

Birth Questionnaire – Adult

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | Birth |
| Administration: | N/A |
| Instrument Target: | Biological Mother |
| Instrument Respondent: | Biological Mother |
| Domain: | Questionnaire |
| Document Category: | Questionnaire |
| Method: | Data Collector Administered |
| Mode (for this instrument\*): | In-Person, CAI;Phone, CAI |
| OMB Approved Modes: | In-Person, CAI;Phone, CAI;Web-Based, CAI |
| Estimated Administration Time: | 7 minutes |
| Multiple Child/Sibling Consideration: | Per Event |
| Special Considerations: | N/A |
| Version: | 1.0 |
| MDES Release: | 4.0 |

\*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.

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Birth Questionnaire – Adult

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Birth Questionnaire – Adult

GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

|  |  |  |  |
| --- | --- | --- | --- |
| **DATA ELEMENT FIELDS** | **MAXIMUM CHARACTERS PERMITTED** | **DATA TYPE** | **PROGRAMMER INSTRUCTIONS** |
| ADDRESS AND EMAIL FIELDS | 100 | CHARACTER |  |
| UNIT AND PHONE FIELDS | 10 | CHARACTER |  |
| \_OTH AND COMMENT FIELDS | 255 | CHARACTER | * Limit text to 255 characters
 |
| FIRST NAME AND LAST NAME | 30 | CHARACTER | * Limit text to 30 characters
 |
| ALL ID FIELDS | 36 | CHARACTER |  |
| ZIP CODE | 5 | NUMERIC |  |
| ZIP CODE LAST FOUR | 4 | NUMERIC |  |
| CITY | 50 | CHARACTER |  |
| DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.) | 10 | NUMERICCHARACTER | * DISPLAY AS MM/DD/YYYY
* STORE AS YYYY-MM-DD
* HARD EDITS:

MM MUST EQUAL 01 TO 12DD MUST EQUAL 01 TO 31YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR. |
| TIME VARIABLES | TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION | NUMERIC | * HARD EDITS:

HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59 |

**Instrument Guidelines for Participant and Respondent IDs:**

PRENATALLY, THE **P\_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

 POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER. THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R\_P\_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

**A REMINDER:**

ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT\_CONSENT AND LINK\_PERSON\_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P\_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

WORK

**(TIME\_STAMP\_WOR\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* PRELOAD PARTICIPANT ID (**P\_ID**)  FOR BIOLOGICAL MOTHER.
* PRELOAD **WORK\_NAME, WORK\_ADDRESS\_1, WORK\_ADDRESS\_2, WORK\_UNIT, WORK\_CITY, WORK\_STATE, WORK\_ZIP**, AND **WORK\_ZIP4** IF VALUES ≠ -1 OR -2:
	+ ​FROM **INSTRUMENT\_ID**= XX (PREGNANCY VISIT 2 QUESTIONNAIRE - ADULT) IF **EVENT\_TYPE** = 15 (PV2) SET TO COMPLETE
	+ FROM **INSTRUMENT\_ID**= XX (PREGNANCY VISIT 1 QUESTIONNAIRE - ADULT) IF **EVENT\_TYPE**= 15 (PV2) NOT SET TO COMPLETE.
* PRELOAD **CHILD\_DOB** FROM **INSTRUMENT\_ID**= XX (PARTICIPANT VERIFICATION, SCHEDULING, AND TRACING QUESTIONNAIRE)
* IF **EVENT\_TYPE**= 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, PRELOAD AND DISPLAY DATE OF PV2 VISIT.
* IF**EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE** = 13 SET TO COMPLETE, PRELOAD AND DISPLAY DATE OF PV1 VISIT.
 |

**WOR01000/(EMPLOY2).** Are you currently employed?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | TIME\_STAMP\_WOR\_ET |
| REFUSED | -1 | TIME\_STAMP\_WOR\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_WOR\_ET |

|  |
| --- |
| SOURCE |
| Pregnancy, Infection, and Nutrition Study |

**WOR02000/(RETURN\_JOB\_YET).** {Have you returned/Do you plan to return} to your current job?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase (Birth) |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BIRTH\_DELIVER** = 3 OR **RELEASE** = 1, DISPLAY “Have you returned”.
* OTHERWISE, DISPLAY “Do you plan to return”.
* IF **BIRTH\_DELIVER** = 3 OR **RELEASE** = 1 AND **RETURN\_JOB\_YET** = 1, GO TO **WOR03000**.
* IF **RELEASE** = 2 AND **RETURN\_JOB\_YET** = 1 OR IF **EMPLOY2** =1 AND **RETURN\_JOB\_YET** = 2, GO TO **WOR03100**.
* OTHERWISE, GO TO **TIME\_STAMP\_WOR\_ET**.
 |

