Study No

Survey Booklet One: Antenatal **1**

Thank you for taking the time to complete this survey. It will take you about **45 minutes** to complete it and your answers are **confidential**. If you have any questions about any part of this survey, or need help answering any of the questions, please feel free to call us **on 087 229 0989.**

The MAMMI survey has been approved by the Research Ethics Committees of the Coombe Women and Infants University Hospital and the Faculty of Health Sciences, Trinity College Dublin.

Please tick here if you do NOT wish to complete this or future surveys ☐

Coombe Women & Infants University Hospital
Excellence in the Care of Women and Babies
Foirfeacht i gCúram Ban agus Naíonán

TRINITY COLLEGE DUBLIN
COLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH
THE UNIVERSITY OF DUBLIN

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Structure of the MAMMI Study

The **M**aternal health **A**nd **M**aternal **M**orbidity in **I**reland (**MAMMI**) study is in six (6) parts: (1) antenatal (early pregnancy); (1A) antenatal (middle to late pregnancy - when you are about 7 months pregnant); (2) 3 months after the birth; (3) 6 months after the birth; (4) 9 months after the birth and (5) 12 months after the birth.

This is the first (1) part of the six surveys. It is about your health NOW (antenatally) and before you became pregnant. It has five (5) sections, numbered A through to E:

A questions about your general health and well-being;

B your health BEFORE your pregnancy;

C your health SINCE THE START of your pregnancy;

D your emotional health and well-being NOW;

E you, your household and your thoughts on some issues.

You may notice that some questions are very similar or the same, however, the questions apply to **<u>different times</u>** in your life.

Please note, there is space after Section E for any comments you might like to make on the survey.

How to fill in the Survey

Most of the questions can be answered by putting a tick in the box next to the answer that best applies to you. For example:

Has tiredness been a problem for you in the past month?

Yes ☑

No ☐

This filled-in sample indicates that tiredness was a problem in the past month.

A few questions may ask you to fill in a number in a box. For example:

What is your date of birth?

Day /Month / Year

3 0 / 0 4 / 1 9 8 0

This filled-in sample represents a date of birth of 30th April 1980

Section A: This section is about your general health and wellbeing

A1 What is your date of birth?

☐☐ / ☐☐ / ☐☐☐☐
d d *m m* *y y y y*

A1a What date is your baby (or your babies) due on?

☐☐ / ☐☐ / ☐☐☐☐
d d *m m* *y y y y*

A1b How many babies you are expecting? *(Please tick just ONE response)*

One	**Twins**	**Triplets or more**	**I don't know**
☐ 1	☐ 2	☐ 3	☐ 4

A2 How tall are you with your shoes off?

☐☐☐ cms OR ☐☐ feet and ☐☐ inches

A3 What weight were you just BEFORE you became pregnant?

☐☐☐ kgs OR ☐☐ stones and ☐☐ pounds

A4 Was your pregnancy conceived with treatment for infertility?

No	☐ 1
Yes, fertility drugs	☐ 2
Yes, IVF/ICSI	☐ 3
Yes, other *(please say what was involved)*	☐ 4

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A5 Have you ever had any of the following conditions? *(Please tick as many boxes as necessary)*

		Yes, as a child (Up to age 17 yrs)	Yes, as an adult (Since age 18 yrs)	No, never	Not sure
a.	Asthma	☐ 1	☐ 2	☐ 3	☐ 4
b.	Crohn's disease	☐ 1	☐ 2	☐ 3	☐ 4
c.	Diabetes	☐ 1	☐ 2	☐ 3	☐ 4
d.	Irritable bowel syndrome	☐ 1	☐ 2	☐ 3	☐ 4
e.	Ulcerative colitis	☐ 1	☐ 2	☐ 3	☐ 4
f.	Thyroid problems	☐ 1	☐ 2	☐ 3	☐ 4
g.	Depression *(requiring treatment or medication)*	☐ 1	☐ 2	☐ 3	☐ 4
h.	Other mental health conditions	☐ 1	☐ 2	☐ 3	☐ 4
i.	Kidney problems	☐ 1	☐ 2	☐ 3	☐ 4
j.	Urinary tract infections *(requiring treatment with antibiotics)*	☐ 1	☐ 2	☐ 3	☐ 4
k.	Vaginal infections	☐ 1	☐ 2	☐ 3	☐ 4
l.	High blood pressure	☐ 1	☐ 2	☐ 3	☐ 4
m.	Epilepsy	☐ 1	☐ 2	☐ 3	☐ 4
n.	Eating disorders (anorexia or bulimia)	☐ 1	☐ 2	☐ 3	☐ 4
o.	Other *(please give details)*	☐ 1	☐ 2	☐ 3	☐ 4

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A6 Have you ever had any of the following operations or procedures? *(Please tick as many boxes as necessary)*

	Yes, as a child (Up to age 17 yrs)	Yes, as an adult (Since age 18 yrs)	No, never	Not sure
a. Appendectomy	☐ 1	☐ 2	☐ 3	☐ 4
b. Colonoscopy *(A medical examination of the bowel using a tube passed through the rectum [back passage])*	☐ 1	☐ 2	☐ 3	☐ 4
c. Sigmoidoscopy *(A medical examination of a part of the bowel using a tube passed through the rectum [back passage]).*	☐ 1	☐ 2	☐ 3	☐ 4
d. Laparoscopy *(An operation in the abdomen [tummy area] performed through a small cut.)*	☐ 1	☐ 2	☐ 3	☐ 4
e. Haemorrhoidectomy *(An operation to remove piles [haemorrhoids] from the rectum. [back passage])*	☐ 1	☐ 2	☐ 3	☐ 4
f. Curette (often called a D and C) *(An operation on the uterus [womb] using a tube passed through the vagina)*	☐ 1	☐ 2	☐ 3	☐ 4
g. Kidney investigations	☐ 1	☐ 2	☐ 3	☐ 4
h. Surgery on the bones in your back	☐ 1	☐ 2	☐ 3	☐ 4
i. Injury to the bones in your back	☐ 1	☐ 2	☐ 3	☐ 4
j. Other (please give details)	☐ 1	☐ 2	☐ 3	☐ 4

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A7 Have you ever used any of the following medications or treatments? *(please tick as many boxes as necessary)*

	Yes, as a child (Up to age 17 yrs)	Yes, as an adult (Since age 18 yrs)	No, never	Not sure
a. Laxatives *(Tablets or medication to help you with constipation/pass a bowel motion [stool/faeces])*	☐ 1	☐ 2	☐ 3	☐ 4

a1. If you used this treatment as an ADULT, did you use it

Rarely	*Occasionally*	*Often*
☐ *1*	☐ *2*	☐ *3*

	Yes, as a child (Up to age 17 yrs)	Yes, as an adult (Since age 18 yrs)	No, never	Not sure
b. Enemas (Fluid inserted into your back passage to help you *with constipation/pass* a bowel motion[*stool/faeces*])	☐ 1	☐ 2	☐ 3	☐ 4

b1. If you used this treatment as an ADULT, did you use it

Rarely	*Occasionally*	*Often*
☐ *1*	☐ *2*	☐ *3*

	Yes, as a child (Up to age 17 yrs)	Yes, as an adult (Since age 18 yrs)	No, never	Not sure
c. Anti-diarrhoea medication *(Tablets or medication to help you from having diarrhoea/loose stool/faeces)*	☐ 1	☐ 2	☐ 3	☐ 4

c1. If you used this treatment as an ADULT, did you use it

Rarely	*Occasionally*	*Often*
☐ *1*	☐ *2*	☐ *3*

	Yes, as a child (Up to age 17 yrs)	Yes, as an adult (Since age 18 yrs)	No, never	Not sure
d. Colonic lavage / irrigation *(Fluid inserted into your back passage to help you with constipation/pass a bowel motion[stool/faeces])*	☐ 1	☐ 2	☐ 3	☐ 4

d1. If you used this treatment as an ADULT, did you use it

Rarely	*Occasionally*	*Often*
☐ *1*	☐ *2*	☐ *3*

	Yes, as a child (Up to age 17 yrs)	Yes, as an adult (Since age 18 yrs)	No, never	Not sure
e. Tablets to help lose weight	☐ 1	☐ 2	☐ 3	☐ 4

e1. If you used this treatment as an ADULT, did you use it

Rarely	*Occasionally*	*Often*
☐ *1*	☐ *2*	☐ *3*

	Yes, as a child (Up to age 17 yrs)	Yes, as an adult (Since age 18 yrs)	No, never	Not sure
f. Treatment to help lose weight	☐ 1	☐ 2	☐ 3	☐ 4

f1. If you used this treatment as an ADULT, did you use it

Rarely	*Occasionally*	*Often*
☐ *1*	☐ *2*	☐ *3*

	Yes, as a child (Up to age 17 yrs)	Yes, as an adult (Since age 18 yrs)	No, never
g. Other medications or treatments *(Please give details)*	☐ 1	☐ 2	☐ 3

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A8 Do you <u>currently</u> have any other medical conditions or health problems that mean you need regular medication or medical care or any other treatment?

