

T3 Interview

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T3 Visit: Interview Introduction

IN001. Thank you for agreeing to participate in this study. We are about to begin the interview portion of today's visit, which will take about 45 minutes to complete. Your answers are important to us. There are no right or wrong answers, just those that help us to understand your situation. There are questions about where you live, your lifestyle routines, and your pregnancy during this interview and you can always refuse to answer any question or group of questions.

(Before we start, can you get the medicines and any pesticide products that you were asked to gather for this appointment?)

IN002. AFTER RESPONDENT GATHERS MATERIALS, OR INDICATES THAT SHE DOESN'T HAVE ANY TO GATHER SAY:

Are you ready to begin?

YES..... 1
NO..... 2 (END INTERVIEW)

T3 Visit: Current Pregnancy Information

CP001. First, I'd like to update some information about your current pregnancy.

CP002. We currently have your due date listed as {DUE DATE}. Has this changed?

YES..... 1
 NO..... 2 (CP004)
 REFUSED..... 9--97 (CP004)
 DON'T KNOW..... 9--98 (CP004)

CP003. What is your new due date?

| |
 MM DD YYYY

REFUSED..... 9--97 (BOX CP01)
 DON'T KNOW..... 9--98 (BOX CP01)

CP004. DID RESPONDENT GIVE DATE?

RESPONDENT GAVE COMPLETE DATE..... 1
 INTERVIEWER ENTERED 15 FOR DAY..... 2

CP005. Are you still planning to deliver your baby at {NAME OF HOSPITAL REPORTED AT T1}?

YES..... 1 (CP007)
 NO..... 2
 REFUSED..... 9--97 (CP007)
 DON'T KNOW..... 9--98 (CP007)

CP006. What is the name and address of this place where you now plan to have your baby?

 NAME OF BIRTH HOSPITAL/BIRTHING CENTER

 STREET ADDRESS

 CITY

 STATE ZIP CODE

REFUSED..... 9--97
 DON'T KNOW..... 9--98

CP007. QUESTION DELETED

BOX CP02**CHECK ITEM:**

- IF DELIVERY LOCATION FROM T1 = "9--97" OR "9--98", CONTINUE WITH CP008.
- OTHERWISE, CONTINUE WITH CP010.

CP008. Where do you plan to deliver your baby:

In a hospital,..... 1
 A birthing center,..... 2
 At home, or..... 3 (CP010)
 Some other place? 4
 REFUSED..... 9--97 (CP010)
 DON'T KNOW..... 9--98 (CP010)

CP009. What is the name and address of this place?

 NAME OF BIRTH HOSPITAL/BIRTHING CENTER

 STREET ADDRESS

 CITY

 STATE

 ZIP CODE

REFUSED..... 9--97
 DON'T KNOW..... 9--98

CP010. Since {MONTH} on how many days have you had a fever over 101 degrees? (IF NEEDED: or 38.3 degrees Celsius?)

 NUMBER OF DAYS

REFUSED..... 9--97
 DON'T KNOW..... 9--98

CP011. QUESTION DELETED

CP012. QUESTION DELETED

CP013. QUESTION DELETED

Visit Type: T3
Target: Mother

CP014. QUESTION DELETED

CP015. QUESTION DELETED

CP016. QUESTION DELETED

CP017. QUESTION DELETED

CP018. QUESTION DELETED

Visit Type: T3

Target: Mother

T3 Visit: Plans for Child

THIS SECTION HAS BEEN DELETED

T3 Visit: Use of Medicines, Supplements and Alternative Medicines

MU001. Next, I'd like to update some information you provided during your last visit in {MONTH} about your use of prescription and over-the-counter medications and supplements.

MU002. May I please see the containers for any prescription, and non-prescription medicines and supplements, that you used or took since {MONTH}? I'll ask about prescription medications first.

RESPONDENT HAS CONTAINERS..... 1
 RESPONDENT DOES NOT HAVE CONTAINERS..... 2

BOX MU01**CHECK ITEM:**

- IF NO RECORDS WHERE MU010, MU014, OR MU003 ≠ "2" AT LAST IN PERSON INTERVIEW, GO TO MU006.

BEGIN LOOP MU01**LOOP:**

- FOR EACH RECORD WHERE MU010 ≠ "2" OR MU003 ≠ "2" OR MU014 ≠ "2" AT LAST IN-PERSON INTERVIEW, CYCLE THROUGH MU003-MU006.

MU003. Are you still taking {MEDICATION}?

YES..... 1 (MU006)
 NO..... 2
 REFUSED..... 9--97 (EL_MU01)
 DON'T KNOW..... 9--98 (EL_MU01)

MU004. On what date did you stop taking {MEDICATION}?

INTERVIEWER INSTRUCTION:

ENTER A TWO DIGIT MONTH, TWO DIGIT DAY, AND A FOUR DIGIT YEAR.

IF RESPONDENT KNOWS MONTH AND YEAR, BUT NOT DAY, ENTER 15 FOR DAY.

MM		DD		YYYY					

REFUSED..... 9--97
 DON'T KNOW..... 9--98

MU005. DID RESPONDENT GIVE DATE?

RESPONDENT GAVE COMPLETE DATE..... 1
 INTERVIEWER ENTERED 15 FOR DAY..... 2

MU006. How often {do/did} you use or take {MEDICATION}?

ENTER NUMBER

ENTER UNIT

PER DAY.....	1
PER WEEK.....	2
PER MONTH.....	3
PER YEAR.....	4
AS NEEDED.....	9--95
REFUSED.....	9--97
DON'T KNOW.....	9--98

END LOOP MU01

LOOP:

- IF MORE RECORDS WHERE MU010 ≠ "2" OR MU003 ≠ "2" OR MU014 ≠ "2" AT LAST IN-PERSON INTERVIEW, CYCLE AGAIN.
- OTHERWISE, CONTINUE WITH MU007.

MU007. At any time between {MONTH} and today, have you started any new medication for which a prescription is needed? Include only those products prescribed by a health professional such as a doctor or dentist. Please include prescription vitamins or minerals and prescriptions that you have started since {MONTH}, but are no longer taking.

YES.....	1
NO.....	2 (BOX MU02)
REFUSED.....	9--97 (BOX MU02)
DON'T KNOW.....	9--98 (BOX MU02)

MU008. {Please show me any you have taken **since {MONTH}**/ Please tell me the names of the prescription medications and supplements that you have taken **since {MONTH}**.}

PROBE: Have you taken any other prescription medications **since {MONTH}** that we missed? Please include prescriptions you may not be currently taking, but have finished **since {MONTH}**.

INTERVIEWER INSTRUCTION:

CHECK PRODUCT LABEL OR ASK PRODUCT NAME IF RESPONDENT DOESN'T PROVIDE CONTAINER. ACTIVATE LOOKUP AND SELECT MEDICATIONS FROM LIST. CHECK TO MAKE SURE THAT BOTH THE BRAND AND TYPE OR FORMULA MATCH. IF A MEDICATION IS NOT ON LIST, ENTER THE FULL NAME (INCLUDING BRAND NAME) IN THE SPECIFY FIELD.
CONFIRM ALL MEDICATIONS ENTERED BEFORE MOVING TO NEXT SCREEN.

PRODUCT ON PRESCRIPTION MEDICINE LIST.....	1
PRODUCT NOT ON LIST (SPECIFY):.....	6
REFUSED.....	9--97
DON'T KNOW.....	9--98

BEGIN LOOP MU02**LOOP:**

- CYCLE THROUGH MU009 – MU015 FOR EACH NEW PRESCRIPTION ON ROSTER.

MU009. {First/Next}, let's talk about {MEDICATION}.

MU010. PRODUCT LABEL SEEN?

