



Center for
Autism and
Developmental
Disabilities
Research and
Epidemiology

CADDRE

ID NUMBER: _____

OMB# 0920-0741
Expires 06/30/2010

Study to Explore Early Development

Master Caregiver Interview

August 2007

Public reporting burden of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0741). Do not send the completed form to this address.

Study to Explore Early Development: SEED

SECTION A: PRELIMINARY INFORMATION

TIME STARTED.....:

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RECORD IN MILITARY TIME.

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

A1*.	I would like to begin by asking you some basic questions. What is your full name?	FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____ SUFFIX: _____ MAIDEN NAME: _____
A2*.	What is your date of birth?	DOB..... _ _ - _ _ - _ _ _ _ <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YYYY </div>
A3*.	What is (CHILD)'s full name?	FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____ SUFFIX: _____
A4*.	What is (CHILD)'s date of birth? RECORD DATE HERE AND ON PREGNANCY REFERENCE FORM.	DOIB..... _ _ - _ _ - _ _ _ _ <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YYYY </div>
A5*.	What is your relationship to (CHILD)?	BIOLOGICAL MOTHER.....01 BIOLOGICAL FATHER.....02 STEP MOTHER.....03 STEP FATHER.....04 MATERNAL GRANDMOTHER.....05 MATERNAL GRANDFATHER.....06 PATERNAL GRANDMOTHER.....07 PATERNAL GRANDFATHER.....08 BROTHER.....09 SISTER.....10 AUNT.....11 UNCLE.....12 OTHER.....(SPECIFY).....90 SPECIFY: _____ <input style="width: 20px; height: 20px;" type="text"/>

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

A1.	I would like to begin by confirming some basic information about you and (CHILD). Is your full name (FULL NAME FROM CIS)?	YES.....01 NO.....(UPDATE IN CIS).....02
A2.	Is your date of birth (MM/DD/YYYY DOB FROM CIS)?	YES.....01 NO.....(UPDATE IN CIS).....02
A3.	Is (CHILD)'s full name (CHILD'S FULL NAME FROM CIS)?	YES.....01 NO.....(UPDATE IN CIS).....02

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A4. Is (CHILD)'s date of birth (MM/DD/YYYY DOIB FROM CIS)? YES.....01

NO.....(UPDATE IN CIS).....02

A5. Are you (CHILD)'s (RELATIONSHIP FROM CIS)? YES.....01

NO.....(UPDATE IN CIS).....02

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

A6. Did you read the prep guide? YES.....01

NO.....02

RF.....98

DK.....99

A7. Do you have the guide in front of you now? YES.....(SKIP TO B1).....01

NO.....02

RF.....98

DK.....99

The interview will go much faster if you have the Guide in front of you. I will wait while you find it. If you cannot find the guide or you lost it, I will ask some of the questions in more detail. This could add as much as an hour to the time it takes to complete the interview. Would you like me to mail you another copy of the Prep Guide? IF R WILL NOT PROCEED WITHOUT PREP GUIDE, RESCHEDULE THE INTERVIEW.

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SECTION B: SOCIODEMOGRAPHICS

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

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

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

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

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

CATI should adjust to alternative wording as indicated.

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

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

B1. What is (CHILD)'s biological mother's birthdate?

DOB..... - -
MM DD YYYY
N/A (SKIP).....97 97 9997
RF.....98 98 9998
DK.....99 99 9999

B2. (Were you/Was [CHILD]'s biological mother) born in the US?

YES.....(SKIP TO B6).....01
NO.....02
RF.....(SKIP TO B6).....98
DK.....(SKIP TO B6).....99

B3. What country (were you/was she) born in?

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

B4. What year did (you/she) come to the US to live?

YEAR.....(SKIP TO B6).....
N/A (SKIP).....9997
RF.....(SKIP TO B6).....9998
DK.....9999

B5. How old (were you/was she) when (you/she) came to the US to live?

AGE: YEARS.....
AND/OR MONTHS.....

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		N/A (SKIP).....97 97
		RF.....98 98
		DK.....99 99
B6.	What language (do you/does she) usually speak at home?	ENGLISH.....01 SPANISH.....02 OTHER.....(SPECIFY).....90 RF.....98 DK.....99
	SPECIFY: _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

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

B7.	(Do you consider yourself/Does she consider herself) of Hispanic or Latina origin?	YES.....01 NO.....(SKIP TO B8).....02 RF.....(SKIP TO B8).....98 DK.....(SKIP TO B8).....99
A.	Which Hispanic or Spanish group (do you consider yourself/does she consider herself) a member of? (PROMPT: Mexican, Puerto Rican, Salvadoran, Honduran, Colombian, Peruvian, Guatemalan, Spanish, Central American, South American, etc.?)	GROUP: _____ <input style="width: 20px; height: 20px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
B8.	What is (your/her) race? I'm going to read you a list and then please tell me all categories that apply to (you/her). You can select more than one category. READ ANSWERS AND CODE ALL THAT APPLY.	American Indian or Alaska Native.....(ASK A)...01 Asian.....(ASK B)...02 Black or African American.....03 Native Hawaiian or Other Pacific Islander.....(ASK B)...04 White.....05 RF.....(SKIP TO B9)...98 DK.....(SKIP TO B9)...99

IF B8 INCLUDES CODE 01, ASK B8A. OTHERWISE, SKIP TO B8B.

A.	What tribe (do you/does she) consider (yourself/herself) a member of?	TRIBE: _____ <input style="width: 20px; height: 20px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
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IF B8 INCLUDES CODE 02 OR 05, ASK B8B. OTHERWISE, SKIP TO B9.

B.	What is (your/her) country of ethnic origin? (PROMPT: Referring to Asian, Native Hawaiian or other Pacific Island countries.)	COUNTRY: _____ <input style="width: 20px; height: 20px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
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B9.	What was the highest grade or year of school or college that (you/she) had completed at the time (CHILD) was born? READ LIST. SELECT ONE.	No formal schooling.....01 Less than high school..... (ASK A).....02 12 years, completed high school or equivalent.....03 1-3 Years of college.....04 Completed technical college.....05 Associate's degree.....06 4 years of college or bachelor's degree.....07 Master's degree.....08 Advanced degree.....09 RF.....98 DK.....99
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IF B9 NOT EQUAL TO 02, SKIP TO B10.

A.	How many years of school did (you/she) complete?	# OF YEARS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
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B10.	Is that the highest grade or year of school or college (you have/she has) currently completed?	YES.....(SKIP TO B12).....01 NO.....02 RF.....(SKIP TO B12).....98 DK.....(SKIP TO B12).....99
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B11.	What is the highest grade or year of school or college that (you have/she has) currently completed? READ LIST. SELECT ONE.	Less than high school..... (ASK A).....02 12 years, completed high school or equivalent.....03 1-3 Years of college.....04 Completed technical college.....05 Associate's degree.....06 4 years of college or bachelor's degree.....07 Master's degree.....08 Advanced degree.....09 N/A (SKIP).....97 RF.....98 DK.....99
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IF B11 NOT EQUAL TO 02, SKIP TO B12.

A.	How many years of school did (you/she) complete?	# OF YEARS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
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Study to Explore Early Development: SEED

IF R IS BIODAD (A5=02), SKIP TO B14.

B12. The next few questions are about (CHILD)'s biological father. If you do not know (CHILD)'s father, please let me know at this time.

DK FATHER.....(SKIP TO B24).....01
 KNOWS FATHER.....02
 N/A (SKIP).....97
 RF.....(SKIP TO B24).....98

PROGRAMMER NOTE: If respondent doesn't know CHILD's bio father, all questions in the remaining interview about the father should be flagged so that the interviewer will know not to ask those questions.

B13. What is (CHILD)'s biological father's birthdate?

DOB.....--
MM DD YYYY
 N/A (SKIP).....97 97 9997
 RF.....98 98 9998
 DK.....99 99 9999

IF R IS BIODAD (A5=02), READ: The next few questions are about your family background and education.

B14. (Was he/Were you) born in the US?

YES.....(SKIP TO B18).....01
 NO.....02
 N/A (SKIP).....97
 RF.....(SKIP TO B18).....98
 DK.....(SKIP TO B18).....99

B15. What country (was he/were you) born in?

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

B16. What year did (he/you) come to the US to live?

YEAR.....(SKIP TO B18).....
 N/A (SKIP).....9997
 RF.....(SKIP TO B18).....9998
 DK.....9999

B17. How old (was he/were you) when (he/you) came to the US to live?

AGE: YEARS.....
 AND/OR MONTHS.....
 N/A (SKIP).....97 97
 RF.....98 98
 DK.....99 99

B18. What language (does he/do you) usually speak at home?

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

SPECIFY: _____

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B19. (Does he consider himself/Do you consider yourself of Hispanic or Latino origin?)

YES.....	01
NO.....(SKIP TO B20).....	02
N/A (SKIP).....	97
RF.....(SKIP TO B20).....	98
DK.....(SKIP TO B20).....	99

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

	GROUP: _____ <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>
N/A (SKIP).....	97
RF.....	98
DK.....	99

B20. What is (his/your) race? I'm going to read you a list and then please tell me all categories that apply to (him/you). You can select more than one category. READ ANSWERS AND CODE ALL THAT APPLY.

American Indian or Alaska Native.....(ASK A)...	01
Asian.....(ASK B)...	02
Black or African American.....	03
Native Hawaiian or Other Pacific Islander.....(ASK B)...	04
White.....	05
N/A (SKIP).....	97
RF.....(SKIP TO B21)...	98
DK.....(SKIP TO B21)...	99

IF B20 INCLUDES CODE 01, ASK B20A. OTHERWISE, SKIP TO B20B.

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

	TRIBE: _____ <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>
N/A (SKIP).....	97
RF.....	98
DK.....	99

IF B20 INCLUDES CODE 02 OR 05, ASK B20B. OTHERWISE, SKIP TO B21.

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

	COUNTRY: _____ <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>
N/A (SKIP).....	97
RF.....	98
DK.....	99

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

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

Study to Explore Early Development: SEED

IF B21 NOT EQUAL TO 02, SKIP TO B22.

A. How many years of school did (he/you) complete?

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

B22. Is that the highest grade or year of school or college (he has/you have) currently completed?

YES.....(SKIP TO B24).....01
 NO.....02
 N/A (SKIP).....97
 RF.....(SKIP TO B24).....98
 DK.....(SKIP TO B24).....99

B23. What is the highest grade or year of school or college that (he has/you have) currently completed? READ LIST. SELECT ONE.

Less than high school.....(ASK A).....02
 12 years, completed high school or equivalent.....03
 1-3 Years of college.....04
 Completed technical college.....05
 Associate's degree.....06
 4 years of college or bachelor's degree.....07
 Master's degree.....08
 Advanced degree.....09
 N/A (SKIP).....97
 RF.....98
 DK.....99

IF B23 NOT EQUAL TO 02, SKIP TO B24.

A. How many years of school did (he/you) complete?

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

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

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

B24. Were you born in the US?

YES.....(SKIP TO B28).....01
 NO.....02
 N/A (SKIP).....97
 RF.....(SKIP TO B28).....98
 DK.....(SKIP TO B28).....99

B25. What country were you born in?

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

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

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

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

SPECIFY: _____

B29. Do you consider yourself of Hispanic or (Latino/Latina) origin? YES.....01
 NO.....(SKIP TO B30).....02
 N/A (SKIP).....97
 RF.....(SKIP TO B30).....98
 DK.....(SKIP TO B30).....99

A. Which Hispanic or Spanish group do you consider yourself a member of? (PROMPT: Mexican, Puerto Rican, Salvadoran, Honduran, Colombian, Peruvian, Guatemalan, Spanish, Central American, South American, etc.?) GROUP: _____
 N/A (SKIP).....97
 RF.....98
 DK.....99

B30. What is your race? I'm going to read you a list and then please tell me all categories that apply to you. You can select more than one category. READ ANSWERS AND CODE ALL THAT APPLY.
 American Indian or Alaska Native.....(ASK A)...01
 Asian.....(ASK B)...02
 Black or African American.....03
 Native Hawaiian or Other Pacific Islander.....(ASK B)...04
 White.....05
 N/A (SKIP).....97
 RF.....(SKIP TO B31)...98
 DK.....(SKIP TO B31)...99

IF B30 INCLUDES CODE 01, ASK B30A. OTHERWISE, SKIP TO B30B.

