

3-Month Phone Call

TC0100. I'm calling today just to gather some information about you and {CHILD}.

TC0200. I'll begin by asking you about {CHILD}'s sleeping habits.

TC0300. Does your baby usually sleep in your bedroom or in a different room at night?

- IN RESPONDENT'S ROOM 1
- IN A DIFFERENT ROOM..... 2
- BOTH IN RESPONDENT'S ROOM AND A DIFFERENT ROOM..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

TC0400. What does your baby sleep in at night?

- A bassinette, 1
- A crib,..... 2
- A co-sleeper,..... 3
- In the bed or other place with you, or..... 4
- In something else? (SPECIFY):_____ 6
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

TC0500. In what position do you most often lay the baby down to sleep at night? On their..

- Side, 1
- Stomach, or..... 2
- Back?..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

TC0600. Approximately how many hours does your baby sleep during the day?

|_|_|
HOURS

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

TC0700. Approximately how many hours does your baby sleep at night?

|_|_|
HOURS

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

TC0800. How often is your baby difficult when {he/she} is put to bed?

- Most of the time,..... 1
- Often,..... 2
- Sometimes,..... 3
- Rarely, or..... 4
- Never?..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

TC0900. All babies fuss and cry sometimes. I'm now going to ask you some questions to get a better idea of your baby's crying patterns.

TC1000. Compared to other babies, do you think your baby cries more, the same or less?

- MORE..... 1
- THE SAME..... 2
- LESS..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

TC1100. Can you usually calm or console your baby when {he/she} cries?

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

TC1200. Does your baby have episodes of colic, or times when {he/she} cries and can't be calmed or consoled?

- YES..... 1
- NO..... 2 (TC1800)
- REFUSED..... 9--97 (TC1800)
- DON'T KNOW..... 9--98 (TC1800)

TC1300. How often does your baby have episodes of colic, or times when {he/she} cries and can't be calmed or consoled:

- Every day,..... 1
- Most days,..... 2
- Sometimes, or..... 3
- Rarely?..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

TC1400. During these episodes, can you give me some idea of how much time your baby has **usually** spent fussing and crying **in the morning** between 6 am and noon?

____ | ____ |
HOURS MINUTES

- NO USUAL PATTERN..... 9--91
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

TC1500. How about **in the afternoon**, between noon and 6 pm?

____ | ____ |
HOURS MINUTES

- NO USUAL PATTERN..... 9--91
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

TC1600. How about **in the evening**, between 6 pm and midnight?

____ | ____ |
HOURS MINUTES

- NO USUAL PATTERN..... 9--91
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

TC1700. How about **at night**, between midnight and 6 am?

____ | ____ |
HOURS MINUTES

- NO USUAL PATTERN..... 9--91
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

TC1800. I will read a list of methods used to settle and soothe babies. Tell me which, if any, you have used to settle your baby in the **last week**.

SELECT ALL THAT APPLY.

- Cuddling and rocking,..... 1
- Swaddling,..... 2
- Car rides,..... 3
- Singing or soothing sounds of music,..... 4
- Extra feeding or drinks,..... 5
- Non-prescribed medicines..... 6
- Prescribed medicines..... 7
- Let them cry, or..... 8
- Another method? (SPECIFY): _____ 96
- REFUSED..... 9-97
- DON'T KNOW..... 9-98

TC1900. Are you finding your baby's crying to be a problem or upsetting?

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

TC2000. Even though your baby is only 3 months old, {he/she} may show emotions or other actions. Overall, would you describe your baby as...

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a. Calm.....	1	2	9--97	9--98
b. Worried?.....	1	2	9--97	9--98
c. Sociable or outgoing?.....	1	2	9--97	9--98
d. Angry?.....	1	2	9--97	9--98
e. Shy or quiet?.....	1	2	9--97	9--98
f. Stubborn?.....	1	2	9--97	9--98
g. Happy?.....	1	2	9--97	9--98

TC2100. I will read you a list of things your baby may already do or may start doing when {he/she} gets older. Does your baby...