YES..... 1
NO..... 2

MU011. RECORD FORM FROM PRODUCT CONTAINER. IF RESPONDENT DOESN'T PROVIDE CONTAINER, ASK:
How is the {MEDICATION} taken:

By mouth,..... 01
Inhaled either by mouth or nose,..... 02
Injected,..... 03
Applied to the skin, such as a patch or creams, or..... 04
Some other way? (SPECIFY):..... 96
REFUSED..... 9--97
DON'T KNOW..... 9--98

MU012. When did you start taking {MEDICATION}:

Within the last month,..... 1
1-3 months ago, or..... 2
More than 3 months ago?..... 3
REFUSED..... 9--97
DON'T KNOW..... 9--98

MU013. When did you start taking {MEDICATION}:

Before you became pregnant,..... 1
In your first month of pregnancy, or..... 2
After your first month of pregnancy?..... 3
REFUSED..... 9--97
DON'T KNOW..... 9--98

MU014. Are you still taking {MEDICATION}?

YES..... 1
NO..... 2
REFUSED..... 9--97
DON'T KNOW..... 9--98

MU015. How often {do/did} you use or take {MEDICATION}?

____|____|

ENTER NUMBER

ENTER UNIT

PER DAY..... 1
PER WEEK..... 2
PER MONTH..... 3
PER YEAR..... 4

AS NEEDED..... 9--95
REFUSED..... 9--97
DON'T KNOW..... 9--98

END LOOP MU02

LOOP:

- CYCLE THROUGH MU009 – MU015 FOR THE NEXT PRESCRIPTION MEDICATION IN ROSTER.
- WHEN FINISHED WITH ALL MEDICATIONS LISTED IN ROSTER CONTINUE WITH BOX MU02.

BOX MU02

CHECK ITEM:

- IF NO RECORDS WHERE MU018 ≠ "2" OR MU016 ≠ "2" OR MU026 FROM LAST IN PERSON INTERVIEW, GO TO MU018.

BEGIN LOOP MU03

LOOP:

- FOR EACH RECORD WHERE MU018, MU016, OR MU026 ≠ "2" AT LAST IN-PERSON INTERVIEW, CYCLE THROUGH MU016-MU017.

MU016. Are you still taking {PRODUCT}?

YES..... 1
NO..... 2
REFUSED..... 9--97
DON'T KNOW..... 9--98

MU017. Since {MONTH} how often have you used or taken {PRODUCT}:

Less than once a month,.....	01
Once a month,.....	02
2-3 times a month (but less than once a week),.....	03
1-2 times a week,.....	04
3-4 times a week,.....	05
5-6 times a week, or.....	06
Every day?.....	07
REFUSED.....	9--97
DON'T KNOW.....	9--98

END LOOP MU03

LOOP:

- IF MORE RECORDS WHERE MU018, MU016, OR MU026 ≠ "2" FROM LAST IN PERSON INTERVIEW, CYCLE AGAIN.
- OTHERWISE, CONTINUE WITH MU018.

MU018. At any time between {MONTH} and today, have you started taking any new over-the-counter or nonprescription medications, or any nonprescription vitamins, minerals, herbals, or dietary supplements?

YES.....	1
NO.....	2 (EOS)
REFUSED.....	9--97 (EOS)
DON'T KNOW.....	9--98 (EOS)

MU019. {Please show me any over-the-counter medications and non-prescription vitamins, minerals, herbals, or other dietary supplements you have taken **since {MONTH}**. / Please tell me the names of the over-the-counter medications and non-prescription vitamins, minerals, herbals, or other dietary supplements that you have taken **since {MONTH}**.}

PROBE: Have you taken any other over-the-counter medications or nonprescription vitamins, minerals, herbals, or other dietary supplements **since {MONTH}** that we missed?

INTERVIEWER INSTRUCTION:

CHECK PRODUCT LABEL OR ASK PRODUCT NAME IF RESPONDENT DOESN'T PROVIDE CONTAINER. ACTIVATE LOOKUP AND SELECT MEDICATIONS FROM LIST. CHECK TO MAKE SURE THAT BOTH THE BRAND AND TYPE OR FORMULA MATCH. IF A MEDICATION IS NOT ON LIST, ENTER THE FULL NAME (INCLUDING BRAND NAME) IN THE SPECIFY FIELD.

CONFIRM ALL MEDICATIONS ENTERED BEFORE MOVING TO NEXT SCREEN.

PRODUCT ON PRESCRIPTION MEDICINE LIST.....	1
PRODUCT NOT ON LIST (SPECIFY):.....	6
REFUSED.....	9--97
DON'T KNOW.....	9--98

BEGIN LOOP MU04**LOOP:**

- CYCLE THROUGH MU020 – MU026 FOR EACH OTC ON ROSTER.

MU020. {First/Next}, let's talk about {PRODUCT}.

MU021. WAS PRODUCT LABEL SEEN?

YES.....	1
NO.....	2

MU022. RECORD FORM FROM PRODUCT CONTAINER. IF RESPONDENT DOESN'T PROVIDE CONTAINER, ASK:
How is this {PRODUCT} taken:

By mouth,.....	01
Inhaled either by mouth or nose,.....	02
Injected,.....	03
Applied to the skin, such as a patch or creams, or.....	04
Some other way? (SPECIFY):.....	96
REFUSED.....	9--97
DON'T KNOW.....	9--98

MU023. When did you start taking {PRODUCT}:

Within the last month,.....	1
1-3 months ago, or.....	2
More than 3 months ago?.....	3
REFUSED.....	9--97
DON'T KNOW.....	9--98

MU024. When did you start taking {PRODUCT}:

Before you became pregnant,.....	1
In your first month of pregnancy, or.....	2
After your first month of pregnancy?.....	3
REFUSED.....	9--97
DON'T KNOW.....	9--98

MU025. Since {MONTH}, how often have you taken {PRODUCT}:

Less than once a month,.....	01
Once a month,.....	02
2-3 times a month (but less than once a week),.....	03
1-2 times a week,.....	04
3-4 times a week,.....	05
5-6 times a week, or.....	06
Every day?.....	07
REFUSED.....	9--97
DON'T KNOW.....	9--98

MU026. Are you still taking {PRODUCT}?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

END LOOP MU04

LOOP:

- CYCLE THROUGH MU020 – MU026 FOR THE NEXT OTC IN ROSTER.
- WHEN FINISHED WITH ALL OTCS LISTED IN ROSTER, CONTINUE WITH NEXT SECTION.

T3 Visit: Doctor Visits and Hospitalizations

DV001. I am now going to ask some questions about visits to a doctor or other health care provider. It would be helpful if you referred to the Medical Care Log that you received as part of this study or to any other personal record or calendar that you keep that would help you to remember the dates of these visits. If you have this information available, please go and get it now.

BOX DV00**CHECK ITEM:**

- IF CP005 = 1, GO TO BEGIN LOOP DV01.
- OTHERWISE, CONTINUE WITH DV002.

DV002. Not including any overnight hospital stays, have you seen a doctor or other health care provider since {MONTH}? Please include routine pregnancy checkups, sonograms or ultrasounds and other tests, as well as any other visits to a doctor or other health care provider because you were sick or injured, or for any other reason. (These would be the visits you noted in the yellow part of your Medical Care Log.)

YES..... 1
 NO..... 2 (DV017)
 REFUSED..... 9--97 (DV017)
 DON'T KNOW..... 9--98 (DV017)

BEGIN LOOP DV01**LOOP:**

- CYCLE THROUGH DV003-DV016 FOR EACH VISIT TO A DOCTOR OR OTHER HEALTH CARE PROVIDER.

DV003. What was the date of {your/the next} most recent visit or checkup?

