

Szabó, Laura et al.

Working Paper

Growing up in Hungary - Cohort '18 Hungarian Birth Cohort Study. Technical report 2. Prenatal wave

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HUNGARIAN DEMOGRAPHIC
RESEARCH INSTITUTE

H-1024 Budapest, Buday László u. 1-3.
Phone: +361-3456573 Fax: +361-3451115
Address: 1525 Bp. Pf.51.
www.demografia.hu/eng



PRENATAL QUESTIONNAIRE

Identifier of the child to be born: _____

Identifier of the health visitor district: _____

Pregnancy week at the time of interview: ____ weeks

Type of pregnancy:

- 1 - single foetus
 2 - twin pregnancy
 3 - triplet pregnancy or over

Date of interview: _____ year _____ month _____ day

PLEASE FILL OUT IN CASE OF TWIN PREGNANCY:

	IDENTIFIERS ASSIGNED FOR ADDITIONAL FOETUSES OF THE PREGNANT WOMAN
2ND FOETUS	_____
3RD FOETUS	_____
4TH FOETUS	_____

SZÉCHENYI 2020



MAGYARORSZÁG
KORMÁNYA

Európai Unió
Európai Szociális
Alap



BEFECTETÉS A JÖVŐBE

GUIDE TO FILLING IN THE QUESTIONNAIRE

1. Instructions for the interviewer

The questionnaire includes several instructions for the interviewer that **should not be read out loud** to the respondent. These are there to assist your work.

THESE INSTRUCTIONS ARE ALWAYS IN LARGE, ITALIC, GREY LETTERS, APPEARING IN A FRAME.

2. Possible answers 'below the line'

With most questions, the questionnaire includes additional possible answers (in grey), separated by a line below the possible answers that are to be read out loud (in black). These additional possible answers **should not be read out loud during the interview**, but they **may be marked if necessary**. A special type of answers 'below the line' are those set in a table. In this case, the column is also marked grey, and has a distinct border.

An example of possible answers below the line in case of a simple question: Question B02

An example of possible answers below the line in case of a table: Question B04

3. Handling 'does not know' and 'does not wish to answer' responses.

The 'does not know' and 'does not wish to answer' responses are handled in two ways:

a) In most questions, they appear in grey as **possible answers 'under the line'**. (See Point 2)
(Example: Question B02)

b) In some questions, where the **'does not know' answer could be more frequent or understandable**, we put it among the **possible answers to be read out loud**. In these cases, it appears **above the line, in black**. *(Example: Question D02d)*

4. Handling 'does not apply' answers

The questionnaire includes several 'don't apply' possible answers 'under the line'. You can mark it if **the given question is not applicable to the pregnant woman**. For example, this could be marked at a question about work when the pregnant woman does not have a job, or at a question about her partner if she does not have a partner. *(Example: Question B04)*

5. Skipping in the questionnaire

The questionnaire includes several questions that should not be asked of each and every respondent. Essentially, there are two types of skipping in the questionnaire:

a) Small skipping (of a few questions)

In these cases, a single answer to a question could render the following few questions irrelevant, and the questionnaire should be resumed at a later question. Here, **next to the possible answers, you can see where to continue if that answer is marked**.
(Example: Question B02)

b) Skipping larger sections, depending on the life situation of the respondent

There are groups of questions or entire sections that should be asked or skipped, depending on the life situation of the respondent. These include questions about the respondent's children. In these cases, the **instructions for the interviewer** (see Point 1) indicate where you should resume the questionnaire, depending on the given life situation. *(Example: Instruction at the bottom of page 5 "IF THE RESPONDENT DOES NOT HAVE A LIVE BIOLOGICAL CHILD (A02=0), THEN CONTINUE HERE: QUESTION C02 (PAGE 9)"*

First of all, thank you for participating! As I have already mentioned, today’s interview will last for about 60 minutes. For about 45–50 minutes, I will be asking you questions, and then I will give you a shorter questionnaire, which you can fill in yourself in about 10–15 minutes. There are no right or wrong answers. Your answer should reflect whatever describes you best. Let’s get started!

1. INTRODUCTORY QUESTIONS

The first few questions are necessary for me to continue with questions that are relevant to your situation.

A01 When were you born?

A01a Which year? _____ year

A01b Which month? _____ month

A02 Have you had a biological child, already born, that is still alive? If yes, how many?

WRITE 0, IF THE WOMAN IS EXPECTING HER FIRST CHILD

_____ people

A03 What is your official marital status?

DO NOT MARK COHABITATION PARTNERSHIP REGISTERED BY A NOTARY PUBLIC HERE

- 1 - single
- 2 - married
- 3 - widowed
- 4 - divorced
- 5 - same-sex registered partnership

A04 Which statement is true for your real partnership situation?

- 1 - You live with your spouse **MARRIED**
- 2 - You live with your cohabiting partner **COHABITING PARTNER**
- 3 - You have a partner, but do not live together **LIVING APART TOGETHER PARTNER**
- 4 - You do not have a partner **NO PARTNER**

2. GENERAL OPINIONS AND ATTITUDES

Questions about family life, childrearing, male and female roles follow below.

B01 Please indicate the extent to which you agree with the following. Grade the statements: 1 means that you do not agree at all, and 5 means that you fully agree. Of course, you can choose in-between grades instead.

CIRCLE THE APPROPRIATE ANSWER

To what extent do you agree that...	Does not agree at all					Fully agrees					Does not know	Does not wish to answer
	1	2	3	4	5	1	2	3	4	5		
1. In a couple it is better for the man to be older than the woman	1	2	3	4	5						8	9
2. If a woman earns more than her partner, it is not good for the relationship	1	2	3	4	5						8	9
3. Women should be able to decide how to spend the money they earn without having to ask their partner's permission	1	2	3	4	5						8	9
4. Children often suffer because their fathers concentrate too much on their work	1	2	3	4	5						8	9
5. It is appropriate for the husband to make work his priority, and for the wife to make home and the children hers, even when both of them work.	1	2	3	4	5						8	9
6. If they have a good profession and a good job, women are right to make work more important than having more children.	1	2	3	4	5						8	9
7. There are parental duties, but life's goals should not be given up because of the children.	1	2	3	4	5						8	9
8. Marriage is an outdated institution.	1	2	3	4	5						8	9
9. It is all right for an unmarried couple to live together even if they have no interest in marriage.	1	2	3	4	5						8	9
10. Marriage is a lifetime relationship and should never be ended.	1	2	3	4	5						8	9
11. It is all right for a couple with an unhappy marriage to get a divorce even if they have children.	1	2	3	4	5						8	9

B02 In your opinion, what is the best age for a woman to have her first child?

____ years old → CONTINUE HERE: B03

0 - never → CONTINUE HERE: B03

88 - does not know

B02b If you cannot specify the age, what do you think?

1 - preferably under 25, or

2 - between 25 and 30, or

3 - between 31 and 35, or

4 - preferably above 35?

88 - does not know

99 - does not wish to answer

B03 Now I will read some statements about the role of fathers. Please indicate to what extent you agree with each of these statements.

CIRCLE THE APPROPRIATE ANSWER

	Fully disagree	Tend to disagree	Tend to agree	Fully agree	Does not know	Does not wish to answer
1. A father can take care of a child just as well as a mother can.	1	2	3	4	8	9
2. It is much more important for a man to spend more time with his family than to add more income to the family with extra work at all costs.	1	2	3	4	8	9
3. The most important decisions in the family have to be made by the man.	1	2	3	4	8	9
4. Earning a lot of money is the most important goal in the life of a man.	1	2	3	4	8	9

Now, let's talk about your current pregnancy.

B04 What do you think? How will the child you are expecting affect...

CIRCLE THE APPROPRIATE ANSWER

	It will be much worse	It will be worse	It will be neither better nor worse	It will be better	It will be much better	Does not apply	Does not know	Does not wish to answer
1. Your prospects in your workplace?	1	2	3	4	5	7	8	9
2. Your financial situation?	1	2	3	4	5	7	8	9
3. The opinion of your friends and environment about you?	1	2	3	4	5	7	8	9
4. Your happiness and satisfaction in life?	1	2	3	4	5	7	8	9
5. Your sense of security in your old age?	1	2	3	4	5	7	8	9
6. Your freedom to do whatever you want?	1	2	3	4	5	7	8	9
7. Your housing conditions?	1	2	3	4	5	7	8	9
8. The relationship between you and your partner?	1	2	3	4	5	7	8	9

IF THE RESPONDENT DOES NOT HAVE A LIVE BIOLOGICAL CHILD (A02=0), THEN CONTINUE HERE: QUESTION C02 (PAGE 9)

IF THE RESPONDENT HAS A LIVE BIOLOGICAL CHILD (A02>0), THEN CONTINUE HERE: QUESTION C01 (NEXT PAGE)

3. FERTILITY HISTORY AND PLANNED CHILDREN

3.1. Own children

QUESTIONS IN THIS SECTION SHOULD BE ASKED ONLY IF THE RESPONDENT HAS A LIVE BIOLOGICAL CHILD (IF QUESTION A02 IS NOT 0). IF SHE DOES NOT HAVE ANY, CONTINUE HERE: QUESTION C02 (PAGE 9)

C01 Please provide some information about your biological children. If you have more than one child, let's start with the eldest.

THE NUMBER OF COLUMNS ASKED SHOULD MATCH THE NUMBER OF LIVE BIOLOGICAL CHILDREN THAT THE WOMAN HAS. CONTINUE COLUMN BY COLUMN AND WRITE IN OR TICK THE APPROPRIATE ANSWER. IF SHE HAS MORE THAN SIX CHILDREN, ASK ABOUT THEM AS WELL, AND WRITE THE ANSWER ON A SEPARATE SHEET. YOU CAN RECORD THESE ONLINE.

