

Name of participant: ..... Participant ID: .....

**For each of your children, please answer the following questions about them. If more than 5 children, please record the details on a separate piece of paper.**

	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> Child	5 <sup>th</sup> Child
1. What was your age when you became pregnant with this child? (age in years)	_____ (years)	_____ (years)	_____ (years)	_____ (years)	_____ (years)
2. What is this child's date of birth?	___/___/_____	___/___/_____	___/___/_____	___/___/_____	___/___/_____
3. What was this child's birth weight? (in Pounds and ounces OR Kilograms)	_____ (lb,oz) _____ (kgs)	_____ (lb,oz) _____ (kgs)	_____ (lb,oz) _____ (kgs)	_____ (lb,oz) _____ (kgs)	_____ (lb,oz) _____ (kgs)
4. How many weeks pregnant were you when you delivered this child?	_____ (weeks)	_____ (weeks)	_____ (weeks)	_____ (weeks)	_____ (weeks)
5. Was this child delivered by Caesarean section?	<input type="radio"/> Yes - Elective <input type="radio"/> Yes - Emergency <input type="radio"/> No	<input type="radio"/> Yes - Selective <input type="radio"/> Yes - Emergency <input type="radio"/> No	<input type="radio"/> Yes - Selective <input type="radio"/> Yes - Emergency <input type="radio"/> No	<input type="radio"/> Yes - Selective <input type="radio"/> Yes - Emergency <input type="radio"/> No	<input type="radio"/> Yes - Selective <input type="radio"/> Yes - Emergency <input type="radio"/> No
6. What city did you spend the majority of your pregnancy with this child?	_____	_____	_____	_____	_____
7. Were you working indoors during your pregnancy with this child?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
8. Did you smoke during your pregnancy with this child?	<input type="radio"/> No <input type="radio"/> stopped before pregnancy <input type="radio"/> cut down or stopped during pregnancy <input type="radio"/> smoked as usual during pregnancy?	<input type="radio"/> No <input type="radio"/> stopped before pregnancy <input type="radio"/> cut down or stopped during pregnancy <input type="radio"/> smoked as usual during pregnancy?	<input type="radio"/> No <input type="radio"/> stopped before pregnancy <input type="radio"/> cut down or stopped during pregnancy <input type="radio"/> smoked as usual during pregnancy?	<input type="radio"/> No <input type="radio"/> stopped before pregnancy <input type="radio"/> cut down or stopped during pregnancy <input type="radio"/> smoked as usual during pregnancy?	<input type="radio"/> No <input type="radio"/> stopped before pregnancy <input type="radio"/> cut down or stopped during pregnancy <input type="radio"/> smoked as usual during pregnancy?
9. Did the child's father smoke during your pregnancy with this child?	<input type="radio"/> No <input type="radio"/> stopped before pregnancy <input type="radio"/> cut down or stopped during pregnancy <input type="radio"/> smoked as usual during pregnancy?	<input type="radio"/> No <input type="radio"/> stopped before pregnancy <input type="radio"/> cut down or stopped during pregnancy <input type="radio"/> smoked as usual during pregnancy?	<input type="radio"/> No <input type="radio"/> stopped before pregnancy <input type="radio"/> cut down or stopped during pregnancy <input type="radio"/> smoked as usual during pregnancy?	<input type="radio"/> No <input type="radio"/> stopped before pregnancy <input type="radio"/> cut down or stopped during pregnancy <input type="radio"/> smoked as usual during pregnancy?	<input type="radio"/> No <input type="radio"/> stopped before pregnancy <input type="radio"/> cut down or stopped during pregnancy <input type="radio"/> smoked as usual during pregnancy?
10. Were you hospitalised with nausea and vomiting (hyperemesis) during your pregnancy with this child?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
11. Did you develop a high blood pressure during your pregnancy with this child?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
12. Did you have protein in your urine during your pregnancy with this child?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know

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13. Did you have sugar in your urine (glycosuria) during your pregnancy with this child?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
14. Did you develop diabetes during your pregnancy with this child?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
15. How was this child breast fed for the first 3 months of life?	<input type="radio"/> Breast only <input type="radio"/> Bottle only <input type="radio"/> Breast and Bottle	<input type="radio"/> Breast only <input type="radio"/> Bottle only <input type="radio"/> Breast and Bottle	<input type="radio"/> Breast only <input type="radio"/> Bottle only <input type="radio"/> Breast and Bottle	<input type="radio"/> Breast only <input type="radio"/> Bottle only <input type="radio"/> Breast and Bottle	<input type="radio"/> Breast only <input type="radio"/> Bottle only <input type="radio"/> Breast and Bottle
16. Has this child ever had eczema or atopic dermatitis?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
17. Has this child ever had hayfever or allergic rhinitis?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
18. Did this child have asthma before the age of ten years?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
19. Did this child have asthma after the age of ten years?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**In the future we would like to contact your children to ask them to take part the TAHS study. We are therefore asking for the contact details of the children not currently living with you:**

Child's first name	-----	-----	-----	-----	-----
Child's middle name	-----	-----	-----	-----	-----
Child's surname	-----	-----	-----	-----	-----
Does this child live with you?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Current Age	-----	-----	-----	-----	-----
Address	-----	-----	-----	-----	-----
Suburb	-----	-----	-----	-----	-----
Phone numbers	------(H) ------(W) ------(M)	------(H) ------(W) ------(M)	------(H) ------(W) ------(M)	------(H) ------(W) ------(M)	------(H) ------(W) ------(M)