MM			DD			YYYY					

REFUSED..... 9--97
 DON'T KNOW..... 9--98

DV004. What kind of place did you go to? Was it a:

Doctor's office, clinic, or health center..... 1
 Hospital emergency room..... 2
 Urgent care center, or..... 3
 Some other place (SPECIFY):..... 6
 REFUSED..... 9--97
 DON'T KNOW..... 9--98

Visit Type: T3
Target: Mother

DV005. What was the main reason for the visit? Was it for:

Routine pregnancy care,	1	
Illness or injury, or.....	2	(DV012)
Some other reason? (SPECIFY):.....	6	(DV012)
REFUSED.....	9--97	(DV012)
DON'T KNOW.....	9--98	(DV012)

DV005a. What type of provider did you see? Was it an:

Obstetrician/Gynecologist,.....	1	
Family physician,.....	2	
Nurse/Midwife, or.....	3	
Another type of provider (SPECIFY):.....	6	
REFUSED.....	9--97	
DON'T KNOW.....	9--98	

DV006. At this visit, was your weight measured?

YES.....	1	
NO.....	2	(DV008)
REFUSED.....	9--97	(DV008)
DON'T KNOW.....	9--98	(DV008)

DV007. At this visit, what was your weight?

WEIGHT

POUNDS.....	1	
KILOGRAMS.....	2	
REFUSED.....	9--97	
DON'T KNOW.....	9--98	

DV008. At this visit, was your blood pressure measured?

YES.....	1	
NO.....	2	(DV011)
REFUSED.....	9--97	(DV011)
DON'T KNOW.....	9--98	(DV011)

Visit Type: T3
Target: Mother

DV009. At this visit, what was your blood pressure?

____|____|____|

SYSTOLIC BLOOD PRESSURE

____|____|____|

DIASTOLIC BLOOD PRESSURE

REFUSED..... 9--97

DON'T KNOW..... 9--98

DV010. QUESTION DELETED

DV011. At this visit, were any of the following procedures performed?

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a. Ultrasound or sonogram?.....	1	2	9--97	9--98
b. Amniocentesis?.....	1	2	9--97	9--98
c. Chorionic Villus Sampling or CVS?.....	1	2	9--97	9--98
d. Any other test or procedure? (SPECIFY):_____	1	2	9--97	9--98

BOX DV03

CHECK ITEM:

- IF DV005 = "1", GO TO DV013.
- OTHERWISE, CONTINUE WITH DV012.

DV012. Did the doctor or other health care provider give you any diagnosis at this visit?

YES..... 1 (DV013a)
 NO..... 2 (DV014)
 REFUSED..... 9--97 (DV014)
 DON'T KNOW..... 9--98 (DV014)

Visit Type: T3

Target: Mother

DV013. At this visit, did the doctor or other health care provider tell you that you have any of the following conditions?

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a. Diabetes?.....	1	2	9--97	9--98
b. High blood pressure?.....	1	2	9--97	9--98
c. Protein in your urine?.....	1	2	9--97	9--98
d. Preeclampsia or toxemia?.....	1	2	9--97	9--98
e. Early or premature labor?.....	1	2	9--97	9--98
f. Anemia?.....	1	2	9--97	9--98
g. Severe nausea or hyperemesis?.....	1	2	9--97	9--98
h. Bladder or kidney Infection.....	1	2	9--97	9--98
i. Rh disease or isoimmunization?.....	1	2	9--97	9--98
j. Group B strep?.....	1	2	9--97	9--98
k. Herpes?.....	1	2	9--97	9--98
l. Bacterial vaginosis?.....	1	2	9--97	9--98
m. Pelvic inflammatory disease (PID), or infection in your tubes?.....	1	2	9--97	9--98
n. Other sexually transmitted disease or infection, such as chlamydia, syphilis, or gonorrhea?.....	1	2	9--97	9--98
o. Any other serious condition? (SPECIFY):.....	1	2	9--97	9--98

DV013a. What was the diagnosis?

SELECT ALL THAT APPLY.

COLD OR UPPER RESPIRATORY INFECTION.....	1
BLADDER OR KIDNEY INFECTION.....	2
FEVER.....	3
OTHER (SPECIFY):.....	6
REFUSED.....	9--97
DON'T KNOW.....	9--98

DV014. Were you given any vaccinations at this visit? Vaccinations are usually injections or shots that strengthen people's immune systems so that their bodies can fight off serious infectious diseases. Do not include allergy shots or Rhogam injections.

YES.....	1
NO.....	2 (DV016)
REFUSED.....	9--97 (DV016)
DON'T KNOW.....	9--98 (DV016)

DV015. What type of vaccination did you receive?

SELECT ALL THAT APPLY.

INTERVIEWER INSTRUCTION:

IF THE RESPONDENT ANSWERS "TETANUS", PROBE WHETHER SHE RECEIVED TETANUS/DIPHTHERIA (Td), or TETANUS, DIPHTHERIA AND PERTUSSIS (Tdap). IF SHE IS NOT SURE, SELECT "TETANUS/DIPHTHERIA (Td)".

IF THE RESPONDENT ANSWERS "HEPATITIS", PROBE TO FIND OUT WHETHER IT WAS FOR HEPATITIS A OR HEPATITIS B.

FLU/INFLUENZA.....	01
HEPATITIS B.....	02
HEPATITIS A.....	03
TETANUS/DIPHTHERIA (Td).....	04
TETANUS, DIPHTHERIA AND PERTUSSIS (Tdap).....	05
MENINGOCOCCAL.....	06
OTHER (SPECIFY):	96
REFUSED.....	9--97
DON'T KNOW.....	9--98

DV016. Have you had any other visits to a doctor or other health care provider since {MONTH}?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

END LOOP DV01**LOOP:**

- IF DV016 = "1", CYCLE AGAIN.
- OTHERWISE, END LOOP AND CONTINUE WITH DV017.

DV017. Since {MONTH}, have you spent at least one night in the hospital?

YES.....	1	
NO.....	2	(BOX DV04)
REFUSED.....	9--97	(BOX DV04)
DON'T KNOW.....	9--98	(BOX DV04)

BEGIN LOOP DV02**LOOP:**

- CYCLE THROUGH DV018-DV024 FOR EACH HOSPITALIZATION.

Visit Type: T3
Target: Mother

DV018. What was the admission date of your {next} most recent hospital stay?

 MM DD YYYY

REFUSED..... 9--97
 DON'T KNOW..... 9--98

DV019. How many nights did you stay in the hospital during this hospital stay?

NUMBER OF NIGHTS

REFUSED..... 9--97
 DON'T KNOW..... 9--98

DV020. Did a doctor or other health care provider give you a diagnosis during this hospital stay?

YES..... 1
 NO..... 2 (DV022)
 REFUSED..... 9--97 (DV022)
 DON'T KNOW..... 9--98 (DV022)

DV021. What was the diagnosis?

SELECT ALL THAT APPLY.

DEHYDRATION..... 01
 PRETERM LABOR..... 02
 HYPEREMESIS..... 03
 PREECLAMPSIA..... 04
 RUPTURE OF MEMBRANES..... 05
 KIDNEY DISORDER..... 06
 OTHER (SPECIFY):..... 96
 REFUSED..... 9--97
 DON'T KNOW..... 9--98

DV022. Did you receive any treatments during this hospital stay? Please include any vaccinations you may have received.

YES..... 1
 NO..... 2 (DV024)
 REFUSED..... 9--97 (DV024)
 DON'T KNOW..... 9--98 (DV024)

DV023. What treatments did you receive?

TREATMENTS

REFUSED.....	9--97
DON'T KNOW.....	9--98

DV024. Have you had any other hospital stays since {MONTH}?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

END LOOP DV02**LOOP:**

- IF DV024 = "1", CYCLE AGAIN.
- OTHERWISE, END.

T3 Visit: Housing Characteristics

HC001. The next few questions ask about any recent additions or renovations to your home.

HC002. Since {MONTH}, have any additions been built onto your home to make it bigger or renovations, or other construction been done in your home? Include only **major projects**. Do not count projects that were just painting or wall papering.