Interview question	Possible answers	Child 1 (eldest)	Child 2	Child 3	Child 4	Child 5	Child 6
<i>YOU CAN ENTER THE NAME OR INITIAL OF THE CHILD IF THAT MAKES THE INTERVIEW EASIER</i>							
C01a In which year and month was the child born? (DATE)	Birth year	__ _ _ _ _	__ _ _ _ _	__ _ _ _ _	__ _ _ _ _	__ _ _ _ _	__ _ _ _ _
	Birth month	_____	_____	_____	_____	_____	_____
C01b The child's gender?	1 - boy	<input type="checkbox"/> 1					
	2 - girl	<input type="checkbox"/> 2					
C01c How long (in months) did you nurse the child?	__ _ months	__ _ _	__ _ _	__ _ _	__ _ _	__ _ _	__ _ _
	0 - did not nurse	<input type="checkbox"/> 0					
	88 - does not know/does not wish to answer	<input type="checkbox"/> 88					
		↓	↓	↓	↓	↓	↓

Interview question	Possible answers	Child 1 (eldest)	Child 2	Child 3	Child 4	Child 5	Child 6
C01d Is the biological father of the child the same as the father of the child to be born now?	1 - yes 2 - no 88 - does not know/does not wish to answer	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 88	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 88				
C01e Does the child presently live with you?	1 - yes 2 - no → <i>CONTINUE HERE: C01g</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → <i>C01g</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → <i>C01g</i>				
IF THE CHILD LIVES WITH THE MOTHER							
C01f Is the child still at home, or does he/she go to nursery, kindergarten, school, or another place?	1 - (still) at home 2 - nursery 3 - kindergarten 4 - school 5 - other: 88 - does not know/does not wish to answer → <i>CONTINUE HERE: NEXT COLUMN OR C02</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5: <input type="checkbox"/> 88 → <i>NEXT COLUMN OR C02</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5: <input type="checkbox"/> 88 → <i>NEXT COLUMN OR C02</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5: <input type="checkbox"/> 88 → <i>NEXT COLUMN OR C02</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5: <input type="checkbox"/> 88 → <i>NEXT COLUMN OR C02</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5: <input type="checkbox"/> 88 → <i>NEXT COLUMN OR C02</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5: <input type="checkbox"/> 88 → <i>C02</i>



Interview question	Possible answers	Child 1 (eldest)	Child 2	Child 3	Child 4	Child 5	Child 6
ONLY IF THE CHILD DOES NOT LIVE WITH THE MOTHER:							
C01g Since when have you been separated? (DATE)	Since which year?	_____	_____	_____	_____	_____	_____
C01h How often do you keep in touch?	1 - daily	<input type="checkbox"/> 1					
	2 - several times a week	<input type="checkbox"/> 2					
	3 - weekly	<input type="checkbox"/> 3					
	4 - monthly	<input type="checkbox"/> 4					
	5 - yearly	<input type="checkbox"/> 5					
	6 - never	<input type="checkbox"/> 6					
	→ CONTINUE HERE: NEXT COLUMN OR C02	→ NEXT COLUMN OR C02	→ C02				

3.2. Adopted children

C02 Do you or have you had a non-biological, officially adopted child? If yes, how many?

___ ___ adopted children

0 - no adopted child → *CONTINUE HERE: C04*

C03 Please provide some information about them.

THE NUMBER OF COLUMNS ASKED SHOULD MATCH THE NUMBER OF ADOPTED CHILDREN THAT THE PREGNANT WOMAN HAS. CONTINUE COLUMN BY COLUMN AND WRITE IN OR TICK THE APPROPRIATE ANSWER. IF SHE HAS MORE THAN FOUR ADOPTED CHILDREN, ASK ABOUT THEM AS WELL, AND WRITE THE ANSWER ON A SEPARATE SHEET. YOU CAN RECORD THESE ONLINE.

Interview question	Possible answers	Adopted child 1 (eldest)	Adopted child 2	Adopted child 3	Adopted child 4
<i>YOU CAN ENTER THE NAME OR INITIAL OF THE CHILD IF THAT MAKES THE INTERVIEW EASIER</i>					
C03a In which year and month was the child born? (DATE)	Which year?	_____	_____	_____	_____
	Which month?	_____	_____	_____	_____
C03b Since when have you raised him or her? (DATE)	Since which year?	_____	_____	_____	_____
C03c The child's gender?	1 - boy 2 - girl	<input type="checkbox"/> 1 <input type="checkbox"/> 2			



Interview question	Possible answers	Adopted child 1 (eldest)	Adopted child 2	Adopted child 3	Adopted child 4
C03d What was the type of adoption?	1 - open adoption, the child of a partner 2 - open adoption, the child of a relative 3 - open adoption, not from a relative 4 - not an open adoption	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
C03e Is the child still at home, or does he/she go to nursery, kindergarten, school, or another place?	1 - (still) at home 2 - nursery 3 - kindergarten 4 - school 5 - other: 66 - has died 88 - does not know/does not wish to answer → CONTINUE HERE: NEXT COLUMN OR C04	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5: <input type="checkbox"/> 66 <input type="checkbox"/> 88 → NEXT COLUMN OR C04	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5: <input type="checkbox"/> 66 <input type="checkbox"/> 88 → NEXT COLUMN OR C04	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5: <input type="checkbox"/> 66 <input type="checkbox"/> 88 → NEXT COLUMN OR C04	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5: <input type="checkbox"/> 66 <input type="checkbox"/> 88 → C04

3.3. Plans for having children

C04 Do you plan to have another child within the next 3 years, in addition to the one you are expecting now?

- 1 - yes, for sure
- 2 - rather yes
- 3 - rather no
- 4 - not at all

-
- 88 - does not know
 - 99 - does not wish to answer

C05 If you do not have a child within the next 3 years (not counting the one on the way), would you like another child sometime later?

- 1 - yes
- 2 - no

-
- 88 - does not know
 - 99 - does not wish to answer

C06 How many children would you like to have altogether, including the one you are expecting and any already born?

___ ___ children

-
- 66 - not a specific number (e.g. 'as many as arrive', 'as many as God gives', etc.)
 - 88 - does not know
 - 99 - does not wish to answer

IF THE RESPONDENT DOES NOT HAVE A PARTNER (A04=4), CONTINUE HERE: QUESTION D02A (PAGE 16)

IF THE RESPONDENT HAS A SPOUSE (A04=1), CONTINUE IN COLUMN 'A'.

IF THE RESPONDENT HAS A COHABITING PARTNER (A04=2), CONTINUE IN COLUMN 'B'.

IF THE RESPONDENT HAS A LIVING APART TOGETHER PARTNER (A04=3), CONTINUE IN COLUMN 'C'.

4. PARTNERSHIP HISTORY OF THE PREGNANT WOMAN

4.1. Present partner

ASK ONE COLUMN, BASED ON THE ANSWER GIVEN FOR A04. MARK THE SITUATION OF THE RESPONDENT AT THE HEAD OF THE COLUMN.

D01 The following questions pertain to your present partner. Please provide some information about your partner.

<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
SPOUSE (A04=1)	COHABITING PARTNER (A04=2)	LAT PARTNER (A04=3)
<p>D01aa What is the birth year of your husband?</p> <p>_____</p> <p>8888 - does not know</p>	<p>D01ba What is the birth year of your cohabiting partner?</p> <p>_____</p> <p>8888 - does not know</p>	<p>D01ca What is the birth year of your partner?</p> <p>_____</p> <p>8888 - does not know</p>
<p>D01ab Since when have you been together with your husband as a couple? (DATE)</p> <p>Year: _____</p> <p>8888 - does not know/does not wish to answer</p> <p>Month: _____</p> <p>88 - does not know/does not wish to answer</p>	<p>D01bb Gender?</p> <p><input type="checkbox"/> 1 - male</p> <p><input type="checkbox"/> 2 - female</p>	<p>D01cb Gender?</p> <p><input type="checkbox"/> 1 - male</p> <p><input type="checkbox"/> 2 - female</p>
<p>D01ac In which year and month did you move in together? Think of the first spell of living together for at least 3 months. (DATE)</p> <p>Year: _____</p> <p>8888 - does not know/does not wish to answer</p> <p>Month: _____</p> <p>88 - does not know/does not wish to answer</p>	<p>D01bc What is your partner's <u>official</u> marital status?</p> <p><input type="checkbox"/> 1 - single</p> <p><input type="checkbox"/> 2 - married</p> <p><input type="checkbox"/> 3 - divorced</p> <p><input type="checkbox"/> 4 - widowed</p> <p><input type="checkbox"/> 5 - same-sex registered partnership _____</p> <p><input type="checkbox"/> 88 - does not know/does not wish to answer</p>	<p>D01cc What is your partner's <u>official</u> marital status?</p> <p><input type="checkbox"/> 1 - single</p> <p><input type="checkbox"/> 2 - married</p> <p><input type="checkbox"/> 3 - divorced</p> <p><input type="checkbox"/> 4 - widowed</p> <p><input type="checkbox"/> 5 - same-sex registered partnership _____</p> <p><input type="checkbox"/> 88 - does not know/does not wish to answer</p>

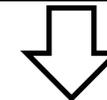
<input type="checkbox"/> A
SPOUSE (A04=1)
<p>D01ad When did you get married? <i>(DATE)</i></p> <p>Year: _____ 8888 - does not know/does not wish to answer</p> <p>Month: _____ 88 - does not know/does not wish to answer</p>
<p>D01ae How many biological children has your husband had <u>altogether</u>?</p> <p>_____ children _____</p> <p>88 - does not know/does not wish to answer</p>
<p>D01af Has your husband ever had a child by someone other than you? If yes, how many?</p> <p>_____ children _____</p> <p>0 - none 88 - does not know/does not wish to answer</p>



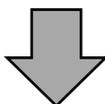
<input type="checkbox"/> B
COHABITING PARTNER (A04=2)
<p>D01bd Since when have you been together with your partner as a couple? <i>(DATE)</i></p> <p>Year: _____ 8888 - does not know/does not wish to answer</p> <p>Month: _____ 88 - does not know/does not wish to answer</p>
<p>D01be In which year and month did you move in together? Think of the first spell of living together for at least 3 months. <i>(DATE)</i></p> <p>Year: _____ 88 - does not know/does not wish to answer</p> <p>Month: _____ 88 - does not know/does not wish to answer</p>
<p>D01bf How many biological children has your partner had altogether?</p> <p>_____ children _____</p> <p>88 - does not know/does not wish to answer</p>



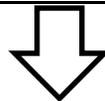
<input type="checkbox"/> C
LAT PARTNER (A04=3)
<p>D01cd Since when have you been together with your partner as a couple? <i>(DATE)</i></p> <p>Year: _____ 8888 - does not know/does not wish to answer</p> <p>Month: _____ 88 - does not know/does not wish to answer</p>
<p>D01ce Have you ever lived together with your present partner for at least 3 months?</p> <p><input type="checkbox"/> 1 - yes <input type="checkbox"/> 2 - no</p> <p>_____</p> <p><input type="checkbox"/> 88 - does not know/does not wish to answer</p>
<p>D01cf How many biological children has your partner had altogether?</p> <p>_____ children _____</p> <p>88 - does not know/does not wish to answer</p>



