

Retrospective Pregnancy - Birth Cohort Questionnaire - Adult

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | Birth, or 3M, or 6M |
| 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 |
| Estimated Administration Time: | 26 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.\*\* Administer at Birth. If it was not administered at birth, then administered at 3M. If not administered at Birth & 3M, then administer at 6M.

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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.**

INTRODUCTION

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* PRELOAD PARTICIPANT ID (**P\_ID**) AND RESPONDENT ID (**R\_P\_ID**) FOR BIOLOGICAL MOTHER.
* PRELOAD AND DISPLAY **R\_FNAME**AND **PERSON\_DOB** FROM THE PARTICIPANT VERIFICATION AND TRACING QUESTIONNAIRE (**INSTRUMENT\_ID**= XX) AS APPROPRIATE THROUGHOUT.
* PRELOAD **MULTIPLE\_GESTATION**FROM BIRTH QUESTIONNAIRE - CHILD (**INSTRUMENT\_ID** = XX).
	+ IF **MULTIPLE\_GESTATION** = 1, -1, OR -2, AND
		- IF BABY'S NAME IS UNKNOWN (**C\_FNAME**IN PARTICIPANT VERIFICATION AND TRACING = -1 OR -2) DISPLAY “baby” AND "the baby" AS APPROPRIATE THROUGHOUT THE INSTRUMENT.
		- IF BABY'S NAME IS KNOWN (**C\_FNAME** IN PARTICIPANT VERIFICATION AND TRACING ≠ -1 OR -2) DISPLAY NAME AS APPROPRIATE THROUGHOUT THE INSTRUMENT.
	+ OTHERWISE, IF **MULTIPLE\_GESTATION**= 2 OR 3, DISPLAY “babies” AND "the babies" AS APPROPRIATE THROUGHOUT INSTRUMENT.
 |

**INT01000.** Thank you for agreeing to participate in the National Children’s Study.  This interview will take about 30 minutes to complete.  Your answers are important to us. There are no right or wrong answers.During this interview, we will ask you questions about yourself, your health and pregnancy, your household and where you live.  You can skip over any question or stop the interview at any time.  We will keep everything that you tell us confidential.These questions may be similar to those asked during a previous pregnancy.  We are asking them again because sometimes the answers change and this will help us to update our information about you.

**INT02000/(CORRECT\_PART).** First, we’d like to make sure we have your name recorded correctly.  Is your name {R\_FNAME}?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard 1 Phase (PV1) |

**INT03000/(CORRECT\_PART\_DOB).** Is your birth date {PERSON\_DOB}?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard 1 Phase (PV1) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **CORRECT\_PART** AND/OR **CORRECT\_PART\_DOB** = 2, -1, OR -2 UPDATE INFORMATION IN THE PARTICIPANT VERIFICATION AND TRACING QUESTIONNAIRE (**INSTRUMENT\_ID**= XX).
 |

**INT04000/(PART\_READY).** Are you ready to begin?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother ) |

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

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

DEMOGRAPHICS

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

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

**DEM01000.** First, I’d like to ask some questions about you.

**DEM02000/(EDUC).** What is the highest degree or level of school that you have completed?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| LESS THAN A HIGH SCHOOL DIPLOMA OR GED | 1 |  |
| HIGH SCHOOL DIPLOMA OR GED | 2 |  |
| SOME COLLEGE BUT NO DEGREE | 3 |  |
| ASSOCIATE DEGREE OR CERTIFICATION | 4 |  |
| BACHELOR'S DEGREE (E.G., BA, BS) | 5 |  |
| POST GRADUATE DEGREE (E.G., MASTERS OR DOCTORAL) | 6 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
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| SOURCE |
| CensusLegacy:  National Children’s Study, Legacy Phase (P1, T1 Mother, T1 Father, 6M) |

**DEM03000/(MARISTAT).** Now I’d like to ask about your marital status.  Are you:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Married | 1 |  |
| Not married but living together with a partner | 2 |  |
| Never been married | 3 | ETHNIC\_ORIGIN |
| Divorced | 4 | ETHNIC\_ORIGIN |
| Separated | 5 | ETHNIC\_ORIGIN |
| Widowed | 6 | ETHNIC\_ORIGIN |
| REFUSED | -1 | ETHNIC\_ORIGIN |
| DON'T KNOW | -2 | ETHNIC\_ORIGIN |

|  |
| --- |
| SOURCE |
| National Survey for Family GrowthLegacy: National Children’s Study, Legacy Phase (P1, T1 Mother) |

**DEM04000/(SP\_EDUC).** What is the highest degree or level of school that your spouse or partner has completed?

|  |
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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| LESS THAN A HIGH SCHOOL DIPLOMA OR GED | 1 |  |
| HIGH SCHOOL DIPLOMA OR GED | 2 |  |
| SOME COLLEGE BUT NO DEGREE | 3 |  |
| ASSOCIATE DEGREE OR CERTIFICATION | 4 |  |
| BACHELOR'S DEGREE (E.G., BA, BS) | 5 |  |
| POST GRADUATE DEGREE (E.G., MASTERS OR DOCTORAL) | 6 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Modified from CensusVanguard: National Children’s Study, vanguard Phase (Pre-Preg) |

**DEM05000.** Next, I’d like to ask some questions about {your/you and your spouse or partner’s} race and ethnicity.

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| PROGRAMMER INSTRUCTIONS |
| * IF **MARISTAT** ≠ 1 OR 2, DISPLAY “your” AND GO TO **ETHNIC\_ORIGIN**.
* IF **MARISTAT** = 1 OR 2, DISPLAY “you and your spouse or partner’s” AND GO TO **SP\_ETHNIC\_1**.
 |

**DEM06000/(SP\_ETHNIC\_1).** Is your spouse or partner of Hispanic, Latino/a, or Spanish origin?

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

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

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| PROGRAMMER INSTRUCTIONS |
| * PRELOAD **MODE**
* IF **SP\_ETHNIC\_1** = 1, GO TO **SP\_ETHNIC\_2**.
* IF **MODE** = CAPI, AND IF **SP\_ETHNIC\_1** ≠ 1, GO TO **SP\_RACE\_NEW.**
* IF **MODE** = CATI, AND IF **SP\_ETHNIC\_1** ≠ 1, GO TO **SP\_RACE\_1.**
 |

**DEM07000/(SP\_ETHNIC\_2).** Is your spouse or partner one or more of the following?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY.
* PROBE: Anything else?
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Mexican, Mexican American, Chicano/a | 1 |  |
| Puerto Rican | 2 |  |
| Cuban | 3 |  |
| Another Hispanic, Latino/a, or Spanish origin | 4 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

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| PROGRAMMER INSTRUCTIONS |
| * IF **SP\_ETHNIC\_2** = -5, OR ANY COMBINATION OF 1 THROUGH 4 AND -5, GO TO **SP\_ETHNIC\_2\_OTH.**
* IF **SP\_ETHNIC\_2** = ANY COMBINATION OF 1 THROUGH 4, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **SP\_ETHNIC\_2\_OTH.**
* IF **SP\_ETHNIC\_2** = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **SP\_ETHNIC\_2\_OTH.**
 |

**DEM08000/(SP\_ETHNIC\_2\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

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| PROGRAMMER INSTRUCTIONS |
| * IF **MODE** = CAPI, GO TO **SP\_RACE\_NEW.**
* OTHERWISE, IF **MODE** = CATI, GO TO **SP\_RACE\_1**
 |

**DEM09000/(SP\_RACE\_NEW).** What is your spouse or partner’s race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* PROBE FOR ANY OTHER RESPONSES
* ONLY USE “SOME OTHER RACE” IF VOLUNTEERED.
* SELECT ALL THAT APPLY.
 |

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

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

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| PROGRAMMER INSTRUCTIONS |
| * IF **SP\_RACE\_NEW** = ANY COMBINATION OF 1 THROUGH 14, GO TO **ETHNIC\_ORIGIN.**
* IF **SP\_RACE\_NEW** = -5, OR ANY COMBINATION OF 1 THROUGH 14 AND -5, GO TO **SP\_RACE\_NEW\_OTH.**
* IF **SP\_RACE\_NEW** =  -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **ETHNIC\_ORIGIN.**
 |

**DEM10000/(SP\_RACE\_NEW\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **ETHNIC\_ORIGIN**
 |

**DEM11000/(SP\_RACE\_1).** What is your spouse or partner’s race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES
* ONLY USE  “SOME OTHER RACE” IF VOLUNTEERED.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| White | 1 |  |
| Black or African American | 2 |  |
| American Indian or Alaska Native | 3 |  |
| Asian | 4 |  |
| Native Hawaiian or other Pacific Islander | 5 |  |
| SOME OTHER RACE | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

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| PROGRAMMER INSTRUCTIONS |
| * IF **SP\_RACE\_1** = ANY COMBINATION OF 1 THROUGH 3, GO TO **ETHNIC\_ORIGIN.**
* IF **SP\_RACE\_1** = 4 OR ANY COMBINATION OF 4 WITH 1, 2, 3, AND/OR 5, GO TO **SP\_RACE\_2**.
* IF **SP\_RACE\_1** = 5 OR ANY COMBINATION OF 5 WITH 1 THROUGH 3, GO TO **SP\_RACE\_3.**
* IF **SP\_RACE\_1** = -5, OR ANY COMBINATION OF 1 THROUGH 5 WITH -5, GO TO **SP\_RACE\_1\_OTH.**
* IF **SP\_RACE\_1** =  -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **ETHNIC\_ORIGIN.**
 |

**DEM12000/(SP\_RACE\_1\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

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| PROGRAMMER INSTRUCTIONS |
| * IF **SP\_RACE\_1** = 4, OR ANY COMBINATION OF 1, 2, 3, AND/OR 5 WITH 4, GO TO **SP\_RACE\_2.**
* IF **SP\_RACE\_1** = 5, OR ANY COMBINATION OF 1 THROUGH 3 WITH 5, GO TO **SP\_RACE\_3.**
* OTHERWISE, GO TO **ETHNIC\_ORIGIN.**
 |