Yes ☐ 1

No ☐ 2

If yes, please give details

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A9 Have you <u>ever</u> felt afraid of any partner?

Yes ☐ 1

No ☐ 2

Section B: This section is about your health BEFORE your pregnancy

B1 At any time in your life BEFORE your pregnancy, have you experienced any of the following:

	Never	Rarely	Occasionally	Often
a. Extreme tiredness or exhaustion	☐ 1	☐ 2	☐ 3	☐ 4
b. Frequent coughs, colds or other minor illnesses	☐ 1	☐ 2	☐ 3	☐ 4
c. Severe headaches or migraines	☐ 1	☐ 2	☐ 3	☐ 4
d. Back pain	☐ 1	☐ 2	☐ 3	☐ 4
e. Constipation *(opening your bowels only twice a week or less, or pushing or straining to open your bowels every fourth time you go)*	☐ 1	☐ 2	☐ 3	☐ 4
f. Haemorrhoids *(Swollen veins around your back passage)*	☐ 1	☐ 2	☐ 3	☐ 4
g. Leaked urine *(when you did not mean to)*	☐ 1	☐ 2	☐ 3	☐ 4
h. Trouble controlling your bowel movements or experienced leakage when you did not mean to	☐ 1	☐ 2	☐ 3	☐ 4
i. Trouble controlling when you pass wind (flatus)	☐ 1	☐ 2	☐ 3	☐ 4
j. Feeling depressed, low mood or sad *(lasting two weeks or more)*	☐ 1	☐ 2	☐ 3	☐ 4
k. Intense anxiety *(such as panic attacks)*	☐ 1	☐ 2	☐ 3	☐ 4
l. Severe period pain	☐ 1	☐ 2	☐ 3	☐ 4
m. Heavy periods or vaginal bleeding that worried you	☐ 1	☐ 2	☐ 3	☐ 4

		Never	Rarely	Occasionally	Often
n.	Relationship problems with your partner / spouse	☐ 1	☐ 2	☐ 3	☐ 4
o.	Not able to put on weight	☐ 1	☐ 2	☐ 3	☐ 4
p.	Not able to lose weight	☐ 1	☐ 2	☐ 3	☐ 4
q.	Other health problems *(please give details)*	☐ 1	☐ 2	☐ 3	☐ 4

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B2 How would you describe your general health in the last 12 months BEFORE your pregnancy?

Excellent	Very good	Good	Fair	Poor	Very poor
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

B3 During the last 12 months BEFORE your pregnancy did you experience any of the following?

		Never	Rarely	Occasionally	Often
a	Extreme tiredness or exhaustion	☐ 1	☐ 2	☐ 3	☐ 4
b.	Frequent coughs, colds or other minor illness	☐ 1	☐ 2	☐ 3	☐ 4
c.	Severe headaches or migraines	☐ 1	☐ 2	☐ 3	☐ 4
d.	Back pain	☐ 1	☐ 2	☐ 3	☐ 4
e.	Constipation *(opening your bowels only twice a week or less, or pushing or straining to open your bowels every fourth time you go)*	☐ 1	☐ 2	☐ 3	☐ 4

		Never	Rarely	Occasionally	Often
f.	Haemorrhoids *(Swollen veins around your back passage)*	☐ 1	☐ 2	☐ 3	☐ 4
g.	Leaked urine *(when you did not mean to)*	☐ 1	☐ 2	☐ 3	☐ 4
h.	Trouble controlling your bowel movements or experienced leakage when you did not mean to	☐ 1	☐ 2	☐ 3	☐ 4
i.	Trouble controlling when you pass wind (flatus)	☐ 1	☐ 2	☐ 3	☐ 4
j.	Feeling depressed, low mood or sad *(lasting two weeks or more)*	☐ 1	☐ 2	☐ 3	☐ 4
k.	Intense anxiety (*such as panic attacks*)	☐ 1	☐ 2	☐ 3	☐ 4
l.	Severe period pain	☐ 1	☐ 2	☐ 3	☐ 4
m.	Heavy periods or vaginal bleeding that worried you	☐ 1	☐ 2	☐ 3	☐ 4
n.	Relationship problems with your partner / spouse	☐ 1	☐ 2	☐ 3	☐ 4
o.	Not able to put on weight	☐ 1	☐ 2	☐ 3	☐ 4
p.	Not able to lose weight	☐ 1	☐ 2	☐ 3	☐ 4
q.	Other health problems *(please give details)*	☐ 1	☐ 2	☐ 3	☐ 4

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B3a During the last 12 months BEFORE your pregnancy, did you feel afraid of your partner?

Yes	No
☐ 1	☐ 2

The next few questions ask in more detail about urinary symptoms. If you feel uncomfortable answering any of these questions or they are too personal, you do not have to answer them. However, if you have experienced any of the symptoms or issues asked about, it would help us to understand them and it might help other women to know they are not alone in their experiences when the findings are published. Again, we would like to reassure you that all the information that you provide is **strictly confidential** and all the findings from this survey will be presented and published in a way that does not identify you or **any** individual woman.

B4 Thinking back to when you were a child (6 years to 12 years), did you ever experience any of the following? *(Please tick one response on each line)*

	Yes	No	Not sure
a. Wet the bed occasionally at night	☐ 1	☐ 2	☐ 3
b. Wet the bed several times a week	☐ 1	☐ 2	☐ 3
c. Wet occasionally during the day	☐ 1	☐ 2	☐ 3
d. Wet several times a week during the day	☐ 1	☐ 2	☐ 3

Please comment if you wish ____

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B5 During the 12 months BEFORE your pregnancy did you ever leak even a small amount of urine?

a. When you coughed, laughed, sneezed or did physical exercise

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

b. When you were on the way to the toilet

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

c. When you had to wait to use the toilet

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

d. If you did not go to the toilet immediately

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

If you have answered 'no, never' to the above questions (a-d) please go to B8

B6 During the 12 months BEFORE your pregnancy if/when you experienced leakage of urine, was it:

Drops or just a little ☐ 1

More like a trickle ☐ 2

More than a trickle ☐ 3

B7 If you experienced leakage, when did you first experience this?

As a child (up to 12 years) ☐ 1

As a teenager *(13-17 years)* ☐ 2

As an adult *(18 years or more)* ☐ 3

Not sure ☐ 4

If you experienced leakage of urine, and you can remember, please fill in your age when this first happened to you

☐☐ Years

B8 During the 12 months BEFORE your pregnancy, did you ever feel an URGENT need to pass urine which was accompanied by a fear of leakage?

No, never ☐ 1 Yes ☐ 2

B8a During the 12 months BEFORE your pregnancy, did you ever feel an URGENT need to pass urine which was accompanied by actual leakage?

No, never ☐ 1 Yes ☐ 2

B9 BEFORE you became pregnant had you ever talked to a doctor or other health care professional about controlling when you pass urine?

Yes ☐ 1 No ☐ 2

If yes, who did you talk to *(please tick all that apply)*

General practitioner *(doctor)* ☐ 1

Gynaecologist ☐ 2

Physiotherapist ☐ 3

Nurse ☐ 4

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Pharmacist / chemist ☐ 5

Alternative practitioner ☐ 6

Other *(please describe)* ☐ 7

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If you are worried or concerned about leaking urine and wish to get help, you can discuss it with your doctor or midwife at your antenatal visits or you can call the **Coombe Hospital's physiotherapy department.**

Coombe Hospital number: 01 4085200 and ask to be put through to the physiotherapy department. Web: **www.coombe.ie**

Opening hours: 9.00am to 4.30pm Monday – Friday
Outside these hours, an answering service is available and you can leave a message and someone will return your call.

The next few questions ask about bowel symptoms you may have experienced **BEFORE** you became pregnant. If you have experienced any of the symptoms or issues asked about, it would help us to understand them and it might help other women to know they are not alone in their experiences when the findings are published. Again, we would like to reassure you that all the information that you provide is **strictly confidential** and all the findings from this survey will be presented and published in a way that does not identify you or **any** individual woman.