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
Look at your face when you hold or feed {him/her}?.....	1	2	9--97	9--98
Follow you with {his/her} eyes?.....	1	2	9--97	9--98
Smile when you smile at {him/her}?.....	1	2	9--97	9--98
Smile by {himself/herself}?.....	1	2	9--97	9--98
Laugh or squeal?.....	1	2	9--97	9--98
Lift {his/her} head when lying on stomach?.....	1	2	9--97	9--98
Startle or react to a sound?.....	1	2	9--97	9--98
Try to get a toy that is out of reach?.....	1	2	9--97	9--98
Reaches for toys or food held to him/her?.....	1	2	9--97	9--98
Startle or react to a sound?.....	1	2	9--97	9--98
Turns towards a sound?.....	1	2	9--97	9--98
Turns toward someone when they're speaking?.....	1	2	9--97	9--98
Makes sounds as though he/she is trying to speak?.....	1	2	9--97	9--98
Can keep head steady when sitting or held up?.....	1	2	9--97	9--98
Rolls over from stomach to back?.....	1	2	9--97	9--98
Rolls from back to stomach?.....	1	2	9--97	9--98

TC2300. Next, I'd like to ask you about different types of child care {CHILD} may receive from someone other than parents or guardians. This includes regularly scheduled care arrangements with relatives and non-relatives, and day care or early childhood programs, whether or not there is a charge or fee, but not occasional baby-sitting.

TC2400. Does {CHILD} currently receive any regularly scheduled care from someone other than a parent or guardian, for example from relatives, non-relatives, or a child care center or program?

Yes.....	1	
No.....	2	(TC2800)
REFUSED.....	9--97	(TC2800)
DON'T KNOW.....	9--98	(TC2800)

TC2500. I'd like you to think about all the care {CHILD} receives from relatives, for example, from grandparents, brothers or sisters, or any other relatives. This includes all regularly scheduled care arrangements with relatives that happen at least weekly, but does not include occasional baby-sitting. Including all of these regular arrangements, how many total hours each week does {CHILD} receive care from relatives?

--	--	--	--

 HOURS

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

TC2600. I'd like you to think about all the regularly scheduled care your child receives on a weekly basis from non-relatives in a home setting. This includes all regularly scheduled care arrangements with non-relatives that happen at least weekly, including home child care providers, regularly scheduled sitter arrangements, or neighbors. This does not include day care centers, early childhood programs, or occasional babysitting. Including all of these arrangements, how many total hours each week does {CHILD} receive care from non-relatives in a home setting?

HOURS

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

TC2700. I'd like you to think about all the care your child receives from child care centers. For example, day care centers, early learning centers, nursery schools, and preschools. This includes all regularly scheduled care arrangements in child care centers that happen at least weekly. Including all of these arrangements, how many total hours each week does {CHILD} receive care at child care centers?

HOURS

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

TC2800. Since {{CHILD} was born/{MONTH}}, would you say {CHILD's} health has been poor, fair, good, excellent?

- POOR..... 1
- FAIR..... 2
- GOOD..... 3
- EXCELLENT..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

TC2900. Are you using the Infant Medical Care Log? This is the booklet that you or your doctor uses to record information about your child's doctor visits.

- YES..... 1 (BOX TC01)
- NO..... 2
- REFUSED..... 9--97 (BOX TC01)
- DON'T KNOW..... 9--98 (BOX TC01)

TC3000. Is that because...

- You haven't had a medical visit since our last visit with you,..... 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 TC01

CHECK ITEM:

- IF RESPONDENT LOST THE INFANT MEDICAL CARE LOG (TC3000 = "2") CONTINUE WITH TC3100.
- IF RESPONDENT REFUSED INFANT MEDICAL CARE PROVIDER LOG, GO TO TC3300.
- IF RESPONDENT NOT USING INFANT MEDICAL CARE LOG FOR ANY REASON OTHER THAN LOSS OR NO MEDICAL VISITS (TC3000) IN ("3", "6", "7", "8"), GO TO TC3200.
- OTHERWISE, GO TO TC3300.

TC3100. We'll get another Infant Medical Care Log in the mail to you today.

TC3200. This information is very important to the study. Please keep the log in a safe place and bring the log with you to all of your child's medical visits.

TC3300. I am now going to ask some questions about your child's visits to a doctor or other health care provider. After that, I will ask about your last few visits to a doctor or other health provider **before you gave birth**.