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

IF B30 INCLUDES CODE 02 OR 05, ASK B30B. OTHERWISE, SKIP TO B31.

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

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B31.	What was the highest grade or year of school or college that you had completed at the time (CHILD) was born? READ LIST. SELECT ONE.	No formal schooling.....01 Less than high school.....(ASK A).....02 12 years, completed high school or equivalent.....03 1-3 Years of college.....04 Completed technical college.....05 Associate's degree.....06 4 years of college or bachelor's degree.....07 Master's degree.....08 Advanced degree.....09 N/A (SKIP).....97 RF.....98 DK.....99
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IF B31 NOT EQUAL TO 02, SKIP TO B32.

A.	How many years of school did you complete?	# OF YEARS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
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B32.	Is that the highest grade or year of school or college you have currently completed?	YES.....(SKIP TO B34).....01 NO.....02 N/A (SKIP).....97 RF.....(SKIP TO B34).....98 DK.....(SKIP TO B34).....99
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B33.	What is the highest grade or year of school or college that you have currently completed? READ LIST. SELECT ONE.	Less than high school.....(ASK A).....02 12 years, completed high school or equivalent.....03 1-3 Years of college.....04 Completed technical college.....05 Associate's degree.....06 4 years of college or bachelor's degree.....07 Master's degree.....08 Advanced degree.....09 N/A (SKIP).....97 RF.....98 DK.....99
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IF B33 NOT EQUAL TO 02, SKIP TO B34.

A.	How many years of school did you complete?	# OF YEARS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
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The next few questions are about the family background and education of **any other caregivers** living in the home with (CHILD).

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

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

SPECIFY: _____

B35. What is (CAREGIVER)'s birthdate?

- DOB..... - -
- MM DD YYYY
- N/A (SKIP).....97 97 9997
 - RF.....98 98 9998
 - DK.....99 99 9999

B36. Was (CAREGIVER) born in the US?

- YES.....(SKIP TO B40).....01
- NO.....02
- N/A (SKIP).....97
- RF.....(SKIP TO B40).....98
- DK.....(SKIP TO B40).....99

B37. What country was (CAREGIVER) born in?

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

B38. What year did (CAREGIVER) come to the US to live?

- YEAR.....(SKIP TO B40).....
- N/A (SKIP).....9997
 - RF.....(SKIP TO B40).....9998
 - DK.....9999

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

B40. What language does (CAREGIVER) usually speak at home?
 ENGLISH.....01
 SPANISH.....02
 OTHER.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

B41. Does (he consider himself/she consider herself) of Hispanic or (Latino/Latina) origin?
 YES.....01
 NO.....(SKIP TO B42).....02
 N/A (SKIP).....97
 RF.....(SKIP TO B42).....98
 DK.....(SKIP TO B42).....99

A. Which Hispanic or Spanish group does (he/she) consider (himself/herself) a member of?
 (PROMPT: Mexican, Puerto Rican, Salvadoran, Honduran, Colombian, Peruvian, Guatemalan, Spanish, Central American, South American, etc.?)
 GROUP: _____
 N/A (SKIP).....97
 RF.....98
 DK.....99

B42. What is (CAREGIVER)'s race? I'm going to read you a list and then please tell me all categories that apply to (him/her). You can select more than one category.
 READ ANSWERS AND CODE ALL THAT APPLY.
 American Indian or Alaska Native.....(ASK A)...01
 Asian.....(ASK B)...02
 Black or African American.....03
 Native Hawaiian or Other Pacific Islander.....(ASK B)...04
 White.....05
 N/A (SKIP).....97
 RF.....(SKIP TO B43)...98
 DK.....(SKIP TO B43)...99

IF B42 INCLUDES CODE 01, ASK B42A. OTHERWISE, SKIP TO B42B.

A. What tribe does (he/she) consider (himself/herself) a member of?
 TRIBE: _____
 N/A (SKIP).....97
 RF.....98
 DK.....99

IF B42 INCLUDES CODE 02 OR 05, ASK B42B. OTHERWISE, SKIP TO B43.

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

Study to Explore Early Development: SEED

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

A.	How many years of school did (he/she) complete?	# OF YEARS..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
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B44.	Is that the highest grade or year of school or college (he/she) has currently completed?	YES.....(SKIP TO NEXT SECTION).....01 NO.....02 N/A (SKIP).....97 RF.....(SKIP TO NEXT SECTION).....98 DK.....(SKIP TO NEXT SECTION).....99
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B45.	What is the highest grade or year of school or college that (CAREGIVER) has currently completed? READ LIST. SELECT ONE.	Less than high school..... (ASK A).....02 12 years, completed high school or equivalent.....03 1-3 Years of college.....04 Completed technical college.....05 Associate's degree.....06 4 years of college or bachelor's degree.....07 Master's degree.....08 Advanced degree.....09 N/A (SKIP).....97 RF.....98 DK.....99
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IF B45 NOT EQUAL TO 02, SKIP TO NEXT SECTION.

A.	How many years of school did (he/she) complete?	# OF YEARS..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
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Study to Explore Early Development: SEED

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

SECTION C: MATERNAL REPRODUCTIVE AND PREGNANCY HISTORY

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

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

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

(IF ALL PREGS=RF, SKIP TO C18)

NUMBER OF BABIES/PREGNANCY SUPPLEMENTS.....

IF C3 = 1 AND C4 = 1, READ: This baby must be (CHILD). CODE C5 = 1 AND C6 = 1, AND SKIP TO C10.

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OTHERWISE, READ: I would now like to ask you a few questions about the outcomes of each of your pregnancies. **COMPLETE ONE ROW OF BABY TABLE (C5-C14) FOR EACH BABY.**

	C5.	C6.	C7.	C8.	C9A.																
BABY COUNT: _____ BABY: 1	IF C4 = 0, 1 OR 99, READ: Was your (1 st /2 nd /3 rd) pregnancy a (READ ANSWERS)? OTHERWISE, READ: Was the (1 st /2 nd /3 rd) baby in your (1 st /2 nd /3 rd) pregnancy a (READ ANSWERS)? Live birth.....01 Stillbirth.....02 Abortion.....03 Miscarriage.....04 Ectopic or tubal preg.....05 Molar pregnancy.....06 RF.....98 DK.....99 IF C4=2 AND C5=02-04, SKIP TO C8. IF C4≠2 AND C5=02-06, SKIP TO C9B. IF C5 = 98 OR 99, SKIP TO NEXT BABY/C15.	Is this baby (CHILD)? YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99 IF C6 = 01, CODE REMAINING C6 AS 02 AND SKIP TO C10.	What is the first name of this baby? _____ N/A (SKIP).....97 RF.....98 DK.....99	IF C4=2 AND C5=02-04 READ: Was this baby a boy or a girl? OTHERWISE, READ: Is (BABY) a boy or girl? BOY.....01 GIRL.....02 N/A (SKIP).....97 RF.....98 DK.....99 IF C4 = 2 AND C5=02-04 SKIP TO C9B.	What is (BABY)'s birthdate? <div style="text-align: center;"> <table style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">MM</td><td style="text-align: center;">DD</td><td></td><td></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="4" style="text-align: center;">YYYY</td></tr> </table> </div> N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999 SKIP TO C10.					MM	DD							YYYY			
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C9B.	C10.	C11.	C12.	C13A.																																		
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C13B.

C14. (IF C5 = 02-04, READ C14A FROM OTHER SIDE.)

<p>What was the date of (BABY)'s death?</p> <div style="text-align: center;"> <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">MM</td> <td style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">DD</td> <td></td> </tr> </table> <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">YYYY</td> </tr> </table> <p>N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999</p> </div>							MM		-	DD							YYYY				<p>Now I will ask you about some developmental information a doctor or health care provider may have told you about your child. Please note that a health care provider at the child's school such as a child psychologist, physical therapist, occupational therapist, or school nurse should also be considered a qualified health care professional in answering these questions; however, the child's teachers should not be considered health care providers.</p> <p>ASK R TO REFER TO LIST 1 IN PREP GUIDE. Has a doctor or health care provider ever told you that (BABY) had or has any of the conditions in list 1 in the prep guide? READ CHOICES BELOW IN CODE LIST. CODE ALL THAT APPLY.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">IF C5 = 02-04, ONLY READ SHADED CODES.</p> </div> <p>PROBLEM CODE(S): <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table></p> <p>SPECIFY: _____</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>					
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- CODE LIST**
- Asperger's Syndrome.....01
 - Attention Deficit Hyperactivity Disorder (ADHD) or ADD.....02
 - Autism.....03
 - Behavioral problem (SPECIFY).....04
 - Bipolar disorder.....05
 - Birth Defects (SPECIFY).....06**
 - Cerebral palsy.....07
 - Childhood Disintegrative Disorder.....08
 - Childhood onset schizophrenia.....09
 - Developmental delay.....10
 - Down Syndrome.....11**
 - Fragile X Syndrome.....12**
 - Hearing problems.....13
 - Learning disabilities.....14
 - Intellectual disability or mental retardation.....15
 - Movement or coordination problems...16
 - Neurofibromatosis.....17**
 - Obsessive compulsive disorder.....18
 - Other developmental problem (SPECIFY).....19
 - Pervasive Developmental Disorder not otherwise specified.....20
 - Reactive attachment disorder of infancy or early childhood.....21
 - Reading difficulty.....22
 - Rett's Syndrome.....23
 - Seizure disorder or Epilepsy.....24
 - Self-injuring behavior.....25
 - Sensory integration disorder.....26
 - Sleep disorder.....27
 - Speech delays.....28
 - Tourette's Disorder or tic disorder.....29
 - Tuberous sclerosis.....30**
 - Vision problems that cannot be corrected with glasses or contact lenses.....31
 - N/A (SKIP).....97
 - RF.....98
 - DK.....99
 - NONE.....00

RETURN TO C5 FOR NEXT BABY.

FINAL INTERVIEWER CHECKS:

ONE ANSWER TO C6 MUST BE YES.

ASK: Did you have any other pregnancies that we did not discuss?

Study to Explore Early Development: SEED

IF YES, CHANGE C3. IF NO, CONTINUE WITH C15.
NUMBER OF BABY TABLE SUPPLEMENTS.....

UNFOLD PAGE FOR 3-PAGE TABLE

C14A. During or just after this pregnancy, did a doctor or health care provider ever tell you that the baby or fetus had any of the conditions in list 1B of the prep guide? READ SHADED CHOICES IN CODE LIST ON OTHER SIDE AND CODE ALL THAT APPLY.

Study to Explore Early Development: SEED

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

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

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

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

IF C6=1, OR B12=1, SKIP TO
NEXT PREGNANCY/C18.

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

NUMBER OF PREGNANCY TABLE SUPPLEMENTS.....

Study to Explore Early Development: SEED

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

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

SPECIFY: _____

BLANK PAGE FOR END OF SECTION

Study to Explore Early Development: SEED

SECTION D: INDEX PREGNANCY

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

IF YES:

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

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

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

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

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

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

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

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

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

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

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

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

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

Do these time periods look correct to you? IF NO, ADJUST AS NEEDED. Thank you. We will begin using the Pregnancy

Study to Explore Early Development: SEED

Reference Form in a few minutes.

Study to Explore Early Development: SEED

D1. How much did you weigh before your pregnancy with (CHILD)?

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

D2. Overall, how much weight did you gain or lose during your pregnancy with (CHILD)?

LBS.....
OR
KG.....
 GAINED.....1
 LOST.....2
RF.....998 8
DK.....999 9
NO CHANGE.....000 3

D3. What is your height without your shoes?

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

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

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

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Study to Explore Early Development: SEED

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

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

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

	D7A.	D7B.	D7C.
COMPLETE ONE ROW FOR EACH PILL TAKEN.	Which months between (-3) and (DOIB/END BF) were you using (PILL)? Please refer to the Pregnancy Reference Form.	Would you say you were using the pill in the three months before you became pregnant, from (-3) to (-1)?	Would you say you were using the pill in your first trimester , from (1) to (3)?
PILL NAME:		YES NO N/A RF DK	YES NO N/A RF DK
#1: _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> D7A VERBATIM: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A..97 RF...98 DK...99	01 02 97 98 99	01 02 97 98 99
	IF DK, ASK B-F.	YES NO N/A RF DK	YES NO N/A RF DK
#2: _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> D7A VERBATIM: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A..97 RF...98 DK...99	01 02 97 98 99	01 02 97 98 99
	IF DK, ASK B-F.	YES NO N/A RF DK	YES NO N/A RF DK
#3: _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> D7A VERBATIM: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A..97 RF...98 DK...99	01 02 97 98 99	01 02 97 98 99
	IF DK, ASK B-F.	YES NO N/A RF DK	YES NO N/A RF DK

Study to Explore Early Development: SEED

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

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

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

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

OF BIRTH CONTROL PILL SUPPLEMENTS.....