B10 Thinking back to when you were a child *(6 years to 12 years)*, did you ever experience any of the following? *(please tick one response on each line)*

	Yes, occasionally	Yes, often	No	Not sure
a. Constipation *(opening your bowels only twice a week or less, or pushing or straining to open your bowels every fourth time you go)*	☐ 1	☐ 2	☐ 3	☐ 4
b. Soiling your underwear when you were constipated	☐ 1	☐ 2	☐ 3	☐ 4
c. Soiling your underwear when you were **not** constipated	☐ 1	☐ 2	☐ 3	☐ 4

Please comment if you wish ____

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B11 During the 12 months BEFORE your pregnancy did you ever

		No, never	Minor amount	Major amount
a.	Notice soiling from your back passage on your underwear	☐ 1	☐ 2	☐ 3
b.	Pass wind when you really didn't want to	☐ 1	☐ 2	☐ 3

B12 a During the 12 months BEFORE your pregnancy did you ever, even very occasionally, experience leakage of LIQUID bowel motions at an inappropriate time or place?

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

B12 b If yes, how much leakage typically occurred?

Small amount *(with stain about the size of a 50 cent coin)* ☐ 1

Moderate amounts *(often requiring a change of pad or underwear)* ☐ 2

Large amounts *(often requiring a complete change of clothes)* ☐ 3

B13 a During the 12 months BEFORE your pregnancy did you ever, even very occasionally, experience leakage of SOLID bowel motions at an inappropriate time or inappropriate place?

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

B13 b If yes, when this happened, how much leakage typically occurred?

Small amount *(with stain about the size of a 50 cent coin)* ☐ 1

Moderate amounts *(often requiring a change of pad or underwear)* ☐ 2

Large amounts *(often requiring a complete change of clothes)* ☐ 3

B14a During the 12 months BEFORE your pregnancy did you ever experience an URGENT need to open your bowels that made you rush to the toilet immediately?

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

B14b During the 12 months BEFORE your pregnancy did you ever experience an URGENT need to open your bowels that you could not defer or delay for more than 5 minutes?

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

B15 a If you experienced an urgent need to open your bowels that made you soil yourself/underwear, when did you first experience problems with control of your bowel?

As a child ☐ 1

As a teenager *(13-17 years)* ☐ 2

As an adult *(18 years or more)* ☐ 3

Not sure ☐ 4

B15 b If you can remember, please fill in your age when this first happened to you

☐☐ years

B16 BEFORE you became pregnant had you ever talked to a doctor or other health care professional about controlling when you pass wind or having a bowel movement?

Yes ☐ 1 No ☐ 2

If yes, who did you talk to *(please tick all that apply)*

General practitioner *(doctor)* ☐ 1

Gynaecologist ☐ 2

Physiotherapist ☐ 3

Nurse ☐ 4

Pharmacist / chemist ☐ 5

Alternative practitioner ☐ 6

Other *(please describe)* ☐ 7

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If you are worried or concerned about soiling from your back passage and wish to get help, you can discuss it with your doctor or midwife at your antenatal visits or you can call the **Coombe Hospital's physiotherapy department.**

Coombe Hospital number: 01 4085200 and ask to be put through to the physiotherapy department. Web: www.coombe.ie

Opening hours: 9.00am to 4.30pm Monday – Friday
Outside these hours, an answering service is available and you can leave a message and someone will return your call.

The next few questions are about your sexuality and your sexual health **BEFORE** your pregnancy. If you feel uncomfortable answering any of these questions or they are too personal, you do not have to answer them. However, if you have experienced any of the symptoms or issues asked about, it might help other women to know they are not alone in their experiences when the findings are published. Again, we would like to reassure you that all the information that you provide is **strictly confidential**.

B17 During the 12 months BEFORE your pregnancy did you ever experience any of the following *(please tick one response on each line)*

	Yes	No	Prefer not to answer
a. Lack of vaginal lubrication	☐ 1	☐ 2	☐ 3
b. Painful penetration	☐ 1	☐ 2	☐ 3
c. Pain during sexual intercourse	☐ 1	☐ 2	☐ 3
d. Pain on orgasm	☐ 1	☐ 2	☐ 3
e. Difficulty reaching orgasm	☐ 1	☐ 2	☐ 3
f. Unable to reach orgasm	☐ 1	☐ 2	☐ 3
g. Vaginal tightness	☐ 1	☐ 2	☐ 3
h. Vaginal looseness / lack of muscle tone	☐ 1	☐ 2	☐ 3
i. Bleeding or vaginal irritation after sex	☐ 1	☐ 2	☐ 3
j. Lack of interest in sex	☐ 1	☐ 2	☐ 3
k. More interest in sex than previously	☐ 1	☐ 2	☐ 3
l. Being pressured to take part in unwanted sexual activity	☐ 1	☐ 2	☐ 3
m. Being forced to take part in unwanted sexual activity	☐ 1	☐ 2	☐ 3
n. Other *(please describe)*	☐ 1	☐ 2	☐ 3

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B18 During the 12 months BEFORE your pregnancy did your sexual activities include:

	Yes	No	Prefer not to answer
a. Vaginal sex	☐ 1	☐ 2	☐ 3
b. Oral sex	☐ 1	☐ 2	☐ 3
c. Anal sex	☐ 1	☐ 2	☐ 3
d. Other	☐ 1	☐ 2	☐ 3

Please comment if you wish ____

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B19 During the 12 months BEFORE your pregnancy, which of the following best describes the frequency of your sexual activity *(please tick only one response)*

a. 1-2 times per month ☐ 1 **Prefer not to answer** ☐ 5

b. 1-2 times per week ☐ 2

c. 3-4 times per week ☐ 3

d. More than 4 times per week ☐ 4

Please comment if you wish ____

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B 20 During the 12 months BEFORE your pregnancy, how satisfied were you with your overall sexual life *(please tick only one response)*

a. Very satisfied ☐ 1 **Prefer not to answer** ☐ 6

b. Moderately satisfied ☐ 2

c. Equally satisfied/dissatisfied ☐ 3

d. Moderately dissatisfied ☐ 4

e. Very dissatisfied ☐ 5

Please comment if you wish ____

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B21 If you experienced any problems or pain when having sexual intercourse BEFORE you became pregnant, did you ever talked to a doctor or other health care professional about this?

Yes ☐ 1 No ☐ 2

If yes, who did you talk to *(please tick all that apply)*

General practitioner *(doctor)* ☐ 1

Gynaecologist ☐ 2

Physiotherapist ☐ 3

Nurse ☐ 4

Pharmacist / chemist ☐ 5

Alternative practitioner ☐ 6

Other *(please describe)* ☐ 7

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If you are worried or concerned about unwanted or forced sexual activity and wish to get help, you can call the **Sexual Assault Treatment Unit (SATU)** based in the Rotunda hospital.

SATU telephone number: 01 8171736

SATU e-mail: SATU@ROTUNDA.IE

Web: http://www.rotunda.ie/

Opening hours: 9.00am to 4.30pm Mon – Fri

Outside of these hours please contact the Rotunda Hospital at 01 8171700

Or you can call the **National Dublin Rape Crisis Centre**. The Dublin Rape Crisis Centre was established in 1979 and is a national organisation offering a wide range of services to women and men who are affected by rape, sexual assault, sexual harassment or childhood sexual abuse.

The services include a national **24-hour helpline**, one to one counselling, court accompaniment, outreach services, training, awareness raising and lobbying.