**DEM13000/(SP\_RACE\_2).** What is your spouse or partner’s race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Asian Indian | 1 |  |
| Chinese | 2 |  |
| Filipino | 3 |  |
| Japanese | 4 |  |
| Korean | 5 |  |
| Vietnamese | 6 |  |
| Other Asian | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **SP\_RACE\_1** = ANY COMBINATION INCLUDING BOTH 4 AND 5, GO TO **SP\_RACE\_3.**
* OTHERWISE, GO TO **ETHNIC\_ORIGIN.**
 |

**DEM14000/(SP\_RACE\_3).** What is your spouse or partner’s race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Native Hawaiian | 1 |  |
| Guamanian or Chamorro | 2 |  |
| Samoan | 3 |  |
| Other Pacific Islander | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

**DEM15000/(ETHNIC\_ORIGIN).** Are you of Hispanic, Latino/a or Spanish origin?

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

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

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| PROGRAMMER INSTRUCTIONS |
| * IF **ETHNIC\_ORIGIN** = 1, GO TO **ETHNIC\_ORIGIN\_2.**
* IF **MODE** = CAPI, AND IF **ETHNIC\_ORIGIN** ≠ 1, GO TO **RACE\_NEW.**
* IF **MODE** = CATI, AND IF **ETHNIC\_ORIGIN** ≠ 1, GO TO **RACE\_1.**
 |

**DEM16000/(ETHNIC\_ORIGIN\_2).** Are you one or more of the following?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY.
* PROBE: Anything else?
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Mexican, Mexican American, Chicano/a | 1 |  |
| Puerto Rican | 2 |  |
| Cuban | 3 |  |
| Another Hispanic, Latino/a, or Spanish origin | 4 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

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| PROGRAMMER INSTRUCTIONS |
| * IF **ETHNIC\_ORIGIN\_2** = -5, OR ANY COMBINATION OF 1 THROUGH 4 WITH -5, GO TO **ETHNIC\_ORIGIN\_2\_OTH.**
* IF **ETHNIC\_ORIGIN\_2** = ANY COMBINATION OF 1 THROUGH 4, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **ETHNIC\_ORIGIN\_2\_OTH.**
* IF **ETHNIC\_ORIGIN\_2** = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **ETHNIC\_ORIGIN\_2\_OTH.**
 |

**DEM17000/(ETHNIC\_ORIGIN\_2\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

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| PROGRAMMER INSTRUCTIONS |
| * IF **MODE** = CAPI, GO TO **RACE\_NEW.**
* OTHERWISE, IF **MODE** = CATI, GO TO **RACE\_1.**
 |

**DEM18000/(RACE\_NEW).** What is your race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
* CODE “SOME OTHER RACE” ONLY IF VOLUNTEERED.
* PROBE: Anything else?
 |

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

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS.
* OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.
* IF **RACE\_NEW** = ANY COMBINATION OF 1 THROUGH 14, GO TO **DEM24000.**
* IF **RACE\_NEW** = -5, OR ANY COMBINATION OF 1 THROUGH 14 WITH -5, GO TO **RACE\_NEW\_OTH.**
* IF **RACE\_NEW** =  -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **DEM24000.**
 |

**DEM19000/(RACE\_NEW\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | DEM24000 |
| DON'T KNOW | -2 | DEM24000 |

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **DEM24000**.
 |

**DEM20000/(RACE\_1).** What is your race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES
* ONLY USE  “SOME OTHER RACE” IF VOLUNTEERED.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| White | 1 |  |
| Black or African American | 2 |  |
| American Indian or Alaska native | 3 |  |
| Asian | 4 |  |
| Native Hawaiian or other Pacific Islander | 5 |  |
| SOME OTHER RACE | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RACE\_1** = ANY COMBINATION OF 1 THROUGH 3, GO TO **DEM24000**.
* IF **RACE\_1** = 4, OR ANY COMBINATION OF 4 WITH 1, 2, 3, AND/OR 5, GO TO **RACE\_2.**
* IF **RACE\_1** = 5, OR ANY COMBINATION OF 5 WITH 1 THROUGH 3, GO TO **RACE\_3.**
* IF **RACE\_1** = -5, OR ANY COMBINATION OF 1 THROUGH 5 WITH -5, GO TO **RACE\_1\_OTH.**
* IF **RACE\_1** =  -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **DEM24000.**
 |

**DEM21000/(RACE\_1\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RACE\_1** = 4, OR 4 AND ANY COMBINATION OF 1, 2, 3, AND/OR 5, GO TO **RACE\_2.**
* IF **RACE\_1** = 5, OR 5 AND ANY COMBINATION OF 1 THROUGH 3, GO TO **RACE\_3.**
* OTHERWISE, GO TO **DEM24000.**
 |

**DEM22000/(RACE\_2).** What is your race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Asian Indian | 1 |  |
| Chinese | 2 |  |
| Filipino | 3 |  |
| Japanese | 4 |  |
| Korean | 5 |  |
| Vietnamese | 6 |  |
| Other Asian | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RACE\_1** = ANY COMBINATION INCLUDING BOTH 4 AND 5, GO TO **RACE\_3.**
* OTHERWISE, GO TO **DEM24000.**
 |

**DEM23000/(RACE\_3).** What is your race? (One or more categories may be selected).

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Native Hawaiian | 1 |  |
| Guamanian or Chamorro | 2 |  |
| Samoan | 3 |  |
| Other Pacific Islander | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

**DEM24000.** These next questions are about the language that will be spoken to your {baby/babies}.

**DEM25000/(HH\_NONENGLISH\_NEW ).** Do you speak a language other than English at home?

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

**DEM26000/(OTHER\_LANG ).** What is this language?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| SPANISH | 1 | HH\_PRIMARY\_LANG |
| OTHER | -5 |  |
| REFUSED | -1 | TIME\_STAMP\_DEM\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_DEM\_ET |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

**DEM27000/(OTHER\_LANG\_OTH ).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. |

**DEM28000/(HH\_PRIMARY\_LANG ).** What is the primary language spoken in your home?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ENGLISH | 1 | TIME\_STAMP\_DEM\_ET |
| SPANISH | 2 | TIME\_STAMP\_DEM\_ET |
| ARABIC | 3 | TIME\_STAMP\_DEM\_ET |
| CHINESE | 4 | TIME\_STAMP\_DEM\_ET |
| FRENCH | 5 | TIME\_STAMP\_DEM\_ET |
| FRENCH CREOLE | 6 | TIME\_STAMP\_DEM\_ET |
| GERMAN | 7 | TIME\_STAMP\_DEM\_ET |
| ITALIAN | 8 | TIME\_STAMP\_DEM\_ET |
| KOREAN | 9 | TIME\_STAMP\_DEM\_ET |
| POLISH | 10 | TIME\_STAMP\_DEM\_ET |
| RUSSIAN | 11 | TIME\_STAMP\_DEM\_ET |
| TAGALOG | 12 | TIME\_STAMP\_DEM\_ET |
| VIETNAMESE | 13 | TIME\_STAMP\_DEM\_ET |
| URDU | 14 | TIME\_STAMP\_DEM\_ET |
| PUNJABI | 15 | TIME\_STAMP\_DEM\_ET |
| BENGALI | 16 | TIME\_STAMP\_DEM\_ET |
| FARSI | 17 | TIME\_STAMP\_DEM\_ET |
| SIGN LANGUAGE | 18 | TIME\_STAMP\_DEM\_ET |
| CANNOT CHOOSE | 19 | TIME\_STAMP\_DEM\_ET |
| OTHER | -5 |  |
| REFUSED | -1 | TIME\_STAMP\_DEM\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_DEM\_ET |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth CohortLegacy: National Children’s Study, Legacy Phase (6M) |

**DEM29000/(HH\_PRIMARY\_LANG\_OTH ).** OTHER SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth CohortLegacy: National Children’s Study, Legacy Phase (6M) |

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

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

PREGNANCY INFORMATION

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

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

**PI01000.** Now I’d like to change the subject and ask some questions about you, your health, and your health history.  I’ll begin by asking about your most recent pregnancy.

**PI02000.** What was the first day of your last menstrual period?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF PARTICIPANT KNOWS MONTH AND YEAR BUT IS UNSURE OF DAY, ENTER “15” FOR DAY.
 |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

**(LAST\_PERIOD\_MM)**

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

  M    M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | NUM\_WEEKS\_FIRST\_LEARN |
| DON'T KNOW | -2 | NUM\_WEEKS\_FIRST\_LEARN |

**(LAST\_PERIOD\_DD)**

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

  D    D

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

**(LAST\_PERIOD\_YYYY)**

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

   Y     Y     Y    Y

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | NUM\_WEEKS\_FIRST\_LEARN |
| DON'T KNOW | -2 | NUM\_WEEKS\_FIRST\_LEARN |

**PI03000/(RESP\_GIVE\_DATE).** DID RESPONDENT GIVE DATE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RESPONDENT GAVE COMPLETE DATE | 1 |  |
| INTERVIEWER ENTERED 15 FOR DAY | 2 |  |

**PI04000/(NUM\_WEEKS\_FIRST\_LEARN).** About how many weeks pregnant were you when you first learned that you were pregnant with {NAME OF BABY/the baby/the babies}?

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

WEEKS

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

|  |
| --- |
| SOURCE |
| National Children’s Study (Legacy Phase), T1 Mother |

**PI005000/(PREG\_VITAMIN\_2).** While you were pregnant, did you regularly take multivitamins, prenatal vitamins, folate, or folic acid?

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

|  |
| --- |
| SOURCE |
| Modified from Pregnancy Risk Assessment Monitoring SystemCurrent: National Children’s Study, Vanguard Phase (LI Non & Preg) |

**PI06000.** What was your due date?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF PARTICIPANT KNOWS MONTH AND YEAR BUT IS UNSURE OF DAY, ENTER “15” FOR DAY.
 |

|  |
| --- |
| SOURCE |
| Pregnancy, Infection, and Nutrition StudyLegacy : National Children’s Study, Legacy Phase (T1 Mother) |

**(PREV\_DUE\_DATE\_MM)**

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

  M    M

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

**(PREV\_DUE\_DATE\_DD)**

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

   D    D

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

**(PREV\_DUE\_DATE\_YYYY)** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

   Y     Y     Y    Y

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

**PI07000/(KNEW\_DATE\_2).** DID RESPONDENT GIVE DATE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RESPONDENT GAVE COMPLETE DATE | 1 |  |
| INTERVIEWER ENTERED 15 FOR DAY | 2 |  |

**PI08000/(PREG\_FEVER).** While you were pregnant, were there any days on which you had a fever over 101 degrees? (IF NEEDED: or 38.3 degrees Celsius?)

