

Center for
Autism and
Developmental
Disabilities
Research and
Epidemiology

CADDRE

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National CADDRE Study:
Child Development and Autism

Primary Caregiver Interview

September 2006

Public Reporting Burden Statement

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-

TABLE OF CONTENTS

SECTION A: PRELIMINARY INFORMATION.....	A-1
SECTION B: SOCIODEMOGRAPHICS.....	B-1
SECTION C: MATERNAL REPRODUCTIVE AND PREGNANCY HISTORY.....	C-1
SECTION D: INDEX PREGNANCY.....	D-1
ASSISTED REPRODUCTION.....	D-10
MORNING SICKNESS.....	D-15
PRENATAL CARE.....	D-17
BLOOD TESTS.....	D-19
VAGINAL DOUCHING.....	D-24
SECTION E: MATERNAL MEDICAL CONDITIONS, SURGERIES, PROCEDURES, AND MEDICATION USE	E-1
REPRODUCTIVE AND MAJOR PERINATAL INFECTIONS AND CONDITIONS.....	E-1
ORAL/DENTAL DISEASE.....	E-8
INJURIES.....	E-12
SURGERY.....	E-16
OTHER PROCEDURES.....	E-18
MEDICATION USE.....	E-20
VACCINATIONS.....	E-28
SECTION F: OBSTETRIC AND DELIVERY COMPLICATIONS.....	F-1
OBSTETRIC COMPLICATIONS.....	F-1
DELIVERY COMPLICATIONS.....	F-8
SECTION G: POSTNATAL HISTORY.....	G-1
MEDICAL CONDITIONS.....	G-1
ALLERGIES.....	G-4
MEDICATION USE.....	G-6
INJURIES.....	G-10
SECTION H: OCCUPATIONAL HISTORY.....	H-1
SECTION J: TOBACCO, ALCOHOL, AND OTHER DRUGS.....	J-1
TOBACCO.....	J-1
ALCOHOL.....	J-4
OTHER DRUGS.....	J-5
SECTION K: INCOME AND CLOSING.....	K-1
SECTION L: INTERVIEWER STATUS.....	L-1
SECTION M: INTERVIEWER REMARKS.....	M-1

SECTION A: PRELIMINARY INFORMATION

TIME STARTED.....:

RECORD IN MILITARY TIME.

INTERVIEWER NOTE: A1-A5 should be collected in the CIS during the follow-up/scheduling phone call. If the information is not available prior to this interview, and/or if the CIS is not available, ask A1*-A5* in the box below. Otherwise, confirm information using A1-A5 following the box.

A1*. I would like to begin by asking you some basic questions. What is your full name?

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

SUFFIX: _____

MAIDEN NAME: _____

A2*. What is your date of birth?

DOB.....--
MM DD YYYY

A3*. What is (CHILD)'s full name?

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

SUFFIX: _____

A4*. What is (CHILD)'s date of birth? RECORD DATE HERE AND ON PREGNANCY REFERENCE FORM.

DOIB.....--
MM DD YYYY

A5*. What is your relationship to (CHILD)?

- BIOLOGICAL MOTHER.....01
- BIOLOGICAL FATHER.....02
- STEP MOTHER.....03
- STEP FATHER.....04
- MATERNAL GRANDMOTHER.....05
- MATERNAL GRANDFATHER.....06
- PATERNAL GRANDMOTHER.....07
- PATERNAL GRANDFATHER.....08
- BROTHER.....09
- SISTER.....10
- AUNT.....11
- UNCLE.....12
- OTHER.....(SPECIFY).....90

SPECIFY:

PROGRAMMER NOTE: CATI Should automatically fill in child's first name everywhere (CHILD) is listed in the interview.

A1. I would like to begin by confirming some basic information about you and (CHILD). Is your full name (FULL NAME FROM CIS)?

- YES.....01
- NO.....(UPDATE IN CIS).....02

A2. Is your date of birth (MM/DD/YYYY DOB FROM CIS)?

- YES.....01
- NO.....(UPDATE IN CIS).....02

A3. Is (CHILD)'s full name (CHILD'S FULL NAME FROM CIS)?

- YES.....01
- NO.....(UPDATE IN CIS).....02

A4. Is (CHILD)'s date of birth (MM/DD/YYYY DOIB FROM CIS)? YES.....01
NO.....(UPDATE IN CIS).....02

A5. Are you (CHILD)'s (RELATIONSHIP FROM CIS)? YES.....01
NO.....(UPDATE IN CIS).....02

During the interview, occasionally I'll ask you to refer to the booklet you received in the mail labeled "Caregiver Interview Prep Guide."

A6. Did you read the prep guide? YES.....01
NO.....02
RF.....98
DK.....99

A7. Do you have the guide in front of you now? YES.....(SKIP TO B1).....01
NO.....02
RF.....98
DK.....99

The interview will go much faster if you have the Guide in front of you. I will wait while you find it. If you cannot find the guide or you lost it, I will ask some of the questions in more detail. This could add as much as an hour to the time it takes to complete the interview.

SECTION B: SOCIODEMOGRAPHICS

PROGRAMMER NOTE: Depending on who R is, different parts of Section B will be administered:

If R is **BioMom** (A5=01), ask B2-B11 about BioMom, B12, and B13-B23 about BioDad (if known). Skip B24-B33.

If R is **BioDad** (A5=02), ask alternative B1-B11 questions about BioMom and alternative B14-B23 questions about BioDad. Skip B24-B33.

If R is **not BioMom or BioDad** (A5=03–90), ask alternative B1-B11 questions about BioMom and B12-B23 questions about BioDad. Ask B24-B33 about R.

Ask B34-B45 if R has a spouse/partner/other caregiver in home who is **not** BioMom or BioDad.

CATI should adjust to alternative wording as indicated.

I am going to ask you some basic questions about (your/[CHILD]'s biological mother's) family background and education.

IF R IS BIOMOM (A5=01), SKIP TO B2.

- B1. What is (CHILD)'s biological mother's birthdate? DOB.....--
MM DD YYYY
 N/A (SKIP).....97 97 9997
 RF.....98 98 9998
 DK.....99 99 9999
- B2. (Were you/Was [CHILD]'s biological mother) born in the US? YES.....(SKIP TO B6).....01
 NO.....02
 RF.....(SKIP TO B6).....98
 DK.....(SKIP TO B6).....99
- B3. What country (were you/was she) born in? COUNTRY:
 N/A (SKIP).....97
 RF.....98
 DK.....99
- B4. What year did (you/she) come to the US to live? YEAR.....(SKIP TO B6).....
 N/A (SKIP).....9997
 RF.....(SKIP TO B6).....9998
 DK.....9999
- B5. How old (were you/was she) when (you/she) came to the US to live? AGE IN YEARS.....
 N/A (SKIP).....97
 RF.....98
 DK.....99

B6. What language (do you/does she) usually speak at home?

ENGLISH.....01
 SPANISH.....02
 OTHER.....(SPECIFY).....90
 RF.....98
 DK.....99

SPECIFY: _____

PROGRAMMER NOTE: CATI should be able to capture multiple categories for multiracial participants. RF and DK cannot be combined with other answers.

B7. What is (your/her) race or ethnic group? I'm going to read you a list and then please tell me all categories that apply to (you/her). You can select more than one category. READ ANSWERS AND CODE ALL THAT APPLY.

American Indian or Alaska Native.....(ASK A)...01
 Asian.....(ASK B)...02
 Black or African American.....03
 Hispanic or Latina.....(ASK B8)...04
 Native Hawaiian or Other Pacific Islander.....(ASK B)...05
 White.....06
 RF.....(SKIP TO B9)...98
 DK.....(SKIP TO B9)...99

IF B7 INCLUDES CODE 01, ASK B7A. OTHERWISE, SKIP TO B7B.

A. What tribe (do you/does she) consider (yourself/herself) a member of?

TRIBE: _____

N/A (SKIP).....97
 RF.....98
 DK.....99

IF B7 INCLUDES CODE 02 OR 05, ASK B7B. OTHERWISE, SKIP TO B8.

B. What is your country of ethnic origin? (PROMPT: Referring to Asian, Native Hawaiian or other Pacific Island countries.)

COUNTRY: _____

N/A (SKIP).....97
 RF.....98
 DK.....99

IF B7 INCLUDES CODE 04, ASK B8. OTHERWISE, SKIP TO B9.

B8. Which Hispanic or Spanish group (do you consider yourself/does she consider herself) a member of? (PROMPT: Mexican, Puerto Rican, Salvadoran, Honduran, Colombian, Peruvian, Guatemalan, Spanish, Central American, South American, etc.?)

GROUP: _____

N/A (SKIP).....97
 RF.....98
 DK.....99

B9.	What was the highest grade or year of school or college that (you/she) had completed at the time (CHILD) was born? READ LIST. SELECT ONE.	No formal schooling.....01 Less than high school.....(ASK A).....02 12 years, completed high school or equivalent.....03 1-3 Years of college.....04 Completed technical college.....05 Associate's degree.....06 4 years of college or bachelor's degree.....07 Master's degree.....08 Advanced degree.....09 RF.....98 DK.....99
-----	---	--

IF B9 NOT EQUAL TO 02, SKIP TO B10.

A.	How many years of school did (you/she) complete?	# OF YEARS..... <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
----	--	---

B10.	Is that the highest grade or year of school or college (you have/she has) currently completed?	YES.....(SKIP TO B12).....01 NO.....02 RF.....(SKIP TO B12).....98 DK.....(SKIP TO B12).....99
------	--	---

B11.	What is the highest grade or year of school or college that (you have/she has) currently completed? READ LIST. SELECT ONE.	Less than high school.....(ASK A).....02 12 years, completed high school or equivalent.....03 1-3 Years of college.....04 Completed technical college.....05 Associate's degree.....06 4 years of college or bachelor's degree.....07 Master's degree.....08 Advanced degree.....09 N/A (SKIP).....97 RF.....98 DK.....99
------	--	---

IF B11 NOT EQUAL TO 02, SKIP TO B12.

A.	How many years of school did (you/she) complete?	# OF YEARS..... <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
----	--	---

B19. What is (his/your) race or ethnic group? I'm going to read you a list and then please tell me all categories that apply to (him/you). You can select more than one category. READ ANSWERS AND CODE ALL THAT APPLY.

- American Indian or Alaska Native.....(ASK A)...01
- Asian.....(ASK B)...02
- Black or African American.....03
- Hispanic or Latino.....(ASK B20)...04
- Native Hawaiian or Other Pacific Islander.....(ASK B)...05
- White.....06
- RF.....(SKIP TO B21)...98
- DK.....(SKIP TO B21)...99

IF B19 INCLUDES CODE 01, ASK B19A. OTHERWISE, SKIP TO B19B.

A. What tribe (does he/do you) consider (himself/yourself) a member of?

- TRIBE:
- N/A (SKIP).....97
 - RF.....98
 - DK.....99

IF B19 INCLUDES CODE 02 OR 05, ASK B19B. OTHERWISE, SKIP TO B20.

B. What is your country of ethnic origin? (PROMPT: Referring to Asian, Native Hawaiian or other Pacific Island countries.)

- COUNTRY:
- N/A (SKIP).....97
 - RF.....98
 - DK.....99

IF B19 INCLUDES CODE 04, ASK B20. OTHERWISE, SKIP TO B21.

B20. Which Hispanic or Spanish group (does he consider himself/do you consider yourself) a member of? (PROMPT: Mexican, Puerto Rican, Salvadoran, Honduran, Colombian, Peruvian, Guatemalan, Spanish, Central American, South American, etc.?)

- GROUP:
- N/A (SKIP).....97
 - RF.....98
 - DK.....99

B21. What was the highest grade or year of school or college that ([CHILD]'s father/you) had completed at the time (CHILD) was born? READ LIST. SELECT ONE.

- No formal schooling.....01
- Less than high school.....(ASK A).....02
- 12 years, completed high school or equivalent.....03
- 1-3 Years of college.....04
- Completed technical college.....05
- Associate's degree.....06
- 4 years of college or bachelor's degree.....07
- Master's degree.....08
- Advanced degree.....09
- N/A (SKIP).....97
- RF.....98
- DK.....99

IF B21 NOT EQUAL TO 02, SKIP TO B22.

A. How many years of school did (he/you) complete? # OF YEARS
 N/A (SKIP)..... 97
 RF..... 98
 DK..... 99

B22. Is that the highest grade or year of school or college (he has/you have) currently completed?
 YES.....(SKIP TO B24).....01
 NO.....02
 N/A (SKIP).....97
 RF.....(SKIP TO B24).....98
 DK.....(SKIP TO B24).....99

B23. What is the highest grade or year of school or college that (he has/you have) currently completed? READ LIST. SELECT ONE.
 Less than high school.....(ASK A).....02
 12 years, completed high school or equivalent.....03
 1-3 Years of college.....04
 Completed technical college.....05
 Associate's degree.....06
 4 years of college or bachelor's degree.....07
 Master's degree.....08
 Advanced degree.....09
 N/A (SKIP).....97
 RF.....98
 DK.....99

IF B23 NOT EQUAL TO 02, SKIP TO B24.

A. How many years of school did (he/you) complete? # OF YEARS
 N/A (SKIP)..... 97
 RF..... 98
 DK..... 99

IF R IS BIOMOM OR BIODAD (A5=01 OR 02), SKIP TO B34.

The next few questions are about **your** family background and education.

B24. Were you born in the US?
 YES.....(SKIP TO B28).....01
 NO.....02
 N/A (SKIP).....97
 RF.....(SKIP TO B28).....98
 DK.....(SKIP TO B28).....99

B25. What country were you born in? COUNTRY:
 N/A (SKIP)..... 97
 RF..... 98
 DK..... 99

B26. What year did you come to the US to live? YEAR.....(SKIP TO B28).....
 N/A (SKIP).....9997
 RF.....(SKIP TO B28).....9998
 DK.....9999

B27. How old were you when you came to the US to live? AGE IN YEARS.....
 N/A (SKIP).....97
 RF.....98
 DK.....99

B28. What language do you usually speak at home? ENGLISH.....01
 SPANISH.....02
 OTHER.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

B29. What is your race or ethnic group? I'm going to read you a list and then please tell me all categories that apply to you. You can select more than one category. READ ANSWERS AND CODE ALL THAT APPLY.
 American Indian or Alaska Native.....(ASK A)...01
 Asian.....(ASK B)...02
 Black or African American.....03
 Hispanic or (Latina/Latino).....(ASK B30)...04
 Native Hawaiian or Other Pacific Islander.....(ASK B)...05
 White.....06
 RF.....(SKIP TO B31)...98
 DK.....(SKIP TO B31)...99

IF B29 INCLUDES CODE 01, ASK B29A. OTHERWISE, SKIP TO B29B.

A. What tribe do you consider yourself a member of? TRIBE: _____
 N/A (SKIP).....97
 RF.....98
 DK.....99

IF B29 INCLUDES CODE 02 OR 05, ASK B29B. OTHERWISE, SKIP TO B30.

B. What is your country of ethnic origin? (PROMPT: Referring to Asian, Native Hawaiian or other Pacific Island countries.) COUNTRY: _____
 N/A (SKIP).....97
 RF.....98
 DK.....99

IF B29 INCLUDES CODE 04, ASK B30. OTHERWISE, SKIP TO B31.

B30.	Which Hispanic or Spanish group do you consider yourself a member of? (PROMPT: Mexican, Puerto Rican, Salvadoran, Honduran, Colombian, Peruvian, Guatemalan, Spanish, Central American, South American, etc.?)	GROUP: <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP)..... 97 RF..... 98 DK..... 99
B31.	What was the highest grade or year of school or college that you had completed at the time (CHILD) was born? READ LIST. SELECT ONE.	No formal schooling.....01 Less than high school.....(ASK A).....02 12 years, completed high school or equivalent.....03 1-3 Years of college.....04 Completed technical college.....05 Associate's degree.....06 4 years of college or bachelor's degree.....07 Master's degree.....08 Advanced degree.....09 N/A (SKIP)..... 97 RF..... 98 DK..... 99

IF B31 NOT EQUAL TO 02, SKIP TO B32.

A.	How many years of school did you complete?	# OF YEARS..... <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP)..... 97 RF..... 98 DK..... 99
B32.	Is that the highest grade or year of school or college you have currently completed?	YES.....(SKIP TO B34).....01 NO.....02 N/A (SKIP)..... 97 RF.....(SKIP TO B34).....98 DK.....(SKIP TO B34).....99
B33.	What is the highest grade or year of school or college that you have currently completed? READ LIST. SELECT ONE.	Less than high school.....(ASK A).....02 12 years, completed high school or equivalent.....03 1-3 Years of college.....04 Completed technical college.....05 Associate's degree.....06 4 years of college or bachelor's degree.....07 Master's degree.....08 Advanced degree.....09 N/A (SKIP)..... 97 RF..... 98 DK..... 99

IF B33 NOT EQUAL TO 02, SKIP TO B34.

A.	How many years of school did you complete?	# OF YEARS..... <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP)..... 97 RF..... 98 DK..... 99
----	--	--

The next few questions are about the family background and education of **any other caregivers** living in the home with (CHILD).

B34. Do you live with a spouse or partner or other adult who is a primary caregiver of (CHILD) who is **not** (CHILD)'s biological parent? YES.....01
 NO.....(SKIP TO NEXT SECTION).....02
 RF.....(SKIP TO NEXT SECTION).....98
 DK.....(SKIP TO NEXT SECTION).....99

A. What is that person's relationship to (CHILD)? STEPMOTHER.....01
 STEPFATHER.....02
 MATERNAL GRANDMOTHER.....03
 MATERNAL GRANDFATHER.....04
 PATERNAL GRANDMOTHER.....05
 PATERNAL GRANDFATHER.....06
 BROTHER.....07
 SISTER.....08
 AUNT.....09
 UNCLE.....10
 MOM'S PARTNER.....11
 DAD'S PARTNER.....12
 OTHER.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

B35. What is (CAREGIVER)'s birthdate? DOB..... - -
 MM DD YYYY
 N/A (SKIP).....97 97 9997
 RF.....98 98 9998
 DK.....99 99 9999

B36. Was (CAREGIVER) born in the US? YES.....(SKIP TO B40).....01
 NO.....02
 N/A (SKIP).....97
 RF.....(SKIP TO B40).....98
 DK.....(SKIP TO B40).....99

B37. What country was (CAREGIVER) born in? COUNTRY: _____
 N/A (SKIP).....97
 RF.....98
 DK.....99

B38. What year did (CAREGIVER) come to the US to live? YEAR.....(SKIP TO B40).....
 N/A (SKIP).....9997
 RF.....(SKIP TO B40).....9998
 DK.....9999

B39. How old was (CAREGIVER) when (he/she) came to the US to live? AGE IN YEARS.....
 N/A (SKIP).....97
 RF.....98
 DK.....99

B40. What language does (CAREGIVER) usually speak at home?

ENGLISH.....	01
SPANISH.....	02
OTHER.....(SPECIFY).....	90
N/A (SKIP).....	97
RF.....	98
DK.....	99

SPECIFY: _____

B41. What is (CAREGIVER)'s race or ethnic group? I'm going to read you a list and then please tell me all categories that apply to (him/her). You can select more than one category. READ ANSWERS AND CODE ALL THAT APPLY.

American Indian or Alaska Native.....(ASK A)...	01
Asian.....(ASK B)...	02
Black or African American.....	03
Hispanic or (Latina/Latino).....(ASK B42)...	04
Native Hawaiian or Other Pacific Islander.....(ASK B)...	05
White.....	06
RF.....(SKIP TO B43)...	98
DK.....(SKIP TO B43)...	99

IF B41 INCLUDES CODE 01, ASK B41A. OTHERWISE, SKIP TO B41B.

A. What tribe does (he/she) consider (himself/herself) a member of?

TRIBE: _____	<input type="text"/> <input type="text"/>
N/A (SKIP).....	97
RF.....	98
DK.....	99

IF B41 INCLUDES CODE 02 OR 05, ASK B41B. OTHERWISE, SKIP TO B42.

B. What is (his/her) country of ethnic origin? (PROMPT: Referring to Asian, Native Hawaiian or other Pacific Island countries.)

COUNTRY: _____	<input type="text"/> <input type="text"/>
N/A (SKIP).....	97
RF.....	98
DK.....	99

IF B41 INCLUDES CODE 04, ASK B42. OTHERWISE, SKIP TO B43.

B42. Which Hispanic or Spanish group (does (he/she) consider (himself/herself) a member of? (PROMPT: Mexican, Puerto Rican, Salvadoran, Honduran, Colombian, Peruvian, Guatemalan, Spanish, Central American, South American, etc.?)

GROUP: _____	<input type="text"/> <input type="text"/>
N/A (SKIP).....	97
RF.....	98
DK.....	99

B43.	What was the highest grade or year of school or college that (CAREGIVER) had completed at the time (CHILD) was born? READ LIST. SELECT ONE.	No formal schooling.....01 Less than high school.....(ASK A).....02 12 years, completed high school or equivalent.....03 1-3 Years of college.....04 Completed technical college.....05 Associate's degree.....06 4 years of college or bachelor's degree.....07 Master's degree.....08 Advanced degree.....09 N/A (SKIP).....97 RF.....98 DK.....99
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IF B43 NOT EQUAL TO 02, SKIP TO B44.

A.	How many years of school did (he/she) complete?	# OF YEARS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
----	---	--

B44.	Is that the highest grade or year of school or college (he/she) has currently completed?	YES.....(SKIP TO NEXT SECTION).....01 NO.....02 N/A (SKIP).....97 RF.....(SKIP TO NEXT SECTION).....98 DK.....(SKIP TO NEXT SECTION).....99
------	--	---

B45.	What is the highest grade or year of school or college that (CAREGIVER) has currently completed? READ LIST. SELECT ONE.	Less than high school.....(ASK A).....02 12 years, completed high school or equivalent.....03 1-3 Years of college.....04 Completed technical college.....05 Associate's degree.....06 4 years of college or bachelor's degree.....07 Master's degree.....08 Advanced degree.....09 N/A (SKIP).....97 RF.....98 DK.....99
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IF B45 NOT EQUAL TO 02, SKIP TO NEXT SECTION.
--

A.	How many years of school did (he/she) complete?	# OF YEARS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
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BLANK PAGE FOR END OF SECTION

IF R IS NOT BIOMOM (A5>01), SKIP TO SECTION G.

SECTION C: MATERNAL REPRODUCTIVE AND PREGNANCY HISTORY

- C1. Now I'm going to ask you some questions about your reproductive and pregnancy experiences. How old were you when you had your first menstrual period?
- AGE IN YEARS.....(SKIP TO C2).....
 RF.....(SKIP TO C2).....98
 DK.....99
- A. What grade were you in when you had your first menstrual period?
- GRADE.....
 N/A (SKIP).....97
 RF.....98
 DK.....99
- C2. Before you were pregnant with (CHILD), what was the average or typical number of days of your cycle from the first day of one menstrual period through the first day of the next menstrual period? Please think back to a time when you were not using birth control pills or other hormonal contraceptives.
- # OF DAYS.....
 IRREGULAR PERIOD.....90
 RF.....98
 DK.....99
- C3. How many times have you been pregnant? Please count all pregnancies, including those that ended in live birth, stillbirth, miscarriage, abortion, or a tubal, ectopic, or molar pregnancy. Include pregnancies from other relationships and your pregnancy with (CHILD).
- # OF PREGNANCIES.....
 RF.....98
 DK.....99
- C4. How many babies were you carrying during your (1st/2nd/3rd) pregnancy? (PROBE: Did you have a single baby, twins, or more babies?)

ANSWER C4 FOR EACH PREGNANCY, THEN TOTAL NUMBER OF BABIES. IF R REPORTS ZERO OR DK, ADD 1 TO BABY COUNT. IF R REFUSES NUMBER OF BABIES, DO NOT INCLUDE IN COUNT.


	# OF BABIES	N/A (SKIP)	RF	DK
PREGNANCY 1	<input type="text"/> <input type="text"/>		98	99
PREGNANCY 2	<input type="text"/> <input type="text"/>	97	98	99
PREGNANCY 3	<input type="text"/> <input type="text"/>	97	98	99
PREGNANCY 4	<input type="text"/> <input type="text"/>	97	98	99
PREGNANCY 5	<input type="text"/> <input type="text"/>	97	98	99
PREGNANCY 6	<input type="text"/> <input type="text"/>	97	98	99
PREGNANCY 7	<input type="text"/> <input type="text"/>	97	98	99
PREGNANCY 8	<input type="text"/> <input type="text"/>	97	98	99
BABY COUNT	<input type="text"/> <input type="text"/>		98	

(IF ALL PREGS=RF, SKIP TO C18)

NUMBER OF BABIES/PREGNANCY SUPPLEMENTS.....

IF C3 = 1 AND C4 = 1, READ: This baby must be (CHILD). CODE C5 = 1 AND C6 = 1, AND SKIP TO C10. OTHERWISE, READ: I would now like to ask you a few questions about the outcomes of each of your pregnancies.


COMPLETE ONE ROW OF BABY TABLE (C5-C14) FOR EACH BABY.

	C5.	C6.	C7.	C8.	C9A. 																									
BABY COUNT: _____	IF C4 = 0, 1 OR 99, READ: Was your (1 st /2 nd /3 rd) pregnancy a (READ ANSWERS)? OTHERWISE, READ: Was the (1 st /2 nd /3 rd) baby in your (1 st /2 nd /3 rd) pregnancy a (READ ANSWERS)?	Is this baby (CHILD)?	What is the first name of this baby?	Is (BABY) a boy or girl?	What is (BABY)'s birthdate?																									
BABY: 1	Live birth.....01 Stillbirth.....02 Abortion.....03 Miscarriage.....04 Ectopic or tubal preg.....05 Molar pregnancy.....06 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	_____ N/A (SKIP).....97 RF.....98 DK.....99	BOY.....01 GIRL.....02 N/A (SKIP)...97 RF.....98 DK.....99	<table border="1"> <tr><td> </td><td> </td><td>-</td><td> </td><td> </td></tr> <tr><td>MM</td><td></td><td></td><td>DD</td><td></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>YYYY</td><td></td><td></td><td></td><td></td></tr> </table> N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999			-			MM			DD												YYYY				
		-																												
MM			DD																											
YYYY																														
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C9B.	C10.	C11.	C12.	C13A. 																																								
On what date did the pregnancy (for this baby) end? <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td>-</td><td> </td><td> </td></tr> <tr><td>MM</td><td> </td><td></td><td>DD</td><td> </td></tr> <tr><td> </td><td> </td><td></td><td> </td><td> </td></tr> <tr><td>YYYY</td><td> </td><td></td><td> </td><td> </td></tr> </table> </div> N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999			-			MM			DD							YYYY					How many pounds and ounces did (BABY) weigh? LBS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> OUNCES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> OR GRAMS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> OR KILOGRAMS. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> N/A (SKIP).....9797 RF.....9898 DK.....9999													Is (BABY) still living? YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	What did (BABY) die of? RECORD VERBATIM. _____ _____ <div style="text-align: center;"> <table border="1" style="margin: auto;"><tr><td> </td><td> </td></tr></table> </div> N/A (SKIP).....97 RF.....98 DK.....99			How old was (BABY) when (he/she) died? DAYS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MONTHS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEARS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> N/A (SKIP).....97 97 RF.....98 98 DK.....99 99						
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C13B.

C14.

What was the date of (BABY)'s death?

MM DD

YYYY

N/A (SKIP).....97 97 9997
 RF.....98 98 9998
 DK.....99 99 9999

Now I will ask you about some developmental information a doctor or health care provider may have told you about your child. Please note that a health care provider at the child's school such as a child psychologist, physical therapist, occupational therapist, or school nurse should also be considered a qualified health care professional in answering these questions; however, the child's teachers should not be considered health care providers.

ASK R TO REFER TO LIST 1 IN PREP GUIDE. Has a doctor or health care provider ever told you that (BABY) had or has any of the conditions in list 1 in the prep guide? READ CHOICES BELOW IN CODE LIST. CODE ALL THAT APPLY.

IF C5 = 02-04, ONLY READ SHADED CODES.

PROBLEM CODE(S):

SPECIFY:

CODE LIST

- Asperger's Syndrome.....01
- Attention Deficit Hyperactivity Disorder (ADHD) or ADD.....02
- Autism.....03
- Behavioral problem (SPECIFY).....04
- Bipolar disorder.....05
- Birth Defects (SPECIFY).....06**
- Cerebral palsy.....07
- Childhood Disintegrative Disorder.....08
- Childhood onset schizophrenia.....09
- Developmental delay.....10
- Down Syndrome.....11**
- Fragile X Syndrome.....12**
- Hearing problems.....13
- Learning disabilities.....14
- Mental retardation.....15
- Movement or coordination problems...16
- Neurofibromatosis.....17**
- Obsessive compulsive disorder.....18
- Other developmental problem (SPECIFY).....19
- Pervasive Developmental Disorder not otherwise specified.....20
- Reactive attachment disorder of infancy or early childhood.....21
- Reading difficulty.....22
- Rett's Syndrome.....23
- Seizure disorder or Epilepsy.....24
- Self-injuring behavior.....25
- Sensory integration disorder.....26
- Sleep disorder.....27
- Speech delays.....28
- Tourette's Disorder or tic disorder.....29
- Tuberous sclerosis.....30**
- Vision problems that cannot be corrected with glasses or contact lenses.....31
- N/A (SKIP).....97
- RF.....98
- DK.....99

MM DD

YYYY

N/A (SKIP).....97 97 9997
 RF.....98 98 9998
 DK.....99 99 9999

PROBLEM CODE(S):

SPECIFY:

MM DD

YYYY

N/A (SKIP).....97 97 9997
 RF.....98 98 9998
 DK.....99 99 9999

PROBLEM CODE(S):

SPECIFY:

MM DD

YYYY

N/A (SKIP).....97 97 9997
 RF.....98 98 9998
 DK.....99 99 9999

PROBLEM CODE(S):

SPECIFY:

RETURN TO C5 FOR NEXT BABY.

FINAL INTERVIEWER CHECKS:

ONE ANSWER TO C6 MUST BE YES.

ASK: Did you have any other pregnancies that we did not discuss? IF YES, CHANGE C3. IF NO, CONTINUE WITH C15.

NUMBER OF BABY TABLE SUPPLEMENTS.....

UNFOLD PAGE FOR 3-PAGE TABLE

IF C3 = 1 AND C4 = 1, SKIP TO C18.

COMPLETE ONE ROW (C15-C17) FOR EACH PREGNANCY IN C3.

I have just a few more questions about each of your pregnancies.

**IF C4 = 0, 1, OR 99, SKIP TO C17.
IF C4 = 2 AND C8 ANSWERS ARE
DIFFERENT, SKIP TO C17.**

**IF C6 = 1, SKIP TO NEXT
PREGNANCY/C18.**

	C15.	C16.	C17.
PREGNANCY:	Were the babies in your (1 st /2 nd /3 rd) pregnancy identical?	How do you know they (are/are not) identical? CODE ALL THAT APPLY.	Was the father of your (1 st /2 nd /3 rd) pregnancy the same as (CHILD)'s father?
1	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	DOCTOR TOLD YOU.....01 GENETIC TESTS.....02 THEY ARE AS ALIKE AS TWO PEAS IN A POD.....03 THEY LOOK NOTHING ALIKE.04 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99
	IF C15 = 98 OR 99, SKIP TO C17.		

2	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	DOCTOR TOLD YOU.....01 GENETIC TESTS.....02 THEY ARE AS ALIKE AS TWO PEAS IN A POD.....03 THEY LOOK NOTHING ALIKE.04 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99
	IF C15 = 98 OR 99, SKIP TO C17.		

3	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	DOCTOR TOLD YOU.....01 GENETIC TESTS.....02 THEY ARE AS ALIKE AS TWO PEAS IN A POD.....03 THEY LOOK NOTHING ALIKE.04 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99
	IF C15 = 98 OR 99, SKIP TO C17.		

4	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	DOCTOR TOLD YOU.....01 GENETIC TESTS.....02 THEY ARE AS ALIKE AS TWO PEAS IN A POD.....03 THEY LOOK NOTHING ALIKE.04 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99
	IF C15 = 98 OR 99, SKIP TO C17.		

NUMBER OF PREGNANCY TABLE SUPPLEMENTS.....

We are interested in any hormonal medications you might have taken during your lifetime for any reason other than to prevent pregnancy or to prevent a miscarriage during pregnancy.

- | | | |
|------|--|---|
| C18. | Did a doctor or other medical provider ever prescribe hormonal medication for any reason other than to prevent pregnancy or to prevent a miscarriage during pregnancy? | YES.....01
NO.....(SKIP TO D1).....02
RF.....(SKIP TO D1).....98
DK.....(SKIP TO D1).....99 |
| C19. | What was the reason that the hormonal medication was prescribed? READ ANSWERS AND CODE ALL THAT APPLY. | To regulate your cycle.....01
To jump-start puberty.....02
Growth regulation.....03
Acne.....04
Thyroid functioning.....05
To help become pregnant.....06
Other.....(SPECIFY).....90
N/A (SKIP).....97
RF.....98
DK.....99 |

SPECIFY: _____

BLANK PAGE FOR END OF SECTION

SECTION D: INDEX PREGNANCY

INTERVIEWER NOTE: TAKE OUT THE PREGNANCY REFERENCE FORM. IS IT COMPLETE?

IF YES:

Now I have some questions specific to the pregnancy with (CHILD). Many questions will require you to remember the time period from three months prior to conception through ([CHILD]'s birth/breastfeeding). I am going to confirm some important dates with you before I help you fill in your Pregnancy Reference Form from your prep guide. For the purpose of this study we need to use the dates your doctor gave you that we asked about on an earlier call.

I have (CHILD)'s date of birth as (DATE OF BIRTH FROM FORM). Is this correct? IF NO, CORRECT FORM.

I have (CHILD)'s due date as (EST. DUE DATE ON FORM.) This was BASED ON WHICH OPTION WAS USED TO CALCULATE EST. DUE DATE, READ THE CORRESPONDING BELOW ALOUD:

1. Given as an exact date
2. One of the dates given to you at your first prenatal visit
3. Based on your child's date of birth since your child was born on time – meaning at 40 weeks or 9.5 months from last menstrual period
4. Based on your child's date of birth since you did not know the due date.
5. Based on your child being born early by (# OF WEEKS FROM WORKSHEET)
6. Based on your child being born late by (# OF WEEKS FROM WORKSHEET)

LOOK ON PREGNANCY REFERENCE FORM, COMPARE DOB AND EDC TO SEE #OF DAYS/WEEKS THE CHILD WAS BORN EARLIER/LATER THAN THE DOB.

This would mean that your child was born X (days/weeks) (earlier/later) than the expected due date. Is this correct? IF NO, CORRECT FORM. I have to make some adjustments which may take a few minutes.

This would then make the time you were pregnant be approximately starting from your last menstrual period (READ DATE FROM FORM) to (READ DOB FROM FORM.) Is this correct? IF NO, CORRECT FORM. I have to make some adjustments which may take a few minutes.

This would then make the 3 months before you were pregnant with (CHILD) be approximately from (READ DATE FROM FORM) to (READ DATE FROM FORM). Is this correct? IF NO, CORRECT FORM. I have to make some adjustments which may take a few minutes.

IF ON THE FORM, BREASTFEEDING = 0, I have that you did **not** breastfeed (CHILD). Is that correct? IF NO, CORRECT FORM. I have to make some adjustments which may take a few minutes.

IF ON THE FORM, BREASTFEEDING > 0, I have that you breastfeed (CHILD) for (# OF DAYS/WEEKS/MONTHS BREASTFEEDING FROM FORM). Is that correct? IF NO, CORRECT FORM. I have to make some adjustments which may take a few minutes.

Now I am going to help you fill the time periods on your Pregnancy Reference Form.

IF NO: COMPLETE PREGNANCY REFERENCE FORM PACKET. FILL OUT FORM ALOUD.

READ DATES FROM EACH LINE OF THE FORM BEGINNING WITH: We will refer to the 3 months before you became pregnant as the pre-pregnancy months -3, -2, and -1. From what we've computed, the dates for -3 are... Your first trimester would then be months 1, 2, and 3 with dates of...

Do these time periods look correct to you? IF NO, ADJUST AS NEEDED. Thank you. We will begin using the Pregnancy Reference Form in a few minutes.

D1. How old was (CHILD) when you first introduced solid food?

MONTHS.....
AND/OR
WEEKS.....
RF.....98
DK.....99

D2. How much did you weigh before your pregnancy with (CHILD)?

LBS.....
OR
KG.....
RF.....998
DK.....999

D3a. What is your height without your shoes?

FEET.....
INCHES.....
OR
M.....
CM.....
RF.....998
DK.....999

D3b Overall, how much weight did you gain or lose during your pregnancy with (CHILD)?

LBS.....
OR
KG.....
GAINED.....001
LOST.....002
NO CHANGE.....003
RF.....998
DK.....999

D4. How far along were you when you found out you were pregnant with (CHILD)?

MONTHS.....
AND/OR
WEEKS.....
RF.....98
DK.....99

PAGE INTENTIONALLY LEFT BLANK.

D5. Please refer to the pregnancy reference form. YES.....01
 Between (-3) and (DOIB/END BF) did you use any NO.....(SKIP TO D8).....02
 birth control pills or morning after pills? RF.....(SKIP TO D8).....98
 DK.....(SKIP TO D8).....99

D6. ASK R TO REFER TO LIST 2 IN PREP GUIDE. What was the name of the pill? Any others? IF R CAN'T RECALL, READ CONTRACEPTIVES LISTED BELOW. Was it (READ LIST)? CODE ALL THAT APPLY.

- | | | | |
|-----------------|----------------------|-------------------------|-------------------------------|
| Allesse.....01 | Loestrin.....09 | Norinyl.....17 | Tri-Levlen.....25 |
| Brevicon.....02 | Lo/Ovral.....10 | Nor-Q.D.....18 | Tri-Norinyl.....26 |
| Demulen.....03 | Micronor.....11 | Ortho-Cept.....19 | Triphasil.....27 |
| Desogen.....04 | Mircette.....12 | OrthoCyclen.....20 | Trivora.....28 |
| Eprostap.....05 | Modicon.....13 | Ortho-Novum.....21 | Zovia.....29 |
| Levlen.....06 | Necon.....14 | Ortho Tri-Cyclen.....22 | Other. (SPECIFY IN GRID). .90 |
| Levlite.....07 | Nordette.....15 | Ovcon.....23 | N/A (SKIP).....97 |
| Levora.....08 | Norethindrone.....16 | Ovral.....24 | RF.....98 |
| | | | DK.....99 |

COMPLETE ONE ROW FOR EACH PILL TAKEN.	D7A.	D7B.	D7C.				
	Which months between (-3) and (DOIB/END BF) were you using (PILL)? Please refer to the Pregnancy Reference Form.	Would you say you were using the pill in the three months before you became pregnant, from (-3) to (-1)?	Would you say you were using the pill in your first trimester , from (1) to (3)?				
PILL NAME:		YES NO N/A RF DK	YES NO N/A RF DK	YES NO N/A RF DK	YES NO N/A RF DK	YES NO N/A RF DK	
#1: <input type="text"/> <input type="text"/> D7A VERBATIM: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A..97 RF...98 DK...99	01 02 97 98 99	01 02 97 98 99	01 02 97 98 99	01 02 97 98 99	01 02 97 98 99	

IF DK, ASK B-F.

#2: <input type="text"/> <input type="text"/> D7A VERBATIM: _____		YES NO N/A RF DK	YES NO N/A RF DK	YES NO N/A RF DK
		-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A..97 RF...98 DK...99	01 02 97 98 99	01 02 97 98 99

IF DK, ASK B-F.

#3: <input type="text"/> <input type="text"/> D7A VERBATIM: _____		YES NO N/A RF DK	YES NO N/A RF DK	YES NO N/A RF DK
		-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A..97 RF...98 DK...99	01 02 97 98 99	01 02 97 98 99

IF DK, ASK B-F.

IF R DID NOT BREASTFEED,
SKIP TO NEXT PILL/D8.

D7D.					D7E.					D7F.				
Would you say you were using the pill in your second trimester , from (4) to (6)?					Would you say you were using the pill in your third trimester , from (7) to (10)?					Would you say you were using the pill during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF BIRTH CONTROL PILL SUPPLEMENTS.....

D8. Between (-3) and (DOIB/END BF) did you use any other method of contraception to avoid getting pregnant? YES.....01
 NO.....(SKIP TO D11).....02
 RF.....(SKIP TO D11).....98
 DK.....(SKIP TO D11).....99

D9. ASK R TO REFER TO LIST 3 IN PREP GUIDE. What method of contraception were you using? If you used more than one type of contraception, please tell me all the ones that you used. READ METHODS LISTED BELOW. CODE ALL THAT APPLY.

- Birth control patch or Ortho-Evra.....01 Tubal Ligation.....10
- Condoms, male or female.....02 Vaginal ring or Nuva Ring.....11
- Depo-Provera.....03 Vasectomy.....12
- Diaphragm or cervical cap.....04 Withdrawal method.....13
- Intrauterine device or IUD.....05 Other.....(SPECIFY IN GRID).....90
- Jelly, foam or suppositories, or other spermicide.....06 N/A (SKIP).....97
- Norplant.....07 RF.....98
- Rhythm or calendar method.....08 DK.....99
- Sponge.....09

	D10A.	D10B.	D10C.
COMPLETE ONE ROW FOR EACH METHOD USED.	Which months between (-3) and (DOIB/END BF) were you using (METHOD)? Please refer to the Pregnancy Reference Form.	Would you say you were using (METHOD) in the three months before you became pregnant, from (-3) to (-1)?	Would you say you were using (METHOD) in your first trimester , from (1) to (3)?
METHOD NAME:		YES NO N/A RF DK	YES NO N/A RF DK
#1: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A..97 RF...98 DK...99	01 02 97 98 99	01 02 97 98 99
D10A VERBATIM: _____			

IF DK, ASK B-F.

		YES NO N/A RF DK	YES NO N/A RF DK
#2: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A..97 RF...98 DK...99	01 02 97 98 99	01 02 97 98 99
D10A VERBATIM: _____			

IF DK, ASK B-F.

		YES NO N/A RF DK	YES NO N/A RF DK
#3: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A..97 RF...98 DK...99	01 02 97 98 99	01 02 97 98 99
D10A VERBATIM: _____			

IF DK, ASK B-F.

IF R DID NOT BREASTFEED,
SKIP TO NEXT METHOD/D11.

D10D.

D10E.

D10F.

Would you say you were using (METHOD) in your second trimester , from (4) to (6)?					Would you say you were using (METHOD) in your third trimester , from (7) to (10)?					Would you say you were using (METHOD) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF CONTRACEPTION METHOD SUPPLEMENTS.....

IF R USED CONTRACEPTION (EITHER D5 OR D8 = 01),
SKIP TO D11B.