Please include routine well visits, sick visits, and any other visits to a doctor or other health care provider at a clinic, doctor's office or HMO, emergency room, or hospital outpatient department.

Please refer to the Infant Medical Care Log and Pregnancy 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 the medical care logs available, please go and get them now.

TC3400. Since your baby was born, has {CHILD} seen a doctor or health care provider for any reason?

- YES..... 1
- NO..... 2 (BOX TC02)
- REFUSED..... 9--97 (BOX TC02)
- DON'T KNOW..... 9--98 (BOX TC02)

BEGIN LOOP TC01

LOOP:

- CYCLE THROUGH TC3500--TC5000 FOR EACH VISIT TO A DOCTOR OR OTHER HEALTH CARE PROVIDER.

TC3500. {Beginning with the most recent visit, please give me the date of the visit/Please give me the date of the next most recent visit.}

INTERVIEWER INSTRUCTION:

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

MM DD YYYY

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

TC3600. What kind of place did you take your child to – a clinic or health center, doctor's office or HMO, a hospital emergency room, a hospital outpatient department, or some other place?

- CLINIC OR HEALTH CENTER..... 1
DOCTOR'S OFFICE OR HMO..... 2
HOSPITAL EMERGENCY ROOM..... 3
HOSPITAL OUTPATIENT DEPARTMENT..... 4
SOME OTHER PLACE (SPECIFY):..... 6
REFUSED..... 9--97
DON'T KNOW..... 9--98

TC3700. What was the main reason for the visit?

- Routine well visit,..... 1
Sick visit, or..... 3 (TC4600)
Some other reason? (SPECIFY):..... 6 (TC4600)
REFUSED..... 9--97 (TC4600)
DON'T KNOW..... 9--98 (TC4600)

TC3800. At this visit, what was your child's weight?

- WEIGHT MEASURED..... 1
WEIGHT NOT MEASURED..... 2 (TC4000)

TC3900. (At this visit, what was your child's weight?)

POUNDS

OR

KILOGRAMS

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

TC4000. At this visit, what was your child's length?

- LENGTH/HEIGHT MEASURED..... 1
- LENGTH/HEIGHT NOT MEASURED..... 2 (TC4200)

TC4100. (At this visit, what was your child's length?)

||_|_|. |_|
INCHES

OR

||_|_|. |_|
CENTIMETERS

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

TC4200. At this visit, what was your child's head circumference?

- HEAD CIRCUMFERENCE MEASURED..... 1
- HEAD CIRCUMFERENCE NOT MEASURED..... 2 (TC4400)

TC4300. (At this visit, what was your child's head circumference?)

||_|_|. |_|
INCHES

OR

||_|_|. |_|
CENTIMETERS

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

TC4400. Did your child receive any vaccinations at this visit?

- YES..... 1
- NO..... 2 (TC4600)
- REFUSED..... 9--97 (TC4600)
- DON'T KNOW..... 9--98 (TC4600)

TC4500. What did {he/she} receive? What was the lot number for the vaccine your child received?

	<u>RECEIVED</u>		<u>LOT NUMBER</u>
	<u>YES</u>	<u>NO</u>	
Hepatitis B.....	1	2	_____
Diphtheria, Tetanus, and Pertussis (DTaP).....	1	2	_____
H. Influenza Type B (Hib).....	1	2	_____
Inactivated Polio (IPV).....	1	2	_____
Pneumococcal Conjugate (PCV7).....	1	2	_____
Measles, Mumps, and Rubella (German measles).....	1	2	_____
Varicella (Chickenpox).....	1	2	_____
Hepatitis A.....	1	2	_____
Influenza.....	1	2	_____
Rotavirus.....	1	2	_____
Meningococcal.....	1	2	_____
Other (SPECIFY):_____	1	2	_____

TC4600. Did a doctor or other health care provider give your child a diagnosis?

YES.....	1
NO.....	2 (TC4800)
REFUSED.....	9--97 (TC4800)
DON'T KNOW.....	9--98 (TC4800)

TC4700. What was the diagnosis?

INTERVIEWER INSTRUCTION:
ENTER ALL DIAGNOSES IN FIELD SEPARATED BY COMMAS OR AN "AND".

DIAGNOSES

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

TC4800. Did your child receive any treatments at this visit?

