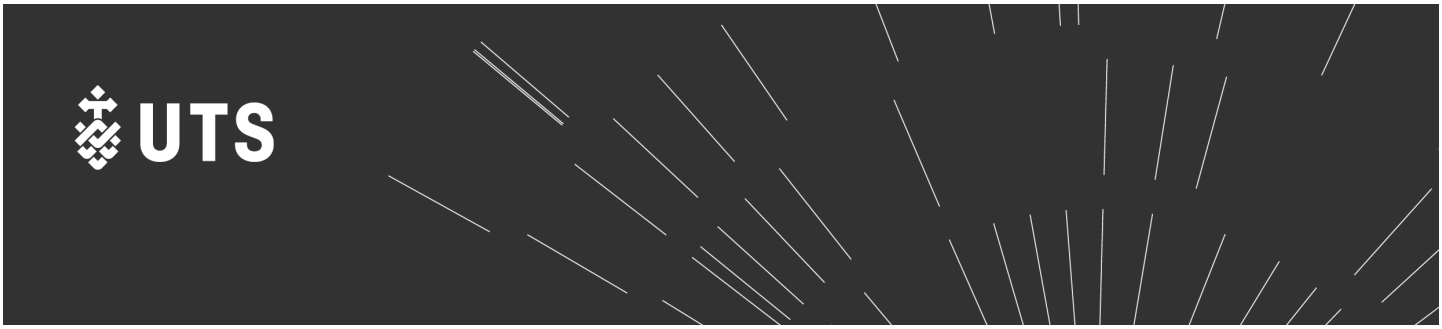

Expectant Partner's Pre-pregnancy Health Information and Health Behaviours

Default Question Block

Welcome to the Survey of Expectant Partner's Pre-pregnancy health information and health behaviours

Have you received and read the Participant Information Sheet for this study?

- ○ Yes
- ○ No

Preconception care beliefs, attitudes and behaviours of women and men (HREC# ETH20-4726)

WHO IS DOING THE RESEARCH?

My name is Dr Amie Steel and I am an academic at the University of Technology Sydney (UTS). My research team includes Dr Erica McIntyre (UTS), Dr Jane Frawley (UTS), Professor Jon Adams (UTS), Dr Danielle

Schoenaker (University of Wollongong), Dr Anna Gavine (University of Dundee), Ms Adina Lang (Monash University) and Dr Jenny Hall (University College London).

WHAT IS THIS RESEARCH ABOUT?

This research is to find out about the preconception beliefs, attitudes and behaviours of pregnant women and their reproductive partners.

FUNDING

Funding for this project has been received from the Faculty of Health at UTS.

WHY HAVE I BEEN ASKED?

You have been invited to participate in this study because you are a pregnant woman or the reproductive partner of a pregnant woman.

IF I SAY YES, WHAT WILL IT INVOLVE?

If you decide to participate, I will invite you to complete a survey about your beliefs, attitudes and behaviours in the time before you were pregnant and during your current pregnancy. The survey will take approximately 30 minutes to complete and can be filled out on your own device. You will be asked to provide your email address so that an email containing a link to the survey can be sent to you. A second email containing a link to an survey for your partner to complete will also be sent to the same email address and you are invited to share this link with your partner. Both your survey responses and the responses provided by your partner, should they choose to participate, also, will be linked through a shared ID code. This ID code will be linked to your email address in a database separate from your survey responses. No other identifying information, such as yours or your partner's name, postal address or phone number, will be collected in any aspect of this project.

If you are unable to complete the survey in one sitting, you will be able to save your responses and return to the survey on the same device at a later time. Once started, you will have up to 14 days to complete the survey.

Upon completing the survey, you will be provided a link to enter a competition to win a $100 voucher to spend online at fishpond.com.au in acknowledgement of your time. The details you provide to enter the competition will not be in anyway linked to your survey response or used for any purpose other than

selecting the winner of the draw. No third party will have access to these details. After the winner is notified and the voucher is delivered, your details will be deleted.

ARE THERE ANY RISKS/INCONVENIENCE?