**WOR03000.** When did you return to your job?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER A TWO-DIGIT MONTH, TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR
 |

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase (Birth) |

**(RETURN\_JOB\_DT\_MM)** MONTH:  |\_\_\_|\_\_\_|

                 M   M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(RETURN\_JOB\_DT\_DD)** DAY:         |\_\_\_|\_\_\_|

                    D   D

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(RETURN\_JOB\_DT\_YYYY)** DAY:         |\_\_\_|\_\_\_|

                    D   D

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **WORK\_NAME** COLLECTED PREVIOUSLY IN **INSTRUMENT\_ID** = XX (PV2) OR **INSTRUMENT\_ID** = XX (PV1) AND **WORK\_NAME** ≠ -1 OR -2, GO TO **WORK\_NAME\_CONFIRM**.
* OTHERWISE, IF **WORK\_NAME**NOT COLLECTED PREVIOUSLY OR **WORK\_NAME** = -1 OR -2, GO TO **WORK\_NAME**.
 |

**WOR03100.** When do you plan to return to your current job?

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase (Birth) |

**(RETURN\_JOB)** |\_\_\_|\_\_\_|

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER IN NUMERIC VALUE AND THEN SELECT APPROPRIATE UNIT.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| DOESN'T PLAN TO RETURN TO CURRENT JOB | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(RETURN\_JOB\_UNIT)**

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| DAYS | 1 |  |
| WEEKS | 2 |  |
| MONTHS | 3 |  |
| YEARS | 4 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **WORK\_NAME** COLLECTED PREVIOUSLY IN **INSTRUMENT\_ID** = XX (PV2) OR **INSTRUMENT\_ID** = XX (PV1) AND **WORK\_NAME** ≠ -1 OR -2, GO TO **WORK\_NAME\_CONFIRM**.
* OTHERWISE, IF **WORK\_NAME** NOT COLLECTED PREVIOUSLY OR **WORK\_NAME** = -1 OR -2, GO TO **WORK\_NAME**.
 |

**WOR06000/(WORK\_NAME\_CONFIRM).** Let me confirm the name of the place where you work.  I have it as {MOTHER’S WORK PLACE NAME}.  Is that correct?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Evaluation of the Community Health Marriage Incentive (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * DISPLAY **WORK\_NAME** IN "MOTHER'S WORK PLACE NAME".
* IF **WORK\_NAME\_CONFIRM** = 2, -1, OR -2, GO TO **WORK\_NAME**.
* IF **WORK\_NAME\_CONFIRM** = 1 AND:
	+ IF ANY VALUE OF **WORK\_ADDRESS\_1, WORK\_CITY, WORK\_STATE,** AND **WORK\_ZIP** ≠ -1 OR -2, GO TO **WORK\_ADDRESS\_CONFIRM**.
	+ IF **WORK\_ADDRESS\_1, WORK\_CITY, WORK\_STATE,** AND **WORK\_ZIP** NOT COLLECTED PREVIOUSLY OR ALL VALUES = -1 OR -2, GO TO **WOR09000.**
 |

**WOR07000/(WORK\_NAME ).** What is the name of the place where you work?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Evaluation of the Community Health Marriage Incentive (modified) |

**WOR08000/(WORK\_ADDRESS\_CONFIRM).** Let me confirm your work address. I have it as {MOTHER’S WORK ADDRESS}. Is this correct?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | TIME\_STAMP\_WOR\_ET |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Evaluation of the Community Health Marriage Incentive (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * DISPLAY **WORK\_ADDRESS\_1, WORK\_ADDRESS\_2, WORK\_UNIT, WORK\_CITY, WORK\_STATE, WORK\_ZIP,**AND **WORK\_ZIP4**  IN "MOTHER'S WORK ADDRESS".
 |

**WOR09000.** What is the address where you work?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE AND ENTER AS MUCH INFORMATION AS PARTICIPANT KNOWS.
 |

|  |
| --- |
| SOURCE |
| Evaluation of the Community Health Marriage Incentive (modified) |

**(WORK\_ADDRESS1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 1 - STREET/PO BOX

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(WORK\_ADDRESS2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 2

