

STUDY ID NUMBER: _____

DATE OF INTERVIEW: _____

INTERVIEWER'S INITIALS: _____

DATE OF DATA ENTRY: _____

Stress and Cortisol Measurement Substudy

Demographics Survey

INSTRUCTIONS TO INTERVIEWER: Questionnaire and other required text is shown in regular font. Interviewer instructions and text not to be read to respondents is shown in ALL CAPS. Introductory text that may or may not be appropriate for all recruitment schemas is shaded. Variable names are shown in **BOLD CAPS**

I would like to start by asking you some questions about yourself. Please open the binder and turn to Card 1. As you answer these questions, I will indicate when you need to turn the page to the next card to find answer choices to the question I am asking. Please remember that if, at any time, you feel uncomfortable answering a question, you may decline to answer.

1. **DE001** I'd like to ask about your marital status. Are you:

- Married..... 1
- Not married but living together with a partner..... 2
- Never been married,..... 3
- Divorced..... 4
- Separated..... 5
- Widowed..... 6
- REFUSED.....-1
- DON'T KNOW.....-2

Please turn to Card 2.

Public reporting burden for this collection of information is estimated to average 1 hour 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.

IF DE001 = 1 OR 2 GO TO DE002

3. **DE002** Is your current spouse/partner the father of your baby?

- Yes..... 1
- No..... 2
- REFUSED.....-1
- DON'T KNOW.....-2

4. **(BIO_FATHER_HOME)**. Does the biological father live with you?

- YES..... 1
- NO..... 2
- REFUSED..... -1
- DON'T KNOW..... -2

Please turn to Card 3.

5. **DE003/(EDUC)**. What is the highest degree or level of school you have completed?

- **INTERVIEWER INSTRUCTION:**SHOW RESPONSE OPTIONS ON CARD TO PARTICIPANT.

- 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

Please turn to Card 4.

6. Are you currently working at a paid full or part time job?

- 1.....Yes (Continue to Q7)
- 2.....No (Skip to Q23)
- Do not know/Refused (Skip to Q23)

7. About how many hours per week do you usually work for pay? ____ hours per week

- Do not know/Refused

Please turn to Card 5.

8. I'll show you a list of industries where people often work; which one category fits your work the best?

Retail & Retail Trade

- 1.....Retail
- 2.....Wholesale

Services

- 3.....Educational Services
- 4.....Health Care and Social Assistance
- 5.....Accommodation and Food Services
- 6.....Private Household Services
- 7.....Personal Services except Private Household
- 8.....Information
- 9.....Professional, Scientific, and Technical Services
- 10.....Administrative and Support Services
- 11.....Other Services (except Public Administration)

Other

- 12.....Public Administration
- 13.....Finance and Insurance
- 14.....Real Estate and Rental and Leasing
- 15.....Manufacturing
- 16.....Arts, Entertainment, and Recreation
- 17.....Management of Companies and Enterprises
- 18.....Agriculture, Forestry, Fishing, and Hunting
- 19.....Mining
- 20.....Utilities
- 21.....Construction
- 22.....Transportation and Warehousing
- 23.....Waste Management and Remediation Services

Do not know/Refused

9. What is your job title? _____

Do not know/Refused

I am going to read you a set of statements concerning your attitudes and beliefs about your work activities. Please indicate how much you disagree or agree with each statement using the following responses. 1 = Strongly Disagree; 2 = Disagree; 3 = Agree; 4 = Strongly Agree. Please turn to Card 6.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know/Refused
10. My job requires a lot of repetitive work.	1	2	3	4	
11. My job requires me to be creative.	1	2	3	4	
12. I have very little freedom to decide how I do my work.	1	2	3	4	

13. I have a lot of say about what happens on my job.	1	2	3	4	
14. I have an opportunity to develop my own special abilities.	1	2	3	4	
15. My job requires my undivided attention.	1	2	3	4	
16. My job requires working very hard.	1	2	3	4	
17. I have enough time to get the job done.	1	2	3	4	
18. I am free from conflicting demands that others make.	1	2	3	4	
19. My coworkers are friendly.	1	2	3	4	
20. My coworkers are helpful in getting the job done.	1	2	3	4	
21. My supervisor is concerned about the welfare of those under him or her.	1	2	3	4	
22. My supervisor pays attention to what I'm saying.	1	2	3	4	

Please turn to Card 7.

