Data collected face to face
Questionnaire for of-age mothers born at 33 weeks or more
(single or twin births)

Greyed-out questions must absolutely be completed

Updates (constructed variables and corrected variables) are included at the end of the chapter, indicated by this symbol.

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GENERAL INFORMATION

<FAFNIE>
Bar code: ____________

FAF
FTF questionnaire available
0 Unavailable
1 Available

<FAFUSERNAME>
Interviewer ID _______________________

*FAFCREATION
Questionnaire creation date ____________

*LIEUNAISSENF
Maternity unit in which child was born _______________________

*COMNAISM2
Maternity unit municipality _______________________

*DEPNAISM2
Postcode of the maternity unit ____________

NAISS
Birth
0 Single
1 Multiple

*DNAISSE
Date of birth of child (first born if twin pregnancy): ____________

ENFTRANS
Child transferred:
0 No
1 Yes

If ENFTRANS=0 then DNAISSM (page 2)
If ENFTRANS=1 and NAISS=1

QLENFTRAN
Which child is concerned?
1 The first born
2 The second born
3 Both
9 No answer
TRPREV
Were you informed before the birth that your baby/babies may be transferred?
0 No
1 Yes
9 No answer

TREXPL
Was the reason for the transfer clearly explained to you?
1 Yes, absolutely
2 Yes, somewhat
3 No, not really
4 No, not at all
9 No answer

MVUBB
Were you able to see your baby/babies before the transfer?
0 No
1 Yes
9 No answer

PVUBB
Was the father of the baby/babies able to see him/her/them?
0 No
1 Yes, saw him/her/them
2 Yes, saw him/her/them and accompanied him/her/them
9 No answer

MERETR
Were you able to transfer to the building or establishment to which your baby/babies was/were transferred?
0 No
1 Yes
9 No answer
SOCIO-DEMOGRAPHIC SITUATION

*DNAISSM
What is your date of birth? (dd/mm/yy)  |__|__|__|__|__|__|

ANAISSM
(Constructed variable) Date of birth of the mother  |__|__|__|__|
⇒ See end of chapter for the constructed variable: age of the mother at birth

LIEUNAISM
Were you born in France or in another country?
1 In France
2 In another country

If LIEUNAISM=1
CPCONNUM
Do you know the postcode of your town of birth?
0 No
1 Yes
9 No answer

If CPCONNUM=1
*DEPNAISM
What is that postcode?  |__|__|__|__|__|

*COMNAISM
What municipality were you born in? ____________________________

If CPCONNUM=0
*DEPM
What department were you born in?  |__|__|

*COMM
What municipality were you born in? ____________________________

*COMCLAIRM
Municipality of the mother ____________________________

If LIEUNAISM=2
*PAYSNAISM
In which country? ____________________________
⇒ See end of chapter for the constructed variable

NATIOM
What is your nationality?
1 French by birth (including by reintegration)
2 French by acquisition (naturalisation, marriage, declaration, or choice when coming of age)
3 Foreign
4 Stateless
INT: DO NOT SUGGEST

ETATMAT
What is your marital status?
1 Married or remarried (including legally separated)
2 Civil partnership
3 Divorced
4 Single
5 Widow

INT: PROPOSE ANSWERS. IMPORTANT: THE STATUS OF A WOMAN SAYING SHE IS IN A COMMON-LAW UNION NECESSARILY CORRESPONDS TO ONE OF THE FIVE PROPOSED.

COUPLE
Are you currently in a couple?
0 No
1 Yes

If ETATMAT≠1
RECONU
Has the father recognised your child?
0 No
1 Yes
9 No answer

INT: PROPOSE ANSWERS

*DNAISSP
What is the date of birth of the child's father? |__|__|__|__|__|
⇒ See end of chapter for the constructed variable: date of birth of child

ANAISSP
Year of birth of father |__|__|__|__|
⇒ See end of chapter for the constructed variable: age of father at birth

LIEUNAISP
Was he born in France or in another country?
1 In France
2 In another country

If LIEUNAISP=1
CPCONNUP
Do you know the postcode of the municipality he was born in?
0 No
1 Yes
9 No answer

