

Pregnancy Loss/Still Birth/Neonatal Death (PLSND) Questionnaire

|  |  |
| --- | --- |
| Event Category: | Trigger-Based |
| Event: | Child Loss |
| Administration: | PV1, PV2, Birth |
| Instrument Target: | Child |
| Instrument Respondent: | Pregnant Woman; Biological Mother |
| Domain: | Questionnaire |
| Document Category: | Questionnaire |
| Method: | Data Collector Administered |
| Mode (for this instrument\*): | Phone, CAI |
| OMB Approved Modes: | In-Person, CAI;Phone, CAI;Web-Based, CAI |
| Estimated Administration Time: | 6 minutes |
| Multiple Child/Sibling Consideration: | Per Child |
| 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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Pregnancy Loss/Still Birth/Neonatal Death (PLSND) Questionnaire

TABLE OF CONTENTS

[GENERAL PROGRAMMER INSTRUCTIONS: 1](#_Toc371093064)

[MOST RECENT PREGNANCY 3](#_Toc371093065)

[OBSTETRIC HISTORY 17](#_Toc371093066)

[RECORDS RELEASE REQUESTS 24](#_Toc371093067)

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Pregnancy Loss/Still Birth/Neonatal Death (PLSND) Questionnaire

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.**

MOST RECENT PREGNANCY

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* PRELOAD PARTICIPANT\_ID **(P\_ID)**FOR ADULT.
 |

**MRP01000.** I understand that this topic may be difficult to discuss. If at any time you find the questions too difficult to answer, please let me know and we can stop or skip to another item.  Do you have any questions before we start?

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| INTERVIEWER INSTRUCTIONS |
| * ANSWER ANY QUESTIONS THE PARTICIPANT HAS.
 |

**MRP02000.** First, I would like to ask you some questions about your most recent pregnancy [prior to the current pregnancy], including how the pregnancy ended.

|  |
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| INTERVIEWER INSTRUCTIONS |
| * IF PARTICIPANT IS PREGNANT, USE “prior to the current pregnancy”.
* OTHERWISE, DO NOT READ “prior to the current pregnancy”.
 |

**MRP03000/(PREG\_MULTIPLE).** Was your most recent pregnancy a multiple pregnancy, that is, were you pregnant with two or more babies?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | RECENT\_LIVE\_BORN |
| REFUSED | -1 | RECENT\_LIVE\_BORN |
| DON'T KNOW | -2 | RECENT\_LIVE\_BORN |

|  |
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| SOURCE |
| National Survey of Family Growth, Cycle 6 Main Study (Female CAPI-Lite)  |

**MRP04000/(NUM\_CARRIED).** How many babies did you carry during your most recent pregnancy, including any that were not born alive?

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

NUMBER OF BABIES

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

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| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument  |

**MRP05000/(BORN\_ALIVE).** How many of your babies were born alive?

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

NUMBER OF LIVE BIRTHS

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
 |

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

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| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

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| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **BORN\_ALIVE** > **NUM\_CARRIED.**
* IF **NUM\_CARRIED** = **BORN\_ALIVE**, GO TO **PRETERM\_DELIVER**.
* OTHERWISE, GO TO **MRP06000**.
 |

**MRP06000.** The next few questions I have will ask about what happened with each baby you carried during your most recent pregnancy. Sometimes in a pregnancy with more than one baby, each baby may have a different outcome.  For example, one baby may be lost to a miscarriage, while another may be carried to term.  We would like to know what happened to each of your babies in your recent pregnancy.

**MRP07000/(NUM\_STILLBORN).** How many of your babies were stillborn, that is, lost at or after 20 weeks of pregnancy?

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NUMBER OF BABIES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
 |

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

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| SOURCE |
| National Population Health Survey 1992, Mother’s Survey |

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| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **NUM\_STILLBORN** > **NUM\_CARRIED**.
* IF **BORN\_ALIVE** + **NUM\_STILLBORN**  = **NUM\_CARRIED**, GO TO **ECTOPIC\_PREG**.
* OTHERWISE, GO TO **NUM\_MISCARRIAGE**.
 |

**MRP08000/(NUM\_MISCARRIAGE).** During your most recent pregnancy, how many of your babies were lost due to a miscarriage, that is, an involuntary, unplanned pregnancy loss before 20 weeks of pregnancy?