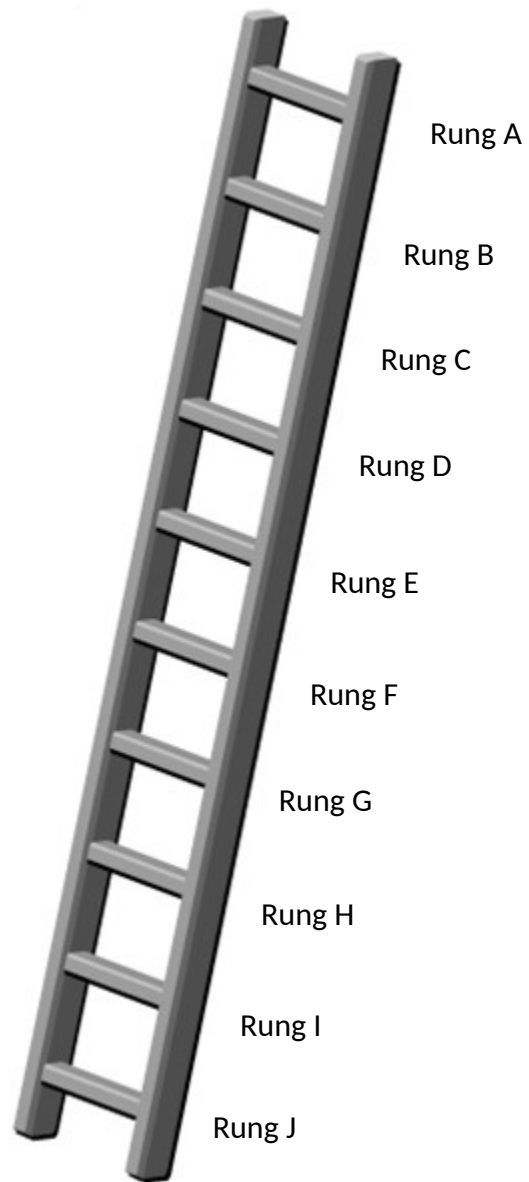
23. Was the total income for all people in your household last year:

- 1.....Below \$15,000
- 2.....\$15,000 - \$29,999
- 3.....\$30,000 - \$49,999
- 4.....\$50,000 - \$100,000
- 5.....Over \$100,000
- Do not know/Refused

Please turn to Card 8.

24. Where do you stand in your **community**? Think of this ladder as representing where people stand in their communities. People define community in different ways; please define it in whatever way is most meaningful to you. At the **top** of the ladder are the people who have the highest standing in their community. At the **bottom** are the people who have the lowest standing in their community. **Where would you place yourself on this ladder?**