Dublin Rape Crisis Centre telephone number: HELPLINE 1800 778888

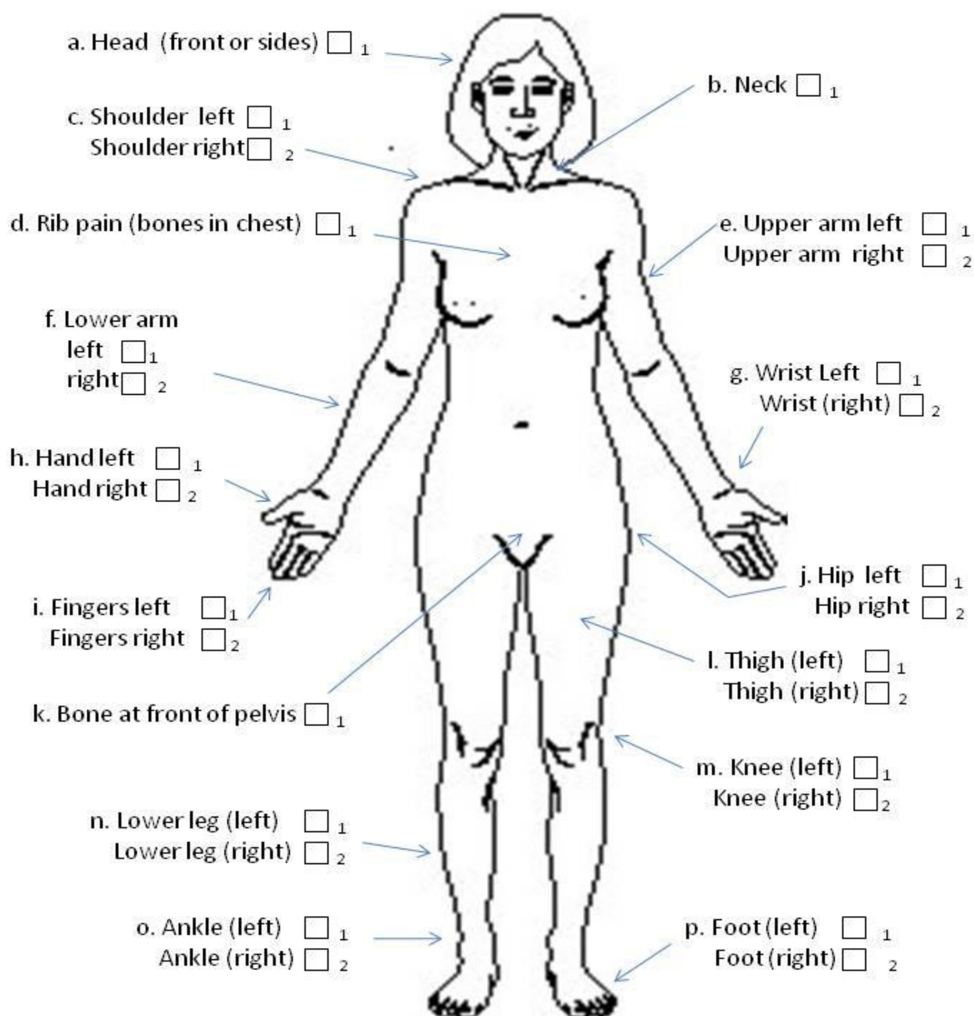
B22 Did you experience pain in any of these parts of your body in the 12 months BEFORE your pregnancy?

Yes ☐ 1 No ☐ 2

If yes, please look at the two pictures below. **Picture A** is looking at the body from the front. **Picture B** is looking at the body from the back.

A. Please tick the boxes if you have experienced pain in any of the parts of the body named in the 12 months BEFORE your pregnancy.

Picture A
Front of Body



If you experienced pain in any OTHER parts not named here, please tick here ☐

Please give details

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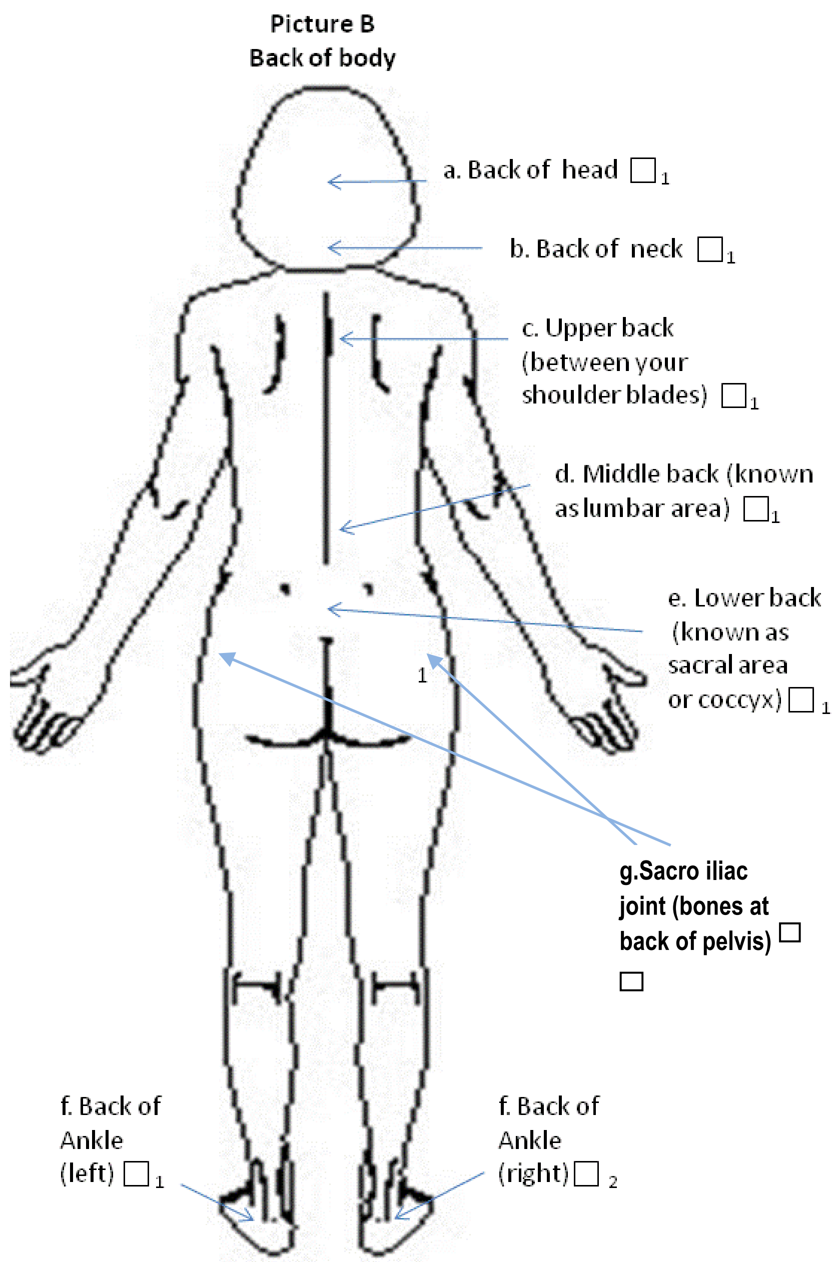
B. Please tick the boxes if you have experienced pain in any of the parts of the body named in the 12 months BEFORE your pregnancy.

Picture B

Back of Body



If you experienced pain in any OTHER parts not named here, please tick here ☐

Please give details

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Section C: This section is about your health SINCE THE START of your pregnancy

C1 Since the start of your pregnancy, have you experienced any of the following:

		Never	Rarely	Occasionally	Often
a	Extreme tiredness or exhaustion	☐ 1	☐ 2	☐ 3	☐ 4
b.	Frequent coughs, colds or other minor illness	☐ 1	☐ 2	☐ 3	☐ 4
c.	Severe headaches or migraines	☐ 1	☐ 2	☐ 3	☐ 4
d.	Back pain	☐ 1	☐ 2	☐ 3	☐ 4
e.	Constipation *(opening your bowels only twice a week or less, or pushing or straining to open your bowels every fourth time you go)*	☐ 1	☐ 2	☐ 3	☐ 4
f.	Haemorrhoids *(Swollen veins around your back passage, sometimes called piles)*	☐ 1	☐ 2	☐ 3	☐ 4
g.	Feeling depressed, low mood or sad *(lasting two weeks or more)*	☐ 1	☐ 2	☐ 3	☐ 4
h.	Intense anxiety *(such as panic attacks)*	☐ 1	☐ 2	☐ 3	☐ 4
i.	Pelvic pain that worried you	☐ 1	☐ 2	☐ 3	☐ 4
j.	Vaginal bleeding	☐ 1	☐ 2	☐ 3	☐ 4
k.	Relationship problems with your partner / spouse	☐ 1	☐ 2	☐ 3	☐ 4
l.	Not able to put on weight	☐ 1	☐ 2	☐ 3	☐ 4
m.	Not able to lose weight	☐ 1	☐ 2	☐ 3	☐ 4
n.	Other health problems *(please give details)*	☐ 1	☐ 2	☐ 3	☐ 4

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C2 SINCE THE START of your pregnancy have you leaked even small amounts of urine:

a. When you coughed, laughed, sneezed or did physical exercise

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

b. When you were on the way to the toilet

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

c. When you had to wait to use the toilet

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

d. If you did not go to the toilet immediately

- No, never ☐ 1
- Yes, less than once a month ☐ 2
- Yes, one or several times a month ☐ 3
- Yes, one or several times a week ☐ 4
- Yes, every day ☐

Please go to C5 if you have answered 'no' to above (a-d) questions.