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NUMBER OF BABIES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
* IF NEEDED, SAY “How many of your babies were lost due to an unplanned spontaneous abortion before 20 weeks of pregnancy?”
 |

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

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| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

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| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **NUM\_MISCARRIAGE** > **NUM\_CARRIED**.
* IF **BORN\_ALIVE +** **NUM\_STILLBORN +** **NUM\_MISCARRIAGE** = **NUM\_CARRIED**, GO TO **ECTOPIC\_PREG**.
* OTHERWISE, GO TO **INDUCED\_ABORTION.**
 |

**MRP09000/(INDUCED\_ABORTION).** Did your most recent pregnancy involve an induced abortion or elective reduction in the number of fetuses?

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

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| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

**MRP10000/(NUM\_ABORT).** How many fetuses were aborted or reduced?

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

NUMBER OF FETUSES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
 |

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

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| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument |

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| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **NUM\_ABORT** > **NUM\_CARRIED**.
 |

**MRP11000/(ECTOPIC\_PREG).** Did your most recent pregnancy involve an ectopic pregnancy, in which an embryo implanted outside of the uterus? These are sometimes called tubal pregnancies because these pregnancies most often occur in the Fallopian tubes.

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

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| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

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| PROGRAMMER INSTRUCTIONS |
| * IF **BORN\_ALIVE** > 0, GO TO **PRETERM\_DELIVER**.
* OTHERWISE, GO TO **MRP24000**.
 |

**MRP12000/(PRETERM\_DELIVER).** At the time of your {baby’s/babies’} live birth, did you have a preterm delivery, that is, a delivery occurring before 37 weeks of pregnancy?

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

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| --- |
| SOURCE |
| National Survey of Family Growth, Cycle 6 Main Study (Female CAPI-Lite) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **BORN\_ALIVE** = 1, DISPLAY, “baby’s”.
* IF **BORN\_ALIVE** > 1, DISPLAY, “babies’”.
 |

**MRP13000/(NUM\_DIED).** How many of your babies died after being born alive?

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NUMBER OF BABIES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
 |

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

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| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument  |

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| PROGRAMMER INSTRUCTIONS |
| * IF **NUM\_DIED** = 0, -1, OR -2 GO TO **MRP24000**.
* OTHERWISE, GO TO **MULT\_BEFORE\_28**.
 |

**MRP14000/(MULT\_BEFORE\_28).** Did your {baby/babies} die before 28 days after birth?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NEEDED, SAY “That is, the death of your {baby/babies} up to but not including 28 days from the moment of birth.”
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | MRP24000 |
| REFUSED | -1 | MRP24000 |
| DON'T KNOW | -2 | MRP24000 |

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| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument  |

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| PROGRAMMER INSTRUCTIONS |
| * IF **NUM\_DIED** = 1, DISPLAY, “baby”.
* IF **NUM\_DIED** > 1, DISPLAY, “babies".
 |

**MRP15000/(NUM\_BEFORE\_28).** How many of your babies died before 28 days after birth?

  |\_\_\_|\_\_\_|

NUMBER OF BABIES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | MRP24000 |
| DON'T KNOW | -2 | MRP24000 |

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| --- |
| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument  |

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| PROGRAMMER INSTRUCTIONS |
| * GO TO **MRP24000**.
 |

**MRP16000/(RECENT\_LIVE\_BORN).** Did your most recent pregnancy end with the delivery of a live born baby?

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

|  |
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| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

**MRP17000/(PRETERM\_DELIVER\_1).** At the time of your baby’s live birth, did you have a preterm delivery, that is, a delivery occurring before 37 weeks of pregnancy?

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

|  |
| --- |
| SOURCE |
| National Survey of Family Growth, Cycle 6 Main Study (Female CAPI-Lite)  |

**MRP18000/(AFTER\_BORN).** Did your baby die after [he/she] was born?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | MRP24000 |
| REFUSED | -1 | MRP24000 |
| DON'T KNOW | -2 | MRP24000 |

|  |
| --- |
| SOURCE |
| National Survey of Family Growth, Cycle 6 Main Study (Female CAPI-Lite)  |

**MRP19000/(BEFORE\_28).** Did your baby die before 28 days after birth?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NEEDED SAY, “That is, the death of your baby up to but not including 28 days from the moment of birth.”
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | MRP24000 |
| NO | 2 | MRP24000 |
| REFUSED | -1 | MRP24000 |
| DON'T KNOW | -2 | MRP24000 |

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| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument  |

**MRP20000/(STILLBIRTH\_PREG).** Did your most recent pregnancy end with a stillbirth, that is, a loss at or after 20 weeks of pregnancy?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | ECTOPIC\_PREG1 |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

**MRP21000/(MISCARRIAGE\_PREG).** Did your most recent pregnancy end with a miscarriage, that is, an involuntary, unplanned pregnancy loss before 20 weeks of pregnancy?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NEEDED SAY, “Was the loss due to an unplanned spontaneous abortion before 20 weeks of pregnancy?”
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | ECTOPIC\_PREG1 |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

**MRP22000/(TERMINATION\_PREG).** Did your most recent pregnancy end with an induced abortion or voluntary termination?

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

|  |
| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

**MRP23000/(ECTOPIC\_PREG1).** Did your most recent pregnancy involve an ectopic pregnancy, in which the embryo implanted outside of the uterus? These are sometimes called tubal pregnancies because these pregnancies most often occur in the Fallopian tubes.