Highest Standing

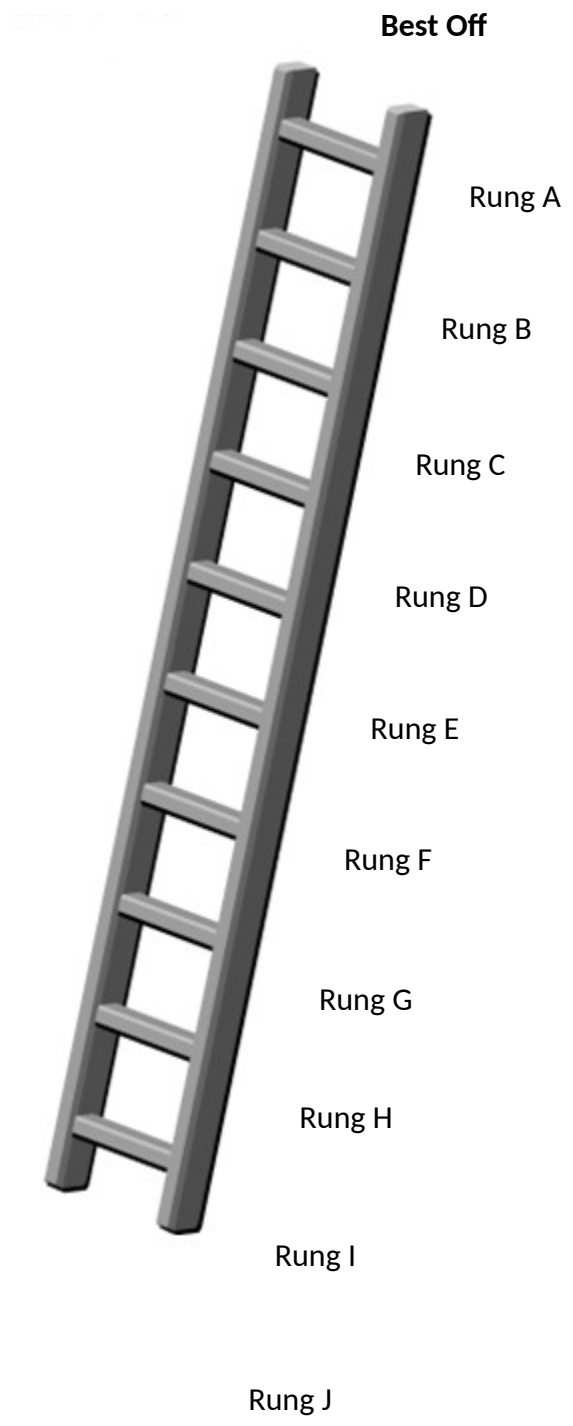


Lowest Standing

Do not know/Refused

Please turn to Card 9.

25. Where do you stand in the **United States**? Think of this ladder as representing where people stand in the United States. At the **top** of the ladder are the people who are best off – those who have the most money, the most education, and the most respected jobs. At the **bottom** are the people who are the worst off – who have the least money, the least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom. **Where would you place yourself on this ladder?**



Do not know/Refused

Please turn to Card 10.

- 26.** Are you **currently** covered by health insurance, including public aid?
1.....Yes (Skip to Q28)
2.....No (Continue to Q27)

Do not know/Refused (Continue to Q27)

27. IF NO: During the past 12 months, have you been covered at any time by any kind of health insurance, including public aid?

1.....Yes (Continue to Q28)

2.....No (Skip to Q29)

Do not know/Refused (Skip to Q29)

Please turn to Card 11.

28. IF YES: During the past 12 months, what best describes the kind of health insurance or healthcare coverage you had?

1.....Private Health Insurance

2.....Medicare / Medicaid

3.....Other (Specify: _____)

Do not know/Refused

How many people live in your house, including yourself?

29. Children under 18 _____

Do not know/Refused

30. Adults 18 and over _____

Do not know/Refused

31. How many bedrooms are there in your house? _____ bedrooms

Do not know/Refused

Please turn to Card 12.

32. Were you born in the United States?

1.....Yes (Skip to Q35)

2.....No (Continue to Q33)

Do not know/Refused (Skip to Q35)

33. IF NO: How long have you lived in the United States? _____ years

Do not know/Refused

34. IF NO: What is your country of birth? _____

Do not know/Refused

I am now going to ask you some questions regarding how you typically identify yourself in terms of your ethnicity and your race. Ethnicity and race are two separate issues, so try to answer each question independently. Please turn to Card 13.

Please turn to Card 14.

35. **HCD018B/(ETHNICITY).**

Are you Hispanic, Latino/a, or Spanish Origin? (One or more categories may be selected)

INTERVIEWER INSTRUCTIONS:

- SELECT ALL THAT APPLY.
- PROBE: Anything else?

No, not of Hispanic, Latino/a, or Spanish origin.....	1
Yes, Mexican, Mexican American, Chicano/a.....	2
Yes, Puerto Rican.....	3
Yes, Cuban.....	4
Yes, Another Hispanic, Latino/a, or Spanish origin.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

36. **HCD018C/(RACE).** What is your race? (One or more categories may be selected)

INTERVIEWER INSTRUCTIONS:

- IF USING SHOWCARDS, REFER PARTICIPANT TO APPROPRIATE SHOWCARD.
- OTHERWISE, READ RESPONSE CATEGORIES TO PARTICIPANT.
- SELECT ALL THAT APPLY.
- PROBE: Anything else?