Study to Explore Early Development: SEED

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

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

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

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

IF DK, ASK B-F.

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

IF DK, ASK B-F.

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

IF DK, ASK B-F.

Study to Explore Early Development: SEED

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

D10D.

D10E.

D10F.

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

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

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

OF CONTRACEPTION METHOD SUPPLEMENTS.....

Study to Explore Early Development: SEED

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

D11A. Did you (READ ANSWERS)?	Stop using contraception to get pregnant with (CHILD)...01 Get pregnant with (CHILD) during an interruption in using contraception.....02 Not use any contraception before this pregnancy.....03 N/A (SKIP).....97 RF.....98 DK.....99
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SKIP TO D12.

D11B. Did you (READ ANSWERS)?	Stop using contraception to get pregnant with (CHILD)...01 Get pregnant with (CHILD) during an interruption in using contraception.....02 Get pregnant with (CHILD) while consistently using contraception.....03 N/A (SKIP).....97 RF.....98 DK.....99
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D12. Before getting pregnant with (CHILD), was there ever a time you had regular intercourse for a period of 12 months or more without using contraception and did not become pregnant?	YES.....01 NO.....02 RF.....98 DK.....99
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IF FATHER UNKNOWN (B12 = 01), SKIP TO D14.

D13. Was there ever a time you had regular intercourse for a period of 12 months or more with (CHILD)'s father without using contraception and did not become pregnant?	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99
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D14. Before getting pregnant with (CHILD), were you trying to get pregnant?	YES.....01 NO.....(SKIP TO D16).....02 RF.....(SKIP TO D16).....98 DK.....(SKIP TO D16).....99
-----------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------

D15. How long had you been trying to get pregnant?	MONTHS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> AND/OR YEARS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> N/A (SKIP).....97 97 RF.....98 98 DK.....99 99
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D16. Prior to becoming pregnant with (CHILD), had you ever been told by a doctor or other health care provider that it would be impossible for you to get pregnant without medical help?	YES.....01 NO.....(SKIP TO D18).....02 RF.....(SKIP TO D18).....98 DK.....(SKIP TO D18).....99
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Study to Explore Early Development: SEED

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

SPECIFY: _____

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

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

SPECIFY: _____

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

IF D19 NOT EQUAL TO 08, SKIP TO D21.

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

Study to Explore Early Development: SEED

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

ASSISTED REPRODUCTION

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

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

D23.	Prior to becoming pregnant with (CHILD), did (CHILD)'s father take any medications to help you become pregnant with (him/her)?	YES.....01 NO.....(SKIP TO D25).....02 N/A (SKIP).....97 RF.....(SKIP TO D25).....98 DK.....(SKIP TO D25).....99
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Study to Explore Early Development: SEED

D24. ASK R TO REFER TO LIST 4a IN PREP GUIDE. What medications did he take? READ BOLDED WORDS AND INDIVIDUAL MEDICATIONS IF NEEDED. CODE ALL THAT APPLY.

Antibiotics01	Pregnyl.....22
Anti-estrogen medications	Profasi.....23
Clomid.....02	Repronex.....24
Clomiphene citrate.....03	Urofollitrophin.....25
Milophene.....04	Other male infertility medication
Serophene.....05	Cabergoline.....26
Tamoxifen.....06	Danazol.....27
Hormonal injections	Donocrine.....28
Bravelle.....07	Dostinex.....29
Chorionic Gonadotrophin hCG.....08	Factrel.....30
Fertinex.....09	Gonadorelin.....31
Follistim.....10	Leuprolide.....32
Follitrophin Alpha.....11	Lupron.....33
Follitrophin Beta.....12	Lutrepulse.....34
FSH.....13	Synarel.....35
Gonal F.....14	Nafarelin.....36
HCG.....15	Medicine to reduce prolactine
Humegon.....16	Bromocriptine.....37
Menotrophins: Follicle Stimulating Hormone + Luteinizing Hormone or Interstitial Cell Stimulating Hormone.....17	Parlodel.....38
Metrodin.....18	Steroid medications39
Novarel.....19	Testosterone pill, injections or transdermal gel or patch ...40
Ovidrel.....20	Other.....(SPECIFY).....90
Pergonal.....21	N/A (SKIP).....97
	RF.....98
	DK.....99

SPECIFY MEDICINE 1: _____

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SPECIFY MEDICINE 2: _____

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SPECIFY MEDICINE 3: _____

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

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

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

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

SPECIFY: _____

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SPECIFY: _____

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Study to Explore Early Development: SEED

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

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

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

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

SPECIFY: _____

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

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

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

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

SPECIFY: _____

SPECIFY: _____

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

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

Study to Explore Early Development: SEED

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

<p>Injections or pills to stimulate your ovaries to produce eggs</p> <ul style="list-style-type: none"> Bravelle.....01 Clomid.....02 Clomiphene citrate.....03 Fertinex.....04 Follistim.....05 Follitrophin Alpha.....06 Follitrophin Beta.....07 FSH.....08 Gonal F.....09 Humegon.....10 Menotrophins: Follicle Stimulating Hormone + Luteinizing Hormone or Interstitial Cell Stimulating Hormone.....11 Metrodin.....12 Milophene.....13 Pergonal.....14 Repronex.....15 Serophene.....16 Urofollitrophin.....17 	<p>Progesterone medication to prepare the uterine lining for pregnancy or help prevent an early pregnancy loss</p> <ul style="list-style-type: none"> Crinone vaginal gel.....18 Cyclogest cream.....19 Microgest.....20 Progesterone implant.....21 Progesterone injection.....22 Progesterone vaginal suppositories.....23 Prometerium.....24 Utrogestan.....25 <p>Injection to trigger ovulation once your ovaries had produced eggs</p> <ul style="list-style-type: none"> Chorionic Gonadotrophin hCG.....26 HCG.....27 Novarel.....28 Ovidrel.....29 Pregnyl.....30 Profasi.....31 <p>Medication to suppress your body's natural hormone production, injection or nasal spray</p> <ul style="list-style-type: none"> Abarelix.....32 Antagon.....33 Buserelin.....34 Cetrotide.....35 Deslorelin.....36 Eligard.....37 	<ul style="list-style-type: none"> Ganirelix.....38 Goserelin.....39 Historelin.....40 Leuprolide.....41 Lupron.....42 Nafarelin.....43 Suprefact.....44 Suprecor.....45 Synarel.....46 Tryptorelin.....47 Zoladex.....48 <p>Other medications</p> <ul style="list-style-type: none"> Bromocriptine.....49 Cabaser.....50 Cabergoline.....51 Danazol.....52 Danocrine.....53 Dostinex.....54 Estradiol patches.....55 Estrace pills.....56 Factrel.....57 Gonadorelin.....58 Lutrepulse.....59 Parlodel.....60 Other.....(SPECIFY).....90 N/A (SKIP).....97 RF.....98 DK.....99
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SPECIFY MEDICINE 1: _____

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SPECIFY MEDICINE 2: _____

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SPECIFY MEDICINE 3: _____

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<p>D33. In the month you became pregnant with (CHILD), did you have any procedures such as artificial insemination or assisted reproductive technology to help you become pregnant with (CHILD)?</p>	<ul style="list-style-type: none"> YES.....01 NO.....(SKIP TO D37).....02 RF.....(SKIP TO D37).....98 DK.....(SKIP TO D37).....99
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Study to Explore Early Development: SEED

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

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

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

SPECIFY: _____

IF D34A DOES NOT EQUAL 05, SKIP TO D35.

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

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

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

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

	D35.					D36.				
	For (PROCEDURE), were (READ CHOICES) used?					Were (READ CHOICES) used?				
PROCEDURE #1:	YES	NO	NA	RF	DK	YES	NO	NA	RF	DK
	01	02	97	98	99	01	02	97	98	99
	01	02	97	98	99	01	02	97	98	99
	01	02	97	98	99	01	02	97	98	99

	D35.					D36.				
PROCEDURE #2:	YES	NO	NA	RF	DK	YES	NO	NA	RF	DK
	01	02	97	98	99	01	02	97	98	99
	01	02	97	98	99	01	02	97	98	99
	01	02	97	98	99	01	02	97	98	99

	D35.					D36.				
PROCEDURE #3:	YES	NO	NA	RF	DK	YES	NO	NA	RF	DK
	01	02	97	98	99	01	02	97	98	99
	01	02	97	98	99	01	02	97	98	99
	01	02	97	98	99	01	02	97	98	99

OF ASSISTED REPRODUCTION PROCEDURE SUPPLEMENTS.....

Study to Explore Early Development: SEED

MORNING SICKNESS

D37. Now I have some more detailed questions about your pregnancy with (CHILD). Please have the Pregnancy Reference Form handy.

YES.....01
 NO.....(SKIP TO D40).....02
 RF.....(SKIP TO D40).....98
 DK.....(SKIP TO D40).....99

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

D38A.	D38B.	D38C.	D38D.																														
During which months did you have nausea? VERBATIM: _____ _____ 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 8.....11 9.....12 N/A...97 RF...98 7.....10 10.....13 DK....99	Would you say the nausea occurred in the first trimester , from (1) to (3)? <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">N/A</th> <th style="width: 10%;">RF</th> <th style="width: 10%;">DK</th> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	Would you say the nausea occurred in the second trimester , from (4) to (6)? <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">N/A</th> <th style="width: 10%;">RF</th> <th style="width: 10%;">DK</th> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	Would you say the nausea occurred in the third trimester , from (7) to (10)? <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">N/A</th> <th style="width: 10%;">RF</th> <th style="width: 10%;">DK</th> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK																													
01	02	97	98	99																													
YES	NO	N/A	RF	DK																													
01	02	97	98	99																													
YES	NO	N/A	RF	DK																													
01	02	97	98	99																													

IF DK, ASK B-D.

COMPLETE ONE ROW FOR EACH MONTH/TRIMESTER INDICATED.

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

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

Study to Explore Early Development: SEED

D40. During the pregnancy with (CHILD), did you have any vomiting?
 YES.....01
 NO.....(SKIP TO D43).....02
 RF.....(SKIP TO D43).....98
 DK.....(SKIP TO D43).....99

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

IF DK, ASK B-D.

COMPLETE ONE ROW FOR EACH MONTH/TRIMESTER INDICATED.

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

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

Study to Explore Early Development: SEED

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

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

D44. What medicine did you take? Was it (READ ANSWERS AND CODE ALL THAT APPLY)? Vitamin B6 or pyridoxine.....01
 Unisom or doxylamine.....02
 Emetrol.....03
 Ginger.....04
 Other.....(SPECIFY).....90
 NONE.....00
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

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SPECIFY: _____

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

SPECIFY: _____

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PRENATAL CARE

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

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

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

SPECIFY: _____

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Study to Explore Early Development: SEED

SPECIFY: _____ □ □ □ □ □ □

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

D49. Did you have any ultrasounds which showed any problems or confirmed abnormalities with the fetus, placenta, amniotic fluid, or any other problems? YES.....01
NO.....(SKIP TO D52).....02
N/A (SKIP).....97
RF.....(SKIP TO D52).....98
DK.....(SKIP TO D52).....99

D50. Was the problem or abnormality with (READ ANSWERS AND CODE ALL THAT APPLY)? Fetal growth.....(SPECIFY).....01
Placenta.....(SPECIFY).....02
Biophysical profile or BPP.....(SPECIFY).....03
Decreased fetal movement.....(SPECIFY).....04
Amniotic fluid volume.....(SPECIFY).....05
A fetal malformation or defect.....(SPECIFY).....06
Other.....(SPECIFY).....90
N/A (SKIP).....97
RF.....98
DK.....99

SPECIFY: _____ □ □

SPECIFY: _____ □ □

SPECIFY: _____ □ □

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

IF DK, ASK B-D.

