

**MAJ** The updates (constructed and corrected variables) are given at the end of the chapter and are indicated by this symbol.

# Growing up in France



## Questionnaire for mothers on their diet and lifestyle during their pregnancy

Self-report questionnaire label  
1st-born child

Self-report questionnaire label  
2nd-born child

(indicate Elfe identifiers)

<AQNIE>

First child born:

Second child born (if twin):

AQM Mother's self-administered questionnaire:

0 Not available

1 Available

⇒ See end of chapter for the corrected variable

\*MATERNOM

Name of maternity unit:

<SCAN>

Name of scan

ENQ

**MAJ**

**Mother's self-administered questionnaire (corrected):**

0 Not concerned   1 Survey carried out   2 Survey not carried out

## BRIEF DESCRIPTION OF THE SURVEY

This questionnaire is about your diet and lifestyle during your pregnancy.

The first section concerns **your use of bodycare products**, together with **household and other products used in the home**. Some of the substances contained in these products are suspected of having an impact on health, and we want to study them in greater detail.

The next section is about your **diet**, starting with quite general questions about topics such as your cooking habits, your taste preferences, and any changes linked to your pregnancy. The questions that follow are more detailed, asking how often you ate different foods during the third trimester of your pregnancy. We already know that women's usual diet can change during pregnancy, but we would like to find out precisely what you consumed during these final three months. Regarding seasonal foods, such as some types of fruit (melons, apricots, etc.), please indicate exactly what you ate during these three months, even if you do not think it reflects what you would normally eat in that season.

The questions in the final section will allow us to assess your overall level of **physical activity**. This is why we ask you not only about your sport and leisure activities, but also about your daily activities at home, your travel habits and your activities at work.

The usefulness of the survey results will ultimately depend on the quality of the information we are able to collect. It takes about 45 minutes to complete this questionnaire.

Please fill it in as accurately and comprehensively as possible.

**This questionnaire will remain strictly confidential**

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## How to fill in this questionnaire

- Please use a **black ballpoint pen**.
- Most of the questions are tick box questions, where you indicate your answer by placing a cross in the relevant box:

**Example:** *Did you take vitamin or mineral supplements during your pregnancy?*

No  Yes

- Please ignore the numbers next to the boxes.
- Unless stated otherwise, only check one of the boxes - the one that seems most closely to match the answer you would have given orally.
- If you check a box by mistake, simply shade it in and place a cross in the right box that matches your response.
- In some cases, you will be asked to write your answer out in full. Please do so in **CAPITALS**

**Example:** G Y M N A S T I Q U E

- In some cases, the answer will be a number that you have to write in the boxes. If you do not use all the boxes, write the number on the right, so that the boxes on the left remain empty.

**Example:**   5

- Lastly, make sure you provide an answer for each of the questions.
- Please remember to provide the dates requested below

Thank you!

\*DREML Date when you filled in this questionnaire:

J J / M M / 20 A A  
*day month year*

\*DNAISSM What is your date of birth?

J J / M M / 19 A A  
*day month year*



## USE OF BODYCARE AND BEAUTY PRODUCTS

### HAIRCARE:

1. Did you use any of the products below during your pregnancy? If yes, how often?

		Never	Every day	Several times a week	Once a week	Exceptionally
SPRAYCH	• Spray, lacqueur, gel/mousse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
APRESSH	• Conditioner, moisturizer cream	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
TEINTURE	• Dye, colour rinse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
DECOLOR	• Bleaching product	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
PERMA	• Perming product	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
DEFRIS	• Relaxer	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
PRODCHEV	• Other products	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

### COSMETICS:

2. Did you use any of the products below during your pregnancy? If yes, how often?

		Never	Every day	Several times a week	Once a week	Exceptionally
FTEINT	• Foundation (powder, liquid)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
DEMAQ	• Make-up remover	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
ROUGE	• Lipstick	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
BLUSH	• Blusher	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
YEUX	• Eye make-up (mascara, eye shadow, eyeliner or crayon)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
COSTRAD	• Traditional cosmetics (Khôl, Surma, Kajal, Tiro)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
ONGLES	• Nail varnish, varnish remover	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4



### BODYCARE:

3. Did you use any of the products below during your pregnancy? If yes, how often?

		Never	Every day	Several times a week	Once a week	Exceptionally
PARFUM	• Perfume / Eau de Cologne	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
SAVON	• Body soap	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
LOTION	• Body or hand lotion (cream, milk, etc.)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
CREMESOL	• Sun cream (sunscreen)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
LAIBRONZ	• Sun tan lotion	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
DEO	• Deodorant	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
RASAGE	• Shaving cream or aftershave lotion	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
HUILCORP	• Body oil	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

FQDOUCH 4. How often did you take showers during your pregnancy?

<sub>0</sub> never

<sub>1</sub> more than once a day - indicate how many times a day:

NDOUCH

<sub>2</sub> once a day

<sub>3</sub> less than once a day

TPSDOUCH 5. If you took showers, how long did you usually run the water?

<sub>1</sub> 5 minutes or less

<sub>2</sub> between 5 and 10 minutes

<sub>3</sub> between 10 and 20 minutes

<sub>4</sub> more than 20 minutes

**FQBAIN** 6. How often did you take baths during your pregnancy?

- <sub>0</sub> never
- <sub>1</sub> more than once a day - indicate how many times a day:
- <sub>2</sub> once a day
- <sub>3</sub> less than once a day

**NBAIN**

**TPSBAIN** 7. If you took baths, how long did you usually stay in the bathtub?

- <sub>1</sub> less than 20 minutes
- <sub>2</sub> between 20 and 30 minutes
- <sub>3</sub> between 30 and an hour
- <sub>4</sub> more than one hour