YES.....	1
NO.....	2 (EOS)
REFUSED.....	9--97 (EOS)
DON'T KNOW.....	9--98 (EOS)

HC003. QUESTION DELETED

HC004. Which rooms were renovated?

PROBE: Any others?

SELECT ALL THAT APPLY.

KITCHEN.....	1
LIVING ROOM.....	2
HALL/LANDING.....	3
RESPONDENT'S BEDROOM.....	4
OTHER BEDROOM.....	5
BATHROOM/TOILET.....	6
BASEMENT.....	7
OTHER (SPECIFY): _____	8
REFUSED.....	9--97
DON'T KNOW.....	9--98

HC004a. Since {MONTH}, were any smaller projects done in your home, such as painting, wallpapering, refinishing floors, or installing new carpet?

YES.....	1
NO.....	2 (EOS)
REFUSED.....	9--97 (EOS)
DON'T KNOW.....	9--98 (EOS)

Visit Type: T3

Target: Mother

HC004b. In which rooms were these smaller projects done?

PROBE: Any others?

SELECT ALL THAT APPLY.

KITCHEN.....	01
LIVING ROOM.....	02
HALL/LANDING.....	03
RESPONDENT'S BEDROOM.....	04
OTHER BEDROOM.....	05
BATHROOM/TOILET.....	06
BASEMENT.....	07
OTHER (SPECIFY):.....	08
REFUSED.....	9-97
DON'T KNOW.....	9-98

T3 Visit: Product Use

PR001. These questions ask about some different types of products you may have used to take care of yourself, your family, or your home. Please choose your answer from one of these categories.

SHOW CARD PR1.

PR002. Since {MONTH}, how often have you used the following types of products?

SHOW CARD PR1.

		A FEW TIMES A	ABOUT ONCE A	1-3 TIMES A	LESS THAN ONCE A	NOT AT ALL	RE	DK
	EVERY DAY	WEEK	WEEK	MONTH	MONTH			
a. Bleach?.....	01	02	03	04	05	06	9--97	9--98
b. Disinfectants other than bleach, such as Lysol?.....	01	02	03	04	05	06	9--97	9--98
c. Window or glass cleaner?.....	01	02	03	04	05	06	9--97	9--98
d. Carpet cleaner?.....	01	02	03	04	05	06	9--97	9--98
e. Any type of air fresheners including spray, stick, aerosol, or plug-in?.....	01	02	03	04	05	06	9--97	9--98
f. Other aerosols or sprays of any kind, including hair spray?.....	01	02	03	04	05	06	9--97	9--98
g. Paint or varnish?.....	01	02	03	04	05	06	9--97	9--98
h. Turpentine, mineral spirits, or paint thinner?.....	01	02	03	04	05	06	9--97	9--98
i. Other types of paint stripper?.....	01	02	03	04	05	06	9--97	9--98

PR003. QUESTION DELETED

PR004. QUESTION DELETED

PR005. QUESTION DELETED

PR006. QUESTION DELETED

Visit Type: T3

Target: Mother

PR007. Since {MONTH}, about how often have you used any insect repellent spray, lotion, or towelettes on yourself or someone else?

Every day,.....	01
A few times a week,.....	02
About once a week,.....	03
1-3 times a month,	04
Less than once a month, or.....	05
Not at all?.....	06 (PR009)
REFUSED.....	9--97 (PR009)
DON'T KNOW.....	9--98 (PR009)

PR008. Did the insect repellent contain DEET? (DEET is usually listed next to the name of the product or in the ingredient list on the label.)

YES.....	1
NO.....	2
USED BOTH REPELLENT WITH DEET AND WITHOUT DEET.....	3
REFUSED.....	9--97
DON'T KNOW.....	9--98

PR009. Since {MONTH}, have you been treated or did you treat other people in your home for **lice or scabies**?

YES.....	1
NO.....	2 (PR011)
REFUSED.....	9--97 (PR011)
DON'T KNOW.....	9--98 (PR011)

PR010. What product did you use to treat lice or scabies?

PROBE: Anything else?

SELECT ALL THAT APPLY.

ACTICIN.....	1
ELIMITE.....	2
EURAX.....	3
GENERIC/DRUGSTORE BRAND LICE/SCABIES PRODUCT.....	4
KWELL/KWELLEDA.....	5
NIX.....	6
OVIDE.....	7
RID.....	8
STROMECTOL.....	9
OTHER (SPECIFY):_____	96
REFUSED.....	97
DON'T KNOW.....	98

PR011. QUESTION DELETED

T3 Visit: Pets and Pesticide Use

PP001. QUESTION DELETED

PP002. QUESTION DELETED

PP003. QUESTION DELETED

PP004. QUESTION DELETED

PP005. QUESTION DELETED

PP006. QUESTION DELETED

PP007. QUESTION DELETED

PP008. I would now like to ask about products that may have been used in your home or yard to control for ants, termites, cockroaches, bees, wasps, moths, or other insects during the past three months.

PP009. When were any pesticides last used inside or outside this residence to control for insects?

Within the last month,.....	1
1-3 months ago,.....	2
4-6 months ago,.....	3 (EOS)
More than 6 months ago, or.....	4 (EOS)
Never?.....	5 (EOS)
REFUSED.....	9--97 (EOS)
DON'T KNOW.....	9--98 (EOS)

Visit Type: T3

Target: Mother

PP010. In preparation for this interview, we asked that you gather together any of the pesticide cans or containers you may have used in the last 3 months. You may also have letters from building maintenance about pesticide application, or receipts from the exterminator that list which products were used. Please show me, or tell me the names of the products that have been used within the last 3 months, either indoors or outdoors, to treat for insects?

INTERVIEWER INSTRUCTION:

SELECT WITHOUT ASKING IF PRODUCT, LETTER, OR RECEIPT IS PROVIDED.

PRODUCT NAME FROM LIST

REGISTRATION NUMBER IF KNOWN

REFUSED..... 9--97 (EOS)

DON'T KNOW..... 9--98 (EOS)

BEGIN LOOP PP01**LOOP:**

- CYCLE THROUGH PP011-PP016 FOR ALL INSECTICIDE PRODUCTS LISTED IN PP010.

PP011. How was the {PRODUCT} applied?

SELECT ALL THAT APPLY.

INTERVIEWER INSTRUCTION:

SELECT WITHOUT ASKING IF PRODUCT IS PROVIDED.

SPRAY..... 01

BOMB..... 02

POWDER..... 03

STRIP..... 04

MOTH BALLS..... 05

FOAM..... 06

OTHER (SPECIFY):_____ 96

REFUSED..... 9--97

DON'T KNOW..... 9--98

Visit Type: T3

Target: Mother

PP012. Which of the following areas of your home were treated with {PRODUCT}? Was it...

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a. The common living area, that is the room other than bedroom or kitchen where you spend most of your time?.....	1	2	9--97	9--98
b. The kitchen?.....	1	2	9--97	9--98
c. Your bedroom?.....	1	2	9--97	9--98
d. The basement?.....	1	2	9--97	9--98
e. Any other rooms?.....	1	2	9--97	9--98
f. Outdoors, around the walls of your house or building?.....	1	2	9--97	9--98
g. Outdoors, in the garden or yard?.....	1	2	9--97	9--98
h. Common areas inside building but outside of your home or apartment (public foyer or hallway, etc.)?.....	1	2	9--97	9--98

PP013. Who applied the {PRODUCT}? Was it....

You,.....	1
A professional exterminator, or.....	2
Someone else?.....	3
REFUSED.....	9--97
DON'T KNOW.....	9--98

PP014. How often was the {PRODUCT} used in the past three months:

More than once a month, or.....	1
Once a month or less?.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

BOX PP03**CHECK ITEM:**

- IF PP013 = "1", CONTINUE WITH PP015.
- OTHERWISE, GO TO END LOOP PP01.

