

Questionnaire 2

**Your Diet**



Please fill in today's date:

<input type="text"/>				
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day

month

year

## Instructions

In this questionnaire we ask you what you have eaten since you became pregnant until now. We therefore ask you to remember what you have eaten in the last three to four months.

We know that many of you have experienced nausea and perhaps still are nauseous part of the day in a way that has affected your diet. We would still like to have information about your actual diet during this period.

We greatly appreciate your cooperation in this study, and wish you good luck for the remaining part of your pregnancy.

This questionnaire will be processed by a computer. It is therefore important that you follow the instructions below:

- Please use a blue or black ballpoint pen
- Mark the most relevant box for the most appropriate answer
- You should only mark **one** box for each line
- If you have marked the wrong box fill it in completely

Please do not use this questionnaire. Contact us at morbarn@fhi.no or phone + 47 53 20 40 40 if you need a questionnaire.

Example

<b>Cheese</b>	Slices of bread with this food item												
	per day					or per week			or per month				
Hard cheese (fat 27%)	6+	5	4	3	2	1	5-6	3-4	1-2	3	2	1	0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input style="background-color: black; color: black;" type="checkbox"/>	<input type="checkbox"/>						

- The (plus) sign "+" means "more than". Example: 6+ means 6 and more than 6
- Please fill in the mean intake of the food items eaten since you became pregnant.  
*Example: If you ate grilled chicken twice a week for 2 weeks in a row during the first month, but have not had grilled chicken since, you ate grilled chicken 4 times. Mean intake of grilled chicken will then be once a month, and you mark the question like this;*

<b>Dinners with poultry</b>	Number of times eaten									
	per week					or per month				
Fried chicken	5+	4	3	2	1	3	2	1	0	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							

- Some places we ask you to write comments, please write clearly and only in the questions when you are asked to do so.

**When completed, please return the form in the stamped addressed envelope provided.**

# Your diet

## 1. How would you describe your diet since you became pregnant?

My diet	Mark only one box
1. I eat both meat and fish	<input type="checkbox"/>
2. I avoid meat, but eat fish	<input type="checkbox"/>
3. I avoid fish, but eat meat	<input type="checkbox"/>
4. I'm a vegetarian and include dairy products and eggs in my diet (ovo-lacto-vegetarian)	<input type="checkbox"/>
5. I'm a vegetarian and include dairy products but not eggs in my diet (lacto-vegetarian)	<input type="checkbox"/>
6. I'm a vegetarian and avoid all dairy products and eggs (vegan)	<input type="checkbox"/>

## 2. Have you consumed organic food products since you became pregnant? (Mark only one box per line).

Organic food group	Seldom/never	Sometimes	Often	Mostly
1. Milk, dairy products, cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bread and cereals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your meal pattern

### 3. How often have you had the following meals per week since you became pregnant?

A snack is a smaller meal consisting of for example a fruit, biscuit, bun, cake, yoghurt or sweets/candy. A snack consisting only of a drink should not be included as you will be asked about beverages later. (Mark only one box per line).

Number of meals per week	Number of meals per week							
	7	6	5	4	3	2	1	0
1. Breakfast	<input type="checkbox"/>							
2. Snack, morning	<input type="checkbox"/>							
3. Lunch	<input type="checkbox"/>							
4. Snack, afternoon	<input type="checkbox"/>							
5. Dinner	<input type="checkbox"/>							
6. Snack, evening	<input type="checkbox"/>							
7. Supper	<input type="checkbox"/>							
8. Night meal	<input type="checkbox"/>							

## Bread/ crispbread/ crackers

### 4. How many slices of bread/ crispbread/ crackers have you eaten on average per day/week since you became pregnant? When answering this question we ask you to include bread eaten during the day, i.

Half a roll = 1 slice of bread, 1 baguette = 4 slices of bread, 1 ciabatta = 3 slices of bread. (Mark only one box per line)

Type of bread	Number of slices													
	per day										or per week			
	13+	9-12	8	7	6	5	4	3	2	1	5-6	3-4	1-2	0
1. White bread (white loaf, baguettes, ciabatta)	<input type="checkbox"/>													
2. Wholemeal bread (Kneipp, Graham etc.)	<input type="checkbox"/>													
3. Dark bread (Danish ryebread etc.)	<input type="checkbox"/>													
4. Fibre bread, fibre crispbread, ryecrisp	<input type="checkbox"/>													
5. Crispbread, rusk etc.	<input type="checkbox"/>													
6. Crackers (Cream cracker etc.)	<input type="checkbox"/>													

