



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.

Public reporting burden for this collection of information is estimated to average 26 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593*). Do not return the completed form to this address.

This page intentionally left blank.

Retrospective Pregnancy - Birth Cohort Questionnaire - Adult

TABLE OF CONTENTS

GENERAL PROGRAMMER INSTRUCTIONS:.....	1
INTRODUCTION.....	3
DEMOGRAPHICS.....	5
PREGNANCY INFORMATION.....	19
MATERNAL BIRTH HISTORY.....	32
MATERNAL MEDICAL HISTORY.....	34
HEALTH BEHAVIORS PART 1.....	53
DOCTOR VISITS AND HOSPITALIZATIONS.....	56
OCCUPATIONAL/HOBBY EXPOSURES.....	62
COMMUTING.....	68
PERCEIVED STRESS.....	72
SOCIAL SUPPORT.....	79
HEALTH INSURANCE.....	82

This page intentionally left blank.

Retrospective Pregnancy - Birth Cohort Questionnaire - Adult

GENERAL PROGRAMMER INSTRUCTIONS:

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

DATA ELEMENT FIELDS	MAXIMUM CHARACTER 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	NUMERIC CHARACTER	- DISPLAY AS MM/DD/YYYY - STORE AS YYYY-MM-DD - HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	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).
 - o 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.
 - o 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)

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.

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	

SOURCE

Census

Legacy: 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

Label	Code	Go To
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 Growth
Legacy: 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?

INTERVIEWER INSTRUCTIONS

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

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	

SOURCE

Modified from Census
Vanguard: 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.

PROGRAMMER INSTRUCTIONS

- IF MARISTAT $\neq$ 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.

PROGRAMMER INSTRUCTIONS

- PRELOAD MODE
- IF SP_ETHNIC_1 = 1, GO TO SP_ETHNIC_2.
- IF MODE = CAPI, AND IF SP_ETHNIC_1 $\neq$ 1, GO TO SP_RACE_NEW.
- IF MODE = CATI, AND IF SP_ETHNIC_1 $\neq$ 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.

PROGRAMMER INSTRUCTIONS

- IF SP_ETHNIC_2 = -5, OR ANY COMBINATION OF 1 THROUGH 4 AND -5, GO TO SP_ETHNIC_2_OTH.

PROGRAMMER INSTRUCTIONS

- 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.

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	

Label	Code	Go To
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 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.

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	

Label	Code	Go To
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 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.

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	

Label	Code	Go To
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 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.

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.

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

SOURCE

Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act.

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

PROGRAMMER INSTRUCTIONS

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

PROGRAMMER INSTRUCTIONS**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,

SOURCE

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 Cohort
Legacy: 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 Cohort
Legacy: 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 System
Current: 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 Study
Legacy : 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

Label	Code	Go To
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 Health Vanguard: 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 Health Vanguard: 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 **TYPE_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.

PROGRAMMER INSTRUCTIONS

- 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 $\neq$ -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	

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 System Legacy: 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 System
Legacy: 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	

Label	Code	Go To
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 2004
Legacy: 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 TEKTRNA	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	

Label	Code	Go To
VALSARTAN, ALSO CALLED DIOVAN	19	
VERAPAMIL, ALSO CALLED ISLOTUB 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

Label	Code	Go To
DON'T KNOW	-2	DIABETES_NOT_PREG

SOURCE

NEW

MMH22000/(EPILEPSY_MED_TYPE). Did you take any of these medications for epilepsy 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
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 pregnant**?

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

SOURCE

Modified from National Health and Nutrition Examination Survey 2004
 Legacy: 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 2004
 Legacy: 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 2004 Legacy: 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 ATORVASTATIN AND AMLODIPINE	7	
ADVOCOR, 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 2004 Legacy: 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 2004
Legacy: 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	
LIOETHYRONINE, 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	

Label	Code	Go To
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	5	

Label	Code	Go To
AMITRIPTYLINE		
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	
VIIIBRYD 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
ACETAMINOPHEN (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	

Label	Code	Go To
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	
AC CUTANE	3	
THALIDOMIDE	4	
MYFORTIC	5	
CELLCEPT	6	
METHOTREXATE	7	
DID NOT TAKE ANY OF	-7	

Label	Code	Go To
THESE MEDICATIONS		
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 2004
 Legacy: 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	7	

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

SOURCE

Modified from National Health and Nutrition Examination Survey 2004
 Legacy: 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 System

Legacy: 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	3	

Label	Code	Go To
COMPLICATION AND DELIVERED YOUR BABY WHILE STILL IN THE HOSPITAL		
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 System
Legacy: 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 Study
 Legacy: Modified from National Children's Study, Legacy Phase (T1 Mother, T3)
 Vanguard: Modified 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 Study
 Legacy: Modified from National Children's Study, Legacy Phase (T1 Mother, T3)
 Vanguard: Modified 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 Children
 Legacy: Modified from National Children's Study, Legacy Phase (T1 Mother, T3)

SOURCE**Vanguard: Modified 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."

PROGRAMMER INSTRUCTIONS

- 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: Modified 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: Modified 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 Children
 Legacy: Modified from National Children's Study, Legacy Phase (T1 Mother)
 Vanguard: Modified 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	3	

Label	Code	Go To
LIGHT RAIL		
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: Modified 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: Modified 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.

INTERVIEWER INSTRUCTIONS

- 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	

Label	Code	Go To
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 Survey

Legacy: 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 Survey

Legacy: 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 Survey

Legacy: 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 Survey

Legacy: 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 Survey

Legacy: 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 Survey

Legacy: 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 2006 Legacy: 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 2006 Legacy: 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 2006

Legacy: 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 2006

Legacy: 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 2006

Legacy: 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 2006

Legacy: 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 2006

Legacy: 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