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Working Paper

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

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COHORT '18
Growing Up *in* Hungary

SELF-ADMINISTERED QUESTIONNAIRE

The identifier of the child to be born: _____

PLEASE FILL OUT IN CASE OF TWIN PREGNANCY:

	<i>IDENTIFIERS ASSIGNED FOR ADDITIONAL FOETUSES OF THE PREGNANT WOMAN</i>
<i>2. FOETUS</i>	_____
<i>3. FOETUS</i>	_____
<i>4. FOETUS</i>	_____

FOR YOUR INFORMATION

In this booklet, we would like to get a picture about your thoughts and feelings in relation to delivery and the child you are expecting, your general mood, way of life, living conditions and relationship with your partner. Please **circle the answers that best describe your thoughts, feelings, plans or behaviour**. There are no right or wrong answers. If you do not feel any of the options are a perfect fit, then please choose the one you feel is closest.

Your response is **voluntary**, and we will **maintain confidentiality in managing your data**. The questionnaire will be sealed in an envelope immediately after you fill it in. **Only a member of our research team will see the completed booklet**. The identifier on the envelope serves the purpose of connecting your various answers (such as the responses you give the health visitor and those you write in the questionnaire).

Your answers will help us understand how certain features of the mother and the family influence the intrauterine development and later growth of the child.

Thank you for your cooperation!

DELIVERY AND PRENATAL EXPERIENCE

1.1 Where do you plan to give birth?

1. In a state hospital or clinic
2. In a private hospital or clinic
3. At home
4. Other: _____

1.2 Do you intend any of the following individuals to accompany you to the delivery room and to stay with you there?

1. Yes, the father of my child
2. Yes, a family member or friend
3. Yes, someone else: _____
4. No
5. I have no idea

1.3 Please indicate which of the following organized programmes you have participated in during your current pregnancy. (You can mark several answers. If none, leave them blank.)

1. Maternity gymnastics, maternity yoga, or other sports activity for pregnant women
2. Childbirth preparation course
3. Visit to a delivery room
4. Other (please specify): _____

1.4 Do you or will you have a chosen obstetrician or midwife who will be present at the delivery?

1. Yes, I have or will have both
2. Yes, but only an obstetrician
3. Yes, but only a midwife
4. No, and I will not have any

1.5 How do you plan to feed your baby after birth?

1. Nursing
2. Formula
3. Nursing and formula combined
4. I haven't decided yet

1.6 If you do plan to nurse your newborn, how long do you plan to nurse?

1. I do not plan to nurse
2. Up to 4 months
3. Up to 6 months
4. Up to 1 year
5. Possibly even longer

1.7 What is the earliest age at which you plan to start weaning your child? (i.e. giving food other than breast milk or formula)

____ _ months

1.8	To what extent do the following thoughts or deeds describe you?	Definitely no	No	I am uncertain	Yes	Definitely yes
1.	I talk to my unborn baby.	1	2	3	4	5
2.	I feel all the trouble of being pregnant is worth it.	1	2	3	4	5
3.	I picture myself feeding the baby.	1	2	3	4	5
4.	I am really looking forward to seeing what the baby looks like.	1	2	3	4	5
5.	I wonder if the baby feels cramped in there.	1	2	3	4	5
6.	I refer to my baby by a nickname.	1	2	3	4	5
7.	I imagine myself taking care of the baby.	1	2	3	4	5
8.	I can almost guess what my baby's personality will be from the way he moves around.	1	2	3	4	5
9.	I do things to try to stay healthy that I would not do if I was not pregnant.	1	2	3	4	5
10.	I wonder if the baby can hear inside of me.	1	2	3	4	5
11.	I have decided on a name for the baby.	1	2	3	4	5
12.	I wonder if the baby thinks and feels 'things' inside of me.	1	2	3	4	5
13.	I eat meat and vegetables to be sure my baby gets a good diet.	1	2	3	4	5
14.	It seems my baby kicks and moves to tell me it is eating time.	1	2	3	4	5
15.	I poke my baby to get him to poke back.	1	2	3	4	5
16.	I can hardly wait to hold the baby.	1	2	3	4	5
17.	I try to picture what the baby will look like.	1	2	3	4	5
18.	I stroke my tummy to quieten the baby when there is too much kicking.	1	2	3	4	5
19.	I can tell that the baby has hiccups.	1	2	3	4	5
20.	I give up doing certain things because I want to help my baby.	1	2	3	4	5