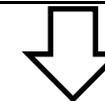
<input type="checkbox"/> A
SPOUSE (A04=1)
<p>D01ag Does it happen that you or your husband have to spend/spend at least 3 nights a week elsewhere, due to working abroad, for example? Do not count night shifts this time.</p> <p><input type="checkbox"/> 1 - yes <input type="checkbox"/> 2 - no _____ <input type="checkbox"/> 88 - does not know/does not wish to answer</p>
<p>D01ah As there are special cases when a woman may have a child not by her present husband, I have to ask if the child you are expecting has your husband as the biological father?</p> <p><input type="checkbox"/> 1 - yes → CONTINUE HERE: E01 (PAGE 17) <input type="checkbox"/> 2 - no → CONTINUE HERE: D02a (PAGE 16) _____ <input type="checkbox"/> 88 - does not know/does not wish to answer → CONTINUE HERE: E01 (PAGE 17)</p>

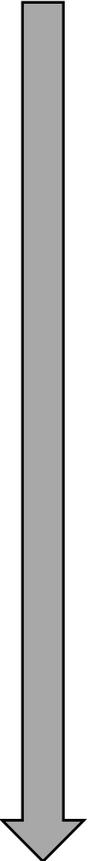


<input type="checkbox"/> B
COHABITING PARTNER (A04=2)
<p>D01bg Has your partner ever had a child by someone other than you? If yes, how many?</p> <p>____ children _____ 0 - none 88 - does not know/does not wish to answer</p>
<p>D01bh Does it happen that you or your partner have to spend/spend at least 3 nights a week elsewhere, due to working abroad, for example? Do not count night shifts this time.</p> <p><input type="checkbox"/> 1 - yes <input type="checkbox"/> 2 - no _____ <input type="checkbox"/> 88 - does not know/does not wish to answer</p>
<p>D01bi Do you plan to get married someday?</p> <p><input type="checkbox"/> 1 - yes, for sure <input type="checkbox"/> 2 - rather yes <input type="checkbox"/> 3 - rather no → D01bk <input type="checkbox"/> 4 - not at all → D01bk <input type="checkbox"/> 88 - does not know/does not wish to answer</p>



<input type="checkbox"/> C
LAT PARTNER (A04=3)
<p>D01cg Has your partner ever had a child by someone other than you? If yes, how many?</p> <p>____ children _____ 0 - none 88 - does not know/does not wish to answer</p>
<p>D01ch On average, how often do you meet each other <u>personally</u>?</p> <p><input type="checkbox"/> 1 - daily <input type="checkbox"/> 2 - several times a week <input type="checkbox"/> 3 - weekly <input type="checkbox"/> 4 - monthly <input type="checkbox"/> 5 - yearly <input type="checkbox"/> 6 - never _____ <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer</p>
<p>D01ci How often do you keep in touch with one another <u>not in person</u> (by telephone, internet, etc.)?</p> <p><input type="checkbox"/> 1 - daily <input type="checkbox"/> 2 - several times a week <input type="checkbox"/> 3 - weekly <input type="checkbox"/> 4 - monthly <input type="checkbox"/> 5 - yearly <input type="checkbox"/> 6 - never _____ <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer</p>



<input type="checkbox"/> A
SPOUSE (A04=1)


<input type="checkbox"/> B
COHABITING PARTNER (A04=2)
<p>D01bj Do you plan to get married in the near future, within a year?</p> <p><input type="checkbox"/> 1 - yes, for sure</p> <p><input type="checkbox"/> 2 - rather yes</p> <p><input type="checkbox"/> 3 - rather no</p> <p><input type="checkbox"/> 4 - not at all _____</p> <p><input type="checkbox"/> 88 - does not know/does not wish to answer</p>
<p>D01bk There are several reasons why a woman may be expecting a child by someone other than her present partner. I have to ask if the child you are expecting has your husband as the biological father?</p> <p><input type="checkbox"/> 1 - yes → CONTINUE HERE: E01 (PAGE 17).</p> <p><input type="checkbox"/> 2 - no → CONTINUE HERE: D02a (PAGE 16)</p> <p>_____</p> <p><input type="checkbox"/> 88 - does not know/does not wish to answer → CONTINUE HERE: E01 (PAGE 17)</p>

<input type="checkbox"/> C
LAT PARTNER (A04=3)
<p>D01cj Do you plan to move in together someday?</p> <p><input type="checkbox"/> 1 - yes, for sure</p> <p><input type="checkbox"/> 2 - rather yes</p> <p><input type="checkbox"/> 3 - rather no → D01cl</p> <p><input type="checkbox"/> 4 - not at all → D01cl</p> <p><input type="checkbox"/> 88 - does not know/does not wish to answer → D01cl</p>
<p>D01ck If your answer is 'yes, for sure' or 'rather yes', then when are you planning to move in together?</p> <p><input type="checkbox"/> 1 - before the child is born</p> <p><input type="checkbox"/> 2 - after the child is born, but within 1 year</p> <p><input type="checkbox"/> 3 - in the more distant future _____</p> <p><input type="checkbox"/> 88 - does not know/does not wish to answer</p>
<p>D01cl There are several reasons why a woman may be expecting a child by someone other than her present partner. I have to ask if the child you are expecting has your husband as the biological father?</p> <p><input type="checkbox"/> 1 - yes → CONTINUE HERE: E01 (PAGE 17)</p> <p><input type="checkbox"/> 2 - no → CONTINUE HERE: D02a (PAGE 16)</p> <p>_____</p> <p><input type="checkbox"/> 88 - does not know/does not wish to answer → CONTINUE HERE: E01 (PAGE 17)</p>

4.2. Natural father (living elsewhere)

ASK THIS ONLY IF THE PREGNANT WOMAN DOES NOT PRESENTLY HAVE A PARTNER (A04=4), OR IF THE PARTNER IS NOT THE BIOLOGICAL FATHER (D01ah=2 OR D01bk=2 OR D01cl=2).

D02a The following questions pertain to the biological father of the child. Do you know who the biological father of the child you are expecting is?

- 1 - yes
 2 - no → CONTINUE HERE: E01 ('Household' section).
-
- 3 - anonymous sperm donor → CONTINUE HERE: E01 ('Household' section).
 88 - does not know → CONTINUE HERE: E01 ('Household' section).
 99 - does not wish to answer → CONTINUE HERE: E01 ('Household' section).

D02b How many children has the biological father had, including the one on the way?

_____ children

-
- 88 - does not know
99 - does not wish to answer

D02c Does the biological father know that he is about to have a child?

- 1 - yes, and he acknowledges that he is the father
 2 - yes, but he does not acknowledge that he is the father
 3 - the father does not know
 4 - you do not know whether or not the father knows about your pregnancy
 5 - other, please specify: _____
-
- 99 - does not wish to answer

D02d According to your plans, what kind of relationship will the child you are expecting have with his or her biological father?

- 1 - a close relationship, you plan to involve the father in raising the child
 2 - the child will know his or her biological father, but you do not plan a close relationship
 3 - you do not plan to keep in touch
 4 - you do not know, have not thought about this yet
 5 - other, please specify: _____
-
- 99 - does not wish to answer

D02e What is the official marriage status of the child's biological father?

DO NOT MARK COHABITATION PARTNERSHIP REGISTERED BY A NOTARY PUBLIC HERE

- 1 - single
 2 - married
 3 - widowed
 4 - divorced
 5 - same-sex registered partnership
-
- 88 - does not know
 99 - does not wish to answer

5. HOUSEHOLD, HOUSING

5.1. Household composition

FROM EVERYONE

Now I'd like to ask you about the household and the housing you presently have as your residence.

- E01. Is this:** - (A) a flat or house with one household
- (B) a flat or house with several households living together, or
- (C) another situation?

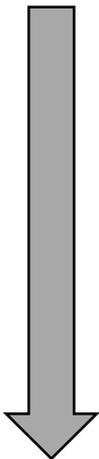
MARK EITHER COLUMN 'A', 'B' OR 'C', AS APPROPRIATE, FOR THE SITUATION OF THE WOMAN. CONTINUE FILLING IN THAT COLUMN AS INSTRUCTED THERE.

A

The pregnant woman lives in a flat or house **with one household.**

THIS ONE IS COMMON!

→ CONTINUE HERE: E02



B

The pregnant woman lives in a flat or house **with several households living together.**

Even though they live together, they do not share their daily expenses, they do not 'pool their resources'.

THIS ONE IS RARE!

E01a How many live together in the flat/house, including you?

___ ___ people

From now on, please talk about only those people **that you share a household with!** Meaning those with whom you 'pool your resources' and share the daily expenses.

→ CONTINUE HERE: E02

C

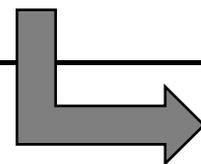
At present, the pregnant woman does NOT live in a private household, but **an institutional household** (e.g. homeless shelter, dormitory, mother's shelter, prison)

CAREFUL, THIS ONE IS VERY RARE!

E01b What kind of an institution do you live in?

DESCRIBE THE SITUATION OF THE PREGNANT WOMAN AS CLEARLY AS POSSIBLE!

→ CONTINUE HERE: F01 ('SOCIAL AND WORK FORCE POSITION', PAGE 26)



E02 How many live together in your present household, including you (and those in the dormitory, those commuting)?

___ ___ people

E03 Let's summarize, then: Apart from you, your partner, your biological and adopted children, is there anyone else living in this household?

1 - yes

2 - no → *CONTINUE HERE: E05*

E04 If there is, please provide some information about them.

IN THE TABLE BELOW, GO FROM COLUMN TO COLUMN BY EACH PERSON: DATA OF PERSON 1, DATA OF PERSON 2, DATA OF PERSON 3, AND SO ON.

IF THERE ARE MORE THAN SIX PERSONS, ASK ABOUT THEM AS WELL, AND WRITE THE ANSWER ON A SEPARATE SHEET. YOU CAN RECORD THESE ONLINE.

THE PARTNER'S (SPOUSE, COHABITING PARTNER) OWN AND ADOPTED CHILDREN SHOULD **NOT** BE INCLUDED HERE!

			Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
E04a	Who is he/she? What is your relationship?	1 - spouse, cohabiting partner, child from a former relationship 2 - child of another relative 3 - parent of the respondent (biological) 4 - foster parent of the respondent, the partner of her parent 5 - the respondent's father-/mother-in-law (including parents of the cohabiting partner) 6 - sibling of the respondent (half-, and step-siblings included) 7 - relative of the respondent (grandparent, aunt, etc.) 8 - someone else, not a relative	<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"/> 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"/> 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"/> 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"/> 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"/> 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
E04b	Gender?	1 - male 2 - female	<input type="checkbox"/> 1 <input type="checkbox"/> 2					
E04c	What is his/her birth year?	Year: _____	_____ 8888 - does not know					
E04d	What does he/she do?	1 - child (still) at home 2 - child going to nursery, kindergarten or school, a full-time student 3 - works 4 - active otherwise 5 - retired, disability pensioner 6 - other inactive → CONTINUE HERE: NEXT COLUMN OR E05	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 → NEXT COLUMN OR E05	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 → NEXT COLUMN OR E05	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 → NEXT COLUMN OR E05	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 → NEXT COLUMN OR E05	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 → NEXT COLUMN OR E05	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 → E05

5.2. Household division of labour

E05 Household tasks. Using ANSWER SHEET 1, please indicate who undertakes the following tasks nowadays in your flat/house, or around the house.

- 1 - always you
- 2 - usually you
- 3 - you and your partner share it
- 4 - usually your partner
- 5 - always your partner
- 6 - always or usually someone else

-
- 7 - there is no child in the household
 - 8 - does not know
 - 9 - does not wish to answer

WRITE THE APPROPRIATE CODE IN THE CELL!

	Whose task is it?
1. Cooking	_____
2. Dishwashing	_____
3. Grocery shopping	_____
4. Cleaning	_____
5. Minor repairs in the flat/house and around the house	_____
6. Tracking income and expenditure	_____
7. Organizing leisure activities	_____
8. Taking care of the children	_____

E06 Does your household regularly use hired help to do household work (e.g. cleaning or babysitting)? If yes, how often?

- 1 - daily
- 2 - several times a week
- 3 - weekly
- 4 - monthly
- 5 - yearly
- 6 - never

-
- 88 - does not know
 - 99 - does not wish to answer

5.3. Household's financial situation

5.3.1. Financial and income situation

E07 Please take a look at the income sources and aids on ANSWER SHEET 2. Which of the aids or incomes has your household received in the past month? Please consider everyone with whom you pool your resources.

MARK THOSE MENTIONED BY THE RESPONDENT

Sources	Possible answers
1. Parental leave benefit (GYED)	<input type="checkbox"/>
2. Childcare allowance (GYES)	<input type="checkbox"/>
3. Child-raising allowance (GYET)	<input type="checkbox"/>
4. Family allowance for permanently sick or handicapped children	<input type="checkbox"/>
5. Regular child protection discount (and support)	<input type="checkbox"/>
6. Assistance, support (from the settlement, the local government or the area; health damage aid and child supervision aid)	<input type="checkbox"/>
7. Nursing fee	<input type="checkbox"/>
8. Free or supported child catering (nursery, kindergarten, school, summer catering)	<input type="checkbox"/>
9. Alimony	<input type="checkbox"/>

E08 In your opinion, how does your household manage the usual expenses?

- 1 - with great difficulty
- 2 - with difficulty
- 3 - with some difficulty
- 4 - fairly easily
- 5 - easily
- 6 - very easily

-
- 88 - does not know
 - 99 - does not wish to answer

E09 If you needed money, could you ask for financial assistance of around HUF 100,000 from your friends or relatives?

1- yes

2- no

88- does not know

99- does not wish to answer

E10 Has it happened in the past 12 months that you or your household have been unable to pay any of the following?

	Yes, it has	No, it hasn't	Does not understand, they do not have to pay it	Does not know	Does not wish to answer
1. Rent, shared costs	1	2	3	88	99
2. Utility bills, such as electricity, water, gas	1	2	3	88	99
3. Instalment of a home loan	1	2	3	88	99
4. Instalment of another loan (e.g. student loan, current account credit or credit card)	1	2	3	88	99

E11 Using ANSWER SHEET 3, please indicate whether or not you have done these things in the last 12 months. If you have not, please indicate why: you would have liked to, but could not afford to, or you did not need it?

Have you been able to...	Yes	No, could not afford it	No, did not need it	No, for other reasons	Does not know	Does not wish to answer
1. Go on a vacation?	1	2	3	4	88	99
2. Buy new clothes regularly?	1	2	3	4	88	99
3. Buy electronic or IT tool	1	2	3	4	88	99
4. Save at least HUF 10,000 per month?	1	2	3	4	88	99
5. Keep the home adequately warm?	1	2	3	4	88	99
6. Use comfort services (hairdresser, beautician, cleaner etc.)?	1	2	3	4	88	99
7. Buy necessary medication and vitamins?	1	2	3	4	88	99

5.3.2. Housing conditions

E12 What type of occupancy do you currently have?

- 1 - owner, joint owner or beneficiary
- 2 - partner or relative of the owner → CONTINUE HERE: E15
- 3 - renting the whole flat, or relative of the renter → CONTINUE HERE: E15
- 4 - renting part of the flat → CONTINUE HERE: E15
- 5 - other → CONTINUE HERE: E15
-
- 88 - does not know → CONTINUE HERE: E15
- 99 - does not wish to answer → CONTINUE HERE: E15

E13 Please estimate for how much the flat/house you live in could be sold/bought?

___ ___ ___ million HUF

888 - does not know

999 - does not wish to answer

E14 Is there a mortgage loan on this flat?

1 - yes

2 - no

88 - does not know

99 - does not wish to answer

ASK OF EVERYONE!

E15 How large is the usable floor area of the flat/house?

___ ___ ___ m²

888 - does not know

999 - does not wish to answer

E16a How many rooms of 12m² or more does the flat/house have?

___ ___ rooms

88 - does not know

99 - does not wish to answer

E16b How many half-rooms (smaller than 12m²) are there?

___ ___ half-rooms

88 - does not know

99 - does not wish to answer

5.3.3. Spending free time

E17 How many books in total do you have at home? Schoolbooks, newspapers, magazines do not count!

- 1 - Less than one shelf (c. 0–50 books)
- 2 - one shelf (c. 50 books)
- 3 - 2–3 bookshelves (max. 150 books)
- 4 - 4–6 bookshelves (max. 300 books)
- 5 - two bookcases (max. 600 books)
- 6 - three or more bookcases (max. 1,000 books)
- 7 - more than 1,000 books

-
- 88 - does not know
 - 99 - does not wish to answer

E18 Using ANSWER SHEET 4, please indicate which of the following you or your household own, and which you do not. If you do not have it, is that because you would like it, but cannot afford it, or because you don't need it?

	I have it	I don't have it – I'd like it, but can't afford it	I don't have it – I don't need it	I don't have it – other reasons	Does not know	Does not wish to answer
1. Large-screen TV	1	2	3	4	88	99
2. Landline phone	1	2	3	4	88	99
3. Smartphone	1	2	3	4	88	99
4. Computer (PC, tablet, laptop)	1	2	3	4	88	99
5. Mobile or broadband internet access	1	2	3	4	88	99
6. Dishwasher	1	2	3	4	88	99
7. Air-conditioning	1	2	3	4	88	99
8. Piece of fine art (e.g. painting)	1	2	3	4	88	99
9. Musical instrument	1	2	3	4	88	99
10. Bank card or credit card	1	2	3	4	88	99
11. Car (for personal use)	1	2	3	4	88	99
12. Piped water in the flat/house	1	2	3	4	88	99
13. Flush toilet in the flat/house	1	2	3	4	88	99
14. Bathroom in the flat/house	1	2	3	4	88	99
15. Yard belonging to the flat/house	1	2	3	4	88	99

	I have it	I don't have it – I'd like it, but can't afford it	I don't have it – I don't need it	I don't have it – other reasons	Does not know	Does not wish to answer
16. Another residence, holiday home, weekend cottage	1	2	3	4	88	99

E19 Using ANSWER SHEET 5, please indicate how satisfied you are with your financial situation. Grade it from 1 to 10, 0 meaning that you are not satisfied at all, and 10 that you are fully satisfied.

I am not											I am fully	DK	NA
satisfied at all	0	1	2	3	4	5	6	7	8	9	10	88	99
	<input type="checkbox"/>												

6. SOCIAL AND WORK FORCE POSITION

Now we'll switch to questions about your level of education and jobs.

6.1. The respondent's level of education and knowledge of languages

F01 What is your highest level of completed education? Please indicate, based on ANSWER SHEET 6!

MARK THOSE THE WOMAN HAS ALREADY COMPLETED.

- 1 - less than 8 years of elementary
 - 2 - 8 years of elementary
 - 3 - vocational school, technical school without diploma
 - 4 - secondary vocational high-school graduation, diploma following vocational training
 - 5 - high-school diploma
 - 6 - post-diploma vocational training not accredited as high level; middle-level technical institute
 - 7 - high-level accredited vocational training; high-level technical institute
 - 8 - college, BA/BSc level
 - 9 - university, MA/MSc level, medical or legal doctorate
 - 10 - PhD, Doctor of Liberal Arts, candidate's or other academic degree
-
- 88 - does not know
 - 99 - does not wish to answer

F02 What is your mother tongue?

- 1 - Hungarian
 - 2 - not Hungarian, but: _____
-
- 88 - does not know
 - 99 - does not wish to answer

F03 Apart from your mother tongue, how many languages do you speak?

- (0) - does not speak a foreign language
 - (1) - one foreign language
 - (2) - two foreign languages
 - (3) - three or more foreign languages
-
- 88 - does not know
 - 99 - does not wish to answer

6.2. The respondent's work force position and job

F04 Are you actively working? Please choose from the categories on ANSWER SHEET 7!

IF THE PREGNANT WOMAN HAS CEASED TO WORK TEMPORARILY, BUT WILL RETURN TO HER WORKPLACE BEFORE THE DELIVERY, TICK ANSWER 1.

- 1 - Currently doing paid work *CONTINUE HERE: COLUMN 'A'*
- 2 - Has paid job but on leave *CONTINUE HERE: COLUMN 'B'*
- 3 - Has worked in the past but no current paid job *CONTINUE HERE: COLUMN 'C'*
- 4 - Never had a paid job → *CONTINUE HERE: F25 (PAGE 33)*

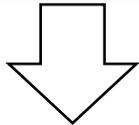
ASK ONE COLUMN OF THE TABLE ONLY, BASED ON THE ANSWER GIVEN FOR QUESTION F04!

A

DOES HAVE A JOB AND IS ACTIVELY WORKING (F04=1)

F05 In what form do you usually do your present work? Please indicate, using ANSWER SHEET 8.

- 1 - work (as an employee, a contractor, a casual labourer, engaged in public works, etc.)
 - 2 - study and work alongside
 - 3 - study and casual work alongside
 - 4 - work while receiving GYED
 - 5 - work while receiving GYES
 - 6 - work while receiving GYET
 - 7 - assisting family member
 - 8 - retired, on a disability pension, or in receipt of a pension-type benefit, and performs work to earn money besides
- _____
- 88 - does not know
 - 99 - does not wish to answer

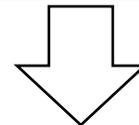


B

DOES HAVE A JOB, BUT IS NOT/HAS STOPPED WORKING, AND WILL NOT WORK BEFORE THE DELIVERY (F04=2)

F11 Why are you not working now? What is the main reason? Please indicate, based on ANSWER SHEET 10.

- 1 - on holiday (leftover yearly accumulated holiday time)
 - 2 - on sick pay, due to the pregnancy
 - 3 - on sick leave or sick pay, due to a health condition not related to the pregnancy
 - 4 - employer excused her from working, due to the pregnancy
 - 5 - on maternity care (GYET, GYED, GYES)
 - 6 - other: _____
- _____
- 88 - does not know
 - 99 - does not wish to answer

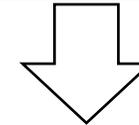


C

WORKED BEFORE, BUT DOES NOT HAVE A JOB NOW (F04=3)

F18 Why are you not working now? Please indicate, using ANSWER SHEET 11.

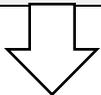
- 1 - unemployed
 - 2 - student
 - 3 - homemaker
 - 4 - on GYED
 - 5 - on GYES
 - 6 - on GYET
 - 7 - assisting family member
 - 8 - disability pensioner
 - 9 - other: _____
- _____
- 88 - does not know
 - 99 - does not wish to answer



A**DOES HAVE A JOB AND IS ACTIVELY WORKING (F04=1)****F06 Which category would you place yourself in, based on your employment? Please indicate, using ANSWER SHEET 9.**

- 1 - employee on a contract for an indefinite period
- 2 - employee on a contract for a definite period
- 3 – engaged in public works
- 4 - intern
- 5 - owner
- 6 - joint owner
- 7 - member of a social enterprise
- 8 - individual entrepreneur
- 9 - primary producer
- 10 - casual worker (physical or intellectual)

- _____
- 88 - does not know
- 99 - does not wish to answer

**B****DOES HAVE A JOB, BUT IS NOT/HAS STOPPED WORKING, AND WILL NOT WORK BEFORE THE DELIVERY (F04=2)****F12 Since when have you been out of work? (DATE)****A. Since which year?**

8888 - does not know

9999 - does not wish to answer

B. Since which month?

8888 - does not know

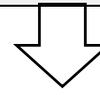
9999 - does not wish to answer

*IF THE WOMAN IS ON SICK PAY (F11=2 OR F11=3):***F13 From which week of your pregnancy did you go on sick pay?**

From week _____

88 - does not know

99 - does not wish to answer

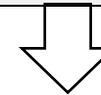
**C****WORKED BEFORE, BUT DOES NOT HAVE A JOB NOW (F04=3)****F19 When did your last employment end?**

- 1 - during your pregnancy
- 2 - your last employment ended before your pregnancy
- _____
- 88 - does not know
- 99 - does not wish to answer

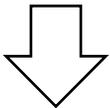
F20 Why did your employment contract end?

- 1 - employment contract for a definite period expired
- 2 - due to dismissal during probation
- 3 - due to extraordinary dismissal (with immediate effect)
- 4 - due to dismissal by mutual agreement
- 5 - due to regular dismissal by the employer
- 6 - the employer went into liquidation without a legal successor
- other: _____
- _____

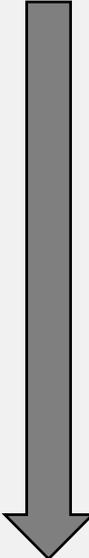
- 88 - does not know
- 99 - does not wish to answer



A
<u>DOES HAVE A JOB AND IS ACTIVELY WORKING (F04=1)</u>
F07 Do you work full time or part time? <input type="checkbox"/> 1 - full time (40 hours per week/8 hours per day or more) <input type="checkbox"/> 2 - part time (less than 40 hours a week) <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer
F08 Since when have you been working at your present workplace? Since which year? _____ year _____ 8888 - does not know 9999 - does not wish to answer
F09 What type is your workplace? <input type="checkbox"/> 1 - fully state- or local government-owned employer <input type="checkbox"/> 2 - partially state, partially private <input type="checkbox"/> 3 - fully private company <input type="checkbox"/> 4 - non-profit organization, foundation <input type="checkbox"/> 5 - other _____ <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer



B
<u>DOES HAVE A JOB, BUT IS NOT/HAS STOPPED WORKING, AND WILL NOT WORK BEFORE THE DELIVERY (F04=2)</u>
F14. Which category would you place yourself in, based on your employment? Please indicate, using ANSWER SHEET 9. <input type="checkbox"/> 1 - employee on a contract for an <u>indefinite</u> period <input type="checkbox"/> 2 - employee on a contract for a <u>definite</u> period <input type="checkbox"/> 3 - engaged in public works <input type="checkbox"/> 4 - intern <input type="checkbox"/> 5 - owner <input type="checkbox"/> 6 - joint owner <input type="checkbox"/> 7 - member of a social enterprise <input type="checkbox"/> 8 - individual entrepreneur <input type="checkbox"/> 9 - primary producer <input type="checkbox"/> 10 - casual worker (physical or intellectual) _____ <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer
F15 Since when have you been working at your present workplace? Since which year? _____ year _____ 8888 - does not know 9999 - does not wish to answer

C
<u>WORKED BEFORE, BUT DOES NOT HAVE A JOB NOW (F04=3)</u>
F21 Going back 2 years before the projected date of delivery, do you have at least 1 year's employment or other insurance time? <input type="checkbox"/> 1 - yes <input type="checkbox"/> 2 - no <input type="checkbox"/> 3 - does not know _____ <input type="checkbox"/> 99 - does not wish to answer <p style="text-align: center;">→ CONTINUE HERE: F22 (PAGE 32)!</p> <div style="text-align: center;">  </div>

A

DOES HAVE A JOB AND IS ACTIVELY WORKING (F04=1)

F10 To what extent do you consider your work to be physically tiring or mentally exhausting?

A. Physically

- 1 - not at all
- 2 - a little
- 3 - moderately
- 4 - rather
- 5 - very _____
- 88 - does not know
- 99 - does not wish to answer

B. Mentally

- 1 - not at all
- 2 - a little
- 3 - moderately
- 4 - rather
- 5 - very _____
- 88 - does not know
- 99 - does not wish to answer

→ CONTINUE HERE: F22 (PAGE 32)!



B

DOES HAVE A JOB, BUT IS NOT/HAS STOPPED WORKING, AND WILL NOT WORK BEFORE THE DELIVERY (F04=2)

F16 What type is your workplace?

- 1 - fully state- or local government-owned employer
- 2 - partially state, partially private
- 3 - fully private company
- 4 - non-profit organization, foundation
- 5 - other _____
- 88 - does not know
- 99 - does not wish to answer

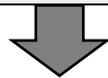
F17 To what extent did you consider your work to be physically tiring or mentally exhausting?

A. Physically

- 1 - not at all
- 2 - a little
- 3 - moderately
- 4 - rather
- 5 - very _____
- 88 - does not know
- 99 - does not wish to answer

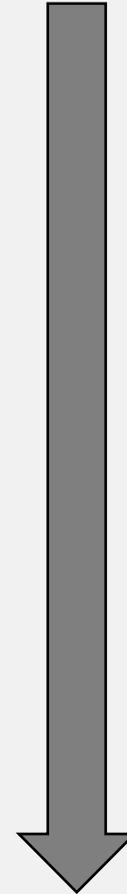
B. Mentally

- 1 - not at all
- 2 - a little
- 3 - moderately
- 4 - rather
- 5 - very _____
- 88 - does not know
- 99 - does not wish to answer



C

WORKED BEFORE, BUT DOES NOT HAVE A JOB NOW (F04=3)

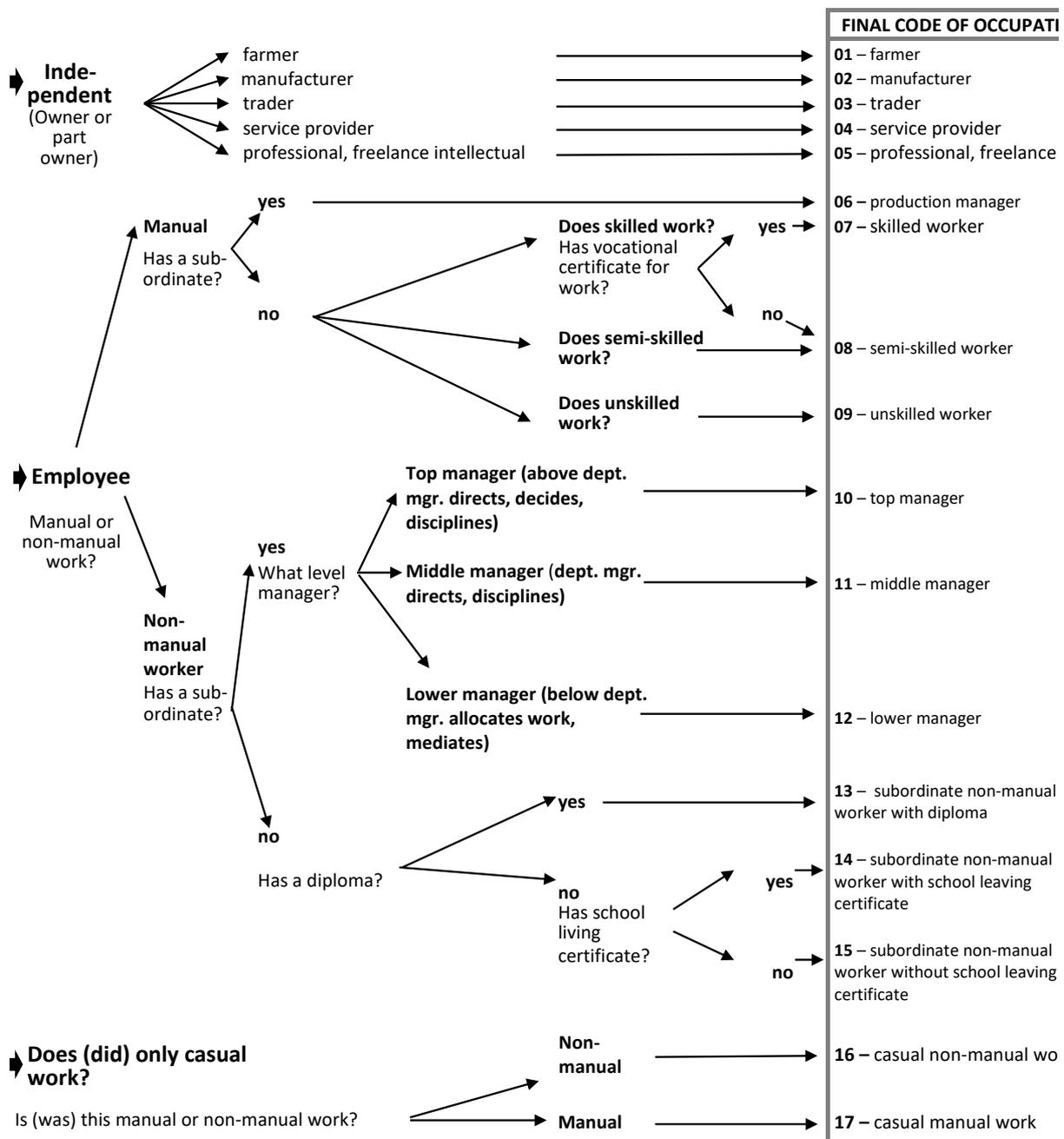


F22 What is your work/job? Please indicate as exactly as possible the work you are now doing, or – if you are not working – then the work you were last engaged in!

