the same floor?	__ __	__ __ v797
Which floor was your home situated on?	__ __	__ __ v798
Were you the owner or did you rent?	1. Own 2. Rent	__ v799
How many rooms (total) were there in the home?	__ __	__ __ v800
What was the average number of persons living in your home?	__ __	__ __ v801
In what part of town was your home located?	1. Center 2. Periphery/suburb 3. Rural area	__ v802
Your home was< 1 km from:		
Businesses (list)	1. Yes (list) 2. No	__ v803
Highway	1. Yes 2. No	__ v804
State road	1. Yes 2. No	__ v805
Provincial/County Road	1. Yes 2. No	__ v806
Other high traffic roads	1. Yes 2. No	__ v807
Train station	1. Yes 2. No	__ v808
From your home, did you ever noted odours from the following sources?		
Agriculture	1. Never	__ v809
Industry	2. Occasionally 3. Often	__ v810

N° 2		
Address		
Street.....N°		
Municipality/Subdivision.....Province.....		_ _ _ _ v811
How long did you live at the above address?	From: _ _ _ _ MMYY To: _ _ _ _ MMYY	_ _ _ _ v812 _ _ _ _ v813
How many homes were in the same building?	_ _ _	_ _ _ v814
How many homes were located on the same floor?	_ _	_ _ v815
Which floor was your home situated on?	_ _	_ _ v816
Were you the owner or did you rent?	1. Own 2. Rent	_ v817
How many rooms (total) were there in the home?	_ _	_ _ v818
What was the average number of persons living in your home?	_ _	_ _ v819
In what part of town was your home located?	1. Center 2. Periphery/suburb 3. Rural area	_ v820
Your home was< 1 km from:		
Businesses (list)	1. Yes (list) 2. No	_ v821
Highway	1. Yes 2. No	_ v822
State road	1. Yes 2. No	_ v823
Provincial/County Road	1. Yes 2. No	_ v824
Other high traffic roads	1. Yes 2. No	_ v825
Train station	1. Yes 2. No	_ v826
From your home, did you ever noted odours from the following sources?		
Agriculture	1. Never 2. Occasionally 3. Often	_ v827
Industry		_ v828

N° 3		
Address		
Street.....N°		
Municipality/Subdivision.....Province.....		
How long did you live at the above address?	From: _ _ _ _ MMY To: _ _ _ _ MMY	_ _ _ _ v829
How many homes were in the same building?	_ _ _	_ _ _ v830 _ _ _ v831
How many homes were located on the same floor?	_ _	_ _ v832
Which floor was your home situated on?	_ _	_ _ v833
Were you the owner or did you rent?	1. Own 2. Rent	_ _ v834
How many rooms (total) were there in the home?	_ _	_ _ v835
What was the average number of persons living in your home?	_ _	_ _ v836
In what part of town was your home located?	1. Center 2. Periphery/suburb 3. Rural area	_ _ v837
Your home was< 1 km from:		
Businesses (list)	1. Yes (list) 2. No	_ _ v838
Highway	1. Yes 2. No	_ _ v839
State road	1. Yes 2. No	_ _ v840
Provincial/County Road	1. Yes 2. No	_ _ v841
Other high traffic roads	1. Yes 2. No	_ _ v842
Train station	1. Yes 2. No	_ _ v843
From your home, did you ever noted odours from the following sources?		
Agriculture	1. Never 2. Occasionally 3. Often	_ _ v844
Industry		_ _ v845
		_ _ v846

N° 4		
Address		
Street.....N°		
Municipality/Subdivision.....Province.....		
How long did you live at the above address?	From: _ _ _ _ MMY To: _ _ _ _ MMY	_ _ _ _ v847
How many homes were in the same building?	_ _ _	_ _ _ v848 _ _ _ v849
How many homes were located on the same floor?	_ _	_ _ _ v850
Which floor was your home situated on?	_ _	_ _ _ v851
Were you the owner or did you rent?	1. Own 2. Rent	_ _ _ v852
How many rooms (total) were there in the home?	_ _	_ _ v853
What was the average number of persons living in your home?	_ _	_ _ _ v854
In what part of town was your home located?	1. Center 2. Periphery/suburb 3. Rural area	_ _ _ v855
Your home was < 1 km from:		
Businesses (list)	1. Yes (list) 2. No	_ _ _ v856
Highway	1. Yes 2. No	_ _ _ v857
State road	1. Yes 2. No	_ _ _ v858
Provincial/County Road	1. Yes 2. No	_ _ _ v859
Other high traffic roads	1. Yes 2. No	_ _ _ v860
Train station	1. Yes 2. No	_ _ _ v861
From your home, did you ever noted odours from the following sources?		
Agriculture	1. Never 2. Occasionally 3. Often	_ _ _ v862
Industry		_ _ _ v863
		_ _ _ v864