Study to Explore Early Development: SEED

BLOOD TESTS

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

D55. Did you have an Amniocentesis or amnio?	D56. Were the results of the test normal or abnormal?	D57. What was the abnormality? SPECIFY.
YES (ASK D56)	NO RF DK	
N AB NA RF DK		
Amnio.....	01 02 98 99	01 02 97 98 99
	NOT ENOUGH FLUID.....03	N/A (SKIP).....97 RF.....98 DK.....99

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

Study to Explore Early Development: SEED

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

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

	D62A.	D62B.	D62C.																				
COMPLETE ONE ROW (D62-D63) FOR EACH TEST NAMED.	Between (DOC) and (DOIB), when was (TEST) done?	Would you say you had (TEST) done in your first trimester , from (1) to (3)?	Would you say you had (TEST) done in your second trimester , from (4) to (6)?																				
TEST:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
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#1: _____	1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99																						
D62A VERBATIM: _____																							

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

		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
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**IF DK, ASK B-D.
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01	02	97	98	99																			
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#3: _____	1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99																						
D62A VERBATIM: _____																							

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

Study to Explore Early Development: SEED

D62D.

D63.

Would you say you had (TEST) done in your third trimester , from (7) to (10)?	Why was (TEST) done? SPECIFY.																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">YES</td> <td style="width: 10%;">NO</td> <td style="width: 10%;">N/A</td> <td style="width: 10%;">RF</td> <td style="width: 10%;">DK</td> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: right; margin-bottom: 5px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>N/A (SKIP).....</td> <td style="text-align: right;">97</td> </tr> <tr> <td>RF.....</td> <td style="text-align: right;">98</td> </tr> <tr> <td>DK.....</td> <td style="text-align: right;">99</td> </tr> </table>			N/A (SKIP).....	97	RF.....	98	DK.....	99
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OF PRENATAL TEST SUPPLEMENTS.....

Study to Explore Early Development: SEED

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

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

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

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

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

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

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

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

Study to Explore Early Development: SEED

D65D.

D66.

Would you say you had (PROCEDURE) done in your third trimester , from (7) to (10)?	Why was (PROCEDURE) done? SPECIFY.												
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">YES</td> <td style="width: 10%;">NO</td> <td style="width: 10%;">N/A</td> <td style="width: 10%;">RF</td> <td style="width: 10%;">DK</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: right; margin-top: 10px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr> </table> </div>		
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YES	NO	N/A	RF	DK									
01	02	97	98	99									
	N/A (SKIP).....97 RF.....98 DK.....99												

OF PRENATAL MEDICAL PROCEDURE SUPPLEMENTS.....

Study to Explore Early Development: SEED

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

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

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

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

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

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

D69B. What were the problems? SPECIFY.

PROBLEMS: _____

--	--

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

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

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

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

VAGINAL DOUCHING

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

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

Study to Explore Early Development: SEED

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

IF DK, ASK B-F.

IF R DID NOT BREASTFEED, SKIP TO D73.

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

COMPLETE ONE ROW FOR EACH MONTH/TRIMESTER INDICATED.

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

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

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Study to Explore Early Development: SEED

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

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

REPRODUCTIVE AND MAJOR PERINATAL INFECTIONS AND CONDITIONS

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

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

Bacterial Vaginosis.....01	Hepatitis (PROBE):	Parvovirus or Fifth disease.....23	Toxoplasmosis.....32
Candidiasis or Yeast Infection.....02	HEPATITIS A.....13	Pelvic Inflammatory Disease or PID.....24	Trichomoniasis or trich.....33
Chicken Pox.....03	HEPATITIS B.....14	Pneumonia.....25	Upper respiratory infection.....34
Chlamydia.....04	HEPATITIS C.....15	Pyelonephritis or kidney infection....26	Urinary tract infection35
Cystitis NOS.....05	HEPATITIS NOS.....16	Rubella or German measles.....27	Vaginitis NOS.....36
Cytomegalovirus.....06	HIV/AIDS.....17	Septicemia or blood infection.....28	Other conditions (SPECIFY).....90
Encephalitis.....07	Human Papilloma Virus or HPV or Genital warts or venereal warts.....18	Shingles.....29	RF.....98
Endocarditis.....08	Influenza or flu.....19	Staphylococcal infection or cysts....30	DK.....99
Endometriosis.....09	Meningitis.....20	Syphilis.....31	NO CONDITIONS. 00
Fibroids.....10	Mononucleosis or mono.....21		
Genital Herpes.....11	Myocarditis.....22		
Group B Streptococcal infection.....12			

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

IF E1 = 00, 98 OR 99, SKIP TO E8.

Study to Explore Early Development: SEED

COMPLETE E2-E7 FOR EACH CONDITION IN E1.													
IF E1 = 11 (HERPES) OR 18 (VENEREAL WARTS), ASK E2 ABOUT OUTBREAKS. CODE E2A N/A IF NO OUTBREAKS AND SKIP TO E3.													
	E2A.			E2B.					E2C.				
CONDITION 1:	During which months from (-3) to (DOIB/END BF) did you have (CONDITION)?			Would you say (CONDITION) occurred in the 3 months before you became pregnant, from (-3) to (-1)?					Would you say (CONDITION) occurred in your first trimester , from (1) to (3)?				
_____	-3.....01	-2.....02	-1.....03	YES NO N/A RF DK					YES NO N/A RF DK				
E2A VERBATIM: _____	1.....04	2.....05	3.....06	01	02	97	98	99	01	02	97	98	99
_____	4.....07	5.....08	6.....09										
_____	7.....10	8.....11	9.....12										
_____	10.....13	BF.....14	N/A...97										
_____	RF...98	DK...99											
IF DK, ASK B-F.													

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

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

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

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

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

Study to Explore Early Development: SEED

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

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

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

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

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

OF PERINATAL CONDITION 1 MEDICINE SUPPLEMENTS.....

IF R DID NOT BREASTFEED, SKIP TO E7.

E6D.					E6E.					E6F.					E7.
Would you say the fever occurred in your second trimester , from (4) to (6)?					Would you say the fever occurred in your third trimester , from (7) to (10)?					Would you say the fever occurred during the months you breastfed, from (DOIB/10) to (END BF)?					What was the highest temperature recorded using a thermometer during your fever?
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	TEMP..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> C
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	NA (SKIP).....997 RF.....998 DK.....999

Study to Explore Early Development: SEED

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	E2A.	E2B.	E2C.																				
CONDITION 2:	During which months from (-3) to (DOIB/END BF) did you have (CONDITION)?	Would you say (CONDITION) occurred in the 3 months before you became pregnant, from (-3) to (-1)?	Would you say (CONDITION) occurred in your first trimester , from (1) to (3)?																				
E2A VERBATIM: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
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01	02	97	98	99																			
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E3. Did you take any medicine for (CONDITION) between (-3) and (DOIB/END BF)? (IF YES: ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine did you take? The medications in the list have been organized as best as possible by condition so please look for the heading and find your medication under that. If you do not see your medication, please look under the “other medications” category. If your medication is not listed at all, we still want you to tell us about it. Medications can be in pill form, nasal spray, patches, creams, injections, shots, etc. Any others?)

	E4A.	E4B.	E4C.																				
MEDICINE:	During which months from (-3) to (DOIB/END BF) did you take (MEDICINE) for (CONDITION)?	Would you say you took (MED) in the three months before you became pregnant, from (-3) to (-1)?	Would you say you took (MEDICINE) in your first trimester , from (1) to (3)?																				
#1: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
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01	02	97	98	99																			
YES	NO	N/A	RF	DK																			
01	02	97	98	99																			
E4A VERBATIM: _____	IF DK, ASK B-F.																						

#2: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
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E4A VERBATIM: _____	IF DK, ASK B-F.																						

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

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

	E6A.	E6B.	E6C.																				
E6A VERBATIM: _____	During which months from (-3) to (DOIB/END BF) did you have a fever?	Would you say the fever occurred in the 3 months before you became pregnant, from (-3) to (-1)?	Would you say the fever occurred in your first trimester , from (1) to (3)?																				
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IF DK, ASK B-F. OTHERWISE, SKIP TO E7.

Study to Explore Early Development: SEED

E2D.					E2E.					IF R DID NOT BREASTFEED, SKIP TO E3.				
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YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

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

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

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

OF PERINATAL CONDITION 2 MEDICINE SUPPLEMENTS.....

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

Study to Explore Early Development: SEED

	E2A.	E2B.	E2C.																																						
CONDITION 3:	During which months from (-3) to (DOIB/END BF) did you have (CONDITION)?	Would you say (CONDITION) occurred in the 3 months before you became pregnant, from (-3) to (-1)?	Would you say (CONDITION) occurred in your first trimester , from (1) to (3)?																																						
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E5. Did you have a fever from (CONDITION) between (-3) and (DOIB/END BF)?

YES.....01
 NO.....(SKIP TO NEXT CONDITION/E8).....02
 N/A (SKIP).....97
 RF.....(SKIP TO NEXT CONDITION/E8).....98
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	E6A.	E6B.	E6C.																																						
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E2D.
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IF R DID NOT BREASTFEED, SKIP TO E3.

Study to Explore Early Development: SEED

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

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

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

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

OF PERINATAL CONDITION 3 MEDICINE SUPPLEMENTS.....

IF R DID NOT BREASTFEED, SKIP TO E7.

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

OF PERINATAL CONDITION SUPPLEMENTS.....

ORAL/DENTAL DISEASE

Study to Explore Early Development: SEED

E8. Between (-3) and (DOIB/END BF) did a doctor or dentist ever tell you that you had gingivitis or periodontitis? YES.....01
NO.....(SKIP TO E15).....02

RF.....(SKIP TO E15).....98
DK.....(SKIP TO E15).....99

E9. Did you take any medication for gingivitis or periodontitis between (-3) and (DOIB/END BF)? YES.....01
NO.....(SKIP TO E12).....02
N/A (SKIP).....97
RF.....(SKIP TO E12).....98
DK.....(SKIP TO E12).....99

Clindamycin.....01
Doxycycline.....02
Metronidazole.....03
Minocycline.....04
Penicillin.....05
Other.....(SPECIFY IN GRID).....90
N/A (SKIP).....97
RF.....98
DK.....99

E10. ASK R TO REFER TO LIST 7a IN PREP GUIDE. What medicine did you take? Anything else? IF R CAN'T RECALL, READ ANSWERS AND CODE ALL THAT APPLY.

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

#2: _____ <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table> E11A VERBATIM: _____ _____					<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33%;">-3.....01</td><td style="width: 33%;">-2.....02</td><td style="width: 33%;">-1.....03</td></tr> <tr><td>1.....04</td><td>2.....05</td><td>3.....06</td></tr> <tr><td>4.....07</td><td>5.....08</td><td>6.....09</td></tr> <tr><td>7.....10</td><td>8.....11</td><td>9.....12</td></tr> <tr><td>10.....13</td><td>BF.....14</td><td>N/A...97</td></tr> <tr><td>RF...98</td><td>DK...99</td><td></td></tr> </table>	-3.....01	-2.....02	-1.....03	1.....04	2.....05	3.....06	4.....07	5.....08	6.....09	7.....10	8.....11	9.....12	10.....13	BF.....14	N/A...97	RF...98	DK...99		<table style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th><th>NO</th><th>N/A</th><th>RF</th><th>DK</th> </tr> <tr> <td>01</td><td>02</td><td>97</td><td>98</td><td>99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th><th>NO</th><th>N/A</th><th>RF</th><th>DK</th> </tr> <tr> <td>01</td><td>02</td><td>97</td><td>98</td><td>99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
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IF DK, ASK B-F.

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IF DK, ASK B-F.

Study to Explore Early Development: SEED

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

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

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

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

OF DENTAL MEDICINE SUPPLEMENTS.....

<p>E12. Did you have any treatment other than medicine or antibiotics for gingivitis or periodontitis between (-3) and (DOIB/END BF)?</p>	<p>YES.....01 NO.....(SKIP TO E15).....02 N/A (SKIP).....97</p>
-------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

Study to Explore Early Development: SEED

RF.....(SKIP TO E15).....98
 DK.....(SKIP TO E15).....99

E13. What treatments did you have? Was it (READ ANSWERS AND CODE ALL THAT APPLY)?

Root planing and scaling.....01
 Gingival curettage.....02
 Splinting.....03
 Other.....(SPECIFY IN GRID).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

	E14A.	E14B.	E14C.																				
<p>COMPLETE ONE ROW FOR EACH TREATMENT.</p> <p>#1: _____</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 180px;"></div> <p>E14A VERBATIM: _____</p> <p>_____</p> <p>_____</p>	<p>During which months from (-3) to (DOIB/END BF) did you get (TREATMENT)?</p> <p>-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK....99</p>	<p>Would you say you got (TREATMENT) in the 3 months before you became pregnant, from (-3) to (-1)?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<p>Would you say you got (TREATMENT) in your first trimester, from (1) to (3)?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
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<p>#3: _____</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 180px;"></div> <p>E14A VERBATIM: _____</p> <p>_____</p> <p>_____</p>	<p>-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK....99</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
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01	02	97	98	99																			
	IF DK, ASK B-F.																						

