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| (affix label here) |

## PERINATAL HISTORY

**The purpose of this questionnaire is to learn more about growth among newborns, infants, and children. We ask the mother of the newborn, infant, or child to complete this questionnaire.**

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| **SOCIO-DEMOGRAPHICS** |  |
| 1. I’d like to ask about your marital status. What is your current marital status? Are you:   Married 1  Not married but living together with a partner 2  Widowed 4  Divorced 5  Separated 6  Never been married 7  REFUSED 9--97  DON’T KNOW 9--98 | |
| 1. Do you consider yourself to be Hispanic, or Latina?     YES 1  NO 2  REFUSED 9--97  DON’T KNOW 9--98 | |
| 1. What race do you consider yourself to be? You may select one or more.     SELECT ALL THAT APPLY.  White, 1  Black or African American, 2  American Indian or Alaska Native 3  Asian or Native Hawaiian or other Pacific Islander 4  REFUSED 9--97  DON’T KNOW 9--98 | |
| 1. Does the father of the newborn, infant, or child consider himself to be Hispanic, or Latino?     YES 1  NO 2  REFUSED 9--97  DON’T KNOW 9--98 | |
| 1. What race does the father of the newborn, infant, or child consider himself to be?  You may select one or more.     SELECT ALL THAT APPLY.  White, 1  Black or African American, 2  American Indian or Alaska Native 3  Asian or Native Hawaiian or other Pacific Islander 4  REFUSED 9--97  DON’T KNOW 9--98 | |
| 1. Please look at the card and tell me what is the highest degree or level of school that you have completed?   LESS THAN A HIGH SCHOOL DIPLOMA OR GED 1  HIGH SCHOOL DIPLOMA OR GED 2  SOME COLLEGE BUT NO DEGREE 3  ASSOCIATE DEGREE 4  BACHELOR’S DEGREE (e.g., BA, BS) 5  POST GRADUATE DEGREE (e.g., Masters or Doctoral) 6  REFUSED -1  DON’T KNOW -2 | |
| 1. Were you born in the United States?   YES 1  NO 2  REFUSED 9--97  DON’T KNOW 9--98 | |

**This part of this questionnaire asks about newborn, infant, or child’s birth weight, length and type of feeding received during early life.**

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| **Child’s History** |  |
| 1. What is [PARTICIPANT]’s birth name? (Last name, First name and Middle name) | |
|  | |
| 1. What was [PARTICIPANT]’s weight at birth?   |\_\_\_|\_\_\_| |\_\_\_|\_\_\_|  Pounds Ounces  REFUSED -1  DON’T KNOW -2 | |
| 1. What was [PARTICIPANT]’s length at birth?   |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_|  Inches  REFUSED -1  DON’T KNOW -2 | |

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| 1. What is [PARTICIPANT’S] date of birth?   |\_\_\_|\_\_\_| |\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  Month Day Year  REFUSED -1  DON’T KNOW -2 |
| 1. What is [PARTICIPANT’S] sex?   MALE 1  FEMALE 2  REFUSED -1  DON’T KNOW -2 |
| 1. Was [PARTICIPANT] born earlier or later than expected?   On time 1  Less than 2 weeks late 2  More than 2 weeks late 3  Less than 2 weeks early 4  More than 2 weeks early 5  REFUSED 9--97  DON’T KNOW 9--98 |

### The next part of the questionnaire asks about your pregnancy with [PARTICIPANT].

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| Mother’s History |  |
| 32. What is your date of birth?  |\_\_\_|\_\_\_| |\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  Month Day Year  REFUSED -1  DON’T KNOW -2 | |
| 33. How tall are you without shoes?  |\_\_\_|\_\_\_| |\_\_\_|\_\_\_|  Feet Inches  REFUSED -1  DON’T KNOW -2 | |
| 34. What was your birth weight in pounds (lbs)?  Less than 5.5 lbs 1  5.5 – 6.9 lbs 2  7-8.4 lbs 3  8.5-9.9 lbs 4  10 lbs or more 5  REFUSED 9--97  DON’T KNOW 9--98 | |
| 35. How much do you weigh without shoes and in no/light clothing?  |\_\_\_|\_\_\_|\_\_\_|  Pounds  REFUSED -1  DON’T KNOW -2 | |
| 36. Just before you got pregnant with [PARTICIPANT], how much did you weigh?  |\_\_\_|\_\_\_|\_\_\_|  Pounds  REFUSED -1  DON’T KNOW -2 | |
| 37. Approximately, how much weight did you gain during this pregnancy? (Mark one)  Less than 10 pounds 1  10-14 pounds 2  15-19 pounds 3  20-29 pounds 4  30-40 pounds 5  More than 40 pounds 6  REFUSED 9--97  DON’T KNOW 9--98 | |

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| ◆ **This is the end of the interview. Do you have any questions or comments?** | |
|  | 1❑ No |
|  | 2❑ Yes, no review needed |
|  | 3❑ Yes, review needed |
|  | Comments: |
| ◆ **Thank you for completing this interview.** | |

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| FOR STUDY USE ONLY | | | | | | | | | | | | | | | | | |
| Interview Assessment: | | | | | | |  | | | | | | | | | | |
|  | 1. How much difficulty did the Patient have in understanding the interview questions? | | | | | | | | | | | | | | |  | |
|  | ❑ None | | | ❑ Slight | | | | ❑ Moderate | | ❑ A Great Deal | | | ❑ Don’t know | | | |  |
|  | 2. Were there significant problems with the interview? | | | | | | | | | | | | | | | | |
|  | ❑ Yes | | | | ❑ No | | | | | | | | | | | | |
|  |  | If yes describe: | | | | | | | | | | | | | | | |
| Date Completed | | | Month Day Year | | | | | | | | | Completed by | |  | | | |
| Mode of Administration | | | | | | 1❑ In-Person | | | 1❑ Telephone | | | | | | | | |
| Date Reviewed | | | Month Day Year | | | | | | | | Reviewer Code | | | |  | | |
| Date Entered | | | Month Day Year | | | | | | | | Data Entry Code | | | |  | | |