HBM4EU science and policy for a healthy future

REPUBLIC OF CYPRUS
MINISTRY OF HEALTH

ΓΧΚ SGL Γενικό Χημείο του Κράτους State General Laboratory

HBM4EU-MOM

Development of fish consumption recommendations for healthy pregnancy

A harmonized pilot research study in five European countries

Phase 1
QUESTIONNAIRE

ARISTOTLE UNIVERSITY OF THESSALONIKI

UNIVERSITAS ISLANDIAE SIGILLUM
UNIVERSITY OF ICELAND

REPÚBLICA PORTUGUESA SAÚDE
Instituto Nacional de Saúde Doutor Ricardo Jorge

GOBIERNO DE ESPAÑA MINISTERIO DE CIENCIA E INNOVACIÓN
Instituto de Salud Carlos III

vito

European Environment Agency

Jožef Stefan Institute Ljubljana, Slovenia

Umwelt Bundesamt

Università degli Studi di Napoli Federico II

Escuela Andaluza de Salud Pública

Questionnaire

IDENTIFYING INFORMATION	
ID (PARTICIPANT)	|__|__|__|__|__|
ID (INTERVIEWER)	|__|__|__|__|__|
DATE OF THE INTERVIEW	|__|__| |__|__| |__|__|__|__|
START TIME	|__|__| : |__|__|
END TIME	|__|__| : |__|__|
INTERVIEW PLACE / INTERVIEW PLATFORM	
WHO IS YOUR HEALTH CARE PRACTITIONER? ……	
What is your age? |__|__| (years)	
Gestational age: |__|__| (weeks)	
Have you resided in Cyprus for the last 3 years? ☐ Yes ☐ No	

1. Sociodemographic information

1.1 Where were you and your parents born?

	In Cyprus			In another country			Please specify the country
	Yes	No	Don't know / Refuse to answer	Yes	No	Don't know / Refuse to answer	
Respondent	☐	☐	☐	☐	☐	☐	
Mother	☐	☐	☐	☐	☐	☐	
Father	☐	☐	☐	☐	☐	☐	

1.2 What best describes the location of your home? Click all that applies.

1	Rural / Village	☐
2	Urban	☐
3	Industrial area. Please specify type of activities below: ……	☐
4	Refuse to answer / Don't know	☐

1.3 How many people live in your house? (specify the number of adults and children)

Adults	Children
|__|__|	|__|__|

1.4 Which of the following best describes your family situation?

1	I live with a partner	☐
2	I live with my parents	☐
3	I live alone	☐
4	Other situations. Please specify: ……..	☐
5	Refuse to answer	☐

1.5 What is the highest level of education attained by you and by your (live-in) partner?

	You	Partner
1. No formal education or below primary education **(ISCED 0)**	☐	☐
2. Primary education **(ISCED 1)**	☐	☐
3. Lower secondary education,or second stage of basic education **(ISCED 2)**	☐	☐
4. Upper secondary education **(ISCED 3)**	☐	☐
5. Post-secondary non-tertiary education **(ISCED 4)**	☐	☐
6. Short-cycle tertiary education **(ISCED 5)**	☐	☐
7. Bachelor's or equivalent level **(ISCED 6)**	☐	☐
8. Master's or equivalent level **(ISCED 7)**	☐	☐
9. Doctoral or equivalent level **(ISCED 8)**	☐	☐
10. Don't know / Refuse to answer	☐	☐

1.6 What is the main labour status over the past 4 months of yourself and your (live-in) partner?

		You	Partner
1	Employee working full-time. Please specify your job: …….....	☐	☐
2	Employee working part-time. Please specify your job: …….....	☐	☐
3	Self-employed working full-time. Please specify your job: …….....	☐	☐
4	Self-employed working part-time. Please specify your job: …….....	☐	☐
5	Unemployed	☐	☐
6	Home-maker	☐	☐
7	Pupil, student, further training, unpaid work experience	☐	☐
8	In retirement or in early retirement or has given up business	☐	☐

2. General health and pregnancy

2.1 Please, indicate the following information:

			Don't know	Refuse to answer
a.	Your height	…… cm	☐	☐
b.	Your typical weight before the pregnancy	…… Kg	☐	☐
c.	Your weight now	…… Kg	☐	☐