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

|  |
| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

**MRP24000.** Now I would like to ask you some questions about your most recent pregnancy to help us understand the type of care you received, any problems you may have experienced, and any support you received after your loss.

**MRP25000/(PRENATAL\_PROV).** Did you get any prenatal care from a doctor, nurse, or midwife during your most recent pregnancy?

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

|  |
| --- |
| SOURCE |
| National Maternal and Infant Health Survey -2 1988, Mother’s Survey  |

**MRP26000/(RECENT\_COMPLICATIONS).** {I am going to read a list of pregnancy complications or conditions. For each complication or condition, please answer “yes” or “no” to let me know if you experienced it during your most recent pregnancy. If you aren’t sure what the complication is, please let me know.}

During your most recent pregnancy, did you experience any of the following complications or conditions? You may select one or more.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* PROBE, “Any others?”
* ONLY SELECT “SOME OTHER COMPLICATION” OR “NO COMPLICATIONS/CONDITIONS” IF VOLUNTEERED.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| HYPERTENSION (HIGH BLOOD PRESSURE) | 1 |  |
| PRE-ECLAMPSIA (HIGH BLOOD PRESSURE AND EXCESS PROTEIN IN THE URINE AFTER 20 WEEKS OF PREGNANCY IN A WOMAN WHO PREVIOUSLY HAD NORMAL BLOOD PRESSURE) | 2 |  |
| HELLP SYNDROME (HELLP IS “HEMOLYSIS, ELEVATED LIVER ENZYMES, LOW PLATELETS”. THE SYNDROME INCLUDES THE BREAKDOWN OF RED BLOOD CELLS, ELEVATED LIVER ENZYMES, AND LOW PLATELET COUNT. IT OFTEN FOLLOWS A DIAGNOSIS OF HIGH BLOOD PRESSURE OR PRE-ECLAMPSIA) | 3 |  |
| CERVICAL INCOMPETENCE(A CONDITION WHERE THE CERVIX IS TOO WEAK TO STAY CLOSED DURING A PREGNANCY AND BEGINS TO DILATE WITHOUT CONTRACTIONS BEFORE THE BABY IS READY TO BE BORN. IT IS OFTEN TREATED WITH CERCLAGE, THAT IS, STITCHING THE CERVIX CLOSED) | 4 |  |
| PLACENTAL ABRUPTION (OCCURS WHEN THE PLACENTA SEPARATES FROM THE WALL OF THE UTERUS PRIOR TO THE BIRTH OF THE BABY) | 5 |  |
| TRAUMA (SUCH AS A SERIOUS OR CRITICAL BODILY INJURY, WOUND, OR SHOCK) | 6 |  |
| INFECTION (SUCH AS INFECTIONS FROM A BACTERIA OR VIRUS) | 7 |  |
| UMBILICAL CORD PROBLEMS (SUCH AS A KNOT IN THE CORD, A LEAK IN THE CORD, OR IF THE CORD WRAPS AROUND THE BABY’S NECK) | 8 |  |
| PREMATURE RUPTURE OF MEMBRANES (OCCURS WHEN THE SAC CONTAINING THE DEVELOPING BABY AND THE AMNIOTIC FLUID BURSTS OR DEVELOPS A HOLE PRIOR TO THE START OF LABOR, RESULTING IN THE LEAKAGE OF AMNIOTIC FLUID) | 9 |  |
| PRETERM LABOR (OCCURS WHEN LABOR BEGINS BEFORE 37 COMPLETED WEEKS OF PREGNANCY) | 10 |  |
| RHEUMATOLOGIC PROBLEMS (SUCH AS LUPUS AND OTHER SYSTEMIC AUTOIMMUNE DISEASES) | 11 |  |
| DIAGNOSIS OF FETAL ANOMALIES OR CHROMOSOMAL ABNORMALITIES (SUCH AS WHEN THE BABY’S BODY PARTS OR ORGANS ARE NOT FORMED NORMALLY OR DO NOT FUNCTION) | 12 |  |
| GESTATIONAL DIABETES (CONDITION OF HIGH BLOOD SUGAR DURING PREGNANCY AMONG WOMEN WITHOUT PREVIOUSLY DIAGNOSED DIABETES) | 13 |  |
| SEVERE VOMITING (SUCH AS VOMITING THREE TO FOUR TIMES PER DAY. SOMETIMES CALLED “HYPEREMESIS” OR “HYPEREMESIS GRAVIDARUM”) | 14 |  |
| UTERINE BLOOD CLOTS (ALSO KNOWN AS “SUBCHORIONIC HEMATOMA”) | 15 |  |
| NO COMPLICATIONS/CONDITIONS | 16 |  |
| SOME OTHER COMPLICATION | -5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| --- |
| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument  |