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(WORK\_UNIT)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(WORK\_CITY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(WORK\_STATE)** |\_\_\_|\_\_\_|

STATE

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(WORK\_ZIP)** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

ZIP CODE

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(WORK\_ZIP4)** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

ZIP + 4

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(TIME\_STAMP\_WOR\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
 |

MEDICAL HISTORY

**(TIME\_STAMP\_MH\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
 |

**MH01000.** Now, I will ask about your recent medical history.

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 13 AND **EVENT\_TYPE** = 15 NOT SET TO COMPLETE, GO TO **MH10000**.
* IF **EVENT\_TYPE** = 13 OR **EVENT\_TYPE** = 15 SET TO COMPLETE, GO TO **USE\_PR\_LOG**.
 |

**MH02000/(USE\_PR\_LOG).** Have you used the Pregnancy Health Care Log since {DATE OF PV2 VISIT}/{DATE OF PV1 VISIT}? This is the booklet that you or your health care provider such as a doctor, midwife, or nurse uses to record information about your medical visits.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | NUM\_PROV\_PR\_LOG |
| NO | 2 |  |
| REFUSED | -1 | MH10000 |
| DON'T KNOW | -2 | MH10000 |

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase (18M, 24M) |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET

TO COMPLETE,DISPLAY DATE OF PV2 VISIT. <span style="font-size:12.0pt;mso-bidi-font-size:11.0pt;mso-bidi-font-family:Arial">* IF **EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE** = 13 SET TO COMPLETE, DISPLAY DATE

OF PV1 VISIT. |

**MH03000/(REASON\_NO\_PR\_LOG ).** Is that because…

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| You haven’t had a medical visit since our last interview | 1 | MH10000 |
| You’ve misplaced the log | 2 | MH07000 |
| You’ve forgotten to bring it to your medical visits | 3 | MH07000 |
| The log was too much trouble to complete | 4 | MH07000 |
| The log was too difficult to understand | 5 | MH07000 |
| OTHER | -5 |  |
| REFUSED | -1 | MH07000 |
| DON’T KNOW | -2 | MH07000 |

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase (18M, 24M) |

**MH04000/(REASON\_NO\_PR\_LOG\_OTH).** SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | MH07000 |
| DON'T KNOW | -2 | MH07000 |

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase (18M, 24M) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **MH07000**.
 |

**MH05000/(NUM\_PROV\_PR\_LOG).** How many health care providers did you see {between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{between {DATE OF PV1 VISIT} and {CHILD\_DOB}} using this Pregnancy Health Care Log.

|\_\_\_|\_\_\_|

NUMBER OF PROVIDERS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase (18M, 24M) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE USING, DATE OF PV2 EVENT, AND **CHILD\_DOB**.
* IF **EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE** = 13 SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE, DATE OF PV1 EVENT, AND **CHILD\_DOB**.
 |

**MH06000/(NUM\_PROV\_REC).** Of those providers that you have seen, for how many providers have you recorded contact information such as their address or phone number?

|\_\_\_|\_\_\_|

NUMBER OF CONTACTS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase (18M, 24M) |

**MH07000.** I am now going to ask some questions about visits to a doctor or other health care provider such as a midwife or nurse. You may want to refer to {the Pregnancy Health Care Log that you received as part of this study or to} personal records or a calendar that you keep that would help you to remember the dates of these visits. If you have this information available, please go and get it now.

|  |
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| SOURCE |
| National Children’s Study Vanguard Phase (18M, 24M) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **USE\_PR\_LOG**=1, DISPLAY "the Pregnancy Health Care Log that you received as part of this study or to".
 |

**MH08000/(MD08000).** What was the date of your last doctor’s visit or checkup {between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{before {CHILD\_DOB}}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER A TWO-DIGIT MONTH, TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR
 |

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase (18M, 24M) |

**(DATE\_VISIT\_MM)** MONTH:   |\_\_\_|\_\_\_|

                  M    M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| HAVE NOT HAD A VISIT | -7 | MH10000 |
| REFUSED | -1 | MH10000 |
| DON'T KNOW | -2 | MH01000 |

**(DATE\_VISIT\_DD)** DAY:         |\_\_\_|\_\_\_|

                  D     D

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(DATE\_VISIT\_YY)** YEAR:       |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

                  Y     Y      Y      Y

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE USING, DATE OF PV2 EVENT, AND **CHILD\_DOB**.
* IF **EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE** = 13 SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE, DATE OF PV1 EVENT, AND **CHILD\_DOB**.
* IF BOTH **EVENT\_TYPE** = 13 AND **EVENT\_TYPE** = 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT.
* IF **USE\_PR\_LOG**=1, GO TO **MH09000**
* OTHERWISE, IF **USE\_PR\_LOG** = 2, -1, OR -2, GO TO **MH10000**.
 |

**MH09000.** If you haven’t yet done so, please put a check mark in the box next to the visit you just told me about in your Pregnancy Health Care Log.

