

Zwangerwijzer: a questionnaire for prospective pregnant or pregnant women and their partners

This is a questionnaire for prospective parents, which they can fill in prior to a preconception consultation or pregnancy intake interview (which is usually scheduled after 8 weeks of amenorrhoea and may also take place by telephone, although face-to-face contact is of course preferable). This enables them to check a few things first (for example, with their family) before they visit a health care professional for a preconception care consultation.

The questionnaire is based on the content of www.zwangerwijzer.nl, a tool for preconception care consultation developed by the Erfocentrum and Erasmus Medical Centre. You are advised to use www.zwangerwijzer.nl, as this website not only enables risk selection, but also offers the expecting mother and father extensive information. The website is free to users and is easy to navigate. Ask prospective pregnant women and their partners to fill in the Zwangerwijzer prior to the interview. They can do so at home. Once they have completed the questionnaire, they can send it to you by email. www.zwangerwijzer.nl and the questionnaire below are regularly updated.

Zwangerwijzer: vragenlijst voor de (aanstaande) zwangere en haar partner

Deze vragenlijst kunnen de aanstaande ouders invullen, voorafgaand aan een preconceptioneel consult of de eerste intake (die bij voorkeur persoonlijk maar anders telefonisch plaatsvindt bij 8 weken amenorroeduur). Zij hebben dan al voorafgaand aan dit gesprek een aantal zaken bijvoorbeeld bij de familie kunnen navragen.

De vragenlijst is gebaseerd op www.zwangerwijzer.nl, een zorginstrument voor preconceptioneel advies dat ontwikkeld is door het Erfocentrum en het Erasmus Medisch Centrum. Het verdient de voorkeur www.zwangerwijzer.nl te gebruiken, die naast risicosselectie de aanstaande moeder en vader uitgebreide informatie biedt. U kunt gebruik maken van www.zwangerwijzer.nl zonder kosten en zonder enige technische kennis. U vraagt de adviesvrager om voorafgaand aan het gesprek Zwangerwijzer in te vullen. Dat kan de adviesvrager gewoon thuis doen. Na voltooiing van de vragenlijst mailt zij (of hij) het resultaat met een muisklik naar uw e-mailadres.

[Www.zwangerwijzer.nl](http://www.zwangerwijzer.nl) en onderstaande vragenlijst worden regelmatig geactualiseerd.

Zwangerwijzer Questionnaire

Please fill in this questionnaire in preparation for your first visit to the **midwife or general practitioner (GP)**. Together with the midwife or general practitioner (GP), you and your partner can use the answers to check whether there are any risks for mother or child.

It is essential that you also answer the questions for the prospective father, preferably together with him. This enables you to make a proper assessment of the possible health risks for your future child.

Introduction question 1 Can you answer the questions for the father?

- Yes, the father is present (a)
- Yes, although the father is not present (b)
- No (c)

Introduction question 2 Weight and height of the expecting mother

Weight: kilograms (kg) (a)

Height: centimeters (cm) (b)

Weight and height are used to calculate the Body Mass Index (BMI).

1. Are you currently pregnant?

- yes (a)
- no, we use contraception, namely (b)
- no, we do not use any contraception (e.g. contraceptive pills) (c)

This questionnaire is intended for women who wish to become pregnant, but are not pregnant yet. Some of the questions are however also applicable to women who are already pregnant. So, you may also fill in this questionnaire if you are pregnant,.

2. What is your age?

- 35 or younger (a)
- 36 or older (b)

3. Do you have ancestors (on your father's or mother's side) from:

- Yes (a)
 - North Africa (Morocco, Algeria, Tunisia, Libya and Egypt) (a1)
 - East Mediterranean countries (Israel, Jordan, Palestine, Syria, Turkey, Cyprus and Malta), Netherlands Antilles or Aruba (a2)
 - Netherlands Antilles, Aruba or Suriname (including mixed heritages such as African-Creole-Chinese, Hindustani and Portuguese) (a3)
 - Cape Verde Islands, Africa (a4)
 - One of the Central Africa(n) States (regardless which one) or one of the Arab Emirates (a5)
 - Southern Europe (Portugal, Spain, southern France, Italy, Greece, Albania, Romania, Bulgaria, and the new states of former Yugoslavia) (a6)
 - Central and East Asia (Pakistan, India, Bangladesh, Myanmar, Thailand, Indonesia and China) (a7)
 - Middle East (Iran, Iraq, Afghanistan, and the Kurdish areas) (a8)
- No (b)

