ID #.....

RECORD.....**01** SUBRECORD #.....**00**

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FORM.....01 VERSION.....3.11

National Birth Defects Prevention Study

Mother Questionnaire CATI Version 3.11

Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
Public Health Service

November 2, 2001

This CATI version was used for participants with DOB 10/1/1997 – EDD 12/31/2005

Information contained on this form which could permit identification of any individual or establishment has been collected with an assurance that it will be held in strict confidence by the contractor and CDC, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of CDC without the consent of the participant in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

HARDCOPY INSTRUCTIONS:

ON HARDCOPY, “DON’T KNOW” (DK) OPTIONS SHOW AT MOST FIELDS BUT “REFUSED” (RF) OPTIONS ARE NOT SHOWN. WHEN SUBJECTS REFUSE, INTERVIEWERS SHOULD WRITE “RF” NEAR RESPONSE FIELDS ON THE HARDCOPY. WRITE “DK” WHEN NEEDED TO DESIGNATE DON’T KNOW. INSTRUCTIONS FOR REFUSALS SHOULD FOLLOW SAME INSTRUCTIONS AS FOR DON’T KNOW.

SEE APPENDIX AT BACK OF QUESTIONNAIRE FOR DETAILS ABOUT RESPONSE CODES AND CONVENTIONS USED IN CATI VS. HARDCOPY QUESTIONNAIRE.

INVESTIGATORS: PLEASE NOTE: THE CODES IN THIS DOCUMENT ARE NOT A “CODEBOOK” OR OFFICIAL ANALYSIS/DATABASE CODES. THE CODES ARE FOR INTERVIEWING PURPOSES ONLY. (FOR EXAMPLE, THIS DOCUMENT DOES NOT SHOW ACTUAL DRUG CODES.) FOR CODES, INVESTIGATORS SHOULD REFER TO NBDPS DOCUMENTATION.

OPENING STATEMENT

In this interview we will be asking you questions about your family, health, lifestyle habits, and work history. The questions cover many topics because we don't know what causes most birth defects. We will study the answers from thousands of mothers hoping to learn something new about the causes of birth defects. Your individual responses are being collected with an assurance of confidentiality.

SECTION A: ESTABLISHING DATES

I'm going to ask many questions about the year before (NOIB)'s birth. In order to do this I need to start by asking you some dates.

TABS: I'm going to ask many questions about the year before you had a pregnancy affected by a birth defect. I will refer to this pregnancy as the affected pregnancy when I ask you questions. I need to start by asking you some dates.

A1. What was (NOIB's/the baby's) date of birth?

DOB..... ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY

TABS: On what date did the affected pregnancy end?

DOIB (TAB) ..... ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY

A2. What date did the doctor give you as a due date for (NOIB's/the baby's) birth? That is, when was (NOIB/the baby) expected to be born?

DUE DATE ..... ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY

CHECK IF DK..... ❑

TABS: What date did the doctor give you as a due date for the affected pregnancy? That is, when was the baby expected to be born?

DUE DATE (TABS) ..... ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY

CHECK IF DK..... ❑

NOTE: IF MOM KNOWS DUE DATE, CATI WILL CALCULATE WHICH PREGNANCY MONTHS CORRESPOND WITH CALENDAR DATES. IF MOM DOES NOT KNOW DUE DATE, USE THE EDC RECORDED IN THE TRACKING DATABASE TO CALCULATE DATES.

A3. What was your date of birth?

DOB..... ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY

CHECK IF DK..... ❑ ❑ ❑ MM DD YYYY

CHECK IF RF..... ❑ ❑ ❑ MM DD YYYY

A4. I would like to ask about (NOIB)'s biologic or natural father. What was his date of birth? IF DK, PROBE: You don't know the date of birth or you do not know the biologic father?

DOB..... ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY

CHECK IF DK..... ❑ ❑ ❑ MM DD YYYY

CHECK IF DK WHO FATHER IS ..... ❑

HISTORY OF THIS PREGNANCY

A5. In this pregnancy, how many babies were you carrying? PROBE: Did you have a single baby, twins, or more babies?

BABIES ..... ☐☐
RF 7
DK 8

IF NOIB IS "TAB" OR "STILLBIRTH," THEN SKIP TO SECTION B.

A6. Is (NOIB) still living?

YES .....(SKIP TO INTRO SCRIPT) 1
NO 2
RF.....(SKIP TO INTRO SCRIPT) 7
DK .....(SKIP TO INTRO SCRIPT) 8

A7. What did s/he die of?

SPECIFY: _____ ☐☐☐☐☐

CHECK IF DK ..... ☐

CHECK IF RF ..... ☐

A8. How old was s/he when s/he died?

AGE ..... ☐☐
DK 98

DAY(S) 1
WEEK(S) 2
MONTH(S) 3
YEAR(S) 4
DK 98

INTRO SCRIPT

During this interview we will be asking many questions about your activities from (BEGINNING OF B3) to (DATE OF BIRTH OR PREGNANCY TERMINATION). This time period includes your pregnancy and the 3 months before you became pregnant.

At this time, and at other times during this interview, I will be asking you about illnesses you may have had and various kinds of medications or remedies you may have used. Please include medications prescribed by a health care practitioner and medications you might have obtained without a prescription from stores, pharmacies, friends or relatives, as well as herbal or home remedies. Now I have some questions about your health.

SECTION B: MATERNAL HEALTH—DIABETES

B1. Were you ever told by a doctor that you had diabetes (including gestational diabetes), sometimes called sugar diabetes or diabetes mellitus?

YES 1
NO ..... (SKIP TO B14) 2
DK ..... (SKIP TO B14) 8

B2. What type of diabetes did you have? Was it (READ LIST)?

Gestational, that is during pregnancy only 1
Insulin-dependent diabetes, also called Type I or Juvenile 2
Non-insulin dependent diabetes, also called Type II or Adult onset 3
DK 8

B3. What month and year were you diagnosed?

MONTH ..... |_|_| DK = 98

YEAR ..... |_|_|_|_| DK = 9998

B4. Did you ever take insulin?

YES 1
NO ..... (SKIP TO B8) 2
DK ..... (SKIP TO B8) 8

B5. At what age did you start taking insulin?

AGE IN YEARS ..... |_|_| DK = 98

B6. Have you been taking insulin continuously since that time?

YES ..... (SKIP TO B8) 1
NO 2
DK ..... (SKIP TO B8) 8

B7. When did you stop taking it?

DATE ..... |_|_| MONTH DK = 98 |_|_|_|_| YEAR DK = 9998

OR

AGE IN YEARS ..... |_|_| DK = 98

MEMO FIELD FOR MORE COMPLEX INSULIN-TAKING PATTERNS: _____

_____

B8. Did you take any medications or remedies other than insulin for diabetes or its complications between (-3) and ([DOIB/DOPT for TABs])?

YES 1
NO .....(SKIP TO B14) 2
DK .....(SKIP TO B14) 8

B9. What did you take?/Did you take anything else?
LIST ALL. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take…?

Diabeta *01*
Diabinese *02*
Glucophage *03*
Glucotrol *04*
Glucotrol XL *05*
Glynase Prestab *06*
Micronase.....*07*
Other..... (SPECIFY).....*08*
DK *98*

1. _____ ☐☐
2. _____ ☐☐
3. _____ ☐☐

FOR EACH MED, ASK B10–B13. IF GET EXACT DATES IN B10 **AND** B11, SKIP B12.

DRUG	B10. Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness? MM DD YYYY	B11. When did you stop using (MEDICINE)? OR MM DD YYYY	B12. How long did you take it? DURATION	B13. How often did you use (MEDICATION)? FREQUENCY
1. _____ ☐☐ **DK = 98**	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐	☐☐ DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day .....1 Per Week .....2 Per Month.....3 Per Year 4
2. _____ ☐☐ **DK = 98**	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐	☐☐ DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day .....1 Per Week .....2 Per Month.....3 Per Year 4
3. _____ ☐☐ **DK = 98**	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐	☐☐ DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day .....1 Per Week .....2 Per Month.....3 Per Year 4

MATERNAL HEALTH-HIGH BLOOD PRESSURE

B14. Were you ever told by a doctor that you had high blood pressure?

YES 1
NO ..... (SKIP TO B23) 2
DK ..... (SKIP TO B23) 8

B15. How old were you when you were told that you had high blood pressure?

AGE IN YEARS ..... |__|__|

DK = 98
OR
INFANCY <1 = 0
CHILDHOOD (1–12) = 91
TEENAGE (13–19) = 92
YOUNG ADULT = 93
ADULT = 94

B16. Did you have high blood pressure when you were pregnant with (NOIB)?

TABS: Did you have high blood pressure when you had the affected pregnancy?

YES 1
NO ..... (SKIP TO B23) 2
DK ..... (SKIP TO B23) 8

B17. Did you take any medications or remedies for high blood pressure between (-3) and ([DOIB]/[DOPT])?

YES 1
NO ..... (SKIP TO B23) 2
DK ..... (SKIP TO B23) 8

B18. What did you take? / Did you take anything else?
LIST ALL. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take…?

Aldomet Tablet *01*
Atenolol *02*
Capoten *03*
Diltiazem HCL *04*
Enalapril Maleate *05*
Hydralazine/HCTZ *06*
Lisinopril *07*
Metoprolol *08*
Nifedipine *09*
NOS – Ace Inhibitor Unknown *10*
NOS – Antihypertensive Unknown *11*
NOS – Beta Blocker *12*
Propranolol *13*
Quinapril HCL *14*
Ramipril *15*
Verapamil *16*
Other ..... (SPECIFY) *17*
DK *98*

1. _____ ☐☐
2. _____ ☐☐
3. _____ ☐☐

FOR EACH MED, ASK B19–B22. IF GET EXACT DATES IN B19 **AND** B20, SKIP B21.

DRUG	B19. Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness? MM DD YYYY	B20. When did you stop using (MEDICINE)? OR MM DD YYYY	B21. How long did you take it? DURATION	B22. How often did you use (MEDICATION)? FREQUENCY
1. _____ ☐☐ **DK = 98**	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐	☐☐ DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day .....1 Per Week .....2 Per Month.....3 Per Year 4
2. _____ ☐☐ **DK = 98**	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐	☐☐ DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day .....1 Per Week .....2 Per Month.....3 Per Year 4
3. _____ ☐☐ **DK = 98**	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐	☐☐ DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day .....1 Per Week .....2 Per Month.....3 Per Year 4

MATERNAL HEALTH-SEIZURES

B23. Have you ever had seizures?

YES 1
NO ..... (SKIP TO B34) 2
DK ..... (SKIP TO B34) 8

B24. Were you ever told by a doctor that you had epilepsy?

YES 1
NO ..... (SKIP TO B32) 2
DK ..... (SKIP TO B32) 8

B25. How old were you when you were told that you had epilepsy?

AGE IN YEARS ..... ⌊__⌋⌊__⌋
DK = 98

B26. Did you take any medications or remedies for epilepsy between (-3) and ([DOIB] / [DOPT])?

YES 1
NO ..... (SKIP TO B34) 2
DK ..... (SKIP TO B34) 8

B27. What did you take? / Did you take anything else?
LIST ALL. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take…?

Celontin *01*
Depakene Capsules *02*
Depakote Tabs *03*
Dilantin *04*
Klonopin *05*
Lamictal *06*
Mebaral *07*
Mesantoin *08*
Mysoline *09*
Neurontin *10*
Peganone *11*
Phenobarbital *12*
Phenurone *13*
Tegretol *14*
Valium *15*
Zarontin *16*
Other ..... (SPECIFY) *17*
DK *98*

1. _____ ☐☐
2. _____ ☐☐
3. _____ ☐☐

FOR EACH MED, ASK B28–B31. IF GET EXACT DATES IN B28 **AND** B29, SKIP B30.

DRUG	B28. Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness? MM DD YYYY	B29. When did you stop using (MEDICINE)? MM DD YYYY	B30. How long did you take it? DURATION	B31. How often did you use (MEDICINE)? FREQUENCY
1. _____ ☐☐ **DK = 98**	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐	☐☐ DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day .....1 Per Week .....2 Per Month.....3 Per Year 4
2. _____ ☐☐ **DK = 98**	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐	☐☐ DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day .....1 Per Week .....2 Per Month.....3 Per Year 4
3. _____ ☐☐ **DK = 98**	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐	☐☐ DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day .....1 Per Week .....2 Per Month.....3 Per Year 4

SKIP TO B34.

B32. Did you ever have seizures that were not related to fever?

YES 1
NO .....(SKIP TO B34) 2
DK .....(SKIP TO B34) 8

B33. Did you take any medications or remedies for seizures between (-3) and (DOIB)?

YES .....(GO BACK TO B27 AND FILL OUT CHART) 1
NO .....(SKIP TO B34) 2
DK .....(SKIP TO B34) 8

MATERNAL HEALTH-RESPIRATORY ILLNESS

B34. Between (-3) and ([DOIB] / [DOPT]) did you have a cold or flu? / Anything else?

YES 1
NO .....(SKIP TO B47).....2
DK .....(SKIP TO B47).....8

FOR EACH ILLNESS, ASK B35–B38. IF GET EXACT DATES IN B35 **AND** B36, SKIP B37.

	B35. When did your (1st/2nd/3rd) cold or flu episode start?	B36. When did the illness stop?	B37. Or, how long did the illness last?	B38. When you were ill on this occasion, did you have any of the following? (READ LIST).
1.	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S).....1 WEEK(S).....2 MONTH(S).....3	a. Respiratory symptoms such as a cough, congestion or runny nose ..... YES 1 NO 2 DK 8 b. Diarrhea or vomiting..... YES 1 NO 2 DK 8 c. Muscle aches..... YES 1 NO 2 DK 8 d. Fever..... YES 1 NO 2 DK 8 **IF YES TO d, ASK B39 AND B40. ALL OTHERS SKIP TO B41.**
2.	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S).....1 WEEK(S).....2 MONTH(S).....3	a. Respiratory symptoms such as a cough, congestion or runny nose ..... YES 1 NO 2 DK 8 b. Diarrhea or vomiting..... YES 1 NO 2 DK 8 c. Muscle aches..... YES 1 NO 2 DK 8 d. Fever..... YES 1 NO 2 DK 8 **IF YES TO d, ASK B39 AND B40. ALL OTHERS SKIP TO B41.**

	B39. How long did the fever last?	B40. What was the highest temperature recorded during your fever?	B41. Did you take any medications or remedies for this illness?	B42. What did you take? / Did you take anything else? LIST ALL. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take…?
1.	⌊_⌊_⌊_⌋ DK = 98 HOUR(S) .....1 DAY(S).....2 WEEK(S) .....3 MONTH(S).....4	⌊_⌊_⌊_⌋.⌊_⌋ DK = 998 NOT RECORDED = 999 FAHRENHEIT..... F CENTIGRADE..... C	YES.....1 NO..... (SKIP TO B47).....2 DK..... (SKIP TO B47).....8	Acetaminophen.....*01* Advil.....*02* Afrin Nasal Spray.....*03* Amoxicillin.....*04* Ampicillin .....*05* Augmentin .....*06* Erythromycin.....*07* Nuprin .....*08* Penicillin, NOS.....*09* Robitussin.....*10* Sudafed .....*11* Tylenol .....*12* Other (SPECIFY).....*13* DK.....*98* 1._____ ☐☐ 2._____ ☐☐ 3._____ ☐☐
2.	⌊_⌊_⌊_⌋ DK = 98 HOUR(S) .....1 DAY(S).....2 WEEK(S) .....3 MONTH(S).....4	⌊_⌊_⌊_⌋.⌊_⌋ DK = 998 NOT RECORDED = 999 FAHRENHEIT..... F CENTIGRADE..... C	YES.....1 NO..... (SKIP TO B47).....2 DK..... (SKIP TO B47).....8	Acetaminophen.....*01* Advil.....*02* Afrin Nasal Spray.....*03* Amoxicillin.....*04* Ampicillin .....*05* Augmentin .....*06* Erythromycin.....*07* Nuprin .....*08* Penicillin, NOS.....*09* Robitussin.....*10* Sudafed .....*11* Tylenol .....*12* Other (SPECIFY).....*13* DK.....*98* 1._____ ☐☐ 2._____ ☐☐ 3._____ ☐☐

FOR EACH MEDICINE (BY ILLNESS) ASK B43–B46. IF GET EXACT DATES IN B43 **AND** B44, SKIP B45.

	B43. Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness?	B44. When did you stop using (MEDICINE)? OR	B45. How long did you take it? DURATION	B46. How often did you use (MEDICATION)? FREQUENCY
1.	ILLNESS#..... DRUG #..... MM DD YYYY DRUG #..... MM DD YYYY	MM DD YYYY MM DD YYYY	DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3 DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year ..... 4 DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year 4
2.	ILLNESS#..... DRUG #..... MM DD YYYY DRUG #..... MM DD YYYY	MM DD YYYY MM DD YYYY	DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3 DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year ..... 4 DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year 4
3.	ILLNESS#..... DRUG #..... MM DD YYYY DRUG #..... MM DD YYYY	MM DD YYYY MM DD YYYY	DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3 DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year ..... 4 DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year 4

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MATERNAL HEALTH-INFECTIONS

B47. Between (-3) and ([DOIB] / [DOPT]), did you have any of the following illnesses…? READ LIST

A. a kidney, bladder, or urinary tract infection?

YES 1
NO 2
DK 8

B. or did you have pelvic inflammatory disease or PID?

YES 1
NO 2
DK 8

IF NO TO BOTH A AND B, SKIP TO B59.
FOR EACH YES, ASK B48-B58.

	B48. Was the (infection/ PID) diagnosed by a doctor?	B49. During which months did you have the illness? MO	YES	NO	DK	B50. When you were sick with (infection/PID), did you have a fever?
A. kidney, bladder, or urinary tract infection (UTI)	YES .....1 NO .....2 DK 8	B3	1	2	8	YES .....1 NO ... (SKIP TO B53)....2 DK ... (SKIP TO B53)....8
		B2	1	2	8	
		B1	1	2	8	
		P1	1	2	8	
		P2	1	2	8	
		P3	1	2	8	
		T2	1	2	8	
		T3	1	2	8	
B. PID	YES .....1 NO .....2 DK 8	B3	1	2	8	YES .....1 NO ... (SKIP TO B53)....2 DK ... (SKIP TO B53)....8
		B2	1	2	8	
		B1	1	2	8	
		P1	1	2	8	
		P2	1	2	8	
		P3	1	2	8	
		T2	1	2	8	
		T3	1	2	8	

	B51. How long did the fever last?	B52. What was the highest temperature recorded during your fever?	B53. Did you take any medications or remedies for your (ILLNESS)?	B54. What did you take? / Did you take anything else? LIST ALL. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take…?
A.	⌊_⌊_⌋ DK = 98 HOUR(S) .....1 DAY(S).....2 WEEK(S) .....3 MONTH(S).....4	⌊_⌊_⌊_⌋.⌊_⌋ DK = 998 NOT RECORDED = 999 FAHRENHEIT..... F CENTIGRADE..... C	YES.....1 NO..... (SKIP TO B59).....2 DK..... (SKIP TO B59).....8	Amoxicillin.....*01* Ampicillin .....*02* Antibiotic, NOS .....*03* Bactrim .....*04* Keflex.....*05* Macrobid.....*06* Macrodantin.....*07* Septra .....*08* Other (SPECIFY).....*09* DK.....*98* 1._____ ☐☐ 2._____ ☐☐ 3._____ ☐☐
B.	⌊_⌊_⌋ DK = 98 HOUR(S) .....1 DAY(S).....2 WEEK(S) .....3 MONTH(S).....4	⌊_⌊_⌊_⌋.⌊_⌋ DK = 998 NOT RECORDED = 999 FAHRENHEIT..... F CENTIGRADE..... C	YES.....1 NO..... (SKIP TO B59).....2 DK..... (SKIP TO B59).....8	Amoxicillin.....*01* Ampicillin .....*02* Antibiotic, NOS .....*03* Bactrim .....*04* Keflex.....*05* Macrobid.....*06* Macrodantin.....*07* Septra .....*08* Other (SPECIFY).....*09* DK.....*98* 1._____ ☐☐ 2._____ ☐☐ 3._____ ☐☐

FOR EACH MEDICINE (BY ILLNESS) ASK B55–B58. IF GET EXACT DATES IN B55 **AND** B56, SKIP B57.