**MH10000.** {At this visit or at any time between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{At this visit or at any time between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{At any time during your pregnancy} did the doctor or other health care provider tell you that you have any of the following conditions?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at any time between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{At this visit or at any time between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{At any time during your pregnancy} did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED.
 |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey |

**MH11000/(DIABETES\_1).** Diabetes?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at any time between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{At this visit or at any time between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{At any time during your pregnancy} did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV2 EVENT, AND **CHILD\_DOB**.
* IF **EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE** = 13 (PV1) SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV1 EVENT, AND **CHILD\_DOB**.
* IF BOTH **EVENT\_TYPE** = 13 AND **EVENT\_TYPE** = 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT IN INTERVIEWER INSTRUCTION.
 |

**MH12000/(HIGHBP\_PREG).** High blood pressure?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at any time between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{At this visit or at any time between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{At any time during your pregnancy} did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey |

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV2 EVENT, AND **CHILD\_DOB**.
* IF **EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE** = 13 (PV1) SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV1 EVENT, AND **CHILD\_DOB**.
* IF BOTH **EVENT\_TYPE** = 13 AND **EVENT\_TYPE** = 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT IN INTERVIEWER INSTRUCTION.
 |

**MH13000/(URINE).** Protein in your urine?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at any time between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{At this visit or at any time between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{At any time during your pregnancy} did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| National Health and Nutrition Examination Survey |

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| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV2 EVENT, AND **CHILD\_DOB**.
* IF **EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT**EVENT\_TYPE**= 13 (PV1) SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV1 EVENT, AND **CHILD\_DOB**.
* IF BOTH **EVENT\_TYPE** = 13 AND **EVENT\_TYPE** = 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT IN INTERVIEWER INSTRUCTION.
 |

**MH14000/(PREECLAMP).** Preeclampsia or toxemia?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at any time between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{At this visit or at any time between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{At any time during your pregnancy} did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED.
 |

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| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Health and Nutrition Examination Survey |

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| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV2 EVENT, AND **CHILD\_DOB**.
* IF **EVENT\_TYPE**= 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT**EVENT\_TYPE** = 13 (PV1) SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV1 EVENT, AND **CHILD\_DOB**.
* IF BOTH **EVENT\_TYPE** = 13 AND **EVENT\_TYPE** = 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT IN INTERVIEWER INSTRUCTION.
 |

**MH15000/(EARLY\_LABOR).** Early or premature labor?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at any time between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{At this visit or at any time between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{At any time during your pregnancy} did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED.
 |

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| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Health and Nutrition Examination Survey |

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| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV2 EVENT, AND **CHILD\_DOB**.
* IF **EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE** = 13 (PV1) SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV1 EVENT, AND **CHILD\_DOB**.
* IF BOTH **EVENT\_TYPE** = 13 AND **EVENT\_TYPE** = 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT IN INTERVIEWER INSTRUCTION.
 |

**MH16000/(ANEMIA).** Anemia or low blood count?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at any time between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{At this visit or at any time between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{At any time during your pregnancy} did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED.
 |

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| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Health and Nutrition Examination Survey |

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| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV2 EVENT, AND **CHILD\_DOB**.
* IF **EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE**= 13 (PV1) SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV1 EVENT, AND **CHILD\_DOB**.
* IF BOTH **EVENT\_TYPE** = 13 AND **EVENT\_TYPE** = 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT IN INTERVIEWER INSTRUCTION.
 |

**MH17000/(NAUSEA).** Severe nausea or vomiting, also called hyperemesis?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at any time between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{At this visit or at any time between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{At any time during your pregnancy} did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Health and Nutrition Examination Survey |

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| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE**= 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV2 EVENT, AND **CHILD\_DOB**.
* IF **EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE** = 13 (PV1) SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV1 EVENT, AND **CHILD\_DOB**.
* IF BOTH**EVENT\_TYPE** = 13 AND **EVENT\_TYPE**= 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT IN INTERVIEWER INSTRUCTION.
 |

