

IRIS

IUGR Risk Selection Study

Baseline data IRIS Study

(completed by the pregnant woman)

-IRIS Number-

Thank you very much for allowing us to use your personal information for the IRIS study. We would like to ask you about factors which could influence the growth of your baby.

1. What is the current date? - -
2. What is your date of birth? - -
3. What is your height? cm
4. Weight:
 - What was your weight before you became pregnant? kg
 - What is your current weight? kg
5. Do you smoke?
 - No, I have never smoked
 - No, I stopped before becoming pregnant
 - No, I stopped during this pregnancy
 - Yes, fewer than 5 cigarettes per day
 - Yes, 5 - 10 cigarettes per day
 - Yes, 10 - 20 cigarettes per day
 - Yes, more than 20 cigarettes per day
6. Do you drink alcohol?
 - No, I have never drunk alcohol
 - No, I stopped before becoming pregnant
 - No, I stopped during this pregnancy
 - Yes, sometimes, but fewer than 1 glass per day
 - Yes, 1 - 2 glasses per day
 - Yes, more than 2 glasses per day
7. Do you take drugs?
 - No, I have never taken drugs
 - No, I stopped before becoming pregnant
 - No, I stopped during this pregnancy
 - Yes, occasionally soft drugs hard drugs
 - Yes, monthly soft drugs hard drugs
 - Yes, weekly soft drugs hard drugs
 - Yes, daily soft drugs hard drugs

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For a few factors it is uncertain to what extent they could influence the growth of the baby. For this reason, we now ask a few additional questions.

8. Ethnic origin – As the size of a newborn differs per population group, we would like to know which population group you, your parents and the father of the baby belong.

	You	Your father	Your mother	Father of the baby
Dutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antillean/Aruban/Cape Verdean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surinamese- Creole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surinamese- Hindi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surinamese- other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ghanaian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkish/Kurdish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moroccan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indonesian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eastern-European	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Have you given birth before?
 No – continue to question 10
 Yes

If so, please complete the table with information on the birth year and birth weight per child. We'd also like to know how many weeks pregnant you were when each child was born.

	Birth year	Birth weight	Weeks of pregnancy	Sex (M/F)
Child 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> gram	<input type="checkbox"/> <input type="checkbox"/> Weeks	<input type="checkbox"/>
Child 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> gram	<input type="checkbox"/> <input type="checkbox"/> Weeks	<input type="checkbox"/>
Child 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> gram	<input type="checkbox"/> <input type="checkbox"/> Weeks	<input type="checkbox"/>
Child 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> gram	<input type="checkbox"/> <input type="checkbox"/> Weeks	<input type="checkbox"/>
Child 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> gram	<input type="checkbox"/> <input type="checkbox"/> Weeks	<input type="checkbox"/>

10. Do you have paid work at the moment?
 No
 Yes

11. What is the highest educational level that you have completed?

12. What is your relationship with the father of the baby?
 Married or cohabiting
 Not cohabiting, but in a stable relationship
 Not cohabiting, not in a stable relationship

Thanks a lot for completing the form!

You can put this form in the enclosed envelope and hand it in to your midwife.

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