**5. Do you use butter/ margarine on your bread/crispbread/crackers?**

Yes

No (go to question 8)

**6. If you use butter /margarine, on how many slices on average and what kind do you use? (Mark only one box per line)**

Type of butter/ margarine	Number of slices										or per week			
	per day										5-6	3-4	1-2	0
	13+	9-12	8	7	6	5	4	3	2	1				
1. Butter/ (Bremyk)	<input type="checkbox"/>													
2. Hard margarine (Per, Melange)	<input type="checkbox"/>													
3. "Butter-like" light margarine (Brelett)	<input type="checkbox"/>													
4. Soft margarine (Soft, Vita, Olivero etc.)	<input type="checkbox"/>													
5. Light margarine (Soft light, Vita lett etc.)	<input type="checkbox"/>													

**7. How much butter/ margarine do you use on your slices of bread?**

Plenty

Medium

Minimum

**Spreads on bread, crispbread, crackers**

**8. How many slices of bread with the following spreads have you eaten on average since you became pregnant? (Mark only one box per line).**

Cheese	Number of slices with this food item												
	per day						or per week			or per month			
	6+	5	4	3	2	1	5-6	3-4	1-2	3	2	1	0
1. Whey cheese goat milk, (brown cheese)	<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"/>
2. Whey cheese goat, low fat (brown)	<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"/>
3. Hard white cheese, cream cheese	<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"/>
4. Hard white cheese, cream cheese, low fat	<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"/>
5. Blue cheese (Camembert, Norzola etc.)	<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"/>
6. Other kinds of cheese	<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"/>
<b>Fish</b>													
7. Roe spread	<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"/>
8. Mackerel/sardines in tomato sauce	<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"/>
9. Sardines in oil	<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"/>
10. Smoked salmon/trout/mackerel	<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"/>
11. Herring, pickled	<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"/>
12. Shrimp, (prawn)	<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"/>
13. Crab	<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"/>
14. Tuna	<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"/>
15. Svolværpostei (spread of fish liver/roe)	<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"/>
16. Other kinds of fish	<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"/>
<b>Meat</b>													
17. Low fat cold cuts (ham, roast beef etc.)	<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"/>
18. Bologna, cold cuts of lamb, veal etc.	<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"/>
19. Salami, Swedish sausage etc.	<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"/>
20. Cold cuts of turkey, chicken	<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"/>
21. Liver paste	<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"/>
22. Other kinds of meat	<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"/>

Other spreads	Number of slices with this food item												
	per day					or per week			or per month				
	6+	5	4	3	2	1	5-6	3-4	1-2	3	2	1	0
23. Spread with mayonnaise (Italian etc.)	<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"/>
24. Spread made with yoghurt and mayo.	<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"/>
25. Mayonnaise	<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"/>
26. Jam	<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"/>
27. Honey	<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"/>
28. Peanut butter	<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"/>
29. Other nut spreads (Nugatti etc.)	<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"/>
30. Other sweet spreads (Chocolate etc.)	<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"/>
31. Vegetarian spreads (Tartex etc)	<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"/>
32. Fruit (banana, apple etc.)	<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"/>
33. Vegetables (tomato, cucumber etc.)	<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"/>

### Eggs

9. How many eggs have you eaten on average since you became pregnant? Include eggs eaten with all meals; however, do not include eggs in pastries. (Mark one box per line)

Eggs	per day		or per week			or per month			
	2+	1	5-6	3-4	1-2	2-3	1	0	
Eggs, - fried, boiled, scrambled, omelette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Number of seagull eggs eaten last year	0 <input type="checkbox"/>		1-5 <input type="checkbox"/>			6-10 <input type="checkbox"/>			more than 10 <input type="checkbox"/>

### Breakfast cereals, porridge

10. How often have you eaten breakfast cereals or porridge on average since you became pregnant? Please include breakfast cereals eaten with other meals. (Mark one box per line)

Breakfast cereals	How often								
	per day		or per week			or per month			
	2+	1	5-6	3-4	1-2	2-3	1	0	
1. Unsweetened muesli, All-Bran Flakes	<input type="checkbox"/>								
2. Sweetened muesli, muesli with fruits/nuts	<input type="checkbox"/>								
3. Porridge, oatmeal etc.	<input type="checkbox"/>								
4. Corn Flakes, Frosties etc.	<input type="checkbox"/>								
5. Sugar with your cereals	<input type="checkbox"/>								
6. Jam with your cereals	<input type="checkbox"/>								