Yes, there are some risks or inconvenience. You will be asked some personal health questions including about your pregnancy history. Some of these questions may cause emotional distress to some people.

DO I HAVE TO SAY YES?

Participation in this study is voluntary. It is completely up to you whether or not you decide to take part.

WHAT WILL HAPPEN IF I SAY NO?

If you decide not to participate, it will not affect your relationship with the researchers or the University of Technology Sydney. If you wish to withdraw from the study once it has started, you can do so at any time before you return the survey to the research team at the clinic where you were first told about the study, or via post. However, it is not possible to withdraw your data from the study results after the survey items have been completed as all surveys will be anonymous.

CONFIDENTIALITY

By completing the survey, you consent to the research team collecting and using information about you for the research project. All this information will be treated confidentially. All survey responses will be anonymous and will not be able to be identified to you. Your information will only be used for the purpose of this research project. Your survey will be matched to your partners survey via an unidentifiable code. We plan to publish the results in peer-reviewed scientific journals.

WHAT IF I HAVE CONCERNS OR A COMPLAINT?

If you have concerns about the research that you think I can help you with, please feel free to contact me on 0418 786 186 or amie.steel@uts.edu.au

A copy of this information sheet will be included in the email you were sent with the link to this survey.

NOTE: This study has been approved in line with the University of Technology Sydney Human Research Ethics Committee [UTS HREC] guidelines. If you have any concerns or complaints about any aspect of the conduct of this research, please contact the Ethics Secretariat on ph.: +61 2 9514 2478 or email: Research.Ethics@uts.edu.au], and quote the UTS HREC reference number (ETH20-4276). Any matter raised will be treated confidentially, investigated and you will be informed of the outcome.

This questionnaire will ask questions about your health, your knowledge of pre-pregnancy health, and any experiences relating to pre-pregnancy care that you may have had prior to your partner's current pregnancy. You can either complete this now during your clinic visit or at a later stage. It will take about 30 minutes to complete. Any information you provide will remain anonymous.
Note: Participation in this study is voluntary. You are not required to participate even if your partner has chosen to participate.

By completing the survey, you agree to the following:

I have read the participant information sheet, or someone has read it to me in a language that I understand. I understand the purposes, process and risks of the research described. I have had an opportunity to

ask questions and I am satisfied with the answers I have received. I have not completed this survey previously. I freely agree to participate in the research survey described and understand that I am free to withdraw at any time without affecting the health care I receive.

- ○ Yes
- ○ No

Please read each question carefully. Please answer every question to the best of your knowledge. If you are unsure about how to answer a question, mark the option that most closely describes your response.

Please note that you can take a break from responding to the survey and return at a later stage but you will need to access it with the same browser and device as you are currently using.

Section 1: About You

What is your age (in years)?

What is your gender?

- ○ Female
- ○ Male
- ○ Transgender

- ○ Other

What is your residential postcode?

What is your relationship status?

- ○ Married
- ○ De facto
- ○ Not currently in a relationship
- ○ In a relationship but not living with my partner
- ○ Other (please give details

What is the highest qualification you have completed?

- ○ No formal qualification
- ○ Year 10 or equivalent
- ○ Year 12 or equivalent
- ○ Trade or apprenticeship
- ○ Certificate or diploma
- ○ University degree (e.g. Bachelor)
- ○ Higher university degree (e.g. Masters, PhD)

What best describes your employment status?

- ○ Full time work (35 hours or more per week)
- ○ Part time work (less than 35 hours per week)
- ○ Casual or temporary work (irregular hours)
- ○ Currently looking for work
- ○ Not currently in the paid workforce, nor looking

How do you manage financially at the moment?

- ○ It is impossible
- ○ It is difficult all the time
- ○ It is difficult some of the time
- ○ It is not too bad
- ○ It is easy

Do you currently have private health insurance?

- ○ No
- ○ Yes

Do you currently have a Health Care Card?

- ○ Yes

- ○ No

How tall are you? (in centimetres)

What is your current weight? (in kilograms)

What other adults do you live with?