**PISCINE** 8. Did you go to the swimming pool to swim or take part in aquatic leisure activities during your pregnancy?

- <sub>0</sub> never
- <sub>1</sub> fewer than 2 times during my pregnancy
- <sub>2</sub> between 2 and 8 times during my pregnancy
- <sub>3</sub> roughly once a month
- <sub>4</sub> 2 to 3 times a month
- <sub>5</sub> once a week
- <sub>6</sub> 2 to 3 times a week
- <sub>7</sub> at least 4 times a week



## USE OF HOUSEHOLD AND DOMESTIC PRODUCTS

### HOUSEHOLD PRODUCTS:

9. Did any of your activities during pregnancy lead you to use or come into contact with the products below?

		Never	Every day	Several times a week	Once a week	Exceptionally
CIREMEUB	• Furniture polish	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
CIREPARQ	• Floor wax	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
PRODENT	• Cleaning products (kitchen, bathroom, floors, windows)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
ASSOUBL	• Fabric softener	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
LIQVAIS	• Washing-up liquid	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
VERNIBOI	• Wood varnish	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

### OTHER PRODUCTS USED IN THE HOME:

10. Did you engage in any activities during pregnancy that led you to use or come into contact with the products below?

		Never	Every day	Several times a week	Once a week	Exceptionally
PEINTURE	• Paint	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
SOLVANT	• Solvent	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
ENTRVOIT	• Car polish or other car cleaning products	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
GPLAST	• Plastic gloves	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
ANIDOM	• Pet grooming products	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

## GENERAL QUESTIONS ABOUT YOUR EATING AND COOKING HABITS

**CONSALIM 11.** During your pregnancy did you follow dietary advice for pregnant women received from a health professional you had consulted (e.g. dietician, nutritionist, physician, midwife)?

<sub>0</sub> No

<sub>1</sub> Yes

**REGIME 12.** Have you ever gone on a diet to lose weight?  <sub>0</sub> No  <sub>1</sub> Yes

If YES, was it:

**REGAVTG** • in the year before your pregnancy  <sub>0</sub> No  <sub>1</sub> Yes

**REGPDTG** • during your pregnancy  <sub>0</sub> No  <sub>1</sub> Yes

**13.** Did your weight vary in the year before your pregnancy?

(you can check several boxes if your weight went up or down several times):

<sub>1</sub> **VARPOIP5**  
gain of more than 5 kg

<sub>1</sub> **VARPOIP2**  
gain of 2 to 5 kg

<sub>1</sub> **POISTABLE**  
stable weight

<sub>1</sub> **VARPOIM2**  
loss of 2 to 5 kg

<sub>1</sub> **VARPOIM5**  
loss of more than 5 kg

**14.** Please indicate how often you consumed the following products during your pregnancy:

		Never	Less than once a week	Several times a week	(Almost) every day	Systematically
<b>SUCLIGHT</b>	• Low-calorie sugar	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>ALLSUC</b>	• Reduced-sugar food or drink	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>ALLMG</b>	• Reduced-fat products	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>BIO</b>	• Organically farmed* products	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>MGOMEGA3</b>	• Fats enriched with omega-3	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>PREEMB</b>	• Prepackaged foods	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>PLATPREP</b>	• Ready meals	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>CONSERV</b>	• Tinned food	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

\*Organic farming refers to animal or crop production with no added chemicals.  
So-called organic products carry the AB trademark in France

**VAISMAIN 15.** Do you do the washing up by hand?

<sub>0</sub> No, never

<sub>1</sub> Yes, occasionally

<sub>2</sub> Yes, once a day

<sub>3</sub> Yes, several times a day



**RECIP** 16. Do you use tin or crystal containers to store food?

<sub>0</sub> No

<sub>1</sub> Yes

**PLATCERAM** 17. Do you use handmade ceramic cookware (e.g. tajine pot)?

<sub>0</sub> No

<sub>1</sub> Yes

18. Do you usually like the following tastes?

**SAVSALE** • Salty  <sub>0</sub> No  <sub>1</sub> Indifferent  <sub>2</sub> Yes

**SAVACIDE** • Sour (e.g. lemon, vinegar, gherkin)  <sub>0</sub> No  <sub>1</sub> Indifferent  <sub>2</sub> Yes

**SAVAMER** • Bitter (e.g. chicory, coffee, grapefruit)  <sub>0</sub> No  <sub>1</sub> Indifferent  <sub>2</sub> Yes

**SAVSUCRE** • Sweet  <sub>0</sub> No  <sub>1</sub> Indifferent  <sub>2</sub> Yes

19. Please indicate how often you generally ate the following meals and snacks during the FINAL 3 MONTHS of your pregnancy

		Never	Less than once a week	Once or twice a week	3 to 5 times a week	(Almost) every day
<b>PETIDEJ</b>	• Breakfast	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>DEJEUNER</b>	• Lunch	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>GOUTER</b>	• Afternoon tea (or snack)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>DINER</b>	• Dinner	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>COLLAT</b>	• Other snacks between these meals	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

20. Did your pregnancy affect how often you ate these meals?

		Less often than before my pregnancy	Same as before my pregnancy	More often than before my pregnancy
<b>CHGPDJ</b>	• Breakfast	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<b>CHGDEJ</b>	• Lunch	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<b>CHGGOUT</b>	• Afternoon tea (or snack)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<b>CHGDIN</b>	• Dinner	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<b>CHGCOLL</b>	• Other snacks between these meals	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

21. Did you consume some foods or drinks more (or less) often during your pregnancy than you had done before? **Please give an answer for each of the food or drink categories below** and indicate any categories that you never consumed either before or after the start of your pregnancy (last column).