If CPCONNUP=1
*DEPNAISP
What is that postcode? |__|__|__|__|
*COMNAISP
What municipality was he born in? __________________________

If CPCONNUP=0
*DEPP
What department was he born in? ________________|

*COMP
What municipality was he born in? __________________________

*COMCLAIRP
Municipality of the father: __________________________

If LIEUNAISP=2
*PAYSNAISP
In which country? __________________________
⇒ See end of chapter for the constructed variable

NATIOP
What is his nationality?
1 French by birth (including by reintegration)
2 French by acquisition (naturalisation, marriage, declaration, or choice when coming of age)
3 Foreign
4 Doesn’t know

AGEM
(Constructed variable) Age of the mother at the date of birth of the ELFE child ________________|

AGEP
(Constructed variable) Age of the father at the date of birth of the ELFE child ________________|

PAYS2NAISM
(Constructed variable) In which country?
0 France
1 European Union and EEE
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Other country
9 Not stated
⇒ See end of chapter for the constructed variable
### PAYS2NAISP

(Constructed variable) In which country?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>France</td>
</tr>
<tr>
<td>1</td>
<td>European Union and EEE</td>
</tr>
<tr>
<td>2</td>
<td>Turkey</td>
</tr>
<tr>
<td>3</td>
<td>Morocco</td>
</tr>
<tr>
<td>4</td>
<td>Algeria</td>
</tr>
<tr>
<td>5</td>
<td>Tunisia</td>
</tr>
<tr>
<td>6</td>
<td>French-speaking Sub-Saharan Africa</td>
</tr>
<tr>
<td>7</td>
<td>Other Sub-Saharan Africa</td>
</tr>
<tr>
<td>8</td>
<td>Other country</td>
</tr>
<tr>
<td>9</td>
<td>Not stated</td>
</tr>
</tbody>
</table>

See end of chapter for the constructed variable

### JNAISSEALEA

(Constructed variable) Date of birth of child (ELFE theoretical days, generated randomly)?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PAYS5NAISM

(Constructed variable) In which country?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>European Union</td>
</tr>
<tr>
<td>2</td>
<td>Turkey</td>
</tr>
<tr>
<td>3</td>
<td>Morocco</td>
</tr>
<tr>
<td>4</td>
<td>Algeria</td>
</tr>
<tr>
<td>5</td>
<td>Tunisia</td>
</tr>
<tr>
<td>6</td>
<td>French-speaking Sub-Saharan Africa</td>
</tr>
<tr>
<td>7</td>
<td>Other Sub-Saharan Africa</td>
</tr>
<tr>
<td>8</td>
<td>Eastern/Central Europe</td>
</tr>
<tr>
<td>9</td>
<td>Asia</td>
</tr>
<tr>
<td>10</td>
<td>South/Central America</td>
</tr>
<tr>
<td>11</td>
<td>Other</td>
</tr>
<tr>
<td>12</td>
<td>Not stated</td>
</tr>
</tbody>
</table>

### PAYSSNAISP

(Constructed variable) In which country?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>European Union</td>
</tr>
<tr>
<td>2</td>
<td>Turkey</td>
</tr>
<tr>
<td>3</td>
<td>Morocco</td>
</tr>
<tr>
<td>4</td>
<td>Algeria</td>
</tr>
<tr>
<td>5</td>
<td>Tunisia</td>
</tr>
<tr>
<td>6</td>
<td>French-speaking Sub-Saharan Africa</td>
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<td>7</td>
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<td>Eastern/Central Europe</td>
</tr>
<tr>
<td>9</td>
<td>Asia</td>
</tr>
<tr>
<td>10</td>
<td>South/Central America</td>
</tr>
<tr>
<td>11</td>
<td>Other</td>
</tr>
<tr>
<td>12</td>
<td>Not stated</td>
</tr>
</tbody>
</table>
EDUCATION AND OCCUPATIONAL SITUATION

**NIVET**
What is your educational level?
1 Primary school
2 Middle school (age 11-15)
3 Classes preparing a vocational training certificate or school-leaving diploma
4 General high-school classes for 15-18 year-olds
5 Technical high-school classes for 15-18 year-olds
6 Occupational high-school classes for 15-18 year-olds
7 Higher education (university, etc.)
8 You never attended school