4. Does the father have ancestors (on his father's or mother's side) from:

- Yes (a)
 - North Africa (Morocco, Algeria, Tunisia, Libya and Egypt) (a1)
 - East Mediterranean countries (Israel, Jordan, Palestine, Syria, Turkey, Cyprus and Malta), Netherlands Antilles or Aruba (a2)
 - Netherlands Antilles, Aruba or Suriname (including mixed heritages such as African-Creole-Chinese, Hindustani and Portuguese) (a3)
 - Cape Verde Islands, Africa (a4)
 - One of the Central Africa(n) States (regardless which one) or one of the Arab Emirates (a5)
 - Southern Europe (Portugal, Spain, southern France, Italy, Greece, Albania, Romania, Bulgaria, and the new states of former Yugoslavia) (a6)
 - Central and East Asia (Pakistan, India, Bangladesh, Myanmar, Thailand, Indonesia and China) (a7)
 - Middle East (Iran, Iraq, Afghanistan, and the Kurdish areas) (a8)
- No (b)

5. Are you ever exposed to radiation?

Radiation from computers, televisions and mobile phones excepted.

- Yes (a)
- No (b)
- Don't know (c)

6. Is the father ever exposed to radiation?

Radiation from computers, televisions and mobile phones excepted.

- Yes (a)
- No (b)
- Don't know (c)

7. Do you clean your cat's litter box regularly/occasionally or do you do gardening?

- Yes (a)
- No (b)

8. Do you smoke?

- Yes (a)
- No (b)

9. Does the father smoke?

- Yes (a)
- No (b)
- Don't know (c)

10. Do you drink alcohol?

- Yes (a)
- No (b)

11. Does the father drink alcohol?

- Yes (a)
- No (b)
- Don't know (c)

12. Do you use soft drugs?

- Yes (a)
- No (b)
- Don't know (c)

13. Does the father use soft drugs?

- Yes (a)
- No (b)
- Don't know (c)

14. Do you use hard drugs?

- Yes (a)
- No (b)
- Don't know (c)

15. Does the father use hard drugs?

- Yes (a)
- No (b)
- Don't know (c)

16. Are you known to have bulimia nervosa (eating disorder characterised by binge eating and purging)? Or did you have this disorder in the past?

- Yes (a)
- No (b)

17. Are you known to have anorexia nervosa (extreme food restriction)? Or did you have this disorder in the past?

- Yes (a)
- No (b)

18. Do you have a varied diet?

- Yes (a)
- No (b)

19. Do you have a special diet?

- No (a)
- Yes (b)
 - vegetarian (no meat and fish) (b1)
 - vegan (no animal products) (b2)
 - macrobiotic (b3)
 - slimming diet (b4)
 - diet prescribed by a doctor (b5)
 - other (b6)

20. Do you take folic acid supplements in preparation for your pregnancy?

- Yes (a)
- No (b)

21. Do you eat raw food (whether or not occasionally)?

- No (a)
- Yes (b)
 - soft types of cheese made of raw milk ('au lait cru') (b1)
 - smoked fish (b2)
 - raw or not properly cooked meat, fish or shellfish (b3)
 - raw vegetables (b4)
 - unpasteurised milk (straight from the farm) (b5)

22. Do you ever eat liver or other products containing vitamin A?

- Yes (a)
- No (b)

23. Do or did you have one or more of the following sexually transmitted diseases (STDs), or do you think you could have one or more of these diseases?

- Yes (a)
 - hepatitis B (inflammation of the liver) (a1)
 - genital herpes (a2)
 - chlamydia (a3)
 - genital warts (a4)
 - gonorrhoea (a5)
 - syphilis (lues) (a6)
 - HIV/AIDS (a7)
 - trichomonas (a8)
- no (b)
- don't know (c)

24. Does or did the father have one or more of the following sexually transmitted diseases (STDs), or does he think he could have one or more of these diseases?

- Yes (a)
 - hepatitis B (inflammation of the liver) (a1)
 - genital herpes (a2)
 - chlamydia (a3)
 - genital warts (a4)
 - gonorrhoea (a5)
 - syphilis (lues) (a6)
 - HIV/AIDS (a7)
 - trichomonas (a8)
- no (b)
- don't know (c)

25. This question relates to the risk of infection with HIV (the virus that can cause AIDS) or hepatitis B.

Does the following apply to you?