**Example:** You usually eat starchy foods (pasta, etc.), but during your pregnancy you ate less of them, either out of choice or necessity. By contrast, you never ate undercooked meat either before or during your pregnancy. You must therefore put crosses in the following boxes:

	More	Same	Less	Never
Potatoes, pasta, rice, couscous	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input checked="" type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
Rare or raw meat	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input checked="" type="checkbox"/> <sub>0</sub>

For each food or drink category, please indicate **whether you consumed it during your pregnancy**:

	More	Same	Less	Never, even before my pregnancy
<b>PAIN</b> • Bread	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>CRUDIT</b> • Raw vegetables	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>LEGCUI</b> • Cooked vegetables	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>FECUL</b> • Potatoes, pasta, rice, couscous, etc.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>VSAIGN</b> • Rare or raw meat	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>VIANDE</b> • Other meats	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>CHARCUT</b> • Cured meats and pâtés	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>POISSON</b> • Fish	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>FROMLC</b> • Nonpasteurized cheeses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>FROMAUT</b> • Other cheeses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>YAOURT</b> • Yogurt, fromage frais, etc.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>FRUITS</b> • Fruit (fresh, cooked or dried)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>GATEAU</b> • Cakes and sweet or savoury biscuits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>CHOCOSUC</b> • Chocolate and other confectionery	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>EAUROB</b> • Tap water	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>EAUBOUT</b> • Mineral or spring water	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>SODA</b> • Soft drinks, other sugary drinks	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>SODLIGHT</b> • Reduced-sugar soft drinks	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>LAIT</b> • Milk	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>CAFE</b> • Coffee	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
<b>THE</b> • Tea	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>

## YOUR DIET

### THE FOLLOWING QUESTIONS CONCERN YOUR DIET DURING THE FINAL 3 MONTHS OF YOUR PREGNANCY

Below is a list of foods. For each one, please tick the box that corresponds to the **frequency with which you ate this food during the FINAL 3 MONTHS of your pregnancy, whether at mealtimes (in or out of the home) or between meals.**

Where there is a group of foods, please add up the number of times you consumed each of the foods in the group, as shown in the example below.

**Example:** During the final 3 months of your pregnancy, you ate:

- lettuce, **twice a week**
- watercress, **never**
- spinach, **once a week**

You therefore consumed this food group **3 times a week** and must therefore put a cross in the "2 to 5 times a week" box, as follows:

	Never	Less than once a month	1 to 3 times a month	Once a week	2 to 5 times a week	(Almost) once a day	Several times a day
lettuce, watercress, spinach							
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**22. Bread and cereal products:** during the FINAL 3 MONTHS of your pregnancy, how often did you eat...?



PAINBL

- bread (white, sliced, etc.)

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
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PAINCLPT

- wholemeal and other special breads

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
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BISCOT

- rusks, crackers and crispbreads


<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
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CEREAL


- breakfast cereals (cornflakes, chocolate Cheerios, puffed rice, muesli, etc.)


<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**23. Raw vegetables:** during the FINAL 3 MONTHS of your pregnancy, how often did you eat...?


		Never	Less than once a month	1 to 3 times a month	Once a week	2 to 5 times a week	(Almost) once a day	Several times a day
<b>SALAD</b>	• lettuce, lamb's lettuce, rocket, spinach, watercress	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>CAROTRAP</b>	• grated carrots	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>AVOCAT</b>	• avocado (at least half an avocado):	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>AUTCRUDIT</b>	• other salad vegetables (tomatoes, beetroot, cabbage, cucumber, radish, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6


**24. Cooked vegetables (fresh, tinned or frozen):** during the FINAL 3 MONTHS of your pregnancy, how often did you eat...?

		Never	Less than once a month	1 to 3 times a month	Once a week	2 to 5 times a week	(Almost) once a day	Several times a day
<b>SOUPE</b>	• vegetable soup	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>HARICOV</b>	• green beans	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>ENDIV</b>	• chicory, spinach, watercress	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>POIREAU</b>	• leeks	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>CHOU</b>	• cabbage (green cabbage, cauliflower, Brussels sprouts, broccoli, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>CAROTCUI</b>	• carrots	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6


		Never	Less than once a month	1 to 3 times a month	Once a week	2 to 5 times a week	(Almost) once a day	Several times a day
<b>COURGE</b>	• courgettes, aubergines, peppers, tomatoes (ratatouille, etc.)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>PTPOIS</b>	• peas	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>ARTICH</b>	• artichokes, fennel, asparagus, celery	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>CHAMPI</b>	• mushrooms	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>LEGSEC</b>	• pulses (lentils, beans, chickpeas, broad beans, etc.)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>MAIS</b>	• sweetcorn	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>POTIRON</b>	• pumpkin, sweet potato	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**25. Starch and cereals:** during the FINAL 3 MONTHS of your pregnancy, how often did you eat ...?

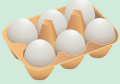
		Never	Less than once a month	1 to 3 times a month	Once a week	2 to 5 times a week	(Almost) once a day	Several times a day
<b>PATES</b>	• pasta (macaroni, spaghetti, elbow pasta, etc.)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>RIZ</b>	• rice	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>SEMOULE</b>	• bulgur wheat, couscous (other than in a Moroccan stew)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>PDTEAU</b>	• boiled or baked potatoes	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>PD TSAUT</b>	• fried or sauteed potatoes	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

		Never	Less than once a month	1 to 3 times a month	Once a week	2 to 5 times a week	(Almost) once a day	Several times a day
<b>FRITES</b>	• French fries	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>PUREE</b>	• mashed potato	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>GRATIN</b>	• gratin dauphinois	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>CHIPS</b>	• crisps (at mealtimes, as an appetizer, etc.)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>AUTREC</b>	• other starchy foods (quinoa, cassava, plantain, yam, etc.)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>


**26. Meat:** during the FINAL 3 MONTHS of your pregnancy, how often did you eat ...?

		Never	Less than once a month	1 to 3 times a month	Once a week	2 to 5 times a week	(Almost) once a day	Several times a day
<b>BOEUF</b>	• beef (except for beefburgers)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>HACHE</b>	• beefburgers	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>PORC</b>	• pork (except for cured meats and pâtés)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>VEAU</b>	• veal	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>AGNEAU</b>	• lamb, mutton	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>VOLAILLE</b>	• poultry (chicken, turkey, etc.), rabbit	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**27. Offal, cured meats and pâtés, eggs:** during the FINAL 3 MONTHS of your pregnancy, how often did you eat ...?