Please go to C5

C3 If/when you leak urine, is it

- Drops or just a little ☐ 1
- More like a trickle ☐ 2
- More than a trickle ☐ 3

C4 Which of the following best describes how you manage this (please tick **ONE** response only)

- It is a minor problem, I ignore it ☐ 1
- I carry a change of underwear with me wherever I go and change whenever I need to ☐ 2
- I wear protection *(e.g., pads or pantyliners)* whenever I need to *(e.g., when doing physical exercise)* ☐ 3
- I make sure I know where the nearest toilet is whenever I go out ☐ 4
- I wear protection *(e.g., pads or panty liners)* all the time ☐ 5
- Other *(please describe)* ☐ 6

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C5a SINCE THE START of your pregnancy, have you ever felt an URGENT need to pass urine which was accompanied by a fear of leakage?

No, never ☐ 1 Yes ☐ 2

C5b SINCE THE START of your pregnancy, have you ever felt an URGENT need to pass urine which was accompanied by actual leakage?

No, never ☐ 1 Yes ☐ 2

C6a SINCE THE START of your pregnancy have you talked to a doctor or a midwife or another health professional about controlling when you pass urine?

Yes ☐ 1 (Go to 6b) No ☐ 2 (Go to 6c)

C6b If yes, who did you talk to *(please tick all that apply)*

Talked to my doctor at the hospital during a pregnancy check-up ☐ 1

Talked to a GP (doctor) during a pregnancy check-up ☐ 2

Talked to a midwife during a pregnancy check-up ☐ 3

Talked to someone else *(please describe)* ☐ 4

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C6c If no, is it because

Have thought about it but haven't felt able to talk about it ☐ 1

Don't want to discuss it ☐ 2

Other (please describe) ☐ 3

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C7 SINCE THE START of your pregnancy have you

	No, never	Yes minor amount	Yes major amount
a. Noticed soiling from your back passage	☐ 1	☐ 2	☐ 3
b. Passed wind when you really didn't want to	☐ 1	☐ 2	☐ 3

C8a SINCE THE START of your pregnancy have you ever, even very occasionally, experienced leakage of LIQUID bowel motions at an inappropriate time or place?

- No, never ☐ 1
- Yes, less than once a month ☐ 2
- Yes, one or several times a month ☐ 3
- Yes, one or several times a week ☐ 4
- Yes, every day ☐ 5

C8b If yes, when this happened how much leakage typically occurred?

- Small amount *(with stain about the size of a 50 cent coin)* ☐ 1
- Moderate amounts *(often requiring a change of pad or underwear)* ☐ 2
- Large amounts *(often requiring a complete change of clothes)* ☐ 3

C9a SINCE THE START of your pregnancy have you ever, even very occasionally, experienced leakage of SOLID bowel motions at an inappropriate time or inappropriate place?

- No, never ☐ 1
- Yes, less than once a month ☐ 2
- Yes, one or several times a month ☐ 3
- Yes, one or several times a week ☐ 4
- Yes, every day ☐ 5

C9b If yes, when this happened how much leakage typically occurred?

Small amount *(with stain about the size of a 50 cent coin)* ☐ 1

Moderate amounts *(often requiring a change of pad or underwear)* ☐ 2

Large amounts *(often requiring a complete change of clothes)* ☐ 3

C10a SINCE THE START of your pregnancy have you ever experienced an URGENT need to open your bowels that made you rush to the toilet immediately?

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

C10b SINCE THE START of your pregnancy have you ever experienced an URGENT need to open your bowels that you could not defer/delay for more than 5 minutes?

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

C11a SINCE THE START of your pregnancy have you talked to a doctor or a midwife or another health professional about controlling when your bowels move?

Yes ☐ 1(Go to 11b) No ☐ 2(Go to 11c)

C11b If yes, who did you talk to? *(Please tick all that apply.)*

Talked to my doctor at the hospital during a pregnancy check-up ☐ 1

Talked to a GP during a pregnancy check-up ☐ 2

Yes, talked to a midwife during a pregnancy check-up ☐ 3

Yes, talked to someone else *(please describe)* ☐ 4

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C11c If no, is it because

Have thought about it but haven’t felt able to talk about it ☐ 1

Don’t want to discuss it ☐ 2

Other *(please describe)* ☐ 3

____

C12 Which of these best describes how you manage your problem controlling your bowel movements? ***(Please tick only ONE response)***

It doesn’t happen very often and I just cope when it does ☐ 1

I carry a change of underwear with me wherever I go ☐ 2

I make sure I know where the nearest toilet is whenever I go out ☐ 3

I wear protection *(e.g. pads or panty liners)* when I need to ☐ 4

I wear protection *(e.g. pads or panty liners)* all the time ☐ 5

Other *(please describe)* ☐ 6

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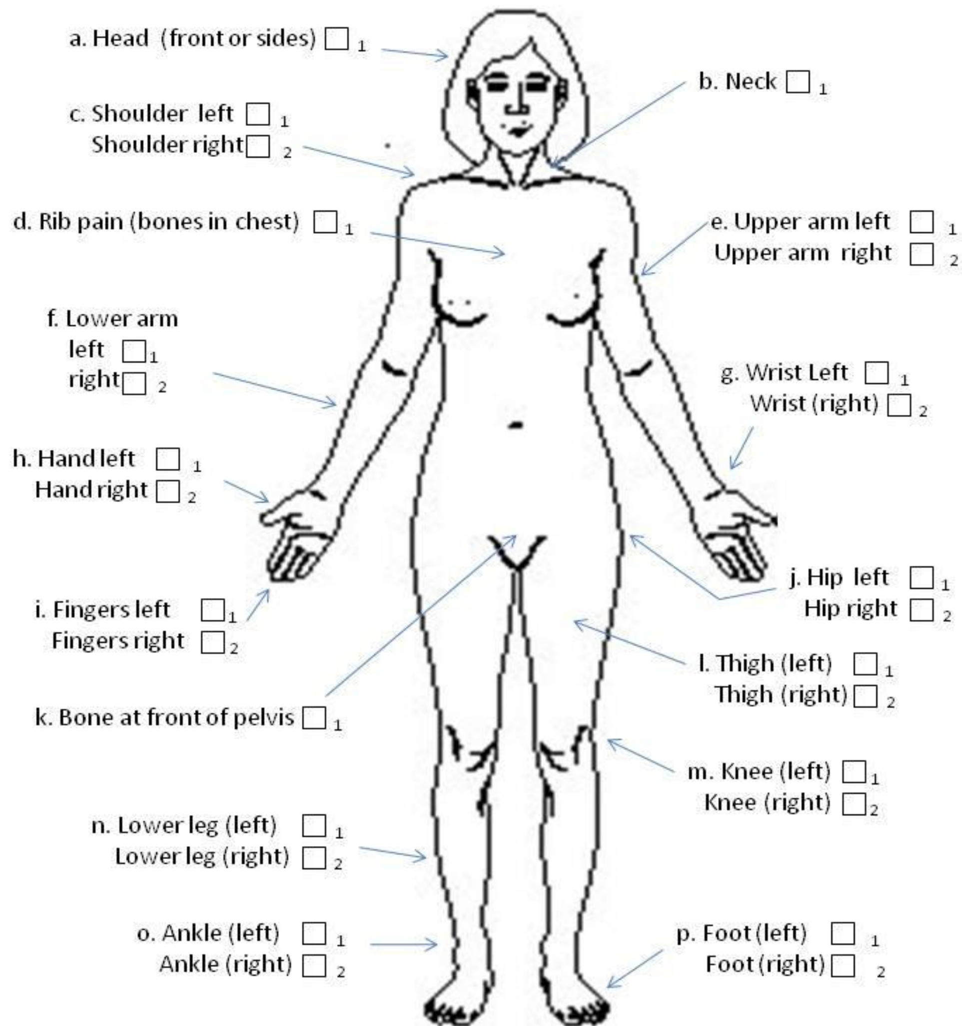
C13 SINCE THE START OF YOUR PREGNANCY have you experienced pain in any of these parts of your body?

Yes ☐ 1 No ☐ 2

If yes, please look at the two pictures below. **Picture A** shows the body looking at the front. **Picture B** shows the body looking at the back.

A Please tick the boxes if you have experienced pain in any of the parts of the body named SINCE THE START OF your pregnancy.