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

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase, (T1 Mother ) |

**PI09000/(TOOK\_HORMONES).** During your pregnancy, did you take any medications such as hormones to prevent pregnancy complications or pregnancy loss?

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

|  |
| --- |
| SOURCE |
| Modified from  National Birth Defects Prevention Study  Interview, 4/10, A55 |

**PI10000/(MEDS\_PREVENT\_LOSS).** Did you take any of these medications to prevent pregnancy complications or pregnancy loss?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| BRETHINE/TERBUTALINE | 1 |  |
| CALCIUM CHANNEL BLOCKERS (NORVASC) | 2 |  |
| PROGESTERONE | 3 |  |
| NIFEDIPINE (PROCARDIA) | 4 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from  National Birth Defects Prevention Study Interview, 4/10, A56 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **MEDS\_PREVENT\_LOSS**= ANY COMBINATION OF 1 THROUGH 4, GO TO **MORNING\_SICKNESS.**
* IF **MEDS\_PREVENT\_LOSS**= -5, OR ANY COMBINATION OF 1 THROUGH 4 AND -5, GO TO **MEDS\_PREVENT\_LOSS\_OTH.**
* IF **MEDS\_PREVENT\_LOSS**= -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **​MORNING\_SICKNESS.**
 |

**PI10100/(MEDS\_PREVENT\_LOSS\_OTH).** ​SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| ​Modified from  National Birth Defects Prevention Study Interview, 4/10, A56 |

**PI11000/(MORNING\_SICKNESS).** During this pregnancy, did you have morning sickness or nausea?

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

|  |
| --- |
| SOURCE |
| Modified from National Birth Defects Prevention Study Interview, 4/10, A61 |

**PI12000/(MED\_NAUSEA).** Did you take any medications for your nausea or vomiting?

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

|  |
| --- |
| SOURCE |
| Modified from National Birth Defects Prevention Study Interview, 4/10, A65 |

**PI13000/(TYPE\_NAUSEA\_MED).** Did you take any of these medications for your nausea and vomiting?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| EMETROL | 1 |  |
| COMPAZINE | 2 |  |
| TIGAN | 3 |  |
| PHENERGAN | 4 |  |
| REGLAN | 5 |  |
| ZOFRAN | 6 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **TYPE\_NAUSEA\_MED**= ANY COMBINATION OF 1 THROUGH 6, GO TO **REC\_WIC.**
* IF **TYPE\_NAUSEA\_MED**= -5 OR ANY COMBINATION OF 1 THROUGH 6 AND -5, GO TO **TYPE\_NAUSEA\_MED\_OTH.**
* IF **TYPE\_NAUSEA\_MED**= -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **​REC\_WIC.**
 |

**PI13100/(TYPE\_NAUSEA\_MED\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| NEW |

**PI14000/(REC\_WIC).** During your pregnancy, did you receive benefits from the WIC program, that is, the Women, Infants and Children program?

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

|  |
| --- |
| SOURCE |
| Modified from SLAITS 2011 National Survey of Child HealthVanguard: Modified from National Children’s Study, Vanguard  Phase (Core) |

**PI15000/(REC\_FOOD\_STAMP).** During your most recent pregnancy, were you or any members of your household authorized to receive Food Stamps (which includes a food stamp card or voucher, or cash grants from the state for food)?

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

|  |
| --- |
| SOURCE |
| Modified from SLAITS 2011 National Survey of Child HealthVanguard: Modified from National Children’s Study, Vanguard  Phase (Core) |

**PI16000/(WAYS\_BECOME\_PREG).** Before your most recent pregnancy,did you or your partner talk to a doctor or other health care provider about ways to help you become pregnant?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | PI26000 |
| REFUSED | -1 | PI26000 |
| DON'T KNOW | -2 | PI26000 |

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase (T1 Mother) |

**PI17000/(TYPE\_BECOME\_PREG).** What types of services or treatments did you receive to help you become pregnant with this pregnancy?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ADVICE ONLY | 1 |  |
| MEDICINES OR SHOTS TO IMPROVE YOUR OVULATION | 2 |  |
| SURGERY TO CORRECT BLOCKED TUBES | 3 |  |
| OTHER TYPE OF SURGERY | 4 |  |
| ARTIFICIAL INSEMINATION | 5 |  |
| IN VITRO FERTILIZATION | 6 |  |
| OTHER TYPES OF MEDICAL HELP | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **TYPE\_BECOME\_PREG** = 4, OR ANY COMBINATION INCLUDING 4, GO TO **TYPE\_BECOME\_PREG\_1\_OTH.**
* IF **TYPE\_BECOME\_PREG** = -5, OR ANY COMBINATION OF 1 – 3, 5 – 6, AND -5, GO TO T**YPE\_BECOME\_PREG\_2\_OTH.**
* IF **TYPE\_BECOME\_PREG** = 5, OR ANY COMBINATION INCLUDING 5 BUT NOT INCLUDING 4 AND -5, GO TO **SPERM\_DONOR.**
* IF **TYPE\_BECOME\_PREG** = 6, OR ANY COMBINATION INCLUDING 6 BUT NOT INCLUDING 4, 5, AND -5, GO TO **DONATE\_EGG.**
* OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **EGG\_DONOR.**
 |

**PI18000/(TYPE\_BECOME\_PREG\_1\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **TYPE\_BECOME\_PREG** = -5, OR ANY COMBINATION OF 1 – 6, AND -5, GO TO **TYPE\_BECOME\_PREG\_2\_OTH.**
* IF **TYPE\_BECOME\_PREG** = 5, OR ANY COMBINATION INCLUDING 5 BUT NOT INCLUDING -5, GO TO **SPERM\_DONOR.**
* IF **TYPE\_BECOME\_PREG** = 6, OR ANY COMBINATION INCLUDING 6 BUT NOT INCLUDING 5 AND -5, GO TO **DONATE\_EGG.**
* OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **EGG\_DONOR**
 |

**PI19000/(TYPE\_BECOME\_PREG\_2\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **TYPE\_BECOME\_PREG** = 5, OR ANY COMBINATION INCLUDING 5, GO TO **SPERM\_DONOR.**
* IF **TYPE\_BECOME\_PREG** = 6, OR ANY COMBINATION INCLUDING 6 BUT NOT INCLUDING 5, GO TO **DONATE\_EGG.**
* OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **EGG\_DONOR.**
 |

**PI20000/(SPERM\_DONOR).** Please tell me who donated the sperm. Was it:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Your husband or partner | 1 |  |
| An anonymous donor | 2 |  |
| Both your husband or partner and an anonymous donor | 3 |  |
| Some other person | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase  (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **SPERM\_DONOR**= -5, GO TO **SPERM\_DONOR\_OTH.**
* OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **SPERM\_DONOR\_OTH.**
 |

**PI20100/(SPERM\_DONOR\_OTH).** ​SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| ​Modified from National Children’s Study, Legacy Phase  (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF**TYPE\_BECOME\_PREG**= 6, OR ANY COMBINATION INCLUDING 6, GO TO **DONATE\_EGG.**
* OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **EGG\_DONOR**.
 |

**PI21000/(DONATE\_EGG).** As part of in vitro fertilization, sometimes a donor egg is used.  Was a donor egg used for your in vitro fertilization?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **DONATE\_EGG** = 1, GO TO **EGG\_DONOR.**
* OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **EGG\_DONOR.**
 |

**PI22000/(EGG\_DONOR).** Please tell me who donated the egg. Was it:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A relative that you are biologically related to | 1 |  |
| A relative that you are not biologically related to | 2 |  |
| A friend | 3 |  |
| An anonymous donor | 4 |  |
| Some other person | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **EGG\_DONOR** = -5, GO TO **EGG\_DONOR\_OTH.**
* IF **EGG\_DONOR** ≠  -5 AND,
	+ IF **TYPE\_BECOME\_PREG** = 2, OR ANY COMBINATION INCLUDING 2, GO TO **DRUG\_BECOME.**
* OTHERWISE, GO TO **PI26000.**
 |

**PI23000/(EGG\_DONOR\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **TYPE\_BECOME\_PREG** = 2, OR ANY COMBINATION INCLUDING 2, GO TO **DRUG\_BECOME.**
* OTHERWISE, GO TO **PI26000.**
 |

**PI24000/(DRUG \_BECOME ).** Which of these drugs did you use prior to this pregnancy to help you become pregnant ?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CLOMID | 1 |  |
| GONAL F | 2 |  |
| BRAVELLE | 3 |  |
| FOLLISTIM | 4 |  |
| REPRONEX | 5 |  |
| PERGONAL | 6 |  |
| PREGNYL | 7 |  |
| PROFASI | 8 |  |
| NOVAREL | 9 |  |
| OTHER DRUG | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase  (T1 Mother)  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **DRUG\_BECOME** = -5, OR ANY COMBINATION OF 1 THROUGH 9 AND -5, GO TO **DRUG\_BECOME\_OTH.**
* OTHERWISE, GO TO **PI26000.**
 |

**PI25000/(DRUG\_BECOME\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase  (T1 Mother) |

**PI26000.** Part of the National Children’s Study may include a study visit with the baby’s biological father.  What is the first and last name of your baby’s biological father?