D11A. Did you (READ ANSWERS)?

Stop using contraception to get pregnant with (CHILD)...01
 Get pregnant with (CHILD) during an interruption in
 using contraception.....02
 Not use any contraception before this pregnancy.....03
 N/A (SKIP).....97
 RF.....98
 DK.....99

SKIP TO D12.

D11B. Did you (READ ANSWERS)?

Stop using contraception to get pregnant with (CHILD)..01
 Get pregnant with (CHILD) during an interruption in
 using contraception.....02
 Get pregnant with (CHILD) while consistently using
 contraception.....03
 N/A (SKIP).....97
 RF.....98
 DK.....99

D12. Before getting pregnant with (CHILD), was there ever a
 time you had regular intercourse for a period of 12
 months or more without using contraception and did
 not become pregnant?

YES.....01
 NO.....02
 RF.....98
 DK.....99

IF FATHER UNKNOWN (B12 = 01), SKIP TO D14.

D13. Was there ever a time you had regular intercourse for
 a period of 12 months or more with (CHILD)'s father
 without using contraception and did not become
 pregnant?

YES.....01
 NO.....02
 N/A (SKIP).....97
 RF.....98
 DK.....99

D14. Before getting pregnant with (CHILD), were you trying
 to get pregnant?

YES.....01
 NO.....(SKIP TO D16).....02
 RF.....(SKIP TO D16).....98
 DK.....(SKIP TO D16).....99

D15. How long had you been trying to get pregnant?

MONTHS.....
 YEARS.....
 N/A (SKIP).....97
 RF.....98
 DK.....98

D16. Prior to becoming pregnant with (CHILD), had you ever
 been told by a doctor or other health care provider that
 it would be **impossible** for you to get pregnant without
 medical help?

YES.....01
 NO.....(SKIP TO D18).....02
 RF.....(SKIP TO D18).....98
 DK.....(SKIP TO D18).....99

- D17. Why were you told that it would be impossible for you to get pregnant without medical help? Was it because (READ ANSWERS AND CODE ALL THAT APPLY)?
- Both of your ovaries were missing or removed.....01
 - Both of your fallopian tubes were missing or removed....02
 - You had a tubal sterilization. For example, you had your tubes tied or clamped.....03
 - Some other reason.....(SPECIFY).....90
 - N/A (SKIP).....97
 - RF.....98
 - DK.....99

SPECIFY: _____

- D18. Prior to becoming pregnant with (CHILD), had you ever been told by a doctor or other health care provider that it might be **difficult** for you to get pregnant without medical help?
- YES.....01
 - NO.....(SKIP TO D21).....02
 - RF.....(SKIP TO D21).....98
 - DK.....(SKIP TO D21).....99

- D19. Were you ever told by a doctor or health care provider that you had (READ ANSWERS AND CODE ALL THAT APPLY)?
- Blocked or damaged fallopian tubes or pelvic inflammatory disease.....01
 - Polycystic ovary syndrome or multiple ovary cysts.....02
 - Premature ovarian failure.....03
 - Reduced ovarian production because of your age or medical cause.....04
 - Endometriosis.....05
 - A problem with your uterus, for example uterine fibroids, scar tissue, or abnormal uterine structure....06
 - Fertility problems because **your mother** took DES when she was pregnant with you.....07
 - Antisperm antibodies.....(ASK D20).....08
 - Another condition that caused fertility problems (SPECIFY).....90
 - Unexplained infertility.....96
 - N/A (SKIP).....97
 - RF.....98
 - DK.....99

SPECIFY: _____

IF FATHER UNKNOWN (B12 = 01), SKIP TO D23.

IF D19 NOT EQUAL TO 08, SKIP TO D21.

- D20. Were the anti-sperm antibodies associated with (CHILD)'s father or a different partner?
- (CHILD'S) FATHER.....01
 - DIFFERENT PARTNER.....02
 - N/A (SKIP).....97
 - RF.....98
 - DK.....99

D21.	Prior to you becoming pregnant with (CHILD), had (CHILD)'s father ever been told by a doctor or other health care provider that it might be difficult for him to father a child because of a low sperm count or other difficulties with his sperm?	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99
D22.	Prior to becoming pregnant with (CHILD), had (CHILD)'s father ever been told by a doctor or other health care provider that he had anti-sperm antibodies?	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99

ASSISTED REPRODUCTION

Now, I'm going to ask you some detailed questions about what type of help you (or [CHILD]'s father) may have received to help you get pregnant. Some of these questions pertain to any time before your pregnancy with (CHILD), others pertain to the time period just prior to your pregnancy with (CHILD) or during your early pregnancy with (CHILD).

IF FATHER UNKNOWN (B12 = 01), SKIP TO D27.

D23.	Prior to becoming pregnant with (CHILD), did (CHILD)'s father take any medications to help you become pregnant with (him/her)?	YES.....01 NO.....(SKIP TO D25).....02 N/A (SKIP).....97 RF.....(SKIP TO D25).....98 DK.....(SKIP TO D25).....99
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D24. ASK R TO REFER TO LIST 4a IN PREP GUIDE. What medications did he take? READ BOLDED WORDS AND INDIVIDUAL MEDICATIONS IF NEEDED. CODE ALL THAT APPLY.

Antibiotics	01	Pregnyl.....	22
Anti-estrogen medications		Profasi.....	23
Clomid.....	02	Repronex.....	24
Clomiphene citrate.....	03	Urofollitrophin.....	25
Milophene.....	04	Other male infertility medication	
Serophene.....	05	Cabergoline.....	26
Tamoxifen.....	06	Danazol.....	27
Hormonal injections		Donocrine.....	28
Bravelle.....	07	Dostinex.....	29
Chorionic Gonadotrophin hCG.....	08	Factrel.....	30
Fertinex.....	09	Gonadorelin.....	31
Follistim.....	10	Leuprolide.....	32
Follitrophin Alpha.....	11	Lupron.....	33
Follitrophin Beta.....	12	Lutrepulse.....	34
FSH.....	13	Synarel.....	35
Gonal F.....	14	Nafarelin.....	36
HCG.....	15	Medicine to reduce prolactine	
Humegon.....	16	Bromocriptine.....	37
Menotrophins: Follicle Stimulating Hormone +		Parlodel.....	38
Luteinizing Hormone or Interstitial Cell		Steroid medications	39
Stimulating Hormone.....	17	Testosterone pill, injections or transdermal gel or patch ...	40
Metrodin.....	18	Other.....(SPECIFY).....	90
Novarel.....	19	N/A (SKIP).....	97
Ovidrel.....	20	RF.....	98
Pergonal.....	21	DK.....	99

SPECIFY MEDICINE 1: _____

--	--	--	--	--	--	--	--

SPECIFY MEDICINE 2: _____

--	--	--	--	--	--	--	--

SPECIFY MEDICINE 3: _____

--	--	--	--	--	--	--	--

D25. Prior to becoming pregnant with (CHILD), did (CHILD)'s father ever have any procedures or surgeries to help you become pregnant?

YES.....01
 NO.....(SKIP TO D27).....02
 N/A (SKIP).....97
 RF.....(SKIP TO D27).....98
 DK.....(SKIP TO D27).....99

D26. What was the procedure? READ LIST IF NEEDED. Are there any more procedures? CODE ALL THAT APPLY.

Vasectomy reversal.....01
 Surgery because of varicocele.....02
 Other.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

--	--

SPECIFY: _____

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D27. Prior to becoming pregnant with (CHILD), did **you** ever have any surgical procedures to help you become pregnant such as: to open or rejoin your fallopian tubes, to treat fibroids, or to remove endometriosis?

YES.....01
 NO.....(SKIP TO D29).....02
 RF.....(SKIP TO D29).....98
 DK.....(SKIP TO D29).....99

D28. What was the procedure? Were there any more procedures? CODE ALL THAT APPLY.

OPEN FALLOPIAN TUBES.....01
 REJOIN FALLOPIAN TUBES.....02
 TREATMENT OF UTERINE FIBROIDS.....03
 REMOVAL OF ENDOMETRIOSIS.....04
 OTHER.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

D29. Did you take any medications to help prevent miscarriage with your pregnancy with (CHILD)?

YES.....01
 NO.....(SKIP TO D31).....02
 RF.....(SKIP TO D31).....98
 DK.....(SKIP TO D31).....99

D30. ASK R TO REFER TO LIST 4b IN THE PREP GUIDE. What medications did you take? READ LIST AND CODE ALL THAT APPLY.

Baby aspirin.....01
 Crinone vaginal gel.....02
 Gamma Globulin.....03
 Heparin.....04
 IVIg Therapy or Immunotherapy.....05
 Progesterone.....06
 Progesterone injection or implant.....07
 Prometrium or other progesterone capsules.....08
 Steroid treatment.....(SPECIFY).....09
 Vaginal progesterone suppositories.....10
 Other.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

SPECIFY: _____

D31. Within the **two months** prior to becoming pregnant with (CHILD), or just after you became pregnant, did you take any medications to help you become pregnant or to maintain the pregnancy in the early stages? Include medications that you took alone as well as medications that you took as part of a broader infertility treatment such as artificial insemination or assisted reproductive technology.

YES.....01
 NO.....(SKIP TO D33).....02
 RF.....(SKIP TO D33).....98
 DK.....(SKIP TO D33).....99

D32. ASK R TO REFER TO LIST 4c IN PREP GUIDE. What medications did you take during those two months? READ BOLDDED WORDS AND INDIVIDUAL MEDICATIONS IF NEEDED. CODE ALL THAT APPLY.

Injections or pills to stimulate your ovaries to produce eggs	Progesterone medication to prepare the uterine lining for pregnancy or help prevent an early pregnancy loss	Ganirelix.....38
Bravelle.....01	Crinone vaginal gel.....18	Goserelin.....39
Clomid.....02	Cyclogest cream.....19	Historelin.....40
Clomiphene citrate.....03	Microgest.....20	Leuprolide.....41
Fertinex.....04	Progesterone implant.....21	Lupron.....42
Follistim.....05	Progesterone injection.....22	Nafarelin.....43
Follitrophin Alpha.....06	Progesterone vaginal suppositories.....23	Suprefact.....44
Follitrophin Beta.....07	Prometerium.....24	Suprecor.....45
FSH.....08	Utrogestan.....25	Synarel.....46
Gonal F.....09	Injection to trigger ovulation once your ovaries had produced eggs	Tryptorelin.....47
Humegon.....10	Chorionic Gonadotrophin hCG.....26	Zoladex.....48
Menotrophins: Follicle Stimulating Hormone + Luteinizing Hormone or Interstitial Cell Stimulating Hormone.....11	HCG.....27	Other medications
Metrodin.....12	Novarel.....28	Bromocriptine.....49
Milophene.....13	Ovidrel.....29	Cabaser.....50
Pergonal.....14	Pregnyl.....30	Cabergoline.....51
Repronex.....15	Profasi.....31	Danazol.....52
Serophene.....16	Medication to suppress your body's natural hormone production, injection or nasal spray	Danocrine.....53
Urofollitrophin.....17	Abarelix.....32	Dostinex.....54
	Antagon.....33	Estradiol patches.....55
	Buserelin.....34	Estrace pills.....56
	Cetrotide.....35	Factrel.....57
	Deslorelin.....36	Gonadorelin.....58
	Eligard.....37	Lutrepulse.....59
		Parlodel.....60
		Other.....(SPECIFY).....90
		N/A (SKIP).....97
		RF.....98
		DK.....99

SPECIFY MEDICINE 1: _____

SPECIFY MEDICINE 2: _____

SPECIFY MEDICINE 3: _____

D33. In **the month** you became pregnant with (CHILD), did you have any procedures such as artificial insemination or assisted reproductive technology to help you become pregnant with (CHILD)?

YES.....01
NO.....(SKIP TO D37).....02
RF.....(SKIP TO D37).....98
DK.....(SKIP TO D37).....99

D34A. ASK R TO REFER TO LIST 5 IN PREP GUIDE. I'm going to read you a list of procedures. Please tell me if you received any of these to help you get pregnant with (CHILD). READ ANSWERS AND CODE ALL THAT APPLY. (PROBE: Remember, these procedures would have been in the month you became pregnant.)

- Artificial insemination or intrauterine insemination.....01
- Donor embryo transfer.....02
- Frozen or thawed embryo transfer.....03
- Gamete intrafallopian transfer or GIFT.....04
- In vitro fertilization or IVF with vaginal embryo transfer...05
- Zygote intrafallopian transfer or ZIFT or pronuclear stage transfer or PROST or tubal embryo transfer or TET.....06
- Other fertility procedure.....(SPECIFY).....90
- N/A (SKIP).....97
- RF.....(SKIP TO D37).....98
- DK.....(SKIP TO D37).....99

PROGRAMMER NOTE: ANSWER 01 CANNOT BE COMBINED WITH ANSWERS 02-06.

SPECIFY: _____ □ □

IF D34A DOES NOT EQUAL 05, SKIP TO D35.

D34B. Was intracytoplasmic sperm injection or ICSI used for your in vitro fertilization or IVF with vaginal embryo transfer?

- YES.....01
- NO.....02
- N/A (SKIP).....97
- RF.....98
- DK.....99

PROGRAMMER NOTE: IF D34A=01, DO NOT ASK DONOR EGGS, DONOR EMBRYOS OR FROZEN EMBRYOS IN D35 AND D36.

COMPLETE ONE ROW (D35-D36) FOR EACH ANSWER IN D34A.

	D35.						D36.				
	For (PROCEDURE), were (READ CHOICES) used?						Were (READ CHOICES) used?				
PROCEDURE #1: _____	YES	NO	NA	RF	DK		YES	NO	NA	RF	DK
Donor Eggs	01	02	97	98	99	Frozen sperm	01	02	97	98	99
Donor sperm	01	02	97	98	99	Frozen embryos	01	02	97	98	99
Donor embryos	01	02	97	98	99						
PROCEDURE #2: _____	YES	NO	NA	RF	DK		YES	NO	NA	RF	DK
Donor Eggs	01	02	97	98	99	Frozen sperm	01	02	97	98	99
Donor sperm	01	02	97	98	99	Frozen embryos	01	02	97	98	99
Donor embryos	01	02	97	98	99						
PROCEDURE #3: _____	YES	NO	NA	RF	DK		YES	NO	NA	RF	DK
Donor Eggs	01	02	97	98	99	Frozen sperm	01	02	97	98	99
Donor sperm	01	02	97	98	99	Frozen embryos	01	02	97	98	99
Donor embryos	01	02	97	98	99						

OF ASSISTED REPRODUCTION PROCEDURE SUPPLEMENTS.....

MORNING SICKNESS

D37. Now I have some more detailed questions about your YES.....01

pregnancy with (CHILD). Please have the Pregnancy Reference Form handy.

NO.....(SKIP TO D40).....02
 RF.....(SKIP TO D40).....98
 DK.....(SKIP TO D40).....99

During the pregnancy with (CHILD), did you have any nausea?

D38A.			D38B.					D38C.					D38D.				
During which months did you have nausea?			Would you say the nausea occurred in the first trimester , from (1) to (3)?					Would you say the nausea occurred in the second trimester , from (4) to (6)?					Would you say the nausea occurred in the third trimester , from (7) to (10)?				
VERBATIM: _____			YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
1.....04	2.....05	3.....06	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99
4.....07	5.....08	6.....09															
7.....10	8.....11	9.....12															
10.....13	N/A...97	RF....98															
DK....99																	

IF DK, ASK B-D.

COMPLETE ONE ROW FOR EACH MONTH/TRIMESTER INDICATED.

D39. How often during (MONTH/TRIMESTER) did you have nausea? Would you say it was (READ ANSWERS)?

MONTH/TRIMESTER	Less than once a week	Once a week	A few times a week	Every day	N/A (SKIP)	RF	DK
1. _____	01	02	03	04	97	98	99
2. _____	01	02	03	04	97	98	99
3. _____	01	02	03	04	97	98	99
4. _____	01	02	03	04	97	98	99
5. _____	01	02	03	04	97	98	99
6. _____	01	02	03	04	97	98	99
7. _____	01	02	03	04	97	98	99
8. _____	01	02	03	04	97	98	99
9. _____	01	02	03	04	97	98	99
10. _____	01	02	03	04	97	98	99

D40. During the pregnancy with (CHILD), did you have any vomiting?

YES.....01
 NO.....(SKIP TO D43).....02
 RF.....(SKIP TO D43).....98
 DK.....(SKIP TO D43).....99

D41A.			D41B.					D41C.					D41D.				
During which months did you have vomiting?			Would you say the vomiting occurred in the first trimester , from (1) to (3)?					Would you say the vomiting occurred in the second trimester , from (4) to (6)?					Would you say the vomiting occurred in the third trimester , from (7) to (10)?				
VERBATIM: _____			YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
1.....04	2.....05	3.....06	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99
4.....07	5.....08	6.....09															
7.....10	8.....11	9.....12															
10.....13	N/A...97	RF...98															
DK....99																	

IF DK, ASK B-D.

COMPLETE ONE ROW FOR EACH MONTH/TRIMESTER INDICATED.

D42. How often during (MONTH/TRIMESTER) did you have vomiting? Would you say it was (READ ANSWERS)?

MONTH/TRIMESTER	Less than once a week	Once a week	A few times a week	Every day	N/A (SKIP)	RF	DK
1. _____	01	02	03	04	97	98	99
2. _____	01	02	03	04	97	98	99
3. _____	01	02	03	04	97	98	99
4. _____	01	02	03	04	97	98	99
5. _____	01	02	03	04	97	98	99
6. _____	01	02	03	04	97	98	99
7. _____	01	02	03	04	97	98	99
8. _____	01	02	03	04	97	98	99
9. _____	01	02	03	04	97	98	99
10. _____	01	02	03	04	97	98	99

IF NO NAUSEA OR VOMITING (BOTH D37 AND D40 = 02, 98, OR 99), SKIP TO D45.

D43. Did you ever require medical treatment for the nausea or vomiting? YES.....01
 NO.....(SKIP TO D45).....02
 N/A (SKIP).....97
 RF.....(SKIP TO D45).....98
 DK.....(SKIP TO D45).....99

D44a. What medicine did you take? Was it (READ ANSWERS AND CODE ALL THAT APPLY)? Vitamin B6 or pyridoxine.....01
 Unisom or doxylamine.....02
 Emetrol.....03
 Ginger.....04
 Other.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

SPECIFY: _____

D44b. Did you require any other medical treatments for the nausea such as Sea Bands or bed rest? YES(SPECIFY).....01
 NO.....02
 N/A (SKIP)97
 RF.....98
 DK.....99

SPECIFY: _____

PRENATAL CARE

D45. Between (-3) and (DOIB/END BF), did you take any prenatal vitamins? A prenatal vitamin is a special vitamin supplement sometimes taken by pregnant women or women trying to get pregnant. YES.....01
 NO.....02
 RF.....98
 DK.....99

D46. Between (-3) and (DOIB/END BF), did you take any other vitamins or minerals? YES.....01
 NO.....(SKIP TO D48).....02
 RF.....(SKIP TO D48).....98
 DK.....(SKIP TO D48).....99

D47. Did you take (READ ANSWERS AND CODE ALL THAT APPLY)? Multivitamins.....01
 Vitamin A.....02
 Folic Acid.....03
 Iron.....04
 Other.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

SPECIFY: _____

D48. During your pregnancy with (CHILD), how many ultrasounds did you have? NONE.....(SKIP TO D52).....00
 # OF ULTRASOUNDS.....
 RF.....(SKIP TO D52).....98
 DK.....99

D49. Did you have any ultrasounds which showed any problems or confirmed abnormalities with the fetus, placenta, amniotic fluid, or any other problems?

YES.....01
 NO.....(SKIP TO D52).....02
 N/A (SKIP).....97
 RF.....(SKIP TO D52).....98
 DK.....(SKIP TO D52).....99

D50. Was the problem or abnormality with (READ ANSWERS AND CODE ALL THAT APPLY)?

Fetal growth.....(SPECIFY).....01
 Placenta.....(SPECIFY).....02
 Biophysical profile or BPP.....(SPECIFY).....03
 Decreased fetal movement.....(SPECIFY).....04
 Amniotic fluid volume.....(SPECIFY).....05
 A fetal malformation or defect.....(SPECIFY).....06
 Other.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

D51A.	D51B.					D51C.					D51D.				
What month of pregnancy were you in when you had your first ultrasound that showed an abnormality? VERBATIM: _____ _____	Would you say the first ultrasound that showed an abnormality occurred in the first trimester , from (1) to (3)?					Would you say the first ultrasound that showed an abnormality occurred in the second trimester , from (4) to (6)?					Would you say the first ultrasound that showed an abnormality occurred in the third trimester , from (7) to (10)?				
	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
1.....04 2.....05 3.....06	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99
4.....07 5.....08 6.....09															
7.....10 8.....11 9.....12															
10.....13 N/A...97 RF...98															
DK....99															

IF DK, ASK B-D.