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| PROGRAMMER INSTRUCTIONS |
| * IF **RECENT\_COMPLICATIONS** = -5, OR ANY COMBINATION OF 1 THROUGH 15 AND -5, GO TO **RECENT\_COMPLICATIONS\_OTH**.
* IF **RECENT\_COMPLICATIONS** = 16, -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND
	+ IF **TERMINATION\_PREG** = 1, GO TO **RECEIVE\_RESOURCES**.
	+ IF **TERMINATION\_PREG** = 2, -1, OR -2, GO TO **DEATH\_CAUSE**
* IF **RECENT\_COMPLICATION**S = ANY COMBINATION OF 1 THROUGH 15, AND
	+ IF **TERMINATION\_PREG** = 1, GO TO **RECEIVE\_RESOURCES**.
	+ IF **TERMINATION\_PREG** = 2, -1, OR -2, GO TO **DEATH\_CAUSE.**
 |

**MRP27000/(RECENT\_COMPLICATIONS\_OTH).** What other complications did you experience during your recent pregnancy?

SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument  |

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| PROGRAMMER INSTRUCTIONS |
| * IF **TERMINATION\_PREG** = 1, GO TO **RECEIVE\_RESOURCES**.
* OTHERWISE, GO TO **DEATH\_CAUSE**.
 |

**MRP28000/(DEATH\_CAUSE).** Do you know the cause of your {pregnancy loss/baby’s death}?Do you know the cause of your {pregnancy loss/baby’s death}?

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

|  |
| --- |
| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument  |

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| PROGRAMMER INSTRUCTIONS |
| * IF **PREG\_MULTIPLE** = 1 AND
	+ **NUM\_DIED** ≠ 0, -1 OR -2, DISPLAY "baby's death".
	+ OTHERWISE, IF **NUM\_DIED** = 0, -1, OR -2,  DISPLAY "pregnacy loss".
* IF **PREG\_MULTIPLE** = 2 AND
	+ **AFTER\_BORN**= 1, DISPLAY "baby's death"
	+ **STILLBIRTH\_PREG** = 1 OR **MISCARRIAGE\_PREG** = 1, DISPLAY "pregnancy loss".
 |

**MRP29000/(DEATH\_CAUSE\_OTH).** What was the cause?

SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument |

**MRP30000/(RECEIVE\_RESOURCES).** After your most recent pregnancy, did you receive any support or draw on any resources that helped you with your {pregnancy loss/baby’s death}, including from family, friends, health care providers, organizations, or other sources?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF LOSS REPORTED DURING PREGNANCY VISIT 1 OR PREGNANCY VISIT 2 EVENT, USE “pregnancy loss” AS APPROPRIATE.
* IF LOSS REPORTED DURING BIRTH EVENT, USE “baby’s death” AS APPROPRIATE.
 |

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

|  |
| --- |
| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PREG\_MULTIPLE**= 1 AND
	+ **NUM\_DIED** ≠ 0, -1, OR -2, DISPLAY "baby's death".
	+ OTHERWISE, IF **NUM\_DIED** = 0, -1, OR -2, DISPLAY "pregnacy loss".
* IF **PREG\_MULTIPLE** = 2 AND
	+ **AFTER\_BORN**= 1, DISPLAY "baby's death"
	+ **STILLBIRTH\_PREG** = 1 OR **MISCARRIAGE\_PREG** = 1, DISPLAY "pregnancy loss".
 |

