TEXT FOR THE QUESTIONNAIRE:

INSTRUCTIONS:
Tick the answer that you think is the correct one. Where it is indicated that you should tick all that apply, incorrect responses will cause points to be deducted from your total score. Questions 8, 9 and 10 are open-ended, and you are kindly asked to write your answer on the dotted line. You have 7 minutes to answer all the questions. Your response will be treated anonymously, and the questions are designed in such a manner that hardly anybody will be able to answer them all correctly.

INFORMATION ABOUT YOU:
1. I have read the information leaflet and consent to participate in the study.
   - Yes
   - No

2. Gender
   - Female
   - Male

3. Age
   - 34 years or younger
   - 35–44 years
   - 45–54 years
   - 55 years or older

QUESTIONS UNRELATED TO THE ARTICLE

4. Which of these drugs are normally contraindicated for all or parts of a pregnancy? (Tick all that apply)
   - Omeprazole
   - Cephalexin
   - Valproate
   - Salbutamol
   - Loratadine
   - Atorvastatin
   - Enalapril
   - Misoprostol
   - Metoclopramide
   - Ibuprofen

QUESTIONS RELATED TO THE ARTICLE

5. How soon after delivery will the pharmacokinetic changes that occur during pregnancy be normalised? (Tick one only)
   - 1–2 days
   - 3–4 days
   - 1–2 weeks
   - 3–4 weeks
6. What are the practical consequences of the pharmacokinetic changes that occur during pregnancy? (Tick all that apply)

□ All those who are on regular medication require a baseline test at the earliest possible stage of pregnancy.
□ Close clinical follow-up, including regularly measurement of blood pressure, is sufficient.
□ For drugs that we know to be affected by pregnancy, a baseline test must be taken, with monthly follow-up tests.
□ For drugs that we know to be affected by pregnancy, measurement of serum concentration may be necessary.

7. Which of these physiological changes occur during pregnancy and may affect the concentration of drugs? (Tick all that apply)

□ Increased gastric pH
□ Increased gastrointestinal motility
□ Increased plasma volume
□ Reduced concentration of α1-acid glycoprotein
□ Reduced glomerular filtration rate

8. According to the article, what is the most important thing to know about a drug in order to estimate how a pregnancy will affect the drug concentration in the mother?

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9. What does it mean that a fetus may be doubly exposed?

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10. The article lists three issues that may cause therapeutic failure during pregnancy. Which are they?

A. ..........................................................
B. ..........................................................
C. ..........................................................

11. Which of the statements below are true according to the article? (Tick all that apply)

□ Methadone doses should be gradually reduced during pregnancy
□ Methadone is metabolised via CYP3A4 in the liver
□ Caffeine metabolism is reduced during pregnancy
Doses of escitalopram should as a rule be increased during pregnancy.
Serum concentration of lamotrigine should be measured regularly during pregnancy.
The dose requirement of methadone may increase during pregnancy.
Serum concentration of lamotrigine increases during pregnancy.
The dose requirement of lithium may increase during pregnancy.
The clinical effect of methadone should be monitored during pregnancy.
A fall in the concentration of escitalopram may cause therapeutic failure during pregnancy.

12. What proportion of pregnant women in Norway have used pharmaceutical drugs during their pregnancy (Tick one only)

- Nearly 50%
- Nearly 30%
- Nearly 80%