Your job: _____

F23 The following questions pertain to the work (most recent) you just mentioned. Please answer a few questions along the arrows on ANSWER SHEET 12.

IN THE CHART BELOW, CLARIFY WHETHER THE WOMAN IS FREELANCE/ENTREPRENEUR, AN EMPLOYEE, OR DOES CASUAL WORK ONLY, AND THEN CONTINUE ALONG THE ARROWS AND INDICATE THE APPROPRIATE ANSWER BY UNDERLINING/CIRCLING, FINISHING WITH THE FINAL CODE OF THE ACTIVITY.



99 – does not know

THE FINAL CODE OF OCCUPATION:

F24 How many employees do/did you have?

IN CASE OF NONE, WRITE 0!

____ people

8888 - does not know

9999 - does not wish to answer

6.3. Plans and subjective evaluations

Now, let's talk about your plans and ideas for after the delivery.

F25 How old would be the baby at the time you would hope to start a job?

____ years ____ months

66 - does not plan to work

→ CONTINUE HERE: F27

77 - plans to, but does not know when

88 - does not know

→ CONTINUE HERE: F27

99 - does not wish to answer

→ CONTINUE HERE: F27

F26 How do you plan to work after returning?

A. Full (40 hours a week) or part time?	<input type="checkbox"/> 1 - full time (40 hours a week) <input type="checkbox"/> 2 - part time <hr/> <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer
B. Regularly or casually?	<input type="checkbox"/> 1 - regularly <input type="checkbox"/> 2 - casually <hr/> <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer
C. With rigid or flexible work schedule?	<input type="checkbox"/> 1 - rigid work schedule <input type="checkbox"/> 2 - flexible work schedule <hr/> <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer
D. From home or outside the home?	<input type="checkbox"/> 1 - from home <input type="checkbox"/> 2 - outside the home <hr/> <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer

F27 At what age do you plan to send the child to nursery?

66 - does not plan to send the child to nursery

____ years ____ months

77 - plans to, but does not know when

88 - does not know

99 - does not wish to answer

F28 What do you think, for how long does the baby benefit from having the mother stay at home with him/her before returning to work?

- 1 - at least until 6 months old
- 2 - at least until 1 year old
- 3 - at least until 1.5 years old
- 4 - at least until 2 years old
- 5 - at least until 3 years old
- 6 - beyond the baby's third year, even permanently

-
- 88 - does not know
 - 99 - does not wish to answer

F29 Do you usually plan your future in advance, or live for today only? Please locate yourself on the following scale, where 0 means 'I plan in advance whatever I can', and 10 means 'I live for today only'. Please use ANSWER SHEET 13.

I plan in advance whatever I can												I live for today only	DK	NA
0	1	2	3	4	5	6	7	8	9	10		88	99	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

F30 All in all, how satisfied are you with your life nowadays? Please place your answer on a scale of 0–10, based on ANSWER SHEET 14. 0 means 'I am not satisfied at all', and 10 means 'I am definitely satisfied'.

I am not satisfied at all												I am definitely satisfied	DK	NA
0	1	2	3	4	5	6	7	8	9	10		88	99	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

IF THE RESPONDENT DOES NOT HAVE A PARTNER (A04=4), CONTINUE HERE: G1 (PAGE 38)

6.4. The educational level, profession and job of the respondent's partner (spouse, cohabiting partner, LAT partner)

ONLY IF THE WOMAN HAS A SPOUSE (A04=1) A COHABITING PARTNER (A04=2) OR A LAT PARTNER (A04=3).

F31 What is your partner's highest level of completed education? Please indicate, using ANSWER SHEET 15.

IF THE PARTNER IS STILL STUDYING, THEN MARK WHAT IS ALREADY COMPLETED!

- 1 - less than 8 years of elementary
 - 2 - 8 years of elementary
 - 3 - vocational school, technical school without diploma
 - 4 - secondary vocational high-school graduation, diploma following vocational training
 - 5 - high-school diploma
 - 6 - post-diploma vocational training not accredited as high level; middle-level technical institute
 - 7 - high-level accredited vocational training; high-level technical institute
 - 8 - college, BA/BSc level
 - 9 - university, MA/MSc level, medical or legal doctorate
 - 10 - PhD, Doctor of Liberal Arts, candidate's or other academic degree
-
- 88 - does not know
 - 99 - does not wish to answer

F32 What is your partner's mother tongue?

- 1 - Hungarian
 - 2 - not Hungarian, but: _____
-
- 88 - does not know
 - 99 - does not wish to answer

F33 Apart from his/her mother tongue, how many languages does your partner speak?

- 0 - does not speak a foreign language
 - 1 - one foreign language
 - 2 - two foreign languages
 - 3 - three or more foreign languages
-
- 88 - does not know
 - 99 - does not wish to answer

F34 Does your partner presently work or perform some kind of earning activity?

- 1 - yes CONTINUE HERE: F35 / COLUMN 'A'
 - 2 - no CONTINUE HERE: F38 / COLUMN 'B'
-
- 88 - does not know
 - 99 - does not wish to answer

ASK ONE COLUMN OF THE TABLE ONLY, BASED ON THE ANSWER GIVEN FOR QUESTION F34!

A

PARTNER IS WORKING

F35 How, in what form?

Please indicate, using ANSWER SHEET 16.

IF THE PARTNER HAS MORE THAN ONE JOB, THINK OF THE MOST IMPORTANT ONE!

- 1 - work (as an employee, a contractor, a casual labourer, engaged in public works, etc.)
- 2 - study and work alongside
- 3 - study and casual work alongside
- 4 - work while receiving GYED
- 5 - work while receiving GYES
- 6 - work while receiving GYET
- 7 - assisting family member
- 8 - retired, on a disability pension, or in receipt of a pension-type benefit, and performs work to earn money besides

88 - does not know

99 - does not wish to answer

F36 Which category would you place your partner in, based on his/her employment? Please answer, using ANSWER SHEET 17.

- 1 - employee on a contract for an indefinite period
- 2 - employee on a contract for a definite period
- 3 - engaged in public works
- 4 - intern
- 5 - owner
- 6 - joint owner
- 7 - member of a social enterprise
- 8 - individual entrepreneur
- 9 - primary producer
- 10 - casual worker (physical or intellectual)

88 - does not know

99 - does not wish to answer



B

PARTNER IS NOT WORKING

F38 Why not? Please answer, using ANSWER SHEET 18.

- 1 - unemployed
- 2 - job seeker for the first time
- 3 - student
- 4 - homemaker
- 5 - on GYED
- 6 - on GYES
- 7 - on GYET
- 8 - assisting family member
- 9 - disability pensioner
- 10 - retired pensioner in own right
- 11 - widow's/widower's pensioner
- 12 - on sick pay
- 13 - other: _____

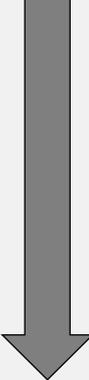
88 - does not know

99 - does not wish to answer

→ CONTINUE HERE: F39 (PAGE 37)



A IF WORKING
<p>F37 What type is your partner's workplace?</p> <p><input type="checkbox"/> 1 - fully state- or local government-owned employer</p> <p><input type="checkbox"/> 2 - partially state, partially private</p> <p><input type="checkbox"/> 3 - fully private company</p> <p><input type="checkbox"/> 4 - non-profit organization, foundation</p> <p><input type="checkbox"/> 5 - other</p> <hr/> <p><input type="checkbox"/> 88 - does not know</p> <p><input type="checkbox"/> 99 - does not wish to answer</p> <p style="text-align: center;"></p>

B IF NOT WORKING


F39 What is your partner's work/job? Please indicate as exactly as possible the work your partner is now doing, or – if he/she is not working – then his/her most recent work!

IF THE PARTNER HAS NEVER WORKED, WRITE 0.

Partner's job: _____

7. HEALTH STATUS

7.1. General state of health

FROM EVERYONE

The following questions pertain to your state of health.

G01 How is your health in general?

- 1 - very good
- 2 - good
- 3 - fair
- 4 - bad
- 5 - very bad

-
- 88 - does not know
 - 99 - does not wish to answer

G02 How was your health in the 12 months before your current pregnancy?

- 1 - very good
- 2 - good
- 3 - adequate
- 4 - bad
- 5 - very bad

-
- 88 - does not know
 - 99 - does not wish to answer

G03 In your opinion, how much can you do for your health?

- 1 - a very great deal
- 2 - a lot
- 3 - little
- 4 - very little

-
- 88 - does not know
 - 99 - does not wish to answer

G04 Do you have a chronic illness or a health problem that has lasted for at least 6 months or will most likely continue for at least 6 months?

- 1 - yes
- 2 - no

-
- 88 - does not know
 - 99 - does not wish to answer

G05a I will ask about some illnesses now. Of the illnesses listed on ANSWER SHEET 19, had any been diagnosed by a doctor before your current pregnancy? If yes, which? MULTIPLE ANSWERS ARE POSSIBLE!

- 1 - asthma
 - 2 - allergy
 - 3 - high blood pressure
 - 4 - diabetes (not gestational)
 - 5 - anaemia
 - 6 - depression or bipolar disorder
 - 7 - anxiety disorder, obsessive-compulsive disorder, panic disorder or phobia
 - 8 - cardiac disease
 - 9 - thrombosis
 - 10 - hyper- or hypothyroidism
-
- 77 - none of those listed
 - 88 - does not know
 - 99 - does not wish to answer

G05b From the illnesses listed on ANSWER SHEET 19, do you now have any of them diagnosed by a doctor? If yes, which? MULTIPLE ANSWERS ARE POSSIBLE!

- 1 - asthma
 - 2 - allergy
 - 3 - high blood pressure
 - 4 - diabetes (not gestational)
 - 5 - anaemia
 - 6 - depression or bipolar disorder
 - 7 - anxiety disorder, obsessive-compulsive disorder, panic disorder or phobia
 - 8 - cardiac disease
 - 9 - thrombosis
 - 10 - hyper- or hypothyroidism
-
- 77 - none of those listed here → *CONTINUE HERE: G06*
 - 88 - does not know
 - 99 - does not wish to answer

G05c Which of your present illnesses do you take medication for? Please use ANSWER SHEET 19. MULTIPLE ANSWERS ARE POSSIBLE!