- ○ wife
- ○ wife and (your/your wife's) parents
- ○ partner
- ○ partner and (your/your partner's) parents
- ○ alone
- ○ your parents
- ○ other relatives or friends
- ○ other (e.g. living in accommodation provided with your job, etc)

Is English your first language?

- ○ Yes
- ○ [ ] No, please list your first language:

Do you identify as Aboriginal or Torres Strait Islander?

- ○ Yes
- ○ No
- ○ I would rather not say

Were you born in Australia?

- ○ Yes
- ○ [ ] No, please give details:

Block 2

The remainder of this survey relates to your partner's current pregnancy.

Section 2: Your current pregnancy

How many weeks pregnant is your partner now?

What is the estimated due date for your partner's pregnancy?

How many weeks pregnant was your partner when you found out she was pregnant?

How did you find out your partner was pregnant?

- ○ Home pregnancy test
- ○ From a health professional
- ○ My partner told me
- ○ Other

Is this current pregnancy the result of you or your partner receiving fertility treatments?

- ○ Yes
- ○ No

How long before trying to become pregnancy were you thinking about having a baby?

- ○ I was not trying to become pregnant
- ○ Less than 1 month
- ○ Between 1 and 2 months
- ○ Between 3 and 5 months
- ○ Between 6 and 12 months
- ○ More than 12 months

Are there any other circumstances related to this pregnancy which you would like to share?

Below are some questions that ask about your circumstances and feelings around the time you became pregnant. Please think of your current pregnancy when

answering the questions below (please tick the statement that most applies to you):

In the month that your partner became pregnant...

- ○ I/we were not using contraception (including no need for contraception, e.g. fertility treatment, female partner, etc.)
- ○ I/we were using contraception, but not on every occasion
- ○ I/we always used contraception, but knew that the method had failed (i.e. broke, moved, came off, came out, not worked etc) at least once
- ○ I/we always used contraception

In terms of becoming a father (first time or again), I feel that my pregnancy happened at the...

- ○ Right time
- ○ Ok, but not quite right time
- ○ Wrong time

Just before your partner became pregnant...

- ○ I intended my partner to get pregnant
- ○ My intentions kept changing
- ○ I did not intend for my partner to get pregnant

Just before your partner became pregnant...

- I wanted to have a baby
- I had mixed feelings about having a baby
- I did not want to have a baby

Before your partner became pregnant...

- My partner and I had agreed that we would like me to be pregnant
- My partner and I had discussed having children together, but hadn't agreed for me to get pregnant
- We never discussed having children together

Section 3: Your Health Behaviours

Before your partner became pregnant, did you do anything to improve your health in preparation for her becoming pregnant?

- Stopped or cut down smoking
- Stopped or cut down drinking alcohol
- Ate more healthily
- Sought medical/health advice
- Took some other action, please describe

- ○ I did not do any of the above before her pregnancy

Did you do any of the following before your partner became pregnant?

- ☐ Follow a weight loss diet during the 6 months before your partner became pregnant
- ☐ Get tested for any sexually transmitted infections (e.g. chlamydia) during the 6 months before your partner became pregnant
- ☐ Visit the dentist during the 12 months before your partner became pregnant
- ☐ Check that your immunisations were up to date during the 12 months before your partner became pregnant
- ☐ Undergo surgery to help you lose weight (e.g. bariatric surgery, gastric band, gastric balloon, gastric bypass) at any time before your partner became pregnant

Were you doing any physical activity or exercise during the 3 months before your partner became pregnant?

- ○ Yes - please provide details in the next question
- ○ No

Physical activity details...

Number of hours per week

Type(s) of exercise/activity

Have you ever smoked?

- Yes
- No

Which of the following have you smoked?

- Cigarettes
- E-cigarettes
- Other (please give details)

Did you smoke in the 3 months before your partner became pregnant?

- No

○ Yes, - please write the number of cigarettes or equivalent you were smoking per day

Did anyone (e.g. partner, family, friends, work colleagues) smoke indoors where you lived or worked before your partner became pregnant?