- Yes (a)
 - several or frequently changing sexual partners (a1)
 - works professionally with blood and other bodily fluids (a2)
 - uses injection needles to inject drugs (a3)
- None of the above (b)

26. This question relates to the risk of infection with HIV (the virus that can cause AIDS) or hepatitis B.

Which of the following does apply to the father?

- Yes (a)
 - several or frequently changing sexual partners (a1)
 - works professionally with blood and other bodily fluids (a2)
 - uses injection needles to inject drugs (a3)
- None of the above (b)
- Don't know (c)

27. Were you fully vaccinated against German measles (at the ages of 14 months and 9 years) or did you have this disease?

- Yes (a)
- No (b)
- Don't know (c)

28. Do or did you have one of the following diseases for which you are being or were treated by a doctor?

- Yes (a)
 - asthma or another lung disease (you are being treated by your general practitioner (GP) or a specialist and you take medicines against asthma) (a1)
 - autoimmune disease (a2)
 - blood clotting disorders(a3)
 - cystic fibrosis (a4)
 - epilepsy (a5)
 - heart disease (a6)
 - high blood pressure (a7)
 - cancer (a8)
 - disease of the stomach, intestines, pancreas or liver (a9)
 - multiple sclerosis (a10)
 - myasthenia gravis (a11)
 - kidney or bladder disease (a12)
 - PKU (a13)
 - mental disorders (a14)
 - rheumatic diseases (a15)
 - disease of the thyroid gland (a16)
 - diabetes (a17)
 - Ehlers-Danlos syndrome (a18)
 - Marfan's syndrome (a19)
 - thalassaemia (a20)
 - thrombosis (blood clot blocking a blood vessel) or leg thrombosis, lung pulmonary embolism, stroke (TIA / CVA) (a21)
 - tropical disease (e.g. malaria) (a22)
 - other chronic, hereditary or congenital disease (a23)
- No (b)

29. Do you use medicines or other items prescribed by a doctor? If yes, please state the names of the medicines. (you do not need to mention contraceptives such as 'the pill').

- Yes, namely.....(a)
- No (b)

30. Does the father use medicines prescribed by a doctor? If yes, please state the names of the medicines.

- Yes, namely.....(a)
- No (b)
- Don't know (c)

31. Do you use over-the-counter medication(s), which you can buy at a chemist's or pharmacy? Examples: aspirin, nasal drops, cough medicine, ointments and homeopathic medicines. If yes, please state the names of these medicines.

- Yes, namely.....(a)
- No (b)

32. Have you been pregnant before (including abortion and/or miscarriage)?

- Yes (a)
- No (b)

If no, please continue with question 33.

32a. Did you have one or more of the following problems during your previous pregnancy or pregnancies?

- Yes (a)
 - child(ren) born between the 16th and 24th week of pregnancy (a1)
 - child(ren) born between the 25th and 37th week of pregnancy (a2)
 - child(ren) born in or after the 37th week of pregnancy with a low birth weight (less than 2500 grams) (a3)
 - stillbirth between the 16th and 24th week of pregnancy (a4)
 - stillbirth after the 24th week of pregnancy (a5)
 - two or more pregnancies that ended in a miscarriage before the first 16 weeks of pregnancy (a6)
 - child(ren) born by caesarean section (a7)
 - child(ren) born with a congenital defect (a8)
 - termination of pregnancy (abortion) (a9)
- No (b)

32b. Did you have one of the following diseases during your previous pregnancy or pregnancies?

- Yes (a)
 - gestational diabetes (a1)
 - formation of blood group antibodies (rhesus factor disease) (a2)
 - eclampsia or pre-eclampsia or HELLP syndrome (forms of toxemia of pregnancy) (a3)
 - other serious pregnancy-related complication (a4)
- No (b)

33. Do or did you have anomalies of the uterus or cervix?

- Yes (a)
- No (b)
- Don't know (c)

34. Did you ever undergo surgery performed by a gynaecologist (during or outside pregnancy)?

- Yes (a)
- No (b)

35. Did your mother take DES (diethylstilbestrol) when she was pregnant?

- Yes (a)
- No (b)
- Don't know (c)