Picture A
Front of Body



If you experienced pain in any OTHER parts of your body not named here, please tick here ☐

Please give details

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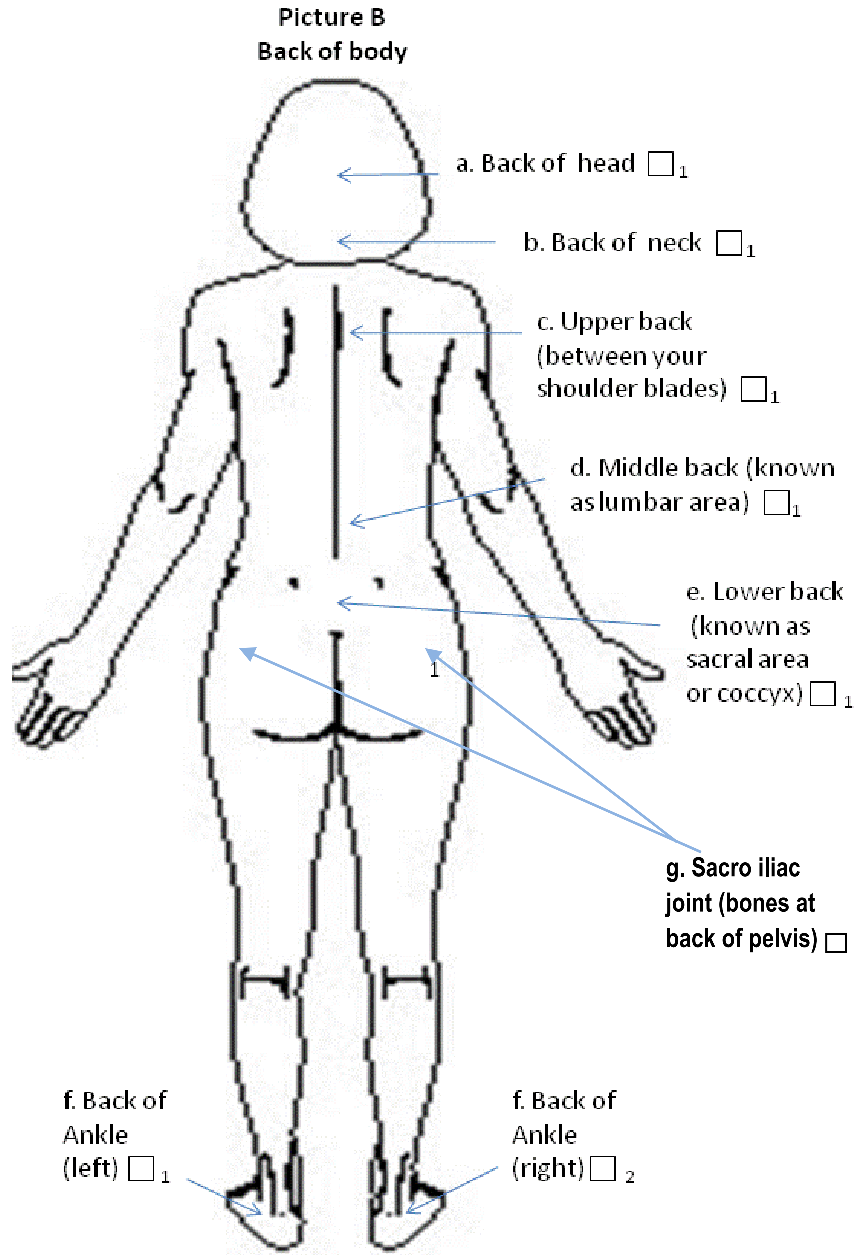
B Please tick the boxes if you have experienced pain in any of the parts of the body named SINCE THE START OF your pregnancy

Picture B



If you experienced pain in any OTHER parts of your body not named here, please tick here ☐

Please give details

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The next few questions are about your sexuality and your sexual health since the **START OF YOUR PREGNANCY.** Again, if you feel uncomfortable answering any of these questions or they are too personal, you do not have to answer them. However, if you have experienced any of the symptoms or issues asked about, it would help us to understand them and it might help other women to know they are not alone in their experiences when the findings are published. Again, we would like to reassure you that all the information that you provide is **strictly confidential** and all the findings from this survey will be presented and published in a way that does not identify you or **any** individual woman.

C14 SINCE THE START of your pregnancy, have you experienced any of the following?

(Please tick one response on each line.)	**Yes**	**No**	**Prefer not to answer**
a. Lack of vaginal lubrication	☐ 1	☐ 2	☐ 3
b. Painful penetration	☐ 1	☐ 2	☐ 3
c. Pain during sexual intercourse	☐ 1	☐ 2	☐ 3
d. Pain on orgasm	☐ 1	☐ 2	☐ 3
e. Difficulty reaching orgasm	☐ 1	☐ 2	☐ 3
f. Unable to reach orgasm	☐ 1	☐ 2	☐ 3
g. Vaginal tightness	☐ 1	☐ 2	☐ 3
h. Vaginal looseness / lack of muscle tone	☐ 1	☐ 2	☐ 3
i. Bleeding or vaginal irritation after sex	☐ 1	☐ 2	☐ 3
j. Loss of interest in sex compared with before your pregnancy	☐ 1	☐ 2	☐ 3
k. More interest in sex compared with before your pregnancy	☐ 1	☐ 2	☐ 3
l. Being pressured to take part in unwanted sexual activity	☐ 1	☐ 2	☐ 3
m. Being forced to take part in unwanted sexual activity	☐ 1	☐ 2	☐ 3
n. Other (please describe)	☐ 1	☐ 2	☐ 3

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C14a If you said YES to any of the above experiences, have you ever talked to a doctor or other health care professional about these SINCE THE START of your pregnancy?

Yes ☐ 1 No ☐ 2

If yes, who did you talk to *(please tick all that apply)*

General practitioner *(doctor)*	☐	1
Gynaecologist	☐	2
Physiotherapist	☐	3
Midwife	☐	4
Pharmacist / chemist	☐	5
Alternative practitioner	☐	6
Other *(please describe)*	☐	7

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C15 SINCE THE START of your pregnancy have you had:

		Yes	**No**	**Prefer not to answer**
a.	Vaginal intercourse	☐ 1	☐ 2	☐ 3
b.	Oral sex	☐ 1	☐ 2	☐ 3
c.	Anal sex	☐ 1	☐ 2	☐ 3
d.	No sexual contact since the start of pregnancy	☐ 1	☐ 2	☐ 3 *(PleaseGo to C18)*

Please comment if you wish ____

____

____

C16 SINCE THE START of your pregnancy, which of the following best describes the frequency of your sexual activity *(please tick only one response)*

a. 1-2 times per month ☐ 1 **Prefer not to answer** ☐ 5

b. 1-2 times per week ☐ 2

c. 3-4 times per week ☐ 3

d. More than 4 times per week ☐ 4

Please comment if you wish ____

C17 SINCE THE START of your pregnancy, how satisfied are you with your overall sexual life *(please tick only one response)*

a. Very satisfied ☐ 1 **Prefer not to answer** ☐ 6

b. Moderately satisfied ☐ 2

c. Equally satisfied/dissatisfied ☐ 3

d. Moderately dissatisfied ☐ 4

e. Very dissatisfied ☐ 5

Please comment if you wish ____

If you are worried or concerned about unwanted or forced sexual activity and wish to get help, you can call the **Sexual Assault Treatment Unit (SATU)** based in the Rotunda hospital

SATU telephone number: 01 8171736

SATU e-mail: SATU@ROTUNDA.IE

Web: http://www.rotunda.ie/

Opening hours: 9.00am to 4.30pm Mon – Fri

Outside of these hours please contact the Rotunda Hospital at 01 8171700

Or you can call the **national** Dublin Rape Crisis Centre. The Dublin Rape Crisis Centre was established in 1979 and is a national organisation offering a wide range of services to women and men who are affected by rape, sexual assault, sexual harassment or childhood sexual abuse.

The services include a national **24-hour helpline**, one to one counselling, court accompaniment, outreach services, training, awareness raising and lobbying.

Dublin Rape Crisis Centre HELPLINE 1800 778888

C18 Since the start of your pregnancy have you ever felt depressed for two weeks or longer? *(Please tick only one response.)*

Yes, I am still depressed ☐ 1

Yes, I felt depressed a while ago but am alright now ☐ 2

Yes, I felt depressed but I am getting treatment now ☐ 3

No, I haven't been depressed since I became pregnant ☐ 4 *(Go to C21)*

C19 When did you start feeling depressed?

Around ☐☐ weeks ago

C20 Since the start of your pregnancy have you talked to your doctor or midwife or another health professional about feeling depressed?