	B55. Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness?	B56. When did you stop using (MEDICINE)? OR	B57. How long did you take it? DURATION	B58. How often did you use (MEDICATION)? FREQUENCY
A.	ILLNESS: KIDNEY, BLADDER, UTI DRUG # ____ MM DD YYYY	MM DD YYYY	____ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	____ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year 4
	DRUG # ____ MM DD YYYY	MM DD YYYY	____ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	____ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year 4
B.	ILLNESS: PID DRUG # ____ MM DD YYYY	MM DD YYYY	____ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	____ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year 4
	DRUG # ____ MM DD YY	MM DD YY	____ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	____ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year 4

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MATERNAL HEALTH-OTHER FEVER

B59. Between (-3) and ([DOIB] / [DOPT]), did you have any fevers that we haven't already talked about, including those due to bronchitis, pneumonia, an infection, or other illness?

YES 1
NO ..... (SKIP TO B71) 2
DK ..... (SKIP TO B71) 8

	B60. What was the cause of the (1st/2nd/3rd) fever? LIST EACH EPISODE OF FEVER EVEN IF CAUSE NOT KNOWN AND ASK B61-B70 FOR EACH.	B61. When you had (CAUSE OF FEVER), during which months did you have a fever?				B62. How long did the fever last?	B63. What was the highest temperature recorded during your fever?	B64. Did you have a rash with this fever?	B65. Did you take any medications or remedies for (CAUSE OF FEVER)?
		MO	YES	NO	DK				
A.	CHECK IF DK ..... ❑	B3	1	2	8	⌊_⌋⌊_⌋ DK = 98 HOUR(S) ..... 1 DAY(S) ..... 2 WEEK(S) ..... 3 MONTH(S) .. 4	⌊_⌋⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋ DK = 998 NOT RECORDED = 999 FAHRENHEIT ..... F CENTIGRADE C	YES ..... 1 NO ..... 2 DK 8	YES ..... 1 NO (GO TO NEXT ILLNESS OR B71) .... 2 DK (GO TO NEXT ILLNESS OR B71) 8
		B2	1	2	8				
		B1	1	2	8				
		P1	1	2	8				
		P2	1	2	8				
		P3	1	2	8				
		T2	1	2	8				
		T3	1	2	8				
B.	CHECK IF DK ..... ❑	B3	1	2	8	⌊_⌋⌊_⌋ DK = 98 HOUR(S) ..... 1 DAY(S) ..... 2 WEEK(S) ..... 3 MONTH(S) .. 4	⌊_⌋⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋ DK = 998 NOT RECORDED = 999 FAHRENHEIT ..... F CENTIGRADE C	YES ..... 1 NO ..... 2 DK 8	YES ..... 1 NO (GO TO NEXT ILLNESS OR B71) .... 2 DK (GO TO NEXT ILLNESS OR B71) 8
		B2	1	2	8				
		B1	1	2	8				
		P1	1	2	8				
		P2	1	2	8				
		P3	1	2	8				
		T2	1	2	8				
		T3	1	2	8				
C.	CHECK IF DK ..... ❑	B3	1	2	8	⌊_⌋⌊_⌋ DK = 98 HOUR(S) ..... 1 DAY(S) ..... 2 WEEK(S) ..... 3 MONTH(S) .. 4	⌊_⌋⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋ DK = 998 NOT RECORDED = 999 FAHRENHEIT ..... F CENTIGRADE C	YES ..... 1 NO ..... 2 DK 8	YES ..... 1 NO (GO TO NEXT ILLNESS OR B71) .... 2 DK (GO TO NEXT ILLNESS OR B71) 8
		B2	1	2	8				
		B1	1	2	8				
		P1	1	2	8				
		P2	1	2	8				
		P3	1	2	8				
		T2	1	2	8				
		T3	1	2	8				

FOR EACH MEDICINE (BY ILLNESS) ASK B67–B70. IF GET EXACT DATES IN B67 **AND** B68, SKIP B69.

	B66. What did you take? Did you take anything else? CODE ALL THAT APPLY. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take…?	B67. Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness?	B68. When did you stop using (MEDICINE)? OR:
A.	Acetaminophen ..... *01* Advil ..... *02* Aleve ..... *03* Aspirin ..... *04* Nuprin ..... *05* Tylenol ..... *06* Other (SPECIFY) ..... *07* DK ..... *98* 1. _____ ☐☐ 2. _____ ☐☐ 3. _____ ☐☐	DRUG # ..... ☐☐ ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY DRUG # ..... ☐☐ ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY	☐☐ ☐☐ ☐☐☐☐ MM DD YYYY ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY
B.	Acetaminophen ..... *01* Advil ..... *02* Aleve ..... *03* Aspirin ..... *04* Nuprin ..... *05* Tylenol ..... *06* Other (SPECIFY) ..... *07* DK ..... *98* 1. _____ ☐☐ 2. _____ ☐☐ 3. _____ ☐☐	DRUG # ..... ☐☐ ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY DRUG # ..... ☐☐ ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY	☐☐ ☐☐ ☐☐☐☐ MM DD YYYY ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY
C.	Acetaminophen ..... *01* Advil ..... *02* Aleve ..... *03* Aspirin ..... *04* Nuprin ..... *05* Tylenol ..... *06* Other (SPECIFY) ..... *07* DK ..... *98* 1. _____ ☐☐ 2. _____ ☐☐ 3. _____ ☐☐	DRUG # ..... ☐☐ ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY DRUG # ..... ☐☐ ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY	☐☐ ☐☐ ☐☐☐☐ MM DD YYYY ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY

		B69. How long did you take it? DURATION	B70. How often did you use (MEDICATION)? FREQUENCY
A.	DRUG #..... ☐☐ OR NAME:_____	☐☐ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day ..... 1 Per Week..... 2 Per Month..... 3 Per Year 4
	DRUG #..... ☐☐ OR NAME:_____	☐☐ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day ..... 1 Per Week..... 2 Per Month..... 3 Per Year 4
B.	DRUG #..... ☐☐ OR NAME:_____	☐☐ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day ..... 1 Per Week..... 2 Per Month..... 3 Per Year 4
	DRUG #..... ☐☐ OR NAME:_____	☐☐ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day ..... 1 Per Week..... 2 Per Month..... 3 Per Year 4
C.	DRUG #..... ☐☐ OR NAME:_____	☐☐ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day ..... 1 Per Week..... 2 Per Month..... 3 Per Year 4
	DRUG #..... ☐☐ OR NAME:_____	☐☐ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day ..... 1 Per Week..... 2 Per Month..... 3 Per Year 4

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MATERNAL HEALTH-OTHER DISEASES

B71. Between (-3) and ([DOIB] / [DOPT]), did you have any other diseases or illnesses that we haven't already talked about, such as chronic diseases, infectious diseases, or sexually transmitted diseases?

YES.....1
NO ..... (SKIP TO B80).....2
DK..... (SKIP TO B80).....8

	B72. What did you have? / Did you have anything else? LIST ALL. FOR EACH ILLNESS ASK B73-B79.	B73. During which months did you have (ILLNESS)? MO	YES	NO	DK	B74. Did you take any medications or remedies for (ILLNESS)?	B75. What did you take? Did you take anything else? LIST ALL
A.	_____ ☐☐☐☐☐ CHECK IF DK..... ❑	B3	1	2	8	YES..... 1 NO ..... (SKIP TO B80)..... 2 DK..... (SKIP TO B80)..... 8	LIST ALL: 1. _____ 2. _____ 3. _____ 4 _____ DK..... ❑
		B2	1	2	8		
		B1	1	2	8		
		P1	1	2	8		
		P2	1	2	8		
		P3	1	2	8		
		T2	1	2	8		
		T3	1	2	8		
B.	_____ ☐☐☐☐☐ CHECK IF DK..... ❑	B3	1	2	8	YES..... 1 NO ..... (SKIP TO B80)..... 2 DK..... (SKIP TO B80)..... 8	LIST ALL: 1. _____ 2. _____ 3. _____ 4 _____ DK..... ❑
		B2	1	2	8		
		B1	1	2	8		
		P1	1	2	8		
		P2	1	2	8		
		P3	1	2	8		
		T2	1	2	8		
		T3	1	2	8		
C.	_____ ☐☐☐☐☐ CHECK IF DK..... ❑	B3	1	2	8	YES..... 1 NO ..... (SKIP TO B80)..... 2 DK..... (SKIP TO B80)..... 8	LIST ALL: 1. _____ 2. _____ 3. _____ 4 _____ DK..... ❑
		B2	1	2	8		
		B1	1	2	8		
		P1	1	2	8		
		P2	1	2	8		
		P3	1	2	8		
		T2	1	2	8		
		T3	1	2	8		

FOR EACH MEDICINE, ASK B76–B79. IF GET EXACT DATES IN B76 **AND** B77, SKIP B78.

	B76. Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness?	B77. When did you stop using (MEDICINE)? OR	B78. How long did you take it? DURATION	B79. How often did you use (MEDICATION)? FREQUENCY
A.	DRUG # ____ MM DD YYYY DRUG # ____ MM DD YYYY	MM DD YYYY MM DD YYYY	____ DK = 98 Day(s) ... 1 Week(s) ... 2 Month(s) ... 3 ____ DK = 98 Day(s) ... 1 Week(s) ... 2 Month(s) ... 3	____ DK = 98 Per Day ... 1 Per Week ... 2 Per Month ... 3 Per Year ... 4 ____ DK = 98 Per Day ... 1 Per Week ... 2 Per Month ... 3 Per Year ... 4
B.	DRUG # ____ MM DD YYYY DRUG # ____ MM DD YYYY	MM DD YYYY MM DD YYYY	____ DK = 98 Day(s) ... 1 Week(s) ... 2 Month(s) ... 3 ____ DK = 98 Day(s) ... 1 Week(s) ... 2 Month(s) ... 3	____ DK = 98 Per Day ... 1 Per Week ... 2 Per Month ... 3 Per Year ... 4 ____ DK = 98 Per Day ... 1 Per Week ... 2 Per Month ... 3 Per Year ... 4
C.	DRUG # ____ MM DD YYYY DRUG # ____ MM DD YYYY	MM DD YYYY MM DD YYYY	____ DK = 98 Day(s) ... 1 Week(s) ... 2 Month(s) ... 3 ____ DK = 98 Day(s) ... 1 Week(s) ... 2 Month(s) ... 3	____ DK = 98 Per Day ... 1 Per Week ... 2 Per Month ... 3 Per Year ... 4 ____ DK = 98 Per Day ... 1 Per Week ... 2 Per Month ... 3 Per Year ... 4

MATERNAL HEALTH-INJURIES

B80. Between (-3) and ([DOIB] / [DOPT]), were you injured from, for example, a car accident, fall, or being hurt by another person?

YES 1
NO .....(SKIP TO B89) 2
DK .....(SKIP TO B89) 8

	B81. What injuries did you have? / Anything else? ASK B82-B88 FOR EACH.	B82. What was the date of your (INJURY)?	B83. Did you take any medicine or receive any injections because of the injury(s)?	B84. What did you take? Did you take anything else? LIST ALL.
A.	_____ ☐☐☐☐☐ CHECK IF DK ..... ❑	☐☐ MM ☐☐ DD ☐☐☐☐ YYYY	YES ..... 1 NO (NEXT INJURY OR SKIP TO B89) ..... 2 DK (NEXT INJURY OR SKIP TO B89) 8	1. _____ 2. _____ 3. _____ 4 _____ DK ..... ❑
B.	_____ ☐☐☐☐☐ CHECK IF DK ..... ❑	☐☐ MM ☐☐ DD ☐☐☐☐ YYYY	YES ..... 1 NO (NEXT INJURY OR SKIP TO B89) ..... 2 DK (NEXT INJURY OR SKIP TO B89) 8	1. _____ 2. _____ 3. _____ 4 _____ DK ..... ❑
C.	_____ ☐☐☐☐☐ CHECK IF DK ..... ❑	☐☐ MM ☐☐ DD ☐☐☐☐ YYYY	YES ..... 1 NO (NEXT INJURY OR SKIP TO B89) ..... 2 DK (NEXT INJURY OR SKIP TO B89) 8	1. _____ 2. _____ 3. _____ 4 _____ DK ..... ❑

FOR EACH MEDICINE (BY INJURY), ASK B85–B88. IF GET EXACT DATES IN B85 **AND** B86, SKIP B87.

	B85. Between (-3) and (DOIB), when did you start using (MEDICINE) for this injury?	B86. When did you stop using (MEDICINE)? OR:	B87. How long did you take it? DURATION	B88. How often did you use (MEDICATION)? FREQUENCY
A.	INJURY_____ DRUG # ..... ☐☐ ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY DRUG # ..... ☐☐ ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY	☐☐ ☐☐ ☐☐☐☐ MM DD YYYY ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY	☐☐ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3 ☐☐ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year ..... 4 ☐☐ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year 4
B.	INJURY_____ DRUG # ..... ☐☐ ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY DRUG # ..... ☐☐ ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY	☐☐ ☐☐ ☐☐☐☐ MM DD YYYY ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY	☐☐ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3 ☐☐ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year ..... 4 ☐☐ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year 4
C.	INJURY_____ DRUG # ..... ☐☐ ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY DRUG # ..... ☐☐ ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY	☐☐ ☐☐ ☐☐☐☐ MM DD YYYY ☐☐ ☐☐ ☐☐☐☐ MM DD YYYY	☐☐ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3 ☐☐ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year ..... 4 ☐☐ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year 4

MATERNAL HEALTH-SURGERY

B89. Between (-3) and ([DOIB] / [DOPT]), did you have any surgical procedures?

YES 1
NO .....(SKIP TO B99) 2
DK .....(SKIP TO B99) 8

B90. What was done? / Anything else? ASK B91 AND B92 FOR EACH.	B91. Did you have general anesthesia? Local anesthesia?	B92. What month did the procedure take place? MO	YES	NO	DK	B93. Did you take any medicine or receive any injections because of the surgery?	B94. What did you take? Did you take anything else? LIST ALL.
A. _____ ☐☐☐☐☐ CHECK IF DK ..... ❑	GENERAL ANESTHESIA? YES .....1 NO .....2 DK .....8 LOCAL ANESTHESIA? YES .....1 NO .....2 DK 8	B3	1	2	8	YES .....1 NO....(SKIP TO B99) ...2 DK ....(SKIP TO B99) ...8	1. _____ 2. _____ 3. _____ 4. _____ DK..... ❑
		B2	1	2	8		
		B1	1	2	8		
		P1	1	2	8		
		P2	1	2	8		
		P3	1	2	8		
		T2	1	2	8		
		T3	1	2	8		
B. _____ ☐☐☐☐☐ CHECK IF DK ..... ❑	GENERAL ANESTHESIA? YES .....1 NO .....2 DK .....8 LOCAL ANESTHESIA? YES .....1 NO .....2 DK 8	B3	1	2	8	YES .....1 NO....(SKIP TO B99) ...2 DK ....(SKIP TO B99) ...8	1. _____ 2. _____ 3. _____ 4. _____ DK..... ❑
		B2	1	2	8		
		B1	1	2	8		
		P1	1	2	8		
		P2	1	2	8		
		P3	1	2	8		
		T2	1	2	8		
		T3	1	2	8		

FOR EACH MEDICINE (BY SURGERY) ASK B95–B98. IF GET EXACT DATES IN B95 **AND** B96, SKIP B97.

	B95. Between (-3) and (DOIB), when did you start using (MEDICINE) for this surgery?	B96. When did you stop using (MEDICINE)? OR:	B97. How long did you take it? DURATION	B98. How often did you use (MEDICATION)? FREQUENCY
A.	SURGERY _____ DRUG # ..... ⌊__⌋ ⌊__⌋⌊__⌋⌊____⌋ MM DD YYYY DRUG # ..... ⌊__⌋ ⌊__⌋⌊__⌋⌊____⌋ MM DD YYYY	⌊__⌋⌊__⌋⌊____⌋ MM DD YYYY ⌊__⌋⌊__⌋⌊____⌋ MM DD YYYY	⌊__⌋ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3 ⌊__⌋ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	⌊__⌋ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year ..... 4 ⌊__⌋ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year 4
B.	SURGERY _____ DRUG # ..... ⌊__⌋ ⌊__⌋⌊__⌋⌊____⌋ MM DD YYYY DRUG # ..... ⌊__⌋ ⌊__⌋⌊__⌋⌊____⌋ MM DD YYYY	⌊__⌋⌊__⌋⌊____⌋ MM DD YYYY ⌊__⌋⌊__⌋⌊____⌋ MM DD YYYY	⌊__⌋ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3 ⌊__⌋ DK = 98 Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	⌊__⌋ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year ..... 4 ⌊__⌋ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year 4

FOR EACH MONTH WITH 'YES' RESPONSE IN B102, ASK B103.

B103. How many (TESTS) did you have in (MONTH)?		B104. Was your pelvis shielded with a lead apron?
TYPE OF TEST: ______________	B3 NUMBER OF TESTS.......... __|__ B2 NUMBER OF TESTS.......... __|__ B1 NUMBER OF TESTS.......... __|__ P1 NUMBER OF TESTS.......... __|__ P2 NUMBER OF TESTS.......... __|__ P3 NUMBER OF TESTS.......... __|__ T2 NUMBER OF TESTS.......... __|__ T3 NUMBER OF TESTS.......... __|__ DK = 98	YES.......1 NO.......2 DK.......8
TYPE OF TEST: ______________	B3 NUMBER OF TESTS.......... __|__ B2 NUMBER OF TESTS.......... __|__ B1 NUMBER OF TESTS.......... __|__ P1 NUMBER OF TESTS.......... __|__ P2 NUMBER OF TESTS.......... __|__ P3 NUMBER OF TESTS.......... __|__ T2 NUMBER OF TESTS.......... __|__ T3 NUMBER OF TESTS.......... __|__ DK = 98	YES.......1 NO.......2 DK.......8
TYPE OF TEST: ______________	B3 NUMBER OF TESTS.......... __|__ B2 NUMBER OF TESTS.......... __|__ B1 NUMBER OF TESTS.......... __|__ P1 NUMBER OF TESTS.......... __|__ P2 NUMBER OF TESTS.......... __|__ P3 NUMBER OF TESTS.......... __|__ T2 NUMBER OF TESTS.......... __|__ T3 NUMBER OF TESTS.......... __|__ DK = 98	YES.......1 NO.......2 DK.......8

MATERNAL HEALTH-X-RAY OR SCANS

B99. Between (-3) and ([DOIB] / [DOPT]), did you have any x-rays or scans, not related to your pregnancy?

YES 1
NO .....(SKIP TO B105) 2
DK .....(SKIP TO B105) 8

B100. Did you have any of the following: / Did you have anything else?	YES (ASK B101-104)	NO (NXT)	DK (NXT)	B101. What part of your body was tested?		B102. What month was the test done? MO	YES	NO	DK
A. x-rays, including dental/mammogram /upper GI/IVP, ...	1	0	8	Abdomen = 01 Adrenal gland = 02 Arm/elbow = 03 Back = 04 Bladder = 05 Body, total = 06 Bone = 07 Brain = 08 Breast = 09 Chest = 10	⌊_⌊_⌋	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	8 8 8 8 8 8 8 8
B. CT/CAT scans, ...	2	0	8	Dental/teeth = 35 DK = 98 Foot = 11 Gallbladder = 12 Hand = 13 Head/skull/face = 14 Heart = 15 Hip = 16 Intestines = 17 Kidney = 18	⌊_⌊_⌋	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	8 8 8 8 8 8 8 8
C. MRI/magnetic resonance imaging, ...	3	0	8	Leg/knee = 19 Liver = 20 Lower GI = 21 Lungs = 22 Mouth = 23 Neck = 24 Pelvis = 25 Shoulder = 26 Spine = 27 Spleen = 28	⌊_⌊_⌋	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	8 8 8 8 8 8 8 8
D. Radionuclide study or scan, ...	4	0	8	Stomach = 29 Thyroid = 30 Upper GI = 31 Urinary tract = 32 Uterus (includes tubes & ovaries) = 33 Vascular system = 34 Wrist = 36 Other, = 96 SPECIFY PART:	⌊_⌊_⌋	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	8 8 8 8 8 8 8 8
E. Other x-ray or scan? SPECIFY TEST: _____ _____	96	0	8	_____ RF = 97	⌊_⌊_⌋	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	8 8 8 8 8 8 8 8

MEDICATION

B105. We are interested in some medicines that you may have taken between (-3) and (DOIB)/(DOPT). These would include prescription and nonprescription medicines. Some of these medicines we may have already discussed.

Between (-3) and (DOIB)/(DOIPT), did you take any of the following medications? READ CHOICES.
(IF NO OR DK TO ALL, SKIP TO B110).