PP015. When you applied the {PRODUCT}, did you usually wear any protective items such as gloves or a mask?

YES.....	1	
NO.....	2	(EL_PP01)
REFUSED.....	9--97	(EL_PP01)
DON'T KNOW.....	9--98	(EL_PP01)

Visit Type: T3
Target: Mother

PP016. Which protective items did you wear?

SELECT ALL THAT APPLY.

GLOVES.....	1
MASK.....	2
OTHER (SPECIFY):.....	6
REFUSED.....	9--97
DON'T KNOW.....	9--98

END LOOP PP01

LOOP:

- CYCLE THROUGH PP011-PP016 FOR NEXT INSECTICIDE PRODUCT.
- IF NO MORE PRODUCTS, GO TO NEXT SECTION.

T3 Visit: Occupational/Hobby Exposures

OU001. Now I would like to update some information about schoolwork, jobs, volunteer work, and hobbies that you have done recently.

Please only include activities that you do or have done for four hours a week or longer.

OU002. Are you currently a full- or part-time student? This includes vocational or technical schooling that may not be done in a classroom.

PROBE: Do you go full-time or part-time?

NO, NOT A STUDENT.....	1	(BOX OU01)
YES, FULL-TIME STUDENT.....	2	
YES, PART-TIME STUDENT.....	3	
REFUSED.....	9--97	(BOX OU01)
DON'T KNOW.....	9--98	(BOX OU01)

OU003. What type or types of school are you currently attending?

SELECT ALL THAT APPLY.

HIGH SCHOOL.....	1
TECHNICAL SCHOOL.....	2
COLLEGE OR UNIVERSITY.....	3
GRADUATE SCHOOL.....	4
PROFESSIONAL SCHOOL (E.G., MEDICAL, LAW, DENTAL).....	5
OTHER (SPECIFY): _____	6
REFUSED.....	9--97
DON'T KNOW.....	9--98

OU004. Please refer to this card and tell me, what describes the place where you typically go to school?

SHOW CARD OU1.

SELECT ALL THAT APPLY.

CLASSROOM.....	01
RESIDENCE, SUCH AS YOUR HOME OR SOMEONE ELSE'S HOME.....	02
LABORATORY.....	03
GARAGE OR SHOP.....	04
MOTOR VEHICLE.....	05
SOME OTHER LOCATION (SPECIFY): _____	96
REFUSED.....	9--97
DON'T KNOW.....	9--98

Visit Type: T3
Target: Mother

OU005. What is the address where you **actually** attend school most often?

HOME.....	1 (BOX OU01)
VARIES (CONSTRUCTION, LANDSCAPING).....	2 (BOX OU01)
HAVE EXACT ADDRESS.....	3
OTHER (SPECIFY):	6 (BOX OU01)
REFUSED.....	9--97 (BOX OU01)
DON'T KNOW.....	9--98 (BOX OU01)

OU006. (Please tell me the address where you **actually** attend school most often.)

NAME OF SCHOOL

STREET ADDRESS

CITY

STATE

ZIP CODE

REFUSED.....	9--97
DON'T KNOW.....	9--98

BOX OU01

CHECK ITEM:

- IF StillAtJob, StillAtJobNew, OR StillWorkingAtSameJob = "1" AT LAST INTERVIEW, BEGIN LOOP OU01.
- OTHERWISE, GO TO OU016.

BEGIN LOOP OU01

LOOP:

- CYCLE THROUGH OU007-OU015 FOR EACH PREVIOUS JOB.

OU007. Are you still working as a {JobTitle} for {EmployerName}?

YES.....	1 (OU009)
NO.....	2
REFUSED.....	9--97 (OU009)
DON'T KNOW.....	9--98 (OU009)

Visit Type: T3
Target: Mother

OU008. On what date did you stop working at this job?

MM DD YYYY

REFUSED..... 9--97

DON'T KNOW..... 9--98

BOX OU02

CHECK ITEM:

■ IF OU007= "2", GO TO EL_OU01.

OU009. On average, how many hours a week do you usually work at this job?

NUMBER OF HOURS

REFUSED..... 9--97

DON'T KNOW..... 9--98

OU010. Does this include working a shift that starts after 2 pm?

YES..... 1

NO..... 2

SOMETIMES..... 3

REFUSED..... 9--97

DON'T KNOW..... 9--98

OU011. Do you rotate among different shifts for this job?

YES 1

NO 2

SOMETIMES..... 3

REFUSED..... 9--97

DON'T KNOW..... 9--98

OU012. Please look at the card and tell me which locations you typically work at for this job?

SHOW CARD OU2.

SELECT ALL THAT APPLY.

OFFICE AREA.....	01
STORE.....	02
CLASSROOM.....	03
HOTEL OR MOTEL.....	04
RESTAURANT.....	05
RESIDENCE, SUCH AS YOUR HOME OR SOMEONE ELSE'S HOME.....	06
HEALTHCARE FACILITY OR HOSPITAL.....	07
LABORATORY.....	08
FACTORY, PLANT, OR PRODUCTION AREA.....	09
WAREHOUSE.....	10
GARAGE OR SHOP.....	11
SALON.....	12
LOADING DOCK.....	13
CONSTRUCTION SITE.....	14
GROUNDS, YARD, OR GARDEN.....	15
BARN, FIELD, OR FARMYARDS.....	16
MOTOR VEHICLE.....	17
SOME OTHER LOCATION (SPECIFY):.....	96
REFUSED.....	9--97
DON'T KNOW.....	9--98

OU013. Since {MONTH} has there been any change in the address where you actually work at this job?

YES.....	1
NO.....	2 (EL_OU01)
REFUSED.....	9--97 (EL_OU01)
DON'T KNOW.....	9--98 (EL_OU01)

OU014. What is the address where you **actually** work at this job?

HOME.....	1 (EL_OU01)
VARIES (CONSTRUCTION, LANDSCAPING).....	2 (EL_OU01)
HAVE EXACT ADDRESS.....	3
OTHER (SPECIFY):.....	6 (EL_OU01)
REFUSED.....	9--97 (EL_OU01)
DON'T KNOW.....	9--98 (EL_OU01)

Visit Type: T3
Target: Mother

OU015. Please tell me the address where you **actually** work at this job.

STREET ADDRESS

CITY

STATE

ZIP CODE

REFUSED..... 9--97

DON'T KNOW..... 9--98

END LOOP OU01

LOOP:

- IF MORE JOBS, CYCLE AGAIN.
- OTHERWISE CONTINUE WITH OU016.

OU016. At anytime between {MONTH} and today, did you start a new job?

YES..... 1

NO..... 2 (OU032)

REFUSED..... 9--97 (OU032)

DON'T KNOW..... 9--98 (OU032)

OU017. Please tell me how many different full-time, part-time, or volunteer jobs you started.

Please only include activities that you do or have done for at least four hours per week.

	<u>NUMBER</u>	<u>RE</u>	<u>DK</u>
a. How many full-time jobs have you had?.....	____	9--97	9--98
b. How many part-time jobs have you had?.....	____	9--97	9--98
c. How many volunteer jobs have you had (fire department, humane society, etc.)?.....	____	9--97	9--98

BOX OU02

CHECK ITEM:

- ADD THE NUMBER OF FULL-TIME, PART-TIME, AND VOLUNTEER JOBS (OU017A, OU017B, AND OU017C) AND CREATE TotalNumberOfJobsNew. DO NOT INCLUDE "9--97" OR "9--98" RESPONSES IN THE SUM.
- IF OU017A-C ALL SOME COMBINATION OF "9--97" AND "9--98," TotalNumberOfJobsNew = "0".

Visit Type: T3
Target: Mother

BOX OU03**CHECK ITEM:**

- IF TotalNumberOfJobsNew > "0", BEGIN LOOP OU02.
- IF TotalNumberOfJobsNew = "0", GO TO OU032.