*PROFESS*
What is your current or most recent occupation? ______________________

INT: INDICATE OCCUPATION IN DETAIL IF NO OCCUPATION, WRITE "NONE" AND NOTE DOWN NOTHING FOR PROFESS

**PROFMAUCUN**
No occupation: |___|

**PROFESS**
In which of these categories would you put your occupation?
1 Farmer
2 Self-employed: business, trade or crafts
3 Manager, professional and higher-level intellectual occupation
4 Intermediate occupation (teacher, nurse, technician, supervisor, etc.)
5 Clerical or sales worker
6 Manual worker
7 No occupation
9 Unable to categorise occupation

**CSP1M**
Constructed variable: Social category completed from 2-month questionnaire for mothers having taken part in two-month and whose social category was missing or incorrectly entered in the maternity unit
1 Farmer
2 Self-employed: business, trade or crafts
3 Manager, professional and higher-level intellectual occupation
4 Intermediate occupation (teacher, nurse, technician, supervisor, etc.)
5 Clerical or sales worker
6 Manual worker
7 No occupation
9 Unable to categorise occupation

**SITUG**
When you became pregnant
1 You had a job
2 You were a homemaker
3 You were a student or in training
4 You were unemployed
5 You were on parental leave
6 You were retired
7 You were in another situation

**INT: PROPOSE ALL ANSWERS**

If $SITUG=1$

*PROFESSCP*  
What is the current or most recent occupation of the child's father?

**INT: INDICATE OCCUPATION IN DETAIL IF NO OCCUPATION, WRITE "NONE" AND NOTE DOWN NOTHING FOR THE NEXT QUESTION**

PROFAUCUN  
No occupation: |___|

PROFESSC  
In which of these categories would you put that occupation?
1 Farmer
2 Self-employed: business, trade or crafts
3 Manager, professional and higher-level intellectual occupation
4 Intermediate occupation (teacher, nurse, technician, supervisor, etc.)
5 Clerical or sales worker
6 Manual worker
7 No occupation
9 Unable to categorise occupation

CSP1P  
Constructed variable: Social category completed from 2-month questionnaire for mothers having taken part in two-month and whose social category was missing or incorrectly entered in the maternity unit
1 Farmer
2 Self-employed: business, trade or crafts
3 Manager, professional and higher-level intellectual occupation
4 Intermediate occupation (teacher, nurse, technician, supervisor, etc.)
5 Clerical or sales worker
6 Manual worker
7 No occupation
9 Unable to categorise occupation

EMPLOIC  
Currently, the father of your child
1 Has a job
2 Is a homemaker
3 Is a student or in training
4 Is unemployed
5 Is on parental leave
6 Is retired
7 Is in another situation

\textbf{If EMPLOIC=7}

\textbf{*EMPLOICP Specify clearly: ____________________________}

\textit{(Question deleted from wave 2 onwards)}

\textbf{SS1}

\textbf{Which social security system manages your healthcare costs?}

1 Universal healthcare coverage (CMU)
2 The general system or another system connected to the general system: civil servants, state workers, agents of local authorities, authorised healthcare occupations, artists, religious occupations, Alsace-Moselle, disabled ex-servicemen, disabled adult allowance beneficiaries, disability pensions
3 The agricultural social security system: MSA, AMEXA, ASA, GAMEX, AAEXA - (including those of Alsace-Moselle)
4 The system for independent professionals: RSI, AMPI, RAM: (self-employed, business, trade and crafts, manufacturers, liberal professions, doctors charging their own fees)
5 Another system: EDF/GDF, SNCF, Mines, RATP, military careers, students, border-dwellers
6 State Medical Aid (AME)
7 The system of a family member of friend insured in another country
8 Doesn't know which system
9 No system (no coverage)

\textbf{CMCOMP}

\textbf{Do you have supplementary healthcare coverage (mutual insurance, private insurance, personal risk, including supplementary CMU) that reimburses your healthcare costs in addition to the social security system?}