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

**(FATHER\_FNAME)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

          FIRST NAME

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

**(FATHER\_LNAME)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                LAST NAME

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

**PI27000/(BABY\_LIVE\_BIO\_FATHER).** Is the biological father of your baby living in this household?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

**PI28000/(MAY\_CONTACT).** May the Study contact him?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

**PI29000.** What is his home address and phone number?

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

**(FATHER\_CONTACT\_STREET)**

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

STREET ADDRESS

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

**(FATHER\_CONTACT\_CITY)**

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

CITY

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

**(FATHER\_CONTACT\_STATE)**

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

STATE

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

**(FATHER\_CONTACT\_ZIP)**

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

ZIP CODE

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

**(FATHER\_CONTACT\_PHONE)**

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

PHONE NUMBER

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

**PI30000/(FIRST\_PREG\_W\_PARTNER).** Is this your first pregnancy with this partner?

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

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase (T1 Mother) |

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

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

MATERNAL BIRTH HISTORY

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

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

**MBH01000.** Next, I’d like to ask you about **your** birth.

**MBH02000/(MOTHER\_BIRTH\_PREMATURE).** Were you born prematurely, that is more than 3 weeks early?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

**MBH03000/(MOTHER\_LOW\_ BIRTH\_WEIGHT).** Were you a low birth weight baby, that is, did you weigh less than 5 pounds 8 ounces (2500 grams) or 5 pounds 8 ounces (or 2500 grams) at birth?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

**MBH04000/(MOTHER\_BIRTH\_MULTI).**

When you were born, were you born as a singleton, or as a twin, a triplet, or some other multiple birth?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| SINGLETON | 1 | TIME\_STAMP\_MBH\_ET |
| TWIN | 2 | TIME\_STAMP\_MBH\_ET |
| TRIPLET | 3 | TIME\_STAMP\_MBH\_ET |
| OTHER | -5 |  |
| REFUSED | -1 | TIME\_STAMP\_MBH\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_MBH\_ET |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

**MBH05000/(MOTHER\_BIRTH\_MULT\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

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

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

MATERNAL MEDICAL HISTORY

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

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

**MMH01000.** Next, I have some general questions about your health.

**MMH02000/(GENERAL\_HEALTH).** Would you say your health in general is . . .

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Excellent | 1 |  |
| Very good | 2 |  |
| Good | 3 |  |
| Fair | 4 |  |
| Poor | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

**MMH03000.** How tall are you without shoes?

|  |
| --- |
| SOURCE |
| Behavioral Risk Factor Surveillance SystemLegacy: National Children’s Study, Legacy Phase (T1 Mother);Vanguard: National Children’s Study, Vanguard  Phase (PV1) |

**(MOTHER\_HEIGHT\_FEET)**

|\_\_\_|

FEET

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

**(MOTHER\_HEIGHT\_INCHES)**

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

INCHES

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

**MMH04000/(MOTHER\_WEIGHT\_PRE\_PREG).** What was your weight just before you became pregnant?

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

    POUNDS

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

|  |
| --- |
| SOURCE |
| Behavioral Risk Factor Surveillance SystemLegacy: National Children’s Study, Legacy Phase (T1 Mother);National Children’s Study, Vanguard  Phase (PV1) |

**MMH05000.** Next are some questions about dental health and gum disease.  Gum disease is a common problem. People with gum disease might have swollen gums, receding gums, sore or infected gums, or loose teeth.

**MMH06000/(GUM\_DISEASE).** Do you think you might have gum disease?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

**MMH07000/(GEN\_DENTAL\_HEALTH).** Overall, how would you rate the health of your teeth and gums?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Excellent | 1 |  |
| Very good | 2 |  |
| Good | 3 |  |
| Fair | 4 |  |
| Poor | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

**MMH08000/(TREAT\_GUM\_DISEASE).** In the past 12 months, have you had treatment for gum disease such as scaling and root planing, sometimes called “deep cleaning”?  This does not include visits to the dentist just for routine cleanings.

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

**MMH09000/(LOST\_BONE\_TEETH).** Have you ever been told by a dental professional that you have lost bone around your teeth?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

**MMH10000.** The next questions are about medical conditions or health problems you might have now or may have had in the past, as well as about medications you may have taken during your pregnancy or in the last 12 months.

**MMH11000/(ASTHMA).** Have you **ever** been told by a doctor or other health care provider that you had asthma?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase,  (T1 Mother) |

**MMH12000/(ASTHMA\_DRUG\_DURING\_PREG). During your pregnancy**, did you take any drugs to treat asthma?

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

|  |
| --- |
| SOURCE |
| NEW |

**MMH13000/(ASTHMA\_DRUG\_TYPE).** Did you use any of these medications to treat asthma?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| BECLOMETHASONE PROPIONATE HFA | 1 |  |
| BUDESONIDE | 2 |  |
| BUDESONIDE IN COMBINATION WITH FORMOTEROL | 3 |  |
| CICLESONIDE | 4 |  |
| FLUNISOLIDE | 5 |  |
| FLUTICASONE PROPIONATE | 6 |  |
| FLUTICASONE IN COMBINATION WITH SALMETEROL | 7 |  |
| MOMETASONE | 8 |  |
| MOMETASONE IN COMBINATION WITH FORMETEROL | 9 |  |
| TRIAMCINOLONE ACETONIDE | 10 |  |
| ALBUTEROL SULFATE | 11 |  |
| FORMOTEROL FUMARATE | 12 |  |
| SALMETEROL XINAFOATE | 13 |  |
| ARFORMOTEROL TARTRATE | 14 |  |
| FORMOTEROL FUMARATE | 15 |  |
| CROMOLYN SODIUM | 16 |  |
| THEOPHYLLINE | 17 |  |
| MONTELUKAST | 18 |  |
| ZAFIRLUKAST | 19 |  |
| ZILEUTON | 20 |  |
| OMALIZUMAB | 21 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **ASTHMA\_DRUG\_TYPE**= -5, OR ANY COMBINATION INCLUDING -5, GO TO **ASTHMA\_DRUG\_TYPE\_OTH.**
* OTHERWISE, GO TO **​HYPERTENSION\_NOT\_PREG.**
 |

**MMH15000/(ASTHMA\_DRUG\_TYPE\_OTH).** Do you remember the name of the medicine?

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

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

|  |
| --- |
| SOURCE |
| NEW |

**MMH16000/(HYPERTENSION\_NOT\_PREG).** Have you **ever** been told by a doctor or other health care provider that you had hypertension or high blood pressure when you’re **not pregnant**?

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

|  |
| --- |
| SOURCE |
| Modified from National Health and Nutrition Examination Survey 2004Legacy: National Children’s Study, Legacy Phase (T1 Mother);Vanguard: National Children’s Study, Vanguard  Phase (PV1) |

**MMH17000/(HYPERTENSION\_MED\_WHILE\_PREG). During your pregnancy**, did you take any medications to treat high blood pressure?

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

|  |
| --- |
| SOURCE |
| NEW |

**MMH18000/(HYPERTENSION\_MED\_TAKE\_TYPE).** Which medications did you take for high blood pressure **during** **your pregnancy**….

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ALISKIREN, ALSO CALLED TEKTURNA | 1 |  |
| ATENOLOL | 2 |  |
| AMLODIPINE, ALSO CALLED NORVASC | 3 |  |
| CAPTOPRIL, ALSO CALLED CAPOTEN | 4 |  |
| DILTIAZEM HCL, ALSO CALLED CARDIZEM OR DILACOR XR | 5 |  |
| ENALAPRIL MALEATE, ALSO CALLED VASOTEC OR LEXXEL | 6 |  |
| HYDRALAZINE/HCTZ ALSO CALLED APRESAZIDE OR HYDRAZIDE | 7 |  |
| LOSARTAN, ALSO CALLED COZAAR | 8 |  |
| LISINOPRIL, ALSO CALLED PRINIVIL OR ZESTRIL | 9 |  |
| METOPROLOL, ALSO CALLED LOPRESSOR OR TOPROL XL | 10 |  |
| METHYLDOPA, ALSO CALLED ALDOMET | 11 |  |
| NADOLOL, ALSO CALLED CORGARD | 12 |  |
| NIFEDIPINE, ALSO CALLED ADALAT OR PROCARDIA | 13 |  |
| PENBUTOLOL, ALSO CALLED LEVATOL | 14 |  |
| PROPRANOLOL, ALSO CALLED INDERAL OR INNOPRAN | 15 |  |
| QUINAPRIL HCL, ALSO CALLED ACCUPRIL OR ACCURETIC | 16 |  |
| RAMIPRIL, ALSO CALLED ALTACE | 17 |  |
| OLMESARTAN, ALSO CALLED BENICAR | 18 |  |
| VALSARTAN, ALSO CALLED DIOVAN | 19 |  |
| VERAPAMIL, ALSO CALLED ISIOTUB OR COVERA-HS | 20 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **HYPERTENSION\_MED\_TAKE\_TYPE** = -5, OR ANY COMBINATION OF 1 THROUGH 20 AND -5, GO TO **HYPERTENSION\_MED\_TAKE\_TYPE\_OTH.**
* OTHERWISE, GO TO **EPILEPSY**.
 |

**MMH19000/(HYPERTENSION\_MED\_TAKE\_TYPE\_OTH).** Do you remember the name of the medicine?

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

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

|  |
| --- |
| SOURCE |
| NEW |

**MMH20000/(EPILEPSY ).** Have you **ever** been told by a doctor or other health care provider that you had epilepsy or seizures?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase, (T1 Mother) |

**MMH21000/(EPILEPSY\_DRUG\_WHILE\_PREG). During your pregnancy**, did you take any medications for epilepsy?

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

|  |
| --- |
| SOURCE |
| NEW |

**MMH22000/(EPILEPSY\_MED\_TYPE).** Did you take any of these medications for epilepsy **during your preganacy**?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| DEPAKENE, DEPAKOTE, OR VALPROIC ACID | 1 |  |
| DILANTIN OR PHENYTOIN | 2 |  |
| FELBATOL | 3 |  |
| KLONOPIN OR CLONAZEPAM | 4 |  |
| LAMICTAL | 5 |  |
| PHENOBARBITAL | 6 |  |
| TEGRETOL OR CARBATROL | 7 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **EPILEPSY\_MED\_TYPE** = -5, OR ANY COMBINATION OF 1 THROUGH 7 AND -5, GO TO **EPILEPSY\_MED\_TYPE\_OTH.**
* OTHERWISE, GO TO **DIABETES\_NOT\_PREG.**
 |

**MMH23000/(EPILEPSY\_MED\_TYPE\_OTH).** Do you remember the name of the medicine?

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

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

|  |
| --- |
| SOURCE |
| NEW |

**MMH24000/(DIABETES\_NOT\_PREG).** Have you **ever** been told by a doctor or other health care provider that you had diabetes when you’re **not pregnan**t?