Yes ☐ 1 (Go to 20a) No ☐ 2 (Go to 20b)

C20a If yes, who did you talk to? *(Please tick all that apply)*

Talked to my doctor at the hospital during a pregnancy check-up ☐ 1

Talked to a GP (doctor) during a pregnancy check-up ☐ 2

Talked to a midwife during a pregnancy check-up ☐ 3

Talked to someone else *(please describe)* ☐ 4

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C20b If no, is this because

Have thought about it but I haven't felt able to talk about it ☐ 1

Don't want to discuss it ☐ 2

Other (please describe) ☐ 3

____

C21 **During your pregnancy, have you ever felt afraid of your partner?** Yes ☐ 1 No ☐ 2

C22 **How many times have you consulted or visited a general practitioner *(GP)* or local doctor in the last 12 months about your own health for reasons NOT related to your pregnancy or any other pregnancy you may have had?**

None ☐ 1

Once ☐ 2

Twice ☐ 3

3 times ☐ 4

4 times ☐ 5

5-6 times ☐ 6

7 times or more ☐ 7

C23 **When you go to see a general practitioner *(GP)* or local doctor**

	Always	Mostly	Sometimes	Rarely/Never
a. Do you usually go to the same place?	☐ 1	☐ 2	☐ 3	☐ 4
b. Do you usually see the same doctor?	☐ 1	☐ 2	☐ 3	☐ 4

	Yes	No
IF you do not see the same doctor, is this your own personal choice?	☐ 1	☐ 2

C24 When you go to the doctor, do you feel able to talk about things that are troubling you regarding your health and wellbeing? *(Please tick **ONE** response only)*

Yes, I can talk to him/her about any issue that is troubling me	☐	1
Yes, but I am not sure that he/she understands	☐	2
Yes, he/she is supportive	☐	3
No, he/she is not someone I can talk to about issues that are troubling me	☐	4
There isn't anything about my own health or wellbeing that I have wanted to talk about	☐	5

Please comment if you wish ____

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C25 About cigarettes, which of the following best describes you

I smoke regularly now – about the same as before finding out I was pregnant		☐	1
I smoke regularly now – but I have cut down since I found out I was pregnant		☐	2
I smoke more now than I used to before I found out I was pregnant		☐	3
I smoke once in a while		☐	4
I stopped smoking when I found out I was pregnant	*(Go to C28)*	☐	5
I used to smoke but stopped before I got pregnant and I don't smoke cigarettes now	*(Go to C28)*	☐	6
I have never smoked cigarettes	*(Go to C28)*	☐	7

Please comment if you wish ____

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C26 **If you smoke cigarettes every day, how many do you usually smoke?**

☐☐ cigarettes a day

C27 **If you smoke cigarettes less often than every day, how many do you usually smoke per week?**

☐☐☐ cigarettes a week

C28 **About alcohol, which of the following best describes you**

I drink alcohol regularly now – about the same as before finding out I was pregnant		☐	1
I drink alcohol regularly now – but I have cut down since I found out I was pregnant		☐	2
I drink alcohol more now than I used to before I found out I was pregnant		☐	3
I drink alcohol once in a while		☐	4
I stopped drinking alcohol when I found out I was pregnant	*(Go to Section D)*	☐	5
I used to drink alcohol but stopped before I got pregnant and I don't drink alcohol now	*(Go to Section D)*	☐	6
I have never drank alcohol	*(Go to Section D)*	☐	7

Please comment if you wish ____

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

<u>Now that you are pregnant</u>

C29 **If you drink alcohol every day, how many units do you usually drink per day?**
(Please refer to the Units of Alcohol guide above.)

☐ units a day

C30 **If you drink alcohol less often than every day, how many units of alcohol do you usually drink per week?**

☐☐ units a week

C31 **How often would you drink five (5) or more units of alcohol on one occasion?**
(Please tick only ONE response)

Every day	5-6 times a week	2-4 per week	Once a week	1-3 times a month	Less often	Never
☐	☐	☐	☐	☐	☐	☐

Section D: This section is about your emotional health and well-being NOW

D1 Please look at the following statements and for each one think about how you have been feeling in the last week:

a. During the last week I have been able to laugh and see the funny side of things:

As much as I always could ☐ 1

Not quite so much now ☐ 2

Definitely not so much now ☐ 3

Not at all ☐ 4

b. During the last week I have looked forward with enjoyment to things:

As much as I ever did ☐ 1

Rather less than I used to ☐ 2

Definitely less than I used to ☐ 3

Hardly at all ☐ 4

c. During the last week I blamed myself unnecessarily when things went wrong:

Yes, most of the time ☐ 1

Yes, some of the time ☐ 2

Not very often ☐ 3

No, never ☐ 4

d. During the last week I have felt worried and anxious for no very good reason:

- No, not at all ☐ 1
- Hardly ever ☐ 2
- Yes, sometimes ☐ 3
- Yes, very often ☐ 4

e. During the last week I have felt scared or panicky for no very good reason:

- Yes, quite a lot ☐ 1
- Yes, sometimes ☐ 2
- No, not much ☐ 3
- No, not at all ☐ 4

f. During the last week things have been getting on top of me:

- Yes, most of the time I haven't been able to cope at all ☐ 1
- Yes, sometimes I haven't been coping as well as usual ☐ 2
- No, most of the time I have coped quite well ☐ 3
- No, I have been coping as well as ever ☐ 4

g. During the last week I have been so unhappy I have had difficulty sleeping:

- Yes, most of the time ☐ 1
- Yes, sometimes ☐ 2
- Not very often ☐ 3
- No, not at all ☐ 4

h. During the last week I have felt sad or miserable:

- Yes, most of the time ☐ 1
- Yes, quite often ☐ 2
- Not very often ☐ 3
- No, not at all ☐ 4

i. During the last week I have been so unhappy I have been crying:

- Yes, most of the time ☐ 1
- Yes, quite often ☐ 2
- Only occasionally ☐ 3
- No, never ☐ 4

j. During the last week the thought of harming myself has occurred to me:

- Yes, quite often ☐ 1
- Sometimes ☐ 2
- Hardly ever ☐ 3
- Never ☐ 4

D2 Is there anyone you can talk to about how you are feeling *(please tick only **ONE** response)*

- Yes, but I am not sure they understand ☐ 1
- Yes, and they are very supportive ☐ 2
- No, there isn't anyone I can talk to ☐ 3
- I don't particularly want to talk about how I feel ☐ 4
- There isn't anything I feel I need to talk about ☐ 5

Please comment if you wish ____

D3 Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers.

		Not at all	Some of the time	A good part of the time	Most of the time
1	I found it hard to wind down	**0**	**1**	**2**	**3**
2	I was aware of dryness of my mouth	**0**	**1**	**2**	**3**
3	I couldn't seem to experience any positive feeling at all	**0**	**1**	**2**	**3**
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	**0**	**1**	**2**	**3**
5	I found it difficult to work up the initiative to do things	**0**	**1**	**2**	**3**
6	I tended to over-react to situations	**0**	**1**	**2**	**3**
7	I experienced trembling (eg, in the hands)	**0**	**1**	**2**	**3**
8	I felt that I was using a lot of nervous energy	**0**	**1**	**2**	**3**
9	I was worried about situations in which I might panic and make a fool of myself	**0**	**1**	**2**	**3**
10	I felt that I had nothing to look forward to	**0**	**1**	**2**	**3**
11	I found myself getting agitated	**0**	**1**	**2**	**3**
12	I found it difficult to relax	**0**	**1**	**2**	**3**
13	I felt down-hearted and blue	**0**	**1**	**2**	**3**
14	I was intolerant of anything that kept me from getting on with what I was doing	**0**	**1**	**2**	**3**
15	I felt I was close to panic	**0**	**1**	**2**	**3**
16	I was unable to become enthusiastic about anything	**0**	**1**	**2**	**3**
17	I felt I wasn't worth much as a person	**0**	**1**	**2**	**3**
18	I felt that I was rather touchy	**0**	**1**	**2**	**3**
19	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	**0**	**1**	**2**	**3**
20	I felt scared without any good reason	**0**	**1**	**2**	**3**
21	I felt that life was meaningless	**0**	**1**	**2**	**3**

If you are experiencing any problems with your emotional health and wellbeing and wish to talk to someone, you can telephone the **mental health midwife/nurse** Brid Shine and Elaine McGoldrick at the Coombe Hospital.

Telephone: 01- 4085200

Or you can call the Aware (Depression) Helpline on 1890 303 302

TEXT MESSAGING

Information on where to go for help in a crisis is now available through your mobile phone. Text the word HeadsUp to 50424. The HeadsUp text service is run by RehabCare and sponsored by Meteor.

ONLINE information and support

A number of support services are now using the internet to reach out to people.

For example, www.yourmentalhealth.ie

Section E: This section is about you, your household and your thoughts on some issues.

Thank you for taking the time to complete the survey so far. The next few questions ask for personal details about your household, money and social factors. Sometimes social factors can affect women's health in pregnancy and this is why these questions have been included here.

All the information that you provide is **confidential** and cannot be linked to you as an individual or your household and there is no possibility that any of this information will be passed on to any other agency or department, government or otherwise.