BEGIN LOOP OU02**LOOP:**

- CYCLE THROUGH BOX OU04 –OU031 AS MANY TIMES AS THE NUMBER CALCULATED IN TotalNumberOfJobsNew.

BOX OU04**CHECK ITEM:**

- IF TotalNumberOfJobsNew = "1", GO TO OU019.
- OTHERWISE, CONTINUE WITH OU018.

OU018. {Now I'd like to ask some questions about each one of your new jobs, starting with the job where you work the most hours/Now think about the new job where you work the next greatest number of hours}.

OU019. On what date did you start working at this job?

MM	DD	YYYY
----	----	------

REFUSED..... 9--97
DON'T KNOW..... 9--98

OU020. Are you currently working at this job?

YES..... 1 (OU022)
NO..... 2
REFUSED..... 9--97
DON'T KNOW..... 9--98

OU021. On what date did you stop working at this job?

MM	DD	YYYY
----	----	------

REFUSED..... 9--97
DON'T KNOW..... 9--98

OU022. For this job, what {is/was} your job title or occupation?

JOB TITLE

REFUSED..... 9--97
DON'T KNOW..... 9--98

OU023. For this job, who {is/was} your employer?

EMPLOYER

REFUSED..... 9--97
DON'T KNOW..... 9--98

OU024. What types of activities {do/did} you do most often at this job? For example, teach classes, work on the computer, keep account books, file, photocopy, answer phone, wait tables, help customers, do lab work, or carpentry.

PROBE: Anything else?

ACTIVITY

REFUSED..... 9--97
DON'T KNOW..... 9--98

OU025. In what kind of business or industry {is/was} this job? That is, what does this company make or do?

INDUSTRY

REFUSED..... 9--97
DON'T KNOW..... 9--98

OU026. On average, how many hours a week {do/did} you usually work at this job?

NUMBER OF HOURS

REFUSED..... 9--97
DON'T KNOW..... 9--98

OU027. {{Does/Did} this include working a shift that {starts/started} after 2 pm?

YES..... 1
NO..... 2
SOMETIMES..... 3
REFUSED..... 9--97
DON'T KNOW..... 9--98

OU028. {Do/Did} you rotate among different shifts for this job?

YES.....	1
NO.....	2
SOMETIMES.....	3
REFUSED.....	9--97
DON'T KNOW.....	9--98

OU029. Please look at this card and tell me, which locations you typically {work/worked} at for this job?

SHOW CARD OU2.

SELECT ALL THAT APPLY.

OFFICE AREA.....	01
STORE.....	02
CLASSROOM.....	03
HOTEL OR MOTEL.....	04
RESTAURANT.....	05
RESIDENCE, SUCH AS YOUR HOME OR SOMEONE ELSE'S HOME.....	06
HEALTHCARE FACILITY OR HOSPITAL.....	07
LABORATORY.....	08
FACTORY, PLANT, OR PRODUCTION AREA.....	09
WAREHOUSE.....	10
GARAGE OR SHOP.....	11
SALON.....	12
LOADING DOCK.....	13
CONSTRUCTION SITE.....	14
GROUNDS, YARD, OR GARDEN.....	15
BARN, FIELD, OR FARMYARDS.....	16
MOTOR VEHICLE.....	17
SOME OTHER LOCATION (SPECIFY): _____	96
REFUSED.....	9--97
DON'T KNOW.....	9--98

OU030. What is the address where you **actually** {work/worked} at this job?

HOME.....	1	(EL_OU02)
VARIES (CONSTRUCTION, LANDSCAPING).....	2	(EL_OU02)
HAVE EXACT ADDRESS.....	3	
OTHER (SPECIFY): _____	6	(EL_OU02)
REFUSED.....	9--97	(EL_OU02)
DON'T KNOW.....	9--98	(EL_OU02)

Visit Type: T3
Target: Mother

OU031. (Please tell me the address where you **actually** {work/worked} at this job.)

STREET ADDRESS

CITY

STATE

ZIP CODE

REFUSED..... 9--97

DON'T KNOW..... 9--98

END LOOP OU02

LOOP:

- IF NUMBER OF CYCLES < TotalNumberOfJobsNew, CYCLE THROUGH BOX OU04 –OU031 AGAIN.
- AFTER NUMBER OF CYCLES = TotalNumberOfJobsNew, CONTINUE WITH OU032.

OU032. Now I want to ask about any cleaning products, chemicals, pesticides, radiation, or bacteria or viruses that you may have worked around or used **since {MONTH}** at any job, school, or hobby.

When answering these questions, please consider all jobs, schools, **and hobbies** that you do for at least 4 hours per week. Do not include regular household use.

BEGIN LOOP OU03

LOOP:

- CYCLE THROUGH OU021-OU029 FOR CLEANING PRODUCTS, CHEMICALS, PESTICIDES, DUSTS, FUMES, RADIATION, AND BACTERIA OR VIRUSES.

OU033. (In any job, school, or hobby have you used or worked around:)

any {cleaning products, such as bleach, ammonia, or detergents/chemicals, such as paints, fuels, solvents, oils, glues, or hair or nail products/pesticides that you've mixed or applied/dusts, including wood or mining dust/fumes or gases, such as from anesthetic gases, ethylene oxide, welding or asphalt fumes, or engine exhaust/radiation, including x-rays, fluoroscopy, or radioisotopes/bacteria or viruses, such as those used in a laboratory setting}?

(Again, do not include regular household use.)

PROBE: Only include activities that you do for 4 hours per week or longer.

YES..... 1
NO..... 2 (EL_OU03)
REFUSED..... 9--97 (EL_OU03)
DON'T KNOW..... 9--98 (EL_OU03)

Visit Type: T3

Target: Mother

OU034. Please tell me the name of (or describe) the {cleaning products/chemicals/pesticides/dusts/fumes or gases/radiation/bacteria or viruses}?

NAME OR DESCRIPTION OF EXPOSURE

REFUSED..... 9--97

DON'T KNOW..... 9--98

OU035. Do you handle or work directly with the {cleaning products/chemicals/pesticides/dusts/fumes or gases/radiation/bacteria or viruses} or do you just work around it?

DON'T WORK DIRECTLY WITH THE MATERIAL..... 1

HANDLE DIRECTLY (POUR, TOUCH, ETC.) 2

OTHER (SPECIFY):..... 6

REFUSED..... 9--97

DON'T KNOW..... 9--98

OU036. Now thinking of the {cleaning products/chemicals/pesticides/dusts/fumes or gases/radiation/bacteria or viruses} that you just mentioned....

OU037. Since {MONTH}, how often did you wear or use personal protective equipment to protect yourself from the {cleaning products/chemicals/pesticides/dusts/fumes or gases/radiation/bacteria or viruses}? By personal protective equipment, I mean things like gloves, dust masks, goggles, aprons, lab coats, or other protective clothing. Would you say you always, often, rarely, or never use personal protective equipment?

ALWAYS..... 1

OFTEN..... 2

RARELY..... 3

NEVER..... 4 (OU4000)

REFUSED..... 9--97 (OU4000)

DON'T KNOW..... 9--98 (OU4000)

OU038. Please look at this card and tell me which types of protective clothing or equipment have you worn.

PROBE: Any other protective clothing or equipment?

SHOW CARD OU3.

SELECT ALL THAT APPLY.

GLOVES.....	01
OVERALLS.....	02
OVERCOAT (E.G., LAB COAT, SMOCK, APRON).....	03
DUST MASK.....	04
RESPIRATOR.....	05
GOGGLES/SAFETY GLASSES/FACE SHIELD.....	06
WORK BOOTS/SHOES.....	07
LEAD APRON.....	08
SOMETHING ELSE (SPECIFY):.....	96
REFUSED.....	9--97
DON'T KNOW.....	9--98

ROUTING INSTRUCTION: IF OU038e = 05, CONTINUE. OTHERWISE, GO TO OU040.

