ID # ..... |_|_|_|_|_|_|_|_|_|_|

FORM: 02 VERSION: 02

FORM APPROVED: OMB # 0920-0010

OMB EXPIRATION DATE: 05/31/2009

National Birth Defects Prevention Study

Mother Questionnaire CATI Version 4

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

April 30, 2007

Information contained on this form which could permit identification of any individual or establishment has been collected with an assurance that it will be held in strict confidence by the contractor and CDC, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of CDC without the consent of the participant in accordance with Section 301(d) of the Public Health Service Act (42 U.S.C. 241d).

NOIB STATUS:

Live Birth ❑

Stillbirth ❑

Deceased ❑

Therapeutic Abortion ❑

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

FATHER UNKNOWN ❑

NOIB'S FIRST NAME: _____

EDD: |_|_| |_|_| |_|_|_|_| MM DD YYYY

	PREGNANCY CALENDAR		**DOIB/DOPT:** |_|_| |_|_| |_|_|_|_| MM DD YYYY	
	MONTH	**MONTH BEGIN** MM DD YYYY	**MONTH END** MM DD YYYY	**CHECK DOIB OR DOPT MONTH**
	B3	|_|_| |_|_| |_|_|_|_|	|_|_| |_|_| |_|_|_|_|	
	B2	|_|_| |_|_| |_|_|_|_|	|_|_| |_|_| |_|_|_|_|	
	B1	|_|_| |_|_| |_|_|_|_|	|_|_| |_|_| |_|_|_|_|	
T1	**P1**	|_|_| |_|_| |_|_|_|_|	|_|_| |_|_| |_|_|_|_|	❑
T1	**P2**	|_|_| |_|_| |_|_|_|_|	|_|_| |_|_| |_|_|_|_|	❑
T1	**P3**	|_|_| |_|_| |_|_|_|_|	|_|_| |_|_| |_|_|_|_|	❑
T2	**P4**	|_|_| |_|_| |_|_|_|_|	|_|_| |_|_| |_|_|_|_|	❑
T2	**P5**	|_|_| |_|_| |_|_|_|_|	|_|_| |_|_| |_|_|_|_|	❑
T2	**P6**	|_|_| |_|_| |_|_|_|_|	|_|_| |_|_| |_|_|_|_|	❑
T3	**P7**	|_|_| |_|_| |_|_|_|_|	|_|_| |_|_| |_|_|_|_|	❑
T3	**P8**	|_|_| |_|_| |_|_|_|_|	|_|_| |_|_| |_|_|_|_|	❑
T3	**P9**	|_|_| |_|_| |_|_|_|_|	|_|_| |_|_| |_|_|_|_|	❑
T3	**P10**	|_|_| |_|_| |_|_|_|_|	|_|_| |_|_| |_|_|_|_|	❑

CALENDAR GENERATED BY PROGRAM. REFER TO THESE TIME PERIODS DURING INTERVIEW.

HARDCOPY INSTRUCTIONS:

On hardcopy, “don’t know” (DK) options or check boxes show at most fields but “refused” (RF) options are not always shown. When subjects refuse, interviewers should write “RF” near response fields on the hardcopy. Instructions for refusals should follow same instructions as for don’t know.

INVESTIGATORS and ANALYSTS:
PLEASE NOTE: We have tried to make the codes in this document match the codes used in the CATI and in the analytic database. Some codes are not included here, such as the 6-digit Slone drug dictionary codes, and other open-ended text coding lists, as those coding lists are always growing as new codes are needed. For the definite listing of all codes, investigators should refer to NBDPS documentation and all coding lists on the study website. Please also read the Appendix at the back of this document for details about response codes and conventions used in CATI versus the hardcopy questionnaire.

THERAPEUTIC ABORTIONS:
To be sensitive to mothers who have had a therapeutic abortion (TAB), we are using alternate wording in scripts that refer to the baby’s name or the baby’s father, or the baby’s date of birth. The convention in the hard copy will be to have the different phrases in parentheses, separated by a slash, such as (DOIB/DOPT) to signify date of infant’s birth versus date of pregnancy termination, or (your pregnancy with [NOIB]/your pregnancy).

The first phrase in the parentheses will be the wording for live births and stillbirths, while the second phrase will be the wording for TABs.

The CATI will be programmed to insert the correct phrase automatically based on information obtained at each Center and linked to the CATI.

BABY’S NAME:
If the participant gives the interviewer her baby’s name, that name will be inserted in the CATI every time NOIB shows in the hard copy. If she chooses not to give her baby’s name, the interviewer types in “the baby” and that phrase is inserted wherever NOIB appears in the CATI.

OTHER CONVENTIONS USED:
Text in lower case is meant to be read aloud by the interviewer. Text in upper case is only meant for interviewer instructions, or sometimes for programmer instruction. This is also true of response options. Response options in lower case are the ones to be read to the participant. Upper case responses are not read. Prompts and probes should be in lower case as they may need to be read aloud, as needed.

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

SECTION A: ESTABLISHING DATES

I'm going to ask many questions about the year before ([NOIB]'s birth/you had a pregnancy affected by a birth defect). In order to do this, I need to start by asking you some dates.

WORDING FOR LIVE BIRTHS AND TABS: DIFFERENT SCRIPTS FOR LIVE BIRTHS AND TABS WILL BE SEPARATED BY A SLASH WITHIN PARENTHESES IN THE HARD COPY AND PROGRAMMED ACCORDINGLY IN CATI. WORDING FOR LIVE BIRTHS WILL BE FIRST.

A1. (What was [NOIB]'s date of birth/On what date did the affected pregnancy end?)

DOIB/DOPT ..... ☐☐ ☐☐ ☐☐☐☐
MM DD YYYY

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

DUE DATE ..... ☐☐ ☐☐ ☐☐☐☐
MM DD YYYY

CHECK IF DK ..... ❑ ❑ ❑
MM DD YYYY

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

A3. In this pregnancy, how many babies were you carrying? PROBE: Did you have a single baby, twins, or more babies?

BABIES ..... ☐
CHECK IF DK ..... ❑
CHECK IF RF ..... ❑

IF NOIB IS "TAB" OR "STILLBIRTH," THEN SKIP TO A7.

A4. Is (NOIB) still living?

YES ..... (SKIP TO A7) 1
NO 2
DK ..... (SKIP TO A7) ..... -1
RF ..... (SKIP TO A7) ..... -2

A5. What did s/he die of?

SPECIFY: _____

CHECK IF DK ..... ❑
CHECK IF RF ..... ❑

A6. How old was s/he when s/he died?

AGE.....|__|__|

CHECK IF DK.....❑

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

A7. What was your date of birth?

DOB .....|__|__| |__|__| |__|__|__|__|
MM DD YYYY

CHECK IF DK ..... ❑ ❑ ❑
MM DD YYYY

CHECK IF RF..... ❑ ❑ ❑

A8. I would like to ask about ([NOIB]'s/the baby's) biologic or natural father.

What was his date of birth? IF DK, PROBE: You don't know the date of birth or you don't know the biologic father?

DOB .....|__|__| |__|__| |__|__|__|__|
MM DD YYYY

CHECK IF DK DOB ..... ❑ ❑ ❑
MM DD YYYY

CHECK IF DK WHO FATHER IS..... ❑

PREGNANCY HISTORY

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

A9. How many times have you been pregnant before ([NOIB]/the pregnancy that ended on [DOPT]), including pregnancies that may have ended in miscarriages, stillbirths, abortion, or a tubal or molar pregnancy?

TIMES PREGNANT.....|__|__|

DK❑

RF❑

IF A9 = 0, SKIP TO INTRO SCRIPT

PREGNANCY OUTCOMES

	A10. In your (1st/ 2nd/3rd, etc.) pregnancy, how many babies were you carrying?	A11. IF A10 = 1: Did your (1st/2nd/3rd, etc.) pregnancy end with (a/an) (READ CATEGORIES)? IF A10 >1: For your (1st/ 2nd/3rd, etc.) pregnancy, what was the outcome for the (1st/ 2nd/3rd, etc.) baby? READ CATEGORIES AND RECORD OUTCOME FOR EACH BABY.	A12. In your (1st/ 2nd/3rd, etc.) pregnancy, was there a health problem with the pregnancy or was a birth defect diagnosed at any time?	A13. IF YES: What was it?
	IF A10 = DK OR RF, TREAT AS 1 BABY	01 = Live birth 02 = Stillbirth 03 = Induced abortion 04 = Miscarriage 05 = Tubal pregnancy (SKIP TO NEXT PREG) 06 = Molar pregnancy (SKIP TO NEXT PREG)	THIS APPLIES TO ANY AND ALL FETUSES.	BIRTH DEFECTS DO NOT GET LINKED TO SPECIFIC FETUS IF MULTIPLE FETUSES IN PREGNANCY.
PREG 1.	# ☐☐ DK ☐ RF ☐	☐☐ ☐☐ ☐☐ ☐☐ ☐☐ BABY1 BABY2 BABY3 BABY4 BABY5 DK ..... ☐ ☐ ☐ ☐ ☐ RF ..... ☐ ☐ ☐ ☐ ☐	YES..... 1 NO ..... (SKIP TO A14)... 2 DK..... (SKIP TO A14).. -1 RF ..... (SKIP TO A14).. -2	_____ _____ BIRTH DEFECT DK ☐
PREG 2.	# ☐☐ DK ☐ RF ☐	☐☐ ☐☐ ☐☐ ☐☐ ☐☐ BABY1 BABY2 BABY3 BABY4 BABY5 DK ..... ☐ ☐ ☐ ☐ ☐ RF ..... ☐ ☐ ☐ ☐ ☐	YES..... 1 NO ..... (SKIP TO A14)... 2 DK..... (SKIP TO A14).. -1 RF ..... (SKIP TO A14).. -2	_____ _____ BIRTH DEFECT DK ☐
PREG 3.	# ☐☐ DK ☐ RF ☐	☐☐ ☐☐ ☐☐ ☐☐ ☐☐ BABY1 BABY2 BABY3 BABY4 BABY5 DK ..... ☐ ☐ ☐ ☐ ☐ RF ..... ☐ ☐ ☐ ☐ ☐	YES..... 1 NO ..... (SKIP TO A14)... 2 DK..... (SKIP TO A14).. -1 RF ..... (SKIP TO A14).. -2	_____ _____ BIRTH DEFECT DK ☐
PREG 4.	# ☐☐ DK ☐ RF ☐	☐☐ ☐☐ ☐☐ ☐☐ ☐☐ BABY1 BABY2 BABY3 BABY4 BABY5 DK ..... ☐ ☐ ☐ ☐ ☐ RF ..... ☐ ☐ ☐ ☐ ☐	YES..... 1 NO ..... (SKIP TO A14)... 2 DK..... (SKIP TO A14).. -1 RF ..... (SKIP TO A14).. -2	_____ _____ BIRTH DEFECT DK ☐
PREG 5.	# ☐☐ DK ☐ RF ☐	☐☐ ☐☐ ☐☐ ☐☐ ☐☐ BABY1 BABY2 BABY3 BABY4 BABY5 DK ..... ☐ ☐ ☐ ☐ ☐ RF ..... ☐ ☐ ☐ ☐ ☐	YES..... 1 NO ..... (SKIP TO A14)... 2 DK..... (SKIP TO A14).. -1 RF ..... (SKIP TO A14).. -2	_____ _____ BIRTH DEFECT DK ☐

FOR THE LAST PREGNANCY BEFORE NOIB, ASK:

A14. When did the last pregnancy before (NOIB/the affected pregnancy) end?

DATE ..... ☐☐ ☐☐ ☐☐☐☐
MM DD YYYY
DK ☐ ☐ ☐
RF ☐ ☐ ☐

INTRO SCRIPT:
During this interview we will be asking many questions about different aspects of your life from (BEGINNING OF B3) to (DATE OF BIRTH OR PREGNANCY TERMINATION). This time period includes your pregnancy and the 3 months before you became pregnant. Depending on the question we may refer to different time periods.

RESIDENCE DURING PREGNANCY

We would like to know the addresses at which you lived from (B3) to ([DOIB][/DOPT]) to be able to study possible environmental exposures.

A15. From 3 months before you became pregnant to the end of your pregnancy in how many places did you live for more than one month?

HOMES..... ☐☐
DK ☐ – SKIPS TO A19 RF ☐ – SKIPS TO A19

RESIDENCE HISTORY

	A16. What was the street address of your (1st/2nd/3rd) residence? LIST ALL IN CHART.	A17. What month and year did you start living there?	A18. What month and year did you stop living there?
A.	STREET: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____ DK ☐ RF ☐	☐☐ ☐☐☐☐ MM YYYY DK ☐ ☐ RF ☐ ☐	☐☐ ☐☐☐☐ MM YYYY DK ☐ ☐ RF ☐ ☐ IF CURRENTLY LIVING THERE, THEN USE TODAY'S DATE.
B.	STREET: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____ DK ☐ RF ☐	☐☐ ☐☐☐☐ MM YYYY DK ☐ ☐ RF ☐ ☐	☐☐ ☐☐☐☐ MM YYYY DK ☐ ☐ RF ☐ ☐ IF CURRENTLY LIVING THERE, THEN USE TODAY'S DATE.
C.	STREET: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____ DK ☐ RF ☐	☐☐ ☐☐☐☐ MM YYYY DK ☐ ☐ RF ☐ ☐	☐☐ ☐☐☐☐ MM YYYY DK ☐ ☐ RF ☐ ☐ IF CURRENTLY LIVING THERE, THEN USE TODAY'S DATE.

PREGNANCY HISTORY FOR INDEX BABY

Now I have some questions specific to your pregnancy (with [NOIB]/affected by a birth defect).

A19. From 3 months before you became pregnant to the end of your pregnancy, did you use any method of contraception or birth control?

YES.....1
NO .....(SKIP TO A27) 2
DK.....(SKIP TO A27) .....-1

A20. For the same time period, did you use any birth control pills or morning after pills?

YES.....1
NO .....(SKIP TO A24) 2
DK.....(SKIP TO A24) .....-1

A21. What was the name of your pills?/Any others? IF MOM DOES NOT KNOW, READ ENTIRE LIST. Was it (READ LIST)? LIST ALL BELOW.	A22. Which months were you using (CONTRACEPTIVE)?			
Alesse, Demulen, Depo-provera, Desogen, Estrogen/Progesterone, Levlen, Lo/Ovral, Loestrin, Micronor, Minipill, Mircette, Morning after pill, Necon, Nordette, Norethin, Ortho-Cept, Ortho-Cyclen, Ortho-Novum, Ortho-Novum 777, OrthoTri-Cyclen, Ovcon, Tri-Levlen, Tri-Norinyl, Triphasil, Birth Control Pill (NOS), Other - (Specify Below)	MO	YES	NO	DK
_____ FIRST BIRTH CONTROL OR MORNING AFTER PILL DK❑ ASK A22 RF❑ SKIP TO A23	B3	1	2	-1
	B2	1	2	-1
	B1	1	2	-1
	P1	1	2	-1
	P2	1	2	-1
	P3	1	2	-1
	T2	1	2	-1
	T3	1	2	-1
_____ SECOND BIRTH CONTROL OR MORNING AFTER PILL DK❑ ASK A22 RF❑ SKIP TO A23	B3	1	2	-1
	B2	1	2	-1
	B1	1	2	-1
	P1	1	2	-1
	P2	1	2	-1
	P3	1	2	-1
	T2	1	2	-1
	T3	1	2	-1
_____ THIRD BIRTH CONTROL OR MORNING AFTER PILL DK❑ ASK A22 RF❑ SKIP TO A23	B3	1	2	-1
	B2	1	2	-1
	B1	1	2	-1
	P1	1	2	-1
	P2	1	2	-1
	P3	1	2	-1
	T2	1	2	-1
	T3	1	2	-1

A23. Did you use any other method of contraception during this same time period?

YES 1
NO ..... (SKIP TO A26) 2
DK ..... (SKIP TO A26) ..... -1

A24. Which methods of contraception did you use?/Any others? LIST ALL.		A25. Which months were you using (METHOD)?			
		MO	YES	NO	DK
A. ☐☐ DK ❑ ASK A25 RF ❑ SKIP TO A26	BIRTH CONTROL PATCH (ORTHO EVRA) = 23 CERVICAL CAP = 01 CONDOMS (FEMALE) = 02 CONDOMS (MALE) = 20 CONTRACEPTIVE FILM/VCF = 24 DEPO PROVERA INJECTIONS = 03 DIAPHRAGM = 04 FOAM = 05 GEL = 06 INJECTIONS, NOS = 08 INJECTIONS FROM MEXICO = 09 IUD = 10 NATURAL FAMILY PLANNING/ BASAL TEMPERATURE/MUCUS METHOD = 11 NORPLANT = 12 NUVARING = 31 RHYTHM METHOD = 13 SPERMICIDE, NOS = 14 SPONGE/ VAGINAL SPONGE = 15 SUPPOSITORY OR INSERT = 16	B3	1	2	-1
		B2	1	2	-1
		B1	1	2	-1
		P1	1	2	-1
		P2	1	2	-1
		P3	1	2	-1
		T2	1	2	-1
		T3	1	2	-1
B. ☐☐ DK ❑ ASK A25 RF ❑ SKIP TO A26	TUBAL LIGATION = 17 VASECTOMY = 18 WITHDRAWAL = 19 OTHER, = -5 SPECIFY: _____	B3	1	2	-1
		B2	1	2	-1
		B1	1	2	-1
		P1	1	2	-1
		P2	1	2	-1
		P3	1	2	-1
		T2	1	2	-1
		T3	1	2	-1

A26. Did you (READ CHOICES)?

Stop using contraception to get pregnant..... (SKIP TO A28) 1
Get pregnant during an interruption in using contraception, or 2
Get pregnant while consistently using contraception ..... (SKIP TO A28) 3
DK ..... -1

A27. At the time that you became pregnant (with [NOIB]/with this pregnancy), did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?

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

PRENATAL CARE

A28. How far along were you when you found out you were pregnant?

WEEKS ..... ☐☐

OR

MONTHS ..... ☐☐

DK ❑ RF ❑

A29. Did you have prenatal care with ([NOIB]'s/this) pregnancy?

YES 1
NO ..... (SKIP TO A31) 2
DK ..... (SKIP TO A31) ..... -1

A30. When was your first prenatal visit? Do not include the visit in which your pregnancy was first confirmed.

IF SHE ONLY USED A HOME PREGNANCY TEST, THEN WE'RE REFERRING TO THE FIRST VISIT AFTER THE POSITIVE HOME TEST.

DATE ..... ☐☐ ☐☐ ☐☐☐☐
MM DD YYYY

OR

WEEKS PREGNANT ..... ☐☐

DK ❑ RF ❑

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

AMNIOCENTESIS

A31. Did you have an Amniocentesis or amnio?

YES 1
NO ..... (SKIP TO A33) 2
DK ..... (SKIP TO A33) ..... -1

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

A32. What was the date or week of pregnancy when the amniocentesis was done?

DATE: ☐☐ ☐☐ ☐☐☐☐
MM DD YYYY

OR

WEEKS PREGNANT ..... ☐☐

DK ❑ RF ❑

CVS

A33. Did you have Chorionic Villus Sampling or CVS?

YES.....1
NO.....(SKIP TO A35) 2
DK.....(SKIP TO A35) .....-1

IF NEEDED: **Chorionic villus sampling or CVS:**
This is a genetic test performed by a physician specialist to determine if a baby has a chromosome problem such as Down syndrome. It is usually performed between 10 and 13 weeks of pregnancy. To perform the test, a tiny piece of the placenta is removed from the womb using either a needle through the mother's abdomen or a thin catheter (plastic flexible tube) through the mother's vagina. The test is always performed using ultrasound to help guide the placement of the abdominal needle or vaginal catheter.