- 1 - asthma
 - 2 - allergy
 - 3 - high blood pressure
 - 4 - diabetes (not gestational)
 - 5 - anaemia
 - 6 - depression or bipolar disorder
 - 7 - anxiety disorder, obsessive-compulsive disorder, panic disorder or phobia
 - 8 - cardiac disease
 - 9 - thrombosis
 - 10 - hyper- or hypothyroidism
-
- 77 - none of those listed
 - 88 - does not know
 - 99 - does not wish to answer

7.2. Pregnancy-related health/health condition of mother and foetus

G06a On ANSWER SHEET 20, we list some health problems that can occur during pregnancy. Please look at these illnesses and indicate whether or not you have experienced them during your pregnancy. Which of the following health problems did you experience during the first 3 months of pregnancy? Please calculate the first trimester from the time of getting pregnant, not from the time of finding out that you were pregnant. **MULTIPLE ANSWERS ARE POSSIBLE!**

- 1 - hyperemesis gravidarum
- 2 - urinary tract or kidney infection
- 3 - gestational diabetes (controlled by diet)
- 4 - gestational diabetes (treated with insulin)
- 5 - vaginal bleeding
- 6 - vaginal infection
- 7 - intrauterine growth retardation (IUGR)
- 8 - viral infection (e.g. influenza)
- 9 - placenta praevia
- 10 - open cervix
- 11 - high temperature

-
- 77 - none of those listed
 - 88 - does not know
 - 99 - does not wish to answer

G06b Which of the health problems on ANSWER SHEET 20 did you experience during the second 3 months of pregnancy? **MULTIPLE ANSWERS ARE POSSIBLE!**

- 1 - hyperemesis gravidarum
- 2 - urinary tract or kidney infection
- 3 - gestational diabetes (controlled by diet)
- 4 - gestational diabetes (treated with insulin)
- 5 - vaginal bleeding
- 6 - vaginal infection
- 7 - intrauterine growth retardation (IUGR)
- 8 - viral infection (e.g. influenza)
- 9 - placenta praevia
- 10 - open cervix
- 11 - high temperature

-
- 77 - none of those listed
 - 88 - does not know
 - 99 - does not wish to answer

G06c Which of the health problems on ANSWER SHEET 20 did you experience from the seventh month of pregnancy? MULTIPLE ANSWERS ARE POSSIBLE!

- 1 - hyperemesis gravidarum
 - 2 - urinary tract or kidney infection
 - 3 - gestational diabetes (controlled by diet)
 - 4 - gestational diabetes (treated with insulin)
 - 5 - vaginal bleeding
 - 6 - vaginal infection
 - 7 - intrauterine growth retardation (IUGR)
 - 8 - viral infection (e.g. influenza)
 - 9 - placenta praevia
 - 10 - open cervix
 - 11 - high temperature
-
- 77 - none of those listed
 - 88 - does not know
 - 99 - does not wish to answer

7.3. Looking after one's health

7.3.1. Smoking

G07 Have you ever smoked regularly, meaning having at least one cigarette a day?

THOSE SMOKING REGULARLY NOW ALSO BELONG IN THIS CATEGORY.

- 1 - yes, for more than a year
 - 2 - yes, for less than a year
 - 3 - no → CONTINUE HERE: G11
-
- 88 - does not know → CONTINUE HERE: G11
 - 99 - does not wish to answer → CONTINUE HERE: G11

G08 How many cigarettes a day did/do you smoke since becoming pregnant, and in the 3 months beforehand? Please use ANSWER SHEET 21.

	None	Smoked only occasionally	1–5 a day	6–10 a day	11–20 a day	More than 20 a day	Does not know/does not wish to answer
1. Three months prior to your current pregnancy	1	2	3	4	5	6	88
2. During the first 3 months of the current pregnancy	1	2	3	4	5	6	88
3. Since the fourth month of the current pregnancy	1	2	3	4	5	6	88

G09 How old were you when you started to smoke regularly?

___ ___ years

99 - does not remember

G10 If you do not smoke now, how old were you when you stopped?

___ ___ years

66 - still smokes

99 - does not remember

G11 During your current pregnancy, has it happened to you that other people at home or at your workplace have smoked in the same room as you were in?

- 1 - yes, for over an hour daily
- 2 - yes, for less than an hour daily
- 3 - not with daily regularity
- 4 - no

88 - does not know

99 - does not wish to answer

7.3.2. Alcohol consumption

G12 Now, please answer some questions regarding alcohol consumption. How often did you consume/have you consumed alcohol...

<p>A. ...in the <u>year before</u> your current pregnancy?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 1 - daily <input type="checkbox"/> 2 - several times a week <input type="checkbox"/> 3 - once a week <input type="checkbox"/> 4 - less frequently than weekly <input type="checkbox"/> 5 - <u>never</u> <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer
<p>B. ...during the <u>first 3 months</u> of your current pregnancy?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 1 - daily <input type="checkbox"/> 2 - several times a week <input type="checkbox"/> 3 - once a week <input type="checkbox"/> 4 - less frequently than weekly <input type="checkbox"/> 5 - <u>never</u> <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer
<p>C. ...<u>since the fourth month</u> of your current pregnancy?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 1 - daily <input type="checkbox"/> 2 - several times a week <input type="checkbox"/> 3 - once a week <input type="checkbox"/> 4 - less frequently than weekly <input type="checkbox"/> 5 - <u>never</u> <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer

G13 When consuming alcohol, how much of the following did you drink on an average occasion?

IF THE WOMAN DID NOT CONSUME ALCOHOL DURING THIS PERIOD, WRITE 0 ON ALL THREE LINES. IF SHE DOES NOT KNOW, WRITE 88, IF SHE DOES NOT WISH TO ANSWER, WRITE 99.

	Before your current pregnancy	During the <u>first 3 months</u> of your current pregnancy	Since the <u>fourth month</u> of your current pregnancy
A. How many glasses of wine?	___ ___	___ ___	___ ___
B. How many mugs of beer?	___ ___	___ ___	___ ___
C. How many glasses of hard liquor?	___ ___	___ ___	___ ___

G14 Before and during your current pregnancy, did you take the following vitamins separately or as part of a vitamin product? If yes, in which period? MULTIPLE ANSWERS ARE POSSIBLE!

A. Folic acid?	<input type="checkbox"/> 1 - before pregnancy <input type="checkbox"/> 2 - during the first 3 months of pregnancy <input type="checkbox"/> 3 - after the fourth month of pregnancy <hr/> <input type="checkbox"/> 77 - did not take it during any of these periods <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer
B. Vitamin D?	<input type="checkbox"/> 1 - before pregnancy <input type="checkbox"/> 2 - during the first 3 months of pregnancy <input type="checkbox"/> 3 - after the fourth month of pregnancy <hr/> <input type="checkbox"/> 77 - did not take it during any of these periods <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer
C. Iron?	<input type="checkbox"/> 1 - before pregnancy <input type="checkbox"/> 2 - during the first 3 months of pregnancy <input type="checkbox"/> 3 - after the fourth month of pregnancy <hr/> <input type="checkbox"/> 77 - did not take it during any of these periods <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer
D. Zinc?	<input type="checkbox"/> 1 - before pregnancy <input type="checkbox"/> 2 - during the first 3 months of pregnancy <input type="checkbox"/> 3 - after the fourth month of pregnancy <hr/> <input type="checkbox"/> 77 - did not take it during any of these periods <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer
E. Magnesium?	<input type="checkbox"/> 1 - before pregnancy <input type="checkbox"/> 2 - during the first 3 months of pregnancy <input type="checkbox"/> 3 - after the fourth month of pregnancy <hr/> <input type="checkbox"/> 77 - did not take it during any of these periods <input type="checkbox"/> 88 - does not know <input type="checkbox"/> 99 - does not wish to answer

7.3.3. Exercise

G15 How much time do/did you spend on the following activities, on average, before and during your current pregnancy? Please indicate, using ANSWER SHEET 22.

WRITE THE APPROPRIATE VALUES IN THE CELLS!

- 1 = NONE
 2 = LESS THAN AN HOUR
 3 = MORE THAN 1, BUT LESS THAN 3 HOURS
 4 = AT LEAST 3 HOURS

- 8 = DOES NOT KNOW
 9 = DOES NOT WISH TO ANSWER

	Before pregnancy	During the pregnancy
1. Exercise, such as swimming, running, aerobics, tennis	___	___
2. Bicycling, including getting to work, and as a leisure activity	___	___
3. Walking, including getting to work	___	___
4. Gardening, do it yourself	___	___
5. Hard physical work	___	___

7.3.4. Weight and height

G16 What was your weight at birth? (grams)

___ ___ ___ g

- 8888 - does not know
 9999 - does not wish to answer

G17 What was your weight immediately before your pregnancy, without clothes and shoes? (kg)

___ ___ ___ kg

- 888 - does not know
 999 - does not wish to answer

G18 What is your weight now without clothes and shoes? (kg)

___ ___ ___ kg

- 888 - does not know
 999 - does not wish to answer

G19 How tall are you without shoes? (cm)

___ ___ ___ cm

- 888 - does not know
 999 - does not wish to answer

G20 In relation to your current pregnancy, have you been to the following doctors or participated in screening tests? If yes, was the appointment covered by social insurance or did you go privately?

	Social insurance covered	Private	Both	Has not participated	Does not know, does not wish to answer
1. Gynaecologist or midwife, for prenatal care	1	2	3	0	88
2. Lab test	1	2	3	0	88
3. Ultrasound test	1	2	3	0	88
4. Blood test screening for foetal abnormality	1	2	3	0	88

G21 In relation to your current pregnancy, have any of the following tests been skipped, or did all of them take place at the right time?

	Has been skipped so far	Took place at the right time	Does not know/ does not wish to answer
1. Lab test (blood, urinary)	1	2	88
2. Ultrasound	1	2	88
3. Dental examination	1	2	88
4. Gestational diabetes test	1	2	88

7.4. Reproductive health: circumstances of conception

7.4.1. General questions, the circumstances of getting pregnant, deliberateness

The following questions pertain to the circumstances of getting pregnant.

G22 How old were you when you had your first menstrual period?

___ ___ years

88 - does not know

99 - does not wish to answer

G23 Did you have regular periods during the year prior to your current pregnancy?

1 - yes

2 - no

88 - does not know

99 - does not wish to answer

G24 In which week of your current pregnancy did you realize that you were expecting a child?

___ ___ week

88 - does not know

99 - does not wish to answer

G25 Before you got pregnant now, did you wish to have a child some time?

1 - yes

2 - no

→ CONTINUE HERE: G27

3 - was uncertain

→ CONTINUE HERE: G27

4 - did not think about it

→ CONTINUE HERE: G27

5 - does not know

→ CONTINUE HERE: G27

99 - does not wish to answer → CONTINUE HERE: G27

G26 Did your current pregnancy happen sooner than you wished, later, or right on time?