Study to Explore Early Development: SEED

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

E14D.					E14E.					E14F.				
Would you say you got (TREATMENT) in your second trimester , from (4) to (6)?					Would you say you got (TREATMENT) in your third trimester , from (7) to (10)?					Would you say you got (TREATMENT) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

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

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

OF DENTAL TREATMENT SUPPLEMENTS.....

Study to Explore Early Development: SEED

INJURIES

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

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

- E16. What were the injuries you had? SPECIFY.

INJURY 1: _____	<input type="checkbox"/>	<input type="checkbox"/>
INJURY 2: _____	<input type="checkbox"/>	<input type="checkbox"/>
INJURY 3: _____	<input type="checkbox"/>	<input type="checkbox"/>

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

Study to Explore Early Development: SEED

COMPLETE E17-E20 FOR EACH INJURY.

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

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

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

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

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

MEDICINE 1: _____

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

MEDICINE 2: _____

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

MEDICINE 3: _____

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

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

Study to Explore Early Development: SEED

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

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

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

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

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

MEDICINE 1: _____

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

MEDICINE 2: _____

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

MEDICINE 3: _____

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

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

Study to Explore Early Development: SEED

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

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

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

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

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

MEDICINE 1: _____

MEDICINE 2: _____

MEDICINE 3: _____

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

OF PERINATAL INJURY SUPPLEMENTS.....

Study to Explore Early Development: SEED

SURGERY

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

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

COMPLETE E22-E23 FOR EACH PROCEDURE.

	E22.	E23A.	E23B.										
PROCEDURE: #1: _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div>	For (PROCEDURE) did you have general anesthesia or local anesthesia? GENERAL.....01 LOCAL.....02 N/A (SKIP).....97 RF.....98 DK.....99 IF E22 = 98, SKIP TO NEXT PROCEDURE/E24.	In which month between (-3) and (DOIB/END BF) did you receive the anesthesia? VERBATIM: _____ -3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99 IF DK, ASK B-F.	Would you say you received the anesthesia in the three months before you became pregnant, from (-3) to (-1)? <table style="width: 100%; text-align: center;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK									
01	02	97	98	99									
#2: _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div>	GENERAL.....01 LOCAL.....02 N/A (SKIP).....97 RF.....98 DK.....99 IF E22 = 98, SKIP TO NEXT PROCEDURE/E24.	VERBATIM: _____ -3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99 IF DK, ASK B-F.	<table style="width: 100%; text-align: center;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK									
01	02	97	98	99									
#3: _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div>	GENERAL.....01 LOCAL.....02 N/A (SKIP).....97 RF.....98 DK.....99 IF E22 = 98, SKIP TO NEXT PROCEDURE/E24.	VERBATIM: _____ -3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99 IF DK, ASK B-F.	<table style="width: 100%; text-align: center;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK									
01	02	97	98	99									

Study to Explore Early Development: SEED

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

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

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

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

OF NON-PREGNANCY PROCEDURE SUPPLEMENTS.....

Study to Explore Early Development: SEED

OTHER PROCEDURES

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

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

IF E24 = 02, SKIP TO E26.

	E25.	E26A.	E26B.										
COMPLETE ONE ROW FOR EACH TEST/TREATMENT.	What part of your body was tested or treated? #1: _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> #2: _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99	During which month between (-3) and (DOIB/END BF) was the (TEST/TREATMENT) done? VERBATIM: _____ _____ -3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	Would you say the (TEST/TREATMENT) was done in the three months before you became pregnant, from (-3) to (-1)? <table style="width: 100%; text-align: center;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK									
01	02	97	98	99									
		IF DK, ASK B-F.											
#1: _____	#1: _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> #2: _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99	VERBATIM: _____ _____ -3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	<table style="width: 100%; text-align: center;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK									
01	02	97	98	99									
		IF DK, ASK B-F.											
#3: _____	#1: _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> #2: _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99	VERBATIM: _____ _____ -3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	<table style="width: 100%; text-align: center;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK									
01	02	97	98	99									
		IF DK, ASK B-F.											

Study to Explore Early Development: SEED

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

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

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

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

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

Study to Explore Early Development: SEED

MEDICATION USE

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

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

Acne.....01			
Allergy 1: _____	<input type="checkbox"/>	02	Gastrointestinal disorder 1: _____ <input type="checkbox"/>
Allergy 2: _____	<input type="checkbox"/>	03	Gastrointestinal disorder 2: _____ <input type="checkbox"/>
Anxiety disorder.....04			General headaches.....26
Arthritis.....05			Heartburn.....27
Asthma.....06			High blood pressure.....28
Attention Deficit Hyperactivity Disorder.....07			Migraine headaches.....29
Autoimmune disorders (see List 8 in prep guide):			Neuromuscular disorder 1: _____ <input type="checkbox"/>
1: _____	<input type="checkbox"/>	08	Neuromuscular disorder 2: _____ <input type="checkbox"/>
2: _____	<input type="checkbox"/>	43	Nicotine addiction.....32
Back pain.....09			Obesity.....33
Bipolar disorder.....10			Obsessive compulsive disorder.....34
Cancer.....11			Personality disorder.....35
Cardiovascular condition 1: _____	<input type="checkbox"/>	12	Respiratory condition 1: _____ <input type="checkbox"/>
Cardiovascular condition 2: _____	<input type="checkbox"/>	13	Respiratory condition 2: _____ <input type="checkbox"/>
Cold or cough.....14			Schizophrenia.....38
Constipation.....15			Seizures.....39
Depression.....16			Sickle cell anemia.....40
Diabetes.....17			Sleep disorder.....41
Dieting.....18			Thyroid disease.....42
Eating disorder 1: _____	<input type="checkbox"/>	19	Other.....(SPECIFY).....90
Eating disorder 2: _____	<input type="checkbox"/>	20	NONE.....(SKIP TO E30).....00
Eczema or Psoriasis.....21			RF.....(SKIP TO E30).....98
Endocrine disorder 1: _____	<input type="checkbox"/>	22	DK.....(SKIP TO E30).....99
Endocrine disorder 2: _____	<input type="checkbox"/>	23	

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

ANSWER E28–E29 FOR EACH CONDITION.

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Study to Explore Early Development: SEED

CONDITION 1: _____

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

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

	E29A.	E29B.	E29C.
MEDICINE/TREATMENT:	Between (-3) to (DOIB/END BF), which months did you (take [MEDICINE] / have [TREATMENT]) for (CONDITION)?	Would you say you (took [MED] / had [TREAT]) in the three months before you became pregnant, from (-3) to (-1)?	Would you say you (took [MED] / had [TREAT]) in your first trimester , from (1) to (3)?
#1: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
E29A VERBATIM: _____	IF DK, ASK B-F.		

#2: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
E29A VERBATIM: _____	IF DK, ASK B-F.		

CONDITION 2: _____

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

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

	E29A.	E29B.	E29C.
MEDICINE/TREATMENT:	Between (-3) to (DOIB/END BF), which months did you (take [MEDICINE] / have [TREATMENT]) for (CONDITION)?	Would you say you (took [MED] / had [TREAT]) in the three months before you became pregnant, from (-3) to (-1)?	Would you say you (took [MED] / had [TREAT]) in your first trimester , from (1) to (3)?
#1: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
E29A VERBATIM: _____	IF DK, ASK B-F.		

#2: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
E29A VERBATIM: _____	IF DK, ASK B-F.		

Study to Explore Early Development: SEED

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

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

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

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

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

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

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

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

Study to Explore Early Development: SEED

CONDITION 3: _____

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

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

	E29A.	E29B.	E29C.																								
<p>MEDICINE/TREATMENT:</p> <p>#1: _____</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p>E29A VERBATIM: _____</p>					<p>Between (-3) to (DOIB/END BF), which months did you (take [MEDICINE] / have [TREATMENT]) for (CONDITION)?</p> <p>-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99</p>	<p>Would you say you (took [MED] / had [TREAT]) in the three months before you became pregnant, from (-3) to (-1)?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<p>Would you say you (took [MED] / had [TREAT]) in your first trimester, from (1) to (3)?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK																							
01	02	97	98	99																							
YES	NO	N/A	RF	DK																							
01	02	97	98	99																							
	IF DK, ASK B-F.																										

<p>#2: _____</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p>E29A VERBATIM: _____</p>					<p>-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK																							
01	02	97	98	99																							
YES	NO	N/A	RF	DK																							
01	02	97	98	99																							
	IF DK, ASK B-F.																										

CONDITION 4: _____

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

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

	E29A.	E29B.	E29C.																								
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01	02	97	98	99																							
	IF DK, ASK B-F.																										

Study to Explore Early Development: SEED

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

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

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

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

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

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

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

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

Study to Explore Early Development: SEED

CONDITION 5: _____

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

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

	E29A.	E29B.	E29C.																				
MEDICINE/TREATMENT:	Between (-3) to (DOIB/END BF), which months did you (take [MEDICINE] / have [TREATMENT]) for (CONDITION)?	Would you say you (took [MEDICINE] / had [TREATMENT]) in the three months before you became pregnant, from (-3) to (-1)?	Would you say you (took [MEDICINE] / had [TREATMENT]) in your first trimester , from (1) to (3)?																				
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01	02	97	98	99																			
YES	NO	N/A	RF	DK																			
01	02	97	98	99																			
E29A VERBATIM: _____	IF DK, ASK B-F.																						

#2: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
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01	02	97	98	99																			
YES	NO	N/A	RF	DK																			
01	02	97	98	99																			
E29A VERBATIM: _____	IF DK, ASK B-F.																						

CONDITION 6: _____

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

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

	E29A.	E29B.	E29C.																				
MEDICINE/TREATMENT:	Between (-3) to (DOIB/END BF), which months did you (take [MEDICINE] / have [TREATMENT]) for (CONDITION)?	Would you say you (took [MEDICINE] / had [TREATMENT]) in the three months before you became pregnant, from (-3) to (-1)?	Would you say you (took [MEDICINE] / had [TREATMENT]) in your first trimester , from (1) to (3)?																				
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01	02	97	98	99																			
YES	NO	N/A	RF	DK																			
01	02	97	98	99																			
E29A VERBATIM: _____	IF DK, ASK B-F.																						
#2: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK																			
01	02	97	98	99																			
YES	NO	N/A	RF	DK																			
01	02	97	98	99																			
E29A VERBATIM: _____	IF DK, ASK B-F.																						

Study to Explore Early Development: SEED

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

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

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

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

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

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

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

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

OF NON-PREGNANCY CONDITION SUPPLEMENTS.....

Study to Explore Early Development: SEED

VACCINATIONS

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

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

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

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

	E32A.	E32B.	E32C.
COMPLETE ONE ROW FOR EACH VACCINATION.	During which months from (-3) to (DOIB/END BF) did you receive the (VACCINATION/SHOT)?	Would you say you received (SHOT) in the 3 months before you became pregnant, from (-3) to (-1)?	Would you say you received (SHOT) in your first trimester , from (1) to (3)?
#1: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
E32A VERBATIM: _____			

IF DK, ASK B-F.

#2: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
E32A VERBATIM: _____			

IF DK, ASK B-F.

#3: _____	-3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 BF.....14 N/A...97 RF...98 DK...99	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
E32A VERBATIM: _____			

IF DK, ASK B-F.

Study to Explore Early Development: SEED

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

E32D.

E32E.

E32F.

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

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

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

OF VACCINATION SUPPLEMENTS.....

Study to Explore Early Development: SEED

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

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

COMPLETE ONE ROW FOR EACH REACTION.

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

OF VACCINATION REACTION SUPPLEMENTS.....

Study to Explore Early Development: SEED

SECTION F: OBSTETRIC AND DELIVERY COMPLICATIONS

OBSTETRIC COMPLICATIONS

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

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

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

SPECIFY: _____

SPECIFY: _____

ANSWER F2-F8 FOR EACH COMPLICATION.

Study to Explore Early Development: SEED

COMPLICATION 1: _____

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

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

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

MEDICINE 1:

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

MEDICINE 2:

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

OF PREGNANCY COMPLICATION 1 MEDICINE SUPPLEMENTS...

