INTERBIO-21st PTID Number 0 7 - ☐☐☐☐☐ **Hospital/Clinic Code** ☐☐

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Maternal Hospital Record No. ☐☐☐☐☐☐☐☐☐

Interview Date D D M M Y Y

This form can be completed at any time during the course of the index pregnancy and postpartum

Section 1: Home environment

1. Which of the following best describes your home?
   - House ☐
   - House split into two apartments/flats ☐
   - Building with 3 or more apartments/flats ☐
   - Hotel/Motel ☐
   - Trailer or mobile home ☐
   - Traditional dwelling ☐
   - Temporary housing ☐
   - Other (please specify) ☐ ______

2. Total number of rooms in your home that people sleep and live in: ☐☐
   (exclude kitchens, utility rooms, bathrooms, toilets, etc.)

3. Total number of people that live in your home: ☐☐
   (include yourself, all other adults and children)

4. Do you have electricity in your home? yes no

5. What is your roof made of?
   - Tile ☐
   - Concrete ☐
   - Wood ☐
   - Natural resources (e.g. straw) ☐
   - Scavenged resources (e.g. cardboard) ☐
   - Corrugated iron ☐
   - Asbestos ☐
   - Aluminium ☐
   - Don't know ☐
   - Other (please specify) ☐ ______

6. What are the walls of your house mostly made of?
   - Brick ☐
   - Plaster ☐
   - Wood ☐
   - Cardboard ☐
   - Curtains ☐
   - Don't know ☐
   - Other (please specify) ☐ ______

7. During which times does the roof of your house leak?
   - During heavy rain ☐
   - During light rain ☐
   - Never ☐

8. What material is the majority of your floor covering made of?
   - Soil ☐
   - Wood ☐
   - Cement ☐
   - Tile ☐
   - Vinyl/Plastics ☐
   - Carpet/Rug ☐
   - Other (please specify) ☐ ______

9. Where is your sanitary service located? Inside the home ☐ Outside the home ☐

10. Do you have a sewage connection? yes no

11. Do you do most of the cooking? yes no

12. Do you sleep in the same room you cook in? yes no

13. Where do you do most of the cooking?
    - Inside your home ☐
    - Outside your home in an enclosed area ☐
    - Outside your home in an open area ☐

14. What do you usually use to heat the stove/oven in your home?
    - Gas ☐
    - Crop waste (e.g. compost) ☐
    - Kerosene ☐
    - Oil ☐
    - Electricity ☐
    - Other (please specify) ☐ ______
    - Wood ☐
    - Charcoal ☐

15. How many months of the year do you heat your home? ☐☐

16. If you heat your home, what fuel do you usually use?
    - Gas ☐
    - Crop waste (e.g. compost) ☐
    - Kerosene ☐
    - Oil ☐
    - Electricity ☐
    - Other (please specify) ☐ ______
    - Wood ☐
    - Charcoal ☐

17. Does any part of your home get smoky when you cook in it?
    - Not smoky ☐
    - Quite smoky ☐
    - Very smoky (eyes and/or breathing affected) ☐

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Section 1: Home environment (continued)

18. Since you became pregnant, how often do you eat food that was packaged or stored in plastic containers?
(Include items such as yoghurt, cottage cheese, leftovers, microwaveable foods and frozen meals)

Not at all	☐	< once a month	☐	1-3 times a month	☐	1-3 times a week	☐
4-6 times a week	☐	1-3 times a day	☐	> 3 times a day	☐	Don't know	☐

19. Since you became pregnant, how often do you heat food in plastic containers prior to eating it?
(Include leftovers, microwaveable foods and frozen meals)

Not at all	☐	< once a month	☐	1-3 times a month	☐	1-3 times a week	☐
4-6 times a week	☐	1-3 times a day	☐	> 3 times a day	☐	Don't know	☐

20. Since you became pregnant, how often do you drink soda (pop) or juice from a metal can?
(Do not include soda from a glass or plastic bottle)

Not at all	☐	< once a month	☐	1-3 times a month	☐	1-3 times a week	☐
4-6 times a week	☐	1-3 times a day	☐	> 3 times a day	☐	Don't know	☐

21. Since you became pregnant, how often do you eat foods or food prepared from metal cans?
(Including items such as canned meats, beans, vegetables, pastas and sauces)

Not at all	☐	< once a month	☐	1-3 times a month	☐	1-3 times a week	☐
4-6 times a week	☐	1-3 times a day	☐	> 3 times a day	☐	Don't know	☐

Does your drinking water:

22. Have a bad odour? yes no 23. Have any colour? yes no 24. Have a bad taste? yes no

25. Is your drinking water safe and clean? yes no

26. Is your drinking water treated in any of the following ways before drinking it?

Filter	☐	Boiling	☐	Chemical treatment	☐	Solar water treatment	☐
Not treated	☐			Other (please specify)	☐	________	

27. What type of water do you drink? (Include at home, school, work and other places)

Only tap water	☐	Mostly tap water	☐	Both tap water and bottled water equally	☐	Mostly bottled water	☐
Well water	☐	Rain collection	☐	River water	☐	Pond water	☐

28. How often do you or someone else usually sweep, mop or vacuum your home?

Never	☐	< once a month	☐	1-3 times a month	☐	1-3 times a week	☐
4-6 times a week	☐	Daily	☐				

29. How many rooms in your home have wall-to-wall carpeting? _ _
(Please count only carpeting that covers most of the floor and is installed with padding underneath, and NOT small area rugs)

30. Is there wall-to-wall carpeting in the room where you sleep? yes no

31. Are air freshener sprays or odour neutraliser sprays used in your home? yes no dk
(Include sprays like Glade, Lysol, Febreze or other similar sprays)

If yes, how often, on average, are these sprays used?

A few times a year ☐ A few times a month ☐ A few times a week ☐ Daily ☐

32. Are plug-ins or battery-operated air fresheners used in your home? yes no dk

33. Are solid gel dispensers used regularly in your home? (at least once a month) yes no dk

34. Are other air freshener products such as scented candles, reed diffusers or incense used regularly? yes no dk
(at least once a month)

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Section 1: Home environment (continued)

Since you became pregnant:

35. Have you seen any mould or mildew on walls or other surfaces (other than food) inside your home? yes ☐ no ☐
36. Have you seen any water damage in your home? yes ☐ no ☐
    (This could be from broken pipes, a leaky roof or floods e.g. water stains on the ceiling or walls, rotting wood or plaster)
37. Have you smelled a musty or mouldy odour in your home? yes ☐ no ☐
38. Have you seen any peeling paint on the walls or window sills of your home? yes ☐ no ☐
    If yes, how much? A small amount ☐ A moderate amount ☐ A lot ☐

Have you seen, or have you been aware of, any of the following inside your home:

39. Mice or rats? yes ☐ no ☐ 40. Cockroaches? yes ☐ no ☐

41. Do you currently smoke? yes ☐ no ☐
    If yes, how many cigarettes per day? ☐☐
42. How many people in your household smoke inside the home? (Not including you) ☐☐
43. How many hours per day, on average, have you been around someone else who is smoking, close enough for you to smell the smoke? ☐☐
44. How many animals do you have inside your home? (Enter total number or 0 if none)
    Cats ☐☐ Dogs ☐☐ Other (please specify) ☐☐ ____________
45. Do you use a mosquito net over your bed? yes ☐ no ☐
    If yes, how many months ago was the net put in a liquid that kills or repels mosquitoes? ☐☐ dk ☐
46. Has your house been sprayed for malaria control during the time you have been living there? yes ☐ no ☐
    If yes, was your house sprayed since you became pregnant? yes ☐ no ☐

Since you became pregnant:

47. Has anyone used chemicals to kill or repel pests? (e.g. mosquitos, garden bugs, cockroaches, rats, weeds)
    In your home? yes ☐ no ☐ Outside your home? yes ☐ no ☐ On your pets? yes ☐ no ☐
48. Have you personally used any of these chemicals? yes ☐ no ☐
49. Has anyone living with you worked on a farm or in a greenhouse? yes ☐ no ☐
50. Has any room in your house been painted or refurbished? (Including the baby's room) yes ☐ no ☐
51. Do people usually wear their shoes inside your home?
    Never ☐ Sometimes ☐ Most of the time ☐ Always ☐

How often does the air in the area where you live:

52. Make it difficult to breathe? Never ☐ Sometimes ☐ Frequently ☐ Always ☐
53. Make your eyes sting? Never ☐ Sometimes ☐ Frequently ☐ Always ☐

Do you live within 5 minutes walk of:

54. An agricultural field/polytunnel/greenhouse? yes ☐ no ☐ dk ☐
55. A road with heavy traffic? yes ☐ no ☐ dk ☐
56. A site where there is hazardous waste or where chemicals are dumped? yes ☐ no ☐ dk ☐
57. A factory that emits fumes or smoke? yes ☐ no ☐ dk ☐