EMOTIONAL STATE, MOOD

2.1 How do you feel now, thinking about your pregnancy?

1. Very unhappy
2. Not happy
3. Mixed feelings
4. Pleased
5. Very happy
6. No particular feelings

People sometimes turn to others for support, looking for company, assistance, or succour. Please indicate how often the following types of succour/support are available to you when needed:

2.2	Is there anyone...	Never	A little of the time	Some of the time	Often	Always
1.	... to help you if you were confined to bed?	1	2	3	4	5
2.	... to take you to the doctor if you needed it?	1	2	3	4	5
3.	... to have a good time with?	1	2	3	4	5
4.	... to turn to for suggestions about how to deal with a personal problem?	1	2	3	4	5
5.	... to love and make you feel wanted?	1	2	3	4	5
6.	... to share your most private worries and fears?	1	2	3	4	5

2.3	Over the last <u>2 weeks</u>, how often have you behaved or felt the way listed below?	Not at all	Several days	More than half the days	Nearly every day
1.	Feeling nervous, anxious or on edge.	1	2	3	4
2.	Not being able to stop or control worrying.	1	2	3	4

2.4.	To what extent are the following statements true in your case?	Not at all			Very much
1.	I am confident of having a normal childbirth.	1	2	3	4
2.	I think my labour and delivery will go normally.	1	2	3	4
3.	I have a lot of fear regarding the health of my baby.	1	2	3	4
4.	I am worried that the baby could develop abnormally.	1	2	3	4
5.	I am afraid that I will be harmed during delivery.	1	2	3	4
6.	I am worried about how the baby is developing and growing inside me.	1	2	3	4
7.	I am worried about losing the baby.	1	2	3	4
8.	I am worried about having a hard or difficult labour and delivery.	1	2	3	4
9.	I am worried about developing medical problems during my pregnancy.	1	2	3	4

2.5	To what extent do you agree with the following statements?	I strongly disagree	I disagree	I neither disagree nor agree	I agree	I strongly agree
1.	Sometimes I feel that I'm being pushed around in life.	1	2	3	4	5
2.	I have little control over the things that happen to me.	1	2	3	4	5
3.	I often feel helpless in dealing with the problems in my life.	1	2	3	4	5
4.	There is little I can do to change many of the important things in my life.	1	2	3	4	5

2.6	Over the last <u>week</u>, how often have you behaved or felt the way listed below?	None or almost none of the time (less than 1 day)	Some or a little of the time (1–2 days)	Occasionally or a moderate amount of the time (3–4 days)	All or almost all of the time (5–7 days)
1.	I felt depressed.	1	2	3	4
2.	I felt everything I did was an effort.	1	2	3	4
3.	My sleep was restless.	1	2	3	4
4.	I was happy.	1	2	3	4
5.	I felt lonely.	1	2	3	4
6.	I enjoyed life.	1	2	3	4
7.	I felt sad.	1	2	3	4
8.	I could not 'get going'.	1	2	3	4

WAY OF LIFE AND LIVING CONDITIONS

3.1 Please think about the past months!				
1.	How many servings of fruit did you eat <u>each day</u> ? (One serving is an apple or a banana, or 2–3 plums, for example)	5 or more servings	3–4 servings	2 servings or less
2.	How many servings of vegetable did you eat <u>each day</u> ? (One serving is a tomato, or a small bowl of salad, for example)	5 or more servings	3–4 servings	2 servings or less
3.	How much liquid did you drink <u>each day</u> ?	at least 2 litres	less than 2 litres, but more than 1 litre	less than 1 litre
4.	How much milk/milk products did you consume <u>each day</u> ?	at least 500 ml	less than 500 ml, but more than 100 ml	less than 100 ml
5.	How much fizzy drinks, fruit squash or tea with sugar did you drink <u>each day</u> ?	less than 1 glass	1–2 glasses	3 or more glasses
6.	How many times <u>a week</u> did you eat meat, fish or pulses (beans, peas, lentils)?	at least 3 times	1–2 times	less than once
7.	How many times <u>a week</u> did you eat fast food meals?	less than once	1–3 times	4 or more times
8.	How many times <u>a week</u> did you eat crisps or salty snacks?	once or less	2–3 times	4 or more times
9.	How many times <u>a week</u> did you eat sweets?	less than once	2–3 times	4 or more times

3.2	During this pregnancy, was there a time when...	Yes	No
1.	... you were worried about not having enough money for food?	1	2
2.	... you couldn't afford healthy and nourishing food?	1	2
3.	... you could afford only limited selection of food?	1	2
4.	... you had to skip a meal, because there was not enough money to get food?	1	2
5.	... you ate less than necessary for financial reasons?	1	2
6.	... your household ran out of food because of a lack of money?	1	2

Have you used the substances listed below either before you became pregnant or since? In this table, you can mark several answers in one row.