### Beverage

11. How many cups/glasses have you drunk on average of the following since you became pregnant? Please include also milk/yoghurt consumed with breakfast cereal. 1 mug = 1 glass = 2 cups = 2.5 dl, ½ litre plastic bottle = 2 glasses. (Mark one box per line)

Milk and yogurt	How many glasses										
	per day					or per week			or per month		
	8+	6-7	4-5	2-3	1	5-6	3-4	1-2	2-3	1	0
1. Full-fat milk and fermented milk (1 glass)	<input type="checkbox"/>										
2. Low-fat milk (1 glass)	<input type="checkbox"/>										
3. Extra low-fat milk (1 glass)	<input type="checkbox"/>										
4. Skimmed milk, and fermented (1 glass)	<input type="checkbox"/>										
5. Cultura, all types (probiotic) (1 glass)	<input type="checkbox"/>										
6. Biola milk/yoghurt (probiotic) (1 glass)	<input type="checkbox"/>										
7. Yoghurt, natural/ fruit (1 serving)	<input type="checkbox"/>										
8. Low-fat yoghurt (1 serving)	<input type="checkbox"/>										

		How many glasses/servings										
		per day					or per week			or per month		
<b>Milk and yoghurt</b>		8+	6-7	4-5	2-3	1	5-6	3-4	1-2	2-3	1	0
9. Go'morgen yogurt	(1 serving)	<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"/>
10. Chocolate milk, Litago	(1 glass)	<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"/>
11. Soya milk	(1 glass)	<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"/>
12. Rice and oat milk	(1 glass)	<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"/>

		How many glasses										
		per day					or per week			or per month		
<b>Juice/ soft drink/ water/ alcohol</b>		8+	6-7	4-5	2-3	1	5-6	3-4	1-2	2-3	1	0
13. Orange juice	(1 glass)	<input type="checkbox"/>										
14. Other fruit juices, nectar	(1 glass)	<input type="checkbox"/>										
15. Tomato- and vegetable juices	(1 glass)	<input type="checkbox"/>										
16. Cordial, with sugar	(1 glass)	<input type="checkbox"/>										
17. Cordial, with sweetener	(1 glass)	<input type="checkbox"/>										
18. Coca Cola/Pepsi with sugar	(1 glass)	<input type="checkbox"/>										
19. Other soft drinks with sugar	(1 glass)	<input type="checkbox"/>										
20. Diet Coke/Diet Pepsi	(1 glass)	<input type="checkbox"/>										
21. Other light/diet soft drinks	(1 glass)	<input type="checkbox"/>										
22. Caffeine drinks (Battery etc.)	(1 glass)	<input type="checkbox"/>										
23. Tap water	(1 glass)	<input type="checkbox"/>										
24. Uncarbonated bottled water	(1 glass)	<input type="checkbox"/>										
25. Carbonated bottled water	(1 glass)	<input type="checkbox"/>										
26. Non/low -alcoholic beers	(1 glass)	<input type="checkbox"/>										
27. Pilsner	(1 glass)	<input type="checkbox"/>										
28. Wine	(1 glass)	<input type="checkbox"/>										
29. Spirits, liqueur	(1 drink)	<input type="checkbox"/>										

		How many cups/mugs										
		per day					or per week			or per month		
<b>Coffee/tea</b>		8+	6-7	4-5	2-3	1	5-6	3-4	1-2	2-3	1	0
30. Filter coffee	(1 cup)	<input type="checkbox"/>										
31. Coffee instant	(1 cup)	<input type="checkbox"/>										
32. Coffee boiled/cafetiere	(1 cup)	<input type="checkbox"/>										
33. Cafe latte, cappuccino	(1 cup)	<input type="checkbox"/>										
34. Espresso	(1 cup)	<input type="checkbox"/>										
35. Decaffeinated coffee	(1 cup)	<input type="checkbox"/>										
36. Fig/ barley coffee	(1 cup)	<input type="checkbox"/>										
37. Tea (black tea, fruit tea etc.)	(1 mug)	<input type="checkbox"/>										
38. Green tea	(1 mug)	<input type="checkbox"/>										
39. Rosehip tea, herb tea	(1 mug)	<input type="checkbox"/>										