		YES	NO	DK
a.	Tylenol, or	1	2	8
b.	Datril, or	1	2	8
c.	Acetaminophen	1	2	8
d.	Advil, or	1	2	8
e.	Motrin, or	1	2	8
f.	Nuprin, or	1	2	8
g.	Ibuprofin.	1	2	8
h.	Wellbutrin, or	1	2	8
i.	Zyban.	1	2	8
j.	Dilantin, or	1	2	8
k.	Phenytoin.	1	2	8
l.	Pondimin, or	1	2	8
m.	Redux.	1	2	8
n.	Cytotec, or	1	2	8
o.	Misoprostol.	1	2	8
p.	Aspirin	1	2	8
q.	Aleve	1	2	8
r.	Amoxicillin	1	2	8
s.	Augmentin	1	2	8
t.	Bactrim	1	2	8
u.	Septra	1	2	8
v.	Cipro	1	2	8
w.	Prozac	1	2	8
x.	Zoloft	1	2	8
y.	Paxil	1	2	8
z.	Nicotine Patch NOS	1	2	8
aa.	Nicotine Gum NOS	1	2	8
bb.	Valproic Acid	1	2	8
cc.	Dexatrim	1	2	8
dd.	Methotrexate	1	2	8
ee.	Between (-3) and DOIB did you take any medications, remedies, or treatments that we haven't already talked about? For example, medications for asthma, allergies, STDs, or HIV/AIDS? SPECIFY	1	2	8

1. _____

2. _____

TYPE OF MEDICINE	B106. Between (-3) and (DOIB), when did you start using (MEDICINE)? IF A MEDICINE ON THE LIST WAS ALREADY REPORTED, ASK: at what other times besides (USE DATE TO DATE) did you use (MEDICINE)?	B107. When did you stop using (MEDICINE)? OR: IF GET EXACT DATES IN B106 AND B107, SKIP B108.	B108. How long did you take it? DURATION	B109. How often did you use (MEDICATION)? FREQUENCY
1. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
2. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
3. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
4. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
5. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
6. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4

TYPE OF MEDICINE	B106. Between (-3) and (DOIB), when did you start using (MEDICINE)? IF A MEDICINE ON THE LIST WAS ALREADY REPORTED, ASK: at what other times besides (USE DATE TO DATE) did you use (MEDICINE)?	B107. When did you stop using (MEDICINE)? OR: IF GET EXACT DATES IN B106 AND B107, SKIP B108.	B108. How long did you take it? DURATION	B109. How often did you use (MEDICATION)? FREQUENCY
7. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
8. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
9. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4

HERBAL REMEDIES

B110. Between (-3) and (DOIB), did use any herbs or folk medicines to treat any medical conditions, to lose weight, or just to keep you healthy?

YES 1
NO .....(SKIP TO C1).....2
DK .....(SKIP TO C1).....8

SPECIFY HERBAL OR FOLK REMEDY	B111. Between (-3) and (DOIB), when did you start using (REMEDY) for this illness?	B112. When did you stop using (REMEDY)? OR: IF DK, ASK B113: IF GET EXACT DATES IN B111 AND B112, SKIP B113.	B113. How long did you take it? DURATION	B114. How often did you use (REMEDY)? FREQUENCY
1. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S).....1 WEEK(S).....2 MONTH(S).....3	DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR.....4
2. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S).....1 WEEK(S).....2 MONTH(S).....3	DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR.....4
3. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S).....1 WEEK(S).....2 MONTH(S).....3	DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR.....4
4. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S).....1 WEEK(S).....2 MONTH(S).....3	DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR.....4
5. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S).....1 WEEK(S).....2 MONTH(S).....3	DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR.....4
6. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S).....1 WEEK(S).....2 MONTH(S).....3	DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR.....4

SECTION C: PREGNANCY HISTORY

Now I'm going to ask about your pregnancy experiences.

C1. How many times have you been pregnant before NOIB (or, the pregnancy that ended on DOPT), including pregnancies that may have ended in miscarriages, stillbirths, abortion, or a tubal or molar pregnancy?

NUMBER OF TIMES PREGNANT..... ⌊_⌋⌊_⌋
DK = 98

PREGNANCY OUTCOMES

	C2.	C3.
	In your (1st/ 2nd/3rd, etc.) pregnancy, how many babies were you carrying?	IF C2 = 1: Did your (1st/2nd/3rd. etc.) pregnancy end with (a/an) (READ CATEGORIES)? IF C2 >1: For your (1st/ 2nd/3rd, etc.) pregnancy, what was the outcome for each baby? READ CATEGORIES AND RECORD OUTCOME FOR EACH BABY.

01 = Live birth	05 = Tubal pregnancy
02 = Stillbirth	06 = Molar pregnancy
03 = Induced abortion	97 = RF
04 = Miscarriage	98 = DK

PREG 1.	⌊_⌋ DK = 8	⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ BABY1 BABY2 BABY3 BABY4 BABY5
PREG 2.	⌊_⌋ DK = 8	⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ BABY1 BABY2 BABY3 BABY4 BABY5
PREG 3.	⌊_⌋ DK = 8	⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ BABY1 BABY2 BABY3 BABY4 BABY5
PREG 4.	⌊_⌋ DK = 8	⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ BABY1 BABY2 BABY3 BABY4 BABY5
PREG 5.	⌊_⌋ DK = 8	⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ BABY1 BABY2 BABY3 BABY4 BABY5

FOR THE LAST PREGNANCY BEFORE NOIB, ASK:

C4. IF LIVE SINGLE BIRTH: What was the baby's DOB in your (1st/2nd/3rd, etc.) pregnancy?

IF MULTIPLE BIRTH OR OTHER OUTCOME: On what date did your (1st/ 2nd/3rd, etc.) pregnancy end?

DATE..... ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋
MM DD YYYY
DK 98 98 9998
RF..... 97 97 9997

PREGNANCY HISTORY FOR INDEX BABY

Now I have some questions specific to your pregnancy with (NOIB).

C5. How much did you weigh before your pregnancy with (NOIB)?

ENTER NUMBER ___|___|___

CODE:
POUNDS 1
KG 2
DK ..... ❑

C6. Overall, how much weight did you gain or lose during this pregnancy?

ENTER NUMBER ___|___|___

CODE:
POUNDS 1
KG 2
DK ..... ❑

CODE
GAIN 1
LOSS 2
NO CHANGE 3
DK 8

C7. What is your height without shoes?

FEET ___|
DK = 98

INCHES ___|___|
DK = 98

C8. How far along were you when you found out you were pregnant?

WEEKS ___|___|
DK = 98

OR

MONTHS ___|___|
DK = 98

C9. Between (-3) and (DOIB), did you use any method of contraception or birth control?

YES 1
NO ..... (SKIP TO C17) 2
DK ..... (SKIP TO C17) 8

C10. Between (-3) and (DOIB), did you use any birth control pills or morning after pills?

YES 1
NO ..... (SKIP TO C13) 2
DK ..... (SKIP TO C13) 8

C11. What was the name of your pills? IF MOM DOES NOT KNOW, READ ENTIRE LIST. Was it (READ LIST)? LIST ALL BELOW.				C12. Which months were you using (CONTRACEPTIVE)?			
Brevicon	Micronor	Ortho-Cyclen	Tri-Norinyl				
Demulen	Modicon	Ortho-Novum	Triphasil	MO	YES	NO	DK
Jenest	Nordette	Ovcon	Morning-After Pill				
Levlen	Norethin	Ovral					
Lo/Ovral	Norinyl	Ovrette	Other (Specify Below)				
Loestrin	Nor-Q.D.	Tri-Levlen	DK = 98	B3	1	2	8
				B2	1	2	8
_____				B1	1	2	8
FIRST BIRTH CONTROL OR MORNING AFTER PILL				P1	1	2	8
				P2	1	2	8
				P3	1	2	8
				T2	1	2	8
				T3	1	2	8
				B3	1	2	8
				B2	1	2	8
_____				B1	1	2	8
SECOND BIRTH CONTROL OR MORNING AFTER PILL				P1	1	2	8
				P2	1	2	8
				P3	1	2	8
				T2	1	2	8
				T3	1	2	8
				B3	1	2	8
				B2	1	2	8
_____				B1	1	2	8
THIRD BIRTH CONTROL OR MORNING AFTER PILL				P1	1	2	8
				P2	1	2	8
				P3	1	2	8
				T2	1	2	8
				T3	1	2	8
				B3	1	2	8
				B2	1	2	8
_____				B1	1	2	8
FOURTH BIRTH CONTROL OR MORNING AFTER PILL				P1	1	2	8
				P2	1	2	8
				P3	1	2	8
				T2	1	2	8
				T3	1	2	8

C13. Did you use any other method of contraception between (-3) and (DOIB)?

YES 1
NO ..... (SKIP TO C16) 2
DK ..... (SKIP TO C16) 8

C14. Which methods of contraception did you use? LIST ALL.		C15. Which months were you using (METHOD)?			
		MO	YES	NO	DK
A. ⌊_⌋⌊_⌋	CERVICAL CAP = 01 CONDOMS (MALE) = 20 CONDOMS (FEMALE) = 02 DEPO PROVERA INJECTIONS = 03 DIAPHRAGM = 04 FOAM = 05 GEL = 06 INJECTIONS, NOS = 08 INJECTIONS FROM MEXICO = 09 IUD = 10 NATURAL FAMILY PLANNING/ BASAL TEMPERATURE/ MUCUS METHOD = 11 NORPLANT = 12 RHYTHYM METHOD = 13 SPERMICIDE, NOS = 14 SPONGE/ VAGINAL SPONGE = 15 SUPPOSITORY OR INSERT = 16 TUBAL LIGATION = 17 VASECTOMY = 18 WITHDRAWAL = 19 OTHER, = 96 SPECIFY: _____ RF = 97 DK = 98	B3	1	2	8
		B2	1	2	8
		B1	1	2	8
		P1	1	2	8
		P2	1	2	8
		P3	1	2	8
		T2	1	2	8
		T3	1	2	8
B. ⌊_⌋⌊_⌋		B3	1	2	8
		B2	1	2	8
		B1	1	2	8
		P1	1	2	8
		P2	1	2	8
		P3	1	2	8
		T2	1	2	8
		T3	1	2	8

C16. Did you (READ CHOICES)?

Stop using contraception to get pregnant ..... (SKIP TO C18) 1
Get pregnant during an interruption in using contraception, or 2
Get pregnant while consistently using contraception ..... (SKIP TO C18) 3
DK 8

C17. At the time that you became pregnant with (NOIB), did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?

WANT TO BE PREGNANT THEN 1
WANT TO WAIT TILL LATER 2
DIDN'T WANT TO BECOME PREGNANT AT ALL 3
DIDN'T CARE 4
DK 8

FERTILITY DETAILS

C18. Did you or (NOIB)'s father take any medications or have any procedures to help you become pregnant? **OR**

YES 1
NO ..... (SKIP TO C35) 2
DK ..... (SKIP TO C35) 8

C18a. **IF FATHER UNKNOWN:** Did you take any medications or have any procedures or surgeries to help you become pregnant?

YES ..... (SKIP TO C25) 1
NO ..... (SKIP TO C35) 2
DK ..... (SKIP TO C35) 8

C19. Did (NOIB)'s father take any medications to help you become pregnant?

YES 1
NO ..... (SKIP TO C22) 2
DK ..... (SKIP TO C22) 8

C20. What medication did he take? PROBE: Are there any more medications? LIST ALL.	C21. FOR EACH MEDICINE, ASK: What was the date he started taking it?
A. _____ ☐☐ (ASK C21) DK = 98	☐☐☐☐ MM DD ☐☐☐☐ YYYY
B. _____ ☐☐ (ASK C21) DK = 98	☐☐☐☐ MM DD ☐☐☐☐ YYYY

C22. Did (NOIB)'s father have any procedures or surgeries to help you become pregnant?

YES 1
NO ..... (SKIP TO C25) 2
DK ..... (SKIP TO C25) 8

C23. What was the procedure? PROBE: Are there anymore procedures? LIST ALL.	C24. FOR EACH PROCEDURE, ASK: What was the date?
A. _____ ☐☐☐☐☐ (ASK C24) DK = 98	☐☐☐☐ MM DD ☐☐☐☐ YYYY
B. _____ ☐☐☐☐☐ (ASK C24) DK = 98	☐☐☐☐ MM DD ☐☐☐☐ YYYY

FERTILITY DETAILS-MOTHER

C25. Did you have any surgical procedures such as: to open or rejoin your fallopian tubes, to treat uterine fibroids, or to remove endometriosis?

YES 1
NO ..... (SKIP TO C28) 2
DK ..... (SKIP TO C28) 8

C26. What was the procedure?/Are there any more procedures? LIST ALL.	C27. FOR EACH PROCEDURE, ASK: What was the date?
A. Open fallopian tubes ..... 1 Rejoin fallopian tubes ..... 2 Treatment of uterine fibroids ..... 3 Removal of endometriosis ..... 4 Other (SPECIFY): _____ 9 _____ RF ..... 7 DK 8	___ ___ MM DD ___ ___ ___ ___ YYYY
B. Open fallopian tubes ..... 1 Rejoin fallopian tubes ..... 2 Treatment of uterine fibroids ..... 3 Removal of endometriosis ..... 4 Other (SPECIFY): _____ 5 _____ RF ..... 7 DK 8	___ ___ MM DD ___ ___ ___ ___ YYYY

C28. In the two months before you became pregnant with (NOIB), did you take any medications to help you become pregnant?

YES 1
NO ..... (SKIP TO C31) 2
DK ..... (SKIP TO C31) 8

C29. What medications or injections did you take? / Anything else? IF MOM DOES NOT KNOW, READ LIST. Was it (READ LIST)? RECORD ALL BELOW. IF NO OR DK TO ALL, SKIP TO C30.	C30. From what month and year to what month and year did you take (MEDICATION)?
Clomid, Serophene, Clomphene citrate, Pergonal, Metrodin, Profasi HP, Pregnyl, Lutrepulse, Fractel, Lupron, Synarel, Danazol, Danocrine, Parlodel, Bromocriptine, Depo-Provera, Provera, Unknown injection, Unknown fertility medication, Unknown vaginal medication, Other medication (SPECIFY), DK = 98 _____ FIRST MEDICATION / INJECTION	FROM: ..... ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ MM YYYY TO: ..... ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ MM YYYY
_____ SECOND MEDICATION / INJECTION	FROM: ..... ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ MM YYYY TO: ..... ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ MM YYYY
_____ THIRD MEDICATION / INJECTION	FROM: ..... ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ MM YYYY TO: ..... ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ MM YYYY
_____ FOURTH MEDICATION / INJECTION	FROM: ..... ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ MM YYYY TO: ..... ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ MM YYYY

FERTILITY DETAILS-PROCEDURES

C31. Did you have any other procedures to help you become pregnant with (NOIB)?

YES.....1
NO.....(SKIP TO C35A).....2
DK.....(SKIP TO C35A).....8

C32. Which procedure(s) did you receive in the 2 months before (NOIB) was conceived?	C33. What was the date of the last cycle?	C34A. Were donor egg(s), donor sperm, or donor embryo(s) used on (DATE)?	YES	NO	DK	C34B. Were frozen egg(s), frozen sperm, or frozen embryo(s) used on (DATE)?	YES	NO	DK
ARTIFICIAL OR INTRAUTERINE INSEMINATION.....01	MM DD	EGG(S).....	1	2	8	EGG(S).....	1	2	8
IN VITRO FERTILIZATION—EMBRYO TRANSFER OR IVF-ET.....02		SPERM.....	1	2	8	SPERM.....	1	2	8
GAMETE INTRAFALLOPIAN TRANSFER OR GIFT.....03	YYYY	EMBRYO(S)...	1	2	8	EMBRYO(S)...	1	2	8
ZYGOTE INTRAFALLOPIAN TRANSFER, OR ZIFT, OR PRONUCLEAR STAGE TRANSFER, OR PROST.....04									
TUBAL EMBRYO TRANSFER OR TET.....05									
INTROCYTOPLASMIC SPERM INJECTION OR ICSI.....06									
OTHER FERTILITY PROCEDURE (SPECIFY).....09									
SPECIFY_____									
RF.....97									
DK.....98									
ARTIFICIAL OR INTRAUTERINE INSEMINATION.....01	MM DD	EGG(S).....	1	2	8	EGG(S).....	1	2	8
IN VITRO FERTILIZATION—EMBRYO TRANSFER OR IVF-ET.....02		SPERM.....	1	2	8	SPERM.....	1	2	8
GAMETE INTRAFALLOPIAN TRANSFER OR GIFT.....03	YYYY	EMBRYO(S)...	1	2	8	EMBRYO(S)...	1	2	8
ZYGOTE INTRAFALLOPIAN TRANSFER, OR ZIFT, OR PRONUCLEAR STAGE TRANSFER, OR PROST.....04									
TUBAL EMBRYO TRANSFER OR TET.....05									
INTROCYTOPLASMIC SPERM INJECTION OR ICSI.....06									
OTHER FERTILITY PROCEDURE (SPECIFY).....09									
SPECIFY_____									
RF.....97									
DK.....98									

COMPLICATIONS PREVENTION MEDICATIONS

C35. A. After you became pregnant, did you take any medications to prevent pregnancy complications or pregnancy loss such as hormones, steroids or injections?

YES 1
NO ..... (SKIP TO C36) 2
DK ..... (SKIP TO C36) 8

B. What did you take?/Did you take anything else? LIST ALL. IF CAN NOT RECALL, READ LIST: Was it…?

Brethine *01*
Depo-Provera *02*
Rhogam *03*
Progesterone *04*
Anti D Globulin *05*
Betamimetics *06*
Magnesium Sulfate *07*
Channel BLockers *08*
Unknown Steroids *09*
DK *98*

1. _____ ☐☐
2. _____ ☐☐
3. _____ ☐☐

FOR EACH MED, ASK C35C–C35F. IF GET EXACT DATES IN C35C AND C35D, SKIP C35E.

DRUG	C35C. Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness? MM DD YYYY	C35D. When did you stop using (MEDICINE)? OR MM DD YYYY	C35E. How long did you take it? DURATION	C35F. How often did you use (MEDICATION)? FREQUENCY
1. _____ ☐☐ **DK = 98**	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐	☐☐ DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year 4
2. _____ ☐☐ **DK = 98**	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐	☐☐ DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year 4
3. _____ ☐☐ **DK = 98**	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐	☐☐ DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	☐☐ DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year 4

MORNING SICKNESS

Now, I have some questions about morning sickness during your pregnancy with (NOIB).

C36. During this pregnancy, did you have morning sickness or nausea?

YES 1
NO ..... (SKIP TO C48) 2
DK ..... (SKIP TO C48) 8

C37. During which month(s) did you have nausea or vomiting?				C38. How often during (SPECIFY MONTH) did you have nausea? Would you say it was (READ LIST)?	C39. How often during (SPECIFY MONTH) did you have vomiting? Would you say it was (READ LIST)?
MO	YES (ASK C38-C39)	NO (NXT PRD)	DK (NXT PRD)		
P1	1	2	8	Never ..... 0 Less than once a week ..... 1 Once a week ..... 2 Several days a week ..... 3 Once per day ..... 4 2-3 times per day ..... 5 More than 3 times per day ..... 6 DK 8	Never ..... 0 Less than once a week ..... 1 Once a week ..... 2 Several days a week ..... 3 Once per day ..... 4 2-3 times per day ..... 5 More than 3 times per day ..... 6 DK 8
P2	1	2	8	Never ..... 0 Less than once a week ..... 1 Once a week ..... 2 Several days a week ..... 3 Once per day ..... 4 2-3 times per day ..... 5 More than 3 times per day ..... 6 DK 8	Never ..... 0 Less than once a week ..... 1 Once a week ..... 2 Several days a week ..... 3 Once per day ..... 4 2-3 times per day ..... 5 More than 3 times per day ..... 6 DK 8
P3	1	2	8	Never ..... 0 Less than once a week ..... 1 Once a week ..... 2 Several days a week ..... 3 Once per day ..... 4 2-3 times per day ..... 5 More than 3 times per day ..... 6 DK 8	Never ..... 0 Less than once a week ..... 1 Once a week ..... 2 Several days a week ..... 3 Once per day ..... 4 2-3 times per day ..... 5 More than 3 times per day ..... 6 DK 8
T2	1	2	8	Never ..... 0 Less than once a week ..... 1 Once a week ..... 2 Several days a week ..... 3 Once per day ..... 4 2-3 times per day ..... 5 More than 3 times per day ..... 6 DK 8	Never ..... 0 Less than once a week ..... 1 Once a week ..... 2 Several days a week ..... 3 Once per day ..... 4 2-3 times per day ..... 5 More than 3 times per day ..... 6 DK 8
T3	1	2	8	Never ..... 0 Less than once a week ..... 1 Once a week ..... 2 Several days a week ..... 3 Once per day ..... 4 2-3 times per day ..... 5 More than 3 times per day ..... 6 DK 8	Never ..... 0 Less than once a week ..... 1 Once a week ..... 2 Several days a week ..... 3 Once per day ..... 4 2-3 times per day ..... 5 More than 3 times per day ..... 6 DK 8

C40. Did you have any medical treatment or take any medications for your nausea or vomiting?