WHITE,.....	1
BLACK OR AFRICAN AMERICAN,.....	2
AMERICAN INDIAN OR ALASKA NATIVE,.....	3
ASIAN INDIAN.....	4
CHINESE.....	5
FILIPINO.....	6
JAPANESE.....	7
KOREAN.....	8
VIETNAMESE.....	9
OTHER ASIAN.....	10
NATIVE HAWAIIAN.....	11
GUAMANIAN OR CHAMORRO.....	12
OTHER PACIFIC ISLANDER.....	13
SAMOAN.....	14
REFUSED.....	-1
DON'T KNOW.....	-2

PROGRAMMER INSTRUCTIONS:

- IF RACE = ANY COMBINATION OF 1 THROUGH 15, GO TO PARTICIPANT_SEX.
- IF RACE = ANY COMBINATION OF 1 THROUGH 15 AND -5, GO TO RACE_OTH.
- IF RACE = -5, GO TO RACE_OTH.

- IF RACE = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO PARTICIPANT_SEX.

37. HCD018D/(RACE_OTH).

SPECIFY _____

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

PROGRAMMER INSTRUCTION:

- LIMIT FREE TEXT TO 255 CHARACTERS.

Please turn to Card 15.

38. DE005/(ETHNICITY).

Is the baby's father Hispanic, Latino/a, or Spanish Origin? (One or more categories may be selected)

INTERVIEWER INSTRUCTIONS:

- SELECT ALL THAT APPLY.
- PROBE: Anything else?

No, not of Hispanic, Latino/a, or Spanish origin..... 1
 Yes, Mexican, Mexican American, Chicano/a.....2
 Yes, Puerto Rican..... 3
 Yes, Cuban..... 4
 Yes, Another Hispanic, Latino/a, or Spanish origin..... 5
 REFUSED..... -1
 DON'T KNOW..... -2

Please turn to Card 16.

39. DE006/(RACE). What is the baby's father's race? (One or more categories may be selected).

INTERVIEWER INSTRUCTIONS:

- IF USING SHOWCARDS, REFER PARTICIPANT TO APPROPRIATE SHOWCARD.
- OTHERWISE, READ RESPONSE CATEGORIES TO PARTICIPANT.
- SELECT ALL THAT APPLY.
- PROBE: Anything else?

WHITE,..... 1
 BLACK OR AFRICAN AMERICAN,..... 2
 AMERICAN INDIAN OR ALASKA NATIVE,..... 3
 ASIAN INDIAN..... 4
 CHINESE..... 5

FILIPINO.....	6
JAPANESE.....	7
KOREAN.....	8
VIETNAMESE.....	9
OTHER ASIAN.....	10
NATIVE HAWAIIAN.....	11
GUAMANIAN OR CHAMORRO.....	12
OTHER PACIFIC ISLANDER.....	13
SAMOAN.....	14
REFUSED.....	-1
DON'T KNOW.....	-2

PROGRAMMER INSTRUCTIONS:

- IF RACE = ANY COMBINATION OF 1 THROUGH 15, GO TO PARTICIPANT_SEX.
- IF RACE = ANY COMBINATION OF 1 THROUGH 15 AND -5, GO TO RACE_OTH.
- IF RACE = -5, GO TO RACE_OTH.
- IF RACE = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO PARTICIPANT_SEX.

40. HCD018D/(RACE_OTH).

SPECIFY _____

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

PROGRAMMER INSTRUCTION:

- LIMIT FREE TEXT TO 255 CHARACTERS.

Please turn to Card 17.

41. DM011 (HH_PRIMARY_LANG) What is the primary language spoken in your home?

ENGLISH.....	1
SPANISH.....	2
ARABIC.....	3
CHINESE.....	4
FRENCH.....	5
FRENCH CREOLE.....	6
GERMAN.....	7
ITALIAN.....	8
KOREAN.....	9
POLISH	10
RUSSIAN.....	11
TAGALOG.....	12
VIETNAMESE.....	13
URDU	14

PUNJABI.....	15
BENGALI.....	16
FARSI	17
SIGN LANGUAGE.....	18
CANNOT CHOOSE.....	19
OTHER -5 (HH_PRIMARY_LANG_OTH)	
REFUSED.....	-1
DON'T KNOW -2	

The next set of questions is about health history. I will ask you whether you or your partner has a history of these conditions, and whether someone in your immediate family (grandparents, parents, siblings, and children) or your partner's immediate family have the following medical conditions. Please turn to Card 18.