BLOOD TESTS

D52.					D53.					D54.				
I am now going to ask about blood tests. When you were pregnant with (CHILD), did you have (READ LIST)?					Were the results of the test normal or abnormal?					Were the results high or low?				
	YES	NO	RF	DK	N	AB	NA	RF	DK	H	L	NA	RF	DK
	(ASK D53)													
MSAFP or maternal serum alpha fetoprotein.....	01	02	98	99	01	02	97	98	99	01	02	97	98	99
						(ASK D54)								
Double screen.....	01	02	98	99	01	02	97	98	99					
Triple screen.....	01	02	98	99	01	02	97	98	99					
Quad screen.....	01	02	98	99	01	02	97	98	99					

D55.					D56.					D57.				
Did you have an Amniocentesis or amnio?					Were the results of the test normal or abnormal?					What was the abnormality? SPECIFY.				
	YES	NO	RF	DK	N	AB	NA	RF	DK					
	(ASK D56)													
Amnio.....	01	02	98	99	01	02	97	98	99	<input type="text"/> <input type="text"/> <input type="text"/>				
						(ASK D57)				N/A (SKIP).....97 RF.....98 DK.....99				

D58.					D59.					D60.				
Did you have a Chorionic Villus Sampling or CVS?					Did the test show any abnormalities?					What was the abnormality? SPECIFY.				
	YES	NO	RF	DK	YES	NO	NA	RF	DK					
	(ASK D59)				(ASK D60)									
CVS.....	01	02	98	99	01	02	97	98	99	<input type="text"/> <input type="text"/>				
										N/A (SKIP).....97 RF.....98 DK.....99				

D61. Did you have any other prenatal diagnostic test? What was the test? (PROBE: Fetal echocardiography or fetal dye studies?) Any other tests?

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO D64).....02
 RF.....(SKIP TO D64).....98
 DK.....(SKIP TO D64).....99

	D62A.	D62B.	D62C.
COMPLETE ONE ROW (D62-D63) FOR EACH TEST NAMED.	Between (DOC) and (DOIB), when was (TEST) done?	Would you say you had (TEST) done in your first trimester , from (1) to (3)?	Would you say you had (TEST) done in your second trimester , from (4) to (6)?
TEST:		YES NO N/A RF DK	YES NO N/A RF DK
#1: _____	1.....04 2.....05 3.....06	01 02 97 98 99	01 02 97 98 99
D62A VERBATIM: _____	4.....07 5.....08 6.....09		
_____	7.....10 8.....11 9.....12		
_____	10.....13 N/A...97 RF...98		
	DK....99		

**IF DK, ASK B-D.
OTHERWISE, SKIP TO D63.**

#2: _____	1.....04 2.....05 3.....06	01 02 97 98 99	01 02 97 98 99
D62A VERBATIM: _____	4.....07 5.....08 6.....09		
_____	7.....10 8.....11 9.....12		
_____	10.....13 N/A...97 RF...98		
	DK....99		

**IF DK, ASK B-D.
OTHERWISE, SKIP TO D63.**

#3: _____	1.....04 2.....05 3.....06	01 02 97 98 99	01 02 97 98 99
D62A VERBATIM: _____	4.....07 5.....08 6.....09		
_____	7.....10 8.....11 9.....12		
_____	10.....13 N/A...97 RF...98		
	DK....99		

**IF DK, ASK B-D.
OTHERWISE, SKIP TO D63.**

D62D.

D63.

Would you say you had (TEST) done in your third trimester , from (7) to (10)?					Why was (TEST) done? SPECIFY.	
YES	NO	N/A	RF	DK		
01	02	97	98	99		
					<input type="checkbox"/> <input type="checkbox"/>	
					N/A (SKIP).....97	
					RF.....98	
					DK.....99	

YES	NO	N/A	RF	DK		
01	02	97	98	99		
					<input type="checkbox"/> <input type="checkbox"/>	
					N/A (SKIP).....97	
					RF.....98	
					DK.....99	

YES	NO	N/A	RF	DK		
01	02	97	98	99		
					<input type="checkbox"/> <input type="checkbox"/>	
					N/A (SKIP).....97	
					RF.....98	
					DK.....99	

OF PRENATAL TEST SUPPLEMENTS.....

D64. Did you or (CHILD) have any other prenatal medical procedures such as blood transfusions or fetal surgery? What was the procedure? Did you have any other procedures?

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO D67).....02
 RF.....(SKI PTO D67).....98
 DK.....(SKIP TO D67).....99

COMPLETE ONE ROW (D65-D66) FOR EACH PROCEDURE NAMED. PROCEDURE: #1: _____ D65A VERBATIM: _____ _____ _____	D65A.	D65B.	D65C.
	Between (DOC) and (DOIB), when was (PROCEDURE) done?	Would you say you had (PROCEDURE) done in your first trimester , from (1) to (3)?	Would you say you had (PROCEDURE) done in your second trimester , from (4) to (6)?
	1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99

**IF DK, ASK B-D.
OTHERWISE, SKIP TO D66.**

#2: _____ D65A VERBATIM: _____ _____ _____	1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
---	---	------------------------------------	------------------------------------

**IF DK, ASK B-D.
OTHERWISE, SKIP TO D66.**

#3: _____ D65A VERBATIM: _____ _____ _____	1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
---	---	------------------------------------	------------------------------------

**IF DK, ASK B-D.
OTHERWISE, SKIP TO D66.**

D65D.

D66.

<p>Would you say you had (PROCEDURE) done in your third trimester, from (7) to (10)?</p>					<p>Why was (PROCEDURE) done? SPECIFY.</p> <hr/> <hr/> <hr/>				
YES	NO	N/A	RF	DK					
01	02	97	98	99					
					<input type="checkbox"/> <input type="checkbox"/>				
					N/A (SKIP).....97 RF.....98 DK.....99				

<p>YES NO N/A RF DK</p>					<hr/> <hr/> <hr/>				
01	02	97	98	99					
					<input type="checkbox"/> <input type="checkbox"/>				
					N/A (SKIP).....97 RF.....98 DK.....99				

<p>YES NO N/A RF DK</p>					<hr/> <hr/> <hr/>				
01	02	97	98	99					
					<input type="checkbox"/> <input type="checkbox"/>				
					N/A (SKIP).....97 RF.....98 DK.....99				

OF PRENATAL MEDICAL PROCEDURE SUPPLEMENTS.....

D67. Were you told that there was "Rhesus" or "Rh" incompatibility between you and (CHILD)?

YES.....01
 NO.....(SKIP TO D70).....02
 RF.....(SKIP TO D70).....98
 DK.....(SKIP TO D70).....99

D68. If your blood type was RH negative when you were pregnant with (CHILD), you might have been given injections of Rhogam. Did you receive any Rhogam injections while you were pregnant or soon after you gave birth?

YES, WHILE PREGNANT.....01
 YES, SOON AFTER GIVING BIRTH.....02
 YES, BOTH TIMES.....03
 NO.....04
 N/A (SKIP).....97
 RF.....98
 DK.....99

D69A. Were there any problems with (CHILD) because of the rhesus incompatibility?

YES.....01
 NO.....(SKIP TO D70).....02
 N/A (SKIP).....97
 RF.....(SKIP TO D70).....98
 DK.....(SKIP TO D70).....99

D69B. What were the problems? SPECIFY.

PROBLEMS: _____

--	--

N/A (SKIP).....97
 RF.....98
 DK.....99

IF ONLY ONE PREGNANCY (C3 = 1), SKIP TO D71.

D70. Did you receive Rhogam injections for any pregnancy other than your pregnancy with (CHILD)?

YES.....01
 NO.....02
 N/A (SKIP).....97
 RF.....98
 DK.....99

VAGINAL DOUCHING

D71. Did you ever douche between (-3) and (DOIB/END BF)?

YES.....01
 NO.....(SKIP TO E1).....02
 RF.....(SKIP TO E1).....98
 DK.....(SKIP TO E1).....99

	D72A.			D72B.					D72C.						
	Between (-3) and (DOIB/END BF), which months did you douche?			Did you douche in the three months before you became pregnant, from (-3) to (-1)?					Did you douche in your first trimester , from (1) to (3)?						
	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
D72A VERBATIM: _____	-3.....01	-2.....02	-1.....03	01	02	97	98	99	01	02	97	98	99		
_____	1.....04	2.....05	3.....06												
_____	4.....07	5.....08	6.....09												
	7.....10	8.....11	9.....12												
	10.....13	BF.....14	N/A...97												
	RF....98	DK....99													

IF DK, ASK B-F.

IF R DID NOT BREASTFEED, SKIP TO D73.

D72D.					D72E.					D72F.				
Did you douche in your second trimester , from (4) to (6)?					Did you douche in your third trimester , from (7) to (10)?					Did you douche during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

COMPLETE ONE ROW FOR EACH MONTH/TRIMESTER INDICATED.

D73. How often during (MONTH/TRIMESTER) did you douche? Would you say it was (READ ANSWERS)?

MONTH/TRIMESTER	More than once a week	Once a week	Once every 2-3 weeks	Once a month or less	N/A (SKIP)	RF	DK
1. _____	01	02	03	04	97	98	99
2. _____	01	02	03	04	97	98	99
3. _____	01	02	03	04	97	98	99
4. _____	01	02	03	04	97	98	99
5. _____	01	02	03	04	97	98	99
6. _____	01	02	03	04	97	98	99
7. _____	01	02	03	04	97	98	99
8. _____	01	02	03	04	97	98	99
9. _____	01	02	03	04	97	98	99
10. _____	01	02	03	04	97	98	99
11. _____	01	02	03	04	97	98	99
12. _____	01	02	03	04	97	98	99
13. _____	01	02	03	04	97	98	99
14. _____	01	02	03	04	97	98	99

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SECTION E: MATERNAL MEDICAL CONDITIONS, SURGERIES, PROCEDURES, AND MEDICATION USE

Now, I am going to ask you about some illnesses, surgeries and other procedures that you might have had during your pregnancy with (CHILD). I'm going to ask you about the time period from three months before you became pregnant with (CHILD) until ([his/her] delivery/you stopped breastfeeding completely).

REPRODUCTIVE AND MAJOR PERINATAL INFECTIONS AND CONDITIONS

I am going to start off by asking you about some infections or conditions that you might have had during the time period from three months before you became pregnant with (CHILD) until ([his/her] delivery/you stopped breastfeeding completely). Please refer to **list 6** in your preparatory guide and follow along.

E1. Between (-3) and (DOIB/END BF) did you have any of the following illnesses? READ LIST AND CODE ALL THAT APPLY.

Bacterial Vaginosis.....01	Hepatitis (PROBE):	Parvovirus or Fifth disease.....23	Toxoplasmosis.....32
Candidiasis or Yeast Infection.....02	HEPATITIS A.....13	Pelvic Inflammatory Disease or PID.....24	Trichomoniasis or trich.....33
Chicken Pox.....03	HEPATITIS B.....14	Pneumonia.....25	Upper respiratory infection....34
Chlamydia.....04	HEPATITIS C.....15	Pyelonephritis or kidney infection.....26	Urinary tract infection.....35
Cystitis NOS.....05	HEPATITIS NOS.....16	Rubella or German measles.....27	Vaginitis NOS.....36
Cytomegalovirus.....06	HIV/AIDS.....17	Septicemia or blood infection.....28	Other conditions (SPECIFY).....90
Encephalitis.....07	Human Papilloma Virus or HPV or Genital warts or venereal warts. .18	Shingles.....29	RF.....98
Endocarditis.....08	Influenza or flu.....19	Staphylococcal infection or cysts.....30	DK.....99
Endometriosis.....09	Meningitis.....20	Syphilis.....31	NO CONDITIONS.....00
Fibroids.....10	Mononucleosis or mono.....21		
Genital Herpes.....11	Myocarditis.....22		
Group B Streptococcal infection....12			

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

IF E1 = 00, 98 OR 99, SKIP TO E11.

COMPLETE E2-E7 FOR EACH CONDITION IN E1.
IF E1 = 07 (HERPES) OR 13 (VENEREAL WARTS), ASK E2 ABOUT OUTBREAKS.

CONDITION 1: _____	E2A.	E2B.	E2C.
		During which months from (-3) to (DOIB/END BF) did you have (CONDITION)?	Would you say (CONDITION) occurred in the 3 months before you became pregnant, from (-3) to (-1)?
E2A VERBATIM: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
_____	IF DK, ASK B-F.		

E3. Did you take any medicine for (CONDITION) between (-3) and (DOIB/END BF)? (IF YES: ASK R TO REFER TO LISTS 7a-7p IN PREP GUIDE. What medicine did you take? The medications in the list have been organized as best as possible by condition so please look for the heading and find your medication under that. If you do not see your medication, please look under the "other medications" category. If your medication is not listed at all, we still want you to tell us about it. Medications can be in pill form, nasal spray, patches, creams, injections, shots, etc. Any others?)

MEDICINE: #1: _____	E4A.	E4B.	E4C.
		During which months from (-3) to (DOIB/END BF) did you take (MEDICINE) for (CONDITION)?	Would you say you took (MED) in the three months before you became pregnant, from (-3) to (-1)?
E4A VERBATIM: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
_____	IF DK, ASK B-F.		

#2: _____	E4A.	E4B.	E4C.
		During which months from (-3) to (DOIB/END BF) did you take (MEDICINE) for (CONDITION)?	Would you say you took (MED) in the three months before you became pregnant, from (-3) to (-1)?
E4A VERBATIM: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
_____	IF DK, ASK B-F.		

E5. Did you have a fever from (CONDITION) between (-3) and (DOIB/END BF)?

YES.....01
 NO.....(SKIP TO NEXT CONDITION/E8).....02
 N/A (SKIP).....97
 RF.....(SKIP TO NEXT CONDITION/E8).....98
 DK.....(SKIP TO NEXT CONDITION/E8).....99

E6A VERBATIM: _____	E6A.	E6B.	E6C.
		During which months from (-3) to (DOIB/END BF) did you have a fever?	Would you say the fever occurred in the 3 months before you became pregnant, from (-3) to (-1)?
_____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99

IF DK, ASK B-F. OTHERWISE, SKIP TO E7.

E2D.					E2E.					IF R DID NOT BREASTFEED, SKIP TO E3.				
Would you say (CONDITION) occurred in your second trimester , from (4) to (6)?					Would you say (CONDITION) occurred in your third trimester , from (7) to (10)?					Would you say (CONDITION) occurred during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO E5).....02
 N/A (SKIP).....97
 RF.....(SKIP TO E5).....98
 DK.....(SKIP TO E5).....99

E4D.					E4E.					E4F.				
Would you say you took (MEDICINE) in your second trimester , from (4) to (6)?					Would you say you took (MEDICINE) in your third trimester , from (7) to (10)?					Would you say you took (MEDICINE) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF PERINATAL CONDITION 1 MEDICINE SUPPLEMENTS.....

E6D.					E6E.					E6F.					E7.
Would you say the fever occurred in your second trimester , from (4) to (6)?					Would you say the fever occurred in your third trimester , from (7) to (10)?					Would you say the fever occurred during the months you breastfed, from (DOIB/10) to (END BF)?					What was the highest temperature recorded using a thermometer during your fever?
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	TEMP..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> C NA (SKIP).....997 RF.....998 DK.....999
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	

	E2A.	E2B.	E2C.
CONDITION 2:	During which months from (-3) to (DOIB/END BF) did you have (CONDITION)?	Would you say (CONDITION) occurred in the 3 months before you became pregnant, from (-3) to (-1)?	Would you say (CONDITION) occurred in your first trimester , from (1) to (3)?
_____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
E2A VERBATIM: _____			
_____	IF DK, ASK B-F.		

E3. Did you take any medicine for (CONDITION) between (-3) and (DOIB/END BF)? (IF YES: ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine did you take? The medications in the list have been organized as best as possible by condition so please look for the heading and find your medication under that. If you do not see your medication, please look under the “other medications” category. If your medication is not listed at all, we still want you to tell us about it. Medications can be in pill form, nasal spray, patches, creams, injections, shots, etc. Any others?)

	E4A.	E4B.	E4C.
MEDICINE:	During which months from (-3) to (DOIB/END BF) did you take (MEDICINE) for (CONDITION)?	Would you say you took (MED) in the three months before you became pregnant, from (-3) to (-1)?	Would you say you took (MEDICINE) in your first trimester , from (1) to (3)?
#1: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
E4A VERBATIM: _____			
_____	IF DK, ASK B-F.		

#2: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
E4A VERBATIM: _____			
_____	IF DK, ASK B-F.		

E5. Did you have a fever from (CONDITION) between (-3) and (DOIB/END BF)?

YES.....01
 NO.....(SKIP TO NEXT CONDITION/E8).....02
 N/A (SKIP).....97
 RF.....(SKIP TO NEXT CONDITION/E8).....98
 DK.....(SKIP TO NEXT CONDITION/E8).....99

	E6A.	E6B.	E6C.
	During which months from (-3) to (DOIB/END BF) did you have a fever?	Would you say the fever occurred in the 3 months before you became pregnant, from (-3) to (-1)?	Would you say the fever occurred in your first trimester , from (1) to (3)?
E6A VERBATIM: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99

	IF DK, ASK B-F. OTHERWISE, SKIP TO E7.		

E2D.					E2E.					IF R DID NOT BREASTFEED, SKIP TO E3.				
Would you say (CONDITION) occurred in your second trimester , from (4) to (6)?					Would you say (CONDITION) occurred in your third trimester , from (7) to (10)?					Would you say (CONDITION) occurred during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO E5).....02
 N/A (SKIP).....97
 RF.....(SKIP TO E5).....98
 DK.....(SKIP TO E5).....99

E4D.					E4E.					E4F.				
Would you say you took (MEDICINE) in your second trimester , from (4) to (6)?					Would you say you took (MEDICINE) in your third trimester , from (7) to (10)?					Would you say you took (MEDICINE) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF PERINATAL CONDITION 2 MEDICINE SUPPLEMENTS.....

										IF R DID NOT BREASTFEED, SKIP TO E7.					E7.
Would you say the fever occurred in your second trimester , from (4) to (6)?					Would you say the fever occurred in your third trimester , from (7) to (10)?					Would you say the fever occurred during the months you breastfed, from (DOIB/10) to (END BF)?					What was the highest temperature recorded using a thermometer during your fever?
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	TEMP..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C NA (SKIP).....997 RF.....998 DK.....999
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	

	E2A.	E2B.	E2C.
CONDITION 3:	During which months from (-3) to (DOIB/END BF) did you have (CONDITION)?	Would you say (CONDITION) occurred in the 3 months before you became pregnant, from (-3) to (-1)?	Would you say (CONDITION) occurred in your first trimester , from (1) to (3)?
_____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
E2A VERBATIM: _____			

	IF DK, ASK B-F.		

E3. Did you take any medicine for (CONDITION) between (-3) and (DOIB/END BF)? (IF YES: ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine did you take? The medications in the list have been organized as best as possible by condition so please look for the heading and find your medication under that. If you do not see your medication, please look under the “other medications” category. If your medication is not listed at all, we still want you to tell us about it. Medications can be in pill form, nasal spray, patches, creams, injections, shots, etc. Any others?)

	E4A.	E4B.	E4C.
MEDICINE:	During which months from (-3) to (DOIB/END BF) did you take (MEDICINE) for (CONDITION)?	Would you say you took (MED) in the three months before you became pregnant, from (-3) to (-1)?	Would you say you took (MEDICINE) in your first trimester , from (1) to (3)?
#1: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
E4A VERBATIM: _____			

	IF DK, ASK B-F.		

#2: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
E4A VERBATIM: _____			

	IF DK, ASK B-F.		

E5. Did you have a fever from (CONDITION) between (-3) and (DOIB/END BF)?

YES.....01
 NO.....(SKIP TO NEXT CONDITION/E8).....02
 N/A (SKIP).....97
 RF.....(SKIP TO NEXT CONDITION/E8).....98
 DK.....(SKIP TO NEXT CONDITION/E8).....99

	E6A.	E6B.	E6C.
	During which months from (-3) to (DOIB/END BF) did you have a fever?	Would you say the fever occurred in the 3 months before you became pregnant, from (-3) to (-1)?	Would you say the fever occurred in your first trimester , from (1) to (3)?
E6A VERBATIM: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99

	IF DK, ASK B-F. OTHERWISE, SKIP TO E7.		

ORAL/DENTAL DISEASE

- E8. Between (-3) and (DOIB/END BF) did a doctor or dentist ever tell you that you had gingivitis or periodontitis? YES.....01
NO.....(SKIP TO E15).....02
RF.....(SKIP TO E15).....98
DK.....(SKIP TO E15).....99
- E9. Did you take any medication for gingivitis or periodontitis between (-3) and (DOIB/END BF)? YES.....01
NO.....(SKIP TO E12).....02
N/A (SKIP).....97
RF.....(SKIP TO E12).....98
DK.....(SKIP TO E12).....99
- E10. ASK R TO REFER TO LIST 7a IN PREP GUIDE. What medicine did you take? Anything else? IF R CAN'T RECALL, READ ANSWERS AND CODE ALL THAT APPLY. Clindamycin.....01
Doxycycline.....02
Metronidazole.....03
Minocycline.....04
Penicillin.....05
Other.....(SPECIFY IN GRID).....90
N/A (SKIP).....97
RF.....98
DK.....99

	E11A.	E11B.	E11C.																										
COMPLETE ONE ROW FOR EACH MEDICINE.	During which months from (-3) to (DOIB/END BF) did you take (MED)?	Would you say you took (MED) in the 3 months before you became pregnant, from (-3) to (-1)?	Would you say you took (MED) in your first trimester , from (1) to (3)?																										
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IF DK, ASK B-F.																													

IF R DID NOT BREASTFEED,
SKIP TO NEXT MED/E12.

E11D.					E11E.					E11F.				
Would you say you took (MED) in your second trimester , from (4) to (6)?					Would you say you took (MED) in your third trimester , from (7) to (10)?					Would you say you took (MED) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF DENTAL MEDICINE SUPPLEMENTS.....

E12. Did you have any treatment other than medicine or antibiotics for gingivitis or periodontitis between (-3) and (DOIB/END BF)?