1 Yes
2 No
9 Doesn't know

\textbf{If CMCOMP=1}

\textbf{CMU}

\textbf{Is it CMU?}

0 No
1 Yes
9 Doesn't know

\textbf{*DARRETTTC}

\textbf{UPD> Date stopped work before delivery (corrected) |___|___|___|___|___|___|}

\textbf{DARRETTJR}

\textbf{UPD> (Constructed variable) Date stopped work in amenorrhoea days: |___|___|}

date stopped work – corrected conception date + 14
**SITUATION BEFORE YOUR PREGNANCY**

"I'm going to ask you a few questions about your health before and during your pregnancy."

**GANT**

Had you ever been pregnant before this pregnancy (including abortions or miscarriages)?

0 No
1 Yes

*If GANT=1*

**ENFGANT**

Had you already had children?

0 No
1 Yes
9 Doesn't know

*If ENFGANT=1*

**NBGANT**

How many (not including the child just born)? \[| | | \]

*If GANT=1*

**IVG**

During your previous pregnancies, did you have one or more abortions, whether by surgery or drug-induced?

0 No
1 Yes
9 Doesn't know

**TRTSTER**

For this pregnancy, did you have infertility treatment?

0 No
1 Yes
YOUR PREGNANCY

REACG
When you found out you were pregnant:
1 You were happy that the pregnancy was occurring now
2 You would have liked it to happen earlier
3 You would have liked it to happen later
4 You would have preferred not to be pregnant

DECLGQD
When did you declare your pregnancy?
0 Undeclared pregnancy
1 In the first trimester
2 In the second trimester
3 In the third trimester

If DECLGQD≠0
DECLGQI
Who declared your pregnancy?
1 A gynaecologist or obstetrician in a private practice or as part of a mother-and-child-protection programme
2 A gynaecologist or obstetrician in a maternity unit
3 A GP
4 A midwife in a maternity unit
5 A midwife in a private practice
6 Other
9 Doesn’t know

If DECLGQI=6
*DECLGQIP Specify ____________________
(Question deleted from wave 2 onwards)

SUIVIG
Throughout your pregnancy, you were monitored...
1 Mainly by a gynaecologist or obstetrician (or several)
2 Mainly by a GP (or several)
3 Mainly by a midwife (or several)
4 By several of these professionals
5 By none of these professionals
6 By no-one

NVISPREN
How many prenatal visits did you have in all? |__|__|

NVPMAT
Of these visits, how many were at a maternity unit or with a person belonging to the medical team of a maternity unit? |__|__|
HOSPG
Were you hospitalised during this pregnancy (including same-day hospitalisations)?
0 No
1 Yes

If HOSPG=1
DURHOSPG
What was the total length of these hospital stays? (In days)

ENT4MOIS
Did you have a four-month interview?
1 Yes
2 No
9 Doesn’t know

PREPNAIS
Did you attend birth classes during this pregnancy?
0 No
1 Yes

If PREPNAIS=1
NPREPNAIS
How many?

If NAISS=1 (twin pregnancy)
TYPJUM
Are your twins monozygotic or dizygotic?
1 Monozygotic
2 Dizygotic
3 Doesn’t know

If NAISS=1 (twin pregnancy)
TYPGGEM
Was your pregnancy monochorionic or dichorionic?
1 Monochorionic
2 Dichorionic
3 Doesn’t know

If TYPGGEM=1 (monochorionic twin pregnancy)
GMONOCH
And was it monoamniotic or diamniotic?
1 Monoamniotic
2 Diamniotic
3 Doesn’t know
PSYCHOLOGICAL ASPECTS

"I am now going to ask you a few questions about your experience of the pregnancy."