	Never	Less than once a month	1 to 3 times a month	Once a week	2 to 5 times a week	(Almost) once a day	Several times a day
<b>FOIE</b> • liver (ox, chicken, others)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>LANGUE</b> • tongue, tripe, black pudding, andouillette sausage, sweetbreads, kidneys	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>SALAMI</b> • saucisson (or salami), including as an appetizer	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>CERVELAS</b> • cervelat or mortadella	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>PATE</b> • pâté or pork rillettes	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>JAMBON</b> • ham (cooked or cured, bacon, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>SAUCISSE</b> • fresh or smoked sausages (incl. merguez)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>OEUFPLAT</b> • fried eggs or omelette	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>OEUFDUR</b> • poached, hard or soft boiled eggs	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**28. Fish:** during the FINAL 3 MONTHS of your pregnancy, how often did you eat ...?

		Never	Less than once a month	1 to 3 times a month	Once a week	2 to 5 times a week	(Almost) once a day	Several times a day
<b>POISGEN</b>	• fish in general	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>POISFRAI</b>	• fresh or frozen (except for fish fingers) fish (cod, pollock, coley, whiting, sole, trout, etc.)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>POISHUIL</b>	• fish in oil (tuna, sardines, etc.)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>POISFUM</b>	• smoked fish (salmon, trout)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>POISSAL</b>	• salted fish or fish in brine (salt cod, kippers, anchovies)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>POISPANE</b>	• fish fingers	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>POISCUI</b>	• fish-based ready meals	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>COQUIL</b>	• shellfish (mussels, oysters, scallops)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>CRUSTAC</b>	• crustaceans (prawns, crab)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**29.** Did you eat fish more than once a month during the FINAL 3 MONTHS of your pregnancy?

<sub>0</sub> No, go directly to page 18

<sub>1</sub> Yes, please indicate which species you ate on the next page




**ONLY FILL IN THIS TABLE IF YOU ATE FISH  
MORE THAN ONCE A MONTH DURING THE FINAL 3 MONTHS OF YOUR PREGNANCY**



	Never	Less than once a month	1 to 3 times a month	Once a week	2 to 5 times a week	(Almost) once a day	Several times a day
<b>THONFRAI</b> • Fresh tuna	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>THONBOIT</b> • Tinned tuna	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>SARDFRAI</b> • Fresh sardines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>SARDBOIT</b> • Tinned sardines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>MAQFRAI</b> • Fresh mackerel	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>MAQBOIT</b> • Tinned mackerel	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>SAUMON</b> • Salmon (e.g. fresh, smoked)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>HARENG</b> • Herrings or sprats	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>ESPADON</b> • Swordfish	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>BROCHET</b> • Sea bass, pike, halibut, perch, etc.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>COLIN</b> • Cod, hake, etc. (e.g. fresh, breaded)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

30. **One-dish meal:** during the FINAL 3 MONTHS of your pregnancy, how often did you eat ...?

		Never	Less than once a month	1 to 3 times a month	Once a week	2 to 5 times a week	(Almost) once a day	Several times a day
<b>FRIAND</b>	• Sausage roll (or toasted sandwich, filled pancake, ham croissant, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>QUICHE</b>	• savoury tart (e.g. quiche)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>SANDW</b>	• sandwich	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>PIZZA</b>	• pizza	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>RAVIOL</b>	• ravioli, lasagna, stuffed pasta	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>HAMBURG</b>	• hamburger	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>CASSOUL</b>	• cassoulet sausage and bean stew	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>COUSCOUS</b>	• couscous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>PAELLA</b>	• paella	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>CHOUCR</b>	• dressed sauerkraut	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>CHILI</b>	• chili con carne	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>ALLEG</b>	• low-calorie ready meal	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

31. #

7@° O 'U\Vu=o'



Never

Less than once a month

1 to 3 times a month

Once a week

2 to 5 times a week

(Almost) once a day

Several times a day

GRUYMOR

• - '8 # "

0  1  2  3  4  5  6

GRUYRAPE

0  1  2  3  4  5  6

ROQUEF

• k

0  1  2  3  4  5  6

CHEVRE

0  1  2  3  4  5  6

AUTFROM

• # "

0  1  2  3  4  5  6

FB0PC

0  1  2  3  4  5  6

FB40PC

• o

0  1  2  3  4  5  6

ENTREM

0  1  2  3  4  5  6

YOGSOJA

0  1  2  3  4  5  6

GLACE

• ice cream

0  1  2  3  4  5  6

SORBET

• sorbet


0  1  2  3  4  5  6



**33. Biscuits, cakes and confectionery:** during the FINAL 3 MONTHS of your pregnancy, how often did you eat ...?

		Never	Less than once a month	1 to 3 times a month	Once a week	2 to 5 times a week	(Almost) once a day	Several times a day
<b>CHOCOLAT</b>	• chocolate (dark, milk, hazelnut, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>NUTELLA</b>	• chocolate spread (e.g. Nutella)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>MIEL</b>	• honey, jam or marmalade	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>CHOCOPOU</b>	• cocoa or chocolate powder	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>BONBON</b>	• sweets	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>VIENNOIS</b>	• viennoiserie (croissants, chocolate croissants, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>TARTE</b>	• tart (fruit, custard, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>BRIOCH</b>	• brioche, sponge cake, Madeira	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>BISCUIT</b>	• biscuits (pure butter, plain, jam, sandwich, chocolate, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>PATISS</b>	• fancy cakes (chocolate, cream, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>BARCHO</b>	• chocolate bars (Mars, Bounty, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>BARCER</b>	• cereal bars	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>CACAH</b>	• peanuts	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>GAPERO</b>	• savoury appetizer biscuits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6


34. **Uncooked fats and sauces:** during the FINAL 3 MONTHS of your pregnancy, how often did you eat ...?