**MH18000/(KIDNEY).** Bladder or kidney infection?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at any time between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{At this visit or at any time between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{At any time during your pregnancy} did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Health and Nutrition Examination Survey |

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| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV2 EVENT, AND **CHILD\_DOB**.
* IF **EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE** = 13 (PV1) SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV1 EVENT, AND **CHILD\_DOB**.
* IF BOTH **EVENT\_TYPE** = 13 AND **EVENT\_TYPE** = 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT IN INTERVIEWER INSTRUCTION.
 |

**MH19000/(RH\_DISEASE).** Rh disease or isoimmunization?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at any time between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{At this visit or at any time between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{At any time during your pregnancy} did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Health and Nutrition Examination Survey |

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| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE**= 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV2 EVENT, AND **CHILD\_DOB**.
* IF **EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE** = 13 (PV1) SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV1 EVENT, AND **CHILD\_DOB**.
* IF BOTH **EVENT\_TYPE** = 13 AND**EVENT\_TYPE** = 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT IN INTERVIEWER INSTRUCTION.
 |

**MH20000/(GROUP\_B).** Infection with a bacteria called Group B strep?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at any time between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{At this visit or at any time between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{At any time during your pregnancy} did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Health and Nutrition Examination Survey |

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| PROGRAMMER INSTRUCTIONS |
| * IF**EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV2 EVENT, AND **CHILD\_DOB**.
* IF **EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE** = 13 (PV1) SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV1 EVENT, AND **CHILD\_DOB**.
* IF BOTH **EVENT\_TYPE** = 13 AND **EVENT\_TYPE**= 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT IN INTERVIEWER INSTRUCTION.
 |

**MH21000/(HERPES).** Infection with a herpes virus?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at any time between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{At this visit or at any time between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{At any time during your pregnancy} did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Health and Nutrition Examination Survey |

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| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV2 EVENT, AND **CHILD\_DOB**.
* IF **EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE**= 13 (PV1) SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV1 EVENT, AND **CHILD\_DOB**.
* IF BOTH **EVENT\_TYPE** = 13 AND **EVENT\_TYPE** = 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT IN INTERVIEWER INSTRUCTION.
 |

**MH22000/(VAGINOSIS).** Infection of the vagina with bacteria, also called bacterial vaginosis?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at any time between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{At this visit or at any time between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{At any time during your pregnancy} did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Health and Nutrition Examination Survey |

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| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV2 EVENT, AND **CHILD\_DOB**.
* IF**EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE** = 13 (PV1) SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV1 EVENT, AND **CHILD\_DOB**.
* IF BOTH **EVENT\_TYPE** = 13 AND **EVENT\_TYPE** = 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT IN INTERVIEWER INSTRUCTION.
 |

**MH23000/(OTH\_CONDITION).** Any other serious condition?

|  |
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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at any time between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{At this visit or at any time between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{At any time during your pregnancy} did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | M\_HOSPITAL |
| REFUSED | -1 | M\_HOSPITAL |
| DON'T KNOW | -2 | M\_HOSPITAL |

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| SOURCE |
| National Health and Nutrition Examination Survey |

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| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV2 EVENT, AND **CHILD\_DOB.**
* IF **EVENT\_TYPE**= 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE** = 13 (PV1) SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE IN INTERVIEWER INSTRUCTION, DATE OF PV1 EVENT, AND**CHILD\_DOB**.
* IF BOTH **EVENT\_TYPE** = 13 AND **EVENT\_TYPE** = 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT IN INTERVIEWER INSTRUCTION.
 |

**MH24000/(OTH\_CONDITION\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Health and Nutrition Examination Survey |

**MH25000/(M\_HOSPITAL).** Between {{DATE OF PV2 VISIT} and {CHILD\_DOB}}/{Between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{During your pregnancy}, did you spend at least one night in the hospital?

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| INTERVIEWER INSTRUCTIONS |
| * DO NOT INCLUDE ADMISSION FOR CHILDBIRTH.
 |

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| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | MH32000 |
| REFUSED | -1 | MH32000 |
| DON'T KNOW | -2 | MH32000 |

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| SOURCE |
| National Children’s Study Vanguard Phase (3M Phone, 6M Mother, 12M Mother) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE, DATE OF PV2 EVENT, AND **CHILD\_DOB**.
* IF**EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE**= 13 (PV1) SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE, DATE OF PV1 EVENT, AND **CHILD\_DOB**.
* IF BOTH **EVENT\_TYPE** = 13 AND**EVENT\_TYPE** = 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT.
 |

**MH26000.** What was the admission date of your last hospital stay {between {DATE OF PV2 VISIT} and {CHILD\_DOB}}/{between {DATE OF PV1 VISIT} and {CHILD\_DOB}}/{during your pregnancy}?

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| INTERVIEWER INSTRUCTIONS |
| * ENTER TWO-DIGIT MONTH, TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR.
 |

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| SOURCE |
| National Children’s Study Vanguard Phase (3M Phone, 6M Mother, 12M Mother) |

**(ADMIN\_DATE\_MM)** MONTH:   |\_\_\_|\_\_\_|

                 M    M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(ADMIN\_DATE\_DD)** DAY:         |\_\_\_|\_\_\_|

                  D     D

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| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(ADMIN\_DATE\_YY)** YEAR:       |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

                  Y     Y      Y      Y

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| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY FIRST BRACKETED PHRASE, DATE OF PV2 EVENT, AND**CHILD\_DOB.**
* IF **EVENT\_TYPE** = 15 (PV2) NOT SET TO COMPLETE FOR CURRENT PREGNANCY, BUT **EVENT\_TYPE** = 13 (PV1) SET TO COMPLETE, DISPLAY SECOND BRACKETED PHRASE, DATE OF PV1 EVENT, AND **CHILD\_DOB.**
* IF BOTH **EVENT\_TYPE** = 13 AND **EVENT\_TYPE** = 15 NOT SET TO COMPLETE, DISPLAY THIRD BRACKETED TEXT.
 |

**MH27000/(HOSP\_NIGHTS).** How many nights did you stay in the hospital during this hospital stay?

|\_\_\_|\_\_\_|\_\_\_|

NUMBER OF NIGHTS

|  |
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| INTERVIEWER INSTRUCTIONS |
| * CONFIRM RESPONSE.
 |

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| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Pregnancy Risk Assessment and Monitoring System (modified) |

**MH28000/(DIAGNOSE).** Did a doctor or other health care provider give you a diagnosis during this hospital stay?

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| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Children’s Study Vanguard Phase (3M Phone, 6M Mother, 12M Mother) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **DIAGNOSE** = 1, GO TO **DIAGNOSE\_2.**
* IF **DIAGNOSE** = 2, -1, OR -2, AND:
	+ IF **USE\_PR\_LOG**= 1, GO TO **MH31000.**
	+ OTHERWISE, IF **USE\_PR\_LOG** = 2, -1, OR -2, GO TO **MH32000.**
 |

**MH29000/(DIAGNOSE\_2).** What was the diagnosis?

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| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR MULTIPLE RESPONSES.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| DEHYDRATION | 1 |  |
| PRETERM LABOR | 2 |  |
| HYPEREMESIS | 3 |  |
| PREECLAMPSIA | 4 |  |
| RUPTURE OF MEMBRANES | 5 |  |
| KIDNEY DISORDER | 6 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |
| NOT APPLICABLE | -7 |  |

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| SOURCE |
| National Children’s Study Vanguard Phase (3M Phone, 6M Mother, 12M Mother) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **DIAGNOSE\_2** = ANY COMBINATION OF VALUES 1 – 6, GO TO PROGRAMMER INSTRUCTIONS AFTER **DIAGNOSE\_2\_OTH**.
* IF **DIAGNOSE\_2** = -5, OR ANY COMBINATION OF VALUES 1 – 6 AND -5, GO TO **DIAGNOSE\_2\_OTH**.
* IF **DIAGNOSE\_2** = -1,  -2 OR -7, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO PROGRAMMER INSTRUCTIONS AFTER **DIAGNOSE\_2\_OTH**.
 |

**MH30000/(DIAGNOSE\_2\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Children’s Study Vanguard Phase (18M Mother, 24M Mother) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **USE\_PR\_LOG** = 1, GO TO **MH31000**.
* OTHERWISE, IF **USE\_PR\_LOG** = 2, -1, OR -2, GO TO **MH32000**.
 |

**MH31000.** 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 Health Care Log.

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| SOURCE |
| National Children’s Study Vanguard Phase (18M Mother, 24M Mother) |

**MH32000.** Thank you for participating in the National Children’s Study and for taking the time to complete this survey. This concludes the interview.

**(TIME\_STAMP\_MH\_ET).**

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| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
 |