**MRP31000/(SUPPORT\_HELPED).** We would like to know what types of support or resources helped you after your recent loss. Please tell me if any of the following types of support or resources helped you.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* PROBE, “Any others?”
* ONLY SELECT “SOME OTHER TYPE OF SUPPORT OR RESOURCES” OR “NO TYPE OF SUPPORT OR RESOURCES” IF VOLUNTEERED.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| EMOTIONAL SUPPORT FROM FAMILY OR FRIENDS | 1 |  |
| IN-PERSON SUPPORT GROUP ON PREGNANCY LOSS AND INFANT DEATH | 2 |  |
| WEB-BASED SUPPORT GROUP ON PREGNANCY LOSS AND INFANT DEATH | 3 |  |
| BOOKS AND/OR MAGAZINES ON PREGNANCY LOSS AND INFANT DEATH | 4 |  |
| INFORMATION FROM MEDICAL CARE PROVIDERS ON PREGNANCY LOSS AND INFANT DEATH | 5 |  |
| MEDICAL TREATMENT | 6 |  |
| MENTAL HEALTH COUNSELING | 7 |  |
| PAID OR UNPAID LEAVE FROM YOUR JOB, INCLUDING MATERNITY LEAVE OR FAMILY AND MEDICAL LEAVE | 8 |  |
| NO TYPE OF SUPPORT OR RESOURCES | 9 |  |
| SOME OTHER TYPE OF SUPPORT OR RESOURCES | -5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| ​Pregnancy Loss, Stillbirth, and Infant Death  Instrument |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PREG\_MULTIPLE** = 1 AND
	+ **NUM\_DIED**≠ 0, -1 OR -2, DISPLAY "baby's death".
	+ OTHERWISE, IF **NUM\_DIED** = 0, -1, OR -2, DISPLAY "pregnacy loss".
* IF **PREG\_MULTIPLE** = 2 AND
	+ **AFTER\_BORN** = 1, DISPLAY "baby's death"
	+ **STILLBIRTH\_PREG** = 1 OR **MISCARRIAGE\_PREG** = 1, DISPLAY "pregnancy loss".
* IF **SUPPORT\_HELPED** = -5, OR ANY COMBINATION OF 1 THROUGH 8 AND -5, GO TO **SUPPORT\_OTH**.
* IF **SUPPORT\_HELPED** = 9, -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **TIME\_STAMP\_MRP\_ET.**
* IF **SUPPORT\_HELPED** = ANY COMBINATION OF 1 THROUGH 8, GO TO **TIME\_STAMP\_MRP\_ET.**
 |

**MRP32000/(SUPPORT\_OTH).** What other types of support or resources helped you?

SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PREG\_MULTIPLE** = 1 AND
	+ **NUM\_DIED** ≠ 0, -1 OR -2, DISPLAY "baby's death".
	+ OTHERWISE, IF **NUM\_DIED** = 0, -1, OR -2, DISPLAY "pregnacy loss".
* IF **PREG\_MULTIPLE** = 2 AND
	+ **AFTER\_BORN** = 1, DISPLAY "baby's death"
	+ **STILLBIRTH\_PREG** = 1 OR**MISCARRIAGE\_PREG** = 1, DISPLAY "pregnancy loss".
 |

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

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

OBSTETRIC HISTORY

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

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

**OH01000.** I have just a few more questions I would like to ask you.  These questions are about your pregnancies prior to your most recent pregnancy.

**OH02000/(NUM\_PREG\_PRIOR).** How many times had you ever been pregnant before your most recent pregnancy, including any that may have ended in a live birth, miscarriage, stillbirth, induced abortion, or ectopic pregnancy?

 |\_\_\_|\_\_\_|

NUMBER OF PRIOR PREGNANCIES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
 |

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

|  |
| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **NUM\_PREG\_PRIOR** = 0, GO TO **TIME\_STAMP\_OH\_ET**.
* OTHERWISE, GO TO **NUM\_PRIOR\_MULT.**
 |

**OH03000/(NUM\_PRIOR\_MULT).** How many of your prior pregnancies were multiple pregnancies, that is, you were pregnant with two or more babies?

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

NUMBER OF  PRIOR MULTIPLE PREGNANCIES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
 |

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

|  |
| --- |
| SOURCE |
| National Survey of Family Growth, Cycle 6 Main Study (Female CAPI-Lite)  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **NUM\_PRIOR\_MULT** = 0, GO TO **OH12000.**
* OTHERWISE, GO TO **OH04000**.
 |

**OH04000.** How many of these prior multiple pregnancies involved…

**OH05000/(NUM\_MULT\_PRIOR\_LIVE).** The delivery of a live born baby?

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

NUMBER OF PRIOR LIVE BIRTH PREGNANCIES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
 |

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

|  |
| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

**OH06000/(NUM\_MULT\_PRIOR\_PRETERM).** A preterm delivery, or a delivery occurring before 37 weeks of pregnancy?

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

NUMBER OF TIMES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
* RE-READ INTRODUCTORY STATEMENT (How many involved…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Survey of Family Growth, Cycle 6 Main Study (Female CAPI-Lite)  |

**OH07000/(NUM\_MULT\_PRIOR\_DEATH).** The death of a baby before 28 days after birth?

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

NUMBER OF TIMES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NEEDED, SAY: “That is, the death of your baby up to but not including 28 days from the moment of birth.”
* IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
* RE-READ INTRODUCTORY STATEMENT (How many involved…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument  |

**OH08000/(NUM\_MULT\_PRIOR\_MISCARRIAGE).** A miscarriage, that is, an involuntary, unplanned pregnancy loss before 20 weeks of pregnancy?

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

NUMBER OF PRIOR MISCARRIAGE PREGNANCIES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
* RE-READ INTRODUCTORY STATEMENT (How many involved…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

**OH09000/(NUM\_MULT\_PRIOR\_STILLBIRTH).** A stillbirth at 20 weeks of pregnancy or later?

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

NUMBER OF PREGNANCIES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00."
* RE-READ INTRODUCTORY STATEMENT (How many involved…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

**OH10000/(NUM\_MULT\_PRIOR\_ABORTION).** An induced abortion or voluntary termination?

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

NUMBER OF PRIOR ABORTED PREGNANCIES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
* RE-READ INTRODUCTORY STATEMENT (How many involved…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

**OH11000/(NUM\_MULT\_PRIOR\_ECTOPIC).** An ectopic pregnancy, in which the embryo implanted outside of the uterus? These are sometimes called tubal pregnancies because these pregnancies most often occur in the Fallopian tubes.

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

NUMBER OF PRIOR ECTOPIC PREGNANCIES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
* RE-READ INTRODUCTORY STATEMENT (How many involved…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **NUM\_PRIOR\_MULT** = **NUM\_PREG\_PRIOR**, GO TO **TIME\_STAMP\_OH\_ET**.
* OTHERWISE, GO TO **OH12000**.
 |

**OH12000.** Now I would like to ask you about your pregnancies prior to your most recent pregnancy in which you were pregnant with just one baby.

**OH13000.** How many of these prior pregnancies {with one baby} ended with:

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY “with one baby” IF **NUM\_PRIOR\_MULT** ≠ 0.
 |

**OH14000/(NUM\_ONE\_PRIOR\_LIVE).** The delivery of a live born baby?

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

NUMBER OF TIMES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
 |

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

|  |
| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **NUM\_ONE\_PRIOR\_LIVE** = 0, GO TO **NUM\_ONE\_PRIOR\_MISCARRIAGE**.
* OTHERWISE, GO TO **NUM\_ONE\_PRIOR\_PRETERM.**
 |

**OH15000/(NUM\_ONE\_PRIOR\_PRETERM).** A preterm delivery, or a delivery occurring before 37 weeks of pregnancy?

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

NUMBER OF TMES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
* RE-READ INTRODUCTORY STATEMENT (How many ended in…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Survey of Family Growth, Cycle 6 Main Study (Female CAPI-Lite)  |

**OH16000/(NUM\_ONE\_PRIOR\_BEFORE\_28).** The death of your baby before 28 days after birth?

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

NUMBER OF TIMES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
* IF NEEDED SAY, “That is, the death of your baby up to but not including 28 days from the moment of birth.”
* RE-READ INTRODUCTORY STATEMENT (How many ended in…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument  |

**OH17000/(NUM\_ONE\_PRIOR\_MISCARRIAGE).** A miscarriage, that is, an involuntary, unplanned pregnancy loss before 20 weeks of pregnancy?

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

NUMBER OF TIMES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
* RE-READ INTRODUCTORY STATEMENT (How many ended in…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

**OH18000/(NUM\_ONE\_PRIOR\_STILLBIRTH).** A stillbirth at 20 weeks of pregnancy or later?

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

NUMBER OF TIMES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
* RE-READ INTRODUCTORY STATEMENT (How many ended in…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey |

**OH19000/(NUM\_ONE\_PRIOR\_ABORTION).** An induced abortion or voluntary termination?

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

NUMBER OF TIMES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
* RE-READ INTRODUCTORY STATEMENT (How many ended in…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

**OH20000/(NUM\_ONE\_PRIOR\_ECTOPIC).** An ectopic pregnancy, in which the embryo implanted outside of the uterus? These are sometimes called tubal pregnancies because these pregnancies most often occur in the Fallopian tubes.