Transvaginal ultrasound: This is a procedure in which an ultrasound transducer shaped like a wand is placed into the mother's vagina in order to examine closely either the baby or the mother's cervix. This is used most often in the first half of the pregnancy and is very good at determining whether the due date should be changed.

(NOTE: THIS TEST ALONG WITH AN ABDOMINAL ULTRASOUND MAY GIVE SOME INFORMATION ABOUT WHETHER THE FETUS IS AT INCREASED RISK FOR DOWN SYNDROME WHEN BACK OF THE BABY'S NECK IS MEASURED BETWEEN 11 AND 13 WEEKS. HOWEVER, THIS TYPE OF ULTRASOUND EXAMINATION IS USED ONLY TO ADJUST RISK, NOT TO MAKE A DIAGNOSIS. A MOTHER WOULD HAVE TO UNDERGO EITHER A CVS OR AMNIOCENTESIS TO BE CERTAIN ABOUT THE BABY'S CHROMOSOMES.)

A34. What was the date or week of pregnancy when the CVS was done?

DATE: ☐☐ ☐☐ ☐☐☐☐
MM DD YYYY

OR

WEEKS PREGNANT..... ☐☐
DK ❑

PRENATAL SURGERY

IF TAB, SKIP A35 THROUGH A38.

A35. Were any surgical procedures performed on (NOIB) before birth?

YES.....1
NO.....(SKIP TO A39) 2
DK.....(SKIP TO A39) .....-1

A36. What was the name of the prenatal medical procedure?/Any others? LIST ALL.	A37. What was the date or week of pregnancy it was done?	A38. Why was the medical procedure performed? REFERRING TO (PROCEDURE)
A. _____ DK ❑ ASK A37 & A38 RF ❑ SKIP TO A39	☐☐ ☐☐ ☐☐☐☐ MM DD YYYY **OR** ☐☐ WKS PREG DK ❑ RF ❑	_____ REASON DK ❑
B. _____ DK ❑ ASK A37 & A38 RF ❑ SKIP TO A39	☐☐ ☐☐ ☐☐☐☐ MM DD YYYY **OR** ☐☐ WKS PREG DK ❑ RF ❑	_____ REASON DK ❑

FERTILITY DETAILS

A39. Did you or ([NOIB]'s/the) father take any medications or have any procedures to help you become pregnant for this pregnancy?

OR IF FATHER UNKNOWN:
Did you take any medications or have any procedures to help you become pregnant for this pregnancy?

YES.....1
NO .....(SKIP TO A55) 2
DK.....(SKIP TO A55) .....-1

FERTILITY DETAILS-MOTHER

A40. Did you have any surgical procedures for this pregnancy such as: to open or rejoin your fallopian tubes, to treat uterine fibroids, or to remove endometriosis? I will ask about IVF later.

YES.....1
NO .....(SKIP TO A43) 2
DK.....(SKIP TO A43) .....-1

IF NEEDED: **IVF (in vitro fertilization)** involves extracting a woman's eggs, fertilizing the eggs in the laboratory, and then transferring the resulting embryos into the woman's uterus through the cervix.

	A41. What was the procedure?/Are there any more procedures? LIST ALL.	A42. FOR EACH PROCEDURE, ASK: What was the date?
A.	Open fallopian tubes .....1 Rejoin fallopian tubes .....2 Treatment of uterine fibroids .....3 Removal of endometriosis .....4 Other (SPECIFY): _____ -5 _____ DK .....(ASK A42) .....-1 RF.....(SKIP TO A43) .....-2	MM DD YYYY DK❑ ❑ ❑
B.	Open fallopian tubes .....1 Rejoin fallopian tubes .....2 Treatment of uterine fibroids .....3 Removal of endometriosis .....4 Other (SPECIFY): _____ -5 _____ DK .....(ASK A42) .....-1 RF.....(SKIP TO A43) .....-2	MM DD YYYY DK❑ ❑ ❑

A43. In the two months before you became pregnant with ([NOIB]/this pregnancy), did you take any medications to help you become pregnant?

YES.....1
NO .....(SKIP TO A46) 2
DK.....(SKIP TO A46) .....-1

A44. What medications or injections did you take? / Anything else? IF MOM DOES NOT KNOW, READ LIST. Was it (READ LIST)? RECORD ALL BELOW. IF NO OR DK TO ALL, SKIP TO A46.	A45. From what month and year to what month and year did you take (MEDICATION)?
Bromocriptine, Clomid, Clomiphene citrate, Danazol, Danocrine, Depo-Provera, Factrel, Lupron, Lutrepulse, Metrodin, Parlodel, Pergonal, Pregnyl, Profasi HP, Provera, Serophene, Synarel, Unknown fertility medication, Unknown injection, Unknown vaginal medication, Other medication (SPECIFY) _____ FIRST MEDICATION / INJECTION DK❑ ASK A45 RF❑ SKIP TO A46	FROM: ..... MM YYYY DK❑ DK❑ TO: ..... DK❑ DK❑
_____ SECOND MEDICATION / INJECTION DK❑ ASK A45 RF❑ SKIP TO A46	FROM: ..... MM YYYY DK❑ DK❑ TO: ..... DK❑ DK❑
_____ THIRD MEDICATION / INJECTION DK❑ ASK A45 RF❑ SKIP TO A46	FROM: ..... MM YYYY DK❑ DK❑ TO: ..... DK❑ DK❑
_____ FOURTH MEDICATION / INJECTION DK❑ ASK A45 RF❑ SKIP TO A46	FROM: ..... MM YYYY DK❑ DK❑ TO: ..... DK❑ DK❑

FERTILITY DETAILS-PROCEDURES

A46. In the 2 months (before your pregnancy with [NOIB]/before you became pregnant with this pregnancy), did you have any other procedures to help you become pregnant?

YES.....1
NO ..... (SKIP TO A52).....2
DK..... (SKIP TO A52).....-1

A47. Which procedure(s) did you receive in the 2 months before ([NOIB]/this pregnancy) was conceived?/Anything else?	A48. IF ANY PROCEDURE EXCEPT ICSI: Did part of that procedure involve intracytoplasmic sperm injection or ICSI?	A49. What was the date of the last procedure?	A50. Were donor egg(s), donor sperm, or donor embryo(s) used on (DATE)?	Y	N	DK	A51. Were frozen egg(s), frozen sperm, or frozen embryo(s) used on (DATE)?	Y	N	DK
ARTIFICIAL OR INTRAUTERINE INSEMINATION.....01 IN VITRO FERTILIZATION—EMBRYO TRANSFER OR IVF-ET.....02 GAMETE INTRAFALLOPIAN TRANSFER OR GIFT.....03 ZYGOTE INTRAFALLOPIAN TRANSFER, OR ZIFT, OR PRONUCLEAR STAGE TRANSFER, OR PROST.....04 TUBAL EMBRYO TRANSFER OR TET.....05 INTRACYTOPLASMIC SPERM INJECTION OR ICSI..(SKIP A48)...06 OTHER FERTILITY PROCEDURE (SPECIFY).....-5 SPECIFY_____ _____ DK..... (ASK A48-A51).....-1 RF..... (SKIP TO A52).....-2	IF NEEDED: **ICSI (intracytoplasmic sperm injection).** For some IVF procedures, fertilization involves a specialized technique known as intracytoplasmic sperm injection (ICSI). In ICSI a single sperm is injected directly into the woman's egg. YES.....1 NO .....2 DK.....-1	MM DD DK❑ DK❑ YYYY DK❑	EGG(S)..... SPERM..... EMBRYO(S)	1 1 1	2 2 2	-1 -1 -1	EGG(S)..... SPERM..... EMBRYO(S)	1 1 1	2 2 2	-1 -1 -1
ARTIFICIAL OR INTRAUTERINE INSEMINATION.....01 IN VITRO FERTILIZATION—EMBRYO TRANSFER OR IVF-ET.....02 GAMETE INTRAFALLOPIAN TRANSFER OR GIFT.....03 ZYGOTE INTRAFALLOPIAN TRANSFER, OR ZIFT, OR PRONUCLEAR STAGE TRANSFER, OR PROST.....04 TUBAL EMBRYO TRANSFER OR TET.....05 INTRACYTOPLASMIC SPERM INJECTION OR ICSI..(SKIP A48)...06 OTHER FERTILITY PROCEDURE (SPECIFY).....-5 SPECIFY_____ _____ DK..... (ASK A48-A51).....-1 RF..... (SKIP TO A52).....-2	YES.....1 NO .....2 DK.....-1	MM DD DK❑ DK❑ YYYY DK❑	EGG(S)..... SPERM..... EMBRYO(S) ...	1 1 1	2 2 2	-1 -1 -1	EGG(S)..... SPERM..... EMBRYO(S) ...	1 1 1	2 2 2	-1 -1 -1

A52. **IF FATHER UNKNOWN, SKIP TO A55.**

Did ([NOIB]'s/the) father have any procedures or surgeries before this pregnancy to help you become pregnant?

YES 1
NO ..... (SKIP TO A55) 2
DK ..... (SKIP TO A55) ..... -1

A53. What was the procedure? PROBE: Are there any more procedures? LIST ALL.	A54. FOR EACH PROCEDURE, ASK: What was the date? REFERRING TO (PROCEDURE)
A. _____ DK ❑ ASK A54 RF ❑ SKIP TO A55	MM DD YYYY DK ❑ ❑ ❑
B. _____ DK ❑ ASK A54 RF ❑ SKIP TO A55	MM DD YYYY DK ❑ ❑ ❑

COMPLICATIONS PREVENTION MEDICATIONS

A55. After you became pregnant, did you take any medications to prevent pregnancy complications or pregnancy loss such as hormones, steroids or injections?

YES 1
NO ..... (SKIP TO A61) 2
DK ..... (SKIP TO A61) ..... -1

A56. What did you take?/Did you take anything else? LIST ALL. IF CAN'T RECALL, READ LIST: Was it…?

Anti D Globulin ..... ❑
Brethine ..... ❑
Channel Blockers ..... ❑
Depo-Provera ..... ❑
Magnesium Sulfate ..... ❑
Progesterone ..... ❑
Rhogam ..... ❑
Unknown Steroids ..... ❑
RF ..... (SKIP TO A61) ..... ❑

1. _____ DK ❑
2. _____ DK ❑
3. _____ DK ❑

FOR EACH MED, ASK A57–A60. IF GET EXACT DATES IN A57 **AND** A58, SKIP A59. IF GET PARTIAL DATES OR DK IN A57 **AND/OR** A58, ASK A59.

DRUG	A57. Between (P1) and ([DOIB]/[DOPT]), when did you start using (MEDICINE) for this condition? MM DD YYYY	A58. When did you stop using (MEDICINE)? OR ASK A59 MM DD YYYY	A59. How long did you take it? DURATION	A60. How often did you use (MEDICINE)? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
1._____ DK❑ ASK A57-A60 RF❑ SKIP TO A61	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑ ❑	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑ ❑	❑❑ DK❑ DAY(S) .....1 WEEK(S) .....2 MONTH(S) 3	❑❑ DK❑ PER DAY .....1 PER WEEK .....2 PER MONTH .....3 PER YEAR 4
2._____ DK❑ ASK A57-A60 RF❑ SKIP TO A61	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑ ❑	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑ ❑	❑❑ DK❑ DAY(S) .....1 WEEK(S) .....2 MONTH(S) 3	❑❑ DK❑ PER DAY .....1 PER WEEK .....2 PER MONTH .....3 PER YEAR 4
3._____ DK❑ ASK A57-A60 RF❑ SKIP TO A61	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑ ❑	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑ ❑	❑❑ DK❑ DAY(S) .....1 WEEK(S) .....2 MONTH(S) 3	❑❑ DK❑ PER DAY .....1 PER WEEK .....2 PER MONTH .....3 PER YEAR 4

MORNING SICKNESS

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

A61. During this pregnancy, did you have morning sickness or nausea?

YES.....1
NO .....(SKIP TO A71) 2
DK.....(SKIP TO A71) .....-1

A62. During which month(s) did you have nausea or vomiting?				A63. How often during (SPECIFY MONTH) did you have nausea? Would you say it was (READ LIST)?	A64. How often during (SPECIFY MONTH) did you have vomiting? Would you say it was (READ LIST)?
MO	YES (ASK A63-A64)	NO (NEXT PERIOD)	DK (NEXT PERIOD)		
P1	1	2	-1	Never....0 Less than once a week....1 Once a week....2 Several days a week....3 Once per day....4 2-3 times per day....5 More than 3 times per day....6 DK....-1	Never....0 Less than once a week....1 Once a week....2 Several days a week....3 Once per day....4 2-3 times per day....5 More than 3 times per day....6 DK....-1
P2	1	2	-1	Never....0 Less than once a week....1 Once a week....2 Several days a week....3 Once per day....4 2-3 times per day....5 More than 3 times per day....6 DK....-1	Never....0 Less than once a week....1 Once a week....2 Several days a week....3 Once per day....4 2-3 times per day....5 More than 3 times per day....6 DK....-1
P3	1	2	-1	Never....0 Less than once a week....1 Once a week....2 Several days a week....3 Once per day....4 2-3 times per day....5 More than 3 times per day....6 DK....-1	Never....0 Less than once a week....1 Once a week....2 Several days a week....3 Once per day....4 2-3 times per day....5 More than 3 times per day....6 DK....-1
T2	1	2	-1	Never....0 Less than once a week....1 Once a week....2 Several days a week....3 Once per day....4 2-3 times per day....5 More than 3 times per day....6 DK....-1	Never....0 Less than once a week....1 Once a week....2 Several days a week....3 Once per day....4 2-3 times per day....5 More than 3 times per day....6 DK....-1
T3	1	2	-1	Never....0 Less than once a week....1 Once a week....2 Several days a week....3 Once per day....4 2-3 times per day....5 More than 3 times per day....6 DK....-1	Never....0 Less than once a week....1 Once a week....2 Several days a week....3 Once per day....4 2-3 times per day....5 More than 3 times per day....6 DK....-1

A65. Did you have any medical treatment or take any medications for your nausea or vomiting?

YES.....1
NO .....(SKIP TO A71) 2
DK.....(SKIP TO A71) .....-1

FOR EACH MED, ASK A67–A70. IF GET EXACT DATES IN A67 **AND** A68, SKIP A69. IF GET PARTIAL DATES OR DK IN A67 **AND/OR** A68, ASK A69.

A66. What did you take? PROBE: Did you take anything else? LIST ALL. FOR EVERY MEDICINE, ASK A67-A70.	A67. Between (P1) and ([DOIB]/[DOPT]) when did you start using (MEDICINE) for your nausea or vomiting? MM DD YYYY	A68 When did you stop using (MEDICINE)? OR ASK A69. MM DD YYYY	A69. How long did you take it? DURATION	A70. How often did you use (MEDICINE)? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
1._____ _____ DK❑ ASK A67-A70 RF❑ SKIP TO A71	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑ ❑	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑ ❑	❑❑ DK❑ DAY(S) ..... 1 WEEK(S)..... 2 MONTH(S) 3	❑❑ DK❑ PER DAY .....1 PER WEEK.....2 PER MONTH .....3 PER YEAR.....4
2._____ _____ DK❑ ASK A67-A70 RF❑ SKIP TO A71	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑ ❑	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑ ❑	❑❑ DK❑ DAY(S) ..... 1 WEEK(S)..... 2 MONTH(S) 3	❑❑ DK❑ PER DAY .....1 PER WEEK.....2 PER MONTH .....3 PER YEAR.....4

DIARRHEA

A71. From 3 months before you became pregnant through your 3rd month of pregnancy, which would be (B3 through P3), did you **ever** have diarrhea, that is 3 or more unusually loose stools in one day?

YES.....1
NO .....(SKIP TO A73) 2
DK.....(SKIP TO A73) .....-1

A72. On about how many days did you have diarrhea?

OF DAYS.....❑❑❑
DK❑ RF❑

DIETING

Now I have some questions about weight change before and during the early part of (your pregnancy with [NOIB]/your pregnancy).

A73. How much did you weigh before (your pregnancy with [NOIB]/your pregnancy)?

ENTER NUMBER.....❑❑❑
DK❑ RF❑

POUNDS 1
KG..... 2

A74. At any time from 3 months before you became pregnant through your 3rd month of pregnancy did you try to lose weight?

YES 1
NO ..... (SKIP TO A76) 2
DK ..... (SKIP TO A76) ..... -1
RF ..... (SKIP TO A76) ..... -2

A75. Did you try to lose weight by (READ CHOICES)…?
CHOOSE ALL THAT APPLY

Eating less food or skipping meals or fasting 01
Eating foods with lower calories, lower fat or lower carbohydrates 02
Exercising 03
Taking laxatives, water pills or diuretics 04
Taking other medicines or herbs to help lose weight ..... (SPECIFY IN A75a) 05
Doing anything else ... (SPECIFY IN A75b) ..... -5
DK ..... -1
RF ..... -2

A75a. ENTER MEDICINES AND HERBS

A. SPECIFY MEDICINES/HERBS:

_____

A75b. ENTER ANY OTHER WEIGHT LOSS METHODS.

B. SPECIFY OTHER WEIGHT LOSS METHODS:

_____

Now I am going to ask you about actual weight change in **early pregnancy**.

A76. During the **first 3 months of** your pregnancy, (P1 through P3) did you gain weight, lose weight, or stay the same?

GAIN 1
LOSE 2
STAY THE SAME ..... (SKIP TO A78) 3
DK ..... (SKIP TO A78) ..... -1
RF ..... (SKIP TO A78) ..... -2

A77. How much weight did you (gain/lose) in that period?

WEIGHT (GAIN/LOSS) ..... ☐☐☐
DK ☐ RF ☐

POUNDS 1
KG 2

A78. Overall, how much weight did you gain or lose during the entire pregnancy?

ENTER NUMBER ..... ☐☐☐
DK ☐ RF ☐

POUNDS 1
KG 2

A79. ENTER GAIN/LOSS/NO CHANGE.

GAIN 1
LOSS 2
NO CHANGE 3
DK ..... -1

A80. What is your height without shoes?

FEET ..... ☐
DK ☐ RF ☐

INCHES ..... ☐☐
DK ☐ RF ☐

OR

CENTIMETERS ..... ☐☐☐
DK ☐ RF ☐

SECTION B: MATERNAL HEALTH—DIABETES

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

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

YES.....1
NO..... (SKIP TO B18).....2
DK..... (SKIP TO B18)..... -1

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

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

B3. What month and year were you first diagnosed?

DATE..... ☐☐ ☐☐☐☐
MM YYYY
DK☐ DK☐

PROBE: How old were you when you were diagnosed? **SEE SPECIAL CODES IN APPENDIX**.

OR

AGE IN YEARS..... ☐☐
DK☐

B4. Did you ever take insulin?

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

B5. At what age did you start taking insulin?

SEE SPECIAL CODES IN APPENDIX.

AGE IN YEARS..... ☐☐
DK☐

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

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

B7. When did you stop taking it?

SEE SPECIAL CODES IN APPENDIX.

DATE..... ☐☐ ☐☐☐☐
MM YYYY
DK☐ DK☐

OR

AGE IN YEARS..... ☐☐
DK☐

MEMO FIELD FOR MORE COMPLEX INSULIN-TAKING PATTERNS: _____

_____

B8. Did you do anything else to manage your diabetes or its complications between your first month of pregnancy and the end of your pregnancy?

