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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 1Not married but living together with a partner 2Widowed 4Divorced 5Separated 6Never been married 7REFUSED 9--97 DON’T KNOW 9--98  |
| 1. Do you consider yourself to be Hispanic, or Latina?

 YES 1NO 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, 1Black or African American, 2American Indian or Alaska Native 3Asian or Native Hawaiian or other Pacific Islander 4REFUSED 9--97DON’T KNOW 9--98 |
| 1. Does the father of the newborn, infant, or child consider himself to be Hispanic, or Latino?

 YES 1NO 2REFUSED 9--97DON’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, 1Black or African American, 2American Indian or Alaska Native 3Asian or Native Hawaiian or other Pacific Islander 4REFUSED 9--97DON’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 1HIGH SCHOOL DIPLOMA OR GED 2SOME COLLEGE BUT NO DEGREE 3ASSOCIATE DEGREE 4BACHELOR’S DEGREE (e.g., BA, BS) 5POST GRADUATE DEGREE (e.g., Masters or Doctoral) 6REFUSED -1DON’T KNOW -2 |
| 1. Were you born in the United States?

YES 1NO 2REFUSED 9--97DON’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)
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|  |
| 1. What was [PARTICIPANT]’s weight at birth?

 |\_\_\_|\_\_\_| |\_\_\_|\_\_\_| Pounds Ounces REFUSED -1DON’T KNOW -2 |
| 1. What was [PARTICIPANT]’s length at birth?

 |\_\_\_|\_\_\_| **.** |\_\_\_|\_\_\_| Inches REFUSED -1DON’T KNOW -2 |

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| 1. What is [PARTICIPANT’S] date of birth?

 |\_\_\_|\_\_\_| |\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Month Day YearREFUSED -1DON’T KNOW -2 |
| 1. What is [PARTICIPANT’S] sex?

MALE 1FEMALE 2REFUSED -1DON’T KNOW -2 |
| 1. Was [PARTICIPANT] born earlier or later than expected?

On time 1Less than 2 weeks late 2More than 2 weeks late 3Less than 2 weeks early 4More than 2 weeks early 5REFUSED 9--97DON’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 YearREFUSED -1DON’T KNOW -2 |
| 33. How tall are you without shoes? |\_\_\_|\_\_\_| |\_\_\_|\_\_\_| Feet Inches REFUSED -1DON’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--97DON’T KNOW 9--98 |
| 35. How much do you weigh without shoes and in no/light clothing? |\_\_\_|\_\_\_|\_\_\_| PoundsREFUSED -1DON’T KNOW -2 |
| 36. Just before you got pregnant with [PARTICIPANT], how much did you weigh? |\_\_\_|\_\_\_|\_\_\_| PoundsREFUSED -1DON’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--97DON’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 |  |