

(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.

**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

2. Do you consider yourself to be Hispanic, or Latina?

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

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593). Do not return the completed form to this address.

3. 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

4. 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

5. 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

6. 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

7. 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.**

### Child's History

8. What is [PARTICIPANT]'s birth name? (Last name, First name and Middle name)

9. What was [PARTICIPANT]'s weight at birth?

Pounds      Ounces

REFUSED.....-1  
DON'T KNOW.....-2

10. What was [PARTICIPANT]'s length at birth?

Inches

REFUSED.....-1  
DON'T KNOW.....-2

11. What is [PARTICIPANT'S] date of birth?

Month      Day      Year

REFUSED.....-1  
DON'T KNOW.....-2

12. What is [PARTICIPANT'S] sex?

MALE.....	1
FEMALE.....	2
REFUSED.....	-1
DON'T KNOW.....	-2

13. 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].

### 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

◆ 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.

**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

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Mode of Administration

- 1  In-Person    1  Telephone

Date Reviewed

Month		Day		Year			

Reviewer Code

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Date Entered

Month		Day		Year			

Data Entry Code

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