Medical Condition	Occurrence?			Yourself	Your Partner	Your Immediate Family	Your Partner's Immediate Family
	Yes	No	Do Not Know/ Refused				
42. Autoimmune Disorders	1	2		1	2	3	4
43. Cancer	1	2		1	2	3	4
44. Clotting Disorders	1	2		1	2	3	4
45. Diabetes: Type I or II	1	2		1	2	3	4
46. Epilepsy	1	2		1	2	3	4
47. Heart Disease	1	2		1	2	3	4
48. Hypertension	1	2		1	2	3	4
49. Kidney Disease	1	2		1	2	3	4
50. Liver Disease	1	2		1	2	3	4
51. Polycystic Ovarian Syndrome	1	2		1	2	3	4
52. Psychological Disorders	1	2		1	2	3	4
53. Stroke	1	2		1	2	3	4
54. Thyroid Dysfunction	1	2		1	2	3	4

I am now going to ask you some questions regarding your pregnancy history. Please turn to Card 19.

55. How did you become pregnant?

- 1.....Natural
- 2.....Assisted Reproductive Technology (ovulation induction, in vitro fertilization, intracytoplasmic sperm injection, donor sperm, donor egg)
- Do not know/Refused

Please turn to Card 20.

56. Thinking back to the twelve months just before you found out that you were pregnant this time, were you or your partner using any contraceptives, or practicing any preventative measures so you would not get pregnant?

- 1.....Yes
- 2.....No
- Do not know/Refused

57. Including this pregnancy, how many times have you been pregnant (include miscarriage, stillbirth, etc)? _____

- Do not know/Refused

58. How many times have you given live birth? (IF 0: Skip to Q69) _____

- Do not know/Refused

59. Birth weights of prior children (lbs., oz.):

1	2	3	4	5	6	7

- Do not know/Refused

60. Are any of your children no longer living?

- 1.....Yes (Continue to Q61)
- 2.....No (Skip to Q62)
- Do not know/Refused (Skip to Q62)

61. IF YES: What was their cause of death? Record Reasons.

Reason	Date of Birth Month/Day/Year
Child #1 _____	_____ / ____ / ____
Child #2 _____	_____ / ____ / ____
Child #3 _____	_____ / ____ / ____
Child #4 _____	_____ / ____ / ____

- Do not know/Refused
(IF ALL CHILDREN DIED, SKIP TO Q63)

62. How old are your children? Record age and date of birth.

Age	Month/Day/Year
Child #1 _____	_____ / ____ / ____
Child #2 _____	_____ / ____ / ____
Child #3 _____	_____ / ____ / ____
Child #4 _____	_____ / ____ / ____
Child #5 _____	_____ / ____ / ____
Child #6 _____	_____ / ____ / ____

Child #7 _____

_____/_____/_____

Child #8 _____

_____/_____/_____

Do not know/Refused

63. How many of your pregnancies delivered before 20 weeks of gestation? _____

Do not know/Refused

64. Have you had any pregnancies that went beyond 20 weeks of gestation and ended in a stillbirth?

1.....Yes

2.....No

Do not know/Refused

65. Thinking only of your live births, how many of your babies were born full term? By full term, we mean at 37 weeks of pregnancy or after. _____

Do not know/Refused

66. Again, thinking only of your live births, were any of your babies born too early or too soon? By too soon, we mean before 37 weeks of pregnancy. (Do not count miscarriages (delivery before 20 weeks) or stillbirths).

1.....Yes (Continue to Q67)

2.....No (Skip to Q70)

Do not know/Refused (Skip to Q70)

67. Did a doctor or nurse tell you that any of these early births were caused by preterm labor or by early rupture of membranes (meaning your water broke too early)?

1.....Yes

2.....No

Do not know/Refused

68. Did a doctor or nurse tell you that your baby had to be delivered early by induction of labor or scheduled cesarean delivery because of a problem with you or the baby?

1.....Yes (Continue to Q69)

2.....No (Skip to Q70)

Do not know/Refused (Skip to Q70)

Please turn to Card 21.

69. IF YES: What was the reason a doctor or nurse told you your baby had to be delivered early?

1.....Preeclampsia

2.....Growth Restriction/Problems with Growth

3.....Other (Specify: _____)

Do not know/Refused

I am now going to ask you some questions about your personal habits regarding physical activity and diet. Remember that your answers are not linked to your name. Please turn to Card 22.



70. Do you currently do any type of regular exercise to keep in shape?

1.....Yes

2.....No

Do not know/Refused

Please turn to Card 23.

71. In a typical day, how many servings of fruit do you eat?

A serving is equal to:

- 1 small piece of fresh fruit - about the size of a tennis ball
- ½ cup of cut fruit
- ¼ cup of raisins, apricots, or other dried fruit
- ½ cup of 100% orange, apple, or grapefruit juice

*Do NOT count fruit punch, lemonade, Gatorade, Sunny Delight, or fruit drinks

1.....None

2.....1 serving

3.....2 servings

4.....3 servings

5.....4 or more servings

Do not know/Refused

Please turn to Card 24.

72. In a typical day, how many servings of vegetables do you eat?

A serving is equal to:

- 1 medium carrot or other fresh vegetable
- 1 cup of green salad
- 1 cup of raw or ½ cup cooked vegetables
- ½ cup of vegetable juice

*Do NOT count french fries, onion rings, potato chips, or fried okra

1.....None

2.....1 serving

3.....2 servings

4.....3 servings

5.....4 or more servings

Do not know/Refused

Please turn to Card 25.

73. In a typical day, how many servings of dairy - milk, cheese, soy, and yogurt - do you eat?

A serving is equal to:

- 1 cup of milk or soy milk
- 1 slice of cheese
- 1 cup of yogurt

1.....None

2.....1 serving

3.....2 servings

4.....3 servings

5.....4 or more servings

Do not know/Refused

Please turn to Card 26.

74. In a typical month, how many servings of fish do you eat?

A serving is equal to:

- 3 oz. of cooked fish - the size of a deck of cards or the palm of your hand

1.....None

2.....1 serving

3.....2 servings

4.....3 servings

5.....4 or more servings

Do not know/Refused

I am now going to ask you some questions about your neighborhood. Please turn to Card 27.

75. How satisfied are you with your neighborhood? Would you say you are:

1.....Very Dissatisfied

2.....Dissatisfied

3.....Satisfied

4.....Very Satisfied

Do not know/Refused

Please turn to Card 28.

How would you rate your neighborhood on the following items? Please use these responses: Bad (1) Not So Good (2) Good (3) Very Good (4)
(Do Not Know/Refused (88))

76. Overall_____

- 77. Police protection_____
- 78. Safety of property_____
- 79. Personal safety_____
- 80. Friendliness_____
- 81. Delivery of city services (garbage pick-up, road repair, etc.)_____
- 82. Cleanliness_____
- 83. Quietness_____
- 84. Schools_____

To provide the most accurate information, it is important to know as much as possible about your pregnancy. In this section, we are going to ask about your use of vitamins and supplements, prescription medications, over-the-counter medications, caffeinated beverages, alcohol, tobacco, and recreational drugs. First, we will ask if you have used any of these items in the 3 months prior to becoming pregnant. Then, we will ask if you have used any of these items since you became pregnant. For you, 3 months before you became pregnant covers the time period from _____ to _____ (CALCULATE FOR THE PARTICIPANT). Please turn to Card 29.

85. In the month **before** you became pregnant, did you regularly take multivitamins, prenatal vitamins, folate, or folic acid?

- YES 1
- NO 2
- REFUSED..... -1
- DON'T KNOW..... -2

Please turn to Card 30.

Please turn to Card 32.

86. In the **3 months before you became pregnant**, did you take any prescription medications?

- 1.....Yes (Continue to Q87)
- 2.....No (Skip to Q100)

Did you take...	Medication taken?			How Often?				What was the dosage ?
	Ye s	N o	<i>Do Not Know/ Refused</i>	Everyda y	A Few Days a Wee k	A Few Days a Mont h	Less than Once a Mont h	
87. Medication for Anxiety/Depression	1	2		1	2	3	4	
88. Medication for	1	2		1	2	3	4	

Sleep								
89. Medication for Indigestion/ Heartburn	1	2		1	2	3	4	
90. Medication for Asthma	1	2		1	2	3	4	
91. Antibiotics	1	2		1	2	3	4	
92. Medication for Severe Headaches/ Migraines	1	2		1	2	3	4	
93. Medication for Blood Sugar	1	2		1	2	3	4	
94. Medication for Blood Pressure	1	2		1	2	3	4	
95. Medication for Fertility (clomid, letrasol)	1	2		1	2	3	4	
96. Other	1	2		1	2	3	4	
97. Other	1	2		1	2	3	4	
98. Other	1	2		1	2	3	4	
99. Other	1	2		1	2	3	4	

Please turn to Card 33.