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Section 1: Home environment (continued)

Consider your neighbourhood to be the area within 5 minutes walking distance of your home. Please rate how much the following affect you in your neighbourhood:

	Not a problem	Some problem	A big problem
58. Loud noise (e.g. traffic, construction, loud music)	☐	☐	☐
59. Litter on the streets	☐	☐	☐
60. People using or selling drugs	☐	☐	☐
61. Crime (e.g. robberies, assault)	☐	☐	☐
62. No safe place for children to play	☐	☐	☐
63. Not safe to walk alone at night	☐	☐	☐
64. Stray dogs and other animals	☐	☐	☐

65. How does your neighbourhood compare to others in your region?

Worse than others ☐ The same as others ☐ Better than others ☐

66. What do you think of your neighbourhood as a place to live?

Not at all a good place to live ☐ Not a very good place to live ☐ A fairly good place to live ☐ A very good place to live ☐

Section 2: Conditions of work and other environments

Since you became pregnant:

67. Have you been employed? yes no

If the response to Question 67 is 'no', the questionnaire is now completed for this subject. Please proceed to the bottom of page 5 and enter your researcher details. If the response is 'yes', please continue with Question 68.

68. How many hours per week were you employed when you became pregnant? ☐☐

69. How many hours per week are you now employed? ☐☐

70. Are you employed:

In an outdoors environment? yes no In a building? yes no Inside your home? yes no

71. In what position do you spend most of your working day?

Sitting ☐ Standing ☐ Walking ☐ Other (please specify) ☐ ________

Since becoming pregnant, have you worked in any of these businesses or industries?

72. Janitor or house cleaning services	yes	no	83. Landscaping or groundkeeping	yes	no
73. Hair salon	yes	no	84. Printing company	yes	no
74. Nail salon	yes	no	85. Chemical plant	yes	no
75. Dry cleaning	yes	no	86. Hazardous waste	yes	no
76. Car or truck repair	yes	no	87. Electronics manufacturing	yes	no
77. Gas station	yes	no	88. Plastic products manufacturing	yes	no
78. Construction	yes	no	89. Semiconductor manufacturing	yes	no
79. Healthcare or dentist surgery	yes	no	90. Other manufacturing	yes	no
80. Science laboratory	yes	no	91. Recycling	yes	no
81. Street trader	yes	no	92. Plastics burning	yes	no
82. Farm or plant nursery	yes	no			

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Section 2: Conditions of work and other environments (continued)

Since becoming pregnant, have you carried out any of these activities?

Question	yes	no	dk
93. Make or spray pesticides (chemicals which kill insects)	yes	no	dk
94. Make or spray fungicides (chemicals which kill moulds)	yes	no	dk
95. Make or spray herbicides (chemicals which kill weeds)	yes	no	dk
96. Apply varnish, finish or seals	yes	no	dk
97. Mix or apply paints or lacquers	yes	no	dk
98. Strip or thin paint	yes	no	dk
99. Use solvents or degreasers (for cleaning sticky/greasy things)	yes	no	dk
100. Apply glues or adhesives	yes	no	dk
101. Degrease tools, machines or electronics	yes	no	dk
102. Weld	yes	no	dk
103. Use x-ray or radioactive substances	yes	no	dk
104. Use janitorial/cleaning chemicals	yes	no	dk
105. Use dry cleaning chemicals	yes	no	dk
106. Use dyes (for hair or textiles)	yes	no	dk
107. Apply artificial nails	yes	no	dk
108. Handle or make pharmacy drugs	yes	no	dk
109. Work with laboratory chemicals	yes	no	dk
110. Work with anaesthetic gases or sterilisers	yes	no	dk
111. Work with chemotherapeutic drugs	yes	no	dk
112. Use strong acids or bases	yes	no	dk
113. Use lead, mercury or other metals	yes	no	dk
114. Use other chemicals (please specify) ________	yes	no	dk

Is your working environment:

	Never	Sometimes	Often
115. Very cold? (< 15°C/60°F)	□	□	□
116. Very hot? (> 27°C/80°F)	□	□	□
117. Loud? (cannot easily hear co-workers speaking)	□	□	□
118. Dusty? (such as from drilling or grinding)	□	□	□
119. Strong-smelling from chemicals?	□	□	□
120. Musty or mouldy-smelling?	□	□	□
121. Poorly ventilated?	□	□	□
122. Very stressful?	□	□	□

123. Water damaged or mouldy? yes no dk

Name of Researcher/Midwife	
Signature	
Researcher Code	□□