Additional file 1.

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

Midwife: .....

Name: .....

Personal identification number: | | | | | | | | | | | | | |

Street address: .....

Postal code: ..... Locality: .....

Telephone: *home:* ..... *work:* ..... *mobile:* .....

X1. What is your present type of occupation?

☐ Employed
☐ Self-employed
☐ Jobseeker for more than 6 months
☐ Jobseeker for less than 6 months
☐ Student, apprentice
☐ Doing household work at home (no personal income)
☐ On parental or other leave
☐ On sickness, old age or disability benefit

X3. What is the highest level of education you have completed?

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

X4. In which country were you born?

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

X5. In which country was your partner born?

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

X6. With whom do you live?

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

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

How tall are you? appr. ..... cm

Next of kin: Name: .....

Personal identification number: | | | | | | | | | | | | | |

Address same as above ☐ Yes ☐ No