○ No

○ Yes (please give details)

Have you ever drunk alcohol?

○ Yes

○ No

On average, how many units of alcohol did you have during the week in the 3 months before you became pregnant? How many units of alcohol did you have on the weekend? (*if none please state '0'*).

Note: a unit of alcohol is equivalent to half a pint of beer, 1 small glass of wine, or a single measure of spirits)

Units of alcohol during the week (Monday to Thursday)

Units of alcohol during the weekend (Friday to Sunday)

Some individuals take medications to manage health complaints before their partner's pregnancy.

(a) Please list any medications you have taken in the 3 months before your partner became pregnant. Include any pharmaceutical or non-pharmaceutical medications (e.g. herbal medicines) not already listed by you in this questionnaire. Include tablets, creams, drops, injections and inhalers either prescribed for you or bought over the counter. You can put the type of medication if you do not know the name.

(b) Please identify any medications that have been reviewed or discussed with a health professional before your partner became pregnant.

	(a) Health condition/reason	(b) Reviewed BEFORE being pregnant	GP	Midwife	(b) Naturopath

	(a) Health condition/reason	(b) Reviewed BEFORE being pregnant	(b) GP	Midwife	Naturopath
Medication 1 (please write)					
Medication 2 (please write)					
Medication 3 (please write)					
Medication 4 (please write)					
Medication 5 (please write)					
Medication 6 (please write)					
Medication 7 (please write)					

In the 3 months before your partner became pregnant were you seeing any health professionals for ongoing assistance with your health (e.g. doctor for medical

condition, counsellor for depression etc). (*If none, please write 'none'*)

	Reason for visit (please write)
Type of health professional (please write)	
Type of health professional (please write)	
Type of health professional (please write)	

Did you use any contraception in the 6 months before your partner became pregnant?

- ○ Yes
- ○ No—I was trying to conceive
- ○ No—I was not trying to conceive

Did you use any of the following methods of contraception in the 6 months before your partner became pregnant (*Please select all that apply*)

	Never	Some of the time	Every time
Withdrawal	○	○	○
Condoms	○	○	○
Abstinence (i.e. not having sex)	○	○	○

	Never	Some of the time	Every time
Intercourse timed around ovulation (e.g. Billings method)	○	○	○
Other (please give details)	○	○	○

If you stopped using contraception to try for your partner to become pregnant, how long (in *weeks* or *months*) was it before your partner became pregnant?

Weeks ☐

OR Months ☐

Some people take vitamins or supplements before their partner becomes pregnant.

Did you take any vitamins or supplements before your partner became pregnant?
(a) If 'No', please tick the box
(b) If 'Yes', how many weeks before your partner became pregnant did you start taking each vitamin or supplement?

(c) If 'Yes', how often did you take each vitamin or supplement?

	(a)	(b)	(c)			
	No	Number of weeks before pregnant	Every day	Most days	Occasionally	Other
Folic acid	☐		○	○	○	○
Ordinary multivitamin	☐		○	○	○	○
Vitamin C	☐		○	○	○	○
Zinc	☐		○	○	○	○
Omega 3 (e.g. fish oils)	☐		○	○	○	○
Antioxidants	☐		○	○	○	○
Herbal medicines	☐		○	○	○	○
Other (please give details)	☐		○	○	○	○
Other (please give details)	☐		○	○	○	○

On average, how many units of alcohol are you currently drinking during the week? How many units of alcohol do you drink on the weekend? (*if none please state '0'*).

Note: a unit of alcohol is equivalent to half a pint of beer, 1 small glass of wine, or a single measure of spirits)

Units of alcohol during the week (Monday to Thursday)

Units of alcohol during the weekend (Friday to Sunday)

Please answer each of the following questions by moving the marker to the number that best describes your opinion. Some of the questions may appear to be similar, but they do address somewhat different issues.

	Definitely true 0	1	2	3	4	5	6	Definitely false 7
I exercised regularly for at least 6 months before my partner became pregnant								
I ate a healthy diet for at least 6 months before my partner became pregnant								
I avoided alcohol for at least 6 months before my partner became pregnant								

Please answer each of the following questions by moving the marker to the number that best describes your opinion. Some of the questions may appear to be similar, but they do address somewhat different issues.