3.3	Please indicate in which time period. If you have never used that substance, mark the 'never' answer.	During the pregnancy	In the month before the pregnancy	Much earlier than the start of my pregnancy	Never
1.	Tranquilizer, sleeping pill, on medical advice	1	2	3	4
2.	Tranquilizer, sleeping pill, not on medical advice	1	2	3	4
3.	Cannabis derivatives (hashish, marijuana, pot)	1	2	3	4
4.	Designer drugs	1	2	3	4
5.	Other drugs (ecstasy, amphetamine, cocaine, heroin, etc.)	1	2	3	4

Your and your family's financial circumstances can be important to your health, your mood and your way of life. The following few questions can help us get some idea.

3.4 What is your monthly income?

Please indicate the amount you received last month, after deductions (net income).

___ ___ ___ ___ thousand HUF/month

3.5 If you cannot indicate your exact income, please mark the range of your net income (after deductions) last month.

1	25 thousand HUF or less
2	26–50 thousand HUF
3	51–100 thousand HUF
4	101–150 thousand HUF
5	151–200 thousand HUF
6	201–250 thousand HUF
7	251–300 thousand HUF

8	301–400 thousand HUF
9	401–500 thousand HUF
10	501–750 thousand HUF
11	751 thousand–1 million HUF
12	1 million–2 million HUF
13	over 2 million HUF

3.6 All in all, what is the monthly income of your household?

Please indicate the total amount your household had last month (total net income, after deductions).

____ _ thousand HUF/month

3.5 If you cannot indicate the exact income of your household, please mark the range of the total net income (after deductions) of your household last month.

1	25 thousand HUF or less	8	301–400 thousand HUF
2	26–50 thousand HUF	9	401–500 thousand HUF
3	51–100 thousand HUF	10	501–750 thousand HUF
4	101–150 thousand HUF	11	751 thousand–1 million HUF
5	151–200 thousand HUF	12	1 million–2 million HUF
6	201–250 thousand HUF	13	over 2 million HUF
7	251–300 thousand HUF		

*Monthly income of your household =
your income + the income of all those
with whom you live and share the daily
expenses.*

RELATIONSHIP WITH A PARTNER

[If you are single, please leave the last two pages blank.]

4.1	To what extent do you agree with the statements below in relation to your current partner?	I do not agree at all				I agree completely
1.	I feel satisfied with our relationship.	1	2	3	4	5
2.	My relationship is much better than others' relationships.	1	2	3	4	5
3.	Our relationship makes me happy.	1	2	3	4	5
4.	I am committed to maintaining our relationship.	1	2	3	4	5
5.	I feel very attached to our relationship, very strongly linked to my partner.	1	2	3	4	5
6.	I want our relationship to last forever.	1	2	3	4	5

4.2 During the past year, has the thought of divorce or breaking up occurred to you?

1. No, it hasn't
2. Yes, I have thought about it
3. Yes, we have both thought about it
4. Yes, we are seriously considering the possibility of divorcing or breaking up
5. The divorce is under way

4.3	How often is it the case between you and your partner that...?	Hardly ever	Sometimes	Fairly often	Very often	Always
1.	You calmly discuss something together.	1	2	3	4	5
2.	One of you is sarcastic.	1	2	3	4	5
3.	You work together on something (housework, yard work, hobbies, child care, etc.).	1	2	3	4	5
4.	One of you refuses to talk in a normal manner (for example, shouting or not talking).	1	2	3	4	5
5.	You laugh together.	1	2	3	4	5
6.	You have good conversations with each other.	1	2	3	4	5
7.	You disagree about something important.	1	2	3	4	5
8.	One of you becomes critical or belittling.	1	2	3	4	5
9.	You have a good time together.	1	2	3	4	5
10.	One of you becomes angry.	1	2	3	4	5
11.	You disagree about sexual relations.	1	2	3	4	5

Thank you for your cooperation!