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NUMBER OF TIMES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PARTICIPANT REPORTS NONE, RECORD “00.”
* RE-READ INTRODUCTORY STATEMENT (How many ended in…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Population Health Survey 1992, Mother’s Survey  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * CREATE DERIVED VARIABLE, **NUM\_PRIOR\_ONE\_CALC**, WHERE **NUM\_PRIOR\_ONE\_CALC** = SUM OF **NUM\_ONE\_PRIOR\_LIVE** + **NUM\_ONE\_PRIOR\_MISCARRIAGE** + **NUM\_ONE\_PRIOR\_STILLBIRTH** + **NUM\_ONE\_PRIOR\_ABORTION** + **NUM\_ONE\_PRIOR\_ECTOPIC**; THEN SET **NUM\_PREG\_PRIOR** = **NUM\_PRIOR\_ONE\_CALC**+ **​NUM\_PRIOR\_MULT.**
 |

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

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

RECORDS RELEASE REQUESTS

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

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

**RRR01000.** Thank you for answering our questions about this difficult topic.  We appreciate your participation.  To better understand your loss, we would like to review your medical record related to your most recent pregnancy. Information from your medical record will only be seen by members of the NCS study team. Your doctors, hospitals, and other medical care providers can tell us more about your pregnancy and the care you and your baby received. What your medical care providers can tell us is also very important to understanding your loss.

{We would like to send you two copies of a Medical Record Release form in the mail. If you have questions after reading the form, please contact us at the number we will include on the form.  If you agree to let us access the medical records, you will complete and sign the form, and mail it back to us.  We will provide a pre-addressed stamped envelope for this purpose. The second copy of the form will be yours to keep.}

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF MODE = CATI, DISPLAY BRACKETED TEXT AND THEN GO TO **MAILING\_ADDRESS\_VARIABLES**.
* OTHERWISE, IF MODE = CAPI, GO TO **MED\_RECORD\_LOSS**.
 |

**RRR02000/(MAILING\_ADDRESS\_VARIABLES).** What is your mailing address?

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | RRR12000 |
| DON'T KNOW | -2 | RRR12000 |

|  |
| --- |
| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument |

**(MAIL\_ADDRESS\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 1 - STREET/PO BOX

**(MAIL\_ADDRESS\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 2

**(MAIL\_UNIT)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT

**(MAIL\_CITY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY

**(MAIL\_STATE)** |\_\_\_|\_\_\_|

STATE

**(MAIL\_ZIP)** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

ZIP CODE

**(MAIL\_ZIP4)** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

ZIP+4

**RRR03000/(MED\_RECORD\_LOSS).** May we {have your permission to access your medical records to learn more about the loss/send you the Medical Record Release form to review}?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES {ALLOWS MAILING} | 1 |  |
| NO {SAID DOES NOT WANT RELEASE MAILED TO HER} | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF MODE = CAPI, DISPLAY “have your permission to access your medical records to learn more about the loss.”
* IF MODE = CATI, DISPLAY “send you the Medical Record Release form to review” AND BRACKETED TEXT FOR RESPONSE CODES.
* IF MODE = CAPI AND **MED\_RECORD\_LOSS** = 1, GO TO **RRR04000**.
* IF MODE = CATI AND **MED\_RECORD\_LOSS** = 1, GO TO **REVIEW\_RELEASE**.
* OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **SIGN\_RELEASE**.
 |

**RRR04000.** Please read and complete the Medical Record Release Form and let me know if you have any questions. All of the information we obtain will be kept strictly confidential.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROVIDE PARTICIPANT WITH TWO COPIES OF THE MEDICAL RECORD RELEASE FORM.
* ANSWER ANY QUESTIONS THE PARTICIPANT HAS.
* THE PARTICIPANT SHOULD SIGN ONE COPY FOR THE INTERVIEWER, AND SHE SHOULD BE GIVEN THE OTHER COPY TO KEEP.
 |

**RRR05000/(SIGN\_RELEASE).** DID PARTICIPANT SIGN THE MEDICAL RECORD RELEASE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **NUM\_STILLBORN** > 0 AND/OR **NUM\_DIED** > 0, AND **STILLBIRTH\_PREG** = 1, OR **AFTER\_BORN** = 1, GO TO **RRR07000**.
* OTHERWISE, GO TO **RRR12000**.
 |