	Important 0	1	2	3	4	5	6	Not important 7	
My doing regular exercise during the 6 months prior to my partner becoming pregnant is:									
My eating a healthy diet during the 6 months prior to my partner becoming pregnant is:									
My avoiding alcohol during the 6 months prior to my partner becoming pregnant is:									

Please answer each of the following questions by moving the marker to the number that best describes your opinion. Some of the questions may appear to be similar, but they do address somewhat different issues.

	Pleasant 0	1	2	3	4	5	6	Unpleasant 7	
My doing regular exercise during the 6 months prior to my partner becoming pregnant is:									
My eating a healthy diet during the 6 months prior to my partner becoming pregnant is:									
My avoiding alcohol during the 6 months prior to my partner becoming pregnant is:									

Please answer each of the following questions by moving the marker to the number that best describes your

opinion. Some of the questions may appear to be similar, but they do address somewhat different issues.

	Good 0	1	2	3	4	5	6	Bad 7	
My doing regular exercise during the 6 months prior to my partner becoming pregnant is:									
My eating a healthy diet during the 6 months prior to my partner becoming pregnant is:									
My avoiding alcohol during the 6 months prior to my partner becoming pregnant is:									

Please answer each of the following questions by moving the marker to the number that best describes your opinion. Some of the questions may appear to be similar, but they do address somewhat different issues.

	Extremely likely 0	1	2	3	4	5	6	Extremely unlikely 7	
Most people like me exercise regularly for 6 months before their partner becomes pregnant									
Most people like me eat a healthy diet for 6 months before their partner becomes pregnant									
Most people like me avoid alcohol for 6 months before their partner becomes pregnant									
If I maintain a healthy weight for 6 months before my partner becomes pregnant my child will be healthy									

	Extremely likely 0	1	2	3	4	5	6	Extremely unlikely 7	
If I avoid alcohol for 6 months before my partner becomes pregnant my child will be healthy									
If I exercise regularly for 6 months before my partner becomes pregnant my child will be healthy									
If I eat a healthy diet for 6 months before becoming pregnant my child will be healthy									
If I take vitamin supplements for 6 months before my partner becomes pregnant my child will be healthy									

Please answer each of the following questions by moving the marker to the number that best describes your opinion. Some of the questions may appear to be similar, but they do address somewhat different issues.

	Extremely likely 0	1	2	3	4	5	6	Extremely unlikely 7
If I take good care of my health for 6 months before my partner becomes pregnant my child will be healthy								
I intend to exercise regularly for at least 6 months before my partner becomes pregnant								
I am confident I can exercise regularly for 6 months before my partner becomes pregnant								

	Extremely likely 0	1	2	3	4	5	6	Extremely unlikely 7
I am confident I can avoid drinking alcohol for 6 months before my partner becomes pregnant								
I will make an effort to exercise regularly for at least 6 months before my partner becomes pregnant								
I will make an effort to avoid alcohol for at least 6 months before my partner becomes pregnant								
I am confident I can eat a healthy diet for 6 months before my partner becomes pregnant								

	Extremely likely 0	1	2	3	4	5	6	Extremely unlikely 7	
Avoiding alcohol for 6 months before my partner becomes pregnant is up to me									
I intend to avoid alcohol for at least 6 months before my partner becomes pregnant									
I intend to eat a heathy diet for at least 6 months before my partner becomes pregnant									
Exercising regularly for 6 months before my partner becomes pregnant is up to me									

	Extremely likely 0	1	2	3	4	5	6	Extremely unlikely 7
I will make an effort to eat a heathy diet for at least 6 months before my partner becomes pregnant								
Eating a healthy diet for 6 months before my partner becomes pregnant is up to me								
If I do not smoke for 6 months before my partner becomes pregnant my child will be healthy								

Please answer each of the following questions by moving the marker to the number that best describes your opinion. Some of the questions may appear to be similar, but they do address somewhat different issues.