DIFFPSY
During the pregnancy, did you have any persistent psychological difficulties?
0 No
1 Yes

If DIFFPSY=1

CONSLPSY
During your pregnancy, did you see a psychiatrist, a psychiatrist or a psychotherapist concerning these difficulties?
0 No
1 Yes
9 Doesn't know

If DIFFPSY=1

MEDPSY
Did you take any medicine for these difficulties during your pregnancy?
0 No
1 Yes
9 Doesn't know

If MEDPSY=1

MEDANX
Specifically, did you take any medicine for anxiety during your pregnancy?
0 No, not at all
1 Yes, once
2 Yes, several times
9 Doesn't know

If MEDPSY=1

MEDDEP
Medicine for depression?
0 No, not at all
1 Yes, once
2 Yes, several times
9 Doesn't know

If MEDPSY=1

MEDHUM
Medicine to alter your mood?
0 No, not at all
1 Yes, once
2 Yes, several times
9 Doesn't know
DEPGR
And during a previous pregnancy, were you depressed or very anxious?
0 No
1 Yes
9 Doesn’t know

If DEPGR=1
How long did that last?
DEPMOI in months: |__|__|
Or DEPSEM in weeks: |__|__|

INT: IF SEVERAL PREGNANCIES, THE LONGEST PERIOD
**IMAGING EXAMINATIONS: SCANNER, MRI, X-RAY, ULTRASOUND**

"We are now going to talk about your medical examinations during your pregnancy."

**NECHO**
How many ultrasounds did you have in all (whatever the location)? [__] [__] [__]

**SCANNER**
Did you have any scans during your pregnancy?
0 No
1 Yes

*If Scanner = 1*
In which trimester and for what reason?

**Entire body:**

**SCORT**
Trimester [__]

**SCORM**
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn't know

**Head:**

**STETT**
Trimester [__]

**STETM**
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn't know

**Chest:**

**STHOT**
Trimester [__]

**STHOM**
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn't know

Stomach (abdomen):

SABDOT
Trimester I __ I

SABDOM
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn't know

Pelvis or hips:

SBASST
Trimester I __ I

SBASSM
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn't know

Limb (wrist, hand, foot, ankle, leg, arm, shoulder):

SMEMBT
Trimester I __ I

SMEMBMBM
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn't know

Kidneys, bladder:

SREINT
Trimester I __ I

SREINM
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn't know

**INT:** FILL IN FOR PART OF BODY CONCERNED

**IRM**
Did you have an MRI during your pregnancy?
0 No
1 Yes

*If IRM=1*
In which trimester and for what reason?

**Entire body:**

**ICORT**
Trimester __

**ICORM**
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn't know

**Head:**

**ITETT**
Trimester __

**ITETM**
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn't know

**Chest:**

**ITHOT**
Trimester __

**ITHOM**
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn't know
Stomach (abdomen):

**IABDOT**
Trimester __I__

**IABDOM**
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn’t know

Pelvis or hips:

**IBASST**
Trimester __I__

**IBASSM**
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn’t know

Limb (wrist, hand, foot, ankle, leg, arm, shoulder):

**IMEMBT**
Trimester __I__

**IMEMBS**
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn’t know

Kidneys, bladder:

**IREINT**
Trimester __I__

**IREINM**
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn’t know
INT: FILL IN FOR PART OF BODY CONCERNED

RADIO
Did you have an X-ray during your pregnancy?
0 No
1 Yes

If RADIO=1
In which trimester and for what reason?

Entire body:

RCORT
Trimester __

RCORM
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn’t know

Head:

RTETT
Trimester __

RTETM
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn’t know

Chest:

RTHOT
Trimester __

RTHOM
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn’t know

Stomach (abdomen):
RABDOT
Trimester I__I

RABDOM
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn't know

Pelvis or hips:

RBASST
Trimester I__I

RBASSM
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn't know

Limb (wrist, hand, foot, ankle, leg, arm, shoulder):

RMEMBT
Trimester I__I

RMEMBM
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn't know

Kidneys, bladder:

RREINT
Trimester I__I

RREINM
Reason
1 Pelvimetry
2 Trauma
3 Chronic illness
4 Other
5 Doesn't know

INT: FILL IN FOR PART OF BODY CONCERNED
SCREENING

"Now let's talk about any illnesses you were tested for during your pregnancy."