YES..... 01
 NO.....(SKIP TO E15).....02
 N/A (SKIP).....97
 RF.....(SKIP TO E15).....98
 DK.....(SKIP TO E15).....99

E13. What treatments did you have? Was it (READ

Root planing and scaling.....01

ANSWERS AND CODE ALL THAT APPLY)?

- Gingival curettage.....02
- Splinting.....03
- Other.....(SPECIFY IN GRID).....90
- N/A (SKIP).....97
- RF.....98
- DK.....99

	E14A.	E14B.	E14C.																				
COMPLETE ONE ROW FOR EACH TREATMENT.	During which months from (-3) to (DOIB/END BF) did you get (TREATMENT)?	Would you say you got (TREATMENT) in the 3 months before you became pregnant, from (-3) to (-1)?	Would you say you got (TREATMENT) in your first trimester , from (1) to (3)?																				
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E14A VERBATIM: _____																							

IF DK, ASK B-F.

#2: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
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E14A VERBATIM: _____																							

IF DK, ASK B-F.

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01	02	97	98	99																			
E14A VERBATIM: _____																							

IF DK, ASK B-F.

IF R DID NOT BREASTFEED,
SKIP TO NEXT TREATMENT/E15.

E14D.

E14E.

E14F.

Would you say you got (TREATMENT) in your second trimester , from (4) to (6)?					Would you say you got (TREATMENT) in your third trimester , from (7) to (10)?					Would you say you got (TREATMENT) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF DENTAL TREATMENT SUPPLEMENTS.....

INJURIES

The next few questions are about any injuries that you might have had during the time period from three months prior to conception of (CHILD) through (DOIB/the time until you completely stopped breastfeeding).

- E15. Between (-3) and (DOIB/END BF) did you have any injuries that required medical attention? YES.....01
NO.....(SKIP TO E21).....02
RF.....(SKIP TO E21).....98
DK.....(SKIP TO E21).....99

E16. What were the injuries you had? SPECIFY.

INJURY 1: _____

INJURY 2: _____

INJURY 3: _____

- N/A (SKIP).....97
RF.....98
DK.....99

COMPLETE E17-E20 FOR EACH INJURY.

	E17A.	E17B.	E17C.																																						
INJURY 1: _____	Between (-3) and (DOIB/ END BF) during which month did (INJURY) happen?	Would you say (INJURY) occurred in the three months before you became pregnant, from (-3) to (-1)?	Would you say (INJURY) occurred in your first trimester , from (1) to (3)?																																						
E17A VERBATIM: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">-3.....01</td> <td style="width: 33%;">-2.....02</td> <td style="width: 33%;">-1.....03</td> </tr> <tr> <td>1.....04</td> <td>2.....05</td> <td>3.....06</td> </tr> <tr> <td>4.....07</td> <td>5.....08</td> <td>6.....09</td> </tr> <tr> <td>7.....10</td> <td>8.....11</td> <td>9.....12</td> </tr> <tr> <td>10.....13</td> <td>BF.....14</td> <td>N/A...97</td> </tr> <tr> <td>RF...98</td> <td>DK...99</td> <td></td> </tr> </table>	-3.....01	-2.....02	-1.....03	1.....04	2.....05	3.....06	4.....07	5.....08	6.....09	7.....10	8.....11	9.....12	10.....13	BF.....14	N/A...97	RF...98	DK...99		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">YES</td> <td style="width: 20%;">NO</td> <td style="width: 20%;">N/A</td> <td style="width: 20%;">RF</td> <td style="width: 20%;">DK</td> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">YES</td> <td style="width: 20%;">NO</td> <td style="width: 20%;">N/A</td> <td style="width: 20%;">RF</td> <td style="width: 20%;">DK</td> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
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	IF DK, ASK B-F. OTHERWISE, SKIP TO E18.	IF R DID NOT BREASTFEED, SKIP TO E18.																																							

E17D.	E17E	E17F.	E18.																																								
Would you say (INJURY) occurred in your second trimester , from (4) to (6)?	Would you say (INJURY) occurred in your third trimester , from (7) to (10)?	Would you say (INJURY) occurred during the months you breastfed, from (DOIB/10) to (END BF)?	Did you ever lose consciousness because of (INJURY)?																																								
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E19. Did you take any medications or receive injections because of (INJURY)?

YES..... 01
 NO.....(SKIP TO NEXT INJURY/E21).....02
 N/A (SKIP)..... 97
 RF.....(SKIP TO NEXT INJURY/E21).....98
 DK.....(SKIP TO NEXT INJURY/E21).....99

E20. ASK R TO LOOK AT LIST 7a THROUGH 7p PAYING CLOSE ATTENTION TO 7a AND 7b IN PREP GUIDE. What medicines or injections did you take for (INJURY)? Anything else?

MEDICINE 1: _____

--	--	--	--	--	--

MEDICINE 2: _____

--	--	--	--	--	--

MEDICINE 3: _____

--	--	--	--	--	--

N/A (SKIP)..... 97
 RF..... 98
 DK..... 99

		E17A.	E17B.	E17C.
INJURY 2: _____ E17A VERBATIM: _____ _____		Between (-3) and (DOIB/ END BF) during which month did (INJURY) happen? -3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A..97 RF....98 DK....99	Would you say (INJURY) occurred in the three months before you became pregnant, from (-3) to (-1)? YES NO N/A RF DK 01 02 97 98 99	Would you say (INJURY) occurred in your first trimester , from (1) to (3)? YES NO N/A RF DK 01 02 97 98 99
		IF DK, ASK B-F. OTHERWISE, SKIP TO E18.		
			IF R DID NOT BREASTFEED, SKIP TO E18.	

E17D.	E17E	E17F.	E18.
Would you say (INJURY) occurred in your second trimester , from (4) to (6)? YES NO N/A RF DK 01 02 97 98 99	Would you say (INJURY) occurred in your third trimester , from (7) to (10)? YES NO N/A RF DK 01 02 97 98 99	Would you say (INJURY) occurred during the months you breastfed, from (DOIB/10) to (END BF)? YES NO N/A RF DK 01 02 97 98 99	Did you ever lose consciousness because of (INJURY)? YES NO N/A RF DK 01 02 97 98 99

E19. Did you take any medications or receive injections because of (INJURY)?

YES.....01
NO.....(SKIP TO NEXT INJURY/E21).....02
N/A (SKIP).....97
RF.....(SKIP TO NEXT INJURY/E21).....98
DK.....(SKIP TO NEXT INJURY/E21).....99

E20. ASK R TO LOOK AT LIST 7a THROUGH 7p PAYING CLOSE ATTENTION TO 7a AND 7b IN PREP GUIDE. What medicines or injections did you take for (INJURY)? Anything else?

MEDICINE 1: _____

--	--	--	--	--	--

MEDICINE 2: _____

--	--	--	--	--	--

MEDICINE 3: _____

--	--	--	--	--	--

N/A (SKIP).....97
RF.....98
DK.....99

INJURY 3:

E17A VERBATIM: _____

E17A.			E17B.					E17C.				
Between (-3) and (DOIB/END BF) during which month did (INJURY) happen?			Would you say (INJURY) occurred in the three months before you became pregnant, from (-3) to (-1)?					Would you say (INJURY) occurred in your first trimester , from (1) to (3)?				
-3.....01	-2.....02	-1.....03	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
1.....04	2.....05	3.....06	01	02	97	98	99	01	02	97	98	99
4.....07	5.....08	6.....09										
7.....10	8.....11	9.....12										
10.....13	BF.....14	N/A...97										
RF....98	DK....99											

IF DK, ASK B-F. OTHERWISE, SKIP TO E18.

IF R DID NOT BREASTFEED, SKIP TO E18.

E17D.					E17E.					E17F.					E18.				
Would you say (INJURY) occurred in your second trimester , from (4) to (6)?					Would you say (INJURY) occurred in your third trimester , from (7) to (10)?					Would you say (INJURY) occurred during the months you breastfed, from (DOIB/10) to (END BF)?					Did you ever lose consciousness because of (INJURY)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

E19. Did you take any medications or receive injections because of (INJURY)?

- YES..... 01
- NO.....(SKIP TO NEXT INJURY/E21).....02
- N/A (SKIP).....97
- RF.....(SKIP TO NEXT INJURY/E21).....98
- DK.....(SKIP TO NEXT INJURY/E21).....99

E20. ASK R TO LOOK AT LIST 7a THROUGH 7p PAYING CLOSE ATTENTION TO 7a AND 7b IN PREP GUIDE. What medicines or injections did you take for (INJURY)? Anything else?

MEDICINE 1: _____

--	--	--	--	--	--

MEDICINE 2: _____

--	--	--	--	--	--

MEDICINE 3: _____

--	--	--	--	--	--

- N/A (SKIP).....97
- RF.....98
- DK.....99

OF PERINATAL INJURY SUPPLEMENTS.....

SURGERY

Now I'm going to ask you about any surgeries or procedures not related to pregnancy or delivery that you might have had during the time period from three months before becoming pregnant with (CHILD) through the time until (DOIB/you completely stopped breastfeeding).

- E21. Between (-3) and (DOIB/END BF) did you have any dental, medical, or surgical procedures that required the use of general or local anesthesia? (PROBE: What procedures did you have done?)
- YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO E24).....02
 RF.....(SKIP TO E24).....98
 DK.....(SKIP TO E24).....99

COMPLETE E22-E23 FOR EACH PROCEDURE.

	E22.	E23A.	E23B.				
PROCEDURE:	For (PROCEDURE) did you have general anesthesia or local anesthesia?	In which month between (-3) and (DOIB/END BF) did you receive the anesthesia? VERBATIM: _____	Would you say you received the anesthesia in the three months before you became pregnant, from (-3) to (-1)?				
#1: _____	GENERAL.....01 LOCAL.....02 N/A (SKIP).....97 RF.....98 DK.....99	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES	NO	N/A	RF	DK
<input type="checkbox"/> <input type="checkbox"/>			01	02	97	98	99
	IF E22 = 98, SKIP TO NEXT PROCEDURE/E24.	IF DK, ASK B-F.					
#2: _____	GENERAL.....01 LOCAL.....02 N/A (SKIP).....97 RF.....98 DK.....99	VERBATIM: _____ -3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES	NO	N/A	RF	DK
<input type="checkbox"/> <input type="checkbox"/>			01	02	97	98	99
	IF E22 = 98, SKIP TO NEXT PROCEDURE/E24.	IF DK, ASK B-F.					
#3: _____	GENERAL.....01 LOCAL.....02 N/A (SKIP).....97 RF.....98 DK.....99	VERBATIM: _____ -3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES	NO	N/A	RF	DK
<input type="checkbox"/> <input type="checkbox"/>			01	02	97	98	99
	IF E22 = 98, SKIP TO NEXT PROCEDURE/E24.	IF DK, ASK B-F.					

**IF R DID NOT BREASTFEED,
SKIP TO NEXT PROC/E24.**

E23C.					E23D.					E23E.					E23F.				
Would you say you received the anesthesia in your first trimester, from (1) to (3)?					Would you say you received the anesthesia in your second trimester, from (4) to (6)?					Would you say you received the anesthesia in your third trimester, from (7) to (10)?					Would you say you received the anesthesia during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY PROCEDURE SUPPLEMENTS.....

OTHER PROCEDURES

E24. Between (-3) and (DOIB/END BF) did you have any of the following procedures not related to your pregnancy with (CHILD)? READ ANSWERS AND CODE ALL THAT APPLY.

- X-rays, including dental.....01
- Mammogram.....02
- CT/CAT scans.....03
- MRI or magnetic resonance imaging.....04
- Radionuclide study or scan.....05
- Radiation treatments.....06
- Other x-rays or scans.....07
- Other.....(SPECIFY IN GRID).....90
- NONE.....(SKIP TO E27).....00
- RF.....(SKIP TO E27).....98
- DK.....(SKIP TO E27).....99

IF E24 = 02, SKIP TO E26.

	E25.	E26A.	E26B.
<p>COMPLETE ONE ROW FOR EACH TEST/TREATMENT.</p> <p>TEST/TREATMENT:</p> <p>#1: _____</p> <p>_____</p>	<p>What part of your body was tested or treated?</p> <p>#1: _____</p> <p>#2: _____</p> <p>N/A (SKIP).....97</p> <p>RF.....98</p> <p>DK.....99</p>	<p>During which month between (-3) and (DOIB/END BF) was the (TEST/TREATMENT) done?</p> <p>VERBATIM: _____</p> <p>_____</p> <p>-3.....01 -2.....02 -1.....03</p> <p>1.....04 2.....05 3.....06</p> <p>4.....07 5.....08 6.....09</p> <p>7.....10 8.....11 9.....12</p> <p>10.....13 BF.....14 N/A...97</p> <p>RF...98 DK...99</p>	<p>Would you say the (TEST/TREATMENT) was done in the three months before you became pregnant, from (-3) to (-1)?</p> <p>YES NO N/A RF DK</p> <p>01 02 97 98 99</p>
		IF DK, ASK B-F.	
<p>#2: _____</p> <p>_____</p>	<p>#1: _____</p> <p>#2: _____</p> <p>N/A (SKIP).....97</p> <p>RF.....98</p> <p>DK.....99</p>	<p>VERBATIM: _____</p> <p>_____</p> <p>-3.....01 -2.....02 -1.....03</p> <p>1.....04 2.....05 3.....06</p> <p>4.....07 5.....08 6.....09</p> <p>7.....10 8.....11 9.....12</p> <p>10.....13 BF.....14 N/A...97</p> <p>RF...98 DK...99</p>	<p>YES NO N/A RF DK</p> <p>01 02 97 98 99</p>
		IF DK, ASK B-F.	
<p>#3: _____</p> <p>_____</p>	<p>#1: _____</p> <p>#2: _____</p> <p>N/A (SKIP).....97</p> <p>RF.....98</p> <p>DK.....99</p>	<p>VERBATIM: _____</p> <p>_____</p> <p>-3.....01 -2.....02 -1.....03</p> <p>1.....04 2.....05 3.....06</p> <p>4.....07 5.....08 6.....09</p> <p>7.....10 8.....11 9.....12</p> <p>10.....13 BF.....14 N/A...97</p> <p>RF...98 DK...99</p>	<p>YES NO N/A RF DK</p> <p>01 02 97 98 99</p>
		IF DK, ASK B-F.	

IF R DID NOT BREASTFEED,
SKIP TO NEXT TEST/E27.

E26C.					E26D.					E26E.					E26F.				
Would you say the (TEST/TREATMENT) was done in your first trimester , from (1) to (3)?					Would you say the (TEST/TREATMENT) was done in your second trimester , from (4) to (6)?					Would you say the (TEST/TREATMENT) was done in your third trimester , from (7) to (10)?					Would you say the (TEST/TREATMENT) was done during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY TEST/TREATMENT SUPPLEMENTS.....

MEDICATION USE

I will ask you about medications that you might have taken for specific conditions and symptoms from (-3) through (DOIB/END BF).

E27. Between (-3) and (DOIB/END BF) did you take any medications or have any other type of treatment such as counseling, behavioral therapy, or physical therapy for the following conditions? READ ANSWERS AND CODE ALL THAT APPLY. DESCRIBE EACH CONDITION WHERE INDICATED.

Acne.....	01	Gastrointestinal disorder 1: _____	<input type="checkbox"/> <input type="checkbox"/>	24	
Allergy 1: _____	<input type="checkbox"/> <input type="checkbox"/>	02	Gastrointestinal disorder 2: _____	<input type="checkbox"/> <input type="checkbox"/>	25
Allergy 2: _____	<input type="checkbox"/> <input type="checkbox"/>	03	General headaches.....	26	
Anxiety disorder.....	04	Heartburn.....	27		
Arthritis.....	05	High blood pressure.....	28		
Asthma.....	06	Migraine headaches.....	29		
Attention Deficit Hyperactivity Disorder.....	07	Neuromuscular disorder 1: _____	<input type="checkbox"/> <input type="checkbox"/>	30	
Autoimmune disorders (see List 8 in prep guide).....	08	Neuromuscular disorder 2: _____	<input type="checkbox"/> <input type="checkbox"/>	31	
Back pain.....	09	Nicotine addiction.....	32		
Bipolar disorder.....	10	Obesity.....	33		
Cancer.....	11	Obsessive compulsive disorder.....	34		
Cardiovascular condition 1: _____	<input type="checkbox"/> <input type="checkbox"/>	12	Personality disorder.....	35	
Cardiovascular condition 2: _____	<input type="checkbox"/> <input type="checkbox"/>	13	Respiratory condition 1: _____	<input type="checkbox"/> <input type="checkbox"/>	36
Cold or cough.....	14	Respiratory condition 2: _____	<input type="checkbox"/> <input type="checkbox"/>	37	
Constipation.....	15	Schizophrenia.....	38		
Depression.....	16	Seizures.....	39		
Diabetes.....	17	Sickle cell anemia.....	40		
Dieting.....	18	Sleep disorder.....	41		
Eating disorder 1: _____	<input type="checkbox"/> <input type="checkbox"/>	19	Thyroid disease.....	42	
Eating disorder 2: _____	<input type="checkbox"/> <input type="checkbox"/>	20	Other..... (SPECIFY).....	90	
Eczema or Psoriasis.....	21	NONE..... (SKIP TO E30).....	00		
Endocrine disorder 1: _____	<input type="checkbox"/> <input type="checkbox"/>	22	RF..... (SKIP TO E30).....	98	
Endocrine disorder 2: _____	<input type="checkbox"/> <input type="checkbox"/>	23	DK..... (SKIP TO E30).....	99	

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

ANSWER E28–E29 FOR EACH CONDITION.

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CONDITION 1: _____

E28. ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine or other treatment were you given for (CONDITION)? RECORD NAME OF MEDS IN GRID BELOW. Anything else?

PROVIDED NAME OF MED(S)/TREATMENT(S).....01
 N/A (SKIP).....97
 RF.....98
 DK.....99

MEDICINE/TREATMENT: #1: _____ E29A VERBATIM: _____	E29A.	E29B.	E29C.
	<div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div>	Between (-3) to (DOIB/END BF), which months did you take/have (MEDICINE/TREATMENT) for (CONDITION)? -3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	Would you say you took/had (MED/TREATMENT) in the three months before you became pregnant, from (-3) to (-1)? YES NO N/A RF DK 01 02 97 98 99
	IF DK, ASK B-F.		

MEDICINE/TREATMENT: #2: _____ E29A VERBATIM: _____	E29A.	E29B.	E29C.
	<div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div>	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99
	IF DK, ASK B-F.		

CONDITION 2: _____

E28. ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine or other treatment were you given for (CONDITION)? RECORD NAME OF MEDS/TREATMENTS IN GRID BELOW. Anything else?

PROVIDED NAME OF MED(S)/TREATMENT(S).....01
 N/A (SKIP).....97
 RF.....98
 DK.....99

MEDICINE/TREATMENT: #1: _____ E29A VERBATIM: _____	E29A.	E29B.	E29C.
	<div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div>	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99
	IF DK, ASK B-F.		

MEDICINE/TREATMENT: #2: _____ E29A VERBATIM: _____	E29A.	E29B.	E29C.
	<div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div>	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99
	IF DK, ASK B-F.		

IF R DID NOT BREASTFEED, SKIP TO NEXT MED/NEXT CONDITION/E30.

E29D.					E29E.					E29F.				
Would you say you /had (MEDICINE/TREATMENT) in your second trimester , from (4) to (6)?					Would you say you /had (MEDICINE/TREATMENT) in your third trimester , from (7) to (10)?					Would you say you /had (MEDICINE/TREATMENT) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY CONDITION 1 MEDICINE SUPPLEMENTS.....

IF R DID NOT BREASTFEED, SKIP TO NEXT MED/NEXT CONDITION/E30.

E29D.					E29E.					E29F.				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY CONDITION 2 MEDICINE SUPPLEMENTS.....

CONDITION 3: _____

E28. ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine or other treatment were you given for (CONDITION)? RECORD NAME OF MEDS/TREATMENTS IN GRID BELOW. Anything else?

PROVIDED NAME OF MED(S)/TREATMENT(S).....01
 N/A (SKIP).....97
 RF.....98
 DK.....99

MEDICINE/TREATMENT: #1: _____ E29A VERBATIM: _____	E29A.	E29B.	E29C.
	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	Between (-3) to (DOIB/END BF), which months did you take/have (MEDICINE/TREATMENT) for (CONDITION)? -3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	Would you say you took/had (MED/TREATMENT) in the three months before you became pregnant, from (-3) to (-1)? YES NO N/A RF DK 01 02 97 98 99
	IF DK, ASK B-F.		

MEDICINE/TREATMENT: #2: _____ E29A VERBATIM: _____	E29A.	E29B.	E29C.
	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99
	IF DK, ASK B-F.		

CONDITION 4: _____

E28. ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine or other treatment were you given for (CONDITION)? RECORD NAME OF MEDS/TREATMENTS IN GRID BELOW. Anything else?

PROVIDED NAME OF MED(S)/TREATMENT(S).....01
 N/A (SKIP).....97
 RF.....98
 DK.....99

MEDICINE/TREATMENT: #1: _____ E29A VERBATIM: _____	E29A.	E29B.	E29C.
	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99
	IF DK, ASK B-F.		

MEDICINE/TREATMENT: #2: _____ E29A VERBATIM: _____	E29A.	E29B.	E29C.
	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99
	IF DK, ASK B-F.		

IF R DID NOT BREASTFEED, SKIP TO NEXT MED/NEXT CONDITION/E30.