YES.....1
NO..... (SKIP TO B18).....2
DK..... (SKIP TO B18).....-1

B9. What did you do? Did you…? READ OPTIONS. CHOOSE ALL THAT APPLY.

a. Modify your eating habits .....(ASK B10) 01
b. Control your weight or weight gain..... (ASK B10) 02
c. Take medications or other remedies .....(ASK B11) 03
d. Do anything else .....(ASK B16) 04
e. DK..... (SKIP TO B17).....-1

B10. IF B9 = a OR b:
In order to modify your eating habits or control your weight, did you…? READ OPTIONS. CHOOSE ALL THAT APPLY.

Follow a diet specifically for diabetes 01
Eat healthier but no specific diabetes diet 02
Physical exercise.....03
Other..... (SPECIFY).....-5
DK.....-1

1. _____ DK❑

2. _____ DK❑

B11. IF B9 = c, ASK B11-B15 THEN SKIP TO B17.
What medications did you take?/Did you take anything else? LIST ALL. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take…?

Diabeta..... ❑
Diabinese..... ❑
Glucophage ..... ❑
Glucotrol..... ❑
Glucotrol XL..... ❑
Glynase Prestab ..... ❑
Micronase ..... ❑
Other..... (SPECIFY)..... ❑
RF ..... (SKIP TO B16) ..... ❑

1. _____ DK❑

2. _____ DK❑

3. _____ DK❑

FOR EACH MED, ASK B12–B15. IF GET EXACT DATES IN B12 **AND** B13, SKIP B14. IF GET PARTIAL DATES OR DK IN B12 **AND/OR** B13, ASK B14.

DRUG	B12. Between (B3) and ([DOIB]/[DOPT]), when did you start using (MEDICINE) for this illness? MM DD YYYY	B13. When did you stop using (MEDICINE)? OR ASK B14 MM DD YYYY	B14. How long did you take it? DURATION	B15. How often did you use (MEDICINE)? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
1._____ DK❑ ASK B12-B15 RF❑ SKIP TO B16	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑❑ ❑❑❑❑	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑❑ ❑❑❑❑	❑❑ DK❑ Day(s).....1 Week(s).....2 Month(s).....3	❑❑ DK❑ Per Day.....1 Per Week.....2 Per Month.....3 Per Year.....4
2._____ DK❑ ASK B12-B15 RF❑ SKIP TO B16	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑❑ ❑❑❑❑	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑❑ ❑❑❑❑	❑❑ DK❑ Day(s).....1 Week(s).....2 Month(s).....3	❑❑ DK❑ Per Day.....1 Per Week.....2 Per Month.....3 Per Year.....4
3._____ DK❑ ASK B12-B15 RF❑ SKIP TO B16	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑❑ ❑❑❑❑	❑❑ ❑❑ ❑❑❑❑ DK❑ ❑❑ ❑❑❑❑	❑❑ DK❑ Day(s).....1 Week(s).....2 Month(s).....3	❑❑ DK❑ Per Day.....1 Per Week.....2 Per Month.....3 Per Year.....4

B16. IF B9 = d:
What else did you do?/Anything else?

1. _____ DK❑
2. _____ DK❑
3. _____ DK❑

B17. How often did (this measure/these measures) work in controlling your diabetes?
READ OPTIONS

Always.....01
Most of the time.....02
Part of the time.....03
Never or rarely.....04
DK.....-1
RF.....-2

MATERNAL HEALTH-HIGH BLOOD PRESSURE

B18. Were you ever in your life told by a doctor that you had high blood pressure, toxemia, pre-eclampsia or eclampsia?

YES 1
NO ..... (SKIP TO B29) 2
DK ..... (SKIP TO B29) ..... -1

B19. What type of high blood pressure did you have? Was it **Pregnancy-related** - that is during pregnancy only? This might also be called pregnancy-induced toxemia or pre-eclampsia or eclampsia. Or was it **Chronic high blood pressure or chronic hypertension**? This is high blood pressure that is not related to your pregnancy. This may have been diagnosed during pregnancy but did not go away after the pregnancy ended.

PREGNANCY RELATED.... (ASK B20, SKIP B21) 1
CHRONIC HYPERTENSION 2
BOTH 3
DK ..... -1

B20. When were you first diagnosed with high blood pressure?

PROBE: How old were you when you were diagnosed? **SEE SPECIAL CODES IN APPENDIX**.

DATE ..... |__|__| |__|__|__|__|
MM YYYY
DK ❑ DK ❑

OR

AGE IN YEARS ..... |__|__|
DK ❑

B21. SKIP IF B19 = 1:
Were you pregnant at the time?

YES 1
NO 2
DK ..... -1
RF ..... -2

B22. Did you have pregnancy-related high blood pressure when you were pregnant with ([NOIB]/this pregnancy)?

PROMPT: Pregnancy-related means during pregnancy only. This might also be called pregnancy-induced toxemia or pre-eclampsia or eclampsia.

YES 1
NO 2
DK ..... -1
RF ..... -2

B23. Did you take any medications or remedies for high blood pressure from 3 months before you became pregnant, which would be (B3), to the end of your pregnancy?

YES 1
NO ..... (SKIP TO B29) 2
DK ..... (SKIP TO B29) ..... -1

B24. What did you take? / Did you take anything else? LIST ALL. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take…?

Ace Inhibitor (NOS) ❑
Aldomet Tablet ❑
Antihypertensive (NOS) ❑
Atenolol ❑
Beta Blocker (NOS) ❑
Capoten ❑
Diltiazem HCL ❑
Enalapril Maleate ❑
Hydralazine/HCTZ ❑
Lisinopril ❑
Metoprolol ❑
Nifedipine ❑
Propranolol ❑
Quinapril HCL ❑
Ramipril ❑
Verapamil ❑
Other (SPECIFY) ❑
RF (SKIP TO B29) ❑

1. _____ DK❑
2. _____ DK❑
3. _____ DK❑

FOR EACH MED, ASK B25–B28. IF GET EXACT DATES IN B25 **AND** B26, SKIP B27. IF GET PARTIAL DATES OR DK IN B25 **AND/OR** B26, ASK B27.

DRUG	B25. Between (B3) and ([DOIB]/[DOPT]), when did you start using (MEDICINE) for this illness? MM DD YYYY	B26. When did you stop using (MEDICINE)? OR ASK B27 MM DD YYYY	B27. How long did you take it? DURATION	B28. How often did you use (MEDICINE)? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
1._____ DK❑ ASK B25-B28 RF❑ SKIP TO B29	❑❑ ❑❑ ❑❑❑❑ DK❑	❑❑ ❑❑ ❑❑❑❑ DK❑	❑❑ DK❑ Day(s)…1 Week(s)…2 Month(s)…3	❑❑ DK❑ Per Day…1 Per Week…2 Per Month…3 Per Year…4
2._____ DK❑ ASK B25-B28 RF❑ SKIP TO B29	❑❑ ❑❑ ❑❑❑❑ DK❑	❑❑ ❑❑ ❑❑❑❑ DK❑	❑❑ DK❑ Day(s)…1 Week(s)…2 Month(s)…3	❑❑ DK❑ Per Day…1 Per Week…2 Per Month…3 Per Year…4
3._____ DK❑ ASK B25-B28 RF❑ SKIP TO B29	❑❑ ❑❑ ❑❑❑❑ DK❑	❑❑ ❑❑ ❑❑❑❑ DK❑	❑❑ DK❑ Day(s)…1 Week(s)…2 Month(s)…3	❑❑ DK❑ Per Day…1 Per Week…2 Per Month…3 Per Year…4

MATERNAL HEALTH-SEIZURES

B29. Have you ever had seizures?

YES 1
NO .....(SKIP TO B40) 2
DK.....(SKIP TO B40) ..... -1

B30. Were you ever told by a doctor that you had epilepsy?

YES 1
NO .....(SKIP TO B38) 2
DK.....(SKIP TO B38) ..... -1

B31. How old were you when you were told that you had epilepsy? **SEE SPECIAL CODES IN APPENDIX.**

AGE IN YEARS ..... ☐☐
DK ☐

B32. Did you take any medications or remedies for epilepsy from 3 months before you became pregnant to the end of your pregnancy?

YES 1
NO .....(SKIP TO B40) 2
DK.....(SKIP TO B40) ..... -1

B33. What did you take? / Did you take anything else? LIST ALL. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take…?

Depakene, Depakote, valproic acid ..... ☐
Dilantin, phenytoin ..... ☐
Felbatol ..... ☐
Klonopin, clonazepam ..... ☐
Lamictal ..... ☐
Phenobarbital ..... ☐
Tegretol, Carbatrol ..... ☐
Other.....(SPECIFY)..... ☐
RF .....(SKIP TO B40) ..... ☐

1. _____ DK ☐
2. _____ DK ☐
3. _____ DK ☐

FOR EACH MED, ASK B34–B37. IF GET EXACT DATES IN B34 **AND** B35, SKIP B36. IF GET PARTIAL DATES OR DK IN B34 **AND/OR** B35, ASK B36.

DRUG	B34. Between (B3) and ([DOIB]/[DOPT]), when did you start using (MEDICINE) for this illness? MM DD YYYY	B35. When did you stop using (MEDICINE)? OR ASK B36 MM DD YYYY	B36. How long did you take it? DURATION	B37. How often did you use (MEDICINE)? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
1._____ DK❑ ASK B34-B37 RF❑ SKIP TO B40	❑❑ ❑❑ ❑❑❑❑ DK❑	❑❑ ❑❑ ❑❑❑❑ DK❑	❑❑ DK❑ Day(s).....1 Week(s).....2 Month(s).....3	❑❑ DK❑ Per Day.....1 Per Week.....2 Per Month.....3 Per Year.....4
2._____ DK❑ ASK B34-B37 RF❑ SKIP TO B40	❑❑ ❑❑ ❑❑❑❑ DK❑	❑❑ ❑❑ ❑❑❑❑ DK❑	❑❑ DK❑ Day(s).....1 Week(s).....2 Month(s).....3	❑❑ DK❑ Per Day.....1 Per Week.....2 Per Month.....3 Per Year.....4
3._____ DK❑ ASK B34-B37 RF❑ SKIP TO B40	❑❑ ❑❑ ❑❑❑❑ DK❑	❑❑ ❑❑ ❑❑❑❑ DK❑	❑❑ DK❑ Day(s).....1 Week(s).....2 Month(s).....3	❑❑ DK❑ Per Day.....1 Per Week.....2 Per Month.....3 Per Year.....4

SKIP TO B40.

B38. Did you ever have seizures that were not related to fever?

YES.....1
NO.....(SKIP TO B40).....2
DK.....(SKIP TO B40).....-1

B39. Did you take any medications or remedies for seizures from 3 months before you became pregnant to the end of your pregnancy?

YES.....(GO BACK TO B33 AND FILL OUT CHART).....1
NO.....2
DK.....-1

MATERNAL HEALTH-RESPIRATORY ILLNESS

B40. From 3 months before you became pregnant to the end of your pregnancy, did you have a cold or flu?

YES 1
NO ..... (SKIP TO B53) 2
DK ..... (SKIP TO B53) ..... -1

A. IF YES: How many episodes did you have?

OF EPISODES ..... ☐☐

IF DK: How many episodes do you remember?

FOR EACH ILLNESS, ASK B41–B44. IF GET EXACT DATES IN B41 **AND** B42, SKIP B43. IF GET PARTIAL DATES OR DK IN B41 **AND/OR** B42, ASK B43.

	B41. When did your (1st/2nd/3rd) cold or flu episode start?	B42. When did the illness stop? OR ASK B43	B43. How long did the illness last?	B44. When you were ill on this occasion, did you have any of the following? (READ LIST).
1.	☐☐ MM ☐☐ DD ☐☐☐☐ YYYY DK ❑ ❑ ❑	☐☐ MM ☐☐ DD ☐☐☐☐ YYYY DK ❑ ❑ ❑	☐☐ DK ❑ DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	YES NO DK a. Respiratory symptoms such as a cough, congestion or runny nose ..... 1 2 -1 b. Diarrhea or vomiting ..... 1 2 -1 c. Muscle aches ..... 1 2 -1 d. Fever ..... 1 2 -1 **IF YES TO d, ASK B45 AND B46. ALL OTHERS SKIP TO B47.**
2.	☐☐ MM ☐☐ DD ☐☐☐☐ YYYY DK ❑ ❑ ❑	☐☐ MM ☐☐ DD ☐☐☐☐ YYYY DK ❑ ❑ ❑	☐☐ DK ❑ DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	a. Respiratory symptoms such as a cough, congestion or runny nose ..... 1 2 -1 b. Diarrhea or vomiting ..... 1 2 -1 c. Muscle aches ..... 1 2 -1 d. Fever ..... 1 2 -1 **IF YES TO d, ASK B45 AND B46. ALL OTHERS SKIP TO B47.**

	B45. How long did the fever last?	B46. What was the highest temperature recorded during your fever?	B47. Did you take any medications or remedies for this illness?	B48. What did you take? / Did you take anything else? LIST ALL. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take…?
1.	⌊_⌊_⌋ DK❑ HOUR(S) .....1 DAY(S) .....2 WEEK(S) .....3 MONTH(S) 4	⌊_⌊_⌊_⌋.⌊_⌋ DK❑ NOT RECORDED ❑ FAHRENHEIT..... F CENTIGRADE C	YES ..... 1 NO ..... (SKIP TO B53)..... 2 DK ..... (SKIP TO B53)..... -1	Acetaminophen..... ❑ Advil..... ❑ Afrin Nasal Spray..... ❑ Amoxicillin..... ❑ Ampicillin..... ❑ Augmentin..... ❑ Erythromycin..... ❑ Nuprin ..... ❑ Penicillin (NOS) ..... ❑ Robitussin ..... ❑ Sudafed ..... ❑ Tylenol ..... ❑ Other (SPECIFY)..... ❑ RF .....(SKIP TO B53) ..... ❑ 1. _____ DK❑ 2. _____ DK❑ 3. _____ DK❑
2.	⌊_⌊_⌋ DK❑ HOUR(S) .....1 DAY(S) .....2 WEEK(S) .....3 MONTH(S) 4	⌊_⌊_⌊_⌋.⌊_⌋ DK❑ NOT RECORDED ❑ FAHRENHEIT..... F CENTIGRADE C	YES ..... 1 NO ..... (SKIP TO B53)..... 2 DK ..... (SKIP TO B53)..... -1	Acetaminophen..... ❑ Advil..... ❑ Afrin Nasal Spray..... ❑ Amoxicillin..... ❑ Ampicillin..... ❑ Augmentin..... ❑ Erythromycin..... ❑ Nuprin ..... ❑ Penicillin (NOS) ..... ❑ Robitussin ..... ❑ Sudafed ..... ❑ Tylenol ..... ❑ Other (SPECIFY)..... ❑ RF .....(SKIP TO B53) ..... ❑ 1. _____ DK❑ 2. _____ DK❑ 3. _____ DK❑

FOR EACH MEDICINE (BY ILLNESS) ASK B49–B52. IF GET EXACT DATES IN B49 **AND** B50, SKIP B51. IF GET PARTIAL DATES OR DK IN B49 **AND/OR** B50, ASK B51.

	B49. When did you start using (MEDICINE) for this illness?	B50. When did you stop using (MEDICINE)? OR ASK B51	B51. How long did you take it? DURATION	B52. How often did you use (MEDICINE)? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
1.	ILLNESS_____ DRUG NAME _____ IF DK DRUG ASK B49-B52 IF RF DRUG SKIP TO B53 MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK❑ Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year..... 4
2.	ILLNESS_____ DRUG NAME _____ IF DK DRUG ASK B49-B52 IF RF DRUG SKIP TO B53 MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK❑ Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year..... 4
3.	ILLNESS_____ DRUG NAME _____ IF DK DRUG ASK B49-B52 IF RF DRUG SKIP TO B53 MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK❑ Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year..... 4
4.	ILLNESS_____ DRUG NAME _____ IF DK DRUG ASK B49-B52 IF RF DRUG SKIP TO B53 MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK❑ Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year..... 4
5.	ILLNESS_____ DRUG NAME _____ IF DK DRUG ASK B49-B52 IF RF DRUG SKIP TO B53 MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK❑ Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year..... 4

MATERNAL HEALTH-INFECTIONS

B53. From 3 months before you became pregnant to the end of your pregnancy, did you have any of the following illnesses…? READ LIST

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

YES.....1
NO 2
DK.....-1

B. pelvic inflammatory disease or PID?

YES.....1
NO 2
DK.....-1

IF NO TO BOTH A AND B, SKIP TO B65.
FOR EACH YES, ASK B54-B60.

	B54. Was the (infection/ PID) diagnosed by a doctor?	B55. During which months did you have the illness?				B56. When you were sick with (infection/PID), did you have a fever?
		MO	YES	NO	DK	
A. kidney, bladder, or urinary tract infection (UTI)	YES.....1 NO.....2 DK.....-1	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	-1 -1 -1 -1 -1 -1 -1 -1	YES.....1 NO.....(SKIP TO B59) ...2 DK.....(SKIP TO B59) ..-1
B. PID	YES.....1 NO.....2 DK.....-1	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	-1 -1 -1 -1 -1 -1 -1 -1	YES.....1 NO.....(SKIP TO B59) ...2 DK.....(SKIP TO B59) ..-1

	B57. How long did the fever last?	B58. What was the highest temperature recorded during your fever?	B59. Did you take any medications or remedies for your (ILLNESS)?	B60. What did you take? / Did you take anything else? LIST ALL. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take…?
A.	☐☐ DK ❑ HOUR(S).....1 DAY(S).....2 WEEK(S).....3 MONTH(S).....4	☐☐☐.☐ DK ❑ NOT RECORDED ❑ FAHRENHEIT .....F CENTIGRADE.....C	YES.....1 NO.....(SKIP TO B65) .....2 DK.....(SKIP TO B65) .....-1	Amoxicillin, Amoxil, Trimox..... ❑ Augmentin ..... ❑ Biaxin..... ❑ Cipro..... ❑ Doxycycline, Vibramycin ..... ❑ Erythromycin, Erythrocin, EES ..... ❑ Levaquin..... ❑ Rebetol, Virazole ..... ❑ Rebetron..... ❑ Zithromax ..... ❑ Other (SPECIFY)..... ❑ RF..... (SKIP TO B65)..... ❑ 1. _____ DK❑ 2. _____ DK❑ 3. _____ DK❑
B.	☐☐ DK ❑ HOUR(S).....1 DAY(S).....2 WEEK(S).....3 MONTH(S).....4	☐☐☐.☐ DK ❑ NOT RECORDED ❑ FAHRENHEIT .....F CENTIGRADE.....C	YES.....1 NO.....(SKIP TO B65) .....2 DK.....(SKIP TO B65) .....-1	Amoxicillin, Amoxil, Trimox..... ❑ Augmentin ..... ❑ Biaxin..... ❑ Cipro..... ❑ Doxycycline, Vibramycin ..... ❑ Erythromycin, Erythrocin, EES ..... ❑ Levaquin..... ❑ Rebetol, Virazole ..... ❑ Rebetron..... ❑ Zithromax ..... ❑ Other (SPECIFY)..... ❑ RF..... (SKIP TO B65)..... ❑ 1. _____ DK❑ 2. _____ DK❑ 3. _____ DK❑

FOR EACH MEDICINE (BY ILLNESS) ASK B61–B64. IF GET EXACT DATES IN B61 **AND** B62, SKIP B63. IF GET PARTIAL DATES OR DK IN B61 **AND/OR** B62, ASK B63.