**RRR06000/(REVIEW\_RELEASE).** DID PARTICIPANT AGREE TO REVIEW THE MEDICAL RECORD RELEASE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **NUM\_STILLBORN** > 0 AND/OR **NUM\_DIED** > 0, AND **STILLBIRTH\_PREG** = 1, OR **AFTER\_BORN** = 1, GO TO **RRR07000**.
* OTHERWISE, GO TO **RRR12000**.
 |

**RRR07000.** Your {baby’s/babies’} death certificate{s} can give us important information about the {cause of/circumstances of your {baby’s/babies’}} death. All of the information we obtain will be kept strictly confidential and will only be seen by members of the NCS study team.  {We will send you 2 copies of a Death Certificate Release form in the mail {per child}. Please review and complete the form{s}.  If you have questions after you read the Death Certificate Release form, please contact us at the number we will include on the form.  Once you have completed and signed the  release form, please mail it back to us, using the same envelope as you will use for sending us the Medical Records Release form. The second copy of the form will be yours to keep.}

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF MODE = CAPI, DISPLAY “cause of.”
* IF MODE = CATI, DISPLAY “circumstances of your {baby’s/babies’}” AND BRACKETED PARAGRAPH THAT BEGINS “We will send you 2 copies…”.
* IF **PREG\_MULTIPLE** = 1, DISPLAY “per child”.
* IF  **PREG\_MULTIPLE** = 1 AND SUM OF **NUM\_STILLBORN** + **NUM\_DIED** = 1,  DISPLAY “baby’s”, “certificate” AND “form”.
* OTHERWISE, IF **PREG\_MULTIPLE** = 1 AND SUM OF **NUM\_STILLBORN** + **NUM\_DIED** > 1, DISPLAY “babies”, “certificates” AND “forms”.
 |

**RRR08000/(DEATH\_CERT).** May we {also} {have your permission to access your {baby’s/babies’} death certificate{s}/send you the Death Certificate Release form to review}?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES{, ALLOWS MAILING} | 1 |  |
| NO{, SAID DOES NOT WANT RELEASE MAILED TO HER} | 2 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Pregnancy Loss, Stillbirth, and Infant Death  Instrument  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **MED\_RECORD\_LOSS** = 1, DISPLAY, “also.”
* IF MODE = CAPI, DISPLAY “have your permission to access your {baby’s/babies’} death certificate{s}.”
* IF MODE = CATI, DISPLAY “send you the Death Certificate Release form to review” AND BRACKETED TEXT FOR RESPONSE CODES.
* IF SUM OF **NUM\_STILLBORN** + **NUM\_DIED** = 1, DISPLAY “baby’s and “certificate”.
* OTHERWISE, IF SUM OF **NUM\_STILLBORN** + **NUM\_DIED** > 1, DISPLAY “babies” and “certificates”.
* IF MODE = CAPI AND **DEATH\_CERT** = 1, GO TO **RRR09000**.
* IF MODE = CATI AND **DEATH\_CERT**= 1, GO TO **REVIEW\_DEATH\_CERT**.
* OTHERWISE, GO TO **RRR12000**.
 |

**RRR09000.** Please read and complete the Death Certificate Record Release Form and let me know if you have any questions.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROVIDE PARTICIPANT WITH TWO COPIES OF THE DEATH CERTIFICATE RELEASE FORM FOR EACH CHILD.
* OBTAIN RELEASE FORM WHERE NUMBER OF RELEASE FORMS = SUM OF **NUM\_STILLBORN** + **NUM\_DIED**.
* ANSWER ANY QUESTIONS THE PARTICIPANT HAS.
* HAVE THE PARTICIPANT SIGN ONE COPY OF THE FORM, AND GIVE HER THE OTHER COPY TO KEEP.
 |

**RRR10000/(SIGN\_DEATH\_CERT).** DID PARTICIPANT SIGN THE DEATH CERTIFICATE RELEASE{S}?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF SUM OF **NUM\_STILLBORN** + **NUM\_DIED** = 1, DISPLAY “release”.
* OTHERWISE, IF SUM OF **NUM\_STILLBORN** + **NUM\_DIED** > 1, DISPLAY “releases”.
 |

**RRR11000/(REVIEW\_DEATH\_CERT).** DID PARTICIPANT AGREE TO REVIEW THE DEATH CERTIFICATE RELEASE{S}?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF SUM OF **NUM\_STILLBORN** + **NUM\_DIED** = 1, DISPLAY “release”.
* OTHERWISE, IF SUM OF **NUM\_STILLBORN** + **NUM\_DIED** > 1, DISPLAY “releases”.
 |

**RRR12000.** Those are all the questions I have.  I’d like to thank you for your help in answering our questions.  Your participation is very important to the National Children’s Study.

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

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