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

|  |
| --- |
| SOURCE |
| Modified from National Health and Nutrition Examination Survey 2004Legacy: National Children’s Study, Legacy Phase (T1 Mother);Vanguard: National Children’s Study, Vanguard  Phase (PV1) |

**MMH25000/(DIABETES\_MED\_WHILE\_PREG). During your pregnancy,** did you take any medicine or receive other medical treatment for diabetes?

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

|  |
| --- |
| SOURCE |
| Modified from National Health and Nutrition Examination Survey 2004Legacy: National Children’s Study, Legacy Phase (T1 Mother);Vanguard: National Children’s Study, Vanguard  Phase (PV1) |

**MMH25100/(DIABETES\_TX\_TYPE).** ​**During your pregnancy,**​which of the following types of treatment did you use for your diabetes?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Insulin | 1 |  |
| Dietary changes | 2 |  |
| Exercise | 3 |  |
| Anything else | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **DIABETES\_TX\_TYPE**= -5, OR ANY COMBINATION OF 1 THROUGH 3 AND -5, GO TO **DIABETES\_TX\_TYPE\_OTH.**
* OTHERWISE, GO TO **​INSULIN.**
 |

**MMH25200/(DIABETES\_TX\_TYPE\_OTH).** What other medicine or treatment did you receive?

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

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

|  |
| --- |
| SOURCE |
| NEW |

**MMH26000/(INSULIN).** Have you **ever** taken insulin?

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

|  |
| --- |
| SOURCE |
| Modified from National Health and Nutrition Examination Survey 2004Legacy: National Children’s Study, Legacy Phase (T1 Mother);Vanguard: National Children’s Study, Vanguard  Phase (PV1) |

**MMH27000/(HIGH\_CHOLESTEROL).** Have you **ever** been told by a doctor or other health care provider that you had high cholesterol?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

**MMH28000/(CHOLESTEROL\_MED\_PREG).** Did you take any drugs for high cholesterol **during your pregnancy**?

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

|  |
| --- |
| SOURCE |
| NEW |

**MMH29000/(CHOL\_MEDICATIONS\_PREG).** Did you take any of these medicines for high cholesterol **during your pregnancy**?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ATORVASTATIN, ALSO CALLED LIPITOR | 1 |  |
| LOVASTATIN, ALSO CALLED ALTOPREV OR MEVACOR | 2 |  |
| PRAVASTATIN, ALSO CALLED PRAVACHOL | 3 |  |
| SIMVASTATIN, ALSO CALLED PRAVACHOL | 4 |  |
| FLUVASTATIN, ALSO CALLED LESCOL | 5 |  |
| ROSUVASTATIN, ALSO CALLED CRESTOR | 6 |  |
| CADUET, A COMBINATION OF ATORVASTAIN AND AMLODIPINE | 7 |  |
| ADVIOCOR, A COMBINATION OF LOVASTATIN AND NIACIN | 8 |  |
| VYTORIN, A COMBINATION OF SIMVASTATIN AND EZETIMIBE | 9 |  |
| SIMCOR, A COMBINATION OF SIMVASTATIN AND NIACIN | 10 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **CHOL\_MEDICATIONS\_PREG** = -5, OR ANY COMBINATION OF 1 THROUGH 10 AND -5, GO TO **CHOL\_MEDICATIONS\_PREG\_OTH.**
* OTHERWISE, GO TO **HYPOTHYROID.**
 |

**MMH30000/(CHOL\_MEDICATIONS\_PREG\_OTH).** Do you remember the name of the medicine?

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

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

|  |
| --- |
| SOURCE |
| NEW |

**MMH31000/(HYPOTHYROID).** Have you **ever** been told by a doctor or other health care provider that you had hypothyroidism, that is, an under active thyroid?

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

|  |
| --- |
| SOURCE |
| Modified from National Health and Nutrition Examination Survey 2004Legacy: National Children’s Study, Legacy Phase (T1 Mother);Vanguard: National Children’s Study, Vanguard  Phase (PV1) |

**MMH32000/(HYPERTHYROID).** Have you **ever** been told by a doctor or other health care provider that you had hyperthyroidism, that is, an overactive thyroid?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **HYPOTHYROID** AND **HYPERTHYROID** = 2, -1, OR -2, GO TO **DEPRESSION.**
* OTHERWISE, GO TO **THYROID\_MED.**
 |

**MMH33000/(THYROID\_MED).** Have you taken any medicine or received other medical treatment for a thyroid problem **during your pregnancy**?

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

|  |
| --- |
| SOURCE |
| Modified from National Health and Nutrition Examination Survey 2004Legacy: Modified from National Children’s Study, Legacy Phase (T1 Mother);National Children’s Study, Vanguard  Phase (PV1) |

**MMH34000/(THYROID\_MED\_PREG).** Did you take any of these thyroid medications **during pregnancy**?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| DESICCATED THYROID HORMONE ALSO CALLED ARMOUR THYROID, NATURE-THYROID OR WESTHROID | 1 |  |
| LEVOTHYROXINE, ALSO CALLED SYNTHROID, LEVOXYL, LEVOTHYROID, TEROSINE, UNITHROID | 2 |  |
| LIOTRIX, ALSO CALLED THYROLAR | 3 |  |
| LIOTHYRONINE, ALSO CALLED TRIOSTAT OR CYTOMEL | 4 |  |
| METHIMAZOLE | 5 |  |
| PROPYLTHIOURACIL | 6 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **THYROID\_MED\_PREG** = -5, OR ANY COMBINATION OF 1 THROUGH 6 WITH -5, GO TO **THYROID\_MED\_PREG\_OTH.**
* OTHERWISE, GO TO **DEPRESSION.**
 |

**MMH35000/(THYROID\_MED\_PREG\_OTH).** Do you remember the name of the medicine?

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

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

|  |
| --- |
| SOURCE |
| NEW |

**MMH36000/(DEPRESSION).** Have you **ever** been told by a doctor or other health care provider that you had depression, not including bipolar disorder?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | MMH40000 |
| REFUSED | -1 | MMH40000 |
| DON'T KNOW | -2 | MMH40000 |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

**MMH37000/(DEPRESSION\_MED).** Did you take any drugs for depression **during your pregnancy**?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | MMH40000 |
| REFUSED | -1 | MMH40000 |
| DON'T KNOW | -2 | MMH40000 |

|  |
| --- |
| SOURCE |
| NEW |

**MMH38000/(DEPRESSION\_MED\_PREG).** Did you take any of these medications for depression **during your pregnancy**?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ABILIFY ALSO KNOWN AS ARIPIPRAZOLE | 1 |  |
| CELEXA ALSO KNOWN AS CITALOPRAM | 2 |  |
| CYMBALTA ALSO KNOWN AS DULOXETINE | 3 |  |
| EFFEXOR ALSO KNOWN AS VENLAFAXINE | 4 |  |
| ELAVIL ALSO KNOWN AS AMITRIPTYLINE | 5 |  |
| INVEGA ALSO KNOWN AS PALIPERIDONE | 6 |  |
| LEXAPRO ALSO KNOWN AS ESCITALOPRAM | 7 |  |
| NUVIGIL ALSO KNOWN AS ARMODAFINIL | 8 |  |
| PAXIL ALSO KNOWN AS PAROXETINE | 9 |  |
| PRISTIQ DESVENLAFAXINE | 10 |  |
| PROZAC ALSO KNOWN AS FLUOXETINE | 11 |  |
| REMERON ALSO KNOWN AS MIRTAZAPINE | 12 |  |
| STRATTERA ALSO KNOWN AS ATOMOXETINE | 13 |  |
| VIIBRYD ALSO KNOWN AS VILAZODONE | 14 |  |
| WELLBUTRIN ALSO KNOWN AS BUPROPION | 15 |  |
| XANAX ALSO KNOWN AS ALPRAZOLAM | 16 |  |
| ZOLOFT ALSO KNOWN AS SERTRALINE | 17 |  |
| ZYPREXA ALSO KNOWN AS OLANZAPINE | 18 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **DEPRESSION\_MED\_PREG** = -5, OR ANY COMBINATION OF 1 THROUGH 18 WITH -5, GO TO **DEPRESSION\_MED\_PREG\_OTH.**
* OTHERWISE, GO TO **MMH40000.**
 |

**MMH39000/(DEPRESSION\_MED\_PREG\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| NEW |

**MMH40000.** We are interested in some prescription and nonprescription medicines that you may have taken during your pregnancy.  As I read the list, please tell me whether you took the medicine or not.  In answering the questions, please respond ‘yes’ only if you took the drug during your pregnancy or around the time you became pregnant, that is, between your last menstrual period and when you found out you were pregnant.

