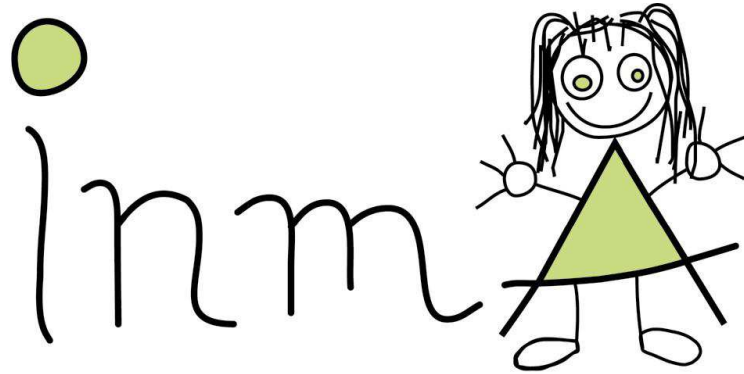


Attach the Identification
Label here



Infancia y Medio Ambiente

**Mother's General Questionnaire
VISIT V2**

GENERAL QUESTIONNAIRE: VISIT 28-32 (V₂)

I. IDENTIFICATION DETAILS

DATE OF THE INTERVIEW	
TIME OF THE BEGINNING OF THE INTERVIEW	
PLACE OF THE INTERVIEW	
COMPANION (<i>Specify relationship</i>)	
NAME OF INTERVIEWER	

CA1. Has your family situation changed since the last interview?

- 1 Yes
- 2 No

CA1

CA2. Choose the sentence below which best describes your situation

- 1 You live with the father of the baby you are expecting
- 2 You live with another couple
- 4 You live with your parents
- 5 You live alone
- 6 Others, specify.....

CA2

CA2b. Cause of the change.....

CA2b

HO. OBSTETRIC HISTORY

HO1. How many prenatal visits have you had in the Primary Care Centre (CAP) since the first visit on the ? N^o

HO1

HO2. How many prenatal visits have you had with a private gynaecologist since the first visit on the ? N^o

HO2

HO3. How do you intend to feed you baby?

- 1 Breast feeding only
- 2 Bottle-feeding
- 3 Both
- 4 I haven't decide yet
- 9 Doesn't know / Doesn't answer

HO3

F. CONSUMPTION OF MEDICINE

F1. Have you taken any medicine (sporadically or habitually) since the last interview?

NOTE: INCLUDE treatment acquired at herbalists' and/or self-treatment, as well as ointment such as corticoid creams. DO NOT INCLUDE vitamin or mineral supplements.

Name of the medicine		Disease		What month did you take it?						Dosage	Who prescribed this medicine?	
				+4	+5	+6	+7	+8				
<i>For example.</i>	<input type="text"/>	<i>Muscular pain</i>	<input type="text"/>			X					<i>Doctor</i>	<input type="text"/>
	<input type="text"/>		<input type="text"/>									<input type="text"/>
	<input type="text"/>		<input type="text"/>									<input type="text"/>
	<input type="text"/>		<input type="text"/>									<input type="text"/>
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	<input type="text"/>		<input type="text"/>									<input type="text"/>
	<input type="text"/>		<input type="text"/>									<input type="text"/>

V. VACCINES

V1. Have you been given a vaccine since the last interview?

Type of Vaccine	Date of administration (month/year)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

D. DENTIST

D1. Have you been examined by a dentist since the last interview?

- 1 Yes
- 2 No
- 9 N.A. }

IF THE ANSWER IS **No** or **N.A.** GO TO QUESTION **C1**.

D1a. Cause.....

D1b. Date

D1

D1a

D1b

D2. Have you had a tooth filling since the last interview?

- 1 Yes
- 2 No
- 9 Doesn't know / Doesn't answer

D2a. Date

D2

D2a

D3. Have you received a fluoride treatment since the last interview?

- 1 Yes
- 2 No
- 9 Doesn't know / Doesn't answer

D3a. Date

D3

D3a

C. COMPLICATIONS APPEARED SINCE THE LAST INTERVIEW

Note: Add extra sheets if necessary.

C1. Have you had any problems?	C1.1 Were you examined in a Primary Care Centre for this problem?	C1.2. Have you been examined in Accident & Emergency or in a Specialised Centre or by a Private Specialist for this problem?
1 High temperature 2 Urinary infection 3 High blood pressure 4 Liquid or blood leakage through the vagina 5 Contractions 6 Others, specify	1 Yes 2 No C1.1a Where and who saw you?..... C1.1b Date: C1.1c What was the diagnosis? C1.1d Treatment received? C1.1e Information obtained from the mother's card? 1 Yes 2 No	1 Yes 2 No C1.2a. Specify place and name of the doctor C1.2b. Date: C1.2c What was the diagnosis? C1.2d Treatment received? C1.2e. Information obtained from a medical report? 1 Yes 2 No
C2. Have you had any problems?	C2.1 Were you examined in a Primary Care Centre for this problem?	C2.2. Have you been examined in Accident & Emergency or in a Specialised Centre or by a Private Specialist for this problem?
1 High temperature 2 Urinary infection 3 High blood pressure 4 Liquid or blood leakage through the vagina 5 Contractions 6 Others, specify	1 Yes 2 No C2.1a Where and who saw you?..... C2.1b Date: C2.1c What was the diagnosis? C2.1d Treatment received? C2.1e Information obtained from the mother's card? 1 Yes 2 No	1 Yes 2 No C2.2a. Specify place and name of the doctor C2.2b. Date: C2.2c What was the diagnosis? C2.2d Treatment received? C2.2e. Information obtained from a medical report? 1 Yes 2 No
C3. Have you had any problems?	C3.1 Were you examined in a Primary Care Centre for this problem?	C3.2 Have you been examined in Accident & Emergency or in a Specialised Centre or by a Private Specialist for this problem?
1 High temperature 2 Urinary infection 3 High blood pressure 4 Liquid or blood leakage through the vagina 5 Contractions 6 Others, specify	1 Yes 2 No C3.1a Where and who saw you?..... C3.1b Date: C3.1c What was the diagnosis? C3.1d Treatment received? C3.1e Information obtained from the mother's card? 1 Yes 2 No	1 Yes 2 No C3.2a. Specify place and name of the doctor C3.2b. Date: C3.2c What was the diagnosis? C3.2d Treatment received? C3.2e. Information obtained from a medical report? 1 Yes 2 No

END OF THE SECOND INTERVIEW (V₂)

COLLECTION OF SAMPLES FOR INMA	
Time of the end of General, Work, Environment & FFQ Questionnaire	_ _ : _ _
FFQ Nº 2 Done	YES NO
If FFQ Nº 2 has NOT been taken → Date Arranged	_ _ _ _ _ _ _ _
Has the ULTRASOUND SCAN 3 been taken	YES NO
If not, date arranged for the ULTRASOUND SCAN 3	_ _ _ _ _ _ _ _
Date for the next visit in "LA FE" hospital	_ _ _ _ _ _ _ _
COMPREHENSION:	
1. Estimated level of comprehension of the questionnaire:	1. Excellent 2. Good 3. Medium 4. Poor
2. Who answers the questions regarding the husband or partner?	1. He himself 2. Woman 3. Others
INTERVIEWER'S REMARKS	