		Never	Less than once a month	1 to 3 times a month	Once a week	2 to 5 times a week	(Almost) once a day	Several times a day
<b>BEURRE</b>	• Butter (on bread, crackers, pasta, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>MARGA</b>	• margarine	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>MAYO</b>	• mayonnaise	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>VINAIGR</b>	• vinaigrette (with raw vegetables, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>SSOJA</b>	• soy sauce	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>KETCHUP</b>	• tomato ketchup	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>CREMEFR</b>	• crème fraîche	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**35. Spices and condiments:** during the FINAL 3 MONTHS of your pregnancy, how often did you eat ...?




		Never	Less than once a month	1 to 3 times a month	Once a week	2 to 5 times a week	(Almost) once a day	Several times a day
<b>AIL</b>	• garlic	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>OIGNON</b>	• onion, shallot, chives, spring onion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>ANIS</b>	• aniseed, dill	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>EPICES</b>	• spices (e.g. cinnamon, clove, cumin, nutmeg, saffron, caraway, curry)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>CORNICH</b>	• gherkins, capers, pickled onions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>GINGEM</b>	• ginger	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>HFRAICH</b>	• fresh herbs such as basil, chervil, coriander, parsley, tarragon	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>HSECH</b>	• dried herbs such as bay, thyme, rosemary, savory, oregano	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>MENTHE</b>	• mint	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>MOUTARD</b>	• mustard	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>POIVRE</b>	• pepper (black, white, pink, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>PIMENT</b>	• chilli pepper, Tabasco, chilli sauce, Espelette pepper, paprika, etc	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>VANILLE</b>	• vanilla (in ice cream, cream desserts, yogurts, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

36. Fats: during the FINAL 3 MONTHS of your pregnancy, which fat did you use **more often**... Only check one box in each row.









		none	butter	margarine	ground-nut oil	sun-flower oil	rape-seed oil	olive oil	mixed oils	fat (goose, duck)	other fat	not concerned
MGVIAND	cooking meat	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
MGPOISSON	cooking fish	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
MGFRITES	frying French fries	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
MGCRUDIT	seasoning raw vegetables	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
MGLEGUM	cooking vegetables	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10










37. Using the photographs, please indicate which portion size (A, B or C) most closely matches the one you **generally ate during the FINAL 3 MONTHS of your pregnancy**, for each of the following types of food

		Portion A		Portion B		Portion C			
QTLEGUM	Vegetables								
		Smaller than "A" <input type="checkbox"/> 1	"A" <input type="checkbox"/> 2	"B" <input type="checkbox"/> 3	"C" <input type="checkbox"/> 4	Larger than "C" <input type="checkbox"/> 5	Not eaten <input type="checkbox"/> 0		
QTCRUDIT	Raw vegetables as a starter								
		Smaller than "A" <input type="checkbox"/> 1	"A" <input type="checkbox"/> 2	"B" <input type="checkbox"/> 3	"C" <input type="checkbox"/> 4	Larger than "C" <input type="checkbox"/> 5	Not eaten <input type="checkbox"/> 0		
QTFRITES	French fries								
		Smaller than "A" <input type="checkbox"/> 1	"A" <input type="checkbox"/> 2	"B" <input type="checkbox"/> 3	"C" <input type="checkbox"/> 4	Larger than "C" <input type="checkbox"/> 5	Not eaten <input type="checkbox"/> 0		

Using the photographs, please indicate which portion size (A, B or C) most closely matches the one you **generally ate during the FINAL 3 MONTHS of your pregnancy**, for each of the following types of food

		Portion A		Portion B		Portion C			
QTSTEAK	Steak								
		Smaller than "A" <input type="checkbox"/> 1	"A" <input type="checkbox"/> 2	"B" <input type="checkbox"/> 3	"C" <input type="checkbox"/> 4	Larger than "C" <input type="checkbox"/> 5	Not eaten <input type="checkbox"/> 0		
QTVIANDE	Meat in sauce								
		Smaller than "A" <input type="checkbox"/> 1	"A" <input type="checkbox"/> 2	"B" <input type="checkbox"/> 3	"C" <input type="checkbox"/> 4	Larger than "C" <input type="checkbox"/> 5	Not eaten <input type="checkbox"/> 0		
QTPOULET	Chicken escalope								
		Smaller than "A" <input type="checkbox"/> 1	"A" <input type="checkbox"/> 2	"B" <input type="checkbox"/> 3	"C" <input type="checkbox"/> 4	Larger than "C" <input type="checkbox"/> 5	Not eaten <input type="checkbox"/> 0		

Using the photographs, please indicate which portion size (A, B or C) most closely matches the one you **generally ate during the FINAL 3 MONTHS of your pregnancy**, for each of the following types of food

		Portion A		Portion B		Portion C			
QTCHARCUT	Cured meats and pâtés								
		Smaller than "A" <input type="checkbox"/> 1	"A" <input type="checkbox"/> 2	"B" <input type="checkbox"/> 3	"C" <input type="checkbox"/> 4	Larger than "C" <input type="checkbox"/> 5	Not eaten <input type="checkbox"/> 0		
QTPOISSON	Fish								
		Smaller than "A" <input type="checkbox"/> 1	"A" <input type="checkbox"/> 2	"B" <input type="checkbox"/> 3	"C" <input type="checkbox"/> 4	Larger than "C" <input type="checkbox"/> 5	Not eaten <input type="checkbox"/> 0		
QTPIZZA	Savoury tart								
		Smaller than "A" <input type="checkbox"/> 1	"A" <input type="checkbox"/> 2	"B" <input type="checkbox"/> 3	"C" <input type="checkbox"/> 4	Larger than "C" <input type="checkbox"/> 5	Not eaten <input type="checkbox"/> 0		

Using the photographs, please indicate which portion size (A, B or C) most closely matches the one you **generally ate during the FINAL 3 MONTHS of your pregnancy**, for each of the following types of food