**12. In how many cups of coffee or tea do you use milk/ cream/ sugar?**

<b>Milk/ cream/ sugar in coffee and tea</b>		How many cups/mugs										
		per day					or per week			or per month		
		8+	6-7	4-5	2-3	1	5-6	3-4	1-2	2-3	1	0
1. Milk/ cream in coffee/ tea		<input type="checkbox"/>										
2. Sugar/ honey in coffee/ tea		<input type="checkbox"/>										
3. Artificial sweetener in coffee/ tea		<input type="checkbox"/>										

**Hot meals**

First, we ask you to answer a couple of general questions concerning your hot meals. We will then ask more detailed questions about your intake of hot meals since you became pregnant. When you answer these questions please include all hot food you would eat during the day.

**13. How often have you on average eaten the following types of hot food since you became pregnant? (Mark one box only)**

General questions	How often									
	per week						or per month			
	6+	5	4	3	2	1	3	2	1	0
1. Meat and meat products	<input type="checkbox"/>									
2. Meat and meat products, grilled	<input type="checkbox"/>									
3. Offal	<input type="checkbox"/>									
4. Chicken, turkey	<input type="checkbox"/>									
5. Fish, fish products, boiled/ baked	<input type="checkbox"/>									
6. Fish, fish products, fried	<input type="checkbox"/>									
7. Vegetarian dishes	<input type="checkbox"/>									

**More detailed questions**

**14. How often have you on average had the following types of hot food since you became pregnant?**

Hot meal with meat products	How often									
	per week						or per month			
	6+	5	4	3	2	1	3	2	1	0
1. Meat /pork sausage	<input type="checkbox"/>									
2. Hot dogs and/or frankfurters	<input type="checkbox"/>									
3. Chicken and/or turkey sausage	<input type="checkbox"/>									
4. Meat balls, meat loaf	<input type="checkbox"/>									
5. Hamburger, meat patty	<input type="checkbox"/>									
6. Minced meat in sauce e.g. casserole	<input type="checkbox"/>									
<b>Hot meal with beef/ veal</b>										
7. Beef or veal roast	<input type="checkbox"/>									
8. Beef (fillet, tenderloin, sirloin, entrecote)	<input type="checkbox"/>									
9. T-bone steak, veal cutlet	<input type="checkbox"/>									
10. Casserole, stew, soup	<input type="checkbox"/>									
<b>Hot meal with Pork</b>										
11. Pork chop, cutlet, roast pork	<input type="checkbox"/>									
12. Pork tenderloin, fillet	<input type="checkbox"/>									
13. Smoked pork chops, pork loin	<input type="checkbox"/>									
14. Pork, ribs, spareribs	<input type="checkbox"/>									
15. Bacon	<input type="checkbox"/>									
16. Pork in stew	<input type="checkbox"/>									
<b>Hot meal with Lamb</b>										
17. Lamb roast, lamb chop	<input type="checkbox"/>									
18. Lamb stews (Fårikål etc.)	<input type="checkbox"/>									
<b>Hot meal with Venison</b>										
19. Reindeer roast	<input type="checkbox"/>									
20. Roast of elk, roe deer, fallow deer	<input type="checkbox"/>									
21. Reindeer patty/reindeer stew	<input type="checkbox"/>									
22. Patty/ stew of elk, roe / fallow deer	<input type="checkbox"/>									
<b>Offal</b>										
23. Liver, kidney from ox, pig	<input type="checkbox"/>									
24. Liver kidney from lamb	<input type="checkbox"/>									
25. Liver, kidney from venison	<input type="checkbox"/>									
26. Black pudding,"hashed lungs"	<input type="checkbox"/>									
<b>Hot meal with Poultry</b>										
	6+	5	4	3	2	1	3	2	1	0

27. Chicken fillet, turkey fillet	<input type="checkbox"/>								
28. Fried chicken	<input type="checkbox"/>								
29. Pan fried/ boiled chicken, turkey	<input type="checkbox"/>								
30. Chicken schnitzel, nuggets	<input type="checkbox"/>								
31. Game (grouse, pheasant etc.)	<input type="checkbox"/>								
32. Other poultry (duck, goose, ostrich)	<input type="checkbox"/>								
<b>Seafood</b>									
33. Cod, saithe, haddock, pollack (boiled/fried/smoked)	<input type="checkbox"/>								
34. Mackerel, herring	<input type="checkbox"/>								
35. Salmon, trout	<input type="checkbox"/>								
36. Halibut, plaice, flounder	<input type="checkbox"/>								
37. Tuna fish	<input type="checkbox"/>								
38. Perch, pike, pikecake	<input type="checkbox"/>								
39. Other fish	<input type="checkbox"/>								
40. Fish cake, fish pudding, fish balls	<input type="checkbox"/>								
41. Fish fingers, breaded fish	<input type="checkbox"/>								
42. Fish casserole, soup, fish au gratin	<input type="checkbox"/>								
43. Shrimps	<input type="checkbox"/>								
44. Mussels	<input type="checkbox"/>								
45. Crab	<input type="checkbox"/>								
46. Roe	<input type="checkbox"/>								
47. Fish liver	<input type="checkbox"/>								
<b>Pasta dishes</b>									
48. Pasta with meat (Bolognese, Lasagne etc)	<input type="checkbox"/>								
49. Pasta with fish/ mussels/ shrimp	<input type="checkbox"/>								
50. Pasta with vegetables	<input type="checkbox"/>								
51. Pasta with only tomato sauce/ ketchup	<input type="checkbox"/>								
52. Cheese (Parmesan) with your pasta	<input type="checkbox"/>								
<b>Other hot meals</b>									
53. Pizza	<input type="checkbox"/>								
54. Taco, burritos etc.	<input type="checkbox"/>								
55. Pancakes	<input type="checkbox"/>								
56. Rice pudding etc. (not breakfast)	<input type="checkbox"/>								
57. Soup, home made and packet	<input type="checkbox"/>								
<b>Vegetable dishes as main course</b>									
58. Only with vegetables	<input type="checkbox"/>								
59. With beans and/or lentils	<input type="checkbox"/>								
60. With soya products (sausage, burger)	<input type="checkbox"/>								

### With your hot meal

15. How often have you on average eaten the following food items since you became pregnant?

	How often						
	per day 1	or per week			or per month		
<b>Potato/ rice/ spaghetti</b>		5-6	3-4	1-2	2-3	1	0
1. Potatoes (boiled, baked, mashed)	<input type="checkbox"/>						
2. French fries, fried potatoes	<input type="checkbox"/>						
3. Creamed potatoes, gratinated potatoes	<input type="checkbox"/>						
4. Spaghetti, macaroni, noodles	<input type="checkbox"/>						
5. Rice	<input type="checkbox"/>						
6. Millet, couscous etc.	<input type="checkbox"/>						

Gravy/ trimmings	How often							
	per day		or per week			or per month		
	1		5-6	3-4	1-2	2-3	1	0
7. Melted butter	<input type="checkbox"/>		<input type="checkbox"/>					
8. Melted margarine	<input type="checkbox"/>		<input type="checkbox"/>					
9. Brown gravy/white sauce	<input type="checkbox"/>		<input type="checkbox"/>					
10. Béarnaise sauce etc.	<input type="checkbox"/>		<input type="checkbox"/>					
11. Mayonnaise, remoulade	<input type="checkbox"/>		<input type="checkbox"/>					
12. Sour cream	<input type="checkbox"/>		<input type="checkbox"/>					
13. Low-fat sour cream	<input type="checkbox"/>		<input type="checkbox"/>					
14. Ketchup	<input type="checkbox"/>		<input type="checkbox"/>					
15. Mustard	<input type="checkbox"/>		<input type="checkbox"/>					

### Cooking fat

16. How often have you used the following types of fat in your cooking since you became pregnant? Mark only one box for each line.

Cooking fat	How often							
	per day		or per week			or per month		
	2+	1	5-6	3-4	1-2	2-3	1	0
1. Butter	<input type="checkbox"/>							
2. Butter soft (Bremyk, Smørgod)	<input type="checkbox"/>							
3. Margarine hard (Melange, Per)	<input type="checkbox"/>							
4. Soft soya margarine (pack/pot)	<input type="checkbox"/>							
5. Margarine with olive oil (Olivero)	<input type="checkbox"/>							
6. Other types of margarine	<input type="checkbox"/>							
7. Soya oil	<input type="checkbox"/>							
8. Cooking oil	<input type="checkbox"/>							
9. Olive oil	<input type="checkbox"/>							
10. Corn oil	<input type="checkbox"/>							
11. Other types of oil	<input type="checkbox"/>							

### Vegetables

First we ask you a couple of general questions. We will then ask more detailed questions about your intake of vegetables since you became pregnant. (Mark only one box for each line.)