2.2 Is this pregnancy...

		Yes	No	Refuse to answer
a.	…your first?	☐	☐ Number of previous pregnancies of gestational age equal or larger than 24 weeks …….	☐
b.	…planned?	☐	☐	☐

2.3 Please mark what applies to you before and during your pregnancy:

		Refuse to answer	No	Yes			
				Less or once per week	More than once a week but not daily	Daily	Refuse to answer
BEFORE YOUR PREGNANCY	Smoking of tobacco products	☐	☐	☐	☐	☐	☐
	Passive smoker	☐	☐	☐	☐	☐	☐
	Consumption of alcoholic drinks	☐	☐	☐	☐	☐	☐
DURING YOUR PREGNANCY	Smoking of tobacco products	☐	☐	☐	☐	☐	☐
	Passive smoker	☐	☐	☐	☐	☐	☐
	Consumption of alcoholic drinks	☐	☐	☐	☐	☐	☐

2.4 Did you make any changes to your usual (pre-pregnancy) diet specifically for this pregnancy?

Yes ☐

> 3 months before planned pregnancy	1-3 months before planned pregnancy	As soon as I started planned pregnancy	As soon as I found out I was pregnant	Refuse to answer	Other (please specify below)
☐	☐	☐	☐	☐	☐

……

……

No ☐

I find it difficult to change	My diet was already healthy and balanced	I didn't think I needed to	I don't know what change to make	Refuse to answer	Other (please specify below)
☐	☐	☐	☐	☐	☐

……

……

2.5 How often did /do you consume the following foods before and during your pregnancy?

	Before the pregnancy				During the pregnancy			
	Never	Meals per week	Times per month	Don't know / refuse to answer	Never	Meals per week	Times per month	Don't know / refuse to answer
FISH	☐			☐	☐			☐
MEAT	☐			☐	☐			☐
DAIRY PRODUCTS	☐			☐	☐			☐
EGGS	☐			☐	☐			☐
CEREAL	☐			☐	☐			☐
FATS (e.g. oil, butter, margarine)	☐			☐	☐			☐
VEGETEBLES	☐			☐	☐			☐
FRUIT	☐			☐	☐			☐
PULSES	☐			☐	☐			☐
NUTS	☐			☐	☐			☐
SNACKS	☐			☐	☐			☐
DRINKS (that contain caffeine)	☐			☐	☐			☐

2.6 Do you consume dietary supplements (e.g. vitamins and minerals)? If yes, please indicate type and trademark.

Dietary supplement type		Yes		No	Don't know
		Subscribed	Trademark		
A	Folate	☐		☐	☐
B	Pregnancy supplement	☐		☐	☐
C	Multivitamins	☐		☐	☐
D	Multi-mineral	☐		☐	☐
E	Omega-3 fatty acids	☐		☐	☐
F	Vitamin A	☐		☐	☐
G	Vitamin B/ B-complex	☐		☐	☐
H	Vitamin C	☐		☐	☐
I	Vitamin D	☐		☐	☐
J	Vitamin E	☐		☐	☐
K	Iodine	☐		☐	☐
L	Iron	☐		☐	☐
M	Selenium	☐		☐	☐
N	Magnesium	☐		☐	☐
O	Zinc	☐		☐	☐
P	Calcium	☐		☐	☐
Q	Other. Specify: ……..	☐		☐	☐

3. Fish Consumption

Please answer the following questions about your fish consumption habits.

3.1 Please choose what applies to the three main fish categories you ate *over the past 4 months* and how often you eat it, in the following table. Circle the number (1-8), which best describes how often you ate the specific category. Circle the letter (a-c) that best describes the portion you normally eat. Circle the letter (i-l) that describes any seasonal change in consumption. Please specify the portion using the pictures in Appendix A

FISH SPECIES	PORTION			FREQUENCY								SEASONALITY			
	Choose from the picture in the Appendix			Never	Less than once per month	1-3 times per month	Once per week	2-4 times per week	5-6 times per week	1 time per day	More than 2 times per day	NO seasonal change in consumption	Higher consumption in summer	Higher consumption in winter	Seasonal change - other
White fish (e.g. european hake, sea bas, sea bream)	a	b	c	1	2	3	4	5	6	7	8	i	j	k	l
Small oily fish (e.g. sardines, anchovy, salmon)	a	b	c	1	2	3	4	5	6	7	8	i	j	k	l
Big oily fish (e.g. sword fish, tuna, school shark)	a	b	c	1	2	3	4	5	6	7	8	i	j	k	l
Other sea food (e.g. octapus, squid)	a	b	c	1	2	3	4	5	6	7	8	i	j	k	l