		Portion A		Portion B		Portion C			
QTPATES	Pasta, rice, couscous								
		Smaller than "A" <input type="checkbox"/> 1	"A" <input type="checkbox"/> 2	"B" <input type="checkbox"/> 3	"C" <input type="checkbox"/> 4	Larger than "C" <input type="checkbox"/> 5	Not eaten <input type="checkbox"/> 6		
QTFROM	Cheese								
		Smaller than "A" <input type="checkbox"/> 1	"A" <input type="checkbox"/> 2	"B" <input type="checkbox"/> 3	"C" <input type="checkbox"/> 4	Larger than "C" <input type="checkbox"/> 5	Not eaten <input type="checkbox"/> 6		
QTFROMRAP	Grated cheese								
		Smaller than "A" <input type="checkbox"/> 1	"A" <input type="checkbox"/> 2	"B" <input type="checkbox"/> 3	"C" <input type="checkbox"/> 4	Larger than "C" <input type="checkbox"/> 5	Not eaten <input type="checkbox"/> 6		

Using the photographs, please indicate which portion size (A, B or C) most closely matches the one you **generally ate during the FINAL 3 MONTHS of your pregnancy**, for each of the following types of food

		Portion A		Portion B		Portion C			
QTARTE	Sweet tart								
		Smaller than "A" <input type="checkbox"/> 1	"A" <input type="checkbox"/> 2	"B" <input type="checkbox"/> 3	"C" <input type="checkbox"/> 4	Larger than "C" <input type="checkbox"/> 5	Not eaten <input type="checkbox"/> 6		
QTBAGUET	French stick eaten during the meal*								
	*excluding breakfast and not counting sandwiches	Smaller than "A" <input type="checkbox"/> 1	"A" <input type="checkbox"/> 2	"B" <input type="checkbox"/> 3	"C" <input type="checkbox"/> 4	Larger than "C" <input type="checkbox"/> 5	Not eaten <input type="checkbox"/> 6		
QTPAINTR	Sliced bread eaten during the meal*								
	*excluding breakfast and not counting sandwiches	Smaller than "A" <input type="checkbox"/> 1	"A" <input type="checkbox"/> 2	"B" <input type="checkbox"/> 3	"C" <input type="checkbox"/> 4	Larger than "C" <input type="checkbox"/> 5	Not eaten <input type="checkbox"/> 6		

**39. Nonalcoholic beverages:** during the FINAL 3 MONTHS of your pregnancy, how many glasses did you drink on average? Remember to indicate in the final column which type of glass or cup (A to F) you used most often (see photos below).

	None	Less than 1 glass a month	1 to 3 glasses per month	1 glass per week	2 to 5 glasses per week	(Almost) a glass per day	2 to 4 glasses per day	4 to 8 glasses per day	More than 8 glasses per day	TYPE DE VERRE (page 31)						
• fruit juice (orange, grapefruit, pineapple, apple, grape, etc.)																
FQJUSFR	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F	TVJUSFR
• syrup or flavoured water																
FQSIROP	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F	TVSIROP
• full-sugar Coca Cola or Pepsi, lemonade and other soft drinks																
FQSODA	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F	TVSODA
• diet Coca Cola or Pepsi, lemonade and other soft drinks																
FQLIGHT	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F	TVLIGHT
• tap water																
FQEAUROB	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F	TVEAUROB
• water from a bottle or dispenser																
FQEAUBOUT	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F	TVEAUBOUT

30

MARQUEAU1 39. If you usually use bottled water, which brand do you mainly drink? (please write in capital letters)

MARQUEAU2

40. Do you usually let tap water settle or put it in the fridge before drinking it?

REPOSEAU  0 No, neither  1 Yes, I leave it to settle at room temperature  2 Yes, I put it in the fridge

FILTREAU 41. Do you have a tapwater filter or purifier (filter jug, tap-mounted filter or device under the sink) at home?


0 No  1 Yes  2 Don't know

EAUBOICH 42. When you are making tea, coffee, infusions or soup, do you generally use:  1 tap water  2 water from a bottle or dispenser

TYPE  
OF GLASS  
OR CUP

Type A	Type B	Type C
		
Type D	Type E	Type F
 Small (25 cl)	 Medium (40 cl)	 Large (50cl)

**43. Milk, coffee, tea:** during the FINAL 3 MONTHS of your pregnancy, how many bowls or cups did you drink on average...?  
Remember to indicate in the final column which type of cup or bowl (A to E) you used most often (see photos below). If you only drank a small amount of milk (e.g. a splash of milk in your coffee), write an H in the final column