E1 Are you currently

Married ☐ 1

Divorced or separated ☐ 2

Widowed ☐ 3

Single ☐ 4

Living with partner ☐ 5

In a relationship – not living together ☐ 6

Other *(please describe)* ☐ 7

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E2 Who else lives together with you in your household? *(Please tick ALL that apply.)*

Your partner/husband ☐ 1

Your mother ☐ 2

Your father ☐ 3

Your partner's mother ☐ 4

Your partner's father ☐ 5

Partner's child/children from previous relationship ☐ 6

Your sister(s) and/or brother(s)	☐	7
A friend/friends	☐	8
No one	☐	9
Nanny/au pair	☐	10
Other *(please describe)*	☐	11

____

E3 How would you describe your current living accommodation? *(Please tick ONE only)*

House *(with a mortgage)*	☐	1
House *(with no mortgage)*	☐	2
Apartment *(with a mortgage)*	☐	3
Apartment *(with no mortgage)*	☐	4
Rented house *(rented privately)*	☐	5
Rented house *(rented from local authority)*	☐	6
Rented apartment *(rented privately)*	☐	7
Rented apartment *(rented from local authority)*	☐	8
Caravan / Mobile Home	☐	9
Bed and breakfast accommodation	☐	10
Hostel accommodation	☐	11
No fixed accommodation *(homeless)*	☐	12
Other *(please give detail)*	☐	13

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E4 What is the highest qualification you have completed *(Please tick ONE only)*

No formal qualifications ☐ 1

Primary or first school ☐ 2

Lower secondary ☐ 3

Junior/Intermediate/Group certificate,
'O' levels/ GCSE, NCVA Foundation certificate,
basic skills training certificate, or equivalent ☐ 4

Upper secondary Leaving certificate –
applied and vocational programmes,
'A' levels, NCVA level 1 certificate, or equivalent ☐ 5

Completed apprenticeship, NCVA level 2/3 certificate,
Teagasc certificate, Diploma, or equivalent ☐ 6

Both Upper secondary and Technical or
Vocational qualification ☐ 7

National certificate, Diploma NCEA /
Institute of Technology or equivalent,
Nursing Diploma ☐ 8

Primary degree Third level Bachelor degree ☐ 9

Professional qualification of degree status at least ☐ 10

Postgraduate certificate or diploma ☐ 11

Postgraduate degree Masters ☐ 12

Doctorate PhD ☐ 13

E5 How would you describe your current employment status *(Please tick ONE only)*

- Full-time paid work ☐ 1
- Part-time paid work ☐ 2
- Casual paid work ☐ 3
- Looking for first job ☐ 4
- Unemployed ☐ 5
- Student or pupil ☐ 6
- Looking after home/family ☐ 7
- Unable to work due to sickness / disability ☐ 8
- Unpaid voluntary work ☐ 9
- Others *(Please describe)* ☐ 10

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____

E6 What is your ethnic background?

- Irish ☐ 1
- Irish traveller ☐ 2
- African ☐ 3
- Chinese ☐ 4
- Any other white background ☐ 5
- Any other black background ☐ 6
- Any other Asian background ☐ 7
- Other, including mixed background ☐ 8
- Others (please tick and write in) ☐ 9 ______________________________

E7 Which country were you born in? ____________________________________

E8 How long have you lived in the Republic of Ireland?

All your life ☐ 1

Other ☐ 2 *(please state)* ☐☐ years and ☐☐ months

The final set of questions ask about your thoughts on some issues and how much time you spend, if any, finding information regarding various issues.

E9 Have you thought about the type of birth you would like to have?

No, I haven't thought about it ☐ 1

I would like to have a normal (natural) birth ☐ 2

I would like to have a planned caesarean section (no labour) ☐ 3

Please comment if you wish

____

E10 How much time do you spend finding any of the information listed below during an average day (whether you use the internet, TV, radio, newspaper etc). *Please tick/circle the response that reflects your opinion on each question*

a. Information about children (education, how to raise children etc.)

None	10 minutes	20 minutes	30 minutes	40 minutes	50 minutes	1 hour	1 hour, 10 minutes	1 hour, 20 minutes	1 hour, 30 minutes	More than 1 hour & 30 minutes

b. Pregnancy and birth giving

None	10 minutes	20 minutes	30 minutes	40 minutes	50 minutes	1 hour	1 hour, 10 minutes	1 hour, 20 minutes	1 hour, 30 minutes	More than 1 hour & 30 minutes

c. Household issues (recipes, gardening etc.)

None	10 minutes	20 minutes	30 minutes	40 minutes	50 minutes	1 hour	1 hour, 10 minutes	1 hour, 20 minutes	1 hour, 30 minutes

d. World politics

None	10 minutes	20 minutes	30 minutes	40 minutes	50 minutes	1 hour	1 hour, 10 minutes	1 hour, 20 minutes	1 hour, 30 minutes

e. Irish politics

None	**10 minutes**	**20 minutes**	**30 minutes**	**40 minutes**	**50 minutes**	**1 hour**	**1 hour, 10 minutes**	**1 hour, 20 minutes**	**1 hour, 30 minutes**

f. Health care services

None	10 minutes	20 minutes	30 minutes	40 minutes	50 minutes	1 hour	1 hour, 10 minutes	1 hour, 20 minutes	1 hour, 30 minutes

g. Community issues

None	10 minutes	20 minutes	30 minutes	40 minutes	50 minutes	1 hour	1 hour, 10 minutes	1 hour, 20 minutes	1 hour, 30 minutes

h. Celebrities

None	10 minutes	20 minutes	30 minutes	40 minutes	50 minutes	1 hour	1 hour, 10 minutes	1 hour, 20 minutes	1 hour, 30 minutes

i. Local entertainment (restaurants, movies, going out etc)

None	10 minutes	20 minutes	30 minutes	40 minutes	50 minutes	1 hour	1 hour, 10 minutes	1 hour, 20 minutes	1 hour, 30 minutes

E11 How interested are you in politics? *(Please tick/circle the response that reflects your opinion)*

1	2	3	4	5	6	7
Not at all interested						Very interested

E12 How much confidence do you have in the way the following institutions carry out their work?

a. The Government

1	2	3	4	5	6	7
Very little confidence						Full confidence

b. The Department of Social protection

1	2	3	4	5	6	7
Very little confidence						Full confidence

c. Maternity services

1	2	3	4	5	6	7
Very little confidence						Full confidence

d. Courts (and legal systems)

1	2	3	4	5	6	7
Very little confidence						Full confidence

e. The Political Parties

1	2	3	4	5	6	7
Very little confidence						Full confidence

E 13 Did you do any of the following in the last 3 months:

	Yes	No
Sign a petition	Yes ☐ 1	No ☐ 2
Bought a product for political, environmental or ethical considerations	Yes ☐ 1	No ☐ 2
Participate in a protest or march	Yes ☐ 1	No ☐ 2
Participate in a societal or political group/organization meeting	Yes ☐ 1	No ☐ 2
Post a blog, message or link with political or societal content	Yes ☐ 1	No ☐ 2

What date did you complete this survey on? ______________________________

When posting this survey, please ensure that you also enclose a copy of the **consent form containing your personal details**. Please keep one copy of the consent form for your own records.

Thank you.

Your comments on this survey

If you wish to write any further comments please do so on this page. Thank you.

Please help us to keep in touch with you.

If your address or other contact details have changed (or you are about to move), please fill in the details below:

Your NEW address:	Your NEW phone number(s):

Thank you for taking the time to complete this survey.

Please use the **reply paid** envelope to send it back to us. If no envelope was enclosed with this survey or you have mislaid it, please call us on **087 229 0989** and we will send you out another one.

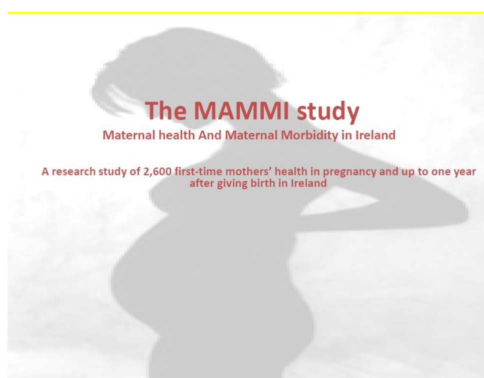
We are very grateful for the time and trouble you have taken to participate in this part of the MAMMI study.

The results from this part of the study will not be available until all of the women taking part in the study have given birth. As soon as the first study results are available, we will let you know via the website and the study newsletter for **women**.

Please do call us if you have any questions about the study.

We look forward to contacting you again when you are about 7 to 8 months pregnant.

Best wishes.



The MAMMI study team

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