17. How often have you on average eaten vegetables since you became pregnant?

General questions	How often							
	per day		or per week			or per month		
	2+	1	5-6	3-4	1-2	2-3	1	0
1. Raw vegetables (salads etc.)	<input type="checkbox"/>							
2. Vegetables in casseroles, soups, wok etc.	<input type="checkbox"/>							
3. Boiled vegetables with main dish	<input type="checkbox"/>							

18. More detailed question about vegetables

How often have you on average eaten the following vegetable since you became pregnant? (Mark one box per line)

Vegetable	How often							
	per day		or per week			or per month		
	2+	1	5-6	3-4	1-2	2-3	1	0
1. Frozen vegetable mix	<input type="checkbox"/>							
2. Cucumber	<input type="checkbox"/>							
3. Aubergine	<input type="checkbox"/>							
4. Avocado	<input type="checkbox"/>							

Vegetable	per day		How often or per week			or per month		
	2+	1	5-6	3-4	1-2	2-3	1	0
5. Cauliflower, raw	<input type="checkbox"/>							
6. Cauliflower, boiled/ in casseroles	<input type="checkbox"/>							
7. Broccoli, raw	<input type="checkbox"/>							
8. Broccoli, boiled/ in casseroles	<input type="checkbox"/>							
9. Green beans, haricots verts	<input type="checkbox"/>							
10. Peas	<input type="checkbox"/>							
11. Carrots, raw	<input type="checkbox"/>							
12. Carrots, boiled/ in casseroles	<input type="checkbox"/>							
13. Cabbage, raw	<input type="checkbox"/>							
14. Cabbage, boiled/ in casseroles	<input type="checkbox"/>							
15. Garlic	<input type="checkbox"/>							
16. Swede, raw	<input type="checkbox"/>							
17. Swede, boiled/ in casseroles	<input type="checkbox"/>							
18. Onion, leek, spring onion, raw	<input type="checkbox"/>							
19. Onion, leek, boiled/ in casseroles	<input type="checkbox"/>							
20. Sweetcorn	<input type="checkbox"/>							
21. Pepper, raw	<input type="checkbox"/>							
22. Pepper in casseroles	<input type="checkbox"/>							
23. Brussels sprouts, boiled/ in casseroles	<input type="checkbox"/>							
24. Lettuce, Chinese cabbage	<input type="checkbox"/>							
25. Lettuce, Chinese cabbage	<input type="checkbox"/>							
26. Celery, celeriac	<input type="checkbox"/>							
27. Button mushroom, raw	<input type="checkbox"/>							
28. Button mushroom, fried/ in casseroles	<input type="checkbox"/>							
29. Wild mushroom	<input type="checkbox"/>							
30. Spinach	<input type="checkbox"/>							
31. Courgette (zucchini)	<input type="checkbox"/>							
32. Tomato	<input type="checkbox"/>							
33. Other vegetables	<input type="checkbox"/>							

**19. How often have you used dressing and other trimmings with salad since you became pregnant? (Mark one box per line)**

Dressing/ trimmings	per day		How often or per week			or per month		
	2+	1	5-6	3-4	1-2	2-3	1	0
1. Dressing (Thousand-island etc.)	<input type="checkbox"/>							
2. Light dressing, yoghurt dressing	<input type="checkbox"/>							
3. Olives, black/green	<input type="checkbox"/>							
4. Feta cheese	<input type="checkbox"/>							
<b>Home-made dressing</b>								
5. With oil	<input type="checkbox"/>							
6. Without oil	<input type="checkbox"/>							
7. With sour cream/ yoghurt	<input type="checkbox"/>							

**20. How would you characterize the usual ratio between vegetables and meat in your casseroles.**

	Have not eaten	More vegetables than meat	Same amount meat and veg.	More meat than vegetables
1. Casseroles with meat/ fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Casseroles with offal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Casseroles with minced meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fruit

**21. How many fresh fruits have you eaten on average since you became pregnant?**

	per day					or per week			or per month		
	8+	6-7	4-5	2-3	1	5-6	3-4	1-2	2-3	1	0
Fresh fruit	<input type="checkbox"/>										

**22. How often have you on average eaten the following fresh fruits since you became pregnant? (Mark one box per line)**