100. In the **3 months before you became pregnant**, did you take any over-the-counter medications?

1.....Yes (Continue to Q101)

2.....No (Skip to Q110)

Did you take...	Medication taken?			How Often?				What was the dosage ?
	Yes	No	Do Not Know/ Refused	Everyday	A Few Days a Week	A Few Days a Month	Less than Once a Month	
101. Ibuprofen (Advil, Motrin)	1	2		1	2	3	4	
102. Tylenol (Acetaminophen)	1	2		1	2	3	4	
103. Medication for	1	2		1	2	3	4	

Allergies/Cold/ Decongestants								
104. Medication for Indigestion/Heartburn (Pepcid/Zantac)	1	2		1	2	3	4	
105. Medication for Sleep (Unisom, Tylenol PM)	1	2		1	2	3	4	
106. Other	1	2		1	2	3	4	
107. Other	1	2		1	2	3	4	
108. Other	1	2		1	2	3	4	
109. Other	1	2		1	2	3	4	

Please turn to Card 34.

110. In the **3 months before you became pregnant**, did you drink caffeinated beverages and/or alcohol?

1.....Yes (Continue to Q111)

2.....No (Skip to Q113)

Did you drink...	Did participant drink?			How Often?			
	Yes	No	<i>Do Not Know/ Refused</i>	Everyday	A Few Days a Week	A Few Days a Month	Less than Once a Month
111. Caffeinated Beverages	1	2		1	2	3	4
112. Alcohol	1	2		1	2	3	4

Please turn to Card 35.

113. TA002/(CIG_PAST). In the 3 months before you knew you were pregnant, did you smoke any cigarettes?

Yes..... 1

No..... 2 (CIG_NOW)

REFUSED..... -1 (CIG_NOW)

DON'T KNOW..... -2 (CIG_NOW)

114. TA003/(CIG_PAST_FREQ). Did you smoke cigarettes:

Every day..... 1

5 or 6 days a week..... 2

2-4 days a week..... 3

Once a week..... 4

1-3 days a month..... 5
 Less than once a month..... 6
 REFUSED..... -1
 DON'T KNOW..... -2

115. TA004/(CIG_PAST_NUM). On days that you smoked, how many cigarettes did you smoke per day? If you smoked 1 cigarette or less each day, please enter "1."

|__|__|
 NUMBER PER DAY

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

PROGRAMMER INSTRUCTIONS:

- DISPLAY SOFT EDIT IF RESPONSE > 60
- IF RESPONSE IS IN PACKS, CALCULATE 20 CIGARETTES PER PACK

116. TA011/(CIG_NOW). Currently, do you smoke cigarettes?

Yes..... 1
 No..... 2 (DRINK_PAST)
 REFUSED..... -1 (DRINK_PAST)
 DON'T KNOW..... -2 (DRINK_PAST)

117. T012/(CIG_NOW_FREQ). Do you smoke cigarettes:

Every day..... 1
 5 or 6 days a week..... 2
 2-4 days a week..... 3
 Once a week..... 4
 1-3 days a month..... 5
 Less than once a month..... 6
 REFUSED..... -1
 DON'T KNOW..... -2

118. TA013/(CIG_NOW_NUM). On days that you smoke, how many cigarettes do you smoke per day? If you smoke 1 cigarette or less each day, please enter "1."

|__|__|
 NUMBER PER DAY

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

PROGRAMMER INSTRUCTIONS:

- IF PARTICIPANT ANSWERS 1 OR LESS PER DAY, ENTER “1.”
- DISPLAY SOFT EDIT IF RESPONSE > 60
- IF RESPONSE IS IN PACKS, CALCULATE 20 CIGARETTES PER PACK.

Please turn to Card 36.

119 In the **3 months before you became pregnant**, did you use recreational drugs such as marijuana, cocaine, or heroin?