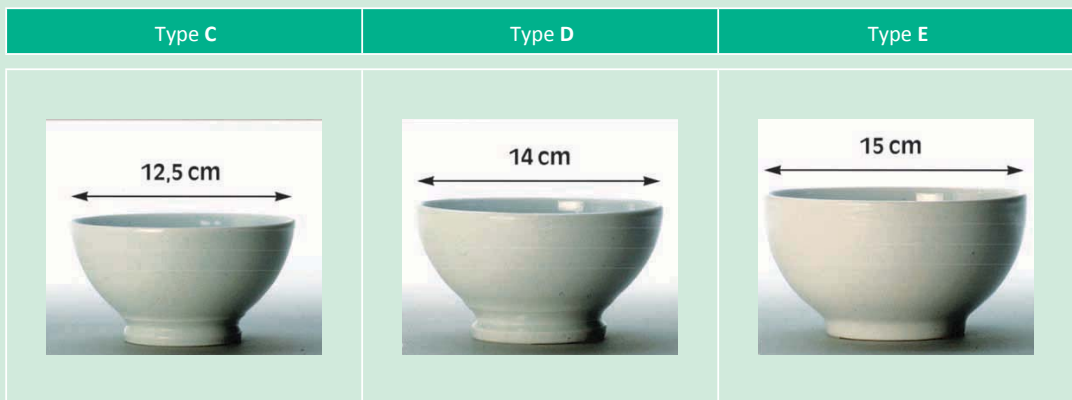
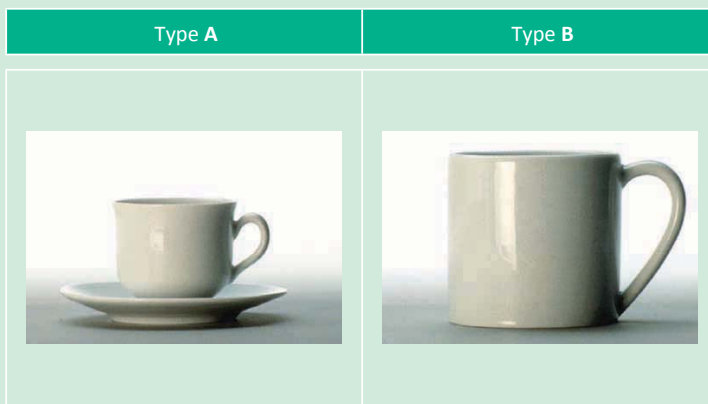
		None	Less than a bowl (or cup) per month	1 to 3 bowls (or cups) per month	1 bowl (or cup) per week	2 to 5 bowls (or cups) per week	(Almost) 1 bowl (or cup) per day	Several bowls (or cups) per day	TYPE OF CUP OR BOWL (page 33)	
<b>FQLAIENT</b>	• whole milk	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> H	<b>TBLAIENT</b>
<b>FQLAIDEMI</b>	• semi-skimmed milk	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> H	<b>TBLAIDEMI</b>
<b>FQLECREME</b>	• skimmed milk	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> H	<b>TBLECREME</b>
<b>FQBOISSOJA</b>	• soy milk-based drinks	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> H	<b>TBBOISSOJA</b>
<b>FQCAFE</b>	• coffee (incl. decaffeinated)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> H	<b>TBCAFE</b>
<b>FQTHE</b>	• tea	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> H	<b>TBTHE</b>

**44. Did you drink decaffeinated drinks (tea or coffee, coke or other soft drinks, etc.)?**

**DECAF**    0 never    1 rarely    2 sometimes    3 often    4 always



TYPE OF CUP  
OR BOWL



## 45. Alcoholic beverages:

**NBVERDBG** a. How many glasses did you drink **PER MONTH**, during the period when you were pregnant but did not know it?

- no alcohol during this period  <sub>0</sub>
- less than one glass per month during this period  <sub>1</sub>
- at least one glass per month during this period  <sub>2</sub>

If you drank more than one glass per month, please indicate the total number of glasses **PER WEEK**, including weekends. **Please provide whole numbers. For example, for less than one glass per week: write 1.**

- |                 |                                                 |                                           |
|-----------------|-------------------------------------------------|-------------------------------------------|
| <b>CIDREDBG</b> | •cider or beer                                  | <input type="text"/> <input type="text"/> |
| <b>VINDBG</b>   | •red, white or rosé wine                        | <input type="text"/> <input type="text"/> |
| <b>APERDBG</b>  | •aperitif (pastis, sherry, port, martini, etc.) | <input type="text"/> <input type="text"/> |
| <b>WHISKDBG</b> | •spirits (whisky, gin, vodka, premix, etc.)     | <input type="text"/> <input type="text"/> |

**NBVERG** b. How many glasses did you drink **PER MONTH**, after you knew you were pregnant?

- no alcohol during that period  <sub>0</sub>
- less than one glass a month during that period  <sub>1</sub>
- at least one glass a month during that period  <sub>2</sub>

If you drank more than one glass per month, please indicate the total number of glasses **PER WEEK**, including weekends. **Please provide whole numbers. For example, if you drank less than one glass a week, put 1.**

- |               |                                                 |                                           |
|---------------|-------------------------------------------------|-------------------------------------------|
| <b>CIDREG</b> | •beer or cider                                  | <input type="text"/> <input type="text"/> |
| <b>VING</b>   | •red, white or rosé wine                        | <input type="text"/> <input type="text"/> |
| <b>APEROG</b> | •aperitif (pastis, sherry, port, martini, etc.) | <input type="text"/> <input type="text"/> |
| <b>WHISKG</b> | •spirits (whisky, gin, vodka, premix, etc.)     | <input type="text"/> <input type="text"/> |

**ALCOOL3V** c. **During your pregnancy**, how many times did you drink 3 or more glasses on a single occasion, including birthday parties, New Year's Eve celebrations, etc.?

- jnever  <sub>0</sub>
- less than once a month  <sub>1</sub>
- once a month  <sub>2</sub>
- at least once a week  <sub>3</sub>

## VITAMINS ET MINERALS

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**VITAG 46.** Did you take vitamins, minerals or other nutritional supplements during your pregnancy?

- <sub>0</sub> No       <sub>1</sub> Yes       <sub>9</sub> Don't know

IF YES,

**VITAMEL a.** Were these mixtures of vitamins, minerals or other supplements?

- <sub>0</sub> No       <sub>1</sub> Yes       <sub>9</sub> Don't know

**b.** Please indicate in the list below the vitamins, minerals or other supplements you took, either separately or in mixtures?