OU039. What type of respirator was it?

A half-mask chemical cartridge respirator, which is silicone or rubber and covers your mouth and nose,.....	1
A full-mask chemical cartridge respirator, which is silicone or rubber and covers your eyes, nose, and mouth,.....	2
An air-supplied or SCBA respirator, or	3
Some other kind of respirator? (SPECIFY):.....	6
REFUSED.....	9--97
DON'T KNOW.....	9--98

OU040. Is there any kind of a ventilation system to remove exhaust, dust, smoke or fumes from the area? By ventilation system we mean purposely opening windows or doors, using a fume hood, or other ventilation system.

YES.....	1
NO.....	2 (EL_OU03)
REFUSED.....	9--97 (EL_OU03)
DON'T KNOW.....	9--98 (EL_OU03)

Visit Type: T3

Target: Mother

OU041. What ventilation systems are present to remove exhaust, dust, smoke or fumes from the area? Is there....

SELECT ALL THAT APPLY.

General ventilation, meaning open doors or windows, fans, etc..... 01
A regular ventilation system for building and room heating and cooling,. . 02
A fume hood, lab hood, or other partially enclosed equipment,..... 03
A glove box or other totally enclosed equipment,..... 04
A portable exhaust hose or tube, such as those used for welding or to
attach to vehicle tailpipe, or..... 05
Some other type of ventilation system? (SPECIFY):_____ 96
REFUSED..... 9--97
DON'T KNOW..... 9--98

END LOOP OU03**LOOP:**

- IF NUMBER OF CYCLES < 7 CYCLE AGAIN.
- IF NUMBER OF CYCLES = 7, END LOOP AND CONTINUE WITH NEXT SECTION.

T3 Visit: Perceived Stress

SD001. The following questions ask about your feelings and thoughts during the last month. Please look at this card and tell me how often you felt or thought a certain way.

SD002. In the **last month**, how often have you been upset because of something that happened unexpectedly?

SHOW CARD SD1.

Never.....	1
Almost never.....	2
Sometimes.....	3
Fairly often, or.....	4
Very often?.....	5
REFUSED.....	9--97
DON'T KNOW.....	9--98

SD003. In the **last month**, how often have you felt that you were unable to control the important things in your life?

SHOW CARD SD1.

NEVER.....	1
ALMOST NEVER.....	2
SOMETIMES.....	3
FAIRLY OFTEN.....	4
VERY OFTEN.....	5
REFUSED.....	9--97
DON'T KNOW.....	9--98

SD004. (In the **last month**,) how often have you felt nervous and "stressed"?

SHOW CARD SD1.

NEVER.....	1
ALMOST NEVER.....	2
SOMETIMES.....	3
FAIRLY OFTEN.....	4
VERY OFTEN.....	5
REFUSED.....	9--97
DON'T KNOW.....	9--98

Visit Type: T3

Target: Mother

SD005. (In the **last month**.) how often have you felt confident about your ability to handle your personal problems?

SHOW CARD SD1.

NEVER.....	1
ALMOST NEVER.....	2
SOMETIMES.....	3
FAIRLY OFTEN.....	4
VERY OFTEN.....	5
REFUSED.....	9--97
DON'T KNOW.....	9--98

SD006. (In the **last month**.) how often have you felt that things were going your way?

SHOW CARD SD1.

NEVER.....	1
ALMOST NEVER.....	2
SOMETIMES.....	3
FAIRLY OFTEN.....	4
VERY OFTEN.....	5
REFUSED.....	9--97
DON'T KNOW.....	9--98

SD007. (In the **last month**.) how often have you found that you could not cope with all the things that you had to do?

SHOW CARD SD1.

NEVER.....	1
ALMOST NEVER.....	2
SOMETIMES.....	3
FAIRLY OFTEN.....	4
VERY OFTEN.....	5
REFUSED.....	9--97
DON'T KNOW.....	9--98

SD008. (In the **last month**.) how often have you been able to control irritations in your life?

SHOW CARD SD1.

NEVER.....	1
ALMOST NEVER.....	2
SOMETIMES.....	3
FAIRLY OFTEN.....	4
VERY OFTEN.....	5
REFUSED.....	9--97
DON'T KNOW.....	9--98

SD009. (In the **last month**.) how often have you felt you were on top of things?

SHOW CARD SD1.

NEVER.....	1
ALMOST NEVER.....	2
SOMETIMES.....	3
FAIRLY OFTEN.....	4
VERY OFTEN.....	5
REFUSED.....	9--97
DON'T KNOW.....	9--98

SD010. (In the **last month**.) how often have you been angered because of things that were outside of your control?

SHOW CARD SD1.

NEVER.....	1
ALMOST NEVER.....	2
SOMETIMES.....	3
FAIRLY OFTEN.....	4
VERY OFTEN.....	5
REFUSED.....	9--97
DON'T KNOW.....	9--98

SD011. (In the **last month**.) how often have you felt difficulties were piling up so high that you could not overcome them?

SHOW CARD SD1.

NEVER.....	1
ALMOST NEVER.....	2
SOMETIMES.....	3
FAIRLY OFTEN.....	4
VERY OFTEN.....	5
REFUSED.....	9--97
DON'T KNOW.....	9--98

T3 Visit: Maternal Depression

MD001. Now, I will read a list of the ways you might have felt or behaved. Please look at this card, and tell me how often you have felt this way during the past week.

SHOW CARD MD1.

MD002. I was bothered by things that usually don't bother me.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD003. I did not feel like eating; my appetite was poor.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD004. I felt that I could not shake off the blues even with help from my family or friends.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD005. I felt that I was just as good as other people.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD006. I had trouble keeping my mind on what I was doing.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD007. I felt depressed.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD008. I felt that everything I did was an effort.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD009. I felt hopeful about the future.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD010. I thought my life had been a failure.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD011. I felt fearful.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD012. My sleep was restless.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD013. I was happy.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD014. I talked less than usual.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD015. I felt lonely.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD016. People were unfriendly.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD017. I enjoyed life.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD018. I had crying spells.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD019. I felt sad.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD020. I felt that people dislike me.

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

MD021. I could not get "going."

SHOW CARD MD1.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY).....	1
SOME OR A LITTLE OF THE TIME (1-2 DAYS).....	2
OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)....	3
MOST OR ALL OF THE TIME (5-7 DAYS).....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

T3 Visit: Social Support

THIS SECTION HAS BEEN DELETED

T3 Visit: Financial Security

FS001. The next few questions are about whether you feel you have enough money for yourself and the people in your house.

FS002. At this time, do you feel you are able to afford a home suitable for yourself and your family?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

FS003. Do you feel you are able to afford the furniture or household equipment that you need?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

FS004. Do you feel you are you able to afford the kind of car you need?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

FS005. At this time, do you have enough money for the kind of food you think you and your family should have?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

FS006. Do you have enough money for the kind of medical care you and your family should have?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

FS007. At this time, do you have enough money for the kind of clothing you and your family should have?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

FS008. Do you have enough money for the leisure activities you and your family want?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

FS009. How difficult is it for you and your family to pay your bills? Would you say . . .

Very difficult,.....	1
Somewhat difficult,.....	2
Not very difficult, or.....	3
Not difficult at all?.....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

FS010. At the end of the month, how much money would you say you end up with?

Not enough money,.....	1
Just enough money,.....	2
Some money left over, or.....	3
A lot of money left over?.....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

FS011. **Since you became pregnant**, did you receive benefits from the WIC program, that is, the Women, Infants and Children program?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

FS012. **Since you became pregnant**, were you or any members of your household authorized to receive Food Stamps (which includes a food stamp card or voucher, or cash grants from the state for food)?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

T3 Visit: ACASI

- AI001. These next questions may be somewhat sensitive. Like all of the other questions that you have answered today, your response will be kept confidential. If you are not sure about an answer, give us your best estimate. If you'd like you can listen to the questions using headphones and enter your information directly into the computer. You can also listen to the questions without headphones or I can read the questions to you.

Which would you prefer? Would you like to:

- | | |
|---|---------|
| Listen to the questions on your own using headphones,..... | 1 |
| Listen to the questions on your own without headphones, or..... | 2 |
| Have me read the questions to you?..... | 3 (EOS) |

- AI002. As part of an earlier interview, you may have completed some questions like this on your own. Would you like to do the practice questions this time, or would you like to go right ahead to the interview?

INTERVIEWER INSTRUCTIONS:

IF R WILL LISTEN TO QUESTIONS ON HER OWN (EITHER WITH OR WITHOUT HEADPHONES) THEN:

- SET UP R SO THAT SHE IS SITTING DOWN IN FRONT OF THE COMPUTER SCREEN.
- TURN SCREEN TOWARDS R AND ASSIST R WITH PRACTICE QUESTIONS.

- | | |
|----------------------------|---|
| DO PRACTICE QUESTIONS..... | 1 |
| GO TO INTERVIEW..... | 2 |

T3 Visit: ACASI Practice

AP001. The first two questions are practice questions and are not part of the study. They will help you learn how to use this computer. Remember that you need to press the 'NEXT' button after you have answered each question. If at any time you make a mistake answering a question, you can press the 'CLEAR' button to erase your answer and then select the correct answer. Press "NEXT" to see the first practice question.

AP002. What is your favorite soft drink?

RESPONDENT INSTRUCTION:

PLAY SOUND FILE AND DISPLAY TEXT: "Use the stylus to select your answer. Press 'NEXT' when you are done."

Coke.....	1
Pepsi.....	2
Sprite.....	3
7-Up.....	4
Another soft drink.....	5
REFUSED.....	9--97
DON'T KNOW.....	9--98

AP003. During a typical week, how many movies do you watch?

|_|_|

NUMBER OF MOVIES

REFUSED.....	9--97
DON'T KNOW.....	9--98

AP004. You have now completed the practice questions and are ready to begin the study questions. If at any point, you don't know the answer to a question or prefer not to answer, press the "NEXT" button without selecting an answer and follow the computer's instructions. Let your interviewer know if you need help while answering the questions on your own.

Please put on the headphones now. Your interviewer will help you adjust the volume. When you are ready, press 'NEXT' to see the first question.

T3 Visit: Drugs, Alcohol and Cigarette UseDA001. **Currently**, do you smoke cigarettes or cigarillos?

Yes..... 1
 No..... 2 (DA004)

REFUSED..... 9--97 (DA004)
 DON'T KNOW..... 9--98 (DA004)

DA002. Do you smoke cigarettes or cigarillos:

Every day..... 01
 5 or 6 days a week..... 02
 2-4 days a week..... 03
 Once a week..... 04
 1-3 days a month..... 05
 Less than once a month..... 06

REFUSED..... 9--97
 DON'T KNOW..... 9--98

DA003. On days that you smoke, how many cigarettes or cigarillos do you smoke per day? If you smoke 1 or less per day, enter "1."

 NUMBER PER DAY

REFUSED..... 9--97
 DON'T KNOW..... 9--98

DA004. **Currently**, do you smoke or use any other tobacco products such as pipes, cigars, chewing tobacco, or snuff?

Yes..... 1
 No..... 2 (DA007)

REFUSED..... 9--97 (DA007)
 DON'T KNOW..... 9--98 (DA007)

DA005. What do you use? You may select more than one answer.

Cigars..... 1
 Pipes..... 2
 Chewing tobacco..... 3
 Snuff..... 4
 Other 6

REFUSED..... 9--97
 DON'T KNOW..... 9--98

DA006. Do you use the other tobacco products:

Every day.....	01
5 or 6 days a week.....	02
2-4 days a week.....	03
Once a week.....	04
1-3 days a month.....	05
Less than once a month.....	06
REFUSED.....	9--97
DON'T KNOW.....	9--98

DA007. **Currently**, do you use nicotine patches, nicotine gum, or other nicotine products?

Yes.....	1
No.....	2 (BOX DA01)
REFUSED.....	9--97 (BOX DA01)
DON'T KNOW.....	9--98 (BOX DA01)

DA008. What do you use? You may select more than one answer.

Nicotine patches.....	1
Nicotine gum.....	2
Other nicotine product	6
REFUSED.....	9--97
DON'T KNOW.....	9--98

DA009. Do you use the other nicotine products:

Every day.....	01
5 or 6 days a week.....	02
2-4 days a week.....	03
Once a week.....	04
1-3 days a month.....	05
Less than once a month.....	06
REFUSED.....	9--97
DON'T KNOW.....	9--98

DA010. On average, about **how many hours per day** do people smoke in the same room as you or near enough that you can see or smell the smoke? Please consider all the places you are during the day, including at home, at work, or some other place. If you are not exposed to smoke, enter "0."

--	--	--

 HOURS

REFUSED.....	9--97
DON'T KNOW.....	9--98

DA011. How often do you **currently** drink alcoholic beverages?

5 or more times a week.....	01
2-4 times a week.....	02
Once a week.....	03
1-3 times a month.....	04
Less than once a month.....	05
Never.....	06 (EOS)
REFUSED.....	9--97 (EOS)
DON'T KNOW.....	9--98 (EOS)

DA012. **Currently**, on days that you drink alcoholic beverages how many did you have per day? If you drink 1 or less, enter "1."

NUMBER OF DRINKS

REFUSED.....	9--97
DON'T KNOW.....	9--98

DA013. **Currently**, how often do you have 5 or more drinks within a couple of hours:

Never.....	1
About once a month.....	2
About once a week.....	3
About once a day.....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

DA014. **Currently**, on days that you drink alcoholic beverages, what type or types did you drink? You may select more than one answer.

Wine.....	1
Beer.....	2
Hard Liquor/Mixed Drinks.....	3
Wine Coolers	4
Hard Lemonade/Hard Cider.....	5
Other.....	6
REFUSED.....	9--97
DON'T KNOW.....	9--98

T3 Visit: Domestic Abuse

AB001. The following questions are about your physical safety.

AB002. **Within the last year**, have you been hit, slapped, kicked, or otherwise physically hurt by anyone?

Yes.....	1	
No.....	2	(AB008)
REFUSED.....	9--97	(AB008)
DON'T KNOW.....	9--98	(AB008)

AB003. Was this by? You may select more than one answer.

Your husband or partner.....	1	
Your parent.....	2	
Other adult family member.....	3	
Someone you know, but not a family member.....	4	
A stranger.....	5	
REFUSED.....	9--97	
DON'T KNOW.....	9--98	

AB004. How often did this happen?

1 time.....	1	
2-3 times.....	2	
3 or more times.....	3	
REFUSED.....	9--97	
DON'T KNOW.....	9--98	

AB005. **Since you've been pregnant**, have you been hit, slapped, kicked, or otherwise physically hurt by anyone?

Yes.....	1	
No.....	2	(AB008)
REFUSED.....	9--97	(AB008)
DON'T KNOW.....	9--98	(AB008)

Visit Type: T3
Target: Mother

AB006. Was this by? You may select more than one answer.

Your husband or partner.....	1
Your parent.....	2
Other adult family member.....	3
Someone you know, but not a family member.....	4
A stranger.....	5
REFUSED.....	9--97
DON'T KNOW.....	9--98

AB007. How often has this happened?

1 time.....	1
2-3 times.....	2
3 or more times.....	3
REFUSED.....	9--97
DON'T KNOW.....	9--98

AB008. Thank you for answering these questions. Please let your interviewer know that you are done.