**Appendix 1a: PRAMS Phase 8 ‎Supplemental Questions to be cognitively tested (English version)**

The Public Health Service Act provides us with the authority to do this research (42 United States Code 242k). All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

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OMB #0920-0222; Expiration Date: 07/31/2018

**Family History of Cancer**

The following questions are about your family history of breast and ovarian cancer.

**1. Have any of your close family members who are related to you by blood (parents, full sisters or brothers) had breast OR ovarian cancer?**

No

Yes

**2. Has any woman in your family who is related to you by blood (grandmother, aunts, cousins, mother, sisters) had breast cancer before age 50?**

No

Yes

**3. Has any woman in your family who is related to you by blood (grandmother, aunts, cousins, mother, sisters) had breast AND ovarian cancer?**

No

Yes

**4. Has any man in your family who is related to you by blood (grandfather, uncles, cousins, father or brothers) had breast cancer?**

No

Yes

**5. Have any of your family members related to you by blood (grandparents, aunts, uncles, cousins, parents, sisters, or brothers) had bilateral breast cancer (breast cancer on both sides)?**

No

Yes

I don’t know

**6. Do you have 2 or more relatives with breast and/or ovarian cancer?**

No

Yes

**If you answered “Yes” to any of the questions above, go to Question 7. Otherwise, go to Question 10.**

**7. Have you ever