3.2 Please choose what applies to the species of fish you ate *over the past 4 months* and how often you eat it, in the following table. Circle the number (1-8), which best describes how often you ate the specific fish. Circle the letter (a-c) that best describes the portion you normally eat. Circle the letters (d-l) that describe the origin of the fish and any seasonal change in consumption. Please specify the portion using the pictures in Appendix A

FISH SPECIES	PORTION			FREQUENCY								TYPE AND SEASONALITY								
	Choose from the picture in the Appendix			Never	Less than once per month	1-3 times per month	Once per week	2-4 times per week	5-6 times per week	1 time per day	More than 2 times per day	Fresh/frozen from the region	Fresh from other origin	Frozen from other origin	Fresh, I don' t know the origin	Frozen, I don' t know the origin	NO seasonal change in consumption	Higher consumption in summer	Higher consumption in winter	Seasonal change - other
Fish broth	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Sea Bass	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Gilt head bream	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Stripped red mullet	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Salmon	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Salmon smoked	a	b	c	1	2	3	4	5	6	7	8	-	-	-	-	-	i	j	k	l
Boque	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Picarel	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Red porgy snapper	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Common pandora	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Sargo	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Dusky grouper	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Swordfish	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Sole	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Tuna	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Tuna canned	a	b	c	1	2	3	4	5	6	7	8	-	-	-	-	-	i	j	k	l
European hake	a	b	c	1	2	3	4	5	6	7	8	-	-	-	-	-	i	j	k	l
Atlantic cod	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Anchovy	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Anchovy canned	a	b	c	1	2	3	4	5	6	7	8	-	-	-	-	-	i	j	k	l

FISH SPECIES	PORTION			FREQUENCY								TYPE AND SEASONALITY								
	Choose from the picture in the Appendix			Never	Less than once per month	1-3 times per month	Once per week	2-4 times per week	5-6 times per week	1 time per day	More than 2 times per day	Fresh/frozen from the region	Fresh from other origin	Frozen from other origin	Fresh, I don' t know the origin	Frozen, I don' t know the origin	NO seasonal change in consumption	Higher consumption in summer	Higher consumption in winter	Seasonal change - other
Sardine	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Sardine canned	a	b	c	1	2	3	4	5	6	7	8	-	-	-	-	-	i	j	k	l
Mediterranean sand smelt	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Redfish	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Meagre croaker	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Trout	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
School shark	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Painted comber	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Pangasius	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Other fish. Please specify …………………………………	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Other fish. Please specify: …………………………………	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Other fish. Please specify: …………………………………	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Other fish. Please specify: …………………………………	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Other fish. Please specify: …………………………………	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Other fish. Please specify: …………………………………	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l

Remark: in case of 'Other', please specify the type using the list in Appendix A

SEAFOOD OTHER THAN FISH	PORTION			FREQUENCY								TYPE AND SEASONALITY								
	Choose from the picture in the Appendix			Never	Less than once per month	1-3 times per month	Once per week	2-4 times per week.	5-6 times per week	1 time per day	More than 2 times per day	Fresh/frozen from the region	Fresh from other origin	Frozen from other origin	Fresh, I don' t know the origin	Frozen, I don' t know the origin	NO seasonal change	Higher in summer time	Higher in winter time	Seasonal change - other
Octopus	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Octopus canned	a	b	c	1	2	3	4	5	6	7	8	-	-	-	-	-	i	j	k	l
Squid	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Squid - canned	a	b	c	1	2	3	4	5	6	7	8	-	-			-	i	j	k	l
Cuttlefish	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Cuttlefish - canned	a	b	c	1	2	3	4	5	6	7	8	-	-			-	i	j	k	l
Mussel	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Mussel - canned	a	b	c	1	2	3	4	5	6	7	8	-	-			-	i	j	k	l
Oyster	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Oyster - canned	a	b	c	1	2	3	4	5	6	7	8	-	-			-	i	j	k	l
Shrimps	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Other. Please specify:	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Other. Please specify:	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Other. Please specify:	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l
Other. Please specify:	a	b	c	1	2	3	4	5	6	7	8	d	e	f	g	h	i	j	k	l

Remark: in case of 'Other', please specify the type using the list in Appendix A

4. Lifestyle

4.1 Excluding your professional activities, did you carry out activities, which involved the following (for example during Do-it-yourself projects or hobbies), during the past three months?