YES 1
NO ..... (SKIP TO C46) 2
DK ..... (SKIP TO C46) 8

IF GET EXACT DATES IN C42 AND C43, SKIP C44.

	C41. What did you take? PROBE: Did you take anything else? LIST ALL. FOR EVERY MEDICINE, ASK C42-C45.	C42. Between (-3) and (DOIB) when did you start using (MEDICINE) for this illness?	C43. When did you stop using (MEDICINE)? OR: ASK C44.	C44. How long did you take it? DURATION	C45. How often did you use (MEDICATION)? FREQUENCY
A.	_____ DK ..... ❑	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
B.	_____ DK ..... ❑	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4

C46. Did you lose any weight during the time you were having nausea?

YES 1
NO ..... (SKIP TO C48) 2
DK ..... (SKIP TO C48) 8

C47. How much weight did you lose?

ENTER NUMBER ..... ___

CODE:
POUNDS 1
KG 2
WEIGHT LOSS DK ..... ❑

PRENATAL CARE

Now I'm going to ask about tests you may have had during your pregnancy with (NOIB).

C48. Did you have prenatal care with (NOIB)'s pregnancy?

YES 1
NO ..... (SKIP TO C50) 2
DK ..... (SKIP TO C50) 8

C49. When was your first prenatal visit? Do not include the visit in which your pregnancy was first confirmed.

DATE ..... |__|__| |__|__| |__|__|__|__|
MM DD YYYY

OR

WEEKS PREGNANT ..... |__|__|
DK = 98

ULTRASOUNDS

C50. Did you have any ultrasounds which showed any abnormalities with the fetus, placenta, or fluid?

YES 1
NO ..... (SKIP TO C56) 2
DK ..... (SKIP TO C56) 8

C51. What was the date or week of pregnancy when you first had an ultrasound that showed an abnormality?

DATE ..... |__|__| |__|__| |__|__|__|__|
MM DD YYYY

OR

WEEKS PREGNANT ..... |__|__|
DK = 98

C52. What was the abnormality? LIST ALL.

SPECIFY: _____

C53. Did you have any other ultrasounds which showed a different abnormality?

YES 1
NO ..... (SKIP TO C56) 2
DK ..... (SKIP TO C56) 8

C54. What was the date or week of pregnancy for that ultrasound which showed a different abnormality?

DATE ..... |__|__| |__|__| |__|__|__|__|
MM DD YYYY

OR

WEEKS PREGNANT ..... |__|__|
DK = 98

C55. What was the abnormality? LIST ALL.

SPECIFY: a. _____

SPECIFY: b. _____

REPEAT C53

PRENATAL CARE-BLOOD TESTS

C56. When you were pregnant with (NOIB), did you have any of the following blood tests: maternal serum alpha fetoprotein or MSAFP, double screen, or triple screen?

YES 1
NO ..... (SKIP TO C60) 2
DK ..... (SKIP TO C60) 8

DEFINITION IF NEEDED: Maternal serum alpha-fetoprotein or MSAFP is a blood test done early in pregnancy to determine if there is a higher-than-average risk of certain birth defects such as spina bifida and Down syndrome. Alpha-fetoprotein (AFP) is a substance produced by the liver of the fetus and a small amount of AFP passes into the mother's bloodstream. AFP levels can be measured during pregnancy by taking a sample of blood from the mother's arm.

C57. What was the blood test for?

RECORD REASON: _____

C58. What was the date or week of pregnancy when the (TEST) was done?

DATE: |__|__| |__|__| |__|__|__|__|
MM DD YYYY

OR

WEEKS PREGNANT ..... |__|__|
DK = 98

C59. Were the results of the test normal, high, low, or abnormal (NS)?

NORMAL 1
HIGH 2
LOW 3
ABNORMAL (NS) 4
DK 8

C60. Did you have an Amniocentesis or amnio?

YES 1
NO ..... (SKIP TO C65) 2
DK ..... (SKIP TO C65) 8

DEFINITION IF NEEDED: Amniocentesis is a procedure done during pregnancy to test for various birth defects. A thin needle is inserted through the abdomen and into the uterus and a few teaspoons of amniotic fluid are withdrawn. The fetal cells that float in the amniotic fluid are then studied in a lab.

C61. What was the date or week of pregnancy when the amniocentesis was done?

DATE: |__|__| |__|__| |__|__|__|__|
MM DD YYYY

OR

WEEKS PREGNANT ..... |__|__|
DK = 98

C62. Did this test show any abnormalities?

YES 1
NO ..... (SKIP TO C64) 2
DK ..... (SKIP TO C64) 8

C63. What was the abnormality? LIST ALL.

SPECIFY: _____

C64. **IF (NOIB) IS ONE OF A MULTIPLE BIRTH ASK:** Was a dye injected as part of the amniocentesis?

YES 1
NO 2
DK 8

C65. Did you have Chorionic Villus Sampling or CVS?

YES 1
NO ..... (SKIP TO C70) 2
DK ..... (SKIP TO C70) 8

IF NEEDED: Chorionic villus sampling or CVS is a procedure done during pregnancy to test for various birth defects. A thin tube is inserted through the vagina and cervix and a small piece of the tissue from the placenta is removed. The procedure is also done by inserting a needle through the abdominal wall, similar to amniocentesis. The cells from the tissue are then studied in a lab.

C66. What was the date or week of pregnancy when the CVS was done?

DATE: ☐☐ ☐☐ ☐☐☐☐
MM DD YYYY

OR

WEEKS PREGNANT ..... ☐☐

DK ..... ❑

C67. Did this test show any abnormalities?

YES 1
NO ..... (SKIP TO C69) 2
DK ..... (SKIP TO C69) 8

C68. What was the abnormality? LIST ALL.

SPECIFY: _____

SPECIFY: _____

C69. Did the CVS involve a needle inserted in your abdomen or belly or did the CVS involve a catheter or needle inserted in your vagina or birth canal?

ABDOMEN 1
VAGINA 2
DK 8

C70. Did you or (NOIB) have any prenatal diagnostic tests such as fetal echocardiography or fetal dye studies?

YES 1
NO ..... (SKIP TO C75) 2
DK ..... (SKIP TO C75) 8

C71. What was the name of the prenatal diagnostic test? PROBE: Any other tests? LIST ALL.	C72. What was the date **or** week of pregnancy it occurred?	C73. Did the procedure show any abnormalities?	C74. IF YES: What was the abnormality?
A. _____ ☐☐ (ASK C72) CHECK IF DK ..... ❑	☐☐ DD ☐☐ MM ☐☐☐☐ YYYY **OR** ☐☐ WKS PREG DK = 98	YES ..... 1 NO ....(NEXT OR C75) ... 2 DK ....(NEXT OR C75) ... 8	_____ ABNORMALITY
B. _____ ☐☐ (ASK C72) CHECK IF DK ..... ❑	☐☐ DD ☐☐ MM ☐☐☐☐ YYYY **OR** ☐☐ WKS PREG DK = 98	YES ..... 1 NO ....(NEXT OR C75) ... 2 DK ....(NEXT OR C75) ... 8	_____ ABNORMALITY

C75. Did you or (NOIB) have any other prenatal medical procedures such as blood transfusions or fetal surgery?

YES 1
NO ..... (SKIP TO C79) 2
DK ..... (SKIP TO C79) 8

C76. What was the name of the prenatal medical procedure? LIST ALL.	C77. What was the date or week of pregnancy it occurred?	C78. Why was the medical procedure performed?
A. _____	MM DD YYYY OR WKS PREG DK = 98	_____ REASON
B. _____	MM DD YYYY OR WKS PREG DK = 98	_____ REASON

PRENATAL TEST COMPLICATIONS
IF YES TO ANY PRENATAL MEDICAL PROCEDURE, ASK C79.

C79. Did you have any complications after any prenatal diagnostic tests or medical procedures?

YES 1
NO ..... (SKIP TO D1) 2
DK ..... (SKIP TO D1) 8

C80. After which procedure? LIST ALL.

C82. Were you hospitalized?	C83. Did you take any medicine before the procedure, after the procedure or both?	C84. What medicine(s) did you take? LIST ALL.
PROCEDURE #1: _____ YES..... 1 NO ..... 2 DK..... 8	BEFORE.....1 AFTER.....2 BOTH .....3 NONE .. (NEXT OR SKIP TO D1) .....4 DK ..... (NEXT OR SKIP TO D1) 8	MEDICINE:_____ _____

C81. Did you have (READ LIST)?

	YES	NO	DK
a. bleeding	1	2	8
b. pain/cramps	1	2	8
c. infection	1	2	8
d. other (SPECIFY)	1	2	8

SPECIFY: _____

PROCEDURE #2: _____ YES..... 1 NO ..... 2 DK..... 8	BEFORE.....1 AFTER.....2 BOTH .....3 NONE .. (NEXT OR SKIP TO D1) .....4 DK ..... (NEXT OR SKIP TO D1) 8	MEDICINE:_____ _____

C81. Did you have (READ LIST)?

	YES	NO	DK
a. bleeding	1	2	8
b. pain/cramps	1	2	8
c. infection	1	2	8
d. other (SPECIFY)	1	2	8

SPECIFY: _____

SECTION D: PRENATAL VITAMINS

D1. Between (-3) and (DOIB), did you take any prenatal vitamins?

YES 1
NO .....(SKIP TO D2) 2
DK .....(SKIP TO D2) 8

FOR EACH VITAMIN ASK D1bb TO D1ee. IF YOU GET EXACT DATES IN D1bb **AND** D1cc, SKIP D1dd.

	D1aa. What did you take? / Anything else? PROBE WITH CHART BELOW. LIST ALL.	D1bb. Between (-3) and DOIB, when did you start using (PRENATAL VITAMIN)?	D1cc. When did you stop using (PRENATAL VITAMIN)? OR:	D1dd. How long did you take it? DURATION	D1ee. How often did you use the prenatal vitamin? FREQUENCY
A.	_____ DK ..... ❑	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S) ..... 2 MONTH(S)..... 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR..... 4
B.	_____ DK ..... ❑	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S) ..... 2 MONTH(S)..... 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR..... 4
C.	_____ DK ..... ❑	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S) ..... 2 MONTH(S)..... 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR..... 4

PROBE FOR D1aa:

IF CANNOT RECALL, READ LIST: Was it (READ LIST)?

- Fampren Forte
- Materna
- Natalins
- Natalins Rx
- Niferex PN
- Prenate 90
- Stuart Natal 1 + 1
- Stuart Natal Plus
- Zenate
- PRENATAL VITAMIN, NOS

SINGLE VITAMINS

D2. Now I want to ask you about some single vitamins and minerals. Between (-3) and (DOIB), did you take any of the following single vitamins or minerals?

	YES	NO	DK
a. Vitamin A	1	2	8
b. Retinol	1	2	8
c. Beta carotene	1	2	8
d. B complexes	1	2	8
e. B6	1	2	8
f. B12	1	2	8
g. Folic acid	1	2	8
h. Vitamin C	1	2	8
i. Vitamin D	1	2	8
j. Vitamin E	1	2	8
k. Iron	1	2	8
l. Calcium	1	2	8
m. Zinc	1	2	8
n. Selenium	1	2	8

FOR EACH YES, ASK D2aa-D2dd. IF ALL NO OR DK, SKIP TO D3.

IF GET EXACT DATES TO D2aa **AND** D2bb, SKIP D2cc.

	D2aa. Between (-3) and DOIB, when did you start using (VITAMIN)?	D2bb. When did you stop using (VITAMIN)? OR:	D2cc. How long did you take it? DURATION	D2dd. How often did you use the vitamin? FREQUENCY
_____ FIRST VITAMIN	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S) ..... 2 MONTH(S)..... 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR..... 4
_____ SECOND VITAMIN	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S) ..... 2 MONTH(S)..... 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR..... 4
_____ THIRD VITAMIN	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S) ..... 2 MONTH(S)..... 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR..... 4
_____ FOURTH VITAMIN	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S) ..... 2 MONTH(S)..... 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR..... 4

MULTIVITAMINS

D3. Other than prenatal or single vitamins, between (-3) and (DOIB), did you take any multivitamins or vitamin complexes?

YES 1
NO .....(SKIP TO D9) 2
DK .....(SKIP TO D9) 8

FOR EACH VITAMIN ASK D5 TO D8. IF GET EXACT DATES IN D5 **AND** D6, SKIP D7.

	D4. What did you take? PROBE: Anything else? Do you remember the brand name? LIST ALL IN CHART.	D5. Between (-3) and DOIB, when did you start using (VITAMIN)?	D6. When did you stop using (VITAMIN)? OR:	D7. How long did you take it? DURATION	D8. How often did you use the vitamin? FREQUENCY
A.	_____ DK ..... ❑	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S) ..... 2 MONTH(S)..... 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
B.	_____ DK ..... ❑	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S) ..... 2 MONTH(S)..... 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
C.	_____ DK ..... ❑	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S) ..... 2 MONTH(S)..... 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4

OTHER VITAMINS, MINERALS

D9. Between (-3) and (DOIB), did you take any other vitamins, minerals, amino acids, antioxidants, or other nutrients that we haven't already talked about?

YES 1
NO .....(SKIP TO D10) 2
DK .....(SKIP TO D10) 8

FOR EACH PRODUCT, ASK D9bb TO D9ee. IF GET EXACT DATES IN D9bb **AND** D9cc, SKIP D9dd.

	D9aa. What did you take? PROBE: Anything else? LIST ALL IN CHART.	D9bb. Between (-3) and DOIB, when did you start using (VITAMIN)?	D9cc. When did you stop using (VITAMIN)? OR:	D9dd. How long did you take it? DURATION	D9ee. How often did you use the vitamin? FREQUENCY
A.	_____ DK ..... ❑	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S) ..... 2 MONTH(S)..... 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR..... 4
B.	_____ DK ..... ❑	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S) ..... 2 MONTH(S)..... 3	DK = 98 PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR..... 4

SUPPLEMENTS-(CEREALS)

D10. Between (-3) and (DOIB), did you eat cereal?

YES 1
NO .....(SKIP TO D14) 2
DK .....(SKIP TO D14) 8

FOR EACH CEREAL, ASK D12 AND D13.

D11. What were the names of the cereals you ate most often between (-3) and (DOIB)? / Anything else? LIST ALL. USE RESPONSE OPTIONS IN APPENDIX TO PROBE.	D12. Which months did you eat (CEREAL)?				D13. How often, on average, did you eat (CEREAL) during that time? You may use the food frequency choices list which was sent to you in the mail to help you respond to this question.
	MO	YES	NO	DK	
A. _____ □□□ DK = 998 RF = 997 OTHER = 996	B3	1	2	8	NEVER OR < ONCE PER MONTH..... 0 1 PER MONTH ..... 1M 2 PER MONTH ..... 2M 3 PER MONTH ..... 3M 1 PER WEEK..... 1W 2 PER WEEK..... 2W 3 PER WEEK..... 3W 4 PER WEEK..... 4W 5 PER WEEK..... 5W 6 PER WEEK..... 6W 1 PER DAY..... 1D 2 PER DAY..... 2D 3 PER DAY..... 3D 4 PER DAY..... 4D 5 PER DAY..... 5D 6+ PER DAY..... 6D RF ..... 97 DK..... 98
	B2	1	2	8	
	B1	1	2	8	
	P1	1	2	8	
	P2	1	2	8	
	P3	1	2	8	
	T2	1	2	8	
	T3	1	2	8	
B. _____ □□ DK = 998 RF = 997 OTHER = 996	B3	1	2	8	NEVER OR < ONCE PER MONTH..... 0 1 PER MONTH ..... 1M 2 PER MONTH ..... 2M 3 PER MONTH ..... 3M 1 PER WEEK..... 1W 2 PER WEEK..... 2W 3 PER WEEK..... 3W 4 PER WEEK..... 4W 5 PER WEEK..... 5W 6 PER WEEK..... 6W 1 PER DAY..... 1D 2 PER DAY..... 2D 3 PER DAY..... 3D 4 PER DAY..... 4D 5 PER DAY..... 5D 6+ PER DAY..... 6D RF ..... 97 DK..... 98
	B2	1	2	8	
	B1	1	2	8	
	P1	1	2	8	
	P2	1	2	8	
	P3	1	2	8	
	T2	1	2	8	
	T3	1	2	8	

SUPPLEMENTS-(FOOD)

D14. Now, I'd like to ask you about food supplements. Those are products that are sometimes mixed into drinks, like Slim Fast, Instant Breakfast, protein powder, or Brewer's yeast. Between (-3) and (DOIB), did you eat or drink any food supplements?

YES 1
NO .....(SKIP TO D18) 2
DK .....(SKIP TO D18) 8

D15. What was the name of the food supplement?/ Anything else? USE RESPONSE OPTIONS TO PROBE.

All One	Herbs	Nuskin Appeal	Slim-Fast
Brewer's Yeast	Hernerd Choc Vitamin Drink	Ovaltine	Slim-Fast Choc Bars
Carnation Instant Breakfast	Horlick's	Protein Powder	Spiratene
Chocomilk	Instant Breakfast	Relive	Success
Ensure	Nature Aid	Shaklee Instant Protein	Wheat Germ
Herbalife	Nestle's Chocolate Drink	Shaklee Meal Shake	Other, SPECIFY

	D16. Which month(s) did you use (FOOD SUPPLEMENT)?				D17. How often, on average, did you use (FOOD SUPPLEMENT) during that time? You may use the food frequency choices list which was sent to you in the mail to help you respond to this question.
	MO	YES	NO	DK	
A. _____ (□□□) DK = 998 RF = 997 OTHER = 996	B3	1	2	8	NEVER OR < ONCE PER MONTH..... 0 1 PER MONTH ..... 1M 2 PER MONTH ..... 2M 3 PER MONTH ..... 3M 1 PER WEEK..... 1W 2 PER WEEK..... 2W 3 PER WEEK..... 3W 4 PER WEEK..... 4W 5 PER WEEK..... 5W 6 PER WEEK..... 6W 1 PER DAY..... 1D 2 PER DAY..... 2D 3 PER DAY..... 3D 4 PER DAY..... 4D 5 PER DAY..... 5D 6+ PER DAY..... 6D RF ..... 97 DK..... 98
	B2	1	2	8	
	B1	1	2	8	
	P1	1	2	8	
	P2	1	2	8	
	P3	1	2	8	
	T2	1	2	8	
	T3	1	2	8	
B. _____ (□□) DK = 998 RF = 997 OTHER = 996	B3	1	2	8	NEVER OR < ONCE PER MONTH..... 0 1 PER MONTH ..... 1M 2 PER MONTH ..... 2M 3 PER MONTH ..... 3M 1 PER WEEK..... 1W 2 PER WEEK..... 2W 3 PER WEEK..... 3W 4 PER WEEK..... 4W 5 PER WEEK..... 5W 6 PER WEEK..... 6W 1 PER DAY..... 1D 2 PER DAY..... 2D 3 PER DAY..... 3D 4 PER DAY..... 4D 5 PER DAY..... 5D 6+ PER DAY..... 6D RF ..... 97 DK..... 98
	B2	1	2	8	
	B1	1	2	8	
	P1	1	2	8	
	P2	1	2	8	
	P3	1	2	8	
	T2	1	2	8	
	T3	1	2	8	

DIETARY ASSESSMENT-INTRODUCTION

Next I will read a list of food items, and for each one I would like to know how often you ate that food on average during the year before you became pregnant with (NOIB). You may use the list of Food Frequency Responses that was sent to you in the mail to help you answer these questions. You do not have to remember exactly what you ate, we are only trying to determine what your usual diet was like before you were pregnant. For seasonal foods, such as fruits and vegetables, you can average over the six months prior to pregnancy. For foods that you ate less than once a month, you can report as never or none.

D18. How often, on average, did you use (READ LIST)?