E29D.					E29E.					E29F.				
Would you say you took/had (MEDICINE/TREATMENT) in your second trimester , from (4) to (6)?					Would you say you took/had (MEDICINE/TREATMENT) in your third trimester , from (7) to (10)?					Would you say you took/had (MEDICINE/TREATMENT) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY CONDITION 3 MEDICINE SUPPLEMENTS.....

IF R DID NOT BREASTFEED, SKIP TO NEXT MED/NEXT CONDITION/E30.

E29D.					E29E.					E29F.				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY CONDITION 4 MEDICINE SUPPLEMENTS.....

CONDITION 5: _____

E28. ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine or other treatment were you given for (CONDITION)? RECORD NAME OF MEDS/TREATMENTS IN GRID BELOW. Anything else?

PROVIDED NAME OF MED(S)/TREATMENT(S).....01
 N/A (SKIP).....97
 RF.....98
 DK.....99

MEDICINE/TREATMENT:	E29A.	E29B.	E29C.
	#1: _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> E29A VERBATIM: _____	Between (-3) to (DOIB/END BF), which months did you take/have (MED/TREAT) for (CONDITION)? -3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99 IF DK, ASK B-F.	Would you say you took/had (MED/TREAT) in the three months before you became pregnant, from (-3) to (-1)? YES NO N/A RF DK 01 02 97 98 99

#2: _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> E29A VERBATIM: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99 IF DK, ASK B-F.	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
---	--	------------------------------------	------------------------------------

CONDITION 6: _____

E28. ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine or other treatment were you given for (CONDITION)? RECORD NAME OF MEDS/TREATMENTS IN GRID BELOW. Anything else?

PROVIDED NAME OF MED(S)/TREATMENT(S).....01
 N/A (SKIP).....97
 RF.....98
 DK.....99

MEDICINE/TREATMENT:	E29A.	E29B.	E29C.
	#1: _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> E29A VERBATIM: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99 IF DK, ASK B-F.	YES NO N/A RF DK 01 02 97 98 99

#2: _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> E29A VERBATIM: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99 IF DK, ASK B-F.	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
---	--	------------------------------------	------------------------------------

IF R DID NOT BREASTFEED, SKIP TO NEXT MED/NEXT CONDITION/E30.

E29D.					E29E.					E29F.				
Would you say you took/had (MEDICINE/TREATMENT) in your second trimester , from (4) to (6)?					Would you say you took/had (MEDICINE/TREATMENT) in your third trimester , from (7) to (10)?					Would you say you took/had (MED/TREAT) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY CONDITION 5 MEDICINE SUPPLEMENTS.....

IF R DID NOT BREASTFEED, SKIP TO NEXT MED/NEXT CONDITION/E30.

E29D.					E29E.					E29F.				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY CONDITION 6 MEDICINE SUPPLEMENTS.....

OF NON-PREGNANCY CONDITION SUPPLEMENTS.....

VACCINATIONS

E30. Now I am going to ask you a few questions about vaccinations. During the time from (-3) to (DOIB/END BF) did you have any vaccinations or shots?

- YES.....01
- NO.....(SKIP TO F1).....02
- RF.....(SKIP TO F1).....98
- DK.....(SKIP TO F1).....99

E31. What vaccination did you receive? Was it (READ ANSWERS AND CODE ALL THAT APPLY)?

- Combined measles, mumps and rubella vaccine, or MMR.....01
- Single rubella vaccine.....02
- Single mumps vaccine.....03
- Single measles vaccine.....04
- Tetanus.....05
- Influenza or flu vaccine.....06
- Hepatitis A.....07
- Hepatitis B.....08
- Allergy shots.....09
- Other.....(SPECIFY IN GRID).....90
- N/A (SKIP).....97
- RF.....98
- DK.....99

	E32A.	E32B.	E32C.																				
COMPLETE ONE ROW FOR EACH VACCINATION.	During which months from (-3) to (DOIB/END BF) did you receive the (VACCINATION/SHOT)?	Would you say you received (SHOT) in the 3 months before you became pregnant, from (-3) to (-1)?	Would you say you received (SHOT) in your first trimester , from (1) to (3)?																				
#1: _____ <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 100px; display: inline-block;"></div>	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK																			
01	02	97	98	99																			
YES	NO	N/A	RF	DK																			
01	02	97	98	99																			
E32A VERBATIM: _____ _____																							

IF DK, ASK B-F.

#2: _____ <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 100px; display: inline-block;"></div>	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK																			
01	02	97	98	99																			
YES	NO	N/A	RF	DK																			
01	02	97	98	99																			
E32A VERBATIM: _____ _____																							

IF DK, ASK B-F.

#3: _____ <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 100px; display: inline-block;"></div>	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK																			
01	02	97	98	99																			
YES	NO	N/A	RF	DK																			
01	02	97	98	99																			
E32A VERBATIM: _____ _____																							

IF DK, ASK B-F.

IF R DID NOT BREASTFEED,
SKIP TO NEXT SHOT/E33.

E32D.

E32E.

E32F.

Would you say you received (SHOT) in your second trimester , from (4) to (6)?					Would you say you received (SHOT) in your third trimester , from (7) to (10)?					Would you say you received (SHOT) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF VACCINATION SUPPLEMENTS.....

E33. Did you have any reactions to the vaccinations that required medical attention?

YES.....01
 NO.....(SKIP TO F1).....02
 N/A (SKIP).....97
 RF.....(SKIP TO F1).....98
 DK.....(SKIP TO F1).....99

COMPLETE ONE ROW FOR EACH REACTION.

	E34.	E35.
	Which vaccine(s) caused the reaction? SPECIFY.	What was the reaction? SPECIFY.
#1	<div style="text-align: right; margin-bottom: 5px;"><input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></div> _____ N/A (SKIP).....97 RF.....98 DK.....99	_____ _____ <div style="text-align: right; margin-bottom: 5px;"><input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></div> N/A (SKIP).....97 RF.....98 DK.....99
#2	<div style="text-align: right; margin-bottom: 5px;"><input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></div> _____ N/A (SKIP).....97 RF.....98 DK.....99	_____ _____ <div style="text-align: right; margin-bottom: 5px;"><input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></div> N/A (SKIP).....97 RF.....98 DK.....99
#3	<div style="text-align: right; margin-bottom: 5px;"><input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></div> _____ N/A (SKIP).....97 RF.....98 DK.....99	_____ _____ <div style="text-align: right; margin-bottom: 5px;"><input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></div> N/A (SKIP).....97 RF.....98 DK.....99

OF VACCINATION REACTION SUPPLEMENTS.....

SECTION F: OBSTETRIC AND DELIVERY COMPLICATIONS

OBSTETRIC COMPLICATIONS

We are interested in learning about any obstetric and pregnancy conditions that you might have had during your pregnancy with (CHILD).

F1. ASK R TO LOOK AT LIST 9 IN PREP GUIDE. I am going to read you a list of obstetric and pregnancy conditions. Please tell me if you had any of these conditions during your pregnancy with (CHILD). Did you have (READ ANSWERS AND CODE ALL THAT APPLY)?

Anemia.....01
 Chorioamnionitis.....02
 Eclampsia.....03
 Gestational diabetes.....04
 HELLP syndrome.....05
 Hyperemesis.....06
 Incompetent cervix.....07
 Low blood pressure that required medical treatment.....08
 Pregnancy-induced hypertension or preeclampsia.....09
 Premature rupture of your membranes.....10
 Pre-term or early labor.....11
 Vaginal bleeding.....12
 Other.....(SPECIFY).....90
 NONE.....(SKIP TO F9).....00
 RF.....(SKIP TO F9).....98
 DK.....(SKIP TO F9).....99

SPECIFY: _____

SPECIFY: _____

ANSWER F2–F8 FOR EACH COMPLICATION.

COMPLICATION 1: _____

F2A.	F2B.	F2C.	F2D.
During which months did you have (COMPLICATION)? F2 VERBATIM: _____ _____ 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	Would you say you had (COMPLICATION) in your first trimester , from (1) to (3)? YES NO N/A RF DK 01 02 97 98 98	Would you say you had (COMPLICATION) in your second trimester , from (4) to (6)? YES NO N/A RF DK 01 02 97 98 98	Would you say you had (COMPLICATION) in your third trimester , from (7) to (10)? YES NO N/A RF DK 01 02 97 98 98
IF DK, ASK B-D.			

F3. Did you take any medicine for (COMPLICATION)? (IF YES: ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine did you take? Any others?)

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO F5).....02
 N/A (SKIP).....97
 RF.....(SKIP TO F5).....98
 DK.....(SKIP TO F5).....99

MEDICINE 1: _____

F4A.	F4B.	F4C.	F4D.
During which months from 1 to 10 did you take (MEDICINE) for (COMPLICATION)? F4 VERBATIM: _____ _____ 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	Would you say you took (MEDICINE) in your first trimester , from (1) to (3)? YES NO N/A RF DK 01 02 97 98 98	Would you say you took (MEDICINE) in your second trimester , from (4) to (6)? YES NO N/A RF DK 01 02 97 98 98	Would you say you took (MEDICINE) in your third trimester , from (7) to (10)? YES NO N/A RF DK 01 02 97 98 98
IF DK, ASK B-D.			

MEDICINE 2: _____

F4A.	F4B.	F4C.	F4D.
During which months from 1 to 10 did you take (MEDICINE) for (COMPLICATION)? F4 VERBATIM: _____ _____ 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	Would you say you took (MEDICINE) in your first trimester , from (1) to (3)? YES NO N/A RF DK 01 02 97 98 98	Would you say you took (MEDICINE) in your second trimester , from (4) to (6)? YES NO N/A RF DK 01 02 97 98 98	Would you say you took (MEDICINE) in your third trimester , from (7) to (10)? YES NO N/A RF DK 01 02 97 98 98
IF DK, ASK B-D.			

OF PREGNANCY COMPLICATION 1 MEDICINE SUPPLEMENTS...

F5. Did you have any treatments for (COMPLICATION)?
 This could include bed rest, home remedies, medical procedures, acupuncture, or chiropractic treatment. (IF YES: ASK R TO REFER TO LIST 7p IN PREP GUIDE.
 What treatment did you have? Any others?)

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO NEXT COMPLICATION/F7).....02
 N/A (SKIP).....97
 RF.....(SKIP TO NEXT COMPLICATION/F7).....98
 DK.....(SKIP TO NEXT COMPLICATION/F7).....99

TREATMENT 1: _____

F6A.	F6B.	F6C.	F6D.
During which months did you have (TREATMENT)? F6 VERBATIM: _____ 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK....99	Would you say you had (TREATMENT) in your first trimester , from (1) to (3)? YES NO N/A RF DK 01 02 97 98 98	Would you say you had (TREATMENT) in your second trimester , from (4) to (6)? YES NO N/A RF DK 01 02 97 98 98	Would you say you had (TREATMENT) in your third trimester , from (7) to (10)? YES NO N/A RF DK 01 02 97 98 98
IF DK, ASK B-D.			

TREATMENT 2: _____

F6A.	F6B.	F6C.	F6D.
During which months did you have (TREATMENT)? F6 VERBATIM: _____ 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK....99	Would you say you had (TREATMENT) in your first trimester , from (1) to (3)? YES NO N/A RF DK 01 02 97 98 98	Would you say you had (TREATMENT) in your second trimester , from (4) to (6)? YES NO N/A RF DK 01 02 97 98 98	Would you say you had (TREATMENT) in your third trimester , from (7) to (10)? YES NO N/A RF DK 01 02 97 98 98
IF DK, ASK B-D.			

OF PREGNANCY COMPLICATION 1 TREATMENT SUPPLEMENTS.....

COMPLICATION 2: _____

F2A.	F2B.	F2C.	F2D.
During which months did you have (COMPLICATION)? F2 VERBATIM: _____	Would you say you had (COMPLICATION) in your first trimester , from (1) to (3)?	Would you say you had (COMPLICATION) in your second trimester , from (4) to (6)?	Would you say you had (COMPLICATION) in your third trimester , from (7) to (10)?
1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 98	YES NO N/A RF DK 01 02 97 98 98	YES NO N/A RF DK 01 02 97 98 98
IF DK, ASK B-D.			

F3. Did you take any medicine for (COMPLICATION)? (IF YES: ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine did you take? Any others?)

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO F5).....02
 N/A (SKIP).....97
 RF.....(SKIP TO F5).....98
 DK.....(SKIP TO F5).....99

MEDICINE 1: _____

F4A.	F4B.	F4C.	F4D.
During which months from 1 to 10 did you take (MEDICINE) for (COMPLICATION)? F4 VERBATIM: _____	Would you say you took (MEDICINE) in your first trimester , from (1) to (3)?	Would you say you took (MEDICINE) in your second trimester , from (4) to (6)?	Would you say you took (MEDICINE) in your third trimester , from (7) to (10)?
1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 98	YES NO N/A RF DK 01 02 97 98 98	YES NO N/A RF DK 01 02 97 98 98
IF DK, ASK B-D.			

MEDICINE 2: _____

F4A.	F4B.	F4C.	F4D.
During which months from 1 to 10 did you take (MEDICINE) for (COMPLICATION)? F4 VERBATIM: _____	Would you say you took (MEDICINE) in your first trimester , from (1) to (3)?	Would you say you took (MEDICINE) in your second trimester , from (4) to (6)?	Would you say you took (MEDICINE) in your third trimester , from (7) to (10)?
1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 98	YES NO N/A RF DK 01 02 97 98 98	YES NO N/A RF DK 01 02 97 98 98
IF DK, ASK B-D.			

OF PREGNANCY COMPLICATION 2 MEDICINE SUPPLEMENTS...

F5. Did you have any treatments for (COMPLICATION)?
 This could include bed rest, home remedies, medical procedures, acupuncture, or chiropractic treatment. (IF YES: ASK R TO REFER TO LIST 7p IN PREP GUIDE.
 What treatment did you have? Any others?)

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO NEXT COMPLICATION/F7).....02
 N/A (SKIP).....97
 RF.....(SKIP TO NEXT COMPLICATION/F7).....98
 DK.....(SKIP TO NEXT COMPLICATION/F7).....99

TREATMENT 1: _____

F6A.	F6B.					F6C.					F6D.				
During which months did you have (TREATMENT)? F6 VERBATIM: _____	Would you say you had (TREATMENT) in your first trimester , from (1) to (3)?					Would you say you had (TREATMENT) in your second trimester , from (4) to (6)?					Would you say you had (TREATMENT) in your third trimester , from (7) to (10)?				
1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
	01	02	97	98	98	01	02	97	98	98	01	02	97	98	98
IF DK, ASK B-D.															

TREATMENT 2: _____

F6A.	F6B.					F6C.					F6D.				
During which months did you have (TREATMENT)? F6 VERBATIM: _____	Would you say you had (TREATMENT) in your first trimester , from (1) to (3)?					Would you say you had (TREATMENT) in your second trimester , from (4) to (6)?					Would you say you had (TREATMENT) in your third trimester , from (7) to (10)?				
1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
	01	02	97	98	98	01	02	97	98	98	01	02	97	98	98
IF DK, ASK B-D.															

OF PREGNANCY COMPLICATION 2 TREATMENT SUPPLEMENTS.....

COMPLICATION 3: _____

F2A.	F2B.	F2C.	F2D.
During which months did you have (COMPLICATION)? F2 VERBATIM: _____ _____ 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	Would you say you had (COMPLICATION) in your first trimester , from (1) to (3)? YES NO N/A RF DK 01 02 97 98 98	Would you say you had (COMPLICATION) in your second trimester , from (4) to (6)? YES NO N/A RF DK 01 02 97 98 98	Would you say you had (COMPLICATION) in your third trimester , from (7) to (10)? YES NO N/A RF DK 01 02 97 98 98
IF DK, ASK B-D.			

F3. Did you take any medicine for (COMPLICATION)? (IF YES: ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine did you take? Any others?)

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO F5).....02
 N/A (SKIP).....97
 RF.....(SKIP TO F5).....98
 DK.....(SKIP TO F5).....99

MEDICINE 1: _____

F4A.	F4B.	F4C.	F4D.
During which months from 1 to 10 did you take (MEDICINE) for (COMPLICATION)? F4 VERBATIM: _____ _____ 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	Would you say you took (MEDICINE) in your first trimester , from (1) to (3)? YES NO N/A RF DK 01 02 97 98 98	Would you say you took (MEDICINE) in your second trimester , from (4) to (6)? YES NO N/A RF DK 01 02 97 98 98	Would you say you took (MEDICINE) in your third trimester , from (7) to (10)? YES NO N/A RF DK 01 02 97 98 98
IF DK, ASK B-D.			

MEDICINE 2: _____

F4A.	F4B.	F4C.	F4D.
During which months from 1 to 10 did you take (MEDICINE) for (COMPLICATION)? F4 VERBATIM: _____ _____ 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	Would you say you took (MEDICINE) in your first trimester , from (1) to (3)? YES NO N/A RF DK 01 02 97 98 98	Would you say you took (MEDICINE) in your second trimester , from (4) to (6)? YES NO N/A RF DK 01 02 97 98 98	Would you say you took (MEDICINE) in your third trimester , from (7) to (10)? YES NO N/A RF DK 01 02 97 98 98
IF DK, ASK B-D.			

OF PREGNANCY COMPLICATION 3 MEDICINE SUPPLEMENTS...

F5. Did you have any treatments for (COMPLICATION)?
 This could include bed rest, home remedies, medical procedures, acupuncture, or chiropractic treatment. (IF YES: ASK R TO REFER TO LIST 7p IN PREP GUIDE.
 What treatment did you have? Any others?)

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO NEXT COMPLICATION/F7).....02
 N/A (SKIP).....97
 RF.....(SKIP TO NEXT COMPLICATION/F7).....98
 DK.....(SKIP TO NEXT COMPLICATION/F7).....99

TREATMENT 1: _____

F6A.	F6B.					F6C.					F6D.				
During which months did you have (TREATMENT)? F6 VERBATIM: _____	Would you say you had (TREATMENT) in your first trimester , from (1) to (3)?					Would you say you had (TREATMENT) in your second trimester , from (4) to (6)?					Would you say you had (TREATMENT) in your third trimester , from (7) to (10)?				
1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
	01	02	97	98	98	01	02	97	98	98	01	02	97	98	98
IF DK, ASK B-D.															

TREATMENT 2: _____

F6A.	F6B.					F6C.					F6D.				
During which months did you have (TREATMENT)? F6 VERBATIM: _____	Would you say you had (TREATMENT) in your first trimester , from (1) to (3)?					Would you say you had (TREATMENT) in your second trimester , from (4) to (6)?					Would you say you had (TREATMENT) in your third trimester , from (7) to (10)?				
1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
	01	02	97	98	98	01	02	97	98	98	01	02	97	98	98
IF DK, ASK B-D.															

OF PREGNANCY COMPLICATION 3 TREATMENT SUPPLEMENTS.....

OF PREGNANCY COMPLICATION SUPPLEMENTS.....

F7. During your pregnancy with (CHILD), how many pelvic exams did you have?

OF PELVIC EXAMS.....
 RF.....98
 DK.....99

DELIVERY COMPLICATIONS

F8. Now I am going to ask you a few questions about the labor and delivery with (CHILD). Were you given medications to help start or augment labor such as pitocin or oxytocin?

YES.....01
 NO.....02
 RF.....98
 DK.....99

F9. Did you receive (READ ANSWERS)? CODE ALL THAT APPLY.

General anesthesia.....01
 A spinal.....02
 An epidural.....03
 Other anesthesia.....(SPECIFY).....90
 No anesthesia.....00
 RF.....98
 DK.....99

SPECIFY _____

F10. What was the method of delivery? READ ANSWERS.

Vaginal.....(ASK F11).....01
 Scheduled cesarean section because you had a previous cesarean section.....02
 Scheduled cesarean section because your baby was breech.....03
 Scheduled cesarean section for another reason (SPECIFY).....04
 Emergency cesarean section.....05
 RF.....98
 DK.....99

SPECIFY _____

IF F10 NOT EQUAL TO 01, SKIP TO F13.

F11. Were forceps used or was vacuum extraction done to aide delivery?

	YES	NO	N/A (SKIP)	RF	DK
a. Forceps.....	01	02	97	98	99
b. Vacuum extraction.....	01	02	97	98	99

F12. Was the baby breech?

YES.....01
 NO.....02
 N/A (SKIP).....97
 RF.....98
 DK.....99

F13. Did **you** experience any of the following events during the labor or delivery of (CHILD)? READ ANSWERS AND CODE ALL THAT APPLY.

Adverse reaction to anesthesia.....01
 High fever.....(ASK F14).....02
 Hemorrhage.....03
 Uterine rupture.....04
 Low blood pressure.....05
 Other.....(SPECIFY).....90
 NONE.....00
 RF.....98
 DK.....99

SPECIFY _____

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SECTION G: POSTNATAL HISTORY

Now I'd like to ask you some questions about (CHILD)'s health after (his/her) birth. You can refer to List 10 in your prep guide for assistance.

MEDICAL CONDITIONS

G1. ASK R TO REFER TO LIST 10 IN PREP GUIDE. Please tell me if a doctor or other health care professional ever told you that (CHILD) had any of the following conditions or problems between birth and age three, that is, until (CHILD)'s 3rd birthday. Did (CHILD) have (READ ANSWERS AND CODE ALL THAT APPLY)?