	B61. When did you start using (MEDICINE) for this illness?	B62. When did you stop using (MEDICINE)? OR ASK B63	B63. How long did you take it? DURATION	B64. How often did you use (MEDICINE)? **SEE SPECIAL CODES IN APPENDIX**. FREQUENCY
	ILLNESS A: KIDNEY, BLADDER, UTI IF DK DRUG ASK B61-B64 IF RF DRUG SKIP TO B65			
1.	DRUG NAME _____ MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK❑ Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year 4
2.	DRUG NAME _____ MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK❑ Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year 4
3.	DRUG NAME _____ MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK❑ Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year 4
	ILLNESS B: PID IF DK DRUG ASK B61-B64 IF RF DRUG SKIP TO B65			
4.	DRUG NAME _____ MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK❑ Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year 4
5.	DRUG NAME _____ MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK❑ Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year 4
6.	DRUG NAME _____ MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK❑ Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year 4

MATERNAL HEALTH-OTHER FEVER

B65. From 3 months before you became pregnant to the end of your pregnancy, did you have any fevers that we haven't already talked about, including those due to bronchitis, pneumonia, an infection, or other illness?

YES..... 1
NO..... (SKIP TO B77)..... 2
DK..... (SKIP TO B77)..... -1

A. IF YES: How many fevers did you have?

OF FEVERS.. ☐☐
IF DK: How many fevers do you remember?

	B66. What was the cause of the (1st/2nd/3rd) fever?/Any other fevers? LIST EACH EPISODE OF FEVER EVEN IF CAUSE NOT KNOWN AND ASK B67-B76 FOR EACH.	B67. When you had (CAUSE OF FEVER), during which of those months did you have a fever?				B68. How long did the fever last?	B69. What was the highest temperature recorded during your fever?	B70. Did you have a rash with this fever?	B71. Did you take any medications or remedies for (CAUSE OF FEVER)?
		MO	YES	NO	DK				
A.	_____ CAUSE OF FEVER DK ❑	B3	1	2	-1	☐☐ DK ❑ HOUR(S).....1 DAY(S).....2 WEEK(S).....3 MONTH(S).....4	☐☐☐.☐ DK ❑ NOT RECORDED ❑ FAHRENHEIT..... F CENTIGRADE..... C	YES.....1 NO.....2 DK..... -1	YES.....1 NO (GO TO NEXT ILLNESS OR B77).... 2 DK (GO TO NEXT ILLNESS OR B77)....-1
		B2	1	2	-1				
		B1	1	2	-1				
		P1	1	2	-1				
		P2	1	2	-1				
		P3	1	2	-1				
		T2	1	2	-1				
		T3	1	2	-1				
B.	_____ CAUSE OF FEVER DK ❑	B3	1	2	-1	☐☐ DK ❑ HOUR(S).....1 DAY(S).....2 WEEK(S).....3 MONTH(S).....4	☐☐☐.☐ DK ❑ NOT RECORDED ❑ FAHRENHEIT..... F CENTIGRADE..... C	YES.....1 NO.....2 DK..... -1	YES.....1 NO (GO TO NEXT ILLNESS OR B77).... 2 DK (GO TO NEXT ILLNESS OR B77)....-1
		B2	1	2	-1				
		B1	1	2	-1				
		P1	1	2	-1				
		P2	1	2	-1				
		P3	1	2	-1				
		T2	1	2	-1				
		T3	1	2	-1				
C.	_____ CAUSE OF FEVER DK ❑	B3	1	2	-1	☐☐ DK ❑ HOUR(S).....1 DAY(S).....2 WEEK(S).....3 MONTH(S).....4	☐☐☐.☐ DK ❑ NOT RECORDED ❑ FAHRENHEIT..... F CENTIGRADE..... C	YES.....1 NO.....2 DK..... -1	YES.....1 NO (GO TO NEXT ILLNESS OR B77).... 2 DK (GO TO NEXT ILLNESS OR B77)....-1
		B2	1	2	-1				
		B1	1	2	-1				
		P1	1	2	-1				
		P2	1	2	-1				
		P3	1	2	-1				
		T2	1	2	-1				
		T3	1	2	-1				

FOR EACH MEDICINE (BY ILLNESS) ASK B73–B76. IF GET EXACT DATES IN B73 **AND** B74, SKIP B75. IF GET PARTIAL DATES OR DK IN B73 **AND/OR** B74, ASK B75.

	B72. What did you take? Did you take anything else? CODE ALL THAT APPLY. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take…? IF DK DRUG ASK B73-B76 IF RF DRUG SKIP TO B77	B73. When did you start using (MEDICINE) for this illness?	B74. When did you stop using (MEDICINE)? OR ASK B75
A.	Acetaminophen ❑ Advil ❑ Aleve ❑ Aspirin ❑ Nuprin ❑ Tylenol ❑ Other (SPECIFY) ❑ RF (SKIP TO B77) ❑ 1._____ DK❑ 2._____ DK❑ 3._____ DK❑	DRUG 1 _____ MM DD YYYY DK❑ ❑ ❑ ❑ DRUG 2 _____ MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑ MM DD YYYY DK❑ ❑ ❑
B.	Acetaminophen ❑ Advil ❑ Aleve ❑ Aspirin ❑ Nuprin ❑ Tylenol ❑ Other (SPECIFY) ❑ RF (SKIP TO B77) ❑ 1._____ DK❑ 2._____ DK❑ 3._____ DK❑	DRUG 3 _____ MM DD YYYY DK❑ ❑ ❑ ❑ DRUG 4 _____ MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑ MM DD YYYY DK❑ ❑ ❑
C.	Acetaminophen ❑ Advil ❑ Aleve ❑ Aspirin ❑ Nuprin ❑ Tylenol ❑ Other (SPECIFY) ❑ RF (SKIP TO B77) ❑ 1._____ DK❑ 2._____ DK❑ 3._____ DK❑	DRUG 5 _____ MM DD YYYY DK❑ ❑ ❑ ❑ DRUG 6 _____ MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑ MM DD YYYY DK❑ ❑ ❑

		B75. How long did you take it? DURATION	B76. How often did you use (MEDICINE)? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
A.	DRUG 1 _____	☐☐ DK☐ Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	☐☐ DK☐ Per Day.....1 Per Week.....2 Per Month .....3 Per Year.....4
	DRUG 2 _____	☐☐ DK☐ Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	☐☐ DK☐ Per Day.....1 Per Week.....2 Per Month .....3 Per Year.....4
B.	DRUG 3 _____	☐☐ DK☐ Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	☐☐ DK☐ Per Day.....1 Per Week.....2 Per Month .....3 Per Year.....4
	DRUG 4 _____	☐☐ DK☐ Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	☐☐ DK☐ Per Day.....1 Per Week.....2 Per Month .....3 Per Year.....4
C.	DRUG 5 _____	☐☐ DK☐ Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	☐☐ DK☐ Per Day.....1 Per Week.....2 Per Month .....3 Per Year.....4
	DRUG 6 _____	☐☐ DK☐ Day(s) ..... 1 Week(s)..... 2 Month(s)..... 3	☐☐ DK☐ Per Day.....1 Per Week.....2 Per Month .....3 Per Year.....4

MATERNAL HEALTH-OTHER DISEASES

B77. From 3 months before you became pregnant to the end of your pregnancy, did you have any other illnesses that we haven't already talked about such as infectious diseases including sexually transmitted diseases, or chickenpox?

YES 1
NO ..... (SKIP TO B87).....2
DK..... (SKIP TO B87).....-1

	B78. What did you have? / Did you have anything else? LIST ALL. FOR EACH ILLNESS ASK B79-B86.	B79. When was it first diagnosed? REFERRING TO (CONDITION) PROBE: How old were you when you were diagnosed?	B80. Between (B3) and ([DOIB]/[DOPT]), when did you have symptoms? MO / YES / NO / DK	B81. Did you take any medications or remedies for (ILLNESS)?	B82. What did you take? Did you take anything else? LIST ALL
A.	_____ ILLNESS DK ❑ ASK B79-B82 RF ❑ SKIP TO B87	❑❑ ❑❑❑❑ MM YYYY **OR** AGE IN YEARS ❑❑ DK ❑ **SEE SPECIAL CODES IN APPENDIX.**	B3 1 2 -1 B2 1 2 -1 B1 1 2 -1 P1 1 2 -1 P2 1 2 -1 P3 1 2 -1 T2 1 2 -1 T3 1 2 -1	YES.....1 NO .....(SKIP TO B87)... 2 DK.....(SKIP TO B87).. -1	1. _____ 2. _____ 3. _____ 4. _____ DK ❑ ASK B83-B86 RF ❑ SKIP TO B87
B.	_____ ILLNESS DK ❑ ASK B79-B82 RF ❑ SKIP TO B87	❑❑ ❑❑❑❑ MM YYYY **OR** AGE IN YEARS ❑❑ DK ❑ **SEE SPECIAL CODES IN APPENDIX.**	B3 1 2 -1 B2 1 2 -1 B1 1 2 -1 P1 1 2 -1 P2 1 2 -1 P3 1 2 -1 T2 1 2 -1 T3 1 2 -1	YES.....1 NO .....(SKIP TO B87)... 2 DK.....(SKIP TO B87).. -1	1. _____ 2. _____ 3. _____ 4. _____ DK ❑ ASK B83-B86 RF ❑ SKIP TO B87
C.	_____ ILLNESS DK ❑ ASK B79-B82 RF ❑ SKIP TO B87	❑❑ ❑❑❑❑ MM YYYY **OR** AGE IN YEARS ❑❑ DK ❑ **SEE SPECIAL CODES IN APPENDIX.**	B3 1 2 -1 B2 1 2 -1 B1 1 2 -1 P1 1 2 -1 P2 1 2 -1 P3 1 2 -1 T2 1 2 -1 T3 1 2 -1	YES.....1 NO .....(SKIP TO B87)... 2 DK.....(SKIP TO B87).. -1	1. _____ 2. _____ 3. _____ 4. _____ DK ❑ ASK B83-B86 RF ❑ SKIP TO B87

FOR EACH MEDICINE, ASK B83–B86. IF GET EXACT DATES IN B83 **AND** B84, SKIP B85. IF GET PARTIAL DATES OR DK IN B83 **AND/OR** B84, ASK B85.

	B83. When did you start using (MEDICINE) for this illness?	B84. When did you stop using (MEDICINE)? OR ASK B85	B85. How long did you take it? DURATION	B86. How often did you use (MEDICINE)? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
A.	DRUG 1 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year..... 4
	DRUG 2 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year..... 4
B.	DRUG 3 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year..... 4
	DRUG 4 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year..... 4
C.	DRUG 5 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year..... 4
	DRUG 6 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year..... 4

B87. Have you ever been diagnosed with any other chronic diseases or illnesses that we haven't talked about such as asthma, thyroid disease, an autoimmune disease, or other chronic or long-term diseases?

YES.....1
NO ..... (SKIP TO B97).....2
DK..... (SKIP TO B97).....-1

PROBE: Such as rheumatoid arthritis, psoriasis, alopecia, lupus, Addison's disease, pernicious anemia, celiac disease, multiple sclerosis, myasthenia gravis or Guillain-Barre Syndrome.

	B88. What did you have? / Did you have anything else? LIST ALL. FOR EACH ILLNESS ASK B89-B96.	B89. When was it first diagnosed? REFERRING TO (CONDITION) PROBE: How old were you when you were diagnosed?	B90. Between (B3) and ([DOIB]/[DOPT]) when did you have symptoms?				B91. Did you take any medications or remedies for (ILLNESS)?	B92. What did you take? Did you take anything else? LIST ALL
			MO	YES	NO	DK		
A.	_____ ILLNESS DK❑ ASK B89-B92 RF❑ SKIP TO B97	❑❑ ❑❑❑❑ MM YYYY **OR** AGE IN YEARS ❑❑ DK❑ **SEE SPECIAL CODES IN APPENDIX.**	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	-1 -1 -1 -1 -1 -1 -1 -1	YES.....1 NO .....(SKIP TO B97)... 2 DK.....(SKIP TO B97).. -1	1. _____ 2. _____ 3. _____ 4. _____ DK❑ ASK B93-B96 RF❑ SKIP TO B97
B.	_____ ILLNESS DK❑ ASK B89-B92 RF❑ SKIP TO B97	❑❑ ❑❑❑❑ MM YYYY **OR** AGE IN YEARS ❑❑ DK❑ **SEE SPECIAL CODES IN APPENDIX.**	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	-1 -1 -1 -1 -1 -1 -1 -1	YES.....1 NO .....(SKIP TO B97)... 2 DK.....(SKIP TO B97).. -1	1. _____ 2. _____ 3. _____ 4. _____ DK❑ ASK B93-B96 RF❑ SKIP TO B97
C.	_____ ILLNESS DK❑ ASK B89-B92 RF❑ SKIP TO B97	❑❑ ❑❑❑❑ MM YYYY **OR** AGE IN YEARS ❑❑ DK❑ **SEE SPECIAL CODES IN APPENDIX.**	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	-1 -1 -1 -1 -1 -1 -1 -1	YES.....1 NO .....(SKIP TO B97)... 2 DK.....(SKIP TO B97).. -1	1. _____ 2. _____ 3. _____ 4. _____ DK❑ ASK B93-B96 RF❑ SKIP TO B97

FOR EACH MEDICINE, ASK B93–B96. IF GET EXACT DATES IN B93 **AND** B94, SKIP B95. IF GET PARTIAL DATES OR DK IN B93 **AND/OR** B94, ASK B95.

	B93. When did you start using (MEDICINE) for this illness?	B94. When did you stop using (MEDICINE)? OR ASK B95	B95. How long did you take it? DURATION	B96. How often did you use (MEDICINE)? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
A.	DRUG 1 _____ MM DD YYYY DK ❑ ❑ ❑ DRUG 2 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑ MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3 ❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year..... 4 ❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year..... 4
B.	DRUG 3 _____ MM DD YYYY DK ❑ ❑ ❑ DRUG 4 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑ MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3 ❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year..... 4 ❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year..... 4
C.	DRUG 5 _____ MM DD YYYY DK ❑ ❑ ❑ DRUG 6 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑ MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3 ❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year..... 4 ❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year..... 4

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MATERNAL HEALTH-INJURIES

B97. From 3 months before you became pregnant to the end of your pregnancy, were you injured by, for example, a car accident, fall, or being hurt by another person?

YES 1
NO ..... (SKIP TO B106) 2
DK ..... (SKIP TO B106) ..... -1

	B98. What was the cause and what injuries did you have? / Anything else? ASK B99-B105 FOR EACH.	B99. What was the date of your (INJURY)?	B100. Did you take any medicine or receive any injections because of the injury(s)?	B101. What did you take? Did you take anything else? LIST ALL.
A.	_____ INJURY _____ CAUSE DK ❑ ASK B99-B101 RF ❑ SKIP TO B106	MM DD YYYY DK ❑ ❑ ❑	YES ..... 1 NO ..... (NEXT INJURY OR SKIP TO B106) ..... 2 DK ..... (NEXT INJURY OR SKIP TO B106) ..... -1	1. _____ 2. _____ 3. _____ 4. _____ DK ❑ ASK B102-B105 RF ❑ SKIP TO B106
B.	_____ INJURY _____ CAUSE DK ❑ ASK B99-B101 RF ❑ SKIP TO B106	MM DD YYYY DK ❑ ❑ ❑	YES ..... 1 NO ..... (NEXT INJURY OR SKIP TO B106) ..... 2 DK ..... (NEXT INJURY OR SKIP TO B106) ..... -1	1. _____ 2. _____ 3. _____ 4. _____ DK ❑ ASK B102-B105 RF ❑ SKIP TO B106
C.	_____ INJURY _____ CAUSE DK ❑ ASK B99-B101 RF ❑ SKIP TO B106	MM DD YYYY DK ❑ ❑ ❑	YES ..... 1 NO ..... (NEXT INJURY OR SKIP TO B106) ..... 2 DK ..... (NEXT INJURY OR SKIP TO B106) ..... -1	1. _____ 2. _____ 3. _____ 4. _____ DK ❑ ASK B102-B105 RF ❑ SKIP TO B106

FOR EACH MEDICINE (BY INJURY), ASK B102–B105. IF GET EXACT DATES IN B102 **AND** B103, SKIP B104. IF GET PARTIAL DATES OR DK IN B102 **AND/OR** B103, ASK B104.

	B102. When did you start using (MEDICINE) for this injury?	B103. When did you stop using (MEDICINE)? OR ASK B104	B104. How long did you take it? DURATION	B105. How often did you use (MEDICINE)? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
A.	INJURY _____ DRUG 1 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s)....1 Week(s)....2 Month(s)....3	❑❑ DK ❑ Per Day....1 Per Week....2 Per Month....3 Per Year....4
	DRUG 2 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s)....1 Week(s)....2 Month(s)....3	❑❑ DK ❑ Per Day....1 Per Week....2 Per Month....3 Per Year....4
B.	INJURY _____ DRUG 3 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s)....1 Week(s)....2 Month(s)....3	❑❑ DK ❑ Per Day....1 Per Week....2 Per Month....3 Per Year....4
	DRUG 4 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s)....1 Week(s)....2 Month(s)....3	❑❑ DK ❑ Per Day....1 Per Week....2 Per Month....3 Per Year....4
C.	INJURY _____ DRUG 5 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s)....1 Week(s)....2 Month(s)....3	❑❑ DK ❑ Per Day....1 Per Week....2 Per Month....3 Per Year....4
	DRUG 6 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s)....1 Week(s)....2 Month(s)....3	❑❑ DK ❑ Per Day....1 Per Week....2 Per Month....3 Per Year....4

MATERNAL HEALTH-SURGERY

B106. From 3 months before you became pregnant to the end of your pregnancy, did you have any surgical procedures?

YES 1
NO ..... (SKIP TO B116) 2
DK ..... (SKIP TO B116) ..... -1

B107. What was done? / Anything else? ASK B108- B115 FOR EACH.	B108. Did you have general anesthesia or local anesthesia? REFERRING TO (PROCEDURE)	B109. What month did the procedure take place?				B110. Did you take any medicine or receive any injections because of the surgery?	B111. What did you take?/ Did you take anything else? LIST ALL.
		MO	YES	NO	DK		
_____ SURGERY DK ❑ ASK B108-B111 RF ❑ SKIP TO B116	GENERAL ANESTHESIA? YES ..... 1 NO ..... 2 DK ..... -1 LOCAL ANESTHESIA? YES ..... 1 NO ..... 2 DK ..... -1	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	-1 -1 -1 -1 -1 -1 -1 -1	YES ..... 1 NO ..... (SKIP TO B116) . 2 DK ..... (SKIP TO B116) -1	1. _____ 2. _____ 3. _____ 4. _____ DK ❑ ASK B112-B115 RF ❑ SKIP TO B116
_____ SURGERY DK ❑ ASK B108-B111 RF ❑ SKIP TO B116	GENERAL ANESTHESIA? YES ..... 1 NO ..... 2 DK ..... -1 LOCAL ANESTHESIA? YES ..... 1 NO ..... 2 DK ..... -1	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	-1 -1 -1 -1 -1 -1 -1 -1	YES ..... 1 NO ..... (SKIP TO B116) . 2 DK ..... (SKIP TO B116) -1	1. _____ 2. _____ 3. _____ 4. _____ DK ❑ ASK B112-B115 RF ❑ SKIP TO B116

FOR EACH MEDICINE (BY SURGERY) ASK B112–B115. IF GET EXACT DATES IN B112 **AND** B113, SKIP B114. IF GET PARTIAL DATES OR DK IN B112 **AND/OR** B113, ASK B114.

	B112. When did you start using (MEDICINE) for this surgery?	B113. When did you stop using (MEDICINE)? OR ASK B114	B114. How long did you take it? DURATION	B115. How often did you use (MEDICINE)? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
A.	SURGERY _____ DRUG 1 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year..... 4
	DRUG 2 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year..... 4
B.	SURGERY _____ DRUG 3 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year..... 4
	DRUG 4 _____ MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	❑❑ DK ❑ Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year..... 4

MATERNAL HEALTH-X-RAY OR SCANS

B116. From 3 months before you became pregnant to the end of your pregnancy, did you have any x-rays or scans, not related to your pregnancy?

YES 1
NO ..... (SKIP TO SECTION C) 2
DK ..... (SKIP TO SECTION C) ..... -1

B117. Did you have: / Did you have anything else?	YES (ASK B118-B120)	NO (NXT)	DK (ASK B118-B120)	RF (ASK B118-B120)	B118. What part of your body was tested? REFERRING TO (PROCEDURE)		B119. What month was the test done? MO	YES	NO	DK
A. X-rays, including dental, mammogram, upper GI or IVP, ...	1	0	-1	-2	ABDOMEN = 01 ADRENAL GLAND = 02 ARM/ELBOW = 03 BACK = 04 BLADDER = 05 BODY, TOTAL = 06 BONE = 07 BRAIN = 08 BREAST = 09 CHEST = 10 DENTAL/TEETH = 35	☐☐ DK ☐ ASK B119-B121 RF ☐ ASK B119-B121	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	-1 -1 -1 -1 -1 -1 -1 -1
B. CT or CAT scans, ...	2	0	-1	-2	FOOT = 11 GALLBLADDER = 12 HAND = 13 HEAD/SKULL/FACE = 14 HEART = 15 HIP = 16 INTESTINES = 17 KIDNEY = 18 LEG/KNEE = 19 LIVER = 20 LOWER GI = 21	☐☐ DK ☐ ASK B119-B121 RF ☐ ASK B119-B121	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	-1 -1 -1 -1 -1 -1 -1 -1
C. MRI (or magnetic resonance imaging), ...	3	0	-1	-2	LUNGS = 22 MOUTH = 23 NECK = 24 PELVIS = 25 SHOULDER = 26 SPINE = 27 SPLEEN = 28 STOMACH = 29 THYROID = 30 UPPER GI = 31 URINARY TRACT = 32	☐☐ DK ☐ ASK B119-B121 RF ☐ ASK B119-B120	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	-1 -1 -1 -1 -1 -1 -1 -1
D. Radionuclide study or scan, ...	4	0	-1	-2	UTERUS (INCLUDES TUBES & OVARIES) = 33 VASCULAR SYSTEM = 34 WRIST = 36 OTHER (SPECIFY) = -5 SPECIFY: _____ BODY PART	☐☐ DK ☐ ASK B119-B121 RF ☐ ASK B119-B120	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	-1 -1 -1 -1 -1 -1 -1 -1
E. Other x-ray or scan? SPECIFY TEST:_____ _____	-5	0	-1	-2		☐☐ DK ☐ ASK B119-B121 RF ☐ ASK B119-B121	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	-1 -1 -1 -1 -1 -1 -1 -1

FOR EACH MONTH WITH 'YES' RESPONSE IN B119, ASK B120.

	B120. How many (TESTS) did you have in (MONTH)?	B121. IF B117 = A, B OR E: Was your pelvis shielded with a lead apron?
TEST 1 TYPE: _____	B3 NUMBER OF TESTS ..... ☐☐ DK ☐ B2 NUMBER OF TESTS ..... ☐☐ DK ☐ B1 NUMBER OF TESTS ..... ☐☐ DK ☐ P1 NUMBER OF TESTS ..... ☐☐ DK ☐ P2 NUMBER OF TESTS ..... ☐☐ DK ☐ P3 NUMBER OF TESTS ..... ☐☐ DK ☐ T2 NUMBER OF TESTS ..... ☐☐ DK ☐ T3 NUMBER OF TESTS ..... ☐☐ DK ☐	YES ..... 1 NO ..... 2 DK ..... -1
TEST 2 TYPE: _____	B3 NUMBER OF TESTS ..... ☐☐ DK ☐ B2 NUMBER OF TESTS ..... ☐☐ DK ☐ B1 NUMBER OF TESTS ..... ☐☐ DK ☐ P1 NUMBER OF TESTS ..... ☐☐ DK ☐ P2 NUMBER OF TESTS ..... ☐☐ DK ☐ P3 NUMBER OF TESTS ..... ☐☐ DK ☐ T2 NUMBER OF TESTS ..... ☐☐ DK ☐ T3 NUMBER OF TESTS ..... ☐☐ DK ☐	YES ..... 1 NO ..... 2 DK ..... -1
TEST 3 TYPE: _____	B3 NUMBER OF TESTS ..... ☐☐ DK ☐ B2 NUMBER OF TESTS ..... ☐☐ DK ☐ B1 NUMBER OF TESTS ..... ☐☐ DK ☐ P1 NUMBER OF TESTS ..... ☐☐ DK ☐ P2 NUMBER OF TESTS ..... ☐☐ DK ☐ P3 NUMBER OF TESTS ..... ☐☐ DK ☐ T2 NUMBER OF TESTS ..... ☐☐ DK ☐ T3 NUMBER OF TESTS ..... ☐☐ DK ☐	YES ..... 1 NO ..... 2 DK ..... -1

SECTION C: MEDICATION

C1. We are interested in some medicines that you may have taken from 3 months before you became pregnant, which would be (B3), to the end of your pregnancy. These would include prescription and nonprescription medicines. Some of these medicines we may have already discussed.

During this time period, did you take any of the following medications? READ CHOICES.
FOR EACH YES, ASK C2-C5.

		YES	NO	DK
a.	Tylenol, or	1	2	-1
b.	Datril, or	1	2	-1
c.	Acetaminophen	1	2	-1
d.	Advil, or	1	2	-1
e.	Motrin, or	1	2	-1
f.	Nuprin, or	1	2	-1
g.	Ibuprofen.	1	2	-1
h.	Aleve	1	2	-1
i.	Aspirin.	1	2	-1
j.	Prozac	1	2	-1
k.	Wellbutrin, or.	1	2	-1
l.	Zyban	1	2	-1
m.	Paxil	1	2	-1
n.	Zoloft	1	2	-1
o.	Effexor.	1	2	-1
p.	Celexa	1	2	-1
q.	Levofloxacin	1	2	-1
r.	Amoxicillin	1	2	-1
s.	Augmentin	1	2	-1
t.	Bactrim	1	2	-1
u.	Septra	1	2	-1
v.	Cipro	1	2	-1
w.	Doxycycline	1	2	-1
x.	Zithromax	1	2	-1
y.	Thalidomide	1	2	-1
z.	Nicotine Patch	1	2	-1
aa.	Nicotine Gum	1	2	-1
bb.	Cytotec, or	1	2	-1
cc.	Misoprostol	1	2	-1
dd.	Accutane	1	2	-1
ee.	Methotrexate	1	2	-1
ff.	Claritin	1	2	-1
gg.	Allegra	1	2	-1
hh.	Zyrtec	1	2	-1
ii.	During this time period, did you take any medications, remedies, or treatments that we haven't already talked about? For example, flu or allergy shots or medications for asthma, allergies, infections, STDs or HIV/AIDS? What drug?/Any others?	1	2	-1

1. _____

TYPE OF MEDICINE	C2. During this time period, when did you start using (MEDICINE)? IF A MEDICINE ON THE LIST WAS ALREADY REPORTED, ASK: At what other times besides (USE DATE TO DATE) did you use (MEDICINE)?	C3. When did you stop using (MEDICINE)? OR ASK C4 IF GET EXACT DATES IN C2 **AND** C3, SKIP C4. IF GET PARTIAL DATES OR DK IN C2 **AND/OR** C3, ASK C4.	C4. How long did you take it? DURATION	C5. How often did you use (MEDICINE)? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
1. _____	MM DD YYYY DK❑ ❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑ ❑	❑❑ DK❑ DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	❑❑ DK❑ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
2. _____	MM DD YYYY DK❑ ❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑ ❑	❑❑ DK❑ DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	❑❑ DK❑ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
3. _____	MM DD YYYY DK❑ ❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑ ❑	❑❑ DK❑ DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	❑❑ DK❑ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
4. _____	MM DD YYYY DK❑ ❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑ ❑	❑❑ DK❑ DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	❑❑ DK❑ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
5. _____	MM DD YYYY DK❑ ❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑ ❑	❑❑ DK❑ DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	❑❑ DK❑ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
6. _____	MM DD YYYY DK❑ ❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑ ❑	❑❑ DK❑ DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	❑❑ DK❑ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4

TYPE OF MEDICINE	C2. During this time period, when did you start using (MEDICINE)? IF A MEDICINE ON THE LIST WAS ALREADY REPORTED, ASK: At what other times besides (USE DATE TO DATE) did you use (MEDICINE)?	C3. When did you stop using (MEDICINE)? OR ASK C4 IF GET EXACT DATES IN C2 **AND** C3, SKIP C4. IF GET PARTIAL DATES OR DK IN C2 **AND/OR** C3, ASK C4.	C4. How long did you take it? DURATION	C5. How often did you use (MEDICINE)? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
7. _____	MM DD YYYY DK❑ ❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑ ❑	❑❑ DK❑ DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	❑❑ DK❑ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
8. _____	MM DD YYYY DK❑ ❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑ ❑	❑❑ DK❑ DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	❑❑ DK❑ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
9. _____	MM DD YYYY DK❑ ❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑ ❑	❑❑ DK❑ DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	❑❑ DK❑ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
10. _____	MM DD YYYY DK❑ ❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑ ❑	❑❑ DK❑ DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	❑❑ DK❑ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4

HERBAL REMEDIES

C6. From 3 months before you became pregnant to the end of your pregnancy, did you use any herbs or folk medicines to treat any medical conditions, to lose weight, or just to keep you healthy?

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

C6a. Between (B3) and ([DOIB]/[DOPT]), what herbs or folk medicine did you take?/Anything else? SPECIFY HERBAL OR FOLK REMEDY	C7. Between (B3) and ([DOIB]/[DOPT]), when did you start using (REMEDY)?	C8. When did you stop using (REMEDY)? OR ASK C9 IF GET EXACT DATES IN C7 **AND** C8, SKIP C9. IF GET PARTIAL DATES OR DK IN C7 **AND/OR** C8, ASK C9.	C9. How long did you take it? DURATION	C10. How often did you use (REMEDY)? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
1. _____ DK ❑ ASK C7-C10 RF ❑ SKIP TO D1	MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	❑❑ DK ❑ PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
2. _____ DK ❑ ASK C7-C10 RF ❑ SKIP TO D1	MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	❑❑ DK ❑ PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
3. _____ DK ❑ ASK C7-C10 RF ❑ SKIP TO D1	MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	❑❑ DK ❑ PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
4. _____ DK ❑ ASK C7-C10 RF ❑ SKIP TO D1	MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	❑❑ DK ❑ PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
5. _____ DK ❑ ASK C7-C10 RF ❑ SKIP TO D1	MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	❑❑ DK ❑ PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
6. _____ DK ❑ ASK C7-C10 RF ❑ SKIP TO D1	MM DD YYYY DK ❑ ❑ ❑	MM DD YYYY DK ❑ ❑ ❑	❑❑ DK ❑ DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	❑❑ DK ❑ PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4

SECTION D: PRENATAL VITAMINS

D1. From 3 months before you became pregnant, which would be (B3), to the end of your pregnancy, did you take any prenatal vitamins, which are special vitamin supplements sometimes taken by pregnant women or women trying to get pregnant?

YES 1
NO .....(SKIP TO D7) 2
DK .....(SKIP TO D7) ..... -1

FOR EACH VITAMIN ASK D2 TO D6. IF YOU GET EXACT DATES IN D3 **AND** D4, SKIP D5. IF GET PARTIAL DATES OR DK IN D3 **AND/OR** D4, ASK D5**.**

D2. What did you take? / Anything else? PROBE WITH LIST BELOW. LIST ALL.	D3. During this time period, when did you start using (PRENATAL VITAMIN)?	D4. When did you stop using (PRENATAL VITAMIN)? OR ASK D5	D5. How long did you take it? DURATION	D6. How often did you use the prenatal vitamin? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
1._____ DK❑ ASK D3-D6 RF❑ SKIP TO D7	MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ DAY(S) .....1 WEEK(S) .....2 MONTH(S) 3	❑❑ DK❑ PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR 4
2._____ DK❑ ASK D3-D6 RF❑ SKIP TO D7	MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ DAY(S) .....1 WEEK(S) .....2 MONTH(S) 3	❑❑ DK❑ PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR 4
3._____ DK❑ ASK D3-D6 RF❑ SKIP TO D7	MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ DAY(S) .....1 WEEK(S) .....2 MONTH(S) 3	❑❑ DK❑ PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR 4

PROBE FOR D2:

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

Duet by Stuart Natal
Materna (new form 97)
Natafort
Prenate Advance
Prenate GT
Prenate 90
Prenate Ultra
Spring Valley Prenatal (New)
Stuartnatal Plus 3
Stuartnatal Plus w/ 27 mg iron
Ultra Natal Care
Prenatal Vitamin (NOS)

MULTIVITAMINS

D7. Other than prenatal vitamins, from 3 months before you became pregnant to the end of your pregnancy, did you take any multivitamins or vitamin complexes?

YES 1
NO ..... (SKIP TO D13) 2
DK ..... (SKIP TO D13) ..... -1

FOR EACH VITAMIN ASK D9 TO D12. IF GET EXACT DATES IN D9 **AND** D10, SKIP D11. IF GET PARTIAL DATES OR DK IN D9 **AND/OR** D10, ASK D11**.**

D8. What did you take? PROBE: Anything else? Do you remember the brand name? LIST ALL.	D9. During this time period, when did you start using (VITAMIN)?	D10. When did you stop using (VITAMIN)? OR ASK D11	D11. How long did you take it? DURATION	D12. How often did you use the vitamin? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
1._____ DK❑ ASK D9-D12 RF❑ SKIP TO D13	MM DD YYYY DK❑	MM DD YYYY DK❑	❑❑ DK❑ DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	❑❑ DK❑ PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
2._____ DK❑ ASK D9-D12 RF❑ SKIP TO D13	MM DD YYYY DK❑	MM DD YYYY DK❑	❑❑ DK❑ DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	❑❑ DK❑ PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
3._____ DK❑ ASK D9-D12 RF❑ SKIP TO D13	MM DD YYYY DK❑	MM DD YYYY DK❑	❑❑ DK❑ DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	❑❑ DK❑ PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4

SINGLE VITAMINS

D13. Now I want to ask you about some single vitamins and minerals. From 3 months before you became pregnant to the end of your pregnancy, did you take any of the following single vitamins or minerals?

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

FOR EACH YES, ASK D14-D17. IF ALL NO OR DK, SKIP TO D18.

FOR EACH VITAMIN ASK D14 TO D17. IF GET EXACT DATES IN D14 **AND** D15, SKIP D16. IF GET PARTIAL DATES OR DK IN D14 **AND/OR** D15, ASK D16**.**

	D14. During this time period, when did you start using (VITAMIN)?	D15. When did you stop using (VITAMIN)? OR ASK D16	D16. How long did you take it? DURATION	D17. How often did you use the vitamin? **SEE SPECIAL CODES IN APPENDIX** FREQUENCY
1. _____ FIRST VITAMIN	MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	❑❑ DK❑ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
2. _____ SECOND VITAMIN	MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	❑❑ DK❑ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
3. _____ THIRD VITAMIN	MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	❑❑ DK❑ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
4. _____ FOURTH VITAMIN	MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	❑❑ DK❑ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4

OTHER VITAMINS, MINERALS

D18. From 3 months before you became pregnant to the end of your pregnancy, did you take any other vitamins, minerals, amino acids, antioxidants, or other nutrients that we haven't already talked about?

YES 1
NO ..... (SKIP TO D24) 2
DK ..... (SKIP TO D24) ..... -1

FOR EACH PRODUCT, ASK D20 TO D23. IF GET EXACT DATES IN D20 **AND** D21, SKIP D22. IF GET PARTIAL DATES OR DK IN D20 **AND/OR** D21, ASK D22**.**

D19. What did you take? PROBE: Anything else? LIST ALL.	D20. During this time period, when did you start using (VITAMIN)?	D21. When did you stop using (VITAMIN)? OR ASK D22	D22. How long did you take it? DURATION	D23. How often did you use the supplement? **SEE SPECIAL CODES IN APPENDIX.** FREQUENCY
1._____ DK❑ ASK D20-D23 RF❑ SKIP TO D24	MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	❑❑ DK❑ PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
2._____ DK❑ ASK D20-D23 RF❑ SKIP TO D24	MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	❑❑ DK❑ PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4
3._____ DK❑ ASK D20-D23 RF❑ SKIP TO D24	MM DD YYYY DK❑ ❑ ❑	MM DD YYYY DK❑ ❑ ❑	❑❑ DK❑ DAY(S) ..... 1 WEEK(S) ..... 2 MONTH(S) 3	❑❑ DK❑ PER DAY ..... 1 PER WEEK ..... 2 PER MONTH ..... 3 PER YEAR 4

SUPPLEMENTS-(CEREALS)

D24. From 3 months before you became pregnant to the end of your pregnancy, did you eat cereal?

YES 1
NO ..... (SKIP TO D28) 2
DK ..... (SKIP TO D28) ..... -1

FOR EACH CEREAL, ASK D26 AND D27.

D25. What were the names of the cereals you ate most often between (B3) and ([DOIB]/[DOPT])? / Anything else? LIST ALL. USE RESPONSE OPTIONS IN CATI OR APPENDIX TO PROBE.	D26. Which months did you eat (CEREAL)?				D27. How often, on average, did you eat (CEREAL) during that time? You may use the food frequency choices list which was sent to you in the mail to help you respond to this question.
	MO	YES	NO	DK	
1. _____ DK ❑ ASK D26 & D27 RF ❑ SKIP TO D28 OTHER ❑ ASK D26 & D27	B3	1	2	-1	NEVER OR < ONCE PER MONTH ..... 0 1 PER MONTH ..... 1M 2 PER MONTH ..... 2M 3 PER MONTH ..... 3M 1 PER WEEK ..... 1W 2 PER WEEK ..... 2W 3 PER WEEK ..... 3W 4 PER WEEK ..... 4W 5 PER WEEK ..... 5W 6 PER WEEK ..... 6W 1 PER DAY ..... 1D 2 PER DAY ..... 2D 3 PER DAY ..... 3D 4 PER DAY ..... 4D 5 PER DAY ..... 5D 6+ PER DAY ..... 6D DK ..... -1 RF ..... -2
	B2	1	2	-1	
	B1	1	2	-1	
	P1	1	2	-1	
	P2	1	2	-1	
	P3	1	2	-1	
	T2	1	2	-1	
	T3	1	2	-1	
2. _____ DK ❑ ASK D26 & D27 RF ❑ SKIP TO D28 OTHER ❑ ASK D26 & D27	B3	1	2	-1	NEVER OR < ONCE PER MONTH ..... 0 1 PER MONTH ..... 1M 2 PER MONTH ..... 2M 3 PER MONTH ..... 3M 1 PER WEEK ..... 1W 2 PER WEEK ..... 2W 3 PER WEEK ..... 3W 4 PER WEEK ..... 4W 5 PER WEEK ..... 5W 6 PER WEEK ..... 6W 1 PER DAY ..... 1D 2 PER DAY ..... 2D 3 PER DAY ..... 3D 4 PER DAY ..... 4D 5 PER DAY ..... 5D 6+ PER DAY ..... 6D DK ..... -1 RF ..... -2
	B2	1	2	-1	
	B1	1	2	-1	
	P1	1	2	-1	
	P2	1	2	-1	
	P3	1	2	-1	
	T2	1	2	-1	
	T3	1	2	-1	

SUPPLEMENTS-(FOOD)

D28. Now, I'd like to ask you about food supplements, which includes power and energy bars, and products mixed into drinks, like Slim Fast, Instant Breakfast, protein powder, or Brewer's yeast. From 3 months before you became pregnant to the end of your pregnancy, did you eat or drink any food supplements?