	0 NEVER OR < 1 PER MONTH	1M 1 PER MONTH	2M 2 PER MONTH	3M 3 PER MONTH	1W 1 PER WEEK	2W 2 PER WEEK	3W 3 PER WEEK	4W 4 PER WEEK	5W 5 PER WEEK	6W 6 PER WEEK	1D 1 PER DAY	2D 2 PER DAY	3D 3 PER DAY	4D 4 PER DAY	5D 5 PER DAY	6D 6+ PER DAY	97 RF	98 DK
a. Skim or lowfat milk (8 oz glass)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
b. Whole milk (8 oz glass).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
c. Yogurt (1cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
d. Ice cream(1/2 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
e. Cottage or Ricotta .....cheese	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
f. Other cheese e.g., American, cheddar, etc., plain or part of a dish (1 slice or 1 oz serving)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
g. Margarine (pat), added to food or bread; exclude use in cooking.....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
h. Butter (pat), added to food or bread; exclude use in cooking .	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
i. Fresh apples or pears (1).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
j. Oranges (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
k. Orange juice (small glass).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
l. Peaches, apricots, plums, or nectarines (1 fresh or ½ cup ..... canned).	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
m. Bananas (1).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
n. Cantaloupe (1/4 melon).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
o. Avocado (1) or guacamole (1 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
p. Other fruits fresh, frozen, or canned (1/2 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
q. Tomatoes (1) or tomato juice (small glass).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
r. String beans (1/2 cup).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
s. Broccoli (1/2 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
t. Cabbage, cauliflower, or brussel sprouts (1/2 cup.....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98

D18. How often, on average, did you use (READ LIST)?

	0 NEVER OR < 1 PER MONTH	1M 1 PER MONTH	2M 2 PER MONTH	3M 3 PER MONTH	1W 1 PER WEEK	2W 2 PER WEEK	3W 3 PER WEEK	4W 4 PER WEEK	5W 5 PER WEEK	6W 6 PER WEEK	1D 1 PER DAY	2D 2 PER DAY	3D 3 PER DAY	4D 4 PER DAY	5D 5 PER DAY	6D 6+ PER DAY	97 RF	98 DK
u. Carrots, raw (1/2 carrot or 2-4 sticks)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
v. Carrots, cooked (1/2 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
w. Corn (1 ear or ½ cup frozen, canned)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
x. Peas or lima beans (1/2 cup frozen, canned)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
y. Yams or sweet potatoes (1/2 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
z. Spinach or collard greens, cooked (1/2 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
aa. Refried beans (1 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
bb. Beans or lentils, baked or dried (1/2 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
cc. Yellow (winter) squash (1/2 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
dd. Raw Chile peppers, Jalopeño (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
ee. Salsa (1 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
ff. Eggs (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
gg. Chicken or Turkey (4-6 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
hh. Bacon (2 slices)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
ii. Hot dogs (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
jj. Processed meats, e.g. sausage, salami, bologna, chorizo, etc. (piece or slice).	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
kk. Liver (3-4 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
ll. Chicken livers (1 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
mm. Organ meats Barbacoa, Menudo, sweetbreads, tongue, intestines (3-4 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
nn. Hamburger (1 patty)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
oo. Beef, pork, lamb or cabrito as as a sandwich or mixed dish, e.g. stew, casserole, lasagna, etc.	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
pp. Beef, pork, lamb or cabrito as a main dish, e.g. Steak, roast, ham, etc. (4-6 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98

D18. How often, on average, did you use (READ LIST)?

	0 NEVER OR < 1 PER MONTH	1M 1 PER MONTH	2M 2 PER MONTH	3M 3 PER MONTH	1W 1 PER WEEK	2W 2 PER WEEK	3W 3 PER WEEK	4W 4 PER WEEK	5W 5 PER WEEK	6W 6 PER WEEK	1D 1 PER DAY	2D 2 PER DAY	3D 3 PER DAY	4D 4 PER DAY	5D 5 PER DAY	6D 6+ PER DAY	97 RF	98 DK
qq. Fish (3-5 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
rr. Chocolate (1 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
ss. Candy without chocolate (1 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
tt. Pie (slice)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
uu. Cake (slice)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D		98
vv. Cookies (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
ww. White bread (slice), including pita bread	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
xx. Dark bread (slice) including wheat pita bread	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
yy. French fried potatoes (4 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
zz. Potatoes baked, boiled (1) or mashed (1 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
aaa. Rice or pasta e.g. Spanish rice, spaghetti, noodles, etc. (1 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
bbb. Tortilla (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
ccc. Potato chips or corn Chips (small bag or 1 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
ddd. Nuts (small packet or 1 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
eee. Peanut butter (1tbs)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
fff. Oil and vinegar Dressing e.g., Italian(1 tbs)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98

CAFFEINE

The next questions are about caffeine. We will be asking you about your average use of coffee, tea and soda during the year before you became pregnant with (NOIB).

D19. How many cups of caffeinated or regular coffee did you usually drink?

NEVER OR < ONCE PER MONTH....0
1 PER MONTH....1M
2 PER MONTH....2M
3 PER MONTH....3M
1 PER WEEK....1W
2 PER WEEK....2W
3 PER WEEK....3W
4 PER WEEK....4W
5 PER WEEK....5W
6 PER WEEK....6W
1 PER DAY....1D
2 PER DAY....2D
3 PER DAY....3D
4 PER DAY....4D
5 PER DAY....5D
6+ PER DAY....6D
RF....97
DK....98

D20. How many cups of caffeinated or regular tea did you usually drink?

NEVER OR < ONCE PER MONTH....0
1 PER MONTH....1M
2 PER MONTH....2M
3 PER MONTH....3M
1 PER WEEK....1W
2 PER WEEK....2W
3 PER WEEK....3W
4 PER WEEK....4W
5 PER WEEK....5W
6 PER WEEK....6W
1 PER DAY....1D
2 PER DAY....2D
3 PER DAY....3D
4 PER DAY....4D
5 PER DAY....5D
6+ PER DAY....6D
RF....97
DK....98

D21. Did you drink sodas or soft drinks?

YES 1
NO .....(SKIP TO D26) 2
DK .....(SKIP TO D26) 8

FOR EVERY BRAND ANSWERED IN D22, ASK D23 AND D24, UNLESS SKIPPED BY PRECODES:

7 up (SKIP D24) = 01 A&W cream soda (SKIP D24) = 02 A&W root beer (SKIP D24) = 03 After the Fall spritzers (SKIP D24) = 04 Barq's root beer (SKIP D24) = 05 Black cherry soda = 06 Cheerwine (SKIP D24) = 07 Cherry 7-up (SKIP D24) = 08 Cherry coke (SKIP D24) = 09 Cherry soda = 10 Clearly Canadian (SKIP D24) = 11 Club soda (SKIP D23 & D24) = 12 Coke = 13 Cola , NOS = 14 Cranberry ginger ale (SKIP D24) = 15 Cream soda, NOS = 16 Diet Rite cola(SKIP D23 & D24) = 17 Diet Rite (fruit flavors) (SKIP D23 & D24) = 18 Dr. Brown's(all flavors) (SKIP D24) = 19	Dr. Pepper (SKIP D24) = 20 Fanta (all flavors) (SKIP D24) = 21 Fresca (SKIP D23 & D24) = 22 Ginger ale (SKIP D24) = 23 Ginger beer soda, NOS = 24 Grapefruit soda, NOS = 25 Hires root beer (SKIP D24) = 26 IBC black cherry (SKIP D24) = 27 IBC cherry cola (SKIP D24) = 28 IBC cream soda (SKIP D24) = 29 IBC root beer (SKIP D24) = 30 Jarritos sodas (all flavors) (SKIP D24) = 31 Jolt cola (SKIP D24) = 32 Josta = 33 Knudsen sparkling juices (SKIP D24) = 34 Lemon/lime soda, NOS = 35 Mellow yellow (SKIP D24) = 36 Mountain dew = 37 Mr. Pibb (SKIP D24) = 38 Nugrape (SKIP D24) = 39 Orange crush (SKIP D24) = 40	Orange soda, NOS = 41 Pepsi = 42 Quinine water (SKIP D23 & D24) = 43 RC cola (SKIP D24) = 44 Root beer , NOS = 45 Slice (SKIP D24) = 46 Sparkling water flavors (SKIP D24) = 47 Sprite (SKIP D24) = 48 Squirt (both flavors) (SKIP D24) = 49 Strawberry soda = 50 Sun-drop (SKIP D24) = 51 Sunkist fruit punch (SKIP D24) = 52 Sunkist orange (SKIP D24) = 53 Surge = 54 Tab (SKIP D23 & D24) = 55 Tahitian treat = 56 Tonic water (SKIP D23 & D24) = 57 Wild cherry Pepsi (SKIP D24) = 58 Wink (SKIP D24) = 59 Yoohoo Choc. (SKIP D24) = 60 Other, specify = 61

	D22. What brand(s) or types did you usually drink?/Anything else? LIST ALL. USE PRECODED SODA LIST TO PROBE. IF TYPE ON LIST IS KNOWN TO HAVE CAFFEINE OR BE A DIET DRINK, THOSE SELECTIONS WILL SKIP OVER D23 AND/OR D24	D23. Is (BRAND) diet?	D24. Is (BRAND) caffeine free?	D25. How many (cans/glasses/ bottles) of (BRANDS) did you usually drink?
A.	_____ DK = 98	YES..... 1 NO ..... 2 DK..... 8	YES..... 1 NO..... 2 DK..... 8	NEVER OR LESS THAN 1 PER MONTH ..... 0 1 PER MONTH..... 1M 2 PER MONTH..... 2M 3 PER MONTH..... 3M 1 PER WEEK ..... 1W 2 PER WEEK ..... 2W 3 PER WEEK ..... 3W 4 PER WEEK ..... 4W 5 PER WEEK ..... 5W 6 PER WEEK ..... 6W 1 PER DAY..... 1D 2 PER DAY..... 2D 3 PER DAY..... 3D 4 PER DAY..... 4D 5 PER DAY..... 5D 6+ PER DAY ..... 6D RF..... 97 DK 98

	D22. What brand(s) or types did you usually drink?/Anything else? LIST ALL. USE PRECODED SODA LIST TO PROBE. IF TYPE ON LIST IS KNOWN TO HAVE CAFFEINE OR BE A DIET DRINK, THOSE SELECTIONS WILL SKIP OVER D23 AND/OR D24	D23. Is (BRAND) diet?	D24. Is (BRAND) caffeine free?	D25. How many (cans/glasses/ bottles) of (BRANDS) did you usually drink?
B.	_____ DK = 98	YES..... 1 NO ..... 2 DK..... 8	YES..... 1 NO..... 2 DK..... 8	NEVER OR LESS THAN 1 PER MONTH .....0 1 PER MONTH.....1M 2 PER MONTH.....2M 3 PER MONTH.....3M 1 PER WEEK ..... 1W 2 PER WEEK ..... 2W 3 PER WEEK ..... 3W 4 PER WEEK ..... 4W 5 PER WEEK ..... 5W 6 PER WEEK ..... 6W 1 PER DAY..... 1D 2 PER DAY..... 2D 3 PER DAY..... 3D 4 PER DAY..... 4D 5 PER DAY..... 5D 6+ PER DAY ..... 6D RF.....97 DK 98
C.	_____ DK = 98	YES..... 1 NO ..... 2 DK..... 8	YES..... 1 NO..... 2 DK..... 8	NEVER OR LESS THAN 1 PER MONTH .....0 1 PER MONTH.....1M 2 PER MONTH.....2M 3 PER MONTH.....3M 1 PER WEEK ..... 1W 2 PER WEEK ..... 2W 3 PER WEEK ..... 3W 4 PER WEEK ..... 4W 5 PER WEEK ..... 5W 6 PER WEEK ..... 6W 1 PER DAY..... 1D 2 PER DAY..... 2D 3 PER DAY..... 3D 4 PER DAY..... 4D 5 PER DAY..... 5D 6+ PER DAY ..... 6D RF.....97 DK 98

D26. When you were pregnant with (NOIB) did you drink more, the same, less, or no caffeinated coffee?

More 1
Same 2
Less 3
None 4
DK 8

D27. When you were pregnant with (NOIB) did you drink more, the same, less, or no caffeinated tea?

More 1
Same 2
Less 3
None 4
DK 8

D28. When you were pregnant with (NOIB) did you drink more, the same, less, or no caffeinated sodas?

More 1
Same 2
Less 3
None 4
DK 8

SECTION E: TOBACCO-MOTHER

E1. The next questions are about tobacco use. Did you ever smoke cigarettes?

YES 1
NO ..... (SKIP TO E5) 2
DK ..... (SKIP TO E5) 8

E2. At any time from (-3) to (DOIB), did you smoke cigarettes?

YES 1
NO ..... (SKIP TO E5) 2
DK ..... (SKIP TO E5) 8

E3. During which months did you smoke?
CIRCLE FOR EACH MONTH. DO NOT CODE SHADED AREA.

MO	YES (ASK E4)	NO	DK	E4. During (SPECIFY MONTH) about how many cigarettes did you smoke a day?/Did you continue to smoke that many cigarettes through (LAST MONTH STATED)?
B3	1	2	8	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08 DK.....98
B2	1	2	8	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08 DK.....98
B1	1	2	8	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08 DK.....98
P1	1	2	8	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08 DK.....98
P2	1	2	8	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08 DK.....98

MO	YES (ASK E4)	NO	DK	E4. During (SPECIFY MONTH) about how many cigarettes did you smoke a day?/Did you continue to smoke that many cigarettes through (LAST MONTH STATED)?
P3	1	2	8	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08 DK.....98
T2	1	2	8	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08 DK.....98
T3	1	2	8	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08 DK.....98

TOBACCO-HOUSEHOLD

E5. Did anyone in your household smoke cigarettes in your home between (-3) and (DOIB)?

YES 1
NO ..... (SKIP TO E7) 2
DK ..... (SKIP TO E7) .....8`

E6. During which months did someone smoke in your home? CIRCLE FOR EACH MONTH. DO NOT CODE SHADED AREA.

MO	YES	NO	DK
B3	1	2	8
B2	1	2	8
B1	1	2	8
P1	1	2	8
P2	1	2	8
P3	1	2	8
T2	1	2	8
T3	1	2	8

TOBACCO-WORKPLACE

E7. Did anyone smoke cigarettes near you at a workplace or school you may have attended during that year?

YES 1
NO ..... (SKIP TO F1) 2
DK ..... (SKIP TO F1) .....8`

E8. During which months from (-3) to (DOIB) did someone smoke near you at work/school? CIRCLE FOR EACH MONTH. DO NOT CODE SHADED AREA.

MO	YES	NO	DK
B3	1	2	8
B2	1	2	8
B1	1	2	8
P1	1	2	8
P2	1	2	8
P3	1	2	8
T2	1	2	8
T3	1	2	8

SECTION F: ALCOHOL

F1. Now I'm going to ask you some questions about drinking alcoholic beverages. We define an alcoholic drink as one beer, one glass of wine, one mixed drink, or one shot of liquor. Between (-3) and (DOIB), did you drink any wine, beer, mixed drinks or shots of liquor?

YES 1
NO ..... (SKIP TO G1) 2
DK ..... (SKIP TO G1) 8
RF ..... (SKIP TO G1) 7

F2. During which months did you drink any alcoholic beverages? **CIRCLE FOR EACH MONTH. DO NOT CODE SHADED AREA.**				F3. In the (3rd/2nd/1st month before pregnancy, 1st/2nd/3rd…9th month of pregnancy), on average, how many **days** did you drink alcoholic beverages? (DK = 98) (RF = 97)	F4. On those days that you drank alcoholic beverages, on average, how many drinks did you have per day? (DK = 98) (RF = 97)	F5. What was the greatest number of drinks you had on one occasion in (MONTH)? (DK = 98) (RF = 97)
MO	YES (ASK F3-F5)	NO (NXT)	DK (NXT)	# DAYS	# DRINKS	# DRINKS
B3	1	2	8	___	___	___
B2	1	2	8	___	___	___
B1	1	2	8	___	___	___
P1	1	2	8	___	___	___
P2	1	2	8	___	___	___
P3	1	2	8	___	___	___
T2	1	2	8	___	___	___
T3	1	2	8	___	___	___

F6. On the days that you drank alcohol, what type(s) of alcohol did you usually drink? READ CHOICES.

	YES	NO	RF	DK
a. Beer	1	2	7	8
b. Wine.....	1	2	7	8
c. Mixed drink	1	2	7	8
d. Shot liquor	1	2	7	8
e. Other alcohol	1	2	7	8

SPECIFY: _____

SECTION G: SUBSTANCE ABUSE-FATHER

IF FATHER UNKNOWN, SKIP TO G7.
Now I am going to ask you about recreational drug use.

G1. Between (-3) and (DOIB), did (NOIB)'s father use any of the following recreational or street drugs?

	YES	NO	RF	DK
a. Marijuana	1	2	7	8
b. Hash	1	2	7	8
c. Cocaine	1	2	7	8
d. Crack	1	2	7	8
e. Hallucinogens like LSD or 'acid'	1	2	7	8
f. Heroin	1	2	7	8
g. Hallucinogenic Mushrooms	1	2	7	8

G2. Between (-3) and (DOIB), did (NOIB)'s father use anything else to get high?

YES 1
NO 2
DK 8
RF 7

G3. What did he use? / Anything else? SPECIFY.

SPECIFY: _____

FOR EACH "YES" ITEM FROM G1 AND G3, ASK G4 TO G6. IF ALL NO OR DK, SKIP TO G7.

(NOIB)'S FATHER'S RECREATIONAL/ STREET DRUG. LIST EACH "YES" FROM G1 AND G3.	G4. Which month(s) did he take/use (SUBSTANCE)?				G5. How did he take/use (SUBSTANCE)?	G6. How often did he take/use (SUBSTANCE)?
	MO	YES	NO	DK		FREQUENCY
_____ FIRST SUBSTANCE	B3	1	2	8	⌊_⌋⌊_⌋ DRINK IT = 01 EAT IT = 02 INJECT IT = 03 SMOKE IT = 04 SNIFF/SNORT/ INHALE IT = 05 SWALLOW (PILL FORM) = 06 OTHER = 96 SPECIFY: _____ DK = 98 RF = 97	⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3
	B2	1	2	8		⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3
	B1	1	2	8		⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3
	P1	1	2	8		⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3
	P2	1	2	8		⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3
	P3	1	2	8		⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3
	T2	1	2	8		⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3
	T3	1	2	8		⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3

(NOIB)'S FATHER'S RECREATIONAL/ STREET DRUG. LIST EACH "YES" FROM G1 AND G3.	G4. Which month(s) did he take/use (SUBSTANCE)?				G5. How did he take/use (SUBSTANCE)?	G6. How often did he take/use (SUBSTANCE)?
	MO	YES	NO	DK		FREQUENCY
_____	B3	1	2	8	⌊_⌋⌊_⌋	⌊_⌋⌊_⌋ DK = 98
SECOND SUBSTANCE	B2	1	2	8	DRINK IT = 01 EAT IT = 02 INJECT IT = 03 SMOKE IT = 04 SNIFF/SNORT/ INHALE IT = 05 SWALLOW (PILL FORM) = 06 OTHER = 96 SPECIFY: _____ DK = 98 RF = 97	PER DAY.....1 PER WEEK .....2 PER MONTH.....3 ⌊_⌋⌊_⌋ DK = 98
	B1	1	2	8		PER DAY.....1 PER WEEK .....2 PER MONTH.....3 ⌊_⌋⌊_⌋ DK = 98
	P1	1	2	8		PER DAY.....1 PER WEEK .....2 PER MONTH.....3 ⌊_⌋⌊_⌋ DK = 98
	P2	1	2	8		PER DAY.....1 PER WEEK .....2 PER MONTH.....3 ⌊_⌋⌊_⌋ DK = 98
	P3	1	2	8		PER DAY.....1 PER WEEK .....2 PER MONTH.....3 ⌊_⌋⌊_⌋ DK = 98
	T2	1	2	8		PER DAY.....1 PER WEEK .....2 PER MONTH.....3 ⌊_⌋⌊_⌋ DK = 98
	T3	1	2	8		PER DAY.....1 PER WEEK .....2 PER MONTH.....3 ⌊_⌋⌊_⌋ DK = 98

SUBSTANCE ABUSE-MOTHER

Now I would like to ask you about any recreational drugs you may have used.

G7. Between (-3) and (DOIB), did you use any of the following recreational or street drugs?