DEPVIHG
Were you screened for AIDS (HIV) during your pregnancy?
1 Yes
2 No
9 Doesn't know

If DEPVIHG=2
NONVIH
Why?
1 Not proposed
2 You refused
3 Last recent examination
4 Other reason
5 Doesn't know

If NONVIH=4
*NONVIHP
Other reason, specify ____________________________
(Question deleted from wave 2 onwards)

CONTOXO
During your pregnancy, did you receive any preventive advice to avoid contracting toxoplasmosis?
1 Yes
2 No, because immunised
3 No, with no further precisions
4 Doesn't know

DEPDG
Were you screened for gestational diabetes?
0 No
1 Yes, once
2 Yes, several times
3 Doesn't know

If DEPDG=1 or 2 (screened for diabetes)
Was it done on the basis of:
TDEPDG_1
Fasting glycaemia
0 No
1 Yes
9 Doesn't know

TDEPDG_2
Post-prandial glycaemia (after a meal)
0 No
1 Yes
TDEPDG_3
Glucose level test
0 No
1 Yes

TDEPDG_4
Doesn’t know
0 No
1 Yes

INT: SEVERAL ANSWERS POSSIBLE
ACIDEFOL
Did you take folic acid (vitamin B9) before and/or during your pregnancy (to prevent nervous system problems)?
1 Yes
2 No
9 Doesn't know

If ACIDEFOL=1
Indicate the periods during which you took it:

<table>
<thead>
<tr>
<th>Period</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERIODAF_1</td>
<td>1 to 3 months before the pregnancy</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>PERIODAF_2</td>
<td>In the first two months of the pregnancy</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PERIODAF_3</td>
<td>Between the second and sixth month of the pregnancy</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PERIODAF_4</td>
<td>After the sixth month of the pregnancy</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

INT: SEVERAL ANSWERS POSSIBLE

POIMAVTG
How much did you weigh before this pregnancy? (in kg) | __| __| __|

POIMFING
How much did you weigh at the end of this pregnancy? (in kg) | __| __| __|

TAIM
How tall are you? (in cm) | __| __| __|

TABAVTG
Before your pregnancy, had you smoked for at least one year?
0 No
1 Yes
9 Doesn't know
If TABAVTG=1
DBTTABA
At what age did you start smoking? __ __

If TABAVTG=1
ARRTABA
Have you ever stopped smoking?
0 No
1 Yes
9 Not documented

If ARRTABA=1
AGARRTAB
How old were you when you last stopped? __ __

If TABAVTG=1
NBCIGAG
On average, for the entire period in which you smoked, before stopping or cutting down, how much did you smoke? __ __

UTCIGAG
Unit
1 Pack(s)
2 Cigarette(s)
9 Not documented

FRCIGAG
Per
1 Day
2 Week
3 Month
9 Not documented

TABAG
Did you smoke during your pregnancy, even just from time to time?
0 No
1 Yes
9 Doesn’t know

If TABAG=1
TABA3G
Was that the case during the third trimester of your pregnancy?
0 No
1 Yes
9 Not documented

If TABA3G=1
NBCIG3G
How much on average? __ __
UTCIG3G
Unit
1 Pack(s)
2 Cigarette(s)
9 Not documented

FRCIG3G
Per
1 Day
2 Week
3 Month
9 Not documented

If \text{TABA3G}=1 \quad (Filter\ provided\ for:\ \text{TABA3G}=0,\ \text{programming\ error})

MSTOPTAB
At what month of your pregnancy did you stop smoking?  \quad |\_\_\_|  

EXPTABD
During your pregnancy, were you exposed to the tobacco smoke of other people in your household?
0 Never or almost never
1 Less than an hour a day
2 1 to 2 hours a day
3 2 to 5 hours a day
4 Over five hours a day

EXPTABL
During your pregnancy, were you exposed to the tobacco smoke of other people in any other closed environment (workplace, leisure venue, bar, restaurant, etc.)?
0 Never or almost never
1 Less than an hour a day
2 1 to 2 hours a day
3 2 to 5 hours a day
4 Over 5 hours a day