Strongly agree Strongly disagree

	0 Strongly agree	1	2	3	4	5	6	7 Strongly disagree
My reproductive partner thinks it's important for me to exercise regularly for 6 months before my partner becomes pregnant	○	○	○	○	○	○	○	○
My reproductive partner thinks it's important for me to eat a healthy diet for 6 months before my partner becomes pregnant	○	○	○	○	○	○	○	○
My reproductive partner thinks it's important for me to avoid alcohol for 6 months before my partner becomes pregnant.	○	○	○	○	○	○	○	○

Please answer each of the following questions by moving the marker to the number that best describes your

opinion. Some of the questions may appear to be similar, but they do address somewhat different issues.

	Strongly agree						Strongly disagree
	0	1	2	3	4	5	6	7
My older female relatives (e.g., mother, grandmother, aunt) think it's important for me to exercise regularly for 6 months before my partner becomes pregnant								
My older female relatives (e.g., mother, grandmother, aunt) think it's important for me to eat a healthy diet for 6 months before my partner becomes pregnant								

	Strongly agree 0	1	2	3	4	5	6	Strongly disagree 7
My older female relatives (e.g., mother, grandmother, aunt) think it's important for me to avoid alcohol for 6 months before my partner becomes pregnant	○	○	○	○	○	○	○	○

Please answer each of the following questions by circling the number that best describes your opinion. Some of the questions may appear to be similar, but they do address somewhat different issues.

	Strongly agree 0	1	2	3	4	5	6	Strongly disagree 7
My female friends and family of similar age thinks it's important for me to exercise regularly for 6 months before my partner becomes pregnant	○	○	○	○	○	○	○	○

	Strongly agree 0	1	2	3	4	5	6	Strongly disagree 7
My female friends and family of similar age thinks it's important for me to eat a healthy diet for 6 months before my partner becomes pregnant								
My female friends and family of similar age thinks it's important for me to avoid alcohol for 6 months before my partner becomes pregnant								

Please answer each of the following questions by moving the marker to the number that best describes your opinion. Some of the questions may appear to be similar, but they do address somewhat different issues.

	Strongly agree 0	1	2	3	4	5	6	Strongly disagree 7

	Strongly agree						Strongly disagree
	0	1	2	3	4	5	6	7
My older male relatives (e.g., father, grandfather, uncle) think it's important for me to exercise regularly for 6 months before my partner becomes pregnant								
My older male relatives (e.g., father, grandfather, uncle) think it's important for me to eat a healthy diet for 6 months before my partner becomes pregnant								

	Strongly agree 0	1	2	3	4	5	6	Strongly disagree 7
My older male relatives (e.g., father, grandfather, uncle) think it's important for me to avoid alcohol for 6 months before my partner becomes pregnant								

Please answer each of the following questions by moving the marker to the number that best describes your opinion. Some of the questions may appear to be similar, but they do address somewhat different issues.

	Strongly agree 0	1	2	3	4	5	6	Strongly disagree 7
My male friends and family of similar age thinks it's important for me to exercise regularly for 6 months before my partner becomes pregnant								

	Strongly agree 0	1	2	3	4	5	6	Strongly disagree 7
My male friends and family of similar age thinks it's important for me to eat a healthy diet for 6 months before my partner becomes pregnant								
My male friends and family of similar age thinks it's important for me to avoid alcohol for 6 months before my partner becomes pregnant								

Please answer each of the following questions by moving the marker to the number that best describes your opinion. Some of the questions may appear to be similar, but they do address somewhat different issues.

	Strongly agree 0	1	2	3	4	5	6	Strongly disagree 7

	Strongly agree 0	1	2	3	4	5	6	Strongly disagree 7
My health care provider thinks it's important for me to exercise regularly for 6 months before my partner becomes pregnant								
My health care provider thinks it's important for me to eat a healthy diet for 6 months before my partner becomes pregnant								
My health care provider thinks it's important for me to avoid alcohol for 6 months before my partner becomes pregnant								

Section 4: Prepregnancy health information and advice

In the year before your partner became pregnant, did you look at any information about becoming pregnant?

