

T 36 Week Phone Call

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FZ001. I'll begin by asking about how your pregnancy is progressing. We have your due date recorded as {DUE DATE}. Is this still accurate?

YES..... 1 (FZ010)
 NO, DATE IS DIFFERENT..... 2 (FZ006)
 NO, PREGNANCY LOST..... 3 (FZ007)
 NO, BABY ALREADY BORN..... 4
 REFUSED..... 9--97 (FZ010)
 DON'T KNOW..... 9--98 (FZ010)

FZ002. When was your baby born?

MM			DD			YYYY			

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

FZ003. Sometimes babies who are born early need to spend extra time in the hospital before they can come home. Is your baby in the hospital or is your baby home now?

BABY IS AT HOSPITAL..... 1
 BABY IS AT HOME..... 2 (FZ046)
 OTHER (SPECIFY): _____ 6 (FZ046)
 REFUSED..... 9--97 (FZ046)
 DON'T KNOW..... 9--98 (FZ046)

FZ004. At which hospital is your baby staying right now?

 HOSPITAL NAME

REFUSED..... 9--97 (FZ046)
 DON'T KNOW..... 9--98 (FZ046)

FZ005. What is the address of the hospital?

 STREET ADDRESS

 CITY

STATE			ZIP CODE (FZ046)						

REFUSED..... 9--97 (FZ046)
 DON'T KNOW..... 9--98 (FZ046)

Visit: 36 Week Phone

Target: Mother

FZ006. What is your new due date?

MM	DD	YYYY
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REFUSED..... 9--97 (FZ010)

DON'T KNOW..... 9--98 (FZ010)

FZ007. I'm so sorry for your loss. I realize it may be difficult for you to talk about this, but it's important for us to know when {you lost the baby. Can you please tell me the date when it happened/your baby was born. What was the date}?

MM	DD	YYYY
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REFUSED..... 9--97

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

FZ008. Information about your pregnancy loss may help other women in the future. Would it be alright if we sent you some information on how you can allow the study to request a copy of the medical record for your loss?

YES..... 1

NO..... 2

FZ009. DID RESPONDENT REQUEST ADDITIONAL INFORMATION ON COPING WITH PREGNANCY LOSS?

YES..... 1 (FZ045)

NO..... 2 (FZ045)

FZ010. Do you plan on having a C-section to deliver your baby?

YES..... 1

NO..... 2 (BOX FZ01)

REFUSED..... 9--97 (BOX FZ01)

DON'T KNOW..... 9--98 (BOX FZ01)

FZ011. Have you scheduled a date to have the C-section?

YES..... 1

NO..... 2 (BOX FZ01)

REFUSED..... 9--97 (BOX FZ01)

DON'T KNOW..... 9--98 (BOX FZ01)

Visit: 36 Week Phone

Target: Mother

FZ012. What is that date?

MM		DD		YYYY			

REFUSED..... 9--97

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

FZ013. QUESTION DELETED

FZ014. QUESTION DELETED

FZ015. QUESTION DELETED

BOX FZ02**CHECK ITEM:**

- IF RECORD OF R REFUSING MEDICAL CARE LOG IN IMS, THEN GO TO BOX FZ03.
- OTHERWISE, CONTINUE WITH FZ016.

FZ016. Are you using the Medical Care Log? This is the booklet that you or your doctor uses to record information about your doctors visits.

YES..... 1 (BOX FZ03)

NO..... 2

REFUSED..... 9--97 (BOX FZ03)

DON'T KNOW..... 9--98 (BOX FZ03)

FZ017. Is that because...

You haven't had a medical visit since our last interview,..... 1

You've misplaced the log, or..... 2

You've forgotten to bring it to your medical visits?..... 3

OTHER (SPECIFY):..... 6

REFUSED..... 9--97

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

BOX FZ03**CHECK ITEM:**

- IF RESPONDENT LOST THE MEDICAL CARE LOG (FZ017 CODED "2"), GO TO FZ018.
- IF RESPONDENT REFUSED THE MEDICAL CARE LOG, GO TO FZ020.
- IF RESPONDENT NOT USING MEDICAL CARE LOG FOR ANY REASON OTHER THAN LOSS OR NO MEDICAL VISITS (FZ017 CODED "3" OR "6"- "8"), GO TO FZ019.
- OTHERWISE, GO TO FZ020.

FZ018. We'll get another Medical Care Log in the mail to you today.

FZ019. This information is very important to the study. Please keep the log in a safe place {and remember to bring the log with you to any medical visit}.

FZ020. 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. {I'll be asking you to put a check mark in the box next to each visit once you've finished telling me about it.} If you have this information available, please go and get it now.

FZ021. 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 (FZ036)
REFUSED.....	9--97 (FZ036)
DON'T KNOW.....	9--98 (FZ036)

BEGIN LOOP FZ01

LOOP:

■ CYCLE THROUGH FZ022-FZ035 FOR EACH VISIT TO A DOCTOR OR OTHER HEALTH CARE PROVIDER.

FZ022. What was the date of {your/the next} most recent visit or checkup?

_	_	_	_	_	_	_	_
MM		DD		YYYY			

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

FZ023. 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: 36 Week Phone

Target: Mother

FZ024. What was the main reason for the visit? Was it for:

Routine pregnancy care,	1	
Illness or injury, or.....	2	(FZ031)
Some other reason? (SPECIFY):.....	6	(FZ031)
REFUSED.....	9--97	(FZ031)
DON'T KNOW.....	9--98	(FZ031)

FZ024a. 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	

FZ025. At this visit, was your weight measured?