**MMH41000/(PAIN\_MEDS\_PREG). During your pregnancy**, did you take any of these pain medications?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ACETOMINOPHEN (DATRIL, TYLENOL) | 1 |  |
| IBUPROFEN (ADVIL, MOTRIN, NUPRIN) | 2 |  |
| NAPROXIN (ALEVE) | 3 |  |
| ASPIRIN (ANACIN, BAYER, BUFFERIN) | 4 |  |
| DID NOT TAKE PAIN MEDICATIONS | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PAIN\_MEDS\_PREG**​= -7, -1, OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES.
 |

**MMH42000/(MOOD\_MEDS\_PREG). During your pregnancy**, did you take any of these mood medications?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| FLUOXETINE (PROZAC) | 1 |  |
| BUPROPION (WELLBUTRIN) | 2 |  |
| PAROXETINE (PAXIL) | 3 |  |
| SERTRALINE (ZOLOFT) | 4 |  |
| VENALAFAXINE (EFFEXOR) | 5 |  |
| CITALOPRAM (CELEXA) | 6 |  |
| DID NOT TAKE MOOD MEDICATIONS | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **MOOD\_MEDS\_PREG**​= -7, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES.
 |

**MMH43000/(INFECTIONS\_MED\_PREG). During your pregnancy**, did you take any of these medications to treat infections?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| LEVOFLOXACIN | 1 |  |
| AMOXICILLIN | 2 |  |
| AUGMENTIN | 3 |  |
| BACTRIM | 4 |  |
| SEPTRA | 5 |  |
| CIPRO | 6 |  |
| DOXYCYCLINE | 7 |  |
| ZITHROMAX | 8 |  |
| RELENZA | 9 |  |
| ZANAMIVIR | 10 |  |
| TAMIFLU | 11 |  |
| OSELTAMIVIR | 12 |  |
| DID NOT HAVE AN INFECTION/DID NOT TAKE MEDICATION FOR INFECTION | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **INFECTIONS\_MED\_PREG**= -7, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES.
 |

**MMH44000/(ALLERGY\_MEDS\_PREG). During your pregnancy**, did you take any of these allergy medications?

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| LORATADINE (CLARITIN) | 1 |  |
| FEXOFENADINE (ALLEGRA) | 2 |  |
| CETIRIZINE (ZYRTEC) | 3 |  |
| DOES NOT HAVE ALLERGIES/DID NOT TAKE ALLERGY MEDICATIONS | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **ALLERGY\_MEDS\_PREG**= -7, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES.
 |

**MMH45000/(OTHER\_MEDS\_PREG).** The last few drugs are used to treat several conditions. **During your pregnancy**, did you take any of these medications?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CYTOTEC | 1 |  |
| MISOPROSTOL | 2 |  |
| ACCUTANE | 3 |  |
| THALIDOMIDE | 4 |  |
| MYFORTIC | 5 |  |
| CELLCEPT | 6 |  |
| METHOTREXATE | 7 |  |
| DID NOT TAKE ANY OF THESE MEDICATIONS | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **OTHER\_MEDS\_PREG**= -7, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES.
 |

**MMH46000/(ADDITIONAL\_MEDS\_PREG).** Are there any other medications that you took **during your pregnancy**, that we have not talked about?

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

|  |
| --- |
| SOURCE |
| ​NEW |

**MMH47000/(ADDITIONAL\_MEDS\_PREG\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| NEW |

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

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

HEALTH BEHAVIORS PART 1

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

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

**HB01000.** Now I’d like to change topics and ask you some questions about drinking beverages with caffeine.

**HB02000/(PREGNANCY\_DRINK). During the last 3 months of your pregnancy**, did you drink the following:

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Caffeinated coffee | 1 |  |
| Caffeinated tea | 2 |  |
| Soda with caffeine (Coke, Pepsi, Dr. Pepper, Mountain Dew) | 3 |  |
| Energy drinks with caffeine (Red Bull, Amp) | 4 |  |
| NONE | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PREGNANCY\_DRINK**= 5, -1 OR -2, GO TO **DRINK\_BEFORE\_PREG.**
* OTHERWISE, GO TO **PREGNANCY\_DRINK\_FREQ.**
 |

**HB03000/(PREGNANCY\_DRINK\_FREQ).** How many {caffeinated coffees/caffeinated teas/sodas with caffeine/energy drinks with caffeine} did you have per day?

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

NUMBER OF DRINKS PER DAY

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF RESPONDENT DRINKS LESS THAN 1 DRINK PER DAY, WRITE IN “1” FOR HOW MANY PER DAY.
 |

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * LOOP THROUGH **PREGNANCY\_DRINK\_FREQ** UNTIL NUMBER OF LOOPS = 4.
* DISPLAY “caffeinated coffees” FOR FIRST LOOP, “caffeinated teas” FOR SECOND LOOP, “sodas with caffeine” FOR THIRD LOOP, AND “energy drinks with caffeine” FOR FOURTH LOOP.
 |

**HB04000/(DRINK\_BEFORE\_PREG). In the 3 months before you knew you were pregnant**, did you drink:

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Caffeinated coffee | 1 |  |
| Caffeinated tea | 2 |  |
| Soda with caffeine (Coke, Pepsi, Dr. Pepper, Mountain Dew) | 3 |  |
| Energy drinks with caffeine (Red Bull, Amp) | 4 |  |
| NONE | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **DRINK\_BEFORE\_PREG**= 5, -1 OR -2, GO TO **TIME\_STAMP\_HB\_ET.**
* OTHERWISE, GO TO **​DRINK\_BEFORE\_PREG\_FREQ.**
 |

**HB05000/(DRINK\_BEFORE\_PREG\_FREQ).** How many {caffeinated coffees/caffeinated teas/sodas with caffeine/energy drinks with caffeine} did you have per day?

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

NUMBER OF DRINKS PER DAY

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF RESPONDENT DRINKS LESS THAN 1 DRINK PER DAY, WRITE IN “1” FOR HOW MANY PER DAY.
 |

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * LOOP THROUGH **DRINK\_BEFORE\_PREG\_FREQ** UNTIL NUMBER OF LOOPS = 4.
* DISPLAY “caffeinated coffees” FOR FIRST LOOP, “caffeinated teas” FOR SECOND LOOP, “sodas with caffeine” FOR THIRD LOOP, AND “energy drinks with caffeine” FOR FOURTH LOOP.
 |

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

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

DOCTOR VISITS AND HOSPITALIZATIONS

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

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

**DVA01000.** I am now going to ask some questions about your visits to a doctor or other health care provider during your pregnancy.

**DVA02000/(HEALTH\_CARE).** What kind of place did you usually go to when you needed routine or preventive care, such as a physical examination or check-up?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Clinic or health center | 1 |  |
| Doctor's office or Health Maintenance Organization (HMO) | 2 |  |
| Hospital emergency room | 3 |  |
| Hospital outpatient department | 4 |  |
| Some other place | 5 |  |
| DOESN'T GO TO ONE PLACE MOST OFTEN | 6 |  |
| DOESN'T GET PREVENTIVE CARE ANYWHERE | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from National Health and Nutrition Examination Survey 2004Legacy: Modified from National Children’s Study, Legacy Phase (T1 Mother, T3 Prior);National Children’s Study, Vanguard  Phase (PV1) |

**DVA03000/(ROUTINE\_PREG\_VISIT).** What kind of place did you go for routine pregnancy visits?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Clinic or health center | 1 |  |
| Doctor's office or Health Maintenance Organization (HMO) | 2 |  |
| Hospital emergency room | 3 |  |
| Hospital outpatient department | 4 |  |
| Some other place | 5 |  |
| DOESN'T GO TO ONE PLACE MOST OFTEN | 6 |  |
| DOESN'T GET ROUTINE CARE ANYWHERE | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from National Health and Nutrition Examination Survey 2004Legacy: Modified from National Children’s Study, Legacy Phase (T1 Mother, T3 Prior);Vanguard: National Children’s Study, Vanguard  Phase (PV1) |

**DVA04000/(PROCEDURES\_DURING\_PREG).** Did you have any of the following procedures during your pregnancy?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Ultrasound or sonogram | 1 |  |
| Amniocentesis | 2 |  |
| Chorionic Villus Sampling or CVS | 3 |  |
| DID NOT HAVE ANY PROCEDURES | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase (T1 Mother, T3 Prior) |

**DVA05000/(PRENATAL\_PROVIDER).** What type of provider did you usually see for routine prenatal visits?  Was it an:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Obstetrician/Gynecologist (OB/GYN) | 1 | NIGHT\_HOSP\_PREG |
| Family physician | 2 | NIGHT\_HOSP\_PREG |
| Nurse/Midwife | 3 | NIGHT\_HOSP\_PREG |
| Another type of provider | -5 |  |
| DID NOT HAVE ROUTINE PRENATAL VISITS | -7 | NIGHT\_HOSP\_PREG |
| REFUSED | -1 | NIGHT\_HOSP\_PREG |
| DON'T KNOW | -2 | NIGHT\_HOSP\_PREG |

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase (T1 Mother, T3 Prior) |

**DVA06000/(PRENATAL\_PROVIDER\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase (T1 Mother, T3 Prior) |

**DVA07000/(NIGHT\_HOSP\_PREG).** Did you spend any nights in the hospital while you were pregnant with {Baby’s Name/the baby/the babies}?

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

|  |
| --- |
| SOURCE |
| Modified from Pregnancy Risk Assessment Monitoring SystemLegacy:  Modified from National Children’s Study, Legacy Phase (T1 Mother, T3 Prior);Vanguard: National Children’s Study, Vanguard  Phase (PV2) |

**DVA08000/(NIGHT\_HOSP\_REASONS).** Please choose the scenarios that describe the reason you were in the hospital. Please select all the scenarios that were applicable to you.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YOU WERE ADMITTED TO THE HOSPITAL IN LABOR NEAR YOUR DUE DATE AND DELIVERED YOUR BABY BEFORE YOU WERE RELEASED | 1 |  |
| YOU WERE ADMITTED TO THE HOSPITAL TO INDUCE YOUR LABOR OR FOR A C-SECTION (ONLY IF YOUR LABOR INDUCTION OR C-SECTION WERE SCHEDULED BEFORE YOU WERE ADMITTED TO THE HOSPITAL) | 2 |  |
| YOU WERE ADMITTED TO THE HOSPITAL TO TREAT AN INJURY, DISEASE OR PREGNANCY COMPLICATION AND DELIVERED YOUR BABY WHILE STILL IN THE HOSPITAL | 3 |  |
| YOU WERE ADMITTED TO THE HOSPITAL TO TREAT AN INJURY, DISEASE OR PREGNANCY COMPLICATION AND WERE STILL PREGNANT WHEN YOU WERE RELEASED FROM THE HOSPITAL | 4 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| NEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **NIGHT\_HOSP\_REASONS** = -5, OR ANY COMBINATION OF 1 THROUGH 4 WITH -5, GO TO **NIGHT\_HOSP\_REASONS\_OTH.**
* OTHERWISE, GO TO **DVA10000.**
 |

**DVA09000/(NIGHT\_HOSP\_REASONS\_OTH).** What was the reason?

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

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

|  |
| --- |
| SOURCE |
| NEW |

**DVA10000.** Thinking of the most recent time you were released from the hospital while you were still pregnant, what was the admission date of this hospital stay?

