

Diseases and medication

Have you or the father of the baby got any of the following diseases or have you got any of them currently (M = mother, F = father)

Disease	M	F	Disease	M	F
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Some other neurological disease/migraine	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Changes in the mental health or a mental illness	<input type="checkbox"/>	<input type="checkbox"/>
Allergy	<input type="checkbox"/>	<input type="checkbox"/>	A congenital deformity	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	A disability	<input type="checkbox"/>	<input type="checkbox"/>
Liver disease	<input type="checkbox"/>	<input type="checkbox"/>	Herpes	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Genital herpes	<input type="checkbox"/>	<input type="checkbox"/>
Lung disease/asthma	<input type="checkbox"/>	<input type="checkbox"/>	Some other disease:	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>			

Has the mother of the baby got any of the following diseases:

Disease	No	Yes	Disease	No	Yes
Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	Have you received treatment in a hospital in another country within the last six months	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid gland disease	<input type="checkbox"/>	<input type="checkbox"/>	Tumours	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	Hormonal treatment	<input type="checkbox"/>	<input type="checkbox"/>
Has had chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	Sexually transmitted diseases	<input type="checkbox"/>	<input type="checkbox"/>
Has had the fifth disease (caused by parvovirus)	<input type="checkbox"/>	<input type="checkbox"/>	Gynaecological operations/inflammations	<input type="checkbox"/>	<input type="checkbox"/>
MMR vaccine x2	<input type="checkbox"/>	<input type="checkbox"/>	Other operations	<input type="checkbox"/>	<input type="checkbox"/>
Vascular occlusions (blockage of blood vessels)	<input type="checkbox"/>	<input type="checkbox"/>	A earlier child has had phototherapy (treatment with light) because of jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed tendency to develop blood clots in veins	<input type="checkbox"/>	<input type="checkbox"/>	Previous anti-D protection	<input type="checkbox"/>	<input type="checkbox"/>
Have you had blood transfusions	<input type="checkbox"/>	<input type="checkbox"/>	Allergy to medication	<input type="checkbox"/>	<input type="checkbox"/>

What medication(s) are you allergic to:	
Regular medication:	
More information about the diseases:	
Diseases among the nearest relations:	

Health behaviour and lifestyle

Diet:	<input type="checkbox"/> normal	<input type="checkbox"/> a special diet, what:
What kind of exercise do you do, including incidental physical activity (exercise we get during daily activities e.g. taking the stairs, vacuuming, mowing the lawn):		
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
How often do you, on average, do fitness training for at least half an hour at a time so that you get out of breath and sweaty:		times a week
The latest oral health check-up:		

Use of addictive substances

Smoking/use of snus

Mother:	<input type="checkbox"/> no	<input type="checkbox"/> yes:	cigarettes/portions of snus a day
How many years have you smoked/used snus:			
Stopped in the pregnancy week:			

Father:	<input type="checkbox"/> no	<input type="checkbox"/> yes:	cigarettes/portions of snus a day
How many years have you smoked/used snus:			
Have stopped smoking in:			

If needed, please take the website Päihdelinkki's [nicotine addiction test](#) (link to the test, test in Finnish)

Alcohol consumption

Alcohol consumption before the pregnancy

Mother:	<input type="checkbox"/> no	<input type="checkbox"/> yes
Father:	<input type="checkbox"/> no	<input type="checkbox"/> yes

Both of the parents should take the website Päihdelinkki's [AUDIT test](#) about alcohol risks (link to the test)

Points in Päihdelinkki's AUDIT test:	Mother:	Father:
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Drugs

Drug use before the pregnancy

Mother:	<input type="checkbox"/> no	<input type="checkbox"/> yes
Father:	<input type="checkbox"/> no	<input type="checkbox"/> yes

If needed, please take the website Päihdelinkki's the [test about drug use](#) (link to the test, test in Finnish)

Number of points in Päihdelinkki's drug use test:	Mother:	Father:
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More information about drug use:

The tests aren't diagnostic tools. They are used to map out the situation and to provide a basis for the discussion.