	Products / DIY activities/hobbies	Yes	No	Don't know
A	Gardening that icluded fertilizers, pesticides	☐	☐	☐
B	Artist paints, other paints, pigments, dyes	☐	☐	☐
C	Leather tanning or preservatives	☐	☐	☐
D	Recycling of electrical parts	☐	☐	☐
E	Smelting, Welding/Soldering	☐	☐	☐

4.2 Please mark what applies to you.

<table>
<tr><th>A. Have you ever had amalgam (silver colour) fillings in your teeth?</th><th>Yes</th><th>No</th><th>Don't know / Refuse to answer</th></tr>
<tr><td></td><td>☐
<table><tr><td>How many?</td><td></td></tr></table>
<table><tr><td></td><td>Less than 4 months ago</td><td>4-12 months ago</td><td>More than 1 year ago</td></tr><tr><td>Last placed?</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Last removed?</td><td>☐</td><td>☐</td><td>☐</td></tr></table></td><td>☐</td><td>☐</td></tr>
</table>

B. Do you have any tattoos?

☐

	Less than 4 months ago	4-12 months ago	More than 1 year ago
Last done?	☐	☐	☐
Size	**S**	**M**	**L**

C. Did a mercury thermometer ever break inside your home?

☐

	Less than 4 months ago	4-12 months ago	More than 1 year ago
How long ago?	☐	☐	☐

Do you know how to react in such an incident?	Yes	No
	☐	☐
How would you react if it happened to you?		

D. Did an energy-saving lamp ever break inside your home?

☐

	Less than 4 months ago	4-12 months ago	More than 1 year ago
How long ago?	☐	☐	☐

Do you know how to react in such an incident?	Yes	No
	☐	☐
How would you react if it happened to you?		

5. Preferences

5.1 Which of the following influences your decision about eating fish during your pregnancy? Click all that applies.

A	Fish is a staple in my diet	☐
B	How much it costs	☐
C	How readily available it is to me to purchase and / or consume	☐
D	I find it difficult to cook	☐
E	I don't like the taste and / or smell	☐
F	My family (partner, children) doesn't like to eat it	☐
G	It doesn't keep well as left-overs	☐
H	I don't think it is safe to eat during pregnancy	☐
I	I think it is safe to eat during pregnancy	☐
J	I don't think it is nutritious to eat during pregnancy	☐
K	I think it is nutritious to eat during pregnancy	☐
L	Other. Specify:	☐

5.2 When making choices around nutrition during your pregnancy, who influences your decisions? Please rank your top three influences.

A	Medical Doctor (GP, Obstetrician, other)	☐
B	Midwife	☐
C	Dietician	☐
D	Pregnancy Assistance	☐
E	Women's or family health centers	☐
F	Antenatal classes	☐
G	Family / friends	☐
H	Governmental / Professional Associations websites	☐
I	Self help (speciallized pregnancy books, websites, seminars, apps)	☐
J	Mass media (internet)	☐
K	Mass media (traditional (tv, radio)	☐
L	Other. Specify:	☐

5.3 Would you be willing to change your diet during your pregnancy? Please mark all that apply.

A	No	☐
B	Yes	☐
C	Yes, if I knew it would benefit my baby	☐
D	Yes, if it didn't take a great effort from me	☐
E	Yes, if I had guidance	☐
F	Yes, if it wasn't expensive to do	☐
G	Don't know / Refuse to answer	☐
H	Other. Please specify ……	☐

5.4 If new pregnancy related nutritional information was to become available, how would you prefer to receive it? Please click all that apply to you.

A	I am not interested in receiving new information	☐
B	Through my doctor	☐
C	Through my dietician	☐
D	Mass media (TV, radio)	☐
E	Internet / social media	☐
F	Leaflets	☐
G	Webinars / Seminars	☐
H	Phone (sms)	☐
I	Other. Specify ……	☐

THE END

THANK YOU FOR YOUR TIME AND EFFORT