36. Do you and/or any of your relatives have a hereditary or congenital disorder?

- Yes
 - blindness or a severe visual disability (a1)
 - down syndrome (a2)
 - epilepsy, fits, (febrile) seizures (a3)
 - sever deafness (a4)
 - congenital heart defects (a5)
 - cardiac dysrhythmia (a6)
 - heart attack before the age of 35 (a7)
 - haemophilia or carrier of haemophilia (a8)
 - cleft palate or lip (a9)
 - disorder of the brain, nervous system or muscles (a10)
 - spina bifida (open spine), anencephaly(open skull), hydrocephalus (water on the brain) (a11)
 - sickle-cell disease or carrier of sickle-cell disease (hereditary anaemia) (a12)
 - muscular diseases, (e.g. Duchenne muscular dystrophy) (a13)
 - cystic fibrosis or carrier of cystic fibrosis (a14)
 - thalassaemia or carrier of thalassaemia (hereditary anaemia) (a15)
 - two or more miscarriages by one person (a16)
 - delayed mental development (e.g. fragile X syndrome) (a17)
 - other congenital or hereditary disorders (a18)
- No (b)
- Don't know (c)

37. Does the prospective) father and/or do any of his relatives have a hereditary or congenital disorder?

PLEASE NOTE: When answering this question, it is necessary for the (prospective) father to be present in order to be able to make a proper assessment of the possible health risks to your child.

- Yes (a)
 - blindness or a severe visual disability (a1)
 - down syndrome (a2)
 - epilepsy, fits, (febrile) seizures (a3)
 - sever deafness (a4)
 - congenital heart defects (a5)
 - cardiac dysrhythmia (a6)
 - heart attack before the age of 35 (a7)
 - haemophilia or carrier of haemophilia (a8)
 - cleft palate or lip (a9)
 - disorder of the brain, nervous system or muscles (a10)
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 - muscular diseases, (e.g. Duchenne muscular dystrophy) (a13)
 - cystic fibrosis or carrier of cystic fibrosis (a14)
 - thalassaemia or carrier of thalassaemia (hereditary anaemia) (a15)
 - two or more miscarriages by one person (a16)
 - delayed mental development (e.g. fragile X syndrome) (a17)
 - other congenital or hereditary disorders (a18)
- No (b)

38. Are you (possibly) a (distant) relative of the father?

- Yes (a)
- No (b)
- Don't know (c)

39. Are you exposed to chemical substances at work?

- Yes, with...(a)
 - solvents (in paint, lacquer, glue, cleansing agents or ink) (a1)
 - gaseous anaesthetics (a2)
 - cancer medicines (cytostatics / chemotherapeutic agents) (a3)
 - pesticides/herbicides (a4)
 - heavy metals or metal compounds (e.g. cadmium, mercury, lead, manganese or chromium) (a5)
 - other, namely..... (a6)
- No (b)
- Don't know (c)

40. Is the father exposed to chemical substances at work?

- Yes, with...(a)
 - solvents (in paint, lacquer, glue, cleansing agents or ink) (a1)
 - pesticides/herbicides (a2)
 - heavy metals or metal compounds (e.g. cadmium, mercury, lead, manganese or chromium) (a3)
 - other, namely.....(a4)
- No (b)
- Don't know (c)

41. Are you regularly exposed to one of the following factors at work?

- Yes (a)
 - extreme temperatures (extreme heat or extreme cold) (a1)
 - noise (a2)
 - vibrations (a3)
 - overpressure (above normal atmospheric pressure; including during diving) (a4)
- None of the above (b)

42. This question is about the risk of infection at work.

In my job, I regularly work with...

- Yes (a)
 - ill and/or young children (a1)
 - animals (a2)
 - ill adults (a3)
 - vegetation in wooded areas or public gardens (a4)
 - raw meat (a5)
 - waste or wastewater (a6)
 - blood or other bodily fluids (including via waste) (a7)
 - faeces (including via waste) (a8)
- None of the above (b)

43. Do you work shifts or at night and/or do you work irregular hours?

- Yes (a)
- No (b)

44. Does your job involve that you regularly need to perform physically demanding tasks, have to stand all day or have to walk a lot?

- Yes (a)
- No (b)
- Don't know (c)

45. Do you experience (unhealthy) stress as a result of your job?

- Yes (a)
- No (b)
- Don't know (c)