Study to Explore Early Development: SEED

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

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

TREATMENT 1: _____

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

TREATMENT 2: _____

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

OF PREGNANCY COMPLICATION 1 TREATMENT SUPPLEMENTS.....

Study to Explore Early Development: SEED

COMPLICATION 2: _____

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

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

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

MEDICINE 1:

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

MEDICINE 2:

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

OF PREGNANCY COMPLICATION 2 MEDICINE SUPPLEMENTS...

Study to Explore Early Development: SEED

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

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

TREATMENT 1: _____

F6A.	F6B.	F6C.	F6D.																														
During which months did you have (TREATMENT)? F6 VERBATIM: _____ 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	Would you say you had (TREATMENT) in your first trimester , from (1) to (3)? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>98</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	98	Would you say you had (TREATMENT) in your second trimester , from (4) to (6)? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>98</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	98	Would you say you had (TREATMENT) in your third trimester , from (7) to (10)? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>98</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	98
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TREATMENT 2: _____

F6A.	F6B.	F6C.	F6D.																														
During which months did you have (TREATMENT)? F6 VERBATIM: _____ 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	Would you say you had (TREATMENT) in your first trimester , from (1) to (3)? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>98</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	98	Would you say you had (TREATMENT) in your second trimester , from (4) to (6)? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>98</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	98	Would you say you had (TREATMENT) in your third trimester , from (7) to (10)? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>98</td> </tr> </table>	YES	NO	N/A	RF	DK	01	02	97	98	98
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01	02	97	98	98																													
IF DK, ASK B-D.																																	

OF PREGNANCY COMPLICATION 2 TREATMENT SUPPLEMENTS.....

Study to Explore Early Development: SEED

COMPLICATION 3: _____

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

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

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

MEDICINE 1:

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

MEDICINE 2:

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

OF PREGNANCY COMPLICATION 3 MEDICINE SUPPLEMENTS...

Study to Explore Early Development: SEED

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

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

TREATMENT 1: _____

F6A.	F6B.	F6C.	F6D.																														
During which months did you have (TREATMENT)? F6 VERBATIM: _____ 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	Would you say you had (TREATMENT) in your first trimester , from (1) to (3)? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>98</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	98	Would you say you had (TREATMENT) in your second trimester , from (4) to (6)? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>98</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	98	Would you say you had (TREATMENT) in your third trimester , from (7) to (10)? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>98</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	98
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TREATMENT 2: _____

F6A.	F6B.	F6C.	F6D.																														
During which months did you have (TREATMENT)? F6 VERBATIM: _____ 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10.....13 N/A...97 RF...98 DK...99	Would you say you had (TREATMENT) in your first trimester , from (1) to (3)? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>98</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	98	Would you say you had (TREATMENT) in your second trimester , from (4) to (6)? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>98</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	98	Would you say you had (TREATMENT) in your third trimester , from (7) to (10)? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>98</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	98
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IF DK, ASK B-D.																																	

OF PREGNANCY COMPLICATION 3 TREATMENT SUPPLEMENTS.....

OF PREGNANCY COMPLICATION SUPPLEMENTS.....

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

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

Study to Explore Early Development: SEED

DELIVERY COMPLICATIONS

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

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

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

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

SPECIFY _____

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

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

SPECIFY _____

IF F10 NOT EQUAL TO 01, SKIP TO F13.

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

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

F12. Was the baby breech?

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

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

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

Study to Explore Early Development: SEED

SPECIFY _____ □ □

IF F13 NOT EQUAL TO 02, SKIP TO F15.

F14. What was the highest temperature recorded during your fever?

TEMPERATURE..... □ □ □ □ . □ □ ^C_F
 N/A (SKIP).....97
 RF.....98
 DK.....99

F15. During or after delivery of (CHILD), did any of the following occur to (CHILD)? READ ANSWERS AND CODE ALL THAT APPLY.

Cord wrapped around neck.....01
 Failure to progress.....02
 Fever in (CHILD).....03
 Fetal distress.....04
 Resuscitation needed.....05
 Sent to neonatal intensive care unit or NICU.....06
 Needed transfusion.....07
 Antibiotics given.....08
 Jaundice.....(ASK F16).....09
 Meconium aspiration.....10
 Other.....(SPECIFY).....90
 NONE.....00
 RF.....98
 DK.....99

SPECIFY: _____ □ □

IF F15 NOT EQUAL TO 09, SKIP TO SECTION G.

F16. Did (CHILD) receive phototherapy or bili lights, bili blanket, or special lights?

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

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Study to Explore Early Development: SEED

SECTION G: POSTNATAL HISTORY

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

MEDICAL CONDITIONS

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

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

SPECIFY: _____

SPECIFY: _____

ANSWER G2–G6 FOR EACH CONDITION.

Study to Explore Early Development: SEED

	G2.	G3.	G4.
CONDITION:	At what ages did (CHILD) have (INFECTION/CONDITION)? CODE ALL AGES THAT APPLY.	Did (CHILD) take any medication for (INFECTION/CONDITION)?	ASK R TO REFER TO LIST 11a–11g IN PREP GUIDE. What medicine did (CHILD) take for (INFECTION/CONDITION)? Any other?
#1: _____	<1 YEAR (BEFORE 1 ST BIRTHDAY).....01 2 YEARS (BETWEEN 1 ST AND 2 ND BIRTHDAY)02 3 YEARS (BETWEEN 2 ND AND 3 RD BIRTHDAY)03 N/A (SKIP)97 RF98 DK99	YES.....01 NO.....(SKIP TO G5).....02 N/A (SKIP)97 RF(SKIP TO G5).....98 DK.....(SKIP TO G5).....99	MEDICINE 1: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> MEDICINE 2: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> MEDICINE 3: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> N/A (SKIP).....97 RF98 DK99
#2: _____	<1 YEAR (BEFORE 1 ST BIRTHDAY).....01 2 YEARS (BETWEEN 1 ST AND 2 ND BIRTHDAY)02 3 YEARS (BETWEEN 2 ND AND 3 RD BIRTHDAY)03 N/A (SKIP)97 RF98 DK99	YES.....01 NO.....(SKIP TO G5).....02 N/A (SKIP)97 RF(SKIP TO G5).....98 DK.....(SKIP TO G5).....99	MEDICINE 1: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> MEDICINE 2: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> MEDICINE 3: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> N/A (SKIP).....97 RF98 DK99
#3: _____	<1 YEAR (BEFORE 1 ST BIRTHDAY).....01 2 YEARS (BETWEEN 1 ST AND 2 ND BIRTHDAY)02 3 YEARS (BETWEEN 2 ND AND 3 RD BIRTHDAY)03 N/A (SKIP)97 RF98 DK99	YES.....01 NO.....(SKIP TO G5).....02 N/A (SKIP)97 RF(SKIP TO G5).....98 DK.....(SKIP TO G5).....99	MEDICINE 1: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> MEDICINE 2: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> MEDICINE 3: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> N/A (SKIP).....97 RF98 DK99

Study to Explore Early Development: SEED

G5.

G6.

Did (CHILD) have any treatment for (INFECTION/CONDITION)? This could include bed rest, home remedies, medical procedures, acupuncture, or chiropractic treatment.	ASK R TO REFER TO LIST 11g IN PREP GUIDE. What treatment did (CHILD) have for condition? Anything else?
YES..... 01 NO...(SKIP TO NEXT CONDITION/G7)... 02 N/A (SKIP) 97 RF....(SKIP TO NEXT CONDITION/G7)... 98 DK....(SKIP TO NEXT CONDITION/G7)... 99	TREATMENT 1: _____ <div style="text-align: center;"><input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/></div> TREATMENT 2: _____ <div style="text-align: center;"><input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/></div> TREATMENT 3: _____ <div style="text-align: center;"><input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/></div> N/A (SKIP) 97 RF 98 DK..... 99
YES..... 01 NO...(SKIP TO NEXT CONDITION/G7)... 02 N/A (SKIP) 97 RF....(SKIP TO NEXT CONDITION/G7)... 98 DK....(SKIP TO NEXT CONDITION/G7)... 99	TREATMENT 1: _____ <div style="text-align: center;"><input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/></div> TREATMENT 2: _____ <div style="text-align: center;"><input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/></div> TREATMENT 3: _____ <div style="text-align: center;"><input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/></div> N/A (SKIP) 97 RF 98 DK..... 99
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OF CHILD MEDICAL CONDITION SUPPLEMENTS.....

Study to Explore Early Development: SEED

ALLERGIES

G7. Has a doctor ever told you that (CHILD) had allergies? YES01
 NO (SKIP TO G13)02
 RF (SKIP TO G13)98
 DK..... (SKIP TO G13)99

G8. Which of the following types of allergies does (CHILD) have? Is it (READ ANSWERS AND CODE ALL THAT APPLY)? Hay fever01
 Skin allergy (SPECIFY).....02
 Food allergy (SPECIFY).....03
 Drug allergy (SPECIFY).....04
 Other..... (SPECIFY).....90
 N/A (SKIP)97
 RF98
 DK.....99

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

ANSWER G9–G11 FOR EACH ALLERGY.

Study to Explore Early Development: SEED

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

OF CHILD ALLERGY SUPPLEMENTS

Study to Explore Early Development: SEED

G12.	Has (CHILD) ever had an allergic reaction that required medical attention such as an office contact, either telephone or in-person visit, or hospitalization?	YES01 NO02 N/A (SKIP)97 RF98 DK.....99
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MEDICATION USE

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

G13.	From birth to (his/her) third birthday, did (CHILD) take any medications for the following conditions? READ ANSWERS AND CODE ALL THAT APPLY.	General headaches01 Cold02 Cough03 Fevers04 Influenza or flu05 Asthma06 Eye infections07 Gastrointestinal problems with stomach or bowel08 Sleep disorders09 Behavior problems10 Other (SPECIFY)90 NONE (SKIP TO G16)00 RF (SKIP TO G16)98 DK..... (SKIP TO G16)99
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SPECIFY: _____

Study to Explore Early Development: SEED

	G14.	G15a.
ANSWER G14-G15 FOR EACH CONDITION	ASK R TO REFER TO LISTS 11a-11g IN PREP GUIDE. What medicine did (CHILD) take for (CONDITION)? Any others?	At what age did (CHILD) first take (MEDICATION)?
CONDITION 1: _____	MED 1: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP) 97 RF (SKIP TO NEXT MED/NEXT CONDITION/G16) ... 98 DK (SKIP TO NEXT MED/NEXT CONDITION/G16) ... 99	YEARS <input type="text"/> <input type="text"/> AND/OR MONTHS <input type="text"/> <input type="text"/> N/A (SKIP) 97 97 RF 98 98 DK 99 99

G15b. From (START AGE) to (HIS/HER) third birthday, how often did (CHILD) take (MED 1)?

Once a year or less than once a year.....	01
Less than once a month, but usually at least several times a year	02
Less than once a week, but usually at least once a month.....	03
Less than every day, but usually at least once a week.....	04
Every day or almost every day	05
N/A (SKIP)	97 97
RF	98 98
DK.....	99 99

G14.	G15a.
MED 2: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP) 97 RF (SKIP TO NEXT MED/NEXT CONDITION/G16) ... 98 DK (SKIP TO NEXT MED/NEXT CONDITION/G16) ... 99	YEARS <input type="text"/> <input type="text"/> AND/OR MONTHS <input type="text"/> <input type="text"/> N/A (SKIP) 97 97 RF 98 98 DK 99 99

G15b. From (START AGE) to (HIS/HER) third birthday, how often did (CHILD) take (MED 1)?

Once a year or less than once a year.....	01
Less than once a month, but usually at least several times a year	02
Less than once a week, but usually at least once a month.....	03
Less than every day, but usually at least once a week.....	04
Every day or almost every day	05
N/A (SKIP)	97 97
RF	98 98
DK.....	99 99

G14.	G15a.
MED 3: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP) 97 RF (SKIP TO NEXT MED/NEXT CONDITION/G16) ... 98 DK (SKIP TO NEXT MED/NEXT CONDITION/G16) ... 99	YEARS <input type="text"/> <input type="text"/> AND/OR MONTHS <input type="text"/> <input type="text"/> N/A (SKIP) 97 97 RF 98 98 DK 99 99

G15b. From (START AGE) to (HIS/HER) third birthday, how often did (CHILD) take (MED 1)?