1 - sooner

2 - later

3 - just on time

4 - does not know

99 - does not wish to answer

G27 When you got pregnant this time, were you using any method to prevent pregnancy?

1 - yes

2 - no

88 - does not know

99 - does not wish to answer

7.4.2. Assisted reproduction

G28 Before your current pregnancy, were you aware that you or your partner had any health problems that could make conception more difficult?

- 1 - yes, a problem concerning you only
 - 2 - yes, a problem concerning your partner only
 - 3 - yes, a problem concerning both you and your partner
 - 4 - no
 - 5 - does not know
-
- 99 - does not wish to answer

IF THE CURRENT PREGNANCY WAS DEFINITELY NOT PLANNED (G25=2), THEN CONTINUE HERE: H01 (PAGE 49)

G29 In case of your current pregnancy, how long did it take for you to get pregnant? If you had a miscarriage, calculate that time period as well!

___ ___ years and ___ ___ months

- 88 - does not know
- 99 - does not wish to answer

G30 In order to help the current pregnancy happen, did you and/or your partner seek out a doctor?

- 1 - yes, only you
 - 2 - yes, only your partner
 - 3 - yes, you and your partner both
 - 4 - no, neither of you → CONTINUE HERE: H01 (PAGE 49)
-
- 88 - does not know → CONTINUE HERE: H01 (PAGE 49)
 - 99 - does not wish to answer → CONTINUE HERE: H01 (PAGE 49)

G31 In relation to your current pregnancy, when did you first seek a doctor or a specialist to this end?

A. Which year? ___ ___ ___ year

- 6666 - the problem was known before planning to have a child
- 8888 - does not know
- 9999 - does not wish to answer

B. Which month? _____ month

- 66 - the problem was known before planning to have a child
- 88 - does not know
- 99 - does not wish to answer

G32 What kind of doctor or specialist did you consult, or where did you turn? MULTIPLE ANSWERS ARE POSSIBLE!

- 1 - family doctor
 - 2 - gynaecologist, other medical specialist
 - 3 - infertility, reproduction clinic
 - 4 - other specialist: _____
-
- 88 - does not know
 - 99 - does not wish to answer

G33 Did a medical or non-medical intervention assist your current pregnancy?

- 1 - yes
 - 2 - no → CONTINUE HERE: H01 (PAGE 49)
 - 3 - does not know → CONTINUE HERE: H01 (PAGE 49)
-
- 99 - does not wish to answer → CONTINUE HERE: H01 (PAGE 49)

G34 What kind of treatment or intervention assisted your current pregnancy? MULTIPLE ANSWERS ARE POSSIBLE!

- 1 - participation in an IVF test-tube baby programme with intracytoplasmic sperm injection (ICSI) or a 'classic' test-tube baby programme
 - 2 - insemination
 - 3 - hormone treatment in itself, without insemination or test-tube programme
 - 4 - surgical intervention
 - 5 - treatment of your partner or surgical intervention on him
 - 6 - other treatment, method (e.g. other medication, diet, psychological assistance, health spa, etc.). Please describe: _____
-
- 88 - does not know
 - 99 - does not wish to answer

8. SOCIAL NETWORK

FROM EVERYONE

In conclusion, I will ask a few questions about your friends and acquaintances.

H01 How many close friends do you have altogether?

88 - does not know

99 - does not wish to answer

H02 How often do you talk (personally, on the phone or on the internet) with the following persons?

	Daily	Several times a week	Weekly	Monthly	Less frequently than monthly	Never	Does not apply, there is no such person (e.g. Parent died, no siblings, etc.)
1. Your mother	1	2	3	4	5	6	7
2. Your father	1	2	3	4	5	6	7
3. Your siblings	1	2	3	4	5	6	7
4. Your mother-in-law or father-in-law	1	2	3	4	5	6	7
5. Other family members	1	2	3	4	5	6	7
6. Your friends	1	2	3	4	5	6	7
7. Your neighbours	1	2	3	4	5	6	7

H03 How often do you use social networking sites on the internet (Facebook, Instagram, Viber, Skype, Messenger) to keep in touch?

- 1 - daily
 2 - several times a week
 3 - weekly
 4 - monthly
 5 - less frequently than monthly
 6 - never

88 - does not know

99 - does not wish to answer

H04 From where and how often do you get information about pregnancy-related issues?

	Daily	Several times a week	Weekly	Monthly	Less frequently than monthly	Never	Does not apply	Does not know / Does not wish to answer
1. From your mother/stepmother	1	2	3	4	5	6	77	88
2. From other family members	1	2	3	4	5	6	77	88
3. From friends and acquaintances	1	2	3	4	5	6	77	88
4. From specialists in person (nurse, doctor)	1	2	3	4	5	6	77	88
5. From specialists through the internet, on social sites	1	2	3	4	5	6	77	88
6. On social networking sites or websites, from (previously) unknown mothers-to-be	1	2	3	4	5	6	77	88
7. Phone applications designed for mothers-to-be	1	2	3	4	5	6	77	88
8. From specialist textbooks	1	2	3	4	5	6	77	88
9. From magazines for mothers-to-be	1	2	3	4	5	6	77	88

THE QUESTIONNAIRE ENDS HERE. PLEASE RECORD THE TIME AT WHICH IT WAS CONCLUDED, AND HAND THE SELF-ADMINISTERED QUESTIONNAIRE TO THE PREGNANT WOMAN. FILL IN THE FOLLOWING PAGES, BASED ON DATA FROM THE PRENATAL CARE BOOKLET.

Thank you for assisting our work with your answers! Please fill in the self-administered questionnaire.

END OF INTERVIEW: ____ ____ hour ____ ____ minute

DATA TAKEN FROM THE PRENATAL CARE

BOOKLET

GUIDE TO FILLING IN THE QUESTIONNAIRE

In the next few pages, some important data from the prenatal care booklet should be recorded, but the pregnant woman's direct cooperation is not needed for this: she can just hand you the booklet.

There are several ways to record the data:

1. While the woman is filling in the self-administered questionnaire, you can record the data directly online.
2. While the woman is filling in the self-administered questionnaire, you can copy the appropriate data to the paper questionnaire and record it online later.
3. If the woman needs help in filling in the self-administered questionnaire, you will only be able to record the data from the prenatal care booklet right at the end, either electronically or on paper.

If the prenatal care booklet is incomplete, ask the woman for the necessary information. If she cannot answer, leave those fields blank.

8.1. Test results important for the delivery

K01a Blood group:

- 1 - A
- 2 - B
- 3 - AB
- 4 - O
- 5 - not indicated

K01b Rh:

- 1 - negative
- 2 - positive
- 3 - not indicated

K02 HBsAG:

- 1 - negative
- 2 - positive
- 3 - not indicated

K03 VDRL:

- 1 - negative
- 2 - positive
- 3 - not indicated

K04 Oncocytology test:

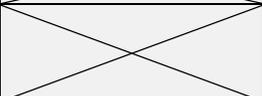
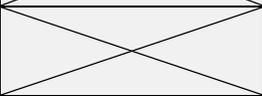
- 1 - negative
- 2 - positive
- 3 - not indicated

K05 Pregnant women living near someone infected with tuberculosis

- 1 - yes
- 2 - no
- 3 - not indicated

8.2. Data from previous deliveries and pregnancies (in the event of twin births, per newborn)

K06 Data from previous deliveries and pregnancies:

		Delivery 1	Delivery 2	Delivery 3	Delivery 4	Delivery 5	Delivery 6	Delivery 7	Delivery 8
K06a Year of delivery		_____	_____	_____	_____	_____	_____	_____	_____
K06b Time of delivery in terms of completed pregnancy weeks		___ weeks							
K06c Birth weight (in grams)		_____ g							
K06d Mode of delivery	1 - vaginal delivery: with episiotomy or with tear prevention 2 - vaginal delivery: with forceps or vacuum extraction 3 - caesarean section	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3							
K06e The present condition of the child	1 - healthy → <i>Continue here: K07</i> 2 - abnormal development → <i>continue here: K07</i> 3 - has died	<input type="checkbox"/> 1 → K07 <input type="checkbox"/> 2 → K07 <input type="checkbox"/> 3	<input type="checkbox"/> 1 → K07 <input type="checkbox"/> 2 → K07 <input type="checkbox"/> 3	<input type="checkbox"/> 1 → K07 <input type="checkbox"/> 2 → K07 <input type="checkbox"/> 3	<input type="checkbox"/> 1 → K07 <input type="checkbox"/> 2 → K07 <input type="checkbox"/> 3	<input type="checkbox"/> 1 → K07 <input type="checkbox"/> 2 → K07 <input type="checkbox"/> 3	<input type="checkbox"/> 1 → K07 <input type="checkbox"/> 2 → K07 <input type="checkbox"/> 3	<input type="checkbox"/> 1 → K07 <input type="checkbox"/> 2 → K07 <input type="checkbox"/> 3	<input type="checkbox"/> 1 → K07 <input type="checkbox"/> 2 → K07 <input type="checkbox"/> 3
K06f If the child has died: At what age?		___ months ___ years							
K06g When did he/she die?	Year	_____	_____	_____	_____	_____	_____	_____	_____
	Month								

K07 Data from previous unsuccessful pregnancies:

Unsuccessful pregnancies	K07a Year	K07b Time of miscarriage in terms of completed pregnancy weeks	K07c Procession: 1 - artificial abortion 2 - ectopic pregnancy 3 - spontaneous miscarriage, missed abortion 4 - molar pregnancy <i>WRITE THE APPROPRIATE VALUES IN THE CELLS!</i>
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"/>

8.3. Family doctor's examination/medical history

K08 Illnesses in the medical history of the pregnant woman:

K09 Surgical procedures in the medical history of the pregnant woman:

K10 Drug intolerance:

8.4. Calculating the projected delivery date

K11 The projected date of birth: _____ year _____ month _____ day

8.6. Risk classification

K12 Based on the assessment of the obstetrician-gynaecologist diagnosing the pregnancy

- 1 - low-risk pregnancy
- 2 - high-risk pregnancy
- 3 - risk classification did not occur

K13 Genetic test (if the woman is over 37 at the time of getting pregnant)

K13a Test results:

K14 Does the pregnant woman require enhanced care?

- 1 - yes, for health reasons
- 2 - yes, for environmental/social reasons
- 3 - yes, for both health and environmental/social reasons
- 4 - does not require enhanced care

THE QUESTIONNAIRE ENDS HERE. IF YOU FILLED IN THE QUESTIONNAIRE ON PAPER, PLEASE RECORD THE ANSWERS ONLINE SUBSEQUENTLY!