YES 1
NO ..... (SKIP TO D32) 2
DK ..... (SKIP TO D32) ..... -1

D29. What was the name of the food supplement?/ Anything else? USE RESPONSE OPTIONS TO PROBE.

Atkins Shakes	Citrucel Fiber	Nestle's Sweet Success	Slim-Fast Shakes
Boost Drink	Ensure	Nutriment	Soy Protein NOS
Boost High Protein Drink	Instant Breakfast	Ovaltine	Spiru-tein
Brewer's Yeast	Luna Bar	Protein Powder NOS	Wheat Germ
Carnation Instant Breakfast	Myoplex	Shaklee Instant Protein	Whey Protein NOS
Chocomilk	Nesquik Chocolate	Slim-Fast Bars	Other, SPECIFY

FOR EACH SUPPLEMENT, ASK D30 AND D31.	D30. Which month(s) did you use (FOOD SUPPLEMENT)?				D31. How often, on average, did you use (FOOD SUPPLEMENT) during that time? You may use the food frequency choices list which was sent to you in the mail to help you respond to this question.
	MO	YES	NO	DK	
1. _____ DK ☐ ASK D30 & D31 RF ☐ SKIP TO D32 OTHER ☐ ASK D30 & D31	B3	1	2	-1	NEVER OR < ONCE PER MONTH ..... 0 1 PER MONTH ..... 1M 2 PER MONTH ..... 2M 3 PER MONTH ..... 3M 1 PER WEEK ..... 1W 2 PER WEEK ..... 2W 3 PER WEEK ..... 3W 4 PER WEEK ..... 4W 5 PER WEEK ..... 5W 6 PER WEEK ..... 6W 1 PER DAY ..... 1D 2 PER DAY ..... 2D 3 PER DAY ..... 3D 4 PER DAY ..... 4D 5 PER DAY ..... 5D 6+ PER DAY ..... 6D DK ..... -1 RF ..... -2
	B2	1	2	-1	
	B1	1	2	-1	
	P1	1	2	-1	
	P2	1	2	-1	
	P3	1	2	-1	
	T2	1	2	-1	
	T3	1	2	-1	
2. _____ DK ☐ ASK D30 & D31 RF ☐ SKIP TO D32 OTHER ☐ ASK D30 & D31	B3	1	2	-1	NEVER OR < ONCE PER MONTH ..... 0 1 PER MONTH ..... 1M 2 PER MONTH ..... 2M 3 PER MONTH ..... 3M 1 PER WEEK ..... 1W 2 PER WEEK ..... 2W 3 PER WEEK ..... 3W 4 PER WEEK ..... 4W 5 PER WEEK ..... 5W 6 PER WEEK ..... 6W 1 PER DAY ..... 1D 2 PER DAY ..... 2D 3 PER DAY ..... 3D 4 PER DAY ..... 4D 5 PER DAY ..... 5D 6+ PER DAY ..... 6D DK ..... -1 RF ..... -2
	B2	1	2	-1	
	B1	1	2	-1	
	P1	1	2	-1	
	P2	1	2	-1	
	P3	1	2	-1	
	T2	1	2	-1	
	T3	1	2	-1	

DIETARY ASSESSMENT-INTRODUCTION

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

D32. How often, on average, did you use (READ LIST)?

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

D32. How often, on average, did you use (READ LIST)?

		0 NEVER OR < 1 PER MONTH	1M 1 PER MONTH	2M 2 PER MONTH	3M 3 PER MONTH	1W 1 PER WEEK	2W 2 PER WEEK	3W 3 PER WEEK	4W 4 PER WEEK	5W 5 PER WEEK	6W 6 PER WEEK	1D 1 PER DAY	2D 2 PER DAY	3D 3 PER DAY	4D 4 PER DAY	5D 5 PER DAY	6D 6+ PER DAY	-2 RF	-1 DK
t.	String beans (1/2 cup).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
u.	Broccoli (1/2 cup).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
v.	Cabbage, cauliflower, or brussel sprouts (1/2 cup).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
w.	Carrots, raw (1/2 carrot or 2-4 sticks)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
x.	Carrots, cooked (1/2 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
y.	Corn (1 ear or ½ cup frozen, canned)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
z.	Peas or lima beans (1/2 cup frozen, canned).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
aa.	Yams or sweet potatoes (1/2 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
bb.	Spinach or collard greens, cooked (1/2 cup).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
cc.	Refried beans (1 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
dd.	Beans or lentils, baked or dried (1/2 cup).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
ee.	Squash (1/2 cup).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
ff.	Raw Chile peppers, Jalapeño (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
gg.	Salsa (1 cup) (fruit or tomato)...	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
hh.	Eggs (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
ii1.	Chicken or Turkey with skin (4-6 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
ii2.	Chicken or Turkey without skin (4-6 oz).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
jj.	Bacon (2 slices)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
kk.	Hot dogs (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
ll.	Processed meats, e.g. sausage, salami, bologna, chorizo, etc. (piece or slice).	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
mm.	Liver (3-4 oz).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
nn.	Chicken livers (1 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1

D32. How often, on average, did you use (READ LIST)?

	0 NEVER OR < 1 PER MONTH	1M 1 PER MONTH	2M 2 PER MONTH	3M 3 PER MONTH	1W 1 PER WEEK	2W 2 PER WEEK	3W 3 PER WEEK	4W 4 PER WEEK	5W 5 PER WEEK	6W 6 PER WEEK	1D 1 PER DAY	2D 2 PER DAY	3D 3 PER DAY	4D 4 PER DAY	5D 5 PER DAY	6D 6+ PER DAY	-2 RF	-1 DK
oo. Organ meats Barbacoa, Menudo, sweetbreads, tongue, intestines (3-4 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
pp. Hamburger (1 patty)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
qq. Beef, pork, lamb or cabrito as a sandwich or mixed dish, e.g. stew, casserole, lasagna, etc.	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
rr. Beef, pork, lamb or cabrito as a main dish, e.g. steak, roast, ham, etc. (4-6 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
ss. Fish (3-5 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
tt. Tofu, tempeh or soy burgers (4 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
uu. Chocolate (1 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
vv. Candy without chocolate (1 oz).	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
ww. Pie (slice)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
xx. Cake (slice) or donut (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
yy. Cookies (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
zz. White bread (slice), including pita bread, bagels and crackers	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
aaa. Biscuits, scones, croissants and muffins (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
bbb. Dark bread (slice) including wheat pita bread	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
ccc. French fried potatoes (4 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
ddd. Potatoes baked, boiled (1) or mashed (1 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
eee. Rice or pasta e.g. Spanish rice, spaghetti, noodles, etc. (1 cup).	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
fff. Tortilla (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
ggg. Potato chips or corn chips (small bag or 1 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
hhh. Nuts (small packet or 1 oz)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
iii. Peanut butter (1tbs)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1
jjj. Oil and vinegar dressing e.g., Italian (1 tbs)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	-2	-1

We have just a few more dietary questions about your average habits during the year before you became pregnant with ([NOIB]/this pregnancy).

D33. How many teaspoons of sugar did you add to your beverages (including tea and coffee) and foods (including cereal and fruit) in total per day?

OF TEASPOONS ..... ☐☐
DK ☐

D34. How much of the visible fat on your beef, pork or lamb was removed before eating?
Would you say…
READ CHOICES.

All visible fat removed 1
Most fat was removed 2
Small part of fat was removed 3
None was removed 4
Don't eat meat 5
DK ..... -1
RF ..... -2

D35. What kind of fat did you usually use for frying and sautéing at home? Exclude "Pam" type spray.
READ CHOICES. SELECT ONE.
PROBE: Which did you use most often or most of?

Real butter (light butter) 1
Margarine 2
Vegetable oil (olive oil, canola oil) 3
Vegetable shortening 4
Lard 5
NA ..... -10
DK ..... -1
RF ..... -2

D36. What kind of fat did you usually use for baking at home? READ CHOICES. SELECT ONE.

Real butter (light butter) 1
Margarine 2
Vegetable oil (olive oil, canola oil) 3
Vegetable shortening 4
Lard 5
NA ..... -10
DK ..... -1
RF ..... -2

D37. How often did you eat food that is fried at home? Exclude "Pam" type spray. READ CHOICES.

Never or less than once per week 01
1 - 3 times per week 02
4 – 6 times per week 03
Daily 04
DK ..... -1
RF ..... -2

D38. How often did you eat fried food away from home? (e.g. French fries, fried chicken, fried fish, fried tortilla chips) READ CHOICES.

Never or less than once per week 01
1 - 3 times per week 02
4 – 6 times per week 03
Daily 04
DK ..... -1
RF ..... -2

D39a. What **type** of cooking oil did you usually use at home (e.g. Corn Oil)? (Which did you use the most?)
PROMPT: Only include oils, not fats, such as butter or lard.
PROMPT: During the year before you became pregnant

SPECIFY TYPE:

_____

NONE ☐ DK ☐ RF ☐

CAFFEINE

The next questions are about caffeine. We will be asking you about your average use of coffee, tea and soda during the year before you became pregnant with ([NOIB]/this pregnancy), and during your first trimester. You may use the list of food frequency choices again.

D40. During the year before you became pregnant with ([NOIB]/this pregnancy), how many cups of caffeinated or regular coffee, hot or iced, did you usually drink?

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

D41. During the first trimester, how many cups of caffeinated or regular coffee, hot or iced, did you usually drink?

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

(IF BOTH D40 AND D41 = NEVER, RF OR DK, SKIP TO D43)

D42. What size cup did you usually have for your coffee? Was it small, medium, large or extra large?

SMALL (< 8 OUNCE, TEACUP)	1
MEDIUM (8 OUNCES TO LESS THAN 12 OUNCES, MEDIUM MUG)	2
LARGE (12 OUNCE, LARGE MUG)	3
EXTRA LARGE (> 12 OUNCE, LARGE TAKE-OUT)	4
DK	-1
RF	-2

D43. During the year before you became pregnant with ([NOIB]/this pregnancy), how many cups or glasses of caffeinated tea, hot or iced, did you usually drink?

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

D44. During the first trimester, how many cups or glasses of caffeinated tea, hot or iced, did you usually drink?

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

D45. During the year before you became pregnant with ([NOIB]/this pregnancy), and during the first trimester, did you drink sodas or soft drinks?

YES 1
NO ..... (SKIP TO SECTION E) 2
DK ..... (SKIP TO SECTION E) ..... -1

FOR EVERY BRAND ANSWERED IN D46, ASK D47 – D50:

7 up = 01	Fanta (all flavors) = 21	Orange soda, NOS = 41
A&W cream soda = 02	Fresca = 22	Pepsi = 42
A&W root beer = 03	Ginger ale = 23	Quinine water = 43
After the Fall spritzers = 04	Ginger beer soda, NOS = 24	RC Cola = 44
Barq's root beer = 05	Grapefruit soda, NOS = 25	Root beer, NOS = 45
Black cherry soda = 06	Hires root beer = 26	Slice = 46
Cheerwine = 07	IBC black cherry = 27	Sparkling water flavors = 47
Cherry 7-up = 08	IBC cherry cola = 28	Sprite = 48
Cherry coke = 09	IBC cream soda = 29	Squirt (both flavors) = 49
Cherry soda = 10	IBC root beer = 30	Strawberry soda = 50
Clearly Canadian = 11	Jarritos sodas (all flavors) = 31	Sun-Drop = 51
Club soda = 12	Jolt cola = 32	Sunkist fruit punch = 52
Coke = 13	Josta = 33	Sunkist orange = 53
Cola , NOS = 14	Knudsen sparkling juices = 34	Surge = 54
Cranberry ginger ale = 15	Lemon/lime soda, NOS = 35	Tab = 55
Cream soda, NOS = 16	Mellow Yellow = 36	Tahitian Treat = 56
Diet Rite cola = 17	Mountain Dew = 37	Tonic water = 57
Diet Rite (fruit flavors) = 18	Mr. Pibb = 38	Wild cherry Pepsi = 58
Dr. Brown's(all flavors) = 19	Nugrape = 39	Wink = 59
Dr. Pepper = 20	Orange Crush = 40	Yoohoo Chocolate = 60
		Other, specify = -5

	D46. What brand(s) or types did you usually drink?/Anything else?	D47. Was (BRAND) diet?	D48. Was (BRAND) caffeine free?	D49. How many 12 ounce (cans/glasses/bottles) of (BRAND) did you usually drink in the year before you became pregnant with ([NOIB]/this pregnancy)?	D50. During the first trimester, how many 12 ounce (cans/glasses/bottles) of (BRAND) did you usually drink?
	LIST ALL. USE PRECODED SODA LIST TO PROBE.				
A.	_____ DK ❑ ASK D47-D50 RF ❑ SKIP TO E1	YES....1 NO....2 DK....-1	YES....1 NO....2 DK....-1	NEVER OR LESS THAN 1 PER MONTH....0 1 PER MONTH....1M 2 PER MONTH....2M 3 PER MONTH....3M 1 PER WEEK....1W 2 PER WEEK....2W 3 PER WEEK....3W 4 PER WEEK....4W 5 PER WEEK....5W 6 PER WEEK....6W 1 PER DAY....1D 2 PER DAY....2D 3 PER DAY....3D 4 PER DAY....4D 5 PER DAY....5D 6+ PER DAY....6D DK....-1 RF....-2	NEVER OR LESS THAN 1 PER MONTH....0 1 PER MONTH....1M 2 PER MONTH....2M 3 PER MONTH....3M 1 PER WEEK....1W 2 PER WEEK....2W 3 PER WEEK....3W 4 PER WEEK....4W 5 PER WEEK....5W 6 PER WEEK....6W 1 PER DAY....1D 2 PER DAY....2D 3 PER DAY....3D 4 PER DAY....4D 5 PER DAY....5D 6+ PER DAY....6D DK....-1 RF....-2
B.	_____ DK ❑ ASK D47-D50 RF ❑ SKIP TO E1	YES....1 NO....2 DK....-1	YES....1 NO....2 DK....-1	NEVER OR LESS THAN 1 PER MONTH....0 1 PER MONTH....1M 2 PER MONTH....2M 3 PER MONTH....3M 1 PER WEEK....1W 2 PER WEEK....2W 3 PER WEEK....3W 4 PER WEEK....4W 5 PER WEEK....5W 6 PER WEEK....6W 1 PER DAY....1D 2 PER DAY....2D 3 PER DAY....3D 4 PER DAY....4D 5 PER DAY....5D 6+ PER DAY....6D DK....-1 RF....-2	NEVER OR LESS THAN 1 PER MONTH....0 1 PER MONTH....1M 2 PER MONTH....2M 3 PER MONTH....3M 1 PER WEEK....1W 2 PER WEEK....2W 3 PER WEEK....3W 4 PER WEEK....4W 5 PER WEEK....5W 6 PER WEEK....6W 1 PER DAY....1D 2 PER DAY....2D 3 PER DAY....3D 4 PER DAY....4D 5 PER DAY....5D 6+ PER DAY....6D DK....-1 RF....-2
C.	_____ DK ❑ ASK D47-D50 RF ❑ SKIP TO E1	YES....1 NO....2 DK....-1	YES....1 NO....2 DK....-1	NEVER OR LESS THAN 1 PER MONTH....0 1 PER MONTH....1M 2 PER MONTH....2M 3 PER MONTH....3M 1 PER WEEK....1W 2 PER WEEK....2W 3 PER WEEK....3W 4 PER WEEK....4W 5 PER WEEK....5W 6 PER WEEK....6W 1 PER DAY....1D 2 PER DAY....2D 3 PER DAY....3D 4 PER DAY....4D 5 PER DAY....5D 6+ PER DAY....6D DK....-1 RF....-2	NEVER OR LESS THAN 1 PER MONTH....0 1 PER MONTH....1M 2 PER MONTH....2M 3 PER MONTH....3M 1 PER WEEK....1W 2 PER WEEK....2W 3 PER WEEK....3W 4 PER WEEK....4W 5 PER WEEK....5W 6 PER WEEK....6W 1 PER DAY....1D 2 PER DAY....2D 3 PER DAY....3D 4 PER DAY....4D 5 PER DAY....5D 6+ PER DAY....6D DK....-1 RF....-2

SECTION E: STRESS

The next series of questions will be about events that may have occurred in your life from 3 months before you became pregnant through your 3rd month of pregnancy, which would be (B3) through (P3). Most people experience periods of stress in their lives, caused by major events and daily life. We will be asking whether or not an event happened during that time period, but we will not be asking for further details.

E1. From 3 months before you became pregnant through your 3rd month of pregnancy, did you experience any serious relationship difficulties with your husband or partner or become separated or divorced?

YES....1
NO....2
DK....-1
RF....-2
NA....-10

E2. During this same time period, did you or your husband or partner have any serious legal or financial problems?

YES....1
NO....2
DK....-1
RF....-2

E3. During this same time period, were you or someone close to you a victim of abuse, violence, or crime? Remember, you just have to indicate yes or no.

MOTHER MUST USE HER OWN JUDGEMENT ON WHAT SHE THINKS IS MEANT BY "SOMEONE CLOSE TO YOU".

YES....1
NO....2
DK....-1
RF....-2

E4. During this same time period, did you or someone close to you have a serious illness or injury?

MOTHER MUST USE HER OWN JUDGEMENT ON WHAT SHE THINKS IS MEANT BY "SOMEONE CLOSE TO YOU".

YES....1
NO....2
DK....-1
RF....-2

E5. During this same time period, did someone close to you die?

MOTHER MUST USE HER OWN JUDGEMENT ON WHAT SHE THINKS IS MEANT BY "SOMEONE CLOSE TO YOU".

YES....1
NO....2
DK....-1
RF....-2

E6. During this same time period, could you count on anyone to provide you with emotional support such as talking over a problem or helping with a difficult decision, if you had needed it?

YES....1
NO....2
DK....-1
RF....-2

E7. During this same time period, could you count on anyone to provide you with help financially such as paying bills or providing food or clothes, if you had needed it?

YES....1
NO....2
DK....-1
RF....-2

E8. During this same time period, could you count on anyone to provide you with help with daily tasks such as grocery shopping, child care, or cooking, if you had needed it?

YES....1
NO....2
DK....-1
RF....-2

E9. During this same time period, how often did you feel nervous and stressed? Would you say…READ CHOICES

Never....0
Almost Never....1
Sometimes....2
Somewhat Often....3
Very Often....4
DK....-1
RF....-2

SECTION F: TOBACCO-MOTHER

F1. The next questions are about tobacco use. Did you ever smoke cigarettes?

YES.....1
NO.....(SKIP TO F5).....2
DK.....(SKIP TO F5)..... -1

F2. From 3 months before you became pregnant to the end of your pregnancy, did you smoke cigarettes?

YES.....1
NO.....(SKIP TO F5).....2
DK.....(SKIP TO F5)..... -1

(CONTINUED ON NEXT PAGE)

F3. During which months did you smoke?
CIRCLE FOR EACH MONTH. DO NOT CODE SHADED AREA.

MO	YES (ASK F4)	NO	DK	F4. During (SPECIFY MONTH) about how many cigarettes did you smoke a day?/Did you continue to smoke that many cigarettes through (LAST MONTH STATED)?	
B3	1	2	-1	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08	DK ❑ RF ❑
B2	1	2	-1	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08	DK ❑ RF ❑
B1	1	2	-1	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08	DK ❑ RF ❑
P1	1	2	-1	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08	DK ❑ RF ❑
P2	1	2	-1	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08	DK ❑ RF ❑
P3	1	2	-1	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08	DK ❑ RF ❑
T2	1	2	-1	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08	DK ❑ RF ❑
T3	1	2	-1	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK.....08	DK ❑ RF ❑

TOBACCO-HOUSEHOLD

F5. Did anyone in your household smoke cigarettes in your home between 3 months before you became pregnant to the end of your pregnancy?

YES 1
NO ..... (SKIP TO F7) 2
DK ..... (SKIP TO F7) ..... -1

F6. During which months did someone smoke in your home?

CIRCLE FOR EACH MONTH.
DO NOT CODE SHADED AREA.

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

TOBACCO-WORKPLACE

F7. Did anyone smoke cigarettes near you at a workplace or school you may have attended during that year?

YES.....1
NO.....(SKIP TO F9).....2
DK.....(SKIP TO F9).....-1

F8. During which months did someone smoke near you at work/school?

CIRCLE FOR EACH MONTH.
DO NOT CODE SHADED AREA.

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

ALCOHOL

F9. Now I'm going to ask you some questions about drinking alcoholic beverages. We define an alcoholic drink as one beer, one glass of wine, one mixed drink, or one shot of liquor. From 3 months before you became pregnant to the end of your pregnancy, did you drink any wine, beer, mixed drinks or shots of liquor?

YES 1
NO .....(SKIP TO F15).....2
DK .....(SKIP TO F15).....-1
RF.....(SKIP TO F15).....-2

F10. During which months did you drink any alcoholic beverages? **CIRCLE FOR EACH MONTH. DO NOT CODE SHADED AREA.**				F11. In the (3rd/2nd/1st month before pregnancy, 1st/2nd/3rd month of pregnancy, 2nd/3rd trimester), on average, how many **days** did you drink alcoholic beverages?	F12. On those days that you drank alcoholic beverages, on average, how many drinks did you have per day?	F13. What was the greatest number of drinks you had on one occasion in (MONTH)?
MO	YES (ASK F11-F13)	NO (NEXT)	DK (NEXT)	# DAYS	# DRINKS	# DRINKS
B3	1	2	-1	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐
B2	1	2	-1	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐
B1	1	2	-1	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐
P1	1	2	-1	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐
P2	1	2	-1	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐
P3	1	2	-1	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐
T2	1	2	-1	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐
T3	1	2	-1	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐	☐☐ DK☐ RF☐

F14. On the days that you drank alcohol, what type(s) of alcohol did you usually drink? READ CHOICES.

	YES	NO	DK	RF
a. Beer.....	1	2	-1	-2
b. Wine or wine cooler or champagne	1	2	-1	-2
c. Mixed drink or shot liquor.....	1	2	-1	-2
d. Other alcohol.....	1	2	-1	-2
SPECIFY: _____			-1	-2

TOBACCO AND SUBSTANCE ABUSE-FATHER

IF FATHER UNKNOWN, SKIP TO F19.

Now I'm going to ask you about some exposures that ([NOIB]'s/the) father may have had around the time you became pregnant. These include questions about smoking and recreational drug use.

F15. At any time from 1 month before you became pregnant through the first month of your pregnancy, which would be (B1) through (P1), did ([NOIB]'s/the) biologic or natural father smoke cigarettes?

YES 1
NO .....(SKIP TO F17)..... 2
DK .....(SKIP TO F17)..... -1
RF .....(SKIP TO F17)..... -2

F16. From 1 month before you became pregnant through the first month of your pregnancy, about how many cigarettes did he smoke per day?

<1/DAY 01
1/DAY 02
2-4/DAY 03
½ PACK (5-14) 04
1 PACK(15-24) 05
1 ½ PACK (25-34) 06
2 PACK (35-44) 07
>2 PACK 08
DK ..... -1

F17. In the 3 months before pregnancy, which would be (B3) through (B1), did ([NOIB]'s/the) father use any of the following recreational or street drugs? READ CHOICES.

	YES	NO	DK	RF
a. Marijuana	1	2	-1	-2
b. Cocaine	1	2	-1	-2
c. Ecstasy	1	2	-1	-2
d. Methamphetamines or crank or ice	1	2	-1	-2
e. Anything else?	1	2	-1	-2

IF YES TO F17E:

F18. What did he use? / Anything else?

SPECIFY: _____ DK ❑

SUBSTANCE ABUSE-MOTHER

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

F19. From 3 months before you became pregnant to the end of your pregnancy, did you use any of the following recreational or street drugs? READ CHOICES.

	YES	NO	DK	RF
a. Marijuana	1	2	-1	-2
b. Cocaine	1	2	-1	-2
c. Ecstasy	1	2	-1	-2
d. Methamphetamines or crank or ice	1	2	-1	-2
e. Anything else?	1	2	-1	-2

IF YES TO F19E:

F20. What did you use? / Anything else?

SPECIFY: _____ DK❑ ASK F21& F22 RF❑ SKIP TO G1

MOTHER'S RECREATIONAL/ STREET DRUG. LIST EACH "YES" FROM F19 AND F20.	F21. Which month(s) did you take/use (SUBSTANCE)?				F22. How often did you take/use (SUBSTANCE)?
	MO	YES	NO	DK	FREQUENCY
_____ FIRST SUBSTANCE	B3	1	2	-1	☐☐ DK☐ RF☐ PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR.....4
	B2	1	2	-1	☐☐ DK☐ RF☐ PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR.....4
	B1	1	2	-1	☐☐ DK☐ RF☐ PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR.....4
	P1	1	2	-1	☐☐ DK☐ RF☐ PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR.....4
	P2	1	2	-1	☐☐ DK☐ RF☐ PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR.....4
	P3	1	2	-1	☐☐ DK☐ RF☐ PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR.....4
	T2	1	2	-1	☐☐ DK☐ RF☐ PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR.....4
	T3	1	2	-1	☐☐ DK☐ RF☐ PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR.....4

MOTHER'S RECREATIONAL/ STREET DRUG. LIST EACH "YES" FROM F19 AND F20.	F21. Which month(s) did you take/use (SUBSTANCE)?				F22. How often did you take/use (SUBSTANCE)?
	MO	YES	NO	DK	FREQUENCY
_____ SECOND SUBSTANCE	B3	1	2	-1	☐☐ DK☐ RF☐ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
	B2	1	2	-1	☐☐ DK☐ RF☐ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
	B1	1	2	-1	☐☐ DK☐ RF☐ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
	P1	1	2	-1	☐☐ DK☐ RF☐ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
	P2	1	2	-1	☐☐ DK☐ RF☐ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
	P3	1	2	-1	☐☐ DK☐ RF☐ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
	T2	1	2	-1	☐☐ DK☐ RF☐ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4
	T3	1	2	-1	☐☐ DK☐ RF☐ PER DAY..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR 4

SECTION G: WATER

These questions relate to your use of water in your place at [RESIDENCE AT DOC], where you lived at the time you got pregnant.

G1. Did your drinking water come from your own private well or were you on a public water supply around the time you got pregnant?

WELLS CAN BE PUBLIC OR PRIVATE.

PRIVATE WELL 1
PUBLIC SUPPLY INCLUDING COMMUNITY WATER SYSTEM. ..... (SKIP TO G3) 2
OTHER ..... (SKIP TO G3) ..... -5
DK ..... (SKIP TO G3) ..... -1
RF ..... (SKIP TO G3) ..... -2
NA ..... (SKIP TO G3) ..... -10

G2. Was your well water chemically disinfected around the time you got pregnant?

YES 1
NO 2
DK ..... -1

G3. Was your home tap water filtered? PROMPT: Around the time you got pregnant.

READ CHOICES

CHOOSE ALL THAT APPLY.

All drinking water was filtered 1
Some drinking water was filtered. 2
All water other than drinking water was filtered. 3
Some water other than drinking water was filtered 4
No, none of the tap water was filtered 5
DK ..... -1
RF ..... -2
NA ..... -10

G4. Including water used for mixed drinks such as kool-aid, how many 8-oz. glasses of cold tap water did you drink at your home, each day, around the time you became pregnant?

GLASSES ..... ⌊_⌋⌊_⌋
DK ❑ RF ❑

G5. How many 8-oz. glasses of water, heated after it comes out of the tap, such as coffee, brewed iced tea, and hot chocolate did you drink at your home, each day, around the time you got pregnant?

GLASSES ..... ⌊_⌋⌊_⌋
DK ❑ RF ❑

Now think about when you were away from your residence.

G6. Around the time you became pregnant, how many 8-oz. glasses of cold and hot tap water combined did you usually drink each day from a tap other than at your residence?

GLASSES ..... ⌊_⌋⌊_⌋
DK ❑ RF ❑

G7. Around the time you became pregnant, how many 8-oz. glasses of bottled water did you usually drink each day?

(ROUND 1 12-OZ. BOTTLE DOWN)

BOTTLED WATER ..... ⌊_⌋⌊_⌋
DK ❑ RF ❑

NOTE: RESPONSE OPTIONS FOR G8 AND G10 ARE:	0 = NEVER OR LESS THAN ONCE PER MONTH 1M = 1 PER MONTH 2M = 2 PER MONTH 3M = 3 PER MONTH 1W = 1 PER WEEK 2W = 2 PER WEEK 3W = 3 PER WEEK 4W = 4 PER WEEK 5W = 5 PER WEEK 6W = 6 PER WEEK 1D = 1 PER DAY 2D = 2 PER DAY 3D = 3 PER DAY 4D = 4 PER DAY 5D = 5 PER DAY 6D = 6 PER DAY OR MORE DK = -1 RF = -2

Now I would like to ask you some questions about activities at your home that involve water.

G8. Around the time you got pregnant, how often did you take showers at home?

RECORD CODE ..... ☐☐

DK ☐ RF ☐

IF = 00, SKIP TO G10.

G9. Approximately how many minutes did you shower each time?

MINUTES SHOWERING ..... ☐☐

DK ☐ RF ☐

G10. Around the time you got pregnant, how often did you take baths at home?

RECORD CODE ..... ☐☐

DK ☐ RF ☐

IF = 00, SKIP TO G12.

G11. Approximately how many minutes did you bathe each time?

MINUTES BATHING ..... ☐☐

DK ☐ RF ☐

G12. From 3 months before you became pregnant to the end of your pregnancy, did you use a hot tub, Jacuzzi or sauna?

YES.....1
NO.....(SKIP TO H1).....2
DK.....(SKIP TO H1).....-1
RF.....(SKIP TO H1).....-2

IF RESPONDENT USES MORE THAN ONE OF THESE, ADD ALL TIMES IN G14, AND CALCULATE AN AVERAGE DURATION IN MINUTES FOR ALL TYPES COMBINED FOR G15.

G13. During which month(s) did you use the hot tub, Jacuzzi or sauna? CHECK ALL MONTHS THAT APPLY.	G14. During (SPECIFY MONTH) how many times per month did you use the hot tub, Jacuzzi or sauna? INDICATE # TIMES FOR EACH MONTH. COMBINE ALL TYPES.	G15. On average, for how many minutes each time? INDICATE HOW MANY MINUTES EACH TIME.
B3..... ❑	# Times/month..... ❑❑ DK❑	# Minutes/time ..... ❑❑ DK❑
B2..... ❑	# Times/month..... ❑❑ DK❑	# Minutes/time ..... ❑❑ DK❑
B1..... ❑	# Times/month..... ❑❑ DK❑	# Minutes/time ..... ❑❑ DK❑
P1..... ❑	# Times/month..... ❑❑ DK❑	# Minutes/time ..... ❑❑ DK❑
P2..... ❑	# Times/month..... ❑❑ DK❑	# Minutes/time ..... ❑❑ DK❑
P3..... ❑	# Times/month..... ❑❑ DK❑	# Minutes/time ..... ❑❑ DK❑
P4..... ❑	# Times/month..... ❑❑ DK❑	# Minutes/time ..... ❑❑ DK❑
P5..... ❑	# Times/month..... ❑❑ DK❑	# Minutes/time ..... ❑❑ DK❑
P6..... ❑	# Times/month..... ❑❑ DK❑	# Minutes/time ..... ❑❑ DK❑
P7..... ❑	# Times/month..... ❑❑ DK❑	# Minutes/time ..... ❑❑ DK❑
P8..... ❑	# Times/month..... ❑❑ DK❑	# Minutes/time ..... ❑❑ DK❑
P9..... ❑	# Times/month..... ❑❑ DK❑	# Minutes/time ..... ❑❑ DK❑
P10..... ❑	# Times/month..... ❑❑ DK❑	# Minutes/time ..... ❑❑ DK❑

G15a. Which one did you use the most?

HOT TUB/JACUZZI.....1
SAUNA….....(SKIP TO H1).....2
NEITHER – USED ABOUT SAME.....3
DK.....(SKIP TO H1).....-1
RF.....(SKIP TO H1).....-2

G16. Was the source of the water for the hot tub/Jacuzzi chemically disinfected?

YES.....1
NO.....2
DK.....-1
RF.....-2

SECTION H: MOTHER'S OCCUPATION

H1. The next section is a series of questions about your work experiences—paid, volunteer, or military service. This includes part-time and full-time jobs, jobs at home, and jobs on a farm or outside your home that lasted one month or more. From 3 months before you became pregnant to the end of your pregnancy, did you have a job?

YES.....(SKIP TO H3) 1
NO 2
DK ..... -1
RF ..... -2

H2. Were you (READ CHOICES) or did you do something else?

A homemaker/parent .....(SKIP TO H12) 1
A student..... (SKIP TO H3) 2
Disabled .....(SKIP TO H12) 3
Unemployed/in between Jobs.....(SKIP TO H12) 4
OTHER ..... (SPECIFY THEN SKIP TO H12) ..... -5
DK.....(SKIP TO H12) ..... -1
RF .....(SKIP TO H12) ..... -2

SPECIFY: _____ DK❑

H3. What were the names of the companies or organizations you worked for between (B3) and ([DOIB]/[DOPT])? / What other companies did you work for? LIST ALL EMPLOYERS, INCLUDING "SELF-EMPLOYED." IF STUDENT, CATI FILLS IN "SCHOOL" HERE.
COMPANY/ORGANIZATION: _____

DK❑ ASK H4 – H11 RF❑ SKIP TO H12

H4. What was your job title there? IF STUDENT, CATI FILLS IN "STUDENT" HERE AND SKIPS H5 & H6.

JOB TITLE: _____ DK❑ RF❑

H5. What did they make or do? IF CONGLOMERATE: What did your division make or do?

SPECIFY: _____
_____ DK❑ RF❑

H6. Describe what you did and how you did it. What were your main activities or duties? Anything else?

MAIN ACTIVITIES/DUTIES: _____
_____
_____ DK❑ RF❑

H7. Describe any chemicals or substances you handled or machines that you used or worked in the same room with. Anything else?

CHEMICALS/SUBSTANCES/MACHINES USED: _____
_____ NONE❑ DK❑ RF❑ IF NONE, DK OR RF, SKIP TO H8.

H8. What month and year did you start that job/school?

DATE: ..... MM ☐☐ YYYY ☐☐☐☐
DK ❑ DK ❑

H9. What month and year did you end that job/school?

DATE: ..... MM ☐☐ YYYY ☐☐☐☐
DK ❑ DK ❑
CURRENTLY WORKING = DATE OF INTERVIEW

H10. How many days per week did you usually work?
IF STUDENT: How many days per week did you go to school?

DAYS PER WEEK ..... ☐
DK ❑ RF ❑

H11. How many hours per day did you usually work?
IF STUDENT: How many hours per day did you spend either at school or studying?

HOURS PER DAY ..... ☐☐
DK ❑ RF ❑

PAPER COPY INTERVIEWER INSTRUCTION: IF RESPONDENT HAS HAD MORE THAN ONE JOB BETWEEN (B3) AND ([DOIB]/[DOPT]), USE SUPPLEMENT SHEET FOR EACH ADDITIONAL JOB. (REPEAT H3 –H11.)

MOTHER'S OCCUPATION-MILITARY

H12. Have you served in active duty in the U.S. armed forces since 1990?

YES 1
NO ..... (SKIP TO I1) 2
DK ..... (SKIP TO I1) ..... -1
RF ..... (SKIP TO I1) ..... -2

H13. In which country did you serve? Any other?	H14. From which month and year?	H15. To which month and year? (IF STILL SERVING ENTER CURRENT DATE)
A. _____ DK ❑ ASK H14 & H15 RF ❑ SKIP TO I1	FROM: MM ☐☐ YYYY ☐☐☐☐ DK ❑ DK ❑	TO: MM ☐☐ YYYY ☐☐☐☐ DK ❑ DK ❑
B. _____ DK ❑ ASK H14 & H15 RF ❑ SKIP TO I1	FROM: MM ☐☐ YYYY ☐☐☐☐ DK ❑ DK ❑	TO: MM ☐☐ YYYY ☐☐☐☐ DK ❑ DK ❑

SECTION I: FATHER'S OCCUPATION

IF FATHER UNKNOWN (CHECK HERE IF PAPER COPY ❑), THEN SKIP TO I16.

I1. Next I'm going to ask about ([NOIB]'s/the) father's work experiences. This includes paid, volunteer, or military service, part-time and full-time jobs, jobs at home, and jobs on a farm or outside his home that lasted one month or more. From 3 months before you became pregnant to the end of your pregnancy, did ([NOIB]'s/the) father have a job?

YES ..... (SKIP TO I3) 1
NO 2
DK ..... -1
RF ..... -2

I2. Was he (READ CHOICES) or did he do something else?

A homemaker/parent ..... (SKIP TO I12) 1
A student ..... (SKIP TO I3) 2
Disabled ..... (SKIP TO I12) 3
Unemployed/in between Jobs ..... (SKIP TO I12) 4
OTHER ..... (SPECIFY THEN SKIP TO I12) ..... -5
DK ..... (SKIP TO I12) ..... -1
RF ..... (SKIP TO I12) ..... -2

SPECIFY: _____ DK❑

I3. What were the names of the companies or organizations he worked for between (B3) and ([DOIB]/[DOPT])? / What other companies did he work for? LIST ALL EMPLOYERS, INCLUDING "SELF-EMPLOYED." IF STUDENT, CATI FILLS IN SCHOOL HERE.
COMPANY/ORGANIZATION: _____

DK❑ ASK I4 – I11 RF❑ SKIP TO I12

I4. What was his job title there? IF STUDENT, CATI FILLS IN "STUDENT" HERE AND SKIPS I5 & I6.

JOB TITLE: _____ DK❑ RF❑

I5. What did they make or do? (IF CONGLOMERATE:) What did his division make or do?

SPECIFY: _____

_____ DK❑ RF❑

I6. Describe what he did and how he did it. What were his main activities or duties?

MAIN ACTIVITIES/DUTIES: _____

_____ DK❑ RF❑

I7. Describe any chemicals or substances he handled or machines that he used or worked in the same room with. Anything else?

CHEMICALS/SUBSTANCES/MACHINES USED: _____

_____ NONE❑ DK❑ RF❑ IF NONE, DK OR RF, SKIP TO I8.

I8. What month and year did he start that job/school?

DATE: ..... MM YYYY
DK❑ DK❑

I9. What month and year did he end that job/school?