Once a year or less than once a year.....	01
Less than once a month, but usually at least several times a year	02
Less than once a week, but usually at least once a month.....	03
Less than every day, but usually at least once a week.....	04
Every day or almost every day	05
N/A (SKIP)	97 97
RF	98 98
DK.....	99 99

OF CHILD CONDITION 1 MEDICINE SUPPLEMENTS.....

Study to Explore Early Development: SEED

	G14.	G15a.
ANSWER G14-G15 FOR EACH CONDITION	ASK R TO REFER TO LISTS 11a-11g IN PREP GUIDE. What medicine other than those you already mentioned (CHILD) taking for other conditions did (CHILD) take for (CONDITION)? Any others? IF G14 = 0, CODE "N/A" FOR MED1 AND SKIP TO NEXT CONDITION.	At what age did (CHILD) first take (MEDICATION)?
CONDITION 3: _____ _____	MED 1: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP) 97 RF (SKIP TO NEXT MED/NEXT CONDITION/G16) ... 98 DK (SKIP TO NEXT MED/NEXT CONDITION/G16) ... 99	YEARS <input type="text"/> <input type="text"/> AND/OR MONTHS <input type="text"/> <input type="text"/> N/A (SKIP) 97 97 RF 98 98 DK 99 99

G15b.	From (START AGE) to (HIS/HER) third birthday, how often did (CHILD) take (MED 1)?	Once a year or less than once a year 01 Less than once a month, but usually at least several times a year 02 Less than once a week, but usually at least once a month 03 Less than every day, but usually at least once a week 04 Every day or almost every day 05 N/A (SKIP) 97 97 RF 98 98 DK 99 99
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G14.	G15a.
MED 2: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP) 97 RF (SKIP TO NEXT MED/NEXT CONDITION/G16) ... 98 DK (SKIP TO NEXT MED/NEXT CONDITION/G16) ... 99	YEARS <input type="text"/> <input type="text"/> AND/OR MONTHS <input type="text"/> <input type="text"/> N/A (SKIP) 97 97 RF 98 98 DK 99 99

G15b.	From (START AGE) to (HIS/HER) third birthday, how often did (CHILD) take (MED 1)?	Once a year or less than once a year 01 Less than once a month, but usually at least several times a year 02 Less than once a week, but usually at least once a month 03 Less than every day, but usually at least once a week 04 Every day or almost every day 05 N/A (SKIP) 97 97 RF 98 98 DK 99 99
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G14.	G15a.
MED 3: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP) 97 RF (SKIP TO NEXT MED/NEXT CONDITION/G16) ... 98 DK (SKIP TO NEXT MED/NEXT CONDITION/G16) ... 99	YEARS <input type="text"/> <input type="text"/> AND/OR MONTHS <input type="text"/> <input type="text"/> N/A (SKIP) 97 97 RF 98 98 DK 99 99

G15b.	From (START AGE) to (HIS/HER) third birthday, how often did (CHILD) take (MED 1)?	Once a year or less than once a year 01 Less than once a month, but usually at least several times a year 02 Less than once a week, but usually at least once a month 03 Less than every day, but usually at least once a week 04 Every day or almost every day 05 N/A (SKIP) 97 97 RF 98 98 DK 99 99
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OF CHILD CONDITION 3 MEDICINE SUPPLEMENTS

Study to Explore Early Development: SEED

INJURIES

G16. Has (CHILD) ever had an injury that required medical attention? YES 01
 NO (SKIP TO H1) 02
 RF (SKIP TO H1) 98
 DK (SKIP TO H1) 99

COMPLETE G17–G24 FOR EACH INJURY.

G17.	G18.	G19.	G20.	G21.	G22.
What was the injury? INJURY	How old was (CHILD) when (INJURY) happened? YEARS <input type="text"/> <input type="text"/> AND/OR MONTHS <input type="text"/> <input type="text"/> N/A (SKIP) 97 97 RF 98 98 DK 99 99	Did (CHILD) lose consciousness as a result of (INJURY)? YES 01 NO 02 N/A (SKIP) 97 RF 98 DK 99	Was (CHILD) hospitalized or did (he/she) visit an emergency room for (INJURY)? YES 01 NO 02 N/A (SKIP) 97 RF 98 DK 99	Was surgery performed on (CHILD) for (INJURY)? YES 01 NO 02 N/A (SKIP) 97 RF 98 DK 99	Did (CHILD) take any medications or receive injections because of the (INJURY)? YES 01 NO .. (SKIP TO G24) 02 N/A (SKIP) 97 RF ... (SKIP TO G24) 98 DK ... (SKIP TO G24) 99
#1: _____ <input type="text"/> <input type="text"/> N/A (SKIP) 97 RF 98 DK 99	YEARS <input type="text"/> <input type="text"/> AND/OR MONTHS <input type="text"/> <input type="text"/> N/A (SKIP) 97 97 RF 98 98 DK 99 99	YES 01 NO 02 N/A (SKIP) 97 RF 98 DK 99	YES 01 NO 02 N/A (SKIP) 97 RF 98 DK 99	YES 01 NO 02 N/A (SKIP) 97 RF 98 DK 99	YES 01 NO .. (SKIP TO G24) 02 N/A (SKIP) 97 RF ... (SKIP TO G24) 98 DK ... (SKIP TO G24) 99
#3: _____ <input type="text"/> <input type="text"/> N/A (SKIP) 97 RF 98 DK 99	YEARS <input type="text"/> <input type="text"/> AND/OR MONTHS <input type="text"/> <input type="text"/> N/A (SKIP) 97 97 RF 98 98 DK 99 99	YES 01 NO 02 N/A (SKIP) 97 RF 98 DK 99	YES 01 NO 02 N/A (SKIP) 97 RF 98 DK 99	YES 01 NO 02 N/A (SKIP) 97 RF 98 DK 99	YES 01 NO .. (SKIP TO G24) 02 N/A (SKIP) 97 RF ... (SKIP TO G24) 98 DK ... (SKIP TO G24) 99

Study to Explore Early Development: SEED

G23.	G24.
<p>ASK R TO REFER TO LIST 11a–11g IN PREP GUIDE. What medications or injections did (CHILD) take or receive for (INJURY)? Any others?</p>	<p>Did your child have any long-term or significant changes in behavior after (INJURY)?</p>
<p>MED #1: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div></p> <p>MED #2: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div></p> <p>MED #3: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div></p> <p>N/A (SKIP).....97 RF98 DK99</p>	<p>YES01 NO02 N/A (SKIP)97 RF98 DK99</p>
<p>MED #1: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div></p> <p>MED #2: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div></p> <p>MED #3: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div></p> <p>N/A (SKIP).....97 RF98 DK99</p>	<p>YES01 NO02 N/A (SKIP)97 RF98 DK99</p>
<p>MED #1: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div></p> <p>MED #2: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div></p> <p>MED #3: _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div></p> <p>N/A (SKIP).....97 RF98 DK99</p>	<p>YES01 NO02 N/A (SKIP)97 RF98 DK99</p>
<p># OF CHILD INJURY SUPPLEMENTS..... <input style="width: 50px; height: 15px;" type="text"/></p>	

Study to Explore Early Development: SEED

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Study to Explore Early Development: SEED

SECTION H: OCCUPATIONAL HISTORY

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

- H1A. Between (-3) and (DOIB/END BF) did you have a job? YES01
 NO02
 RF98
 DK99
- H1B. During that time, were you enrolled as a regular full-time student? That is, not just taking 1 class or community classes. YES01
 NO (SKIP TO H3A)02
 RF (SKIP TO H3A)98
 DK (SKIP TO H3A)99
- H1C. At what level or grade were you enrolled? HS OR VOCATIONAL SCHOOL (SKIP TO H2A) ..01
 COLLEGE-UNDERGRAD.....02
 GRAD OR PROFESSIONAL SCHOOL03
 N/A (SKIP)97
 RF (SKIP TO H2A) ..98
 DK (SKIP TO H2A) ..99
- H1D. What was your major field of study? SPECIFY. MAJOR:
 N/A (SKIP)97
 RF98
 DK99

H2A.	H2B.	H2C.	H2D.
During which months from (-3) to (DOIB/END BF) were you a regular student? VERBATIM: _____ -3.....01 -2.....02 -1.....03 1.....04 2.....05 3.....06 4.....07 5.....08 6.....09 7.....10 8.....11 9.....12 10...13 BF ...14 N/A...97 RF ...98 DK99	Would you say you were a regular student in the three months before you became pregnant, from (-3) to (-1)? YES NO N/A RF DK 01 02 97 98 99	Would you say you were a regular student in your first trimester , from (1) to (3)? YES NO N/A RF DK 01 02 97 98 99	Would you say you were a regular student in your second trimester , from (4) to (6)? YES NO N/A RF DK 01 02 97 98 99

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

IF R DID NOT BREASTFEED, SKIP TO H4 BOX.

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

Study to Explore Early Development: SEED

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

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

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

SPECIFY: _____

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

H3B. What was your usual job or job title?

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

SKIP TO SECTION J.

H4 INSTRUCTION BOX:

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

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

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Study to Explore Early Development: SEED

ASK H4A-C FOR ALL JOBS, THEN ANSWER H5-H9 FOR EACH JOB.			
H4A.	H4B.	H4C.	H5.
<p>Can you please tell me your title for the most recent job? ----- If you had another job between (-3) and (DOIB/END BF), what was your title for that job?</p> <p style="text-align: center;">JOB TITLE:</p>	<p>Please tell me the name of the company or organization you (work/worked) for, or whether you (are/were) self-employed, for this job.</p> <p style="text-align: center;">EMPLOYER:</p>	<p>Please tell me the city and state the job (is/was) located in, for this job.</p> <p style="text-align: center;">CITY/STATE:</p>	<p>Next, I'm going to ask you a few questions about each of those jobs. For your job as (JOB TITLE), when did you start working at this job? Please tell me the month and year.</p> <p style="text-align: center;">MONTH / YEAR:</p>
<p>1. _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N/A (SKIP).....97</p> <p>RF98</p> <p>DK99</p>	<p>_____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N/A (SKIP)97</p> <p>RF98</p> <p>DK99</p>	<p>_____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>_____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N/A (SKIP)97 97</p> <p>RF98 98</p> <p>DK99 99</p>	<p>____/____</p> <p>N/A (SKIP).....97 97</p> <p>RF98 9998</p> <p>DK99 9999</p>
<p>2. _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N/A (SKIP).....97</p> <p>RF98</p> <p>DK99</p>	<p>_____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N/A (SKIP)97</p> <p>RF98</p> <p>DK99</p>	<p>_____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>_____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N/A (SKIP)97 97</p> <p>RF98 98</p> <p>DK99 99</p>	<p>____/____</p> <p>N/A (SKIP).....97 97</p> <p>RF98 9998</p> <p>DK99 9999</p>
<p>3. _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N/A (SKIP).....97</p> <p>RF98</p> <p>DK99</p>	<p>_____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N/A (SKIP)97</p> <p>RF98</p> <p>DK99</p>	<p>_____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>_____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N/A (SKIP)97 97</p> <p>RF98 98</p> <p>DK99 99</p>	<p>____/____</p> <p>N/A (SKIP).....97 97</p> <p>RF98 9998</p> <p>DK99 9999</p>
<p>4. _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N/A (SKIP).....97</p> <p>RF98</p> <p>DK99</p>	<p>_____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N/A (SKIP)97</p> <p>RF98</p> <p>DK99</p>	<p>_____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>_____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N/A (SKIP)97 97</p> <p>RF98 98</p> <p>DK99 99</p>	<p>____/____</p> <p>N/A (SKIP).....97 97</p> <p>RF98 9998</p> <p>DK99 9999</p>
<p>5. _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N/A (SKIP).....97</p> <p>RF98</p> <p>DK99</p>	<p>_____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N/A (SKIP)97</p> <p>RF98</p> <p>DK99</p>	<p>_____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>_____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N/A (SKIP)97 97</p> <p>RF98 98</p> <p>DK99 99</p>	<p>____/____</p> <p>N/A (SKIP).....97 97</p> <p>RF98 9998</p> <p>DK99 9999</p>