	YES	NO	RF	DK
a. Marijuana	1	2	7	8
b. Hash	1	2	7	8
c. Cocaine	1	2	7	8
d. Crack	1	2	7	8
e. Hallucinogens like LSD or 'acid'	1	2	7	8
f. Heroin	1	2	7	8
g. Hallucinogenic Mushrooms	1	2	7	8

G8. Between (-3) and (DOIB), did you use anything else to get high?

YES 1
NO 2
DK 8
RF 7

G9. What did you use? / Anything else? SPECIFY.

SPECIFY: _____

FOR EACH "YES" ITEM FROM G7 AND G9, ASK G10 TO G12. IF ALL NO OR DK, SKIP TO H1.

MOTHER'S RECREATIONAL/ STREET DRUG. LIST EACH "YES" FROM G7 AND G9.	G10. Which month(s) did you take/use (SUBSTANCE)?				G11. How did you take/use (SUBSTANCE)?	G12. How often did you take/use (SUBSTANCE)?
	MO	YES	NO	DK		FREQUENCY
_____ FIRST SUBSTANCE	B3	1	2	8	⌊_⌋⌊_⌋ DRINK IT = 01 EAT IT = 02 INJECT IT = 03 SMOKE IT = 04 SNIFF/SNORT/ INHALE IT = 05 SWALLOW (PILL FORM) = 06 OTHER = 96 SPECIFY: _____ DK = 98 RF = 97	⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3
	B2	1	2	8		⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3
	B1	1	2	8		⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3
	P1	1	2	8		⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3
	P2	1	2	8		⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3
	P3	1	2	8		⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3
	T2	1	2	8		⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3
	T3	1	2	8		⌊_⌋⌊_⌋ DK = 98 PER DAY.....1 PER WEEK .....2 PER MONTH.....3

MOTHER'S RECREATIONAL/ STREET DRUG. LIST EACH "YES" FROM G7 AND G9.	G10. Which month(s) did you take/use (SUBSTANCE)?				G11. How did you take/use (SUBSTANCE)?	G12. How often did you take/use (SUBSTANCE)?
	MO	YES	NO	DK		FREQUENCY
_____	B3	1	2	8	⌊_⌋⌊_⌋	⌊_⌋⌊_⌋ DK = 98
SECOND SUBSTANCE	B2	1	2	8	DRINK IT = 01 EAT IT = 02 INJECT IT = 03 SMOKE IT = 04 SNIFF/SNORT/ INHALE IT = 05 SWALLOW (PILL FORM) = 06 OTHER = 96 SPECIFY: _____ DK = 98 RF = 97	PER DAY.....1 PER WEEK .....2 PER MONTH.....3 ⌊_⌋⌊_⌋ DK = 98
	B1	1	2	8		PER DAY.....1 PER WEEK .....2 PER MONTH.....3 ⌊_⌋⌊_⌋ DK = 98
	P1	1	2	8		PER DAY.....1 PER WEEK .....2 PER MONTH.....3 ⌊_⌋⌊_⌋ DK = 98
	P2	1	2	8		PER DAY.....1 PER WEEK .....2 PER MONTH.....3 ⌊_⌋⌊_⌋ DK = 98
	P3	1	2	8		PER DAY.....1 PER WEEK .....2 PER MONTH.....3 ⌊_⌋⌊_⌋ DK = 98
	T2	1	2	8		PER DAY.....1 PER WEEK .....2 PER MONTH.....3 ⌊_⌋⌊_⌋ DK = 98
	T3	1	2	8		PER DAY.....1 PER WEEK .....2 PER MONTH.....3 ⌊_⌋⌊_⌋ DK = 98

SECTION H: HOME ENVIRONMENT

The following questions will be about your home.

H1. From (-3) to (DOIB), at how many different residences did you live for more than a month?

# DIFFERENT RESIDENCES .....|__|__|
DK = 98
RF = 97

FOR EVERY RESIDENCE, ASK H2-H4.

	H2. What was the street address of your (1st/2nd/3rd) residence? LIST ALL IN CHART. What was your address after that?	H3. What month and year did you start living there?	H4. What month and year did you stop living there?	H5. QUESTION DELETED
A.	STREET: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____ DK ..... ❑ RF ..... ❑	|__|__| MM |__|__|__|__| YYYY	|__|__| MM |__|__|__|__| YYYY IF CURRENTLY LIVING THERE, THEN ADD TODAY'S DATE.	
B.	STREET: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____ DK ..... ❑ RF ..... ❑	|__|__| MM |__|__|__|__| YYYY	|__|__| MM |__|__|__|__| YYYY IF CURRENTLY LIVING THERE, THEN ADD TODAY'S DATE.	
C.	STREET: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____ DK ..... ❑ RF ..... ❑	|__|__| MM |__|__|__|__| YYYY	|__|__| MM |__|__|__|__| YYYY IF CURRENTLY LIVING THERE, THEN ADD TODAY'S DATE.	

HOME ENVIRONMENT-HOT TUB/HOT BATH/SAUNA

H6. From (-3) to (DOIB) did you use (READ CHOICES)?	YES (ASK H7-H10)	NO (NXT)	DK (NXT)	H7. During which month(s) did you use the (ITEM)? MO	YES	NO	DK	H8. During the (SPECIFY MONTH) how many times per month did you use the (ITEM)? # OF TIMES DK = 98	H9. For how many minutes each time? <5 min = 1, 5-15 min = 2, 16-30 min = 3, 31-60 min = 4, >60 min = 5 DK = 98	H10. Was the source of the water for the (HEAT CHOICE) chemically disinfected? YES	NO	DK
A. a hot tub or jacuzzi	1	2	8	B3	1	2	8	___	___	1	2	8
				B2	1	2	8	___	___			
				B1	1	2	8	___	___			
				P1	1	2	8	___	___			
				P2	1	2	8	___	___			
				P3	1	2	8	___	___			
				T2	1	2	8	___	___			
				T3	1	2	8	___	___			
B. a very hot bath	1	2	8	B3	1	2	8	___	___			
				B2	1	2	8	___	___			
				B1	1	2	8	___	___			
				P1	1	2	8	___	___			
				P2	1	2	8	___	___			
				P3	1	2	8	___	___			
				T2	1	2	8	___	___			
				T3	1	2	8	___	___			
C. a sauna	1	2	8	B3	1	2	8	___	___			
				B2	1	2	8	___	___			
				B1	1	2	8	___	___			
				P1	1	2	8	___	___			
				P2	1	2	8	___	___			
				P3	1	2	8	___	___			
				T2	1	2	8	___	___			
				T3	1	2	8	___	___			

SECTION I: MOTHER'S OCCUPATION

I1. The next section is a series of questions about your work experiences—paid, volunteer, or military service. This includes part-time and full-time jobs, jobs at home, and jobs on a farm or outside your home that lasted one month or more. Between (-3) and (DOIB) did you have a job?

YES ..... (SKIP TO I3) 1
NO 2
DK 8

I2. Were you (READ CHOICES) or did you do something else?

A homemaker/parent..... (SKIP TO I16) 1
A student ..... (SKIP TO I8) 2
Disabled..... (SKIP TO I16) 3
Unemployed/in between Jobs ..... (SKIP TO I16) 4
Other ..... (SPECIFY)..... 96
DK ..... (SKIP TO I16) 98
RF..... (SKIP TO I16) 97

SPECIFY: _____

(PRE-CODED "OTHER" RESPONSES IN CATI):

IN JAIL..... (SKIP TO I16) 3
WRITING MANUSCRIPTS AT HOME (PRE-PUBLICATION)..... (SKIP TO I16) 6
DK ..... (SKIP TO I16) 98
RF..... (SKIP TO I16) 97

I3. What were the names of companies or organizations you worked for between (-3) and (DOIB)? / What other companies did you work for? LIST ALL EMPLOYERS, INCLUDING "SELF EMPLOYED."

COMPANY/ORGANIZATION: _____

I4. What was your job title there?

JOB TITLE: _____

I5. What did they make or do? IF CONGLOMERATE: What did your division make or do?

SPECIFY: _____

_____

I6. Describe what you did and how you did it. What were your main activities or duties?

MAIN ACTIVITIES/DUTIES: _____

_____

_____

I7. Describe any chemicals or substances you handled or machines that you used.

CHEMICALS/SUBSTANCES/MACHINES USED: _____

_____

I8. What month and year did you start that job?
IF STUDENT: What month and year did you start going to school?

DATE: ..... ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋
MM YYYY

I9. What month and year did you end that job?
IF STUDENT: What month and year did you end going to school?

DATE: ..... ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋
MM YYYY

CURRENTLY WORKING = DATE OF INTERVIEW

I10. How many days per week did you usually work?
IF STUDENT: How many days per week did you go to school?

DAYS PER WEEK ..... ⌊_⌋
DK = 98
RF = 97

I11. How many hours per day did you usually work?
IF STUDENT: How many hours per day did you go to school? (IF STUDENT – SKIP TO I16.)

HOURS PER DAY: ..... ⌊_⌋⌊_⌋
DK = 98
RF = 97

INTERVIEWER INSTRUCTION: IF RESPONDENT HAS HAD MORE THAN ONE JOB BETWEEN (-3) AND (DOIB), USE SUPPLEMENT FOR EACH ADDITIONAL JOB. (REPEAT I3 –I11.)

MOTHER'S OCCUPATION-2

I12. In your job(s) between (-3) and (DOIB) did you work with or make (READ CHOICES)?				I13. What was the name of the product?	I14. During which months did you use (PRODUCT)?				I15. How many hours or minutes per week were you around the product? <ONCE/WK = 995 ONE TIME EXPOSURE = 996			
CONDITION	YES	NO (NXT)	DK (NXT)		MO	YES	NO	DK		MIN	HRS	DK
a. anesthetic gases	1	2	8	_____ DK..... ❑	B3	1	2	8	❑❑	1	2	❑
					B2	1	2	8	❑❑	1	2	❑
					B1	1	2	8	❑❑	1	2	❑
					P1	1	2	8	❑❑	1	2	❑
					P2	1	2	8	❑❑	1	2	❑
					P3	1	2	8	❑❑	1	2	❑
					T2	1	2	8	❑❑	1	2	❑
					T3	1	2	8	❑❑	1	2	❑
b. ionizing radiation, such as x-rays	1	2	8	_____ DK..... ❑	B3	1	2	8	❑❑	1	2	❑
					B2	1	2	8	❑❑	1	2	❑
					B1	1	2	8	❑❑	1	2	❑
					P1	1	2	8	❑❑	1	2	❑
					P2	1	2	8	❑❑	1	2	❑
					P3	1	2	8	❑❑	1	2	❑
					T2	1	2	8	❑❑	1	2	❑
					T3	1	2	8	❑❑	1	2	❑
c. heavy metals (such as lead, mercury, nickel)	1	2	8	_____ DK..... ❑	B3	1	2	8	❑❑	1	2	❑
					B2	1	2	8	❑❑	1	2	❑
					B1	1	2	8	❑❑	1	2	❑
					P1	1	2	8	❑❑	1	2	❑
					P2	1	2	8	❑❑	1	2	❑
					P3	1	2	8	❑❑	1	2	❑
					T2	1	2	8	❑❑	1	2	❑
					T3	1	2	8	❑❑	1	2	❑

I12. In your job(s) between (-3) and (DOIB) did you work with or make (READ CHOICES)?				I13. What was the name of the product?	I14. During which months did you use (PRODUCT)?				I15. How many hours or minutes per week were you around the product? <ONCE/WK = 995 ONE TIME EXPOSURE = 996			
CONDITION	YES	NO (NXT)	DK (NXT)		MO	YES	NO	DK		MIN	HRS	DK
d. pesticides, herbicides, fungicides, insecticides or rat poison	1	2	8	_____ DK ❑	B3	1	2	8	❑❑	1	2	❑
					B2	1	2	8	❑❑	1	2	❑
					B1	1	2	8	❑❑	1	2	❑
					P1	1	2	8	❑❑	1	2	❑
					P2	1	2	8	❑❑	1	2	❑
					P3	1	2	8	❑❑	1	2	❑
					T2	1	2	8	❑❑	1	2	❑
					T3	1	2	8	❑❑	1	2	❑
e. solvents like paint thinners, auto fluids, toluene, carbon disulfide or carbon tetrachloride	1	2	8	_____ DK ❑	B3	1	2	8	❑❑	1	2	❑
					B2	1	2	8	❑❑	1	2	❑
					B1	1	2	8	❑❑	1	2	❑
					P1	1	2	8	❑❑	1	2	❑
					P2	1	2	8	❑❑	1	2	❑
					P3	1	2	8	❑❑	1	2	❑
					T2	1	2	8	❑❑	1	2	❑
					T3	1	2	8	❑❑	1	2	❑

MOTHER'S OCCUPATION-MILITARY

I16. Have you served in active duty in the U.S. armed forces since 1990?

YES 1
NO .....(SKIP TO J1).....2
DK .....(SKIP TO J1).....8

I17. In which country did you serve?	I18. From which month and year?	I19. To which month and year?	I20. Which, if any chemicals or biologic agents do you think you were exposed to?
A. _____ DK ..... ❑	FROM: MM YYYY	TO: MM YYYY	_____ _____ NONE ..... ❑ RF ..... ❑ DK ..... ❑
B. _____ DK ..... ❑	FROM: MM YYYY	TO: MM YYYY	_____ _____ NONE ..... ❑ RF ..... ❑ DK ..... ❑

SECTION J: FATHER'S OCCUPATION

IF FATHER UNKNOWN (CHECK HERE ❑), THEN SKIP TO J17.

J1. Next I'm going to ask about (NOIB)'s father's work experiences. Between (-3) and (DOIB) did (NOIB)'s father have a job?

YES ..... (SKIP TO J3) 1
NO 2
DK 8

J2. Was he (READ CHOICES) or did he do something else?

A homemaker/parent.....(SKIP TO J12) 1
A student .....(SKIP TO J12) 2
Disabled.....(SKIP TO J12) 3
Unemployed/in between Jobs .....(SKIP TO J12) 4
Other ..... (SPECIFY)..... 96
DK .....(SKIP TO J12) 98
RF.....(SKIP TO J12) 97

SPECIFY: _____

(PRE-CODED "OTHER" RESPONSES IN CATI):

IN JAIL..... (SKIP TO J12) 3
WRITING MANUSCRIPTS AT HOME (PRE-PUBLICATION) ..... (SKIP TO J12) 6
DK .....(SKIP TO J12).....98
RF.....(SKIP TO J12).....97

J3. What were the names of companies or organizations he worked for between (-3) and (DOIB)? / What other companies did he work for? LIST ALL EMPLOYERS, INCLUDING "SELF EMPLOYED."

COMPANY/ORGANIZATION: _____

J4. What was his job title there?

JOB TITLE: _____

J5. What did they make or do? (IF CONGLOMERATE:) What did his division make or do?

SPECIFY: _____

_____

J6. Describe what he did and how he did it. What were his main activities or duties?

MAIN ACTIVITIES/DUTIES: _____

_____

_____

J7. Describe any chemicals or substances he handled or machines that he used.

CHEMICALS/SUBSTANCES/MACHINES USED: _____

_____

J8. What month and year did he start that job?

DATE: ..... |__|__| |__|__|__|__|
MM YYYY

J9. What month and year did he end that job?

DATE: ..... |__|__| |__|__|__|__|
MM YYYY
CURRENTLY WORKING = DATE OF INTERVIEW

J10. How many days per week did he usually work?

DAYS PER WEEK ..... |__|
DK = 98

J11. How many hours per day?

HOURS PER DAY ..... |__|__|
DK = 98

INTERVIEWER INSTRUCTION: IF FATHER HAS HAD MORE THAN ONE JOB BETWEEN (-3) AND (DOIB), USE SUPPLEMENT FOR EACH ADDITIONAL JOB. (REPEAT J3 – J11.)

FATHER'S OCCUPATION-MILITARY

J12. Has (NOIB)'s father served in active duty in the U.S. armed forces since 1990?

YES 1
NO ..... (SKIP TO J17) 2
DK ..... (SKIP TO J17) 8

J13. In which country did he serve?	J14. From which month and year?	J15. To which month and year?	J16. Which, if any, chemicals or biologic agents do you think he was exposed to?
A. _____ DK ..... ❑	FROM: ❑❑ (MM) ❑❑❑❑ (YYYY)	TO: ❑❑ (MM) ❑❑❑❑ (YYYY)	_____ _____ NONE ..... ❑ RF ..... ❑ DK ..... ❑
B. _____ DK ..... ❑	FROM: ❑❑ (MM) ❑❑❑❑ (YYYY)	TO: ❑❑ (MM) ❑❑❑❑ (YYYY)	_____ _____ NONE ..... ❑ RF ..... ❑ DK ..... ❑

OCCUPATION—PESTICIDES

J17. Between (-3) and (DOIB), did anyone in your household apply pesticides as an occupation or as part of their work?

YES 1
NO ..... (SKIP TO K1) 2
DK ..... (SKIP TO K1) 8

J18. How many times per day, week, or month did you personally wash clothes that had been worn during pesticide mixing or application? We are interested in clothes that may have gotten pesticide on them from spills or drift during spray application.

# TIMES ⌊__⌋⌊__⌋
NEVER = 00

PER DAY.....1
PER WEEK 2
PER MONTH.....3
PER YEAR 4
OTHER ..... (SPECIFY) 5
DK 8
RF.....7

SPECIFY: _____

SECTION K: FAMILY DEMOGRAPHICS-MOTHER

Now I will be asking about your ethnic background and education.

K1. Were you born in the U.S.?

YES ..... (SKIP TO K3) 1
NO 2
DK ..... (SKIP TO K3) 8

K2. Where were you born?

SPECIFY: _____

K2A. How many years have you lived in the U.S.?

YEARS ..... ☐☐

K3. What language do you usually speak at home?

SPECIFY LANGUAGE: _____

K4. What is your race/ethnic group?

White, not of Hispanic origin ..... (SKIP TO K6) 1
Black, not of Hispanic origin ..... (SKIP TO K6) 2
Asian, Pacific Islander ..... (ASK K4a) 3
Native American or Alaskan Native .. (SKIP TO K4b) 4
Hispanic ..... (SKIP TO K5) 6
Other ..... (SPECIFY IN K4c) .. 5
RF ..... (SKIP TO K6) 7
DK ..... (SKIP TO K6) 8

K4a. What country? _____
(SKIP TO K6)

K4b. What tribe? _____
(SKIP TO K6)

K4c. SPECIFY: _____
(SKIP TO K6)

K5. Which Hispanic or Spanish group do you consider yourself a member of?

SPECIFY: _____

K6. What was the highest grade or year of school or college that you had completed at the time (NOIB) was born?

IF RESPONDENT HESITATES, BEGIN READING CATEGORIES.

NO FORMAL SCHOOLING 01
1-6 YEARS 02
7-8 YEARS 03
9-11 YEARS 04
12 YEARS, COMPLETED HIGH SCHOOL OR EQUIVALENT 05
1-3 YEARS COLLEGE 06
COMPLETED TECHNICAL COLLEGE 07
4 YEARS COLLEGE OR BACHELOR'S DEGREE 08
MASTER'S DEGREE 09
ADVANCED DEGREE (MD, PhD, JD) 10
RF 97
DK 98

K7. Did you have a health problem at birth or a birth defect that was diagnosed in childhood?

YES 1
NO ..... (SKIP TO K8) 2
DK ..... (SKIP TO K8) 8
RF ..... (SKIP TO K8) 7

K7a. What was it?

PROBLEM: _____

FAMILY DEMOGRAPHICS-FATHER

IF FATHER UNKNOWN, SKIP TO K16.
The next few questions are about (NOIB)'s biological or natural father.

K8. Was he born in the U.S.?

YES ..... (SKIP TO K10) 1
NO 2
DK ..... (SKIP TO K10) 8

K9. Where was he born?

SPECIFY: _____

K9A. How many years has he lived in the U.S.?

YEARS ..... |__|__|

K10. What is his race/ethnic group?

White, not of Hispanic origin .....(SKIP TO K12) 1
Black, not of Hispanic origin .....(SKIP TO K12) 2
Asian, Pacific Islander .....(ASK K10a) 3
Native American or Alaskan Native ....(SKIP TO K10b) . 4
Hispanic.....(SKIP TO K11) 6
Other.....(SPECIFY IN K10c) 5
RF .....(SKIP TO K12) 7
DK .....(SKIP TO K12) 8

K10a. What country? _____
(SKIP TO K12)

K10b. What tribe? _____
(SKIP TO K12)

K10c. SPECIFY: _____

(SKIP TO K12)

K11. Which Hispanic or Spanish group does he consider himself a member of?