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase (T1 Mother, T3 Prior);Vanguard: National Children’s Study, Vanguard  Phase (PV2) |

**(PREG\_ADMIT\_MM)** MONTH:

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

   M    M

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

**(PREG\_ADMIT\_DD)** DAY:

 |\_\_\_|\_\_\_|

   D     D

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

**(PREG\_ADMIT\_YYYY)** YEAR:

 |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

  Y     Y     Y     Y

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

**DVA11000/(ADMITTED\_HOSPITAL).** Which hospital were you admitted to?

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

HOSPITAL NAME

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

|  |
| --- |
| SOURCE |
| NEW |

**DVA12000/(ADMITTED\_NUM\_NIGHTS).** How many nights did you stay in the hospital?

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

NUMBER OF NIGHTS

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

|  |
| --- |
| SOURCE |
| Modified from Pregnancy Risk Assessment Monitoring SystemLegacy: Modified from National Children’s Study, Legacy Phase (T1 Mother, T3 Prior);Vanguard: National Children’s Study, Vanguard  Phase (PV2) |

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

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

OCCUPATIONAL/HOBBY EXPOSURES

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

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

**OE01000.** Now I would like to ask some questions about any jobs that you have done recently.  **Please only include jobs that you worked at least four hours per week.**

**OE02000/(WORKING).** During your pregnancy, did you work at any full time or part-time jobs?

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

|  |
| --- |
| SOURCE |
| Modified from Pregnancy, Infection, and Nutrition StudyLegacy: Modifyed from  National Children’s Study, Legacy Phase (T1 Mother, T3)Vanguard:  Modifyed from National Children’s Study, Vanguard (PV1, PV2) |

**OE03000/(HOURS).** Approximately how many hours each week did you work?

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

NUMBER OF HOURS

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

|  |
| --- |
| SOURCE |
| Modified from Pregnancy, Infection, and Nutrition StudyLegacy: Modifyed from  National Children’s Study, Legacy Phase (T1 Mother, T3)Vanguard:  Modifyed from National Children’s Study, Vanguard (PV1, PV2) |

**OE04000/(SHIFT\_WORK).** Did you work a shift that started after 2 pm?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| SOMETIMES | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and ChildrenLegacy: Modified from  National Children’s Study, Legacy Phase (T1 Mother, T3)Vanguard:  Modifyed from National Children’s Study, Vanguard (PV1, PV2) |

**OE05000.** The next questions are about the type of work you did while you were pregnant.  If you worked more than one job while you were pregnant, please answer about the job you worked the most hours for during your pregnancy.  Do you have that job in mind?

**OE06000/(JOB\_TITLE).** What was your job title or occupation?

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

JOB TITLE

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

|  |
| --- |
| SOURCE |
| Modified from  National Children’s Study, Legacy Phase (T1 Mother, T3) |

**OE07000/(JOB\_ACTIVITIES).** What types of activities did you do most often at that job?

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

ACTIVITY

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE: Did you, for example, teach classes, work on the computer, photocopy, answer phones, wait tables, treat patients, do lab work or carpentry?
* PROBE: Anything else that you did frequently?
* SEPARATE MULTIPLE JOB ACTIVITIES WITH COMMAS.
 |

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

|  |
| --- |
| SOURCE |
| Modified from  National Children’s Study, Legacy Phase (T1 Mother, T3) |

**OE08000/(BUSINESS\_INDUSTRY).** In what kind of business or industry was this job?  That is, what does the company make or do?

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

INDUSTRY

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother, T3) |

**OE09000/(WORK\_NAME).** What was the name of the company or business where you worked?

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

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

|  |
| --- |
| SOURCE |
| Modified from  National Children’s Study, Legacy Phase (T1 Mother, T3) |

**OE10000/(HOBBY\_CHEM\_EXP\_PREG). During your pregnancy,**did you {have a hobby/have a hobby or work at a business} that used solvents, greases, paint, or glue, or that generated dust or fumes, such as woodworking, soldering, welding, or hair treatments (such as perms or dyes)?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | OE14000 |
| REFUSED | -1 | OE14000 |
| DON'T KNOW | -2 | OE14000 |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard (36-Month) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **WORKING**= 2, -1 OR -2, DISPLAY "have a hobby."
* IF **WORKING**= 1, DISPLAY "have a hobby or work at a business."
 |

**OE11000/(WHAT\_MADE\_HOBBY).** What is made or done in this {hobby/hobby or business}?

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

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE, "Anything else?"
* ENTER UP TO 5 HOBBIES.
* LIST HOBBIES SEPARATED BY COMMAS
 |

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

|  |
| --- |
| SOURCE |
| ​National Children’s Study, Vanguard (36-Month) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **WORKING**= 2, -1, OR -2, DISPLAY, "hobby."
* IF **WORKING**= 1, DISPLAY, "hobby or business."
 |

**OE12000/(HOBBY\_WORK\_MATERIALS).** What types of materials were you exposed to in this {hobby/hobby or work} environment?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| DIRT | 1 |  |
| WOOD DUST | 2 |  |
| GREASE | 3 |  |
| PESTICIDES | 4 |  |
| METAL DUST | 5 |  |
| COAL OR MINING DUST | 6 |  |
| ANIMAL HAIR | 7 |  |
| FIBERS (SUCH AS ASBESTOS OR FIBERGLASS) | 8 |  |
| SOLVENTS AND POLISHES (INCLUDING NAIL POLISH/REMOVER) | 9 |  |
| HAIR TREATMENT PRODUCTS (SUCH AS DYES AND PERMS) | 10 |  |
| SOME OTHER TYPE OF MATERIAL | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard (36-Month) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **WORKING**= 2, -1 OR -2, DISPLAY "hobby."
* IF **WORKING**= 1, DISPLAY "hobby or work."
* IF **HOBBY\_WORK\_MATERIALS**= -5 OR ANY COMBINATION INCLUDING -5, GO TO **HOBBY\_WORK\_MATERIALS\_OTH.**
* OTHERWISE, GO TO **​OE14000.**
 |

**OE13000/(HOBBY\_WORK\_MATERIALS\_OTH).** What other type of material were you exposed to?

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

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

|  |
| --- |
| SOURCE |
| New |

**OE14000.** Some people have jobs or hobbies where their skin, clothes, or shoes get dirty or stained. By "dirty" or "stained," we mean their skin or clothes have dust, grease, fibers, or other visible chemical spots on them.  For the next few questions, please think about everyone in the household.

**OE15000/(JOB\_HOBBY\_STAIN\_PREG). During your pregnancy**, did anyone routinely come into your home from their work or hobbies with dirty or stained skin, clothes, or shoes?

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

|  |
| --- |
| SOURCE |
| Modified from ​National Children’s Study, Vanguard (36-Month) |

**OE16000/(WHO\_STAIN\_PREG).** Who is it that routinely came into your home with dirty or stained skin, clothes, or shoes **during your pregnancy**​? Was it:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| You | 1 |  |
| Others in the home | 2 |  |
| Both you and others in the home | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from ​National Children’s Study, Vanguard (36-Month) |

**OE17000/(MATERIAL\_EXP\_HOME\_PREG).** What types of materials did you or anyone in the household bring into the home from work or hobbies on hands or skin, clothes, or shoes while you were pregnant?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| DIRT | 1 |  |
| WOOD DUST | 2 |  |
| GREASE | 3 |  |
| PESTICIDES | 4 |  |
| METAL DUST | 5 |  |
| COAL OR MINING DUST | 6 |  |
| ANIMAL HAIR | 7 |  |
| FIBERS (SUCH AS ASBESTOS OR FIBERGLASS) | 8 |  |
| SOME OTHER TYPE OF MATERIAL | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Vanguard (36-Month) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **MATERIAL\_EXP\_HOME\_PREG**= -5, OR ANY COMBINATION INCLUDING -5, GO TO **MATERIAL\_EXP\_HOME\_PREG\_OTH.**
* OTHERWISE, GO TO **​TIME\_STAMP\_OE\_ET.**
 |

**OE18000/(MATERIAL\_EXP\_HOME\_PREG\_OTH).** What other type of material was brought into your home from work or hobbies on hands or skin, clothes, or shoes while you were pregnant?

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

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

|  |
| --- |
| SOURCE |
| New |

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

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

COMMUTING

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

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

**COM01000.** My next questions are about trips to places you go to often, at least three days a week.

**COM02000/(REG\_TRAVEL).** While you were pregnant with {Baby Name/the baby/the babies} was there a place, such as work, school, or elsewhere, that you regularly traveled to at least **3 days a week?**

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

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modifyed from National Children’s Study, Vanguard (PV1) |

**COM03000.** Think of the trips that you made at least three times a week.  Please identify the longest trip.  We will call this trip your longest regular commute.  The next two questions are about this trip.

**COM04000/(COMMUTE).** During your recent pregnancy, how did you normally travel to the destination of your longest regular commute?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES
* SELECT ALL THAT APPLY
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CAR | 1 |  |
| BUS | 2 |  |
| TRAIN, SUBWAY, RAIL, OR LIGHT RAIL | 3 |  |
| WALK, BIKE (NON-MOTORIZED) | 4 |  |
| DOES NOT HAVE A REGULAR COMMUTE | -7 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV1) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **COMMUTE** = ANY COMBINATION OF 1 THROUGH 4, GO TO **COMMUTE\_TIME.**
* IF **COMMUTE** = -5, OR ANY COMBINATION OF 1 THROUGH 4, WITH -5, GO TO **COMMUTE\_OTH.**
* IF **COMMUTE** =  -7, -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND  GO TO **LOCAL\_TRAV.**
 |

**COM05000/(COMMUTE\_OTH ).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modifyed from National Children’s Study, Vanguard (PV1) |

**COM06000/(COMMUTE\_TIME).** About how many minutes did this commute usually take from the time you left your home until you got to your destination?  Include any usual stops or side trips.