Study to Explore Early Development: SEED

H6. When did you stop working at this job? Please tell me the month and year.	H7. How many hours per week (do/did) you work on this job?	H8. What type of business (is/was) this, or what (does/did) the company make or do?	H9. Please describe your main duties or activities for this job, that is what you (do/did) it and how you (do/did) it. PROBE: Anything else?
MONTH / YEAR:	HOURS PER WEEK:	BUSINESS:	MAIN DUTIES:
<div style="text-align: center;"> <input type="text"/> / <input type="text"/> </div> N/A (SKIP).....97 9997 RF98 9998 DK99 9999	<div style="text-align: center;"> <input type="text"/> </div> N/A (SKIP)97 RF98 DK99	<div style="text-align: center;"> <input type="text"/> </div> N/A (SKIP)97 RF98 DK99	<hr/> <hr/> <hr/> <div style="text-align: center;"> <input type="text"/> </div> N/A (SKIP).....97 RF98 DK99
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OF JOB SUPPLEMENTS

Study to Explore Early Development: SEED

- H10. (At your job/At any of these jobs/[or] As a student), did you regularly, that is a least once per week from (-3) to (DOIB/END BF), work with or around any substances or chemicals? Please include substances such as solvents or degreasers, pesticides, heavy metals, or radioactive materials including x-rays.
- | | | |
|--|----------------------------|----|
| | YES | 01 |
| | NO(SKIP TO J1) | 02 |
| | N/A (SKIP)..... | 97 |
| | RF.....(SKIP TO J1) | 98 |
| | DK | 99 |

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

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

Adhesives or glues, like rubber cement	Metals (PROBE)*	Pharmaceuticals or drugs
Alcohols, such as methanol or ethanol.....	Chromium	Phthalates
Anesthetic gases	Lead	Styrene
Automotive fluids (PROBE)*	Manganese	Toluene
Antifreeze.....	Mercury.....	Trichloroethylene or TCE or
Brake fluid.....	Metal dust or fumes	trichlorethane or TCA.....
Degreasers	Nickel	Varnishes.....
Freon.....	Other metals(SPECIFY)	Vinyl chloride
Gasoline.....	Oil-based paints.....	X-ray or radioactive materials
Benzene	Paint strippers.....	Xylene.....
Carbon disulfide	Paint thinners.....	Any other solvents or
Carbon tetrachloride.....	Perchloroethylene or perc	degreasers.....(SPECIFY).....
Diesel fumes.....	Pesticides or herbicides, for example	Other.....(SPECIFY).....
Ethylene oxide.....	bug or weed killers (PROBE)*	N/A (SKIP)
Glycol ethers	Fungicides(SPECIFY)	RF
Lacquers.....	Herbicides.....(SPECIFY)	DK.....
	Insecticides.....(SPECIFY)	
	Rat poison.....(SPECIFY)	

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

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

Study to Explore Early Development: SEED

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Study to Explore Early Development: SEED

	H11B.	H11C.	H11D.																				
<p>COMPLETE ONE ROW FOR EACH CHEMICAL OR SUBSTANCE USED.</p> <p>CHEMICAL/SUBSTANCE:</p> <p>#1: _____ <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>H11B VERBATIM: _____</p> <p>_____</p> <p>_____</p>	<p>Which months between (-3) and (DOB/END BF) were you around (CHEM/SUBSTANCE)?</p> <p>-3 01 -2 02 -1 03 1 04 2 05 3 06 4 07 5 08 6 09 7 10 8 11 9 12 10 13 BF 14 N/A ... 97 RF 98 DK ... 99</p>	<p>Would you say you were around (CHEM/SUBSTANCE) in the three months before you became pregnant, from (-3) to (-1)?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<p>Would you say you were around (CHEM/SUBSTANCE) in your first trimester, from (1) to (3)?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
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01	02	97	98	99																			
YES	NO	N/A	RF	DK																			
01	02	97	98	99																			

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

<p>#2: _____ <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>H11B VERBATIM: _____</p> <p>_____</p> <p>_____</p>	<p>-3 01 -2 02 -1 03 1 04 2 05 3 06 4 07 5 08 6 09 7 10 8 11 9 12 10 13 BF 14 N/A ... 97 RF 98 DK ... 99</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
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01	02	97	98	99																			

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

<p>#3: _____ <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>H11B VERBATIM: _____</p> <p>_____</p> <p>_____</p>	<p>-3 01 -2 02 -1 03 1 04 2 05 3 06 4 07 5 08 6 09 7 10 8 11 9 12 10 13 BF 14 N/A ... 97 RF 98 DK ... 99</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK																			
01	02	97	98	99																			
YES	NO	N/A	RF	DK																			
01	02	97	98	99																			

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

Study to Explore Early Development: SEED

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

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



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

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

Study to Explore Early Development: SEED

H12A.	H12B.	H12C.	H12D.
Please describe the activities you were doing around (CHEM/SUBSTANCE) (at which job), including how often you were around it. VERBATIM: _____ _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	Did you work mostly indoors, outdoors, or both? INDOORS 01 OUTDOORS 02 BOTH 03 N/A (SKIP) 97 RF 98 DK 99	When you were around these, did you usually use any protective gear or equipment such as gloves, masks, respirators, or fume hoods? YES 01 NO (SKIP TO NEXT SUBSTANCE/J1) 02 N/A (SKIP) 97 RF 98 DK 99	Which did you use? READ ANSWERS AND CODE ALL THAT APPLY. Gloves or protective clothing 01 Goggles 02 Mask 03 Respirator 04 Fume hood or local ventilation 05 Other (SPECIFY) 90 N/A (SKIP) 97 RF 98 DK 99 SPECIFY: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

VERBATIM: _____ _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	INDOORS 01 OUTDOORS 02 BOTH 03 N/A (SKIP) 97 RF 98 DK 99	YES 01 NO (SKIP TO NEXT SUBSTANCE/J1) 02 N/A (SKIP) 97 RF 98 DK 99	Gloves or protective clothing 01 Goggles 02 Mask 03 Respirator 04 Fume hood or local ventilation 05 Other (SPECIFY) 90 N/A (SKIP) 97 RF 98 DK 99 SPECIFY: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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VERBATIM: _____ _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	INDOORS 01 OUTDOORS 02 BOTH 03 N/A (SKIP) 97 RF 98 DK 99	YES 01 NO (SKIP TO NEXT SUBSTANCE/J1) 02 N/A (SKIP) 97 RF 98 DK 99	Gloves or protective clothing 01 Goggles 02 Mask 03 Respirator 04 Fume hood or local ventilation 05 Other (SPECIFY) 90 N/A (SKIP) 97 RF 98 DK 99 SPECIFY: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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OF CHEMICAL/SUBSTANCE SUPPLEMENTS

Study to Explore Early Development: SEED

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Study to Explore Early Development: SEED

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Study to Explore Early Development: SEED

SECTION J: TOBACCO, ALCOHOL, AND OTHER DRUGS

TOBACCO

- J1. The next several questions are about your lifestyle. Did you **ever** smoke cigarettes?
- YES.....01
NO.....(SKIP TO J5).....02
RF.....(SKIP TO J5).....98
DK.....(SKIP TO J5).....99
- J2. At any time from (-3) to (DOIB/END BF), did you smoke cigarettes?
- YES.....01
NO.....(SKIP TO J5).....02
N/A (SKIP).....97
RF.....(SKIP TO J5).....98
DK.....(SKIP TO J5).....99

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

IF DK, ASK B-F.

IF R DID NOT BREASTFEED, SKIP TO J4.

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

Study to Explore Early Development: SEED

COMPLETE ONE ROW FOR EACH MONTH/TRIMESTER INDICATED.

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

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

J5. At any time from (-3) to (DOIB/END BF), did you use other tobacco products? (PROMPT: chewing tobacco, pipe tobacco, cigar smoking).
 YES.....01
 NO.....02
 RF.....98
 DK.....99

J6. Did anyone else smoke one or more cigarettes regularly in your home between (-3) and (DOIB/END BF)?
 YES.....01
 NO.....(SKIP TO K1).....02
 RF.....(SKIP TO K1).....98
 DK.....(SKIP TO K1).....99

Study to Explore Early Development: SEED

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

IF DK, ASK B-F.

IF R DID NOT BREASTFEED, SKIP TO J8.

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

Study to Explore Early Development: SEED

ALCOHOL

J8. Did you have any alcoholic drinks between (-3) and (DOIB/END BF)? We define an alcoholic drink as one beer, one glass of wine, one mixed drink, or one shot of liquor.

YES.....01
 NO.....(SKIP TO J13).....02
 RF.....(SKIP TO J13).....98
 DK.....(SKIP TO J13).....99

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

IF DK, ASK B-F.

IF R DID NOT BREASTFEED, SKIP TO J10.

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

COMPLETE ONE ROW FOR EACH MONTH/TRIMESTER INDICATED.

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

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

Study to Explore Early Development: SEED

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

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

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

IF DK, ASK B-F.

IF R DID NOT BREASTFEED, SKIP TO J13.

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

OTHER DRUGS

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

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

SPECIFY: _____

Study to Explore Early Development: SEED

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

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

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

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

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

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

Study to Explore Early Development: SEED

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

J14D.					J14E.					J14F.				
Would you say you used or took (DRUG) in your second trimester , from (4) to (6)?					Would you say you used or took (DRUG) in your third trimester , from (7) to (10)?					Would you say you used or took (DRUG) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

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

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

OF DRUG SUPPLEMENTS.....

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SECTION K: INCOME AND CLOSING

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

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

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

K3.	Do you currently live with (CHILD)? (PROBE: How much of the time do you live with [CHILD])?	YES, ALL OF THE TIME.....01 YES, PART OF THE TIME/SHARED CUSTODY.....(ASK A).....02 NO, NONE OF THE TIME.....03 RF.....98 DK.....99
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IF K3 NOT EQUAL TO 02, SKIP TO K4.

A.	On average, how many days does (CHILD) live with you?	NUMBER OF DAYS..... <input type="text"/> <input type="text"/> PER WEEK.....1 PER MONTH.....2 PER YEAR.....3 N/A (SKIP).....97 RF.....98 DK.....99
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K4.	What was your estimated total household income for the last 12 months before taxes? Please include income such as Medicaid, Social Security, and Unemployment payments. Was it (READ ANSWERS)?	Less than 10 Thousand Dollars.....01 10 to 30 Thousand Dollars.....02 30 to 50 Thousand Dollars.....03 50 to 70 Thousand Dollars.....04 70 to 90 Thousand Dollars.....05 90 to 110 Thousand Dollars.....06 More than 110 Thousand Dollars.....07 RF.....98 DK.....99
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K5. At that time, how many people were living in the household, including both adults and children? # OF PEOPLE.....
RF.....98
DK.....99

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

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

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

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

K9. That completes this interview. In case we need to get in touch with you in the future for this study, would you be willing to give us the name, address, and phone number of someone who should always know where you are? This information will be kept separate from your questionnaire. It will be locked except when needed by the research team, and will be destroyed when the study is finished. RECORD CONTACT INFO IN CIS.

IF CIS NOT AVAILABLE:

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

First Name: _____ Last Name: _____
Street/Apartment: _____
City/State: _____
Home Phone: _____ Work Phone: _____

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Relationship: _____

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

TIME ENDED..... :

RECORD IN MILITARY TIME.

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

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Study to Explore Early Development: SEED

SECTION L: INTERVIEWER STATUS

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

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

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SECTION M: INTERVIEWER REMARKS

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

CODES FOR M2:

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

	M1.	M2.	M3.
	The overall quality of the interview in this session was:	The main reason for questionable or unsatisfactory quality of information was because the respondent:	Was the majority of the interview done today in English or in Spanish?
SESSION #1	High quality (SKIP TO M3)...01 Generally reliable (SKIP TO M3) 02 Questionable.....03 Unsatisfactory.....04	<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> SPECIFY: _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div>	English.....01 Spanish.....02 Half English/half Spanish.....03
SESSION #2	High quality (SKIP TO M3)...01 Generally reliable (SKIP TO M3) 02 Questionable.....03 Unsatisfactory.....04	<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> SPECIFY: _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div>	English.....01 Spanish.....02 Half English/half Spanish.....03
SESSION #3	High quality (SKIP TO M3)...01 Generally reliable (SKIP TO M3) 02 Questionable.....03 Unsatisfactory.....04	<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> SPECIFY: _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div>	English.....01 Spanish.....02 Half English/half Spanish.....03
SESSION #4	High quality (SKIP TO M3)...01 Generally reliable (SKIP TO M3) 02 Questionable.....03 Unsatisfactory.....04	<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> SPECIFY: _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div>	English.....01 Spanish.....02 Half English/half Spanish.....03

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