- ○ Yes, I went looking for information and found it
- ○ Yes, I did not go looking for information but found it anyway
- ○ No, I went looking for information but did not find any
- ○ No, I did not go looking for information and did not find any

To whom did the pre-pregnancy health and care information you saw relate to?

- ○ Me only
- ○ My partner only
- ○ Both me and my partner

Which sources of pre-pregnancy health and care information can you remember seeing in the year before your partner became pregnant? (*Select all that apply*)

- ☐ Books
- ☐ Leaflets
- ☐ Internet
- ☐ Magazines
- ☐ Family or friends
- ☐ General practitioner (GP)
- ☐ Midwife

- ☐ Obstetrician/Gynecologist
- ☐ Pharmacist
- ☐ Naturopath
- ☐ Doula
- ☐ Other (please give details) [ ]

Before your partner became pregnant, did anyone give you information about any of the following topics within the context of preparing for pregnancy?

(a) If 'No', please tick the box

(b) If 'Yes', please indicate who provided the information

	(a)	(b) Yes, the information was provided by:				
	No	GP	Midwife	Obstetrician/ Gynecologist	Naturopath	Family/ Friends
Eating a healthy diet	☐	☐	☐	☐	☐	☐
Being the right weight for your height	☐	☐	☐	☐	☐	☐
Physical activity	☐	☐	☐	☐	☐	☐
Caffeine	☐	☐	☐	☐	☐	☐
Alcohol	☐	☐	☐	☐	☐	☐
Smoking	☐	☐	☐	☐	☐	☐
Street drugs	☐	☐	☐	☐	☐	☐

	(a)	(b) Yes, the information was provided by:				
	No	GP	Midwife	Obstetrician/ Gynecologist	Naturopath	Family/ Friends
Immunisation	☐	☐	☐	☐	☐	☐
Sexually transmitted infections	☐	☐	☐	☐	☐	☐
	No	GP	Midwife	Obstetrician/ Gynecologist	Naturopath	Family/ Friends
Stopping contraception	☐	☐	☐	☐	☐	☐
Conception/fertility	☐	☐	☐	☐	☐	☐
Air pollution	☐	☐	☐	☐	☐	☐
Pesticides	☐	☐	☐	☐	☐	☐
Exposure to heavy metals (e.g. lead or mercury)	☐	☐	☐	☐	☐	☐
Genetic screening	☐	☐	☐	☐	☐	☐
Reviewing medications	☐	☐	☐	☐	☐	☐
Domestic violence	☐	☐	☐	☐	☐	☐
Mental health	☐	☐	☐	☐	☐	☐

Some people take vitamins or supplements before their partner becomes pregnant.

Before your partner became pregnant, did anyone give you information about vitamins or supplements within the context of preparing for pregnancy?
(a) If 'No', please tick the box
(b) If 'Yes', please tick the box to indicate who provided you the information

	(a)	(b) Yes, the information was provided by:				
	No	GP	Midwife	Obstetrician/ Gynecologist	Naturopath	Family/ Friends
Folic acid	☐	☐	☐	☐	☐	☐
Ordinary multivitamin	☐	☐	☐	☐	☐	☐
Vitamin C	☐	☐	☐	☐	☐	☐
Zinc	☐	☐	☐	☐	☐	☐
Omega 3 (e.g. fish oils)	☐	☐	☐	☐	☐	☐
Antioxidants	☐	☐	☐	☐	☐	☐
Herbal medicines	☐	☐	☐	☐	☐	☐

In the year before you become pregnant did you visit a health professional about becoming pregnant?

- ○ Yes
- ○ No

If you were given pre-pregnancy health and care information by a health professional, who was the provided pre-pregnancy information about?

	Health professional visited for advice	Information about...			
	Did not visit	Me only	My partner only	Me and my partner	None provided
GP	☐	○	○	○	○
Midwife	☐	○	○	○	○
Naturopath	☐	○	○	○	○
Other (please give details)	☐	○	○	○	○

The next questions are similar to those asked earlier in the questionnaire. This time please answer them thinking about since you became pregnant with your current pregnancy.

Since your partner became pregnant, did you come across any information about becoming pregnant?

- ○ Yes, I went looking for information and found it
- ○ Yes, I did not go looking for information but found it anyway
- ○ No, I went looking for information but did not find any

○ No, I did not go looking for information and did not find any

Click to write the question text

☐ Books
☐ Leaflets
☐ Internet
☐ Magazines
☐ Family or friends
☐ Doula
☐ General practitioner (GP)
☐ Midwife
☐ Pharmacist
☐ Naturopath
☐ Obstetrician/Gynecologist
☐ Other (please give details)

To whom did the pre-pregnancy health and care information you saw relate to?

○ Me only
○ My partner only
○ Both me and my partner

Section 4: Your Health History

How would you describe your current health generally? Would you say it is (please tick one)

- ○ Excellent
- ○ Good
- ○ Fair
- ○ Poor

Do you have any longstanding illness, disability or infirmity? (Note: *Longstanding* means anything that has troubled your over a period of time or that is likely to affect you over a period of time)

- ○ Yes
- ○ No

In the 3 months before your partner became pregnant were you taking any medications/receiving treatment for OR had been diagnosed with any of the conditions listed below? (*Please tick all that apply*)

- ☐ Acne
- ☐ ADHD
- ☐ Allergies

- [ ] Anaemia
- [ ] Anxiety
- [ ] Asthma
- [ ] Bipolar disorder
- [ ] Coeliac disease
- [ ] Depression
- [ ] Insulin-dependent diabetes
- [ ] Non insulin-dependent diabetes
- [ ] Eating disorder (e.g. anorexia, bulemia)
- [ ] Endometriosis
- [ ] Epilepsy
- [ ] Heart disease
- [ ] High blood pressure
- [ ] HIV
- [ ] Kidney disease
- [ ] Lung disease
- [ ] Lupus
- [ ] Polycystic ovarian syndrome (PCOS)
- [ ] Phenylketonuria (PKU)
- [ ] Sexually transmitted infection
- [ ] Other (please give details)

How many pregnancies have you had with your current or previous partners before this current pregnancy? (Please put the number. If none, put '0')

How many, if any, of these previous pregnancies had the following complications…(Please put the number. If none, put '0')

Miscarriage	
Ectopic pregnancy (or tubal pregnancy)	
Still birth (i.e. birth of a baby that is not alive, past 24 weeks pregnancy)	
Terminated because of fetal/genetic abnormalities	

If you have experienced any of the above conditions you might like to someone about how you are feeling. You could ring Lifeline on 131114 (local call)

Are you the genetic parent for any children?

- ○ Yes
- ○ No

What is the year of birth for each of your children?

Child 1

Child 2

Child 3

Child 4

Child 5

Child 6

Please complete the table below for each child. Please tick if they have had any of the medical conditions. (Please tick all that apply)

	Child 1 Yes	Child 2 Yes	Child 3 Yes	Child 4 Yes	Child 5 Yes	Child 6 Yes
Born more than 3 weeks prematurely	☐	☐	☐	☐	☐	☐
Low birth weight (less than 2.5kg/5lb)	☐	☐	☐	☐	☐	☐

	Child 1 Yes	Child 2 Yes	Child 3 Yes	Child 4 Yes	Child 5 Yes	Child 6 Yes
Allergies	☐	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐	☐
Autism	☐	☐	☐	☐	☐	☐
Cerebral palsy	☐	☐	☐	☐	☐	☐
Cleft lip or palate	☐	☐	☐	☐	☐	☐
Downs syndrome	☐	☐	☐	☐	☐	☐
Neural tube defects	☐	☐	☐	☐	☐	☐
Spina bifida	☐	☐	☐	☐	☐	☐
Other major health condition or illness	☐	☐	☐	☐	☐	☐

Block 7

What is today's date?

Have we missed anything? If you have anything else you would like to tell us, please write it below