YES.....	1
NO.....	2 (TC5000)
REFUSED.....	9--97 (TC5000)
DON'T KNOW.....	9--98 (TC5000)

TC4900. What treatments did {he/she} receive?

INTERVIEWER INSTRUCTION:

ENTER ALL TREATMENTS IN FIELD SEPARATED BY COMMAS OR AN "AND".

TREATMENTS

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

TC5000. If you haven't yet, please put a check mark in the box next to the visit you just told me about in your Infant Medical Care Log. Has your child had any other visits to a doctor or other health care provider since {he/she} was born? Please include routine well visits, as well as visits to a doctor or other health care provider either at a clinic, doctor's office or HMO, emergency room, or outpatient department for any other reason.

- YES..... 1
- NO..... 2 (EL_TC01)
- REFUSED..... 9--97 (EL_TC01)
- DON'T KNOW..... 9--98 (EL_TC01)

END LOOP TC01

LOOP:

- IF TC5000 = "1", CYCLE AGAIN.
- OTHERWISE, END LOOP AND CONTINUE WITH TC5100.

TC5100. After coming home from the hospital the first time, has your child spent at least one night in the hospital?

- YES..... 1
- NO..... 2 (TC5900)
- REFUSED..... 9--97 (TC5900)
- DON'T KNOW..... 9--98 (TC5900)

BEGIN LOOP TC02

LOOP:

- CYCLE THROUGH TC5200--TC5800 FOR EACH HOSPITALIZATION.

TC5200. What was the admission date of your child's {next} most recent hospitalization?

INTERVIEWER INSTRUCTION:

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

MM		DD		YYYY			

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

TC5300. How many nights did your child stay at the hospital during this hospitalization?

NUMBER OF NIGHTS

REFUSED..... 9--97

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

TARGET: 3 MONTH, 6 MONTH, 9 MONTH, 12 MONTH, 18 MONTH, 24 MONTH

SOFT EDIT: IF > 14.

TC5400. Did a doctor or other health care provider give your child a diagnosis?

YES..... 1

NO..... 2 (TC5600)

REFUSED..... 9--97 (TC5600)

DON'T KNOW..... 9--98 (TC5600)

TC5500. What was the diagnosis?

INTERVIEWER INSTRUCTION:
ENTER ALL DIAGNOSES IN FIELD SEPARATED BY COMMAS OR AN "AND".

DIAGNOSES

REFUSED..... 9--97

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

TC5600. Did your child receive any treatments? Please include any vaccinations your child may have received.

YES..... 1

NO..... 2 (TC5800)

REFUSED..... 9--97 (TC5800)

DON'T KNOW..... 9--98 (TC5800)

TC5700. What treatments did your child receive?

INTERVIEWER INSTRUCTION:
ENTER ALL TREATMENTS IN FIELD SEPARATED BY COMMAS OR AN "AND".

TREATMENTS

REFUSED..... 9--97

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

TC5800. If you haven't yet, put a check mark in the box next to the visit that you just told me about in your Infant Medical Care Log. Has your child had any other hospitalizations since coming home from the hospital the first time?

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

END LOOP TC02
LOOP:
■ IF TC5800 = "1," CYCLE AGAIN.
■ OTHERWISE, CONTINUE TC5900.

BOX TC02
CHECK ITEM:
■ IF 3 MONTH, CONTINUE.
■ IF 9 MONTH, GO TO BOX TC06.

TC5900. Now let's talk about your last few visits to a doctor or other health care provider **up until you gave birth.** Please refer to your Pregnancy Medical Care Log if you have it available.

TC6000. Since {MONTH} have you seen a doctor or health care provider for any reason?

- YES..... 1
- NO..... 2 (TC8400)
- REFUSED..... 9--97 (TC8400)
- DON'T KNOW..... 9--98 (TC8400)

BEGIN LOOP TC03
LOOP:
■ CYCLE THROUGH TC6100--TC7400 FOR EACH VISIT TO A DOCTOR OR OTHER HEALTH CARE PROVIDER.

TC6100. {Beginning with the most recent visit, please give me the date of the visit/Please give me the date of the next most recent visit.}

INTERVIEWER INSTRUCTION:
ENTER A TWO DIGIT MONTH, TWO DIGIT DAY, AND A FOUR DIGIT YEAR.