If \text{EXPTABL}=4

EXPTABLFP
How many hours a day?  \quad |\_\_\_|  

FQALCOOL
During your pregnancy, how often did you consume alcoholic drinks (beer, cider, wine, aperitifs, etc.)?
0 Never
1 Once a month or less frequently, or at special occasions such as parties
2 2 to 4 times a month
3 2 to 3 times a week
4 4 times a week or more but not every day
5 Every day
6 Only before you knew you were pregnant
7 Prefers not to answer
**HOLIDAYS – UV EXPOSURE**

**HOLIDAYS**  
Did you take any holidays outside your habitual residence during your pregnancy, for four days or more?  
0 No  
1 Yes

*If VACANCES = 0, then PEREACC (page 20)*

**if VACANCES = 1**  
**NBVAC**  
How many times?  
|__|__|

Detail on each holiday:

**VPAYS1**  
Which country did you visit?  
1 France  
2 Another country  
9 Not documented

*If VPAYS1 = 2*  
**VPAYSE1**  
Which country? __________________

**VDPT1**  
Department (if France): __________________

**VVILLE1**  
Town(s): __________________________

Type of place:

**VTYPE1_1**  
Beach  
0 No  
1 Yes

**VTYPE1_2**  
Mountain  
0 No  
1 Yes

**VTYPE1_3**  
Other  
0 No  
1 Yes

**INT: SEVERAL ANSWERS POSSIBLE**
VDEXACT1
Do you know the exact dates of your stay?
0 No
1 Yes

If VDEXACT1 = 1
VDDEPART1
Departure date: ________________

VDRETOUR1
Return date: ________________

If VDEXACT1 = 0
VMDEPART1
Month of departure: ________________

VMRETOUR1
Month of return: ________________

DUREESEJ1
Length of stay (in days): ________________

VEXPOSOL1
Average exposure to sun (hours per day): ________________

If VEXPOSOL1 > 0
EXPOVOL1
Did you voluntarily expose yourself to the sun?
0 No
1 Yes
9 Not documented

If VEXPOSOL1 > 0
VCREMSOL1
Use of sunscreen:
0 No
1 Yes
9 Not documented

INT: REPEAT THIS PART UP TO 10 TIMES IN THE EVENT OF OTHER HOLIDAYS
"I'd like to finish with a few questions about your baby/babies."

**PEREACC**
Was the father present at the delivery?
0 No
1 Yes

**How is/are your baby/babies currently being fed?**

**ALIMENF_1**
Mother's milk only
0 No
1 Yes

**ALIMENF_2**
Initial milk only
0 No
1 Yes

**ALIMENF_3**
Combined (mother's milk and initial milk)
0 No
1 Yes

**ALIMENF_4**
Doesn't know
0 No
1 Yes

**ALIMENF_5**
Other
0 No
1 Yes

⇔ See end of chapter for corrected variables

**If ALIMENF_5=1**

*ALIMENFP*
Specify __________________
(Question deleted from wave 2 onwards)

**If ALIMENF_2=1 or ALIMENF_5=1**

**NONALLAIT**
Is it because you didn't want to breastfeed your child/children?
0 No
1 Yes
9 Not documented
CHALIM
What motivated your feeding choice for your child/children?
1 The child’s health or well-being
2 Practical reasons
3 Financial reasons
4 Establishing a relationship with the child
5 Normal choice, customary in life environment, was fed herself that way
6 Medical prescriptions/contraindications
7 Other

SUIVIENF
Have you planned to have someone monitor the health of your children after leaving?
0 No
1 Yes

If SUIVIENF=1
SUIVIENFQ
Who?
1 Your GP
2 Another GP
3 A paediatrician in a private practice
4 Mother-and-child protection centre (PMI)
5 Other
9 Not documented

If SUIVIENFQ=5
*SUIVIENFP
Specify ____________________

How is/are your baby/babies currently being fed?
ALIMENFC_1
Mother’s milk only (corrected)
0 No
1 Yes

ALIMENFC_2 (corrected)
Initial milk only (corrected)
0 No
1 Yes

ALIMENFC_3 (corrected)
Combined (mother’s milk and initial milk) (corrected)
0 No
1 Yes

ALIMENFC_4 (corrected)
Doesn’t know (corrected)
0 No
1 Yes
"Thank you for taking part."

END