



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.

Public reporting burden for this collection of information is estimated to average 7 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.

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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	<ul style="list-style-type: none"> • Limit text to 255 characters
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> • 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	NUMERIC CHARACTER	<ul style="list-style-type: none"> • DISPLAY AS MM/DD/YYYY • STORE AS YYYY-MM-DD • HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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)

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> • IF BIRTH_DELIVER = 3 OR RELEASE = 1, DISPLAY "Have you returned". • OTHERWISE, DISPLAY "Do you plan to return".

PROGRAMMER INSTRUCTIONS

- 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)

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)

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
<ul style="list-style-type: none"> • 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)

PROGRAMMER INSTRUCTIONS

- IF **EVENT_TYPE** = 15 (PV2) FOR CURRENT PREGNANCY SET TO COMPLETE, DISPLAY DATE OF PV2 VISIT.
- 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

Label	Code	Go To
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.

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

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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	

Label	Code	Go To
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	

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.

MH14000/(PREECLAMP). Preeclampsia or toxemia?

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**.

PROGRAMMER INSTRUCTIONS

- 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?

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.

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

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	

Label	Code	Go To
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.

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

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.

MH18000/(KIDNEY). Bladder or kidney infection?

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.

MH19000/(RH_DISEASE). Rh disease or isoimmunization?

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**.

PROGRAMMER INSTRUCTIONS

- 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?

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.

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

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	

Label	Code	Go To
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.

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

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.

MH23000/(OTH_CONDITION). Any other serious condition?

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

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.

MH24000/(OTH_CONDITION_OTH). SPECIFY: _____

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

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?

INTERVIEWER INSTRUCTIONS

- DO NOT INCLUDE ADMISSION FOR CHILDBIRTH.

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

SOURCE

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

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}?

INTERVIEWER INSTRUCTIONS

- ENTER TWO-DIGIT MONTH, TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR.

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

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

(ADMIN_DATE_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, 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**.

PROGRAMMER INSTRUCTIONS

- 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

INTERVIEWER INSTRUCTIONS

- CONFIRM RESPONSE.

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

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?

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

SOURCE

National Children's Study Vanguard Phase (3M Phone, 6M Mother, 12M Mother)

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?

INTERVIEWER INSTRUCTIONS

- PROBE FOR MULTIPLE RESPONSES.
- SELECT ALL THAT APPLY.

Label	Code	Go To
DEHYDRATION	1	
PRETERM LABOR	2	
HYPEREMESIS	3	

Label	Code	Go To
PREECLAMPSIA	4	
RUPTURE OF MEMBRANES	5	
KIDNEY DISORDER	6	
OTHER	-5	
REFUSED	-1	
DON'T KNOW	-2	
NOT APPLICABLE	-7	

SOURCE

National Children's Study Vanguard Phase (3M Phone, 6M Mother, 12M Mother)

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: _____

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

SOURCE

National Children's Study Vanguard Phase (18M Mother, 24M Mother)

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.

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**).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP