
16-month Data Collection Wave: Main Cohort

Questionnaire

Copyright

This questionnaire is the copyright of *Growing Up in New Zealand*. Please apply in writing to the Data Access Coordinator to gain permission(s) to use any questions, tables or other information contained in this document.

Growing Up in New Zealand

University of Auckland Tamaki Campus, Bldg 730.313

261 Morrin Road, Glen Innes, Auckland 1072

PO Box 18288, Auckland 1743

Phone: 0508 476 946

Email: contact@growingup.co.nz

www.growingup.co.nz

© Growing Up in New Zealand 2009

16-month call

Birth Mothers

The first questions are about your pregnancy with [name/s], his/her birth, and what might have happened straight afterwards. Today we just want to confirm some of the details of your late pregnancy and the birth of [name]. If you have had another baby or become pregnant again since [insert name] was born, please remember that we are *just* talking about your pregnancy with [insert name], and his/her birth. If you are not sure about any of the questions we are asking, please just ask for them to be explained.

Non Birth Mothers

The first questions are about the development of {NAME}.

IF NOT BIRTH MOTHER – Goto Section C: The child

Section P: Pregnancy

In the first two questions, we would like to just think about the last 14 weeks of your pregnancy with [name] – this period is sometimes referred to as the third or the last trimester.

		Yes	No	R	DK
P1	Thinking about the last 14 weeks of your pregnancy with [name], during this time were you diagnosed with diabetes – this would be where your doctor, midwife, or other lead maternity carer told you that you had diabetes <u>for the first time</u> ?	1 ask P1a & P1b	2 to P2	98 to P2	99 to P2
P1a	IF P1 = YES And how was this diabetes treated? SELECT ALL THAT APPLY 1. Diet 2. Tablets 3. Insulin injections 4. Not treated 98. Refused 99. Don't know	Answer:			
		Yes	No	R	DK
P1b	IF P1 = YES Do you still have diabetes?	1	2	98	99
P2	During this time (<i>IF NECESSARY – the last 14 weeks of your pregnancy with [name]</i>), were you diagnosed with high blood pressure by your doctor, midwife or other LMC for the first time?	1 to P2a	2 to P3	98 to P3	99 to P3
P2a	IF P2 = YES How was this treated? SELECT ALL THAT APPLY 1. Medication 2. Hospitalisation 3. Induced delivery 4. Not treated 98. Refused 99. Don't know	Answer:			
		Yes	No	R	DK
P2b	IF P2 = YES Do you still have high blood pressure?	1	2	98	99
P3	The next question is about any time in your pregnancy with [name]. So at any point in this pregnancy, were you diagnosed with pre-eclampsia or toxemia by your doctor, midwife or other LMC?	1 to P3a	2 to P4	98 to P4	99 to P4
P3a	IF P3 = YES How was this treated? SELECT ALL THAT APPLY 1. Medication 2. Hospitalisation 3. Induced delivery 4. Not treated 98. Refused 99. Don't know	Answer:			

P4	How important was it to you to find out the sex of your [CHILD/CHILDREN] before they were born? 1. Very important 2. Quite important 3. A little important 4. Not at all important 98 Refused 99 Don't know	Answer:			
		Yes	No	R	DK
P4a	Did you find out whether you were having a boy(s) or a girl(s) before <CHILD/CHILDREN> was [were] born? <i>Interviewer note: If the mother did find out, and the information was wrong (e.g. if they were told they were having a girl, and it turned out to be a boy), still code as 'yes'.</i>	1	2	98	99

Section B: Birth							
The next few questions are about [name's] birth – again, please do just think about [name's] particular birth.							
B1	When you went into labour with [name], did you go into labour on your own, or was your labour induced or brought on?	Just on their own	Induced	Both	Did not go into labour	R	DK
		1 to B2	2 to B1a	3 to B1a	4 to B2	98 to B2	99 to B2
B1a	IF B1 = Induced or Both And can you tell me why this labour was induced? <i>Interviewer Note: CODE ALL</i> 1. Overdue 2. Failure to progress 3. Maternal conditions (e.g. diabetes) 4. Fetal conditions (e.g. size, not enough liquor) 5. Other [specify] 98. Refused 99. Don't know					Answer:	
B2	What type of delivery was [name's] birth? A Normal B Breech C Planned Caesarean [Ask B3] D Emergency or unplanned Caesarean [Ask B4] E Vacuum extraction (Ventouse) F Forceps G Other [specify] 98 Refused [Goto Section BC] 99 Don't know [Goto Section BC]	CODE ALL				Answers:	

If NOT option C or D, Goto **Section BC**

B3	<p>IF B2 option “C” SELECTED ‘Can you tell me why the Caesarean was performed?’</p> <p style="text-align: right;"><i>Interviewer Note: CODE ALL</i></p> <ol style="list-style-type: none"> 1. Prior Caesarean. 2. Convenience or preferred timing. 3. Hypertension or high blood pressure. 4. Pre-eclampsia or toxaemia. 5. Placenta previa. 6. Placental bleeding. 7. Overly large baby. 8. Multiple pregnancy. 9. Other [specify] 98. Refused 99. Don’t know <p style="text-align: right;">GOTO Section BC</p>	<p>Answer:</p> <p style="text-align: right;">GOTO Section BC</p>
B4	<p>IF B2 option “D” SELECTED ‘Can you tell me why the Caesarean was performed?’</p> <p style="text-align: right;"><i>Interviewer Note: CODE ALL</i></p> <ol style="list-style-type: none"> 1. Failure to progress. 2. Fetal distress. 3. Hypertension or high blood pressure 4. Placenta praevia 5. Placental bleeding 6. Overly large baby 7. Abnormal presentation (e.g. breech or other abnormal lie). 8. Other [specify]. 98. Refused 99. Don’t know 	<p>Answer:</p>

The next few questions is thinking about how things were for [NAME] in the first week following the birth.

Section BC: Complications for baby		
BC1	How was [NAME] after the birth, did he/she have any of the following problems: <i>Interviewer Note: CODE ALL</i>	
		Tick
A	No problems [Goto Section C]	
B	Delay in breathing at birth [Ask BC2]	
C	Breathing difficulties or distress in the first week [Ask BC2]	
D	Meconium or meconium aspiration	
E	Jaundice requiring hospital treatment (e.g. lights)	
F	Infection or suspected infection	
G	Hypoglycemia	
H	Other [specify]	
98	Refused [Goto BC3]	
99	Don't know [Goto BC3]	

		Yes	No	R	DK
BC2	IF BC1 option "B" OR "C" SELECTED Did [name] need any help with his/her breathing from a ventilator? Not just a 'head box' for oxygen.	1 to BC2a	2 to BC3	98 to BC3	99 to BC3
BC2a	IF BC2 = YES Do you know what sort of ventilator was used? <i>Interviewer Note: CODE ALL</i>				Tick
	1 CPAP				
	2 Full ventilation (IPPV)				
	98 Refused				
	99 Dont Know				

		Yes	No	R	DK
BC3	Did [name] have to go into a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?	1 to BC3a	2 to Sec C	98 to Sec C	99 to Sec C
BC3a	IF BC3 = YES And how long did he/she stay there for?	Days: or Weeks:		98	99

Section C: The child

Now we have a couple of questions about some of things [name] might be doing now.

		If More than one child		
		Child 1	Child 2	Child 3
		Name:	Name:	Name:
C1	<p>Does [name] walk across the room without help?</p> <p>1. Not yet (Goto C2) 2. Sometimes (Goto C1a) 3. Always (Goto C1a) 98. Refused 99. Don't know</p>			
C1a	<p>And could you tell me what age [name] was when he/she took their first few wobbly steps?</p> <p>Age in Months: 98. Refused 99. Don't know</p>	<p>Age:</p> <p>Go to C4</p>	<p>Age:</p> <p>Go to C4</p>	<p>Age:</p> <p>Go to C4</p>
C2	<p>Does [name] walk for at least three steps, which can be wobbly, without help?</p> <p>1. Not yet (Goto C3) 2. Sometimes 3. Often 98. Refused (Go to C3) 99. Don't know (Go to C3)</p>			
C2a	<p>If C2 = sometimes or often: At what age did this first happen?</p> <p>Age in Months: 98. Refused (Goto C4) 99. Don't know (Goto C4)</p>	<p>Age:</p> <p>Go to C4</p>	<p>Age:</p> <p>Go to C4</p>	<p>Age:</p> <p>Go to C4</p>
C3	<p>If C2 = Not Yet, DK or Refused</p> <p>Does [name] walk across the room with help (using furniture or with the hand held)?</p> <p>1. Not yet 2. Sometimes 3. Often 4. 98. Refused (Goto C4) 5. 99. Don't know (Goto C4)</p>	<p>Go to C4</p>	<p>Go to C4</p>	<p>Go to C4</p>

Ask for all

		Child 1 Name:	Child 2 Name:	Child 3 Name:
C4	'Approximately how old was [name] when he/she said his/her first word? Age in Months or <u>NOT</u> for not talking yet: (NOT Goto C5) 98. Refused (Goto C5) 99. Don't know (Goto C5)	Age:	Age:	Age:

		First Word:	First Word:	First Word:
C4a	And what was his/her first word?			

Ask for all

		Child 1 Favourite Foods:	Child 2 Favourite Foods:	Child 3 Favourite Foods:
C5	Could you tell me two of [name's] favourite foods?			

Siblings

The next questions are about brothers or sisters that [name] may have including half brothers or sisters and step brothers. This would include those who may not be living in your household. It would also include children who may have been adopted out to other families, and children who may not be biologically related to [name] but who you still consider their brother or sister.

Note : Do not include deceased siblings – capture any notes about deceased siblings on the next page

Section S: Siblings						
		Yes	No	R	DK	
S1	'Does [name] have <i>any</i> brothers or sisters?'		1 to S2	2 to CD	98 to CD	99 to CD
S2	IF S1 = YES Could you please tell me how many brothers and/or sisters [name] has?		Answer :			
	First Name [DK/R]	Gender (M/F) [DK/R]	Year Of Birth [DK/R]	Relationship	Lives in same house (Y/N)	Frequency sees Participant
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

Relationships	Frequency sees Participant
<ol style="list-style-type: none"> 1. Full biological brother/sister. 2. Half biological brother/sister. 3. Adopted brother/sister. 4. Whangai – type arrangement brother/sister. 5. Step-brother/-sister (the child of your partner who is not [name's] biological parent). 6. Other [specify] <p>98. Refused 99. Don't know</p>	<ol style="list-style-type: none"> 1. Every day. 2. A few times a week. 3. Once a week. 4. Once every two or three weeks. 5. Once a month. 6. Once every two months. 7. Once every three or four months. 8. Once or twice a year. 9. Less than once a year. 10. Never. <p>98. Refused. 99. Don't know.</p>

Deceased Sibling information (if any volunteered):