(please check all the boxes that concern you)

**VITAA**       <sub>1</sub> Vitamin A

**VITAC**       <sub>1</sub> Vitamin C

**VITAD**       <sub>1</sub> Vitamin D

**VITAE**       <sub>1</sub> Vitamin E

**VITAB9**       <sub>1</sub> Vitamin B 9 (folic acid)

**FER**       <sub>1</sub> Iron

**CALCIUM**       <sub>1</sub> Calcium

**MAGNE**       <sub>1</sub> Magnesium

**FLUOR**       <sub>1</sub> Fluoride

**ACIDEG**       <sub>1</sub> Omega-3 fatty acids

## YOUR PHYSICAL ACTIVITY

The following questions concern your activities during **the FINAL 3 MONTHS of your pregnancy**. It is very important that you answer honestly. There are no right or wrong answers. We simply want to gain an idea of your overall physical activity


### AT HOME...

**47.** During the **FINAL 3 MONTHS** of your pregnancy, when you were **NOT** at work,


**a.** How much time on average did you spend **PER DAY**...

		None	Less than ½ hour	½ hour to less than 1 hour	1 hour to less than 2 hours	2 hours to less than 3 hours	3 hours or more
REPAS	• Preparing meals (cooking, setting the table, doing the washing up)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
OQPASS	• Dressing, bathing, and feeding your children while <b>seated</b>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
OQPDEB	• Dressing, bathing, and feeding your children while <b>standing</b>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
JEUENF	• Playing with your children while seated or standing	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
JEUDEPL	• Playing with your children while <b>walking or running</b>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
PORTENF	• Carrying children	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
OQPADULT	• Looking after an older adult	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
ASSORDI	• Writing or using a computer while seated <i>Not for work</i>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
JEUANIM	• Playing with your pet	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
COURSES	• Shopping (for food, clothes, etc.)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
MENAGE	• Carrying out light household chores (beds, washing, tidying, ironing, etc.)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

b. How much time did you spend on average **PER WEEK**...


		None	Less than ½ hour	½ hour to less than 1 hour	1 hour less than 2 hours	2 hours to less than 3 hours	3 hours or more
PELTRAC	•Mowing the lawn with a ride-on mower	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
JARDIN	•Mowing the lawn with a walk-behind mower, raking, gardening	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
MENPEN	•Performing more strenuous household chores (hoovering, sweeping, cleaning floors, windows, etc.)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

c. How much time on average did you spend **PER DAY**...

		None	Less than ½ hour	½ hour to less than 2 hours	2 hours to less than 4 hours	4 hours to less than 6 hours	6 hours or more
TELE	• Watching television or videos	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
ASSLIRE	• Reading, talking or phoning while seated <i>Not for work</i>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>


## TRAVELLING...

48. During the **FINAL 3 MONTHS** of your pregnancy, how much time did you spend on average **PER DAY**...

		None	Less than ½ hour	½ hour to less than 1 hour	1 hour less than 2 hours	2 hours to less than 3 hours	3 hours or more
MLENTQ	• Walking <b>slowly</b> somewhere (to a bus stop, your workplace, someone's house, etc.) <i>Not just a stroll or for exercise</i>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
MRAPQ	• Walking <b>quickly</b> somewhere (to a bus stop, your workplace, someone's house, etc.) <i>Not just a stroll or for exercise</i>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
TRANSP	• Driving or being driven by car, by bus, etc.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**FOR PLEASURE OR EXERCISE...**

**49.** During the **final 3 months** of your pregnancy,  
How many times on average **PER WEEK** did you...

		None	Less than ½ hour	½ hour to less than 1 hour	1 hour to less than 2 hours	2 hours to less than 3 hours	3 hours or more
<b>MLENTH</b>	• Walk <b>slowly</b> for a stroll or for exercise	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>MRAPH</b>	• Walk more <b>quickly</b> for a stroll or for exercise	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>MMONT</b>	• Walk <b>quickly uphill</b> (steep hill, steep road) for a stroll or for exercise	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>COURIR</b>	• Run (jog)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>GYMPREN</b>	• Do prenatal gym (specifically for pregnant women)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>NAGER</b>	• Swim	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>DANSER</b>	• Danse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**50.** If you engaged in other physical activities for leisure or for sport that are not mentioned in the above table, please indicate them below, together with the amount of time you spent on each one **PER WEEK**...

	None	Less than ½ hour	½ hour to less than 1 hour	1 hour to less than 2 hours	2 hours to less than 3 hours	3 hours or more
<b>AUTAC1</b>	• Type of activity (write in capital letters): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
<b>FQAUTAC1</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>AUTAC2</b>	• Type of activity (write in capital letters): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
<b>FQAUTAC2</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>AUTAC3</b>	• Type of activity (write in capital letters): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
<b>FQAUTAC3</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## AT WORK...

Please answer the questions below if you worked (paid or voluntary work) or studied during the **final 3 months** of your pregnancy.

If you did not, you do not need to fill in this part of the questionnaire.

**51.** During the **final 3 months** of your pregnancy, and before you took maternity leave (end of work prior to childbirth),

NJTRAV

- how many DAYS per week did you usually work:  
Examples: if 5 days, put 5.0 - if 2½ days (i.e. part-time), put 2.5


.  days/week

NHTRAV

- how many HOURS per week did you usually work:

hours/week

**52.** During the **final 3 months** of your pregnancy, how much time did you spend on average DURING A TYPICAL WORKING DAY...

		None	Less than ½ hour	½ hour to less than 2 hours	2 hours to less than 4 hours	4 hours to less than 6 hours	6 hours or more
TRAVASS	• Sitting down	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
TRAVPORT	• Standing or walking <b>slowly</b> while <b>holding</b> something quite heavy (more than 3-4 kg)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
TRAVDEB	• Standing or walking <b>slowly</b> , but <b>not holding</b> anything	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
TRAVCPOR	• Walking <b>quickly</b> while <b>holding</b> something quite heavy (more than 3-4 kg)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
TRAVCOUR	• Walking <b>quickly</b> , but <b>not holding</b> anything	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

Thank you for taking part

*Under the provisions of Act no. 51-711 of 7 June 1951, the answers to this questionnaire are protected by statistical confidentiality and are intended solely for use by the Elfe INED-INSERM joint research unit.*

*The provisions of Act no. 78-17 of 6 January 1978 (amended) on Information Technology, Data Files and Civil Liberties apply to the answers provided in the present survey. They guarantee individuals the right of access and right of rectification of any personal data relating to them. You can exercise this right by contacting Dr Marie-Aline Charles, Director of the Elfe INED-INSERM joint research unit, at 133 bd Davout, 75980 Paris Cedex 20.*



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