MM		DD		YYYY					

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

TC6200. What kind of place did you go to—a clinic or health center, doctor's office or HMO, a hospital emergency room, a hospital outpatient department, or some other place?

- CLINIC OR HEALTH CENTER..... 1
- DOCTOR'S OFFICE OR HMO..... 2
- HOSPITAL EMERGENCY ROOM..... 3
- HOSPITAL OUTPATIENT DEPARTMENT..... 4
- SOME OTHER PLACE (SPECIFY): _____ 6
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

TC6300. What was the main reason for the visit?

- Prenatal care (including sonograms or ultrasounds, amniocentesis,
or other pregnancy related procedures),..... 1
- Physical,..... 2 (TC7000)
- Sick visit, or..... 3 (TC7000)
- Some other reason? (SPECIFY): _____ 6 (TC7000)
- REFUSED..... 9--97 (TC7000)
- DON'T KNOW..... 9--98 (TC7000)

TC6400. At this visit, what was your weight?

- WEIGHT MEASURED..... 1
- WEIGHT NOT MEASURED..... 2 (TC6600)

TC6500. (At this visit, what was your weight?)

|_|_|
POUNDS

OR

|_|_|_|.|_|
KILOGRAMS

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

TC6600. At this visit, what was your blood pressure?

- BLOOD PRESSURE MEASURED..... 1
- BLOOD PRESSURE NOT MEASURED..... 2 (TC6800)

TC6700. (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.

SYSTOLIC BLOOD PRESSURE

DIASTOLIC BLOOD PRESSURE

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

BOX TC03

CHECK ITEM:

- IF TC6700 = "9--97" OR "9--98," CONTINUE WITH TC6800.
- OTHERWISE, GO TO TC6900.

TC6800. Was it normal, high or low?

NORMAL..... 1
HIGH..... 2
LOW..... 3
REFUSED..... 9--97
DON'T KNOW..... 9--98

TC6900. At this visit, were any of the following procedures performed?

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

HELP SCREEN:

Ultrasound/Sonogram: An ultrasound is done during pregnancy to produce pictures of the baby before birth. These pictures are produced by a special probe moved over your abdomen or placed in your vagina. The pictures can be viewed on a screen and copies may be made and given to you or stored in your baby's medical record.

Amniocentesis: Refers to a procedure in which a needle is inserted through the abdomen into the uterus to withdraw a small amount of amniotic fluid and fetal cells. Amniocentesis is done to look for certain types of birth defects and is typically performed after 14 weeks gestation.

CVS: CVS is a procedure in which a small sample of cells is taken from the placenta. Cells can be collected either through the vagina, using a small plastic tube, or through the abdomen, using a slender needle. CVS is used to detect birth defects, genetic diseases and other problems and is usually done between 10 weeks gestation and the end of the first trimester.

BOX TC04
CHECK ITEM:
<ul style="list-style-type: none"> ■ IF TC6300 = "1," GO TO TC7400. ■ OTHERWISE, CONTINUE WITH TC7000.

TC7000. Did a doctor or other health care provider give you a diagnosis?

- YES..... 1
- NO..... 2 (TC7200)
- REFUSED..... 9--97 (TC7200)
- DON'T KNOW..... 9--98 (TC7200)

TC7100. What was the diagnosis?

SELECT ALL THAT APPLY.

- ANEMIA..... 01
- BACTERIAL VAGINOSIS..... 02
- EARLY OR PREMATURE LABOR..... 03
- GESTATIONAL DIABETES..... 04
- GROUP B STREP..... 05
- HERPES..... 06
- HIGH BLOOD PRESSURE..... 07
- ISOIMMUNIZATION..... 08
- PELVIC INFLAMMATORY DISEASE (PID)..... 09
- PREECLAMPSIA..... 10
- PROTEIN IN YOUR URINE..... 11
- RH DISEASE..... 12
- TOXEMIA..... 13
- OTHER (SPECIFY):_____ 96
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

TC7200. Did you receive any vaccinations at this visit?

- YES..... 1
- NO..... 2 (TC7400)
- REFUSED..... 9--97 (TC7400)
- DON'T KNOW..... 9--98 (TC7400)

TC7300. What did you receive?

SELECT ALL THAT APPLY.

- FLU/INFLUENZA..... 1
- HEPATITIS B..... 2
- TETANUS/DIPHThERIA..... 3
- MENINGOCOCCAL..... 4
- OTHER (SPECIFY): _____ 6
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

TC7400. {If you haven't yet, please put a check mark in the box next to the visit you just told me about in your Pregnancy Medical Care Log.} Have you had any other visits to a doctor or other health care provider since {MONTH}? Please include routine prenatal visits, as well as visits to a doctor or other health care provider either at a clinic, doctor's office or HMO, emergency room, or outpatient department for any other reason.

- YES..... 1
- NO..... 2 (EL_TC03)
- REFUSED..... 9--97 (EL_TC03)
- DON'T KNOW..... 9--98 (EL_TC03)

END LOOP TC03
<p>LOOP:</p> <ul style="list-style-type: none"> ■ IF TC7400 = "1", CYCLE AGAIN. ■ OTHERWISE, END LOOP AND CONTINUE WITH TC7500.

TC7500. Since {MONTH} have you spent at least one night in the hospital?

- YES..... 1
- NO..... 2 (TC8400)
- REFUSED..... 9--97 (TC8400)
- DON'T KNOW..... 9--98 (TC8400)

BEGIN LOOP TC04
<p>LOOP:</p> <ul style="list-style-type: none"> ■ CYCLE THROUGH TC7600-TC8300 FOR EACH HOSPITALIZATION.

TC7700. What was the admission date of your {next} most recent hospitalization?

INTERVIEWER INSTRUCTION:
ENTER A TWO DIGIT MONTH, TWO DIGIT DAY, AND A FOUR DIGIT YEAR.

|_|_|_| |_|_|_| |_|_|_|_|_|_|
MM DD YYYY

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

TC7800. How many nights did you stay at the hospital during this hospitalization?

|_|_|_|
NUMBER OF NIGHTS

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

TC7900. Did a doctor or other health care provider give you a diagnosis?

- YES..... 1
- NO..... 2 (TC8100)
- REFUSED..... 9--97 (TC8100)
- DON'T KNOW..... 9--98 (TC8100)

TC8000. 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

HELP SCREEN:

Dehydration: Dehydration occurs when the body loses more water than it takes in. In pregnancy, severe vomiting and decreased water intake can lead to dehydration.

Preterm labor: Labor that starts before the 37th week of pregnancy.

Hyperemesis or hyperemesis gravidarum: Hyperemesis is severe and persistent nausea and vomiting during pregnancy. Hyperemesis is more severe than ordinary morning sickness and leads to dehydration and other nutritional problems. Some pregnant women with hyperemesis need to be hospitalized for IV fluid treatment.

Preeclampsia: Preeclampsia or toxemia is a condition marked by high blood pressure and by protein in the urine. Preeclampsia usually develops in the second half of pregnancy and affects about 5% of pregnant women.

Rupture of membranes: Premature rupture of membranes occurs when the mother’s water, or amniotic fluid, breaks before contractions start. It occurs in about 10% of normal pregnancies.

Kidney disorder: Women with a severe kidney disorder before pregnancy are more likely to have problems during pregnancy. Kidney function may rapidly worsen during pregnancy. Acute kidney failure can also happen during a pregnancy complication, such as preeclampsia.

TC8100. Did you receive any treatments? Please include any vaccinations you may have received.

- YES..... 1
- NO..... 2 (TC8300)
- REFUSED..... 9--97 (TC8300)
- DON'T KNOW..... 9--98 (TC8300)

TC8200. What treatments did you receive?

INTERVIEWER INSTRUCTION:
ENTER ALL TREATMENTS IN FIELD SEPARATED BY COMMAS OR AN "AND".

TREATMENTS

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

TC8300. If you haven't yet, put a check mark in the box next to the visit that you just told me about in your Pregnancy 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 TC04

LOOP:

- IF TC8300 = "1", CYCLE AGAIN.
- OTHERWISE, CONTINUE WITH BOX TC06.

BOX TC05

CHECK ITEM:

- IF 3 MONTH, GO TO TC8760.
- IF 9 MONTH, CONTINUE WITH 8400.