N° 5		
Address		
Street.....N°		
Municipality/Subdivision.....Province.....		_ _ _ _ _ v865
How long did you live at the above address?	From: _ _ _ _ MMYY To: _ _ _ _ MMYY	
How many homes were in the same building?	_ _ _	_ _ _ _ v866 _ _ _ _ v867
How many homes were located on the same floor?	_ _	_ _ _ v868
Which floor was your home situated on?	_ _	_ _ v869
Were you the owner or did you rent?	1. Own 2. Rent	_ _ v870
How many rooms (total) were there in the home?	_ _	_ v871
What was the average number of persons living in your home?	_ _	_ _ v872
In what part of town was your home located?	1. Center 2. Periphery/suburb 3. Rural area	_ _ v873
Your home was< 1 km from:		
Businesses (list)	1. Yes (list) 2. No	_ v874
Highway	1. Yes 2. No	_ v875
State road	1. Yes 2. No	_ v876
Provincial/County Road	1. Yes 2. No	_ v877
Other high traffic roads	1. Yes 2. No	_ v878
Train station	1. Yes 2. No	_ v879
From your home, did you ever noted odours from the following sources?		
Agriculture	1. Never	_ v880
Industry	2. Occasionally 3. Often	_ v881 _ v882

OCCUPATIONAL HISTORY OF MOTHER

D73 Presently you are: 1. employed, on maternity leave/leave of absence*
 2. employed*
 3. unemployed
 4. housewife
 5. student
 6. quit working
 7. other:(specify).....
**If employed, go to D75* |_|_|v883

D74 In the last 2 years, have you been employed at least once? 1. Yes
 2. No (end of interview, indicate time) |_|_|v884

D75 At which month of pregnancy did you leave work? |_|_|v885

D76 In the last 2 years, have you been employed at least once? 1. Yes
 2. No (end of interview, indicate time) |_|_|v886

D77 Have you gone back to work after pregnancy? 1. Yes
 2. No (go to D) |_|_|v887

D78 If "Yes", how long after childbirth? |_|_|MM
and/or |_|_|v888
|_|_|weeks |_|_|v889

D79 What are (were) your major working activities?

D80 Type of work: 1. Employed, not manual
 2. Employed, manual work
 3. Self employed |_|_|v890

D81 What was/is the main activity of your company, firm, office, etc.?

Activity:..... |_|_|_|_|v891

Name:.....

Municipality:.....Prov/Country:..... |_|_|_|_|v892

D82	How long have you been employed by this company, firm, office, etc.?	From: __ __ __ __ MMYY To: __ __ __ __ MMYY	__ __ __ __ v893 __ __ __ __ v894
-----	--	--	---------------------------------------

D83	Do you (did you) hold a second job?	1. Yes Specify:..... 2. No	__ v895
-----	-------------------------------------	----------------------------------	---------

D84	In the past, have you held other jobs?	1. Yes 2. No (end of interview, indicate time)	__ v896
-----	--	---	---------

Please describe other working activities have you been involved in for longer than 6 months (most recent first):

1° PREVIOUS WORK

D85 What were your main work activities?

.....
.....
.....

D86	Type of work:	1. Employed, not manual 2. Employed, manual work 3. Self employed	__ v897
-----	---------------	---	---------

D87 What was/is the main activity of your company, firm, office, etc.?

Activity:.....	__ __ __ __ v898
----------------	------------------

Name:.....

Municipality:.....Prov/Country:.....	__ __ __ __ v899
--------------------------------------	------------------

D82	How long were you employed by this company, firm, office, etc.?	From: __ __ __ __ MMYY To: __ __ __ __ MMYY	__ __ __ __ v900 __ __ __ __ v901
-----	---	--	---------------------------------------

2° PREVIOUS WORK

D85 What were your main work activities?

.....
.....
.....

D86 Type of work:

1. Employed, not manual
2. Employed, manual work
3. Self employed

|_|_|v897

D87 What was/is the main activity of your company, firm, office, etc.?

Activity:.....

|_|_|_|_|v898

Name:.....

Municipality:.....Prov/Country:.....

|_|_|_|_|v899

D82 How long were you employed by this company, firm, office, etc.?

From: |_|_|_|_|MMYY
To: |_|_|_|_|MMYY

|_|_|_|_|v900
|_|_|_|_|v901

3° PREVIOUS WORK

D85 What were your main work activities?

.....
.....
.....

D86 Type of work:

1. Employed, not manual
2. Employed, manual work
3. Self employed

|_|_|v897

D87 What was/is the main activity of your company, firm, office, etc.?

Activity:.....

|_|_|_|_|v898

Name:.....

Municipality:.....Prov/Country:.....

|_|_|_|_|v899

D82 How long were you employed by this company, firm, office, etc.?

From: |_|_|_|_|MMYY
To: |_|_|_|_|MMYY

|_|_|_|_|v900
|_|_|_|_|v901

End of Interview, time |_|_|hour |_|_|minutes

|_|_|_|_|v902