YES.....	1	
NO.....	2	(FZ027)
REFUSED.....	9--97	(FZ027)
DON'T KNOW.....	9--98	(FZ027)

FZ026. At this visit, what was your weight?

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WEIGHT

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

FZ027. At this visit, was your blood pressure measured?

YES.....	1	
NO.....	2	(FZ030)
REFUSED.....	9--97	(FZ030)
DON'T KNOW.....	9--98	(FZ030)

Visit: 36 Week Phone

Target: Mother

FZ028. At this visit, what was your blood pressure?

INTERVIEWER INSTRUCTION:

BOTH SYSTOLIC AND DIASTOLIC MUST BE ENTERED. IF ONE OR BOTH ARE UNKNOWN, SELECT DK.

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SYSTOLIC BLOOD PRESSURE

|_|_|_|

DIASTOLIC BLOOD PRESSURE

REFUSED..... 9--97

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

BOX FZ05**CHECK ITEM:**

- IF FZ028 = "RF" OR "DK", CONTINUE WITH FZ029.
- OTHERWISE, GO TO FZ030.

FZ029. Do you remember if it was:

Normal,..... 1

High, or..... 2

Low?..... 3

REFUSED..... 9--97

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

FZ030. At this visit, were any of the following procedures performed?

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Ultrasound?.....	1	2	9--97	9--98
b. Amniocentesis?.....	1	2	9--97	9--98
c. Chorionic Villi Sampling or CVS?.....	1	2	9--97	9--98
d. Other test or procedure? (SPECIFY):.....	1	2	9--97	9--98

BOX FZ06**CHECK ITEM:**

- IF FZ024 = "1", GO TO FZ032.
- OTHERWISE, CONTINUE WITH FZ031.

FZ031. Did the doctor or other health care provider give you any diagnosis at this visit?

YES..... 1 (FZ032a)

NO..... 2 (FZ033)

REFUSED..... 9--97 (FZ033)

DON'T KNOW..... 9--98 (FZ033)

Visit: 36 Week Phone

Target: Mother

FZ032. 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

FZ032a. 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

FZ033. 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 (FZ035)
REFUSED.....	9--97 (FZ035)
DON'T KNOW.....	9--98 (FZ035)

Visit: 36 Week Phone

Target: Mother

FZ034. 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

FZ035. If you haven't yet, please put a check mark in the box next to the visit you just told me about in your Medical Care Log.

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 FZ01**LOOP:**

- IF FZ035 = "1", CYCLE AGAIN.
- OTHERWISE, END LOOP AND CONTINUE WITH FZ036.

FZ036. Since {MONTH} have you spent at least one night in the hospital?

YES.....	1
NO.....	2 (FZ044)
REFUSED.....	9--97 (FZ044)
DON'T KNOW.....	9--98 (FZ044)

BEGIN LOOP FZ02**LOOP:**

- CYCLE THROUGH FZ037-FZ043 FOR EACH HOSPITALIZATION.

FZ037. What was the admission date of your {next} most recent hospital stay?

MM DD YYYY

REFUSED..... 9--97

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

FZ038. How many nights did you stay in the hospital during this hospital stay?

NUMBER OF NIGHTS

REFUSED..... 9--97

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

FZ039. Did a doctor or other health care provider give you a diagnosis during this hospital stay?

YES..... 1

NO..... 2 (FZ041)

REFUSED..... 9--97 (FZ041)

DON'T KNOW..... 9--98 (FZ041)

FZ040. What was the diagnosis?

SELECT ALL THAT APPLY.

DEHYDRATION..... 01

PRETERM LABOR..... 02

HYPEREMESIS..... 03

PREECLAMPISA..... 04

RUPTURE OF MEMBRANES..... 05

KIDNEY DISORDER..... 06

OTHER (SPECIFY):..... 96

REFUSED..... 9--97

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

FZ041. Did you receive any treatments during this hospital stay? Please include any vaccinations you may have received.

YES..... 1

NO..... 2 (FZ043)

REFUSED..... 9--97 (FZ043)

DON'T KNOW..... 9--98 (FZ043)

FZ042. What treatments did you receive?

TREATMENTS

REFUSED..... 9--97

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

FZ043. If you haven't yet, please put a check mark in the box next to the visit you just told me about in your Medical Care Log.

Have you had any other hospitalizations since {MONTH}?

YES..... 1

NO..... 2

REFUSED..... 9--97

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

END LOOP FZ02

LOOP:

- IF FZ043 = "1", CYCLE AGAIN.
- OTHERWISE, CONTINUE WITH FZ044.

FZ044. These are all the questions I have at this time. {We'll send another Medical Care Log in the mail right away.} {Please remember to bring the Medical Care Log with you to any doctor's visits you may have until your baby is born.}

As was previously mentioned, it is important for the study center to know when you go into labor. INSERT VC/SC SPECIFIC PROCEDURES HERE. Thank you for your time.

BOX FZ06

CHECK ITEM:

- GO TO EOS.

FZ045. Again, I'd like to say how sorry I am for your loss. {We'll send the information packet you requested as soon as possible.} Please accept our best wishes for a quick recovery. {We'll call you again in a few months to see how you're doing.} Thank you for your time.

BOX FZ07

CHECK ITEM:

- GO TO EOS.

Visit: 36 Week Phone

Target: Mother

FZ046. It is important to the study that we collect information soon after birth for all babies. We know that the time after the birth of a new baby can be very busy. [NAME OF VC COORDINATOR] who has spoken with you before will be calling you shortly to set up an appointment to get some information on how your baby is doing. Thanks so much for your time and best wishes as your family adjusts to its new arrival.