SPECIFY: _____

K12. What was the highest grade or year of school or college that he had completed at the time (NOIB) was born?

NO FORMAL SCHOOLING 01
1-6 YEARS 02
7-8 YEARS 03
9-11 YEARS 04
12 YEARS, COMPLETED HIGH SCHOOL OR EQUIVALENT 05
1-3 YEARS COLLEGE 06
COMPLETED TECHNICAL COLLEGE 07
4 YEARS COLLEGE OR BACHELOR'S DEGREE 08
MASTER'S DEGREE 09
ADVANCED DEGREE (MD, PhD, JD) 10
RF 97
DK 98

K13. Did he have a health problem at birth or birth defect that was diagnosed in childhood?

YES 1
NO ..... (SKIP TO K14) 2
DK ..... (SKIP TO K14) 8
RF ..... (SKIP TO K14) 7

K13a. What was it?

PROBLEM: _____

K14. Are you related to (NOIB)'s father by blood?

YES 1
NO ..... (SKIP TO K16) 2
DK ..... (SKIP TO K16) 8
RF ..... (SKIP TO K16) 7

K15. What is/was your blood relationship to him?

1ST COUSIN 01
2ND COUSIN 02
3RD COUSIN 03
4TH COUSIN 04
5TH COUSIN 05
1ST COUSIN, ONCE REMOVED 06
2ND COUSIN, ONCE REMOVED 07
DISTANT COUSINS, NOS 08
OTHER ..... (SPECIFY) 09
DK 98
RF 97

SPECIFY: _____

FAMILY DEMOGRAPHICS-RELATIVES

K16. I'd like to ask about (NOIB)'s relatives such as his/her brothers and sisters, grandparents, aunts, uncles, cousins and half brothers and half sisters. Did any of these relatives have a health problem at birth or a birth defect?

YES 1
NO ..... (SKIP TO K20) 2
DK ..... (SKIP TO K20) 8
RF ..... (SKIP TO K20) 7

	K17. What is this person's relationship to (NOIB)?	K18. ASK ABOUT RELATIONSHIP ONLY IF IT HAS NOT YET BEEN STATED. Is this person male or female?	K19. What problem or birth defect did this person have?
A.	_____ PROBE: aunt cousin grandfather grandmother great grandfather great grandmother great aunt great uncle half brother half sister uncle brother sister other, SPECIFY:_____ DK ..... ❑	MALE ..... 1 FEMALE ..... 2 DK ..... 8 RF 7	PROBLEM: _____ DK ..... ❑
B.	_____ PROBE: aunt cousin grandfather grandmother great grandfather great grandmother great aunt great uncle half brother half sister uncle brother sister other, SPECIFY:_____ DK ..... ❑	MALE ..... 1 FEMALE ..... 2 DK ..... 8 RF 7	PROBLEM: _____ DK ..... ❑

HOUSEHOLD INCOME

K20. In the year before you became pregnant with (NOIB), what was your total household income? Was it less than ten thousand dollars, more than fifty thousand dollars or somewhere in between?

Less than Ten Thousand.... (SKIP TO K21).....1
More then Fifty Thousand .. (SKIP TO K21).....2
In Between 3
RF..... (SKIP TO K21).....97
DK ..... (SKIP TO K21).....98

K20a. Would you say it was…

IF THE ANSWER IS 20,000, FOR EXAMPLE, ROUND UP TO THE HIGH RANGE, 20-30,000.

10 to 20 Thousand Dollars.....1
20 to 30 thousand Dollars 2
30 to 40 Thousand Dollars, or 3
40 to 50 Thousand Dollars.....4
RF.....97
DK 98

K21. How many people were supported by this income including both adults and children?

# OF PEOPLE..... ☐☐
DK = 98
RF = 97

SECTION L: HOME WATER ENVIRONMENT

OPENING STATEMENT
The last section is a series of questions about your water use both at home and away from home from (-3) to (DOIB). You will be asked questions about drinking water, other home water use activities, bathing and showering, and swimming pool use.

The following questions will be about your home at (RESIDENCE ADDRESS) near the beginning of your pregnancy.

	L1.	L2.	L3.	L4.	L5.	L6.
	(Was/Is) the source of tap water at (RESIDENCE) private well water?	(Was/Is) your well water chemically disinfected?	(Was/Is) the source of tap water you usually (use/used) for drinking or cooking filtered?	(Was/Is) the filter system for the entire house or just specific location(s) such as a faucet or a portable water filtration system?	What type of water treatment or filtration system (was/is) used? (Was/Is) it (READ OPTIONS)? PROMPT: Do you know the brand name of the water treatment/ filtration system? Other types: Britta, Amway, Pure, or Puriclean water filter?	How many times a year (did/do) you change the filter? # OF TIMES
RELEVANT RESIDENCE	YES ..... 1 NO ... (SKIP TO L3) ... 2 DK.... (SKIP TO L3) ... 8 RF.... (SKIP TO L3) ... 7	YES.....1 NO.....2 DK.....8	YES ..... 1 SOMETIMES..... 4 NO ..... (SKIP TO L9) ..... 2 NA ..... (SKIP TO L9) ..... 3 DK ..... (SKIP TO L9) 8	ENTIRE HOUSE..... 1 SPECIFIC LOCATION (SPECIFY AND SKIP TO L7)..... 2 SPECIFY: 1.) _____ Any more? 2.) _____ 3.) _____	membrane filter..... 1 charcoal filter..... 2 other.....(SPECIFY) ..... 3 DK..... 8 SPECIFY: _____ _____ Britta..... 1 Amway..... 2 Pure..... 4 Puriclean 5	___ (SKIP TO SECTION M) <1 PER YEAR..... 0 SELF-CLEANING.. 99 DK..... 98 RF 97

	L7.	L8.	L9.	L10.	L11.
	Referring to the (TYPE FILTER) at (RESIDENCE) in (CITY), what (was/is) the type of filter? (Was/Is) it (READ OPTIONS)? PROMPT: Do you know the brand name of the water treatment/ filtration system? Other types: Britta, Amway, Pure, or Puriclean water filter?	How often (did/do) you change the filter? # OF TIMES	(Did/Do) you have a filter on your showerhead?	What (was/is) the type of filter? (Was/Is) it (READ OPTIONS)? PROMPT: Do you know the brand name of the water treatment/ filtration system? Other types: Britta, Amway, Pure, or Puriclean water filter?	How many times a year (did/do) you change the filter? # OF TIMES
RELEVANT RESIDENCE	membrane filter .....1 charcoal filter .....2 other ..... (SPECIFY).....3 DK.....8 SPECIFY: _____ _____ Britta .....1 Amway.....2 Pure .....4 Puriclean.....5	⌊_⌋⌊_⌋ (SKIP TO SECTION M) <1 PER YEAR .....0 SELF-CLEANING ..99 DK.....98 RF 97	YES ..... 1 NO....(SKIP TO SECTION M) ..... 2 DK ....(SKIP TO SECTION M) 8	membrane filter.....1 charcoal filter.....2 other ..... (SPECIFY).....3 DK.....8 SPECIFY: _____ _____ Britta.....1 Amway.....2 Pure .....4 Puriclean.....5	⌊_⌋⌊_⌋ (SKIP TO SECTION M) <1 PER YEAR.....0 SELF-CLEANING ..99 DK.....98 RF 97

SECTION M: DRINKING WATER AT HOME

Now I am going to ask you some questions about your use of water at (RESIDENCE ADDRESS). Please include only water that you drank or used at home in these questions.

LOOK AT CATI SCREEN TO SEE IF RESPONDENT WORKED OR ATTENDED SCHOOL. CHECK IF YES ❑.
IF SHE DID, ASK: I will ask you about water you drank at work or school in a separate section.

	M1.	M2.	M3.	M4.
	At (RESIDENCE) what was the source of the water you used for drinking? Was it (READ OPTIONS)? CODE ALL THAT APPLY.	Not including hot drinks, on an **average day** at home, how many 8-oz. glasses of (TYPE) water, including water to make powdered or concentrated drinks, did you drink?	Were your hot drinks made from (READ OPTIONS)? CODE ALL THAT APPLY.	What was the source of water you used for cooking and food preparation? Was it (READ OPTIONS)? CODE ALL THAT APPLY.
RELEVANT RESIDENCE	unfiltered tap ..... *1* filtered tap ..... *2* bottled ..... *3* other ... (SPECIFY) ..... *4* DK ..... *8* RF ..... *7* SPECIFY: _____ _____	a. unfiltered tap ..... ❑❑ b. filtered tap ..... ❑❑ c. bottled ..... ❑❑ d. other ..... ❑❑ DK ..... ❑ RF ..... ❑ CIRCLE: DAY, WEEK, MONTH	unfiltered tap ..... *1* filtered tap ..... *2* bottled ..... *3* other ..... (SPECIFY) ..... *4* NA ..... *5* DK ..... ❑ RF ..... ❑ SPECIFY: _____ _____	unfiltered tap ..... *1* filtered tap ..... *2* bottled ..... *3* other ..... (SPECIFY) ... *4* DK ..... ❑ RF ..... ❑ SPECIFY: _____ _____

DRINKING WATER AT HOME-GENERAL

M5. Did your drinking water habits change at any time during your pregnancy?

YES 1
NO ..... (SKIP TO M8) 2
DK ..... (SKIP TO M8) 8

M6. In what month and year did this change occur?

DATE OF CHANGE ..... ❑❑ ❑❑❑❑
MM YYYY
DK 98 9998

M7. Did you drink more or less water after (MONTH AND YEAR LISTED IN M6)?

MORE 1
LESS 3
DK 8

A. How much more or less water did you drink after (MONTH AND YEAR LISTED IN M6), including 8-oz. glasses of water used to make powdered or concentrated drinks?

GLASSES ..... ❑❑
DK ..... ❑
RF ..... ❑

M8. Did you switch the type or source of water you drank during (-3) to (DOIB)?

YES 1
NO ..... (SKIP TO SECTION N) 2
DK ..... (SKIP TO SECTION N) 8

A. What type or source of water did you switch to during (-3) to (DOIB)?

UNFILTERED TAP *1*
FILTERED TAP *2*
BOTTLED *3*
OTHER ..... (SPECIFY) *4*
DK ..... ❑
RF ..... ❑
SPECIFY: _____

SECTION N: DRINKING WATER AND OTHER WATER USES AT WORK/SCHOOL

LOOK AT SCREEN ON CATI TO SEE IF RESPONDENT WORKED/ATTENDED SCHOOL AND NAME OF EMPLOYER/ SCHOOL. IF SHE DIDN'T WORK/ATTEND SCHOOL OUTSIDE THE HOME, CHECK HERE ❑ AND SKIP TO SECTION O.

Now we are going to ask you about jobs or school you were involved with outside the home.

	N1.	N2.	N3.
	QUESTION DELETED	What was your source of drinking water at (NAME OF WORK/SCHOOL)? Please include water used to make hot and cold drinks. Was it (READ OPTIONS)? CODE ALL THAT APPLY.	Not including hot drinks, on an **average day** at (WORK/SCHOOL), how many 8-oz. glasses of (TYPE), including water used to make powdered or concentrated drinks, did you drink? CODE ALL THAT APPLY.
1st RELEVANT JOB		unfiltered tap water ..... *1* filtered tap water ..... *2* drinking fountain water ..... *3* bottled or cooler water ..... *4* water brought from home ..... *5* other ..... (SPECIFY) ..... *6* NA/NONE ..... *7* DK ..... *8* RF ..... *9* SPECIFY: _____	a. unfiltered tap ..... ⌊_⌋⌊_⌋ b. filtered tap ..... ⌊_⌋⌊_⌋ c. drinking fountain ..... ⌊_⌋⌊_⌋ d. bottled/cooler ..... ⌊_⌋⌊_⌋ e water from home ..... ⌊_⌋⌊_⌋ f. other ..... ⌊_⌋⌊_⌋ DK ..... *98* RF *97*
2nd RELEVANT JOB		unfiltered tap water ..... *1* filtered tap water ..... *2* drinking fountain water ..... *3* bottled or cooler water ..... *4* water brought from home ..... *5* other ..... (SPECIFY) ..... *6* NA/NONE ..... *7* DK ..... *8* RF ..... *9* SPECIFY: _____	a. unfiltered tap ..... ⌊_⌋⌊_⌋ b. filtered tap ..... ⌊_⌋⌊_⌋ c. drinking fountain ..... ⌊_⌋⌊_⌋ d. bottled/cooler ..... ⌊_⌋⌊_⌋ e water from home ..... ⌊_⌋⌊_⌋ f. other ..... ⌊_⌋⌊_⌋ DK ..... *98* RF *97*

SECTION O: HOME WATER USE ACTIVITIES

Now I am going to ask you about other uses of water at home, such as washing dishes or clothes and bathing children, from (-3) to (DOIB).

NOTE: RESPONSE OPTIONS FOR 01, 02, 03, AND O7 ARE:

0 = NEVER OR LESS THAN ONCE PER MONTH
1M = 1 PER MONTH
2M = 2 PER MONTH
3M = 3 PER MONTH
1W = 1 PER WEEK
2W = 2 PER WEEK
3W = 3 PER WEEK
4W = 4 PER WEEK
5W = 5 PER WEEK
6W = 6 PER WEEK
1D = 1 PER DAY
2D = 2 PER DAY
3D = 3 PER DAY
4D = 4 PER DAY
5D = 5 PER DAY
6D = 6 PER DAY OR MORE
DK = 98
RF = 97

O1. How often did you (READ OPTIONS)?

	# OF TIMES
a. wash or rinse dishes by hand	RECORD CODE ☐☐
b. use an automatic dishwasher	RECORD CODE ☐☐
c. wash clothes by hand	RECORD CODE ☐☐
d. bathe any children	RECORD CODE ☐☐
e. bathe any pets	RECORD CODE ☐☐

O2. How often did you use the washing machine at home? RECORD CODE ☐☐

a. On average, how many loads did you wash each time? NUMBER OF LOADS ☐☐

SHOWERING AND BATHING SELF

The next set of questions will ask about showering and bathing practices from (-3) to (DOIB).

O3. How often did you take showers at home? RECORD CODE ☐☐

(IF NONE, SKIP TO O7)

O4. Approximately how many minutes did you shower each time?

OF MINUTES IN SHOWER ☐☐
DK 98

O5. Did you leave the window open when you showered? Would you say usually, sometimes, or never?

USUALLY 1
SOMETIMES 2
NEVER 3
NA 4
DK 8

O6. Was the exhaust fan turned on when you showered? Would you say usually, sometimes, or never?

USUALLY 1
SOMETIMES 2
NEVER 3
NA 4
DK 8

O7. How often did you take baths at home? USE RESPONSE OPTIONS IN O1 AND O2.

RECORD CODE ..... ⌊__⌋

(IF NONE, SKIP TO SECTION P)

O8. Approximately how many minutes did you bathe each time?

OF MINUTES IN BATH ..... ⌊__⌋
DK 98

(IF NONE, SKIP TO SECTION P)

O9. Did you leave the window open when you bathed? Would you say usually, sometimes, or never?

USUALLY 1
SOMETIMES 2
NEVER 3
NA 4
DK 8

O10. Was the exhaust fan turned on when you bathed? Would you say usually, sometimes, or never?

USUALLY 1
SOMETIMES 2
NEVER 3
NA 4
DK 8

SECTION P: SWIMMING POOL USE

Finally, I am going to ask you some questions about your use of swimming pools from (-3) to (DOIB).

P1. Between (-3) and (DOIB), did you exercise or relax in a swimming pool or spend any time around a swimming pool?

YES 1
NO ..... (SKIP TO SECTION Q) 2
DK ..... (SKIP TO SECTION Q) 8

A. Are there any more pools?

YES ..... (SPECIFY) 1
NO 2

	P2. Could you describe the location or name for the pool(s)? RECORD VERBATIM.	P3. During which months did you use the (POOL NAME) pool? MO / YES / NO / DK	P4. During the (SPECIFY MONTH), how many times per month did you use the (POOL NAME) pool? DK = 98 MO / TIMES	P5. For how long each time?	P6. Was this an indoor or outdoor pool?	P7. Was the pool chlorinated?
POOL #1	NAME: _____ LOCATION: _____ _____	B3 1 2 8 B2 1 2 8 B1 1 2 8 P1 1 2 8 P2 1 2 8 P3 1 2 8 T2 1 2 8 T3 1 2 8	____ B2 ____ B1 ____ P1 ____ P2 ____ P3 ____ T2 ____ T3 ____	<5 ..... *01* 5–15 ..... *02* 16–30 ..... *03* 31–60 ..... *04* >1 hr up to 2 hrs ..... *06* >2 hrs up to 4 hrs ..... *07* >4 hrs ..... *08* RF ..... *97* DK *98*	INDOOR ..... 1 OUTDOOR ..... 2 BOTH ..... 3 DK 8	YES ..... 1 NO ..... 2 DK 8
POOL #2	NAME: _____ LOCATION: _____ _____	B3 1 2 8 B2 1 2 8 B1 1 2 8 P1 1 2 8 P2 1 2 8 P3 1 2 8 T2 1 2 8 T3 1 2 8	B3 ____ B2 ____ B1 ____ P1 ____ P2 ____ P3 ____ T2 ____ T3 ____	<5 ..... *01* 5–15 ..... *02* 16–30 ..... *03* 31–60 ..... *04* >1 hr up to 2 hrs ..... *06* >2 hrs up to 4 hrs ..... *07* >4 hrs ..... *08* RF ..... *97* DK *98*	INDOOR ..... 1 OUTDOOR ..... 2 BOTH ..... 3 DK 8	YES ..... 1 NO ..... 2 DK 8
	P2.	P3.	P4.	P5.	P6.	P7.

	Could you describe the location or name of the pool(s)?	During which months did you use the (POOL NAME) pool?				During the (SPECIFY MONTH), how many times per month did you use the (POOL NAME) pool ? DK = 98		For how many minutes each time?	Was this an indoor or outdoor pool?	Was the pool chlorinated?
		MO	YES	NO	DK	MO	TIMES			
POOL #3	NAME: _____ LOCATION: _____ _____	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	8 8 8 8 8 8 8 8	 B2 B3 P1 P2 P3 T2 T3	⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌋	<5 ..... *01* 5–15 ..... *02* 16–30 ..... *03* 31–60 ..... *04* >1 hr up to 2 hrs ..... *06* >2 hrs up to 4 hrs ..... *07* >4 hrs ..... *08* RF ..... *97* DK *98*	INDOOR ..... 1 OUTDOOR ..... 2 BOTH ..... 3 DK 8	YES ..... 1 NO ..... 2 DK 8

SECTION Q: CLOSING

Q1. We've asked about some things we think might be associated with birth defects. Is there anything, including some of the factors we've talked about that you think might cause birth defects?

YES 1
NO .....(SKIP TO Q3).....2
DK .....(SKIP TO Q3).....8

Q2. Can you tell me about some of those factors?

_____

_____

_____

DEBRIEFING STATEMENT

Q3. That completes the interview. In case we need to get in touch with you in the future, would you be willing to give us the name and address of someone who should always know where you are? This information will be kept separate from your questionnaire. It will be locked except when needed by the research team, and will be destroyed when the study is finished.

YES 1
NO 2
DK .....(SKIP TO Q5).....8
RF.....(SKIP TO Q5).....7

Q4.

NAME OF CONTACT:

PREFIX: MS/MRS./MR./DR

FIRST NAME: _____ LAST NAME: _____

STREET/APARTMENT: _____

CITY, STATE: _____ ZIP CODE: |_|_|_|_|_|

HOME PHONE: |_|_|_|/|_|_|_|-|_|_|_|_| WORK PHONE: |_|_|_|/|_|_|_|-|_|_|_|_|

RELATIONSHIP: _____

In closing, we would like to sincerely thank you for your time and efforts. Your contribution to this important study will help us greatly in our efforts to better understand the causes of birth defects. Thank you.

Q5. As you read in the advance letter, there are two parts to the study. You just completed the first part, the interview, that will help us understand the environmental causes of birth defects. The second part of the study will help us understand the genetics of birth defects. We will mail a kit to you with small, soft brushes to collect cell samples from the inside of your mouth, (for the baby) and for the baby' s father. We will enclose $20.00 per family in the kit to provide for any inconvenience. You can decide whether to take part in the second part of the study after you receive the kit. I would like to verify your current mailing address. Do you still receive mail at the same address to which we sent your advance letter? (IF NO: What is your current address?)

ADDRESS CORRECTIONS:

_____
STREET *APT*

_____
CITY *STATE* *ZIP*

SECTION R: INTERVIEWER STATUS

R1. INTERVIEWER ID

ID#: |_|_|_|_|_|

R2. WAS THE INTERVIEW A PHONE OR IN-PERSON INTERVIEW?

PHONE INTERVIEW....1
IN-PERSON INTERVIEW....2

R3. STATUS OF INTERVIEW:

COMPLETE....1
TO BE CONTINUED (GO TO CALL SCHEDULE UPON EXIT)....2
REFUSAL/PERMANENT BREAK-OFF....3

R4. DATE INTERVIEW COMPLETED/ REFUSED/BROKE-OFF:

DATE .... |_|_| |_|_| |_|_|_|_|
MM DD YYYY

SECTION S: INTERVIEWER REMARKS

S1. THE OVERALL QUALITY OF THIS INTERVIEW WAS:

HIGH QUALITY 1
GENERALLY RELIABLE.....2
QUESTIONABLE 3
UNSATISFACTORY.....4

S2. DID THE FATHER (NOIB's) CONTRIBUTE TO THE MOTHER'S ANSWERS?

YES 1
NO 2
DK 8

S3. DID SOME OTHER PERSON CONTRIBUTE TO THE MOTHER'S ANSWERS?

YES 1
NO 2
DK 8

A. WHO WAS IT? _____

S4. **IF CODE 3 OR 4 AT S1, ANSWER:**
THE MAIN REASON FOR QUESTIONABLE OR UNSATISFACTORY QUALITY OF INFORMATION WAS BECAUSE THE RESPONDENT:

DID NOT KNOW ENOUGH INFORMATION REGARDING THE TOPIC 01
DID NOT WANT TO BE MORE SPECIFIC.....02
SOUNDED BORED OR UNINTERESTED 03
SOUNDED UPSET, DEPRESSED, OR ANGRY.....04
HAD POOR HEARING OR SPEECH.....05
SOUNDED CONFUSED OR DISTRACTED BY FREQUENT INTERRUPTIONS 06
SOUNDED INHIBITED BY OTHERS AROUND HER.....07
SOUNDED EMBARRASSED BY THE SUBJECT MATTER.....08
SOUNDED EMOTIONALLY UNSTABLE.....09
SOUNDED PHYSICALLY ILL 10
NOT COMFORTABLE WITH LANGUAGE OF THE QUESTIONNAIRE 12
DOESN'T HAVE THE TIME 13
FELT INTERVIEW TOO LONG.....14
OTHER (SPECIFY).....11

SPECIFY: _____

S5. WAS THIS INTERVIEW TRANSLATED BY ANOTHER PERSON?

YES 1
NO 2

A. IF YES, WHO? _____

B. WHAT LANGUAGE? _____

S6. USE THIS SPACE FOR ANY OTHER COMMENTS YOU HAVE WHICH MAY AFFECT THE INTERPRETATION OF THIS RESPONDENT'S ANSWERS.

Appendix

This interview was conducted with CATI (computer-assisted telephone interview). This hard copy questionnaire serves as a documentation of the computer interview. It can also be used in "emergency" situations to continue an interview during a computer failure with the precaution that the hard copy was not designed to conduct interviews. The interviews should be conducted and documented in accordance with the specific instructions provided in the Question-by-Question Interviewer Manual.

To save on the number of pages created for this hard copy, repetitive response lists and lengthy response lists are printed here in the appendix, rather than in the body of the questionnaire.

Investigators should note that this document is not a "codebook" for the CATI database. The response codes in the hard copy questionnaire do not necessarily match the data codes in the CATI database or in analysis databases.

There are also some conventions possible with the computerized format that are not practical for listing in the hard copy such as special buttons allowing the interviewer to automatically select the same response for a number of months. Those are not captured in this hard copy.

TABS (Therapeutic Abortions):
In cases where the mother had a therapeutic abortion (TABS), the CATI automatically substitutes the (NOIB), or name of index baby, with "the affected pregnancy."

Many questions are asked by month of pregnancy and for each of the three months prior to pregnancy. The CATI actually shows a reference date for each of these time periods, and the designations:
-3, -2, -1, 1, 2, 3, 4-6 and 7+
The hard copy uses the following designations:
B3 (3 months before pregnancy)
B2 (2 months before pregnancy)
B1 (1 month before pregnancy)
P1 (month 1 of pregnancy)
P2 (month 2 of pregnancy)
P3 (month 3 of pregnancy)
T2 (2nd trimester)
T3 (3rd trimester)

Refused and Don't Know options are allowed at almost every field in the CATI. The Don't Know option will show at most fields in the hard copy, but the Refused option was not repeated at each response, to save paper. Don't Know options were not usually written in at each open-ended response field as the interviewer would just write DK in the open field. DK can also be written in next to any date field on the hard copy. When subjects refuse to respond, interviewers should write RF next to the other response codes or in the open fields or next to any date fields on the hard copy. Skip instructions for refusals (RF) should follow those of DK skip patterns.

Other Response options shown in the CATI:

B5, B7, B15, B25:
In addition to ages, the following age group responses are listed in the CATI:
infancy (<1 yr)
childhood (1-12)
teenage (13-19)
young adult (20-25)
adult

B13, B22, B31, B46, B58, B70, B79, B88, B98, B109, B114, C35f, C45, D1ee, D2dd, D8, D9ee:
Either a 2-digit number for frequency of medication use or the following special responses are allowed:
continuous IV
IV pump
continuous patch worn
schedule varied/only as needed
(When these codes are used, the “per day/per week/per month/per year” is skipped.)

B10, B11, B19, B20, B28, B29, B35, B36, B43, B44, B55, B56, B67, B68, B76, B77, B82, B85, B86, B95, B96, B106, B107, B111, B112, C21, C24, C27, C33, C35c, C35d, C42, C43, C49, C51, C54, C58, C61, C66, C72, C77, D1bb, D1cc, D2aa, D2bb, D5, D6, D9bb, D9cc:
In addition to listing a particular calendar month, these following response options are listed in date fields:

B3	P6
B2	P7
B1	P8
P1	P9
P2	P10
P3	Beginning of year
P4	Middle of year
P5	End of year

C8, C49b, C51b, C54b, C58b, C61b, C66b, C72b, C77b
In addition to weeks, other response options are:
T1, T2, T3

C30, C33:
These questions only ask about the period two months prior to pregnancy. Although other response options are listed in the CATI, they may be blocked.

C42, C43, C49, C51, C54, C58, C61, C66, C72, C77:
In addition to months, other response options are:
P1 – P10
Beginning of year
Middle of year
End of year

B10, B11, B19, B20, B28, B29, B35, B36, B43, B44, B55, B56, B67, B68, B76, B77,
In addition to entering the day of the month, the interviewer could enter:
Beginning
Middle
End (of month)

C21, C24
In addition to months, other response options are:
Beginning of year
Middle of year
End of year

D11. This list of cereals is in the CATI:

% BRAN
ALL BRAN
ALMOND RAISIN DELIGHT
ALPHABITS
APPLE CEREAL
APPLE CINNAMON CHEERIOS
APPLE JACKS
APPLE RAISIN CRISP
APPLE SQUARES
BANANA NUT CRUNCH
BASIC FOUR
BLUEBERRY MORNING
BRAN
BRAN CHEX
BRAN CEREAL, NOS
BRAN FLAKES
BRANOLA
CAP'N CRUNCH
CHEERIOS
CHEX, MULTIGRAIN
CHEX, NOS
CINNAMON LIFE
CINNAMON TOAST CRUNCH
CLUSTERS
COCOA CRISPIES
COCOA CRUNCH
COCOA PEBBLES
COCOA PUFFS
COCOA WHEAT
COMMON SENSE OAT BRAN
COMPLETE UNSWEET NATURAL FIBER
COOKIE CRISP
CORN BRAN
CORN CHEX
CORN FLAKES
CORN FLAKES WITH HONEY
CORN POPS
CORN PUFFS
CRACKED WHEAT
CRACKLIN' OAT BRAN
CREAM OF WHEAT (FARINA)
CRISPIX
CRISPY CHIPS
CRISPY WHEAT AND RAISINS
CRITICS CHOICE AMWAY GRANOLA
CRUNCH BERRIES
CRUNCHY BRAN
FAMILIA
FIBER ONE
FLINTSTONES CEREAL
FRANKEN BERRY
FROSTED BRAN
FROSTED FLAKES
FROSTED MINI WHEATS
FRUIT AND FIBER
FRUIT LOOPS
FRUIT RINGS
FRUIT WHEATS STRAWBERRY
FRUITFUL BRAN
FRUITY PEBBLES
GOLDEN BRAN
GOLDEN FLAKES
GOLDEN GRAHAMS
GRAINS, WHOLE, MIXED
GRANOLA
GRAPE NUTS
GRAPE NUT FLAKES
GREAT GRAINS
GRITS
GUINEA CORN & MAIZE
HONEY BUNCHES OF OATS
HONEY COMB
HONEY NUT CHEERIOS
HONEY NUT CRUNCH
HONEY NUTS & OATS
JUST RIGHT
KASHI
KING VITAMIN
KIX
LIFE
LUCKY CHARMS
MALTO MEAL
MINI WHEATS
MUESLIX
MULTI GRAIN CHEERIOS
MULTIGRAIN (HOT)
MULTIGRAIN FLAKES
MULTIGRAIN OATMEAL
NUTRI GRAIN
O'S
OAT BRAN
OATBAKE
OATMEAL/QUAKER OATMEAL
OATMEAL CRISP
OATMEAL RAISIN CRISP
PEANUT BUTTER CAPTAIN CRUNCH
PEANUT BUTTER CEREAL
POP TARTS CEREAL
PRODUCT
PUFFED CORN
PUFFED RICE
PUFFED WHEAT
QUAKER OATS SQUARES
RASBERRY MUESLIX
RAISIN BRAN
RAISIN SQUARES
RAISIN NUT BRAN
RICE AND SHINE
RICE CEREAL, NOS
RICE CHEX
RICE CRISPIES
SHREDDED SPOONFULLS
SHREDDED WHEAT
SPECIAL K
SUGAR CORN FLAKES
SUGAR CORN PUFFS
SUGAR CRISP
SUGAR FREE CEREALS
SUGAR POPS
SUGAR SMACKS
SUN CRUNCHERS
TEENAGE MUTANT NINJA TURTLES
TOASTED OATS
TOASTIE O'S
TOTAL
TOTAL CORN FLAKES
TOTAL RAISIN BRAN
TRIX
VITACRUNCH
WAFFLE CRISPS
WHEAT BRAN
WHEAT CEREAL, NOS
WHEAT CHEX
WHEAT FLAKES
WHEATIE'S HONEY GOLD
WHEATIES
WHOLE GRAIN
OTHER, SPECIFY

G3. & G9: Other recreational drugs listed in CATI:

AEROSOLS
AMYL NITRATE
ANGEL DUST
BACTINE
BUTYL NITRITE
CAFFEINE PILLS
CHEWING TOBACCO
CODEINE
CRANK
CRYSTAL METHEDRINE
ECSTACY
EPHEDRINE
FREON
GASOLINE
GLUE
HALOTHANE
HELIUM
MDA
MESCALINE
METHADONE
METHAMPHETAMINE
MORPHINE
NITROUS OXIDE
PCP
ROHPYNOL
SLEEPING PILLS
STEROIDS
VALIUM
WHITE OUT
OTHER, SPECIFY

K2, K9: Countries listed in CATI:

AFGHANISTAN
ALBANIA
ALGERIA
AMERICAN SAMOA
ANDORRA
ANGOLA
ANGUILLA
ANTARCTICA
ANTIGUA & BARBUDA
ARGENTINA
ARMENIA
ARUBA
AUSTRALIA
AUSTRIA
AZERBAIJAN
BAHAMAS
BAHRAIN
BANGLADESH
BARBADOS
BELARUS
BELGIUM
BELIZE
BENIN
BERMUDA
BHUTAN
BOLIVIA
BOSNIA HERZOGOVINA
BOTSWANA
BOUVET ISLAND
BRAZIL
BRITISH INDIAN OCEAN TERRITORY
BRUNEI DARUSSALAM
BULGARIA
BURKINA FASO
BURUNDI
CAMBODIA
CAMEROON
CANADA
CAPE VERDE
CAYMAN ISLANDS
CENTRAL AFRICAN REPUBLIC
CHAD
CHILE
CHINA
CHRISTMAS ISLAND
COCOS (KEELING) ISLANDS
COLUMBIA
COMOROS
CONGO
COOK ISLANDS
COSTA RICA
CROATIA (HRVATSKA)
CUBA
CYPRUS
CZECHOSLOVAKIA
DENMARK
DJIBOUTI
DK
DOMINICA
DOMINICAN REPUBLIC
EAST TIMOR
ECUADOR
EGYPT
EL SALVADOR
EQUATORIAL GUINEA
ESTONIA
ETHIOPIA
FALKLAND ISLANDS (MALVINAS)
FAROE ISLANDS
FIJI
FINLAND
FRANCE
FRENCH GUIANA
FRENCH POLYNESIA
FRENCH SOUTHERN TERRITORY
GABON
GAMBIA
GEORGIA
GERMANY
GHANA
GIBRALTOR
GREECE
GREENLAND
GRENADA
GUADALUPE
GUAM
GUATEMALA
GUINEA
GUINEA-BISSAU
GUYANA
HAITI
HEARD AND MCDONALD ISLANDS
HONDURAS
HONG KONG
HUNGARY
ICELAND
INDIA
INDONESIA
IRAN
IRAQ
IRELAND
ISRAEL
ITALY
JAMAICA
JAPAN
JORDAN
KAZAKHSTAN
KENYA
KIRIBATI
KOREA, DPR OF
KOREA, REP. OF
KUWAIT
KYRGYZSTAN
LAO PDR
LATVIA
LEBANON
LESOTHO
LIBERIA
LIBYAN ARAB JAMAHIRIYA
LIECHTENSTEIN
LITHUANIA
LUXEMBOURG
MACAU
MADAGASCAR
MALAWI
MALAYSIA
MALDIVES
MALI
MALTA
MARSHALL ISLANDS
MARTINIQUE
MAURITANIA
MAURITIUS
MEXICO
MICRONESIA
MOLDOVA, REP. OF
MONGOLIA
MONTSERRAT
MOROCCO
MOZAMBIQUE
MYANMAR
NAMIBIA
NAURU
NEPAL
NETHERLANDS
NETHERLANDS ANTILLES
NEUTRAL ZONE
NEW CALEDONIA
NEW ZEALAND
NICARAGUA
NIGER
NIGERIA
NIUE
NORFOLK ISLAND
NORTHERN MARIANA ISLANDS
NORWAY
OMAN
OTHER, SPECIFY
PAKISTAN
PALAU
PANAMA
PAPUA NEW GUINEA
PARAGUAY
PERU
PHILIPPINES
PITCAIRN
POLAND
PORTUGAL
QATAR
REUNION
RF
ROMANIA
RUSSIAN FEDERATION
RWANDA
SAINT KITTS AND NEVIS
SAINT LUCIA

SAINT VINCENT AND THE GRENADINES
SAMOA
SAN MARINO
SAO TOME AND PRINCIPE
SAUDI ARABIA
SENEGAL
SEYCHELLES
SIERRA LEONE
SINGAPORE
SLOVENIA
SOLOMON ISLANDS
SOMALIA
SOUTH AFRICA
SPAIN
SRI LANKA
ST. HELENA
ST. PIERRE AND MIGUELON
SUDAN
SURINAME
SVALBARD AND JAN MAYEN ISLANDS
SWAZILAND
SWEDEN
SWITZERLAND
SYRIAN ARAB REPUBLIC
TAIWAN, PROVINCE OF CHINA
TAJIKISTAN
TANZANIA, UNITED REP. OF
THAILAND
TOGO
TOKELAU
TONGA
TRINIDAD AND TOBAGO
TUNISIA
TURKEY
TURKMENISTAN
TURKS AND CAICOS ISLANDS
TUVALU
UGANDA
UKRAINIAN SSR
UNITED ARAB EMIRATES
UNITED KINGDOM
URUGUAY
USA
USSR
UZBEKISTAN
VANUATU
VATICAN CITY STATE (HOLY SEE)
VENEZUELA
VIET NAM
VIRGIN ISLANDS (BRITISH)
VIRGIN ISLANDS (U.S.)
WALLIS AND FUTUNA ISLANDS
WESTERN SAMOA
YEMEN, REP. OF
YUGOSLAVIA
ZAIRE
ZAMBIA
ZIMBABWE

K3, S5b: Languages listed in CATI:

AMERICAN INDIAN/ESKIMO LANGUAGES
ARABIC
BENGALI
CAPE VERDEAN
CHINESE/MANDARIN/CANTONESE
CZECH
DUTCH
ENGLISH
FRENCH
GERMAN
GREEK
HAITIAN CREOLE
HINDI
ITALIAN
JAPANESE
KHMER
KOREAN
LAO
MALAY
PHILIPPINE LANGUAGES/TAGALOG
POLISH
PORTUGUESE
RUSSIAN
SPANISH
THAI
TURKISH
UKRAINIAN
URDU
VIETNAMESE
YIDDISH
OTHER, SPECIFY

K4a, K10a: Asian countries and Pacific Islands listed in CATI:

AFGHANISTAN
BENGLADESH
BURMA
CAMBODIA
CHINA
FIJI
GUAM
HONG KONG
INDIA
INDONESIA
IRAN
IRAQ
ISRAEL
JAPAN
JORDAN
KOREA
LAOS
LEBANON
MALAYSIA
NEPAL
NORTHERN MARIANA ISLANDS
PAKISTAN
PALUA
PHILIPPINES
SAMOA
SAUDI ARABIA
SINGAPORE
SRI LANKA
SYRIA
TAHITI
THAILAND
TONGA
TURKEY
VIETNAM
YEMEN
OTHER, SPECIFY

K4b, K10b: Tribes listed in CATI:

ALEUT
APACHE
AWAHU
CHATTAN
CHEROKEE
CHIPPEWA
CREE
CREEK
ESKIMO
FOX
HOPI
KICKAPOO
MOHAWK
NAVAJO
ONANDAGA
ONEIDA
PAIUTE
SAC
SAN GABRIEL MISSION INDIAN
SEMINOLE
SENECA
SIOUX
TIWA
YAKI APACHE
YAKIMA
YAPUI
OTHER, SPECIFY

K4c, K10c “Other, Specify”: CATI lists “aborigine” as well as blank text field.

K5, K11: Spanish/Hispanic groups listed in CATI:

ARGENTINIAN
BASQUE
CENTRAL AMERICAN
CHILEAN
COLUMBIAN
COSTA RICAN
CUBAN
ECUADORAN
GUATEMALAN
HONDURIAN
LATINO
MEXICAN/MEXICAN
AMERICAN/CHICANO
NICARAGUAN
PANAMANIAN
PARAGUAYAN
PERUVIAN
PHILIPPINO
PORTUGUESE
PUERTO RICAN
SALVADORAN
SPANISH
URUGUAYAN
OTHER, SPECIFY

S3a, S5a: List of other persons contributing to Mom's answers or helping to translate interview:

AUNT
BROTHER
COUSIN
DAUGHTER
FATHER
FRIEND
GRANDFATHER
GRANDMOTHER
GREAT GRANDFATHER
GREAT GRANDMOTHER
GREAT AUNT
GREAT UNCLE
HALF BROTHER
HALF SISTER
MOTHER
NIECE
NEIGHBOR
NEPHEW
SISTER
SON
UNCLE
OTHER, SPECIFY

Other Codes in CATI Database:

D13, D17, D18, D19, D20, D25
For items using the Food Frequency Response choices, the CATI screen employs the codes 1M through 6D (middle column below). However, the background CATI database designates these codes numerically as in the third column.

CATI RESPONSE:	CATI SCREEN CODE	DATABASE
NEVER OR < ONCE PER MONTH	0	0
1 PER MONTH	1M	1
2 PER MONTH	2M	2
3 PER MONTH	3M	3
1 PER WEEK	1W	11
2 PER WEEK	2W	12
3 PER WEEK	3W	13
4 PER WEEK	4W	14
5 PER WEEK	5W	15
6 PER WEEK	6W	16
1 PER DAY	1D	21
2 PER DAY	2D	22
3 PER DAY	3D	23
4 PER DAY	4D	24
5 PER DAY	5D	25
6+ PER DAY	6D	26
RF	97	
DK	98	

Electronic SEU Drug Dictionary:

The electronic CATI contains an embedded Drug Dictionary developed by the Slone Epidemiology Unit of Boston University School of Medicine. Permission to use the SEU Drug Dictionary may be obtained from:

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