Fresh fruit		How often									
		per day				or per week			or per month		
		4+	3	2	1	5-6	3-4	1-2	2-3	1	0
1. Orange, mandarin	(1 piece)	<input type="checkbox"/>									
2. Banana	(1 piece)	<input type="checkbox"/>									
3. Grapes	(8-10 pieces)	<input type="checkbox"/>									
4. Apple	(1 piece)	<input type="checkbox"/>									
5. Peach, nectarine	(1 piece)	<input type="checkbox"/>									
6. Grapefruit	(½ piece)	<input type="checkbox"/>									
7. Strawberries	(1 cup)	<input type="checkbox"/>									
8. Other berries (blueberries etc.)	(1 cup)	<input type="checkbox"/>									
9. Mango	(½ piece)	<input type="checkbox"/>									
10. Melon	(1 slice)	<input type="checkbox"/>									
11. Papaya	(½ piece)	<input type="checkbox"/>									
12. Plum	(1 piece)	<input type="checkbox"/>									
13. Pear	(1 piece)	<input type="checkbox"/>									
14. Other fruits		<input type="checkbox"/>									

**23. How often have you on average eaten the following dried fruits since you became pregnant? (Mark one box per line)**

Dried fruit /nuts		How often									
		per day				or per week			or per month		
		4+	3	2	1	5-6	3-4	1-2	2-3	1	0
1. Apricots		<input type="checkbox"/>									
2. Raisins		<input type="checkbox"/>									
3. Prune, fig, date		<input type="checkbox"/>									
4. Peanuts		<input type="checkbox"/>									
5. Almonds, hazelnuts, cashew nuts etc.		<input type="checkbox"/>									

## Desserts, ice cream, cakes, candy

**24. How often have you on average eaten the following sweets since you became pregnant? (Mark one box per line)**

Dessert/ice cream		How often								
		per day		or per week			or per month			
		2+	1	5-6	3-4	1-2	2-3	1	0	
1. Pudding (chocolate, creme caramel etc.)		<input type="checkbox"/>								
2. Tinned fruit, stewed fruit thickened with potato flour		<input type="checkbox"/>								
3. Fruit salad made of fresh fruit		<input type="checkbox"/>								
4. Ice cream		<input type="checkbox"/>								
5. Ice cream made of yogurt or low fat		<input type="checkbox"/>								
6. Ice lollies, sorbet		<input type="checkbox"/>								
7. Vanilla sauce/custard		<input type="checkbox"/>								
8. Cream, whipped cream		<input type="checkbox"/>								

**25. How often have you on average eaten cakes and buns since you became pregnant?**

Cakes, buns		per day				How often or per week			or per month		
		4+	3	2	1	5-6	3-4	1-2	2-3	1	0
1. Sweet bun, Norwegian Christmas cake etc	(1 piece)	<input type="checkbox"/>									
2. Danish pastry	(1 piece)	<input type="checkbox"/>									
3. Doughnut, cake	(1 piece)	<input type="checkbox"/>									
4. Waffle	(1 plate)	<input type="checkbox"/>									
5. Chocolate cake, sponge cake etc.	(1 piece)	<input type="checkbox"/>									
6. Cookie	(1 piece)	<input type="checkbox"/>									

**26. How often have you on average eaten sweets and snacks since you became pregnant? (Mark only one box per line)**

Sweets and snacks		per day				How often or per week			or per month		
		4+	3	2	1	5-6	3-4	1-2	2-3	1	0
1. Plain chocolate		<input type="checkbox"/>									
2. Chocolate with nuts etc		<input type="checkbox"/>									
3. Caramel, liquorice		<input type="checkbox"/>									
4. Sweets, jelly sweets		<input type="checkbox"/>									
5. Pastilles with sugar		<input type="checkbox"/>									
6. Sugar-free pastilles		<input type="checkbox"/>									
7. Marzipan		<input type="checkbox"/>									
8. Potato chips		<input type="checkbox"/>									
9. Popcorn		<input type="checkbox"/>									
10. Salty snacks		<input type="checkbox"/>									

**Other food items**

**27. It is difficult to ask about all the food you have eaten since you became pregnant. Please write down the names of any food items that you have eaten and that you have not yet been asked about.**

Other food items eaten	Name:	per day						How often or per week			or per month	
		6+	5	4	3	2	1	5-6	3-4	1-2	2-3	1
	<input type="text"/>	<input type="checkbox"/>										
	<input type="text"/>	<input type="checkbox"/>										
	<input type="text"/>	<input type="checkbox"/>										
	<input type="text"/>	<input type="checkbox"/>										