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

NUMBER OF MINUTES

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and ChildrenLegacy: Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modifyed from National Children’s Study, Vanguard (PV1) |

**COM07000/(LOCAL\_TRAV). While you were pregnant with {Baby Name/the baby/the babies}**, how did you normally get to other places, for example, shopping, doctor, visiting friends, or church?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CAR | 1 |  |
| BUS | 2 |  |
| TRAIN, SUBWAY, RAIL, OR LIGHT RAIL | 3 |  |
| WALK, BIKE (NON-MOTORIZED) | 4 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modifyed from National Children’s Study, Vanguard (PV1) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **LOCAL\_TRAV** = ANY COMBINATION OF 1 THROUGH 4, GO TO **COM09000**.
* IF **LOCAL\_TRAV** = -5, OR ANY COMBINATION OF 1 THROUGH 4 WITH -5, GO TO **LOCAL\_TRAV\_OTH.**
* IF **LOCAL\_TRAV** = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND  GO TO **COM09000.**
 |

**COM08000/(LOCAL\_TRAV\_OTH ).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modifyed from National Children’s Study, Vanguard (PV1) |

**COM09000.** Next, I’d like to find out about how often you pumped gasoline.

**COM10000/(PUMP\_GAS).** When you were pregnant, about how often did you pump gasoline into a motor vehicle such as a car, truck, motorcycle, or boat?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Every day | 1 |  |
| 4-6 times per week | 2 |  |
| 2-3 times per week | 3 |  |
| Once a week | 4 |  |
| One to three times a month | 5 |  |
| Less than once a month | 6 |  |
| Never | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV1) |

**COM11000/(LAWNMOWER).** When you were pregnant, about how often did you pour gasoline into a small engine such as a lawnmower, chainsaw or generator?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Every day | 1 |  |
| 4-6 times per week | 2 |  |
| 2-3 times per week | 3 |  |
| Once a week | 4 |  |
| One to three times a month | 5 |  |
| Less than once a month | 6 |  |
| Never | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV1) |

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

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

PERCEIVED STRESS

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

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

**PS01000.** The following questions ask about your feelings and thoughts **during the last month**. Please tell me how often you felt or thought a certain way.

**PS02000/(UPSET\_UNEXPECTED).** In the **last month**, how often have you been upset because of something that happened unexpectedly?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother, T3) |

**PS03000/(NO\_CONTROL).** In the **last month**, how often have you felt that you were unable to control the important things in your life?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother, T3) |

**PS04000/(NERVOUS\_STRESS).** (In the **last month**,) how often have you felt nervous and “stressed”?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother, T3) |

**PS05000/(CONFIDENT\_PROB).** (In the **last month**,) how often have you felt confident about your ability to handle your personal problems?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother, T3) |

**PS06000/(GOING\_WAY).** (In the **last month**,) how often have you felt that things were going your way?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother, T3) |

**PS07000/(NOT\_COPE).** (In the **last month**,) how often have you found that you could not cope with all the things that you had to do?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother, T3) |

**PS08000/(CONTROL\_IRRITATE).** (In the **last month**,) how often have you been able to control irritations in your life?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother, T3) |

**PS09000/(FELT\_ON\_TOP).** (In the **last month**,) how often have you felt you were on top of things?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother, T3) |

**PS10000/(ANGRY\_NO\_CONT).** (In the **last month**,) how often have you been angered because of things that were outside of your control?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother, T3) |

**PS11000/(DIFF\_PILE\_HIGH).** (In the **last month**,) how often have you felt difficulties were piling up so high that you could not overcome them?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother, T3) |

**PS12000.** Now I’m going to change the subject and ask you about your relationship with your spouse or partner.  Most people have disagreements in their relationships.  Please tell me the approximate extent of agreement or disagreement between you and your spouse or partner for each item.

**PS13000/(REL\_PARTNER\_CONFIRM).** DOES RESPONDENT VOLUNTEER “I DON’T HAVE A SPOUSE / PARTNER”?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RESPONDENT DOES NOT SAY ANYTHING ABOUT HAVING A SPOUSE/PARTNER | 1 |  |
| RESPONDENT VOLUNTERS SHE DOES NOT HAVE A SPOUSE/PARTNER | 2 | TIME\_STAMP\_PS\_ET |

**PS14000/(PHILOSOPHY).** Philosophy of life.  Do you and your spouse or partner:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Always agree | 1 |  |
| Almost always agree | 2 |  |
| Sometimes agree | 3 |  |
| Hardly ever agree | 4 |  |
| Never agree | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Dyadic Adjustment Scale |

**PS15000/(AIMS\_GOALS).** Aims, goals and things believed important.  Do you and your spouse or partner:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Always agree | 1 |  |
| Almost always agree | 2 |  |
| Sometimes agree | 3 |  |
| Hardly ever agree | 4 |  |
| Never agree | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Dyadic Adjustment Scale |

**PS16000/(TIME\_SPENT\_TO).** Amount of time spent together.  Do you and your spouse or partner:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Always agree | 1 |  |
| Almost always agree | 2 |  |
| Sometimes agree | 3 |  |
| Hardly ever agree | 4 |  |
| Never agree | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Dyadic Adjustment Scale |

**PS17000/(INTEREST\_CHAT).** Please tell me how often you do the following with your spouse or partner.

How often do you have an interesting chat:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Less than once a month | 2 |  |
| Once or twice a month | 3 |  |
| Once or twice a week | 4 |  |
| Once a day | 5 |  |
| More often | 6 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Dyadic Adjustment Scale |

**PS18000/(CALMLY\_DISCUSS).** How often do you calmly discuss something:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Less than once a month | 2 |  |
| Once or twice a month | 3 |  |
| Once or twice a week | 4 |  |
| Once a day | 5 |  |
| More often | 6 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Dyadic Adjustment Scale |

**PS19000/(TOGETHER\_PROJECT).** How often do you work together on a project:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Less than once a month | 2 |  |
| Once or twice a month | 3 |  |
| Once or twice a week | 4 |  |
| Once a day | 5 |  |
| More often | 6 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Dyadic Adjustment Scale |

**PS20000/(DEGREE\_HAPPY).** Please indicate the degree of happiness in your relationship. Are you:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Very unhappy | 1 |  |
| Somewhat unhappy | 2 |  |
| Fairly happy | 3 |  |
| Mostly happy | 4 |  |
| Very happy | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Dyadic Adjustment Scale |

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

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

SOCIAL SUPPORT

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

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

**SS01000.** For the following questions, please choose the answer that best describes your life during your pregnancy.

**SS02000/(LISTEN).** During your pregnancy, how often was there someone available to you whom you could count on to listen to you when you need to talk?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NONE OF THE TIME | 1 |  |
| A LITTLE OF THE TIME | 2 |  |
| SOME OF THE TIME | 3 |  |
| MOST OF THE TIME | 4 |  |
| ALL OF THE TIME | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Medical Outcomes SurveyLegacy: Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV2) |

**SS03000/(ADVICE).** How often was there someone available to give you good advice about a problem?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NONE OF THE TIME | 1 |  |
| A LITTLE OF THE TIME | 2 |  |
| SOME OF THE TIME | 3 |  |
| MOST OF THE TIME | 4 |  |
| ALL OF THE TIME | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Medical Outcomes SurveyLegacy: Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV2) |

**SS04000/(AFFECTION).** How often was there someone available to you who showed you love and affection?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NONE OF THE TIME | 1 |  |
| A LITTLE OF THE TIME | 2 |  |
| SOME OF THE TIME | 3 |  |
| MOST OF THE TIME | 4 |  |
| ALL OF THE TIME | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Medical Outcomes SurveyLegacy: Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV2) |

**SS05000/(DAILY\_HELP).**  How often was there someone available to help you with daily chores?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NONE OF THE TIME | 1 |  |
| A LITTLE OF THE TIME | 2 |  |
| SOME OF THE TIME | 3 |  |
| MOST OF THE TIME | 4 |  |
| ALL OF THE TIME | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Medical Outcomes SurveyLegacy: Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV2) |

**SS06000/(EMOT\_SUPPORT).** How often could you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NONE OF THE TIME | 1 |  |
| A LITTLE OF THE TIME | 2 |  |
| SOME OF THE TIME | 3 |  |
| MOST OF THE TIME | 4 |  |
| ALL OF THE TIME | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Medical Outcomes SurveyLegacy: Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV2) |

**SS07000/(AMT\_SUPPORT).** How often did you have as much contact as you would like with someone you felt close to, someone in whom you can trust and confide?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NONE OF THE TIME | 1 |  |
| A LITTLE OF THE TIME | 2 |  |
| SOME OF THE TIME | 3 |  |
| MOST OF THE TIME | 4 |  |
| ALL OF THE TIME | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Modified from Medical Outcomes SurveyLegacy: Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV2) |

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

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

HEALTH INSURANCE

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

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

**HI01000.** Now I’m going to switch the subject and ask about health insurance.

**HI02000/(INSURE).** During your pregnancy, were you covered by any kind of health insurance or by any other kind of health care plan?

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

|  |
| --- |
| SOURCE |
| Modified from American Community Survey 2006Legacy: Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV1, PV2) |

**HI03000.** Now I’ll read a list of different types of insurance.  Please tell me which types you had during pregnancy.  Did you have…

**HI04000/(INS\_EMPLOY).** Insurance through an employer or union either through yourself or another family member?

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

|  |
| --- |
| SOURCE |
| Modified from American Community Survey 2006Legacy: Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV1, PV2) |

**HI05000/(INS\_MEDICAID).** Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability?

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

|  |
| --- |
| SOURCE |
| Modified from American Community Survey 2006Legacy: Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV1, PV2) |

**HI06000/(INS\_TRICARE).** TRICARE, VA, or other military health care?

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

|  |
| --- |
| SOURCE |
| Modified from American Community Survey 2006Legacy: Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV1, PV2) |

**HI07000/(INS\_IHS).** Indian Health Service?

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

|  |
| --- |
| SOURCE |
| Modified from American Community Survey 2006Legacy: Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV1, PV2) |

**HI08000/(INS\_MEDICARE).** Medicare, for people 65 and older, or people with certain disabilities?

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

|  |
| --- |
| SOURCE |
| Modified from American Community Survey 2006Legacy: Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV1, PV2) |

**HI09000/(INS\_OTH).** Any other type of health insurance or health coverage plan?

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

|  |
| --- |
| SOURCE |
| Modified from American Community Survey 2006Legacy: Modified from National Children’s Study, Legacy Phase (T1 Mother)Vanguard:  Modified from National Children’s Study, Vanguard (PV1, PV2) |

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

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