1.....Yes (Continue to Q120)

2.....No (Skip to Q125)

Did you use...	Used?			How Often?			
	Yes	No	Do Not Know/ Refused	Everyday	A Few Days a Week	A Few Days a Month	Less than Once a Month
120. Marijuana	1	2		1	2	3	4
121. Cocaine	1	2		1	2	3	4
122. Heroin	1	2		1	2	3	4
123. Other	1	2		1	2	3	4
124. Other	1	2		1	2	3	4

Now, let's go over the same items since you became pregnant. This covers the time period from _____ onward. (CALCULATE FOR THE PARTICIPANT) Please turn back to Card 29.

125. CP012./**(PREG_VITAMIN)** Since you've **become** pregnant, have you regularly taken multivitamins, prenatal vitamins, folate, or folic acid?

- YES 1
 NO 2
 REFUSED..... -1
 DON'T KNOW..... -2

Please turn to Card 32.

126. During your pregnancy, have you taken any prescription medications?

1.....Yes (Continue to Q127)

2.....No (Skip to Q140)

Have you taken...	Medication taken?			How Often?				Start Date ?	End Date ?	What is the dosage ?
	Yes	No	Do Not Know/Refused	Everyday	A Few Days a Week	A Few Days a Month	Less than Once a Month			
127. Medication for Anxiety/Depression	1	2		1	2	3	4			
128. Medication for Sleep	1	2		1	2	3	4			
129. Medication for Indigestion/Heartburn	1	2		1	2	3	4			
130. Medication for Asthma	1	2		1	2	3	4			
131. Antibiotics	1	2		1	2	3	4			
132. Medication for Severe Headaches/Migraines	1	2		1	2	3	4			
133. Medication for Blood Sugar	1	2		1	2	3	4			
134. Medication for Blood Pressure	1	2		1	2	3	4			
135. Medication for Fertility (clomid, letrasol)	1	2		1	2	3	4			
136. Other	1	2		1	2	3	4			
137. Other	1	2		1	2	3	4			
138. Other	1	2		1	2	3	4			
139. Other	1	2		1	2	3	4			

Please turn to Card 33.

140. **During your pregnancy**, have you taken any over-the-counter medications?
 1.....Yes (Continue to Q141)

2.....No (Skip to Q147)

Have you taken...	Medication taken?			How Often?				Start Date ?	End Date ?	What is the dosage?
	Yes	No	Do Not Know/Refused	Everyday	A Few Days a Week	A Few Days a Month	Less than Once a Month			
141. Ibuprofen (Advil, Motrin)	1	2		1	2	3	4			
142. Tylenol (Acetaminophen)	1	2		1	2	3	4			
143. Medication for Allergies/Cold/Decongestants	1	2		1	2	3	4			
144. Medication for Indigestion/Heartburn (Pepcid/Zantac)	1	2		1	2	3	4			
145. Medication for Sleep (Unisom, Tylenol PM)	1	2		1	2	3	4			
146. Other	1	2		1	2	3	4			

Please turn to Card 34.

147. **During your pregnancy**, have you consumed caffeinated beverages and/or alcohol?

1.....Yes (Continue to Q148)

2.....No (Skip to Q150)

Have you consumed...	Consumed?			How Often?				Start Date ?	End Date ?
	Yes	No	Do Not Know/Refused	Everyday	A Few Days a Week	A Few Days a Month	Less than Once a Month		
148. Caffeinated Beverages	1	2		1	2	3	4		
149. Alcohol	1	2		1	2	3	4		

Please turn to Card 35.

Please turn to Card 37.

150. Does anyone in your household smoke?

1.....Yes (Continue to Q151)

2.....No (Skip to Q152)

Do not know/Refused

151. **IF YES:** Are you routinely exposed?

1.....Yes

2.....No

Do not know/Refused

Please turn back to Card 36.

152. **During your pregnancy**, have you used recreational drugs such as marijuana, cocaine or heroin?

1.....Yes (Continue to Q153)

2.....No (End Survey)

Have you used...	Used?			How Often?				Start Date ?	End Date ?
	Yes	No	<i>Do Not Know/Refused</i>	Everyday	A Few Days a Week	A Few Days a Month	Less than Once a Month		
153. Marijuana	1	2		1	2	3	4		
154. Cocaine	1	2		1	2	3	4		
155. Heroin	1	2		1	2	3	4		
156. Other	1	2		1	2	3	4		