**Genetically modified food**

**28. Many countries, including USA, England and France, allow the sale of genetically modified food. Most European countries, however, require labeling of such food items. We wish to know if you have eaten any genetically modified food items, either abroad or in Norway, since you became pregnant?**

Yes                       No                       Do not know

**29. If yes, please write down the name of the genetically modified food item(s) you have eaten.**

Genetically modified food items	Name:	per day						How often or per week			or per month	
		6+	5	4	3	2	1	5-6	3-4	1-2	2-3	1
	<input type="text"/>	<input type="checkbox"/>										
	<input type="text"/>	<input type="checkbox"/>										
	<input type="text"/>	<input type="checkbox"/>										
	<input type="text"/>	<input type="checkbox"/>										

## Hot meals from kiosks, gas/petrol stations and fast food restaurants

30. On average, how often have you eaten hot meals bought at kiosks, gas stations or fast food Restaurants since you became pregnant?

Food bought from	per day			or per week			or per month		
	4+	2-3	1	5-6	3-4	1-2	2-3	1	0
1. Kiosks	<input type="checkbox"/>								
2. Gas/petrol stations	<input type="checkbox"/>								
3. Fast food restaurants (McDonald's etc)	<input type="checkbox"/>								

## Dietary changes during this pregnancy

31. Please mark if you have eaten more, less or the same amount of the following food items compared to before becoming pregnant

Food item	Did not eat or drink this before pregnancy	As before	More	Less	Stopped completely
1. Milk, dairy products, cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bread and cereals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Biscuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other sweets/candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Soft drinks with sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Soft drinks sugar free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Have you experienced nausea during this pregnancy?  Yes  No

33. If yes; have you eaten more or less than before you became pregnant?   
 More  Less

34. In which week(s) were you most bothered with nausea?

From pregnancy week	To pregnancy week	Still nauseous
		<input type="checkbox"/>

35. Have you vomited during this pregnancy?  Yes  No

36. In which week(s) did you vomit?

From pregnancy week	To pregnancy week	Still vomiting
		<input type="checkbox"/>

37. Have you started to eat or drink certain food items during this pregnancy?  Yes  No

38. If yes, name the two most important food items you have started to eat/drink.

Write the name of the food item

## Dietary Supplements

39. Do you use, or have you used supplements during this pregnancy?  Yes  No

40. If yes, we ask you to name and quantify the supplements you have used/are using

(ts = 3.5 ml (teaspoon), bs = 5 ml (2 x teaspoon), ss = 10 ml (3 x teaspoon))

<b>Liquid supplements</b>	Times per week										Amount			
	7	6	5	4	3	2	1	<1	0	1 ts	1bs	1ss		
1. Cod liver oil	<input type="checkbox"/>													
2. Omega-3 cod liver oil	<input type="checkbox"/>													
3. Sanasol	<input type="checkbox"/>													
4. Biovit	<input type="checkbox"/>													
5. Liquid iron mixture (Floradix etc.)	<input type="checkbox"/>													
<b>Other liquid supplements</b>														
6. Name:	<input type="checkbox"/>													
7. Manufacturer:	<input type="checkbox"/>													
8. Name:	<input type="checkbox"/>													
9. Manufacturer:	<input type="checkbox"/>													
<b>Capsules/tablets</b>	Times per week										Number(s) per time			
	7	6	5	4	3	2	1	<1	0	1	2	3	4+	
10. Cod liver oil capsules	<input type="checkbox"/>													
11. Fish oil capsules	<input type="checkbox"/>													
12. Vitaplex, B vitamins	<input type="checkbox"/>													
13. Kostpluss/nyco plus multi	<input type="checkbox"/>													
14. Nyco plus folic acid 0.4 mg	<input type="checkbox"/>													
15. Spektro (Solaray)	<input type="checkbox"/>													
16. Hemofer	<input type="checkbox"/>													
17. Duroferon durretter, Ferro Retard	<input type="checkbox"/>													
<b>Other supplements</b>														
18. Name:	<input type="checkbox"/>													
19. Manufacturer:	<input type="checkbox"/>													
20. Name:	<input type="checkbox"/>													
21. Manufacturer:	<input type="checkbox"/>													
22. Name:	<input type="checkbox"/>													
23. Manufacturer::	<input type="checkbox"/>													
24. Name:	<input type="checkbox"/>													
25. Manufacturer:	<input type="checkbox"/>													

Please remember to fill out the date on page 2!

Thank you for your time and help!