- Chicken pox.....01
- Cytomegalovirus.....02
- Diphtheria.....03
- Ear infection, recurrent.....04
- Eczema or Psoriasis.....05
- German measles or rubella.....06
- Hepatitis (PROBE)
- HEPATITIS A.....07
- HEPATITIS B.....08
- HEPATITIS C.....09
- HEPATITIS NOS.....10
- Herpes infection.....11
- HIV.....12
- Lyme Disease.....13
- Measles.....14
- Bacterial meningitis.....15
- Viral meningitis.....16
- Mumps.....17
- Parvovirus or Fifth Disease.....18
- Pneumonia.....19
- Respiratory Syncytial Virus or RSV.....20
- Seizure disorder or Epilepsy.....21
- Skin condition.....(SPECIFY).....22
- Streptococcus, Group B or Group B Strep.....23
- Tetanus.....24
- Tonsillitis.....25
- Toxoplasmosis.....26
- Tuberculosis.....27
- Urinary Tract Infection or UTI.....28
- Other.....(SPECIFY).....90
- NONE.....(SKIP TO G7).....00
- RF.....(SKIP TO G7).....98
- DK.....(SKIP TO G7).....99

SPECIFY: _____

SPECIFY: _____

ANSWER G2-G6 FOR EACH CONDITION.

G2.

G3.

G4. 

CONDITION:	At what ages did (CHILD) have (INFECTION/CONDITION)? CODE ALL AGES THAT APPLY.	Did (CHILD) take any medication for (INFECTION/CONDITION)?	ASK R TO REFER TO LIST 11a–11g IN PREP GUIDE. What medicine did (CHILD) take for (INFECTION/CONDITION)? Any other?
#1: _____	<1 YEAR (BEFORE 1 ST BIRTHDAY).....01 2 YEARS (BETWEEN 1 ST AND 2 ND BIRTHDAY).....02 3 YEARS (BETWEEN 2 ND AND 3 RD BIRTHDAY).....03 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....(SKIP TO G5).....02 N/A (SKIP).....97 RF.....(SKIP TO G5).....98 DK.....(SKIP TO G5).....99	MEDICINE 1: _____ <input type="text"/> MEDICINE 2: _____ <input type="text"/> MEDICINE 3: _____ <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
#2: _____	<1 YEAR (BEFORE 1 ST BIRTHDAY).....01 2 YEARS (BETWEEN 1 ST AND 2 ND BIRTHDAY).....02 3 YEARS (BETWEEN 2 ND AND 3 RD BIRTHDAY).....03 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....(SKIP TO G5).....02 N/A (SKIP).....97 RF.....(SKIP TO G5).....98 DK.....(SKIP TO G5).....99	MEDICINE 1: _____ <input type="text"/> MEDICINE 2: _____ <input type="text"/> MEDICINE 3: _____ <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
#3: _____	<1 YEAR (BEFORE 1 ST BIRTHDAY).....01 2 YEARS (BETWEEN 1 ST AND 2 ND BIRTHDAY).....02 3 YEARS (BETWEEN 2 ND AND 3 RD BIRTHDAY).....03 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....(SKIP TO G5).....02 N/A (SKIP).....97 RF.....(SKIP TO G5).....98 DK.....(SKIP TO G5).....99	MEDICINE 1: _____ <input type="text"/> MEDICINE 2: _____ <input type="text"/> MEDICINE 3: _____ <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99

G5.

G6.

<p>Did (CHILD) have any treatment for (INFECTION/CONDITION)? This could include bed rest, home remedies, medical procedures, acupuncture, or chiropractic treatment.</p>	<p>ASK R TO REFER TO LIST 11g IN PREP GUIDE. What treatment did (CHILD) have for condition? Anything else?</p>
<p>YES.....01 NO...(SKIP TO NEXT CONDITION/G7)....02 N/A (SKIP).....97 RF...(SKIP TO NEXT CONDITION/G7)....98 DK...(SKIP TO NEXT CONDITION/G7)....99</p>	<p>TREATMENT 1: _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>TREATMENT 2: _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>TREATMENT 3: _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>
<p>YES.....01 NO...(SKIP TO NEXT CONDITION/G7)....02 N/A (SKIP).....97 RF...(SKIP TO NEXT CONDITION/G7)....98 DK...(SKIP TO NEXT CONDITION/G7)....99</p>	<p>TREATMENT 1: _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>TREATMENT 2: _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>TREATMENT 3: _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>
<p>YES.....01 NO...(SKIP TO NEXT CONDITION/G7)....02 N/A (SKIP).....97 RF...(SKIP TO NEXT CONDITION/G7)....98 DK...(SKIP TO NEXT CONDITION/G7)....99</p>	<p>TREATMENT 1: _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>TREATMENT 2: _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>TREATMENT 3: _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>

OF CHILD MEDICAL CONDITION SUPPLEMENTS.....

ALLERGIES

G7. Has a doctor ever told you that (CHILD) had allergies? YES.....01
 NO.....(SKIP TO G13).....02
 RF.....(SKIP TO G13).....98
 DK.....(SKIP TO G13).....99

G8. Which of the following types of allergies does (CHILD) have? Is it (READ ANSWERS AND CODE ALL THAT APPLY)? Hay fever.....01
 Skin allergy.....(SPECIFY).....02
 Food allergy.....(SPECIFY).....03
 Drug allergy.....(SPECIFY).....04
 Other.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

ANSWER G9–G11 FOR EACH ALLERGY.

	G9.	G10.	G11.
ALLERGY:	How old was (CHILD) when you were first told that (he/she) had (ALLERGY)?	Did (CHILD) take any medications for (ALLERGY)?	ASK R TO REFER TO LIST 11a–11g IN PREP GUIDE. What medicines did (CHILD) take? Anything else?
#1: _____	YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKP).....97 RF.....98 DK.....99	YES.....01 NO.....(SKIP TO NEXT ALLERGY/G12).....02 N/A (SKIP).....97 RF.....(SKIP TO NEXT ALLERGY/G12).....98 DK.....(SKIP TO NEXT ALLERGY/G12).....99	MEDICINE 1: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEDICINE 2: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEDICINE 3: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99

#2: _____	YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKP).....97 RF.....98 DK.....99	YES.....01 NO.....(SKIP TO NEXT ALLERGY/G12).....02 N/A (SKIP).....97 RF.....(SKIP TO NEXT ALLERGY/G12).....98 DK.....(SKIP TO NEXT ALLERGY/G12).....99	MEDICINE 1: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEDICINE 2: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEDICINE 3: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
-----------	---	---	---

#3: _____	YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKP).....97 RF.....98 DK.....99	YES.....01 NO.....(SKIP TO NEXT ALLERGY/G12).....02 N/A (SKIP).....97 RF.....(SKIP TO NEXT ALLERGY/G12).....98 DK.....(SKIP TO NEXT ALLERGY/G12).....99	MEDICINE 1: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEDICINE 2: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEDICINE 3: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
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OF CHILD ALLERGY SUPPLEMENTS.....

G12.	Has (CHILD) ever had an allergic reaction that required medical attention such as an office contact, either telephone or in-person visit, or hospitalization?	YES.....	01
		NO.....	02
		N/A (SKIP).....	97
		RF.....	98
		DK.....	99

MEDICATION USE

We are interested in other medications, including over-the-counter medications that (CHILD) might have been given from birth up to (his/her) third birthday. I will ask you about medications that (CHILD) might have taken for specific conditions and symptoms during the first three years of (CHILD)'s life. Please refer to list 11a through 11g in your preparatory guide so that we can get the most accurate information possible. Medications can be in pill form, nasal spray, patches, creams, or any other over the counter medications.

G13.	From birth to (his/her) third birthday, did (CHILD) take any medications for the following conditions? READ ANSWERS AND CODE ALL THAT APPLY.	General headaches.....	01
		Cold.....	02
		Cough.....	03
		Fevers.....	04
		Influenza or flu.....	05
		Asthma.....	06
		Eye infections.....	07
		Gastrointestinal problems with stomach or bowel.....	08
		Sleep disorders.....	09
		Behavior problems.....	10
		Other.....(SPECIFY).....	90
		NONE.....(SKIP TO G16).....	00
		RF.....(SKIP TO G16).....	98
		DK.....(SKIP TO G16).....	99

SPECIFY: _____

G14.

G15.

ANSWER G14-G15 FOR EACH CONDITION	ASK R TO REFER TO LISTS 11a–11g IN PREP GUIDE. What medicine did (CHILD) take for (CONDITION)? Any others?	At what ages did (CHILD) take (MEDICATION)?
CONDITION 1: _____	MED 1: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....(SKIP TO NEXT MED/NEXT CONDITION/G16)....98 DK.....(SKIP TO NEXT MED/NEXT CONDITION/G16)....99	YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99

	MED 2: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....(SKIP TO NEXT MED/NEXT CONDITION/G16)....98 DK.....(SKIP TO NEXT MED/NEXT CONDITION/G16)....99	YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99

	MED 3: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....(SKIP TO NEXT MED/NEXT CONDITION/G16)....98 DK.....(SKIP TO NEXT MED/NEXT CONDITION/G16)....99	YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99

OF CHILD CONDITION 1 MEDICINE SUPPLEMENTS.....

G14.

G15.

	ASK R TO REFER TO LISTS 11a–11g IN PREP GUIDE. What medicine did (CHILD) take for (CONDITION)? Any others?	At what ages did (CHILD) take (MEDICATION)?
CONDITION 2: _____ _____	MED 1: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....(SKIP TO NEXT MED/NEXT CONDITION/G16)....98 DK.....(SKIP TO NEXT MED/NEXT CONDITION/G16)....99	YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99

	MED 2: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....(SKIP TO NEXT MED/NEXT CONDITION/G16)....98 DK.....(SKIP TO NEXT MED/NEXT CONDITION/G16)....99	YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99

	MED 3: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....(SKIP TO NEXT MED/NEXT CONDITION/G16)....98 DK.....(SKIP TO NEXT MED/NEXT CONDITION/G16)....99	YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99

OF CHILD CONDITION 2 MEDICINE SUPPLEMENTS.....

G14.

G15.

	ASK R TO REFER TO LISTS 11a–11g IN PREP GUIDE. What medicine did (CHILD) take for (CONDITION)? Any others?	At what ages did (CHILD) take (MEDICATION)?
CONDITION 3: _____ _____	MED 1: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....(SKIP TO NEXT MED/NEXT CONDITION/G16)...98 DK.....(SKIP TO NEXT MED/NEXT CONDITION/G16)...99	YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99

	MED 2: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....(SKIP TO NEXT MED/NEXT CONDITION/G16)...98 DK.....(SKIP TO NEXT MED/NEXT CONDITION/G16)...99	YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99

	MED 3: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....(SKIP TO NEXT MED/NEXT CONDITION/G16)...98 DK.....(SKIP TO NEXT MED/NEXT CONDITION/G16)...99	YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
		YEARS..... <input type="text"/> <input type="text"/> AND/OR MONTHS..... <input type="text"/> <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99

OF CHILD CONDITION 3 MEDICINE SUPPLEMENTS.....

INJURIES

G16. Has (CHILD) ever had an injury that required medical attention?

YES.....01
 NO.....(SKIP TO H1).....02
 RF.....(SKIP TO H1).....98
 DK.....(SKIP TO H1).....99

COMPLETE G17-G24 FOR EACH INJURY.

G17. G18. G19. G20. G21. G22.

What was the injury? INJURY	How old was (CHILD) when (INJURY) happened?	Did (CHILD) lose consciousness as a result of (INJURY)?	Was (CHILD) hospitalized or did (he/she) visit an emergency room for (INJURY)?	Was surgery performed on (CHILD) for (INJURY)?	Did (CHILD) take any medications or receive injections because of the (INJURY)?
#1: _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 100px;"></div> N/A (SKIP).....97 RF.....98 DK.....99	YEARS..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> AND/OR MONTHS..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO...(SKIP TO G24).....02 N/A (SKIP).....97 RF...(SKIP TO G24).....98 DK...(SKIP TO G24).....99
#2: _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 100px;"></div> N/A (SKIP).....97 RF.....98 DK.....99	YEARS..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> AND/OR MONTHS..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO...(SKIP TO G24).....02 N/A (SKIP).....97 RF...(SKIP TO G24).....98 DK...(SKIP TO G24).....99
#3: _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 100px;"></div> N/A (SKIP).....97 RF.....98 DK.....99	YEARS..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> AND/OR MONTHS..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO...(SKIP TO G24).....02 N/A (SKIP).....97 RF...(SKIP TO G24).....98 DK...(SKIP TO G24).....99

G23.

G24.

<p>ASK R TO REFER TO LIST 11a–11g IN PREP GUIDE. What medications or injections did (CHILD) take or receive for (INJURY)? Any others?</p>	<p>Did your child have any long-term or significant changes in behavior after (INJURY)?</p>
<p>MED #1: _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>MED #2: _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>MED #3: _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99</p>
<p>MED #1: _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>MED #2: _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>MED #3: _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99</p>
<p>MED #1: _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>MED #2: _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>MED #3: _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99</p>

OF CHILD INJURY SUPPLEMENTS.....

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SECTION H: OCCUPATIONAL HISTORY

IF R NOT BIOMOM (A5 > 01), SKIP TO SECTION K.

Now, I am going to ask you about your work experience during the 3 months before you became pregnant until ([CHILD] was born/time you stopped breastfeeding [CHILD]), so that would include (-3) to (DOIB/END BF). As we discuss your jobs, please include jobs that were paid, volunteer, or military service, which lasted one month or more for 10 or more hours per week. I will also ask you about stay-at-home parenting and education activities, so do not include those as a job.

- H1A. Between (-3) and (DOIB/END BF) did you have a job? YES.....01
 NO.....02
 RF.....98
 DK.....99
- H1B. During that time, were you enrolled as a regular full-time student? That is, not just taking 1 class or community classes. YES.....01
 NO.....(SKIP TO H3).....02
 RF.....(SKIP TO H3).....98
 DK.....(SKIP TO H3).....99
- H1C. At what level or grade were you enrolled? HS OR VOCATIONAL SCHOOL.....(SKIP TO H2A)...01
 COLLEGE-UNDERGRAD.....02
 GRAD OR PROFESSIONAL SCHOOL.....03
 N/A (SKIP).....97
 RF.....(SKIP TO H2A)...98
 DK.....(SKIP TO H2A)...99
- H1D. What was your major field of study? SPECIFY.
 MAJOR: _____
 N/A (SKIP).....97
 RF.....98
 DK.....99

H2A.	H2B.	H2C.	H2D.
During which months from (-3) to (DOIB/END BF) were you a regular student? VERBATIM: _____ -3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF....98 DK....99	Would you say you were a regular student in the three months before you became pregnant, from (-3) to (-1)? YES NO N/A RF DK 01 02 97 98 99	Would you say you were a regular student in your first trimester , from (1) to (3)? YES NO N/A RF DK 01 02 97 98 99	Would you say you were a regular student in your second trimester , from (4) to (6)? YES NO N/A RF DK 01 02 97 98 99

IF DK, ASK B-F. OTHERWISE, SKIP TO H4 BOX.

IF R DID NOT BREASTFEED, SKIP TO H4 BOX.

H2E.	H2F.
Would you say you were a regular student in your third trimester , from (7) to (10)? YES NO N/A RF DK 01 02 97 98 99	Would you say you were a regular student during the months you breastfed , from (DOIB/10) to (END BF)? YES NO N/A RF DK 01 02 97 98 99

IF HAD A JOB (H1A = 01), SKIP TO H4 BOX.

H3A. Which of the following describes what you were doing during this time? Were you (READ ANSWERS AND CODE ALL THAT APPLY)?

- A stay at home parent or caregiver.....01
- Disabled.....02
- Unemployed or in between jobs.....(ASK H3B).....03
- Incarcerated.....04
- Something else?.....(SPECIFY).....90
- N/A (SKIP).....97
- RF.....98
- DK.....99

SPECIFY: _____

IF H3A NOT EQUAL TO 03, SKIP TO SECTION J.

H3B. What was your usual job or job title?

- SPECIFY: _____
- N/A (SKIP).....97
 - RF.....98
 - DK.....99

SKIP TO SECTION J.


H4 INSTRUCTION BOX:

IF STUDENT ONLY (H1A = 02, 98, OR 99), SKIP TO H10.

I would like to know more about the jobs that you held between (-3) and (DOIB/END BF) that lasted one month or more at 10 or more hours a week. I am interested in types of jobs, so if you worked different jobs with the same employer, please tell me about those as separate jobs. But if you were self-employed or a contractor doing similar work for different companies, include that as one job. Think about all the jobs you had between (-3) and (DOIB/END BF) starting with the most recent.

ASK H4A-C FOR ALL JOBS, THEN ANSWER H5-H9 FOR EACH JOB.

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H4A.	H4B.	H4C.	H5. 
<p>Can you please tell me your title for the most recent job? This would be the one you had just after (CHILD) was born. And your title for the previous job?</p> <p>JOB TITLE:</p>	<p>Please tell me the name of the company or organization you worked for, or whether you were self-employed, for this (most recent/previous) job.</p> <p>EMPLOYER:</p>	<p>Please tell me the city and state the job was located in, for this (most recent/previous) job.</p> <p>CITY/STATE:</p>	<p>Next, I'm going to ask you a few questions about each of those jobs. For your job as (JOB TITLE), when did you start working at this job? Please tell me the month and year.</p> <p>MONTH / YEAR:</p>
<p>1. _____ <input type="text"/> <input type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>_____ <input type="text"/> <input type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>_____ <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>____/____</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>
<p>2. _____ <input type="text"/> <input type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>_____ <input type="text"/> <input type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>_____ <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>____/____</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>
<p>3. _____ <input type="text"/> <input type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>_____ <input type="text"/> <input type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>_____ <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>____/____</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>
<p>4. _____ <input type="text"/> <input type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>_____ <input type="text"/> <input type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>_____ <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>____/____</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>
<p>5. _____ <input type="text"/> <input type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>_____ <input type="text"/> <input type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>_____ <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>____/____</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>

H6. When did you stop working at this job? Please tell me the month and year. MONTH / YEAR:	H7. How many hours per week did you work on this job? HOURS PER WEEK:	H8. What type of business was this, or what did the company make or do? BUSINESS:	H9. Please describe your main duties or activities for this job, that is what you did and how you did it. PROBE: Anything else? MAIN DUTIES:
<div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99
<div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99
<div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99
<div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99
<div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99

OF JOB SUPPLEMENTS.....

H10. (At any of these jobs/[or] As a student), did you regularly, that is a least once per week from (-3) to (DOIB/END BF), work with or around any substances or chemicals? Please include substances such as solvents or degreasers, pesticides, heavy metals, or radioactive materials including x-rays.

YES.....01
 NO.....(SKIP TO J1).....02
 N/A (SKIP).....97
 RF.....(SKIP TO J1).....98
 DK.....99

ASK R TO REFER TO LIST 12 IN PREP GUIDE. I would like to ask you more about the chemicals or substances that you may have used. Some of the names may not sound familiar to you, but answer as best you can.

H11A. Did you work with or around any of the following at least once per week, from (-3) to (DOIB/END BF), at any job you described (or at school)? READ ANSWERS AND CODE ALL THAT APPLY.

Adhesives or glues, like rubber cement.....01	Metals (PROBE)*.....17	Pharmaceuticals or drugs.....34
Alcohols, such as methanol or ethanol.....02	Chromium.....18	Phthalates.....35
Anesthetic gases.....03	Lead.....19	Styrene.....36
Automotive fluids (PROBE)*.....04	Manganese.....20	Toluene.....37
Antifreeze.....05	Mercury.....21	Trichloroethylene or TCE or trichlorethane or TCA.....38
Brake fluid.....06	Metal dust or fumes.....22	Varnishes.....39
Degreasers.....07	Nickel.....23	Vinyl chloride.....40
Freon.....08	Other metals.....(SPECIFY).....24	X-ray or radioactive materials.....41
Gasoline.....09	Oil-based paints.....25	Xylene.....42
Benzene.....10	Paint strippers.....26	Any other solvents or degreasers.....(SPECIFY).....43
Carbon disulfide.....11	Paint thinners.....27	Other.....(SPECIFY).....90
Carbon tetrachloride.....12	Perchloroethylene or perc.....28	N/A (SKIP).....97
Diesel fumes.....13	Pesticides or herbicides, for example bug or weed killers (PROBE)*.....29	RF.....98
Ethylene oxide.....14	Fungicides.....(SPECIFY).....30	DK.....99
Glycol ethers.....15	Herbicides.....(SPECIFY).....31	
Lacquers.....16	Insecticides.....(SPECIFY).....32	
	Rat poison.....(SPECIFY).....33	

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

* ASK ALL SPECIFIC INDENTED CHEMICALS/SUBSTANCES EVEN IF CATEGORY ANSWER IS NO.

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COMPLETE ONE ROW FOR EACH CHEMICAL OR SUBSTANCE USED.		H11B.	H11C.	H11D.
CHEMICAL/SUBSTANCE: #1: _____ <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; margin-left: 10px;"></div>	Which months between (-3) and (DOIB/END BF) were you around (CHEM/SUBSTANCE)? -3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	Would you say you were around (CHEM/SUBSTANCE) in the three months before you became pregnant, from (-3) to (-1)? YES NO N/A RF DK 01 02 97 98 99	Would you say you were around (CHEM/SUBSTANCE) in your first trimester , from (1) to (3)? YES NO N/A RF DK 01 02 97 98 99	
				H11B VERBATIM: _____ _____ _____

**IF DK, ASK C-G.
OTHERWISE, SKIP TO H12A.**

#2: _____ <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; margin-left: 10px;"></div>	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99

**IF DK, ASK C-G.
OTHERWISE, SKIP TO H12A.**

#3: _____ <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; margin-left: 10px;"></div>	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99

**IF DK, ASK C-G.
OTHERWISE, SKIP TO H12A.**

IF R DID NOT BREASTFEED, SKIP TO
NEXT CHEM/SUBSTANCE/H12A.