DATE: ..... MM YYYY
DK❑ DK❑
CURRENTLY WORKING = DATE OF INTERVIEW

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

DAYS PER WEEK ..... DK❑

I11. How many hours per day did he usually work?
IF STUDENT: How many hours per day did he spend either at school or studying?

HOURS PER DAY ..... DK❑

PAPER COPY INTERVIEWER INSTRUCTION: IF FATHER HAS HAD MORE THAN ONE JOB BETWEEN (B3) AND ([DOIB]/[DOPT]), USE SUPPLEMENT SHEET FOR EACH ADDITIONAL JOB. (REPEAT I3 – I11.)

FATHER'S OCCUPATION-MILITARY

I12. Has ([NOIB]'s/the) father served in active duty in the U.S. armed forces since 1990?

YES 1
NO ..... (SKIP TO I16) 2
DK ..... (SKIP TO I16) ..... -1

I13. In which country did he serve? Any other?	I14. From which month and year?	I15. To which month and year? (IF STILL SERVING ENTER CURRENT DATE)
A. _____ DK❑ ASK I14 & I15 RF❑ SKIP TO I16	FROM: MM YYYY DK❑ DK❑	TO: MM YYYY DK❑ DK❑
B. _____ DK❑ ASK I14 & I15 RF❑ SKIP TO I16	FROM: MM YYYY DK❑ DK❑	TO: MM YYYY DK❑ DK❑

OCCUPATION—PESTICIDES

I16. From 3 months before you became pregnant to the end of your pregnancy, did anyone in your household apply pesticides as an occupation or as part of their work?

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

I17. How many times per day, week, or month did you personally wash clothes that had been worn during pesticide mixing or application? We are interested in clothes that may have gotten pesticide on them from spills or drift during spray application.

TIMES ⌊__⌋ DK❑ NEVER = 00

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

SPECIFY: _____ DK❑

SECTION J: FAMILY DEMOGRAPHICS-MOTHER

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

J1. Were you born in the U.S.?

YES ..... (SKIP TO J3) 1
NO 2
DK ..... (SKIP TO J3) ..... -1
RF ..... (SKIP TO J3) ..... -2

J2. Where were you born?

SPECIFY: _____ DK ❑

J2a. How many years have you lived in the U.S.?

YEARS ..... |__|__|
DK ❑

J3. What language do you usually speak at home?

SPECIFY LANGUAGE: _____

J4. 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.

SKIP PATTERNS DEPENDENT ON MULTIPLE CHOICES. FOR EXAMPLE, "BLACK" WON'T SKIP TO J6 IF ALSO ANSWERED ASIAN OR HISPANIC.

American Indian or Alaska Native ..... (ASK J4b) 4
Asian ..... (ASK J4a) 103
Black or African American ..... (SKIP TO J6) 2
Hispanic or Latina ..... (ASK J5) 6
Native Hawaiian or Other Pacific Islander ..... (ASK J4a) 155
White ..... (SKIP TO J6) 1
DK ..... (SKIP TO J6) ..... -1
RF ..... (SKIP TO J6) ..... -2

J4a. What country? PROMPT: Referring to Asian, Native Hawaiian or other Pacific Island countries.

_____ DK ❑

(SKIP TO J6 UNLESS J4 ALSO = 4 OR 6)

J4b. What tribe do you consider yourself a member of? _____ DK ❑

(SKIP TO J6 UNLESS J4 ALSO = 6)

J5. 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?

SPECIFY: _____ DK ❑

J6. What was the highest grade or year of school or college that you had completed (at the time [NOIB] was born/by [DOPT])?

IF RESPONDENT HESITATES, BEGIN READING CATEGORIES.

No formal schooling 01
1-6 years 02
7-8 years 03
9-11 years 04
12 years, completed high school or equivalent 05
1-3 years college 06
Completed technical college 07
4 years college or Bachelor's degree 08
Master's degree 09
Advanced degree (MD, PhD, JD) 10
DK ..... -1
RF ..... -2

FAMILY DEMOGRAPHICS-FATHER

IF FATHER UNKNOWN, SKIP TO J14.
The next few questions are about ([NOIB]'s/the) biologic or natural father.

J7. Was he born in the U.S?

YES ..... (SKIP TO J9) 1
NO 2
DK ..... (SKIP TO J9) ..... -1

J8. Where was he born?

SPECIFY: _____ DK ❑

J8a. How many years has he lived in the U.S.?

YEARS ..... |__|__| DK ❑

J9. What is his race or ethnic group? I'm going to read you a list and then please tell me all categories that apply to him. You can select more than one category.

SKIP PATTERNS DEPENDENT ON MULTIPLE CHOICES. FOR EXAMPLE, "BLACK" WON'T SKIP TO J11 IF ALSO ANSWERED ASIAN OR HISPANIC.

American Indian or Alaska Native ..... (ASK J9b) 4
Asian ..... (ASK J9a) 103
Black or African American ..... (SKIP TO J11) 2
Hispanic or Latino ..... (ASK J10) 6
Native Hawaiian or Other Pacific Islander ..... (ASK J9a) 155
White ..... (SKIP TO J11) 1
DK ..... (SKIP TO J11) ..... -1
RF ..... (SKIP TO J11) ..... -2

J9a. What country? PROMPT: Referring to Asian, Native Hawaiian or other Pacific Island countries.

_____ DK ❑

(SKIP TO J11 UNLESS J9 ALSO = 4 OR 6)

J9b. What tribe does he consider himself a member of?

_____ DK ❑

(SKIP TO J11 UNLESS J9 ALSO = 6)

J10. 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?

SPECIFY: _____ DK ❑

J11. What was the highest grade or year of school or college that he had completed (at the time [NOIB] was born/by [DOPT])?

IF RESPONDENT HESITATES, BEGIN READING CATEGORIES.

No formal schooling 01
1-6 years 02
7-8 years 03
9-11 years 04
12 years, completed high school or equivalent 05
1-3 years college 06
Completed technical college 07
4 years college or Bachelor's degree 08
Master's degree 09
Advanced degree (MD, PhD, JD) 10
DK ..... -1
RF ..... -2

FAMILY INFORMATION

J12. Are you related to ([NOIB]'s/the) biologic or natural father by blood?

YES 1
NO ..... (SKIP TO J14) 2
DK ..... (SKIP TO J14) ..... -1
RF ..... (SKIP TO J14) ..... -2

J13. What is/was your blood relationship to him?

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

SPECIFY: _____ DK ❑

J14. Did you have a health problem at birth or a birth defect that was diagnosed in childhood?

YES 1
NO ..... (SKIP TO J15) 2
DK ..... (SKIP TO J15) ..... -1
RF ..... (SKIP TO J15) ..... -2

J14a. What was it?/Anything else?

PROBLEM: _____ DK ❑

J15. IF FATHER UNKNOWN, SKIP TO J16.

Did ([NOIB]'s/the) biologic or natural father have a health problem at birth or a birth defect that was diagnosed in childhood?

YES 1
NO ..... (SKIP TO J16) 2
DK ..... (SKIP TO J16) ..... -1
RF ..... (SKIP TO J16) ..... -2

J15a. What was it?/Anything else?

PROBLEM: _____ DK ❑

J16. Did any of ([NOIB]'s/the) grandparents, uncles, aunts, cousins, half brothers or half sisters or younger brothers or sisters have a health problem at birth or a birth defect that was diagnosed in childhood?

YES 1
NO ..... (SKIP TO J20) 2
DK ..... (SKIP TO J20) ..... -1
RF ..... (SKIP TO J20) ..... -2

	J17. What is this person's relationship to ([NOIB]/the baby)?/ Anyone else?	J18. ASK ABOUT SEX ONLY IF IT IS NOT OBVIOUS, OTHERWISE FILL IN ANSWER. Is this person male or female?	J19. What problem or birth defect did (he/she) have?
A.	_____ PROBE: Aunt, cousin; grandfather, grandmother, great grandfather, great grandmother, great aunt, great uncle, half brother, half sister, uncle, other, SPECIFY:_____ DK ❑	MALE....1 FEMALE....2 DK....-1 RF....-2	PROBLEM: _____ DK ❑
B.	_____ PROBE: Aunt, cousin; grandfather, grandmother, great grandfather, great grandmother, great aunt, great uncle, half brother, half sister, uncle, other, SPECIFY:_____ DK ❑	MALE....1 FEMALE....2 DK....-1 RF....-2	PROBLEM: _____ DK ❑

HOUSEHOLD INCOME

J20. In the year before you became pregnant with ([NOIB]/this pregnancy), what was your total household income? Please include income such as Medicaid, Social Security, and Unemployment payments. Was it…READ CHOICES.

Less than Ten Thousand.... (SKIP TO J21) 1
More then Fifty Thousand .. (SKIP TO J21) 2
In Between 3
DK .... (SKIP TO J22) ....-1
RF.... (SKIP TO J22) ....-2

J20a. Would you say it was…

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

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

J21. How many people were supported by this income including both adults and children?

OF PEOPLE.... ⌊__⌋⌊__⌋

DK❑ RF❑

J22. Were you married at the time ([NOIB] was born/of [DOPT])?
HINT: "SEPARATED" AND "COMMON-LAW" ARE CONSIDERED "MARRIED" HERE.

YES....1
NO....2
DK....-1
RF ....-2

SECTION K: CLOSING

K1. As I said at the beginning, we do not know what causes most birth defects and that is why we asked about many things. Is there anything, including some of the factors we've talked about, that you think might be a cause of birth defects?

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

K2. Can you tell me about some of those factors?

_____

_____

_____

DEBRIEFING STATEMENT

K3. In case we need to get in touch with you in the future, would you be willing to give us the name and address of someone who would always know where you are? This information will be kept separate from your questionnaire. It will be locked except when needed by the research team, and will be destroyed when the study is finished.

YES.....1
NO ..... (SKIP TO K5).....2
DK..... (SKIP TO K5).....-1
RF ..... (SKIP TO K5).....-2

K4.

NAME OF CONTACT:

PREFIX: MS/MRS./MR./DR

FIRST NAME: _____ LAST NAME: _____

STREET/APARTMENT: _____ DK❑

CITY, STATE: _____DK❑ ZIP CODE: |_|_|_|_|_| DK❑

HOME PHONE: |_|_|_|/|_|_|_|-|_|_|_|_| DK❑

WORK PHONE: |_|_|_|/|_|_|_|-|_|_|_|_| DK❑

RELATIONSHIP: DK❑

K5. That completes the interview, but as you read in the advance letter, there are two parts to the study. You just completed the first part, the interview, that will help us understand the environmental causes of birth defects. The second part of the study will help us understand the genetics of birth defects. We will mail a kit to you with small, soft brushes to collect cell samples from the inside of your mouth, SKIP IF TAB/STILLBIRTH/BABY DECEASED: (NOIB)'s mouth, SKIP IF FATHER UNKNOWN: and ([NOIB]'s/the) father's mouth. We will enclose $20.00 per family in the kit to provide for any inconvenience. You can decide whether to take part in the second part of the study after you receive the kit. What is your current mailing address?

_____
STREET *APT*

_____
CITY *STATE* *ZIP*

K6. CHECK THIS BOX IF PARTICIPANT DOES NOT WANT TO RECEIVE BUCCAL KIT. ☐

IF FATHER UNKNOWN, SKIP K7a AND K7c.

K7a. Does the biologic or natural father of ([NOIB]/this pregnancy) live at the same address?

YES ..... (SKIP TO FINAL REMARK) 1
NO 2
(IF CENTER REQUESTS ADDRESS OF FATHER, ASK K7c. OTHERWISE SKIP TO K7d)
NO, BUT MOTHER WILL TRY TO COLLECT BUCCAL CELLS ..... (SKIP TO FINAL REMARK) 3
DK ..... (SKIP TO FINAL REMARK) ..... -1
RF ..... (SKIP TO FINAL REMARK) ..... -2

K7b. CHECK YES IF CENTER REQUESTS ADDRESS OF FATHER.

YES 1
NO ..... (SKIP TO K7d) 2

K7c. We would like to mail a kit and a $10 money order to his current address. What is his current mailing address?

FATHER'S ADDRESS: DK ☐ RF ☐

_____
STREET *APT*

_____
CITY *STATE* *ZIP*

K7d. KIT NOT BEING SENT TO FATHER BECAUSE:

IF FATHER UNKNOWN, CATI AUTOFILL = 9.

CENTER DOES NOT COLLECT FATHER'S ADDRESS 1
MOTHER REFUSED TO GIVE INFORMATION ..... -2
MOTHER DOES NOT KNOW WHERE FATHER LIVES ..... -1
MOTHER DOES NOT KNOW WHO FATHER IS 9
DOES NOT APPLY – KIT TO BE SENT ..... -6

FINAL REMARK

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

INTERVIEWER STATUS

K8. INTERVIEWER ID

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

K9. WAS THE INTERVIEW A PHONE OR IN-PERSON INTERVIEW?

PHONE INTERVIEW 1
IN-PERSON INTERVIEW 2

K10. STATUS OF INTERVIEW:

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

K11. DATE INTERVIEW COMPLETED/ REFUSED/BROKE-OFF:

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

INTERVIEWER REMARKS

K12. THE OVERALL QUALITY OF THIS INTERVIEW WAS:

HIGH QUALITY 1
GENERALLY RELIABLE 2
QUESTIONABLE 3
UNSATISFACTORY 4

K13. DID THE FATHER (NOIB's) CONTRIBUTE TO THE MOTHER'S ANSWERS?

YES 1
NO 2
DK ..... -1

K14. DID SOME OTHER PERSON CONTRIBUTE TO THE MOTHER'S ANSWERS?

YES 1
NO 2
DK ..... -1

A. WHO WAS IT? _____ DK ❑

K15. **IF CODE 3 OR 4 AT K12, ANSWER:** THE MAIN REASON FOR QUESTIONABLE OR UNSATISFACTORY QUALITY OF INFORMATION WAS BECAUSE THE RESPONDENT:

DID NOT KNOW ENOUGH INFORMATION REGARDING THE TOPIC 01
DID NOT WANT TO BE MORE SPECIFIC 02
SOUNDED BORED OR UNINTERESTED 03
SOUNDED UPSET, DEPRESSED, OR ANGRY 04
HAD POOR HEARING OR SPEECH 05
SOUNDED CONFUSED OR DISTRACTED BY FREQUENT INTERRUPTIONS 06
SOUNDED INHIBITED BY OTHERS AROUND HER 07
SOUNDED EMBARRASSED BY THE SUBJECT MATTER 08
SOUNDED EMOTIONALLY UNSTABLE 09
SOUNDED PHYSICALLY ILL 10
NOT COMFORTABLE WITH LANGUAGE OF THE QUESTIONNAIRE 12
DOESN'T HAVE THE TIME 13
FELT INTERVIEW TOO LONG 14
OTHER (SPECIFY) ..... -5

SPECIFY: _____

K16. WAS THE MAJORITY OF THE INTERVIEW DONE IN ENGLISH OR IN SPANISH?

ENGLISH 1
SPANISH 2
HALF ENGLISH/HALF SPANISH 3

K17. WAS THIS INTERVIEW TRANSLATED BY ANOTHER PERSON?

YES 1
NO 2

K18. USE THIS SPACE FOR ANY OTHER COMMENTS YOU HAVE WHICH MAY AFFECT THE INTERPRETATION OF THIS RESPONDENT'S ANSWERS.

Appendix

National Birth Defects Prevention Study
Mother Questionnaire

This interview was conducted with CATI (computer-assisted telephone interview). This hard copy questionnaire serves as a documentation of the computer interview. It can also be used in "emergency" situations to continue an interview during a computer failure with the precaution that the hard copy is not ideal for conducting interviews as it does not have the range checks, automatic skip patterns, dropdown coding lists, automatic text and date insertions and electronic consistency checks built in. The interviews should be conducted and documented in accordance with the specific instructions provided in the Question-by-Question Interviewer Manual.

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

Investigators should note that this document is not a "codebook" for the CATI database. Every effort has been made to match the response codes in the hard copy questionnaire with the data codes in the CATI database and in analytic databases, however, there are some limitations. This hard copy does not show codes for open-ended text fields. As codes are created, altered and added, the updated coding lists are posted on the **Centers' study website**. That would be the definitive source for all codes.

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

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

Other Response Options and Codes:

Refused and Don't Know options are allowed at almost every field in the CATI. The Don't Know option will show at most fields in the hard copy, but the Refused option was not repeated at each response, to save paper. Don't Know check boxes have been added to certain fields when DK isn't an option in a response list, such as in text fields. When subjects refuse to respond, the interviewer should circle the RF option, or check the RF check box. If neither are available, she should write RF next to the other response codes or in the open fields or next to any date fields on the hard copy. Skip instructions for refusals (RF) and don't knows (DK) should follow the skip patterns for NO responses at gateways. In drop down lists, RF may skip over subsequent questions and DK may lead to the next questions. Those instructions are shown in the hard copy.

The first version of the hard copy used 7, 8, 97, and 98 for RF and DK codes. Those were replaced in this version with the following codes, to be consistent with the values in the analytic database:

DK = -1
RF = -2
Other = -5
N/A = -10

Ages:
Some questions ask for ages, such as when a condition was diagnosed. In addition to being able to enter a specific age, the interviewer can select one of the following age group responses listed in the CATI:
infancy (<1 yr)
childhood (1-12)
teenage (13-19)
young adult (20-25)
adult

Time Periods:
Many questions are asked by month of pregnancy or trimester, and for each of the three months prior to pregnancy. The CATI actually shows a reference date for each of these time periods. The designations are:
B3 (3 months before pregnancy)
B2 (2 months before pregnancy)
B1 (1 month before pregnancy)
P1 (month 1 of pregnancy)
P2 (month 2 of pregnancy)
P3 (month 3 of pregnancy)
T2 (2nd trimester)
T3 (3rd trimester)

In some questions asking about events in the past, in addition to listing a particular calendar month, these following response options are listed:
B3
B2
B1
P1
P2
P3
P4
P5
P6
P7
P8
P9
P10
Beginning of year
Middle of year
End of year

When asking about a particular week of the pregnancy in which an event occurred, in addition to weeks, other response options are:
T1, T2, T3

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

Many of the open-ended fields contain a dropdown list of choices available to the interviewer in the CATI. The interviewer can select one of these responses by typing in the first few letters. The response is linked to a code internally. If the response is not on the list, she enters the appropriate response in the text specify field. Most responses entered this way are coded later. These lists are not all inclusive, so that is why other responses can be written in.

See the latest coding lists on the Centers' study website. There are about 15 coding lists created as new responses were encountered, and 5 standardized coding lists used: ICD-9-CM, CPT, NAICS, SOC and the Slone Drug Dictionary.

Medication Frequency:
Questions that ask for the frequency of medicine use (in sections A, B, C and D) can be answered with these additional codes as needed:
90 = IV (any)
92 = Patch (worn continuously)
93 = Schedule varied/ as needed
94 = Tapering frequency
95 = Per time period (this refers to the number of times she took a drug between the dates she listed)

When these codes are used, the "per day/per week/per month/per year" is skipped.

Food Frequency:
For items using the Food Frequency response choices, the CATI screen employs the codes 0 through 6D (middle column below). However, the background CATI database designates these codes numerically as shown under Database. This response list is also available for some other fields, such as frequency of pesticide use.

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

Electronic Drug Dictionary:

The electronic CATI contains an embedded Drug Dictionary developed by the Slone Epidemiology Center of Boston University School of Medicine. This is updated on a regular basis and replaces the older version in the CATI and in the electronic coding program. Permission to use the SEC Drug Dictionary may be obtained from:

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Brookline, MA 02446
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