H11E.					H11F.					H11G.				
Would you say you were around (CHEM/SUBSTANCE) in your second trimester , from (4) to (6)?					Would you say you were around (CHEM/SUBSTANCE) in your third trimester , from (7) to (10)?					Would you say you were around (CHEM/SUBSTANCE) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

H12A.	H12B.	H12C.	H12D.
Please describe the activities you were doing around these substances you mentioned (at which job), including how often you were around them.	Did you work mostly indoors, outdoors, or both?	When you were around these, did you usually use any protective gear or equipment such as gloves, masks, respirators, or fume hoods?	Which did you use? READ ANSWERS AND CODE ALL THAT APPLY.
VERBATIM: _____ _____ _____ <input type="checkbox"/> <input type="checkbox"/> N/A (SKIP).....97 RF.....98 DK.....99	INDOORS.....01 OUTDOORS.....02 BOTH.....03 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....(SKIP TO NEXT SUBSTANCE/J1).....02 N/A (SKIP).....97 RF.....98 DK.....99	Gloves or protective clothing.....01 Goggles.....02 Mask.....03 Respirator.....04 Fume hood or local ventilation.....05 Other.....(SPECIFY).....90 N/A (SKIP).....97 RF.....98 DK.....99 SPECIFY: _____ <input type="checkbox"/> <input type="checkbox"/>

VERBATIM: _____ _____ _____ <input type="checkbox"/> <input type="checkbox"/> N/A (SKIP).....97 RF.....98 DK.....99	INDOORS.....01 OUTDOORS.....02 BOTH.....03 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....(SKIP TO NEXT SUBSTANCE/J1).....02 N/A (SKIP).....97 RF.....98 DK.....99	Gloves or protective clothing.....01 Goggles.....02 Mask.....03 Respirator.....04 Fume hood or local ventilation.....05 Other.....(SPECIFY).....90 N/A (SKIP).....97 RF.....98 DK.....99 SPECIFY: _____ <input type="checkbox"/> <input type="checkbox"/>
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VERBATIM: _____ _____ _____ <input type="checkbox"/> <input type="checkbox"/> N/A (SKIP).....97 RF.....98 DK.....99	INDOORS.....01 OUTDOORS.....02 BOTH.....03 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....(SKIP TO NEXT SUBSTANCE/J1).....02 N/A (SKIP).....97 RF.....98 DK.....99	Gloves or protective clothing.....01 Goggles.....02 Mask.....03 Respirator.....04 Fume hood or local ventilation.....05 Other.....(SPECIFY).....90 N/A (SKIP).....97 RF.....98 DK.....99 SPECIFY: _____ <input type="checkbox"/> <input type="checkbox"/>
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OF CHEMICAL/SUBSTANCE SUPPLEMENTS.....

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SECTION J: TOBACCO, ALCOHOL, AND OTHER DRUGS

TOBACCO

J1. The next several questions are about your lifestyle. Did you **ever** smoke cigarettes? YES.....01
 NO.....(SKIP TO J5).....02
 RF.....(SKIP TO J5).....98
 DK.....(SKIP TO J5).....99

J2. At any time from (-3) to (DOIB/END BF), did you smoke cigarettes? YES.....01
 NO.....(SKIP TO J5).....02
 N/A (SKIP).....97
 RF.....(SKIP TO J5).....98
 DK.....(SKIP TO J5).....99

	J3A.			J3B.					J3C.				
	During which months did you smoke?			Did you smoke in the three months before you became pregnant, from (-3) to (-1)?					Did you smoke in your first trimester , from (1) to (3)?				
				YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
J3A VERBATIM: _____	-3.....01	-2.....02	-1.....03	01	02	97	98	99	01	02	97	98	99
_____	1.....04	2.....05	3.....06										
_____	4.....07	5.....08	6.....09										
	7.....10	8.....11	9.....12										
	10.....13	BF.....14	N/A...97										
	RF...98	DK...99											

IF DK, ASK B-F.

IF R DID NOT BREASTFEED, SKIP TO J4.

J3D.					J3E.					J3F.				
Did you smoke in your second trimester , from (4) to (6)?					Did you smoke in your third trimester , from (7) to (10)?					Did you smoke during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

COMPLETE ONE ROW FOR EACH MONTH/TRIMESTER INDICATED.

J4. About how many cigarettes did you smoke a day during (MONTH/TRIMESTER)?

MONTH/TRIMESTER	<1/ day	1/day	2-4/ day	½ Pack (5-14)	1 Pack (15-24)	1½ Packs (25-34)	2 Packs (35-44)	>2 Packs	N/A (SKIP)	RF	DK
1. _____	01	02	03	04	05	06	07	08	97	98	99
2. _____	01	02	03	04	05	06	07	08	97	98	99
3. _____	01	02	03	04	05	06	07	08	97	98	99
4. _____	01	02	03	04	05	06	07	08	97	98	99
5. _____	01	02	03	04	05	06	07	08	97	98	99
6. _____	01	02	03	04	05	06	07	08	97	98	99
7. _____	01	02	03	04	05	06	07	08	97	98	99
8. _____	01	02	03	04	05	06	07	08	97	98	99
9. _____	01	02	03	04	05	06	07	08	97	98	99
10. _____	01	02	03	04	05	06	07	08	97	98	99
11. _____	01	02	03	04	05	06	07	08	97	98	99
12. _____	01	02	03	04	05	06	07	08	97	98	99
13. _____	01	02	03	04	05	06	07	08	97	98	99
14. _____	01	02	03	04	05	06	07	08	97	98	99

J5. At any time from (-3) to (DOIB/END BF), did you use other tobacco products? (PROMPT: chewing tobacco, pipe tobacco, cigar smoking).

YES.....01
 NO.....02
 RF.....98
 DK.....99

J6. Did anyone else smoke one or more cigarettes regularly in your home between (-3) and (DOIB/END BF)?

YES.....01
 NO.....(SKIP TO K1).....02
 RF.....(SKIP TO K1).....98
 DK.....(SKIP TO K1).....99

	J7A.			J7B.					J7C.				
	During which months from (-3) to (DOIB/END BF), did someone else smoke cigarettes in your home?			Would you say someone else smoked cigarettes in your home during the three months before you became pregnant, from (-3) to (-1)?					Would you say someone else smoked cigarettes in your home during your first trimester , from (1) to (3)?				
J7A VERBATIM: _____	-3.....01	-2.....02	-1.....03	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
_____	1.....04	2.....05	3.....06	01	02	97	98	99	01	02	97	98	99
_____	4.....07	5.....08	6.....09										
	7.....10	8.....11	9.....12										
	10.....13	BF.....14	N/A...97										
	RF...98	DK...99											

IF DK, ASK B-F.

IF R DID NOT BREASTFEED, SKIP TO J8.

J7D.					J7E.					J7F.				
Would you say someone else smoked cigarettes in your home during your second trimester , from (4) to (6)?					Would you say someone else smoked cigarettes in your home during your third trimester , from (7) to (10)?					Would you say someone else smoked cigarettes in your home during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

ALCOHOL

J8. Did you have any alcoholic drinks between (-3) and (DOIB/END BF)? We define an alcoholic drink as one beer, one glass of wine, one mixed drink, or one shot of liquor. YES.....01
 NO.....(SKIP TO J13).....02
 RF.....(SKIP TO J13).....98
 DK.....(SKIP TO J13).....99

J9A.		J9B.					J9C.				
During which months did you drink?		Would you say you drank in the three months before you became pregnant, from (-3) to (-1)?					Would you say you drank in your first trimester , from (1) to (3)?				
-3.....01 -2.....02 -1.....03		YES NO N/A RF DK					YES NO N/A RF DK				
1.....04 2.....05 3.....06											
4.....07 5.....08 6.....09											
7.....10 8.....11 9.....12											
10.....13 BF.....14 N/A...97		01 02 97 98 99					01 02 97 98 99				
RF....98 DK....99											

J9A VERBATIM: _____

IF DK, ASK B-F.

IF R DID NOT BREASTFEED, SKIP TO J10.

J9D.					J9E.					J9F.				
Would you say you drank in your second trimester , from (4) to (6)?					Would you say you drank in your third trimester , from (7) to (10)?					Would you say you drank during the months you breastfed, from (DOIB/10) to (END BF)?				
YES NO N/A RF DK					YES NO N/A RF DK					YES NO N/A RF DK				
01 02 97 98 99					01 02 97 98 99					01 02 97 98 99				

COMPLETE ONE ROW FOR EACH MONTH/TRIMESTER INDICATED.

J10. During (MONTH/TRIMESTER), on average, how many drinks did you have per week?

MONTH/TRIMESTER	<1/ Week	1 or 2	3 or 4	5 or 6	6 or 7	7 to 9	10 or more	N/A (SKIP)	RF	DK
1. _____	01	02	03	04	05	06	07	97	98	99
2. _____	01	02	03	04	05	06	07	97	98	99
3. _____	01	02	03	04	05	06	07	97	98	99
4. _____	01	02	03	04	05	06	07	97	98	99
5. _____	01	02	03	04	05	06	07	97	98	99
6. _____	01	02	03	04	05	06	07	97	98	99
7. _____	01	02	03	04	05	06	07	97	98	99
8. _____	01	02	03	04	05	06	07	97	98	99
9. _____	01	02	03	04	05	06	07	97	98	99
10. _____	01	02	03	04	05	06	07	97	98	99
11. _____	01	02	03	04	05	06	07	97	98	99
12. _____	01	02	03	04	05	06	07	97	98	99
13. _____	01	02	03	04	05	06	07	97	98	99
14. _____	01	02	03	04	05	06	07	97	98	99

J11. Were there times when you had five or more drinks on one occasion between (-3) and (DOIB/END BF)?

YES.....01
 NO.....(SKIP TO J13).....02
 N/A (SKIP).....97
 RF.....(SKIP TO J13).....98
 DK.....(SKIP TO J13).....99

	J12A.			J12B.					J12C.						
	During which months from (-3) to (DOIB/END BF), did you drink five or more drinks on one occasion?			Would you say you drank five or more drinks on one occasion during the three months before you became pregnant, from (-3) to (-1)?					Would you say you drank five or more drinks on one occasion during your first trimester , from (1) to (3)?						
	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
J12A VERBATIM: _____	-3.....01	-2.....02	-1.....03	01	02	97	98	99	01	02	97	98	99		
_____	1.....04	2.....05	3.....06												
_____	4.....07	5.....08	6.....09												
	7.....10	8.....11	9.....12												
	10.....13	BF.....14	N/A...97												
	RF....98	DK....99													

IF DK, ASK B-F.

IF R DID NOT BREASTFEED, SKIP TO J13.

J12D.					J12E.					J12F.				
Would you say you drank five or more drinks on one occasion during your second trimester , from (4) to (6)?					Would you say you drank five or more drinks on one occasion during your third trimester , from (7) to (10)?					Would you say you drank five or more drinks on one occasion during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OTHER DRUGS

J13. Now I would like to ask you about any recreational drugs you might have used. Between (-3) and (DOIB/BF) did you use any of the following recreational or street drugs, or any prescription drugs that were not prescribed to you? READ ANSWERS AND CODE ALL THAT APPLY.

Marijuana.....01
 Cocaine.....02
 Ecstasy.....03
 Methamphetamines or crank or ice.....04
 Other.....(SPECIFY).....90
 NONE.....(SKIP TO K1).....00
 RF.....(SKIP TO K1).....98
 DK.....(SKIP TO K1).....99

SPECIFY: _____

	J14A.	J14B.	J14C.
COMPLETE ONE ROW FOR EACH DRUG USED.	Which months between (-3) and (DOIB/END BF) did you use or take (DRUG)?	Would you say you used or took (DRUG) in the three months before you became pregnant, from (-3) to (-1)?	Would you say you used or took (DRUG) in your first trimester , from (1) to (3)?
DRUG:		YES NO N/A RF DK	YES NO N/A RF DK
#1: _____	-3.....01 -2.....02 -1.....03	01 02 97 98 99	01 02 97 98 99
<input type="checkbox"/> <input type="checkbox"/>	1.....04 2.....05 3.....06		
J14A VERBATIM: _____	4.....07 5.....08 6.....09		
_____	7.....10 8.....11 9.....12		
_____	10.....13 BF.....14 N/A...97		
	RF...98 DK...99		

**IF DK, ASK B-F.
OTHERWISE, SKIP TO K1.**

DRUG:		YES NO N/A RF DK	YES NO N/A RF DK
#2: _____	-3.....01 -2.....02 -1.....03	01 02 97 98 99	01 02 97 98 99
<input type="checkbox"/> <input type="checkbox"/>	1.....04 2.....05 3.....06		
J14A VERBATIM: _____	4.....07 5.....08 6.....09		
_____	7.....10 8.....11 9.....12		
_____	10.....13 BF.....14 N/A...97		
	RF...98 DK...99		

**IF DK, ASK B-F.
OTHERWISE, SKIP TO K1.**

DRUG:		YES NO N/A RF DK	YES NO N/A RF DK
#3: _____	-3.....01 -2.....02 -1.....03	01 02 97 98 99	01 02 97 98 99
<input type="checkbox"/> <input type="checkbox"/>	1.....04 2.....05 3.....06		
J14A VERBATIM: _____	4.....07 5.....08 6.....09		
_____	7.....10 8.....11 9.....12		
_____	10.....13 BF.....14 N/A...97		
	RF...98 DK...99		

**IF DK, ASK B-F.
OTHERWISE, SKIP TO K1.**

IF R DID NOT BREASTFEED, SKIP TO NEXT DRUG/K1.

J14D.

J14E.

J14F.

Would you say you used or took (DRUG) in your second trimester , from (4) to (6)?					Would you say you used or took (DRUG) in your third trimester , from (7) to (10)?					Would you say you used or took (DRUG) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF DRUG SUPPLEMENTS.....

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SECTION K: INCOME AND CLOSING

K1.	The final survey questions ask about household income. In the 12 months prior to when (you were/[CHILD]'s biological mother was) pregnant with (CHILD), what was (your/her) estimated total household income before taxes? Please include income such as Medicaid, Social Security, and Unemployment payments. Was it (READ ANSWERS)?	Less than 10 Thousand Dollars.....01 10 to 30 Thousand Dollars.....02 30 to 50 Thousand Dollars.....03 50 to 70 Thousand Dollars.....04 70 to 90 Thousand Dollars.....05 90 to 110 Thousand Dollars.....06 More than 110 Thousand Dollars.....07 RF.....98 DK.....99
-----	---	--

INTERVIEWER NOTE: If income is exactly as start/end point, round up to the high range. For example, if income = \$30,000, round up to 30-50,000.

K2.	At that time, how many people were living in the household, including both adults and children?	# OF PEOPLE..... <input type="text"/> <input type="text"/> <input type="text"/> RF.....98 DK.....99
A.	How many of these were children under the age of 18?	# OF CHILDREN..... <input type="text"/> <input type="text"/> <input type="text"/> RF.....98 DK.....99

K3.	Do you currently live with (CHILD)? (PROBE: How much of the time do you live with [CHILD])?	YES, ALL OF THE TIME.....01 YES, PART OF THE TIME/SHARED CUSTODY.....(ASK A).....02 NO, NONE OF THE TIME.....03 RF.....98 DK.....99
-----	---	---

IF K3 NOT EQUAL TO 02, SKIP TO K4.

A.	On average, how many days does (CHILD) live with you?	NUMBER OF DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> PER WEEK.....1 PER MONTH.....2 PER YEAR.....3 N/A (SKIP).....97 RF.....98 DK.....99
----	---	--

K4.	What was your estimated total household income for the last 12 months before taxes? Please include income such as Medicaid, Social Security, and Unemployment payments. Was it (READ ANSWERS)?	Less than 10 Thousand Dollars.....01 10 to 30 Thousand Dollars.....02 30 to 50 Thousand Dollars.....03 50 to 70 Thousand Dollars.....04 70 to 90 Thousand Dollars.....05 90 to 110 Thousand Dollars.....06 More than 110 Thousand Dollars.....07 RF.....98 DK.....99
-----	---	--

K5. At that time, how many people were living in the household, including both adults and children? # OF PEOPLE.....
 RF.....98
 DK.....99

A. How many of these were children under the age of 18? # OF CHILDREN.....
 RF.....98
 DK.....99

K6. I've asked about some things we think might be associated with development. Is there anything, including some of the factors we've already talked about that you think might cause autism or other developmental problems?
 YES.....01
 NO.....(SKIP TO K8).....02
 RF.....(SKIP TO K8).....98
 DK.....(SKIP TO K8).....99

K7. Can you tell me about those factors?
 VERBATIM: _____

K8. Why did you decide to be in this study?
 VERBATIM: _____

K9. That completes this interview. In case we need to get in touch with you in the future for this study, would you be willing to give us the name, address, and phone number 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. RECORD CONTACT INFO IN CIS.

IF CIS NOT AVAILABLE:

NAME OF CONTACT:
 PREFIX: Ms. Mrs. Mr. Dr.

First Name: _____ Last Name: _____

Street/Apartment: _____

City/State: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

In closing, we would like to sincerely thank you for your time and effort and your contribution to this important study. Your answers to these questions will help us greatly in our efforts to better understand the causes of autism and other developmental problems. Thank you.

TIME ENDED..... :
RECORD IN MILITARY TIME.

NOTE: IF DEMOGRAPHICS RECORDED IN INTERVIEW, ENTER NOW IN CIS.

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SECTION L: INTERVIEWER STATUS

NOTE: ANSWER QUESTIONS IN SECTIONS L AND M AFTER EACH SESSION OF INTERVIEWING EVEN IF INTERVIEW WAS NOT COMPLETE.

	L1.	L2.	L3.	L4.
	Interviewer ID	Was the interview a phone or in-person interview?	Status of the interview:	Session date:
				MM DD YYYY
SESSION #1	<input type="text"/>	PHONE.....01 IN-PERSON.....02	Paused, not scheduled.....03 Paused, scheduled.....04 Finished, needs checking...05 Submitted, incomplete.....08 Submitted, complete.....09	<input type="text"/> - <input type="text"/> - <input type="text"/>
SESSION #2	<input type="text"/>	PHONE.....01 IN-PERSON.....02	Paused, not scheduled.....03 Paused, scheduled.....04 Finished, needs checking...05 Submitted, incomplete.....08 Submitted, complete.....09	<input type="text"/> - <input type="text"/> - <input type="text"/>
SESSION #3	<input type="text"/>	PHONE.....01 IN-PERSON.....02	Paused, not scheduled.....03 Paused, scheduled.....04 Finished, needs checking...05 Submitted, incomplete.....08 Submitted, complete.....09	<input type="text"/> - <input type="text"/> - <input type="text"/>
SESSION #4	<input type="text"/>	PHONE.....01 IN-PERSON.....02	Paused, not scheduled.....03 Paused, scheduled.....04 Finished, needs checking...05 Submitted, incomplete.....08 Submitted, complete.....09	<input type="text"/> - <input type="text"/> - <input type="text"/>

SECTION M: INTERVIEWER REMARKS

NOTE: ANSWER QUESTIONS IN SECTIONS L AND M AFTER EACH SESSION OF INTERVIEWING EVEN IF INTERVIEW WAS NOT COMPLETE.

CODES FOR M2:

Did not know enough information regarding the topic.....01	Sounded embarrassed by the subject matter.....08
Did not want to be more specific.....02	Sounded emotionally unstable.....09
Sounded bored or uninterested.....03	Sounded physically ill.....10
Sounded upset, depressed, or angry.....04	Not comfortable with English language.....11
Had poor hearing or speech.....05	Doesn't have the time.....12
Sounded confused or distracted by frequent interruptions. .06	Felt the interview was too long.....13
Sounded inhibited by others around him or her.....07	Did not comprehend the questions.....14
	Other.....(SPECIFY IN GRID).....90

	M1.	M2.	M3.
	The overall quality of the interview in this session was:	The main reason for questionable or unsatisfactory quality of information was because the respondent:	Was the majority of the interview done today in English or in Spanish?
SESSION #1	High quality (SKIP TO M3)...01 Generally reliable (SKIP TO M3) 02 Questionable.....03 Unsatisfactory.....04	<input type="checkbox"/> <input type="checkbox"/> SPECIFY: _____ <input type="checkbox"/> <input type="checkbox"/>	English.....01 Spanish.....02 Half English/half Spanish.....03
SESSION #2	High quality (SKIP TO M3)...01 Generally reliable (SKIP TO M3) 02 Questionable.....03 Unsatisfactory.....04	<input type="checkbox"/> <input type="checkbox"/> SPECIFY: _____ <input type="checkbox"/> <input type="checkbox"/>	English.....01 Spanish.....02 Half English/half Spanish.....03
SESSION #3	High quality (SKIP TO M3)...01 Generally reliable (SKIP TO M3) 02 Questionable.....03 Unsatisfactory.....04	<input type="checkbox"/> <input type="checkbox"/> SPECIFY: _____ <input type="checkbox"/> <input type="checkbox"/>	English.....01 Spanish.....02 Half English/half Spanish.....03
SESSION #4	High quality (SKIP TO M3)...01 Generally reliable (SKIP TO M3) 02 Questionable.....03 Unsatisfactory.....04	<input type="checkbox"/> <input type="checkbox"/> SPECIFY: _____ <input type="checkbox"/> <input type="checkbox"/>	English.....01 Spanish.....02 Half English/half Spanish.....03

M4. Additional comments. Use this space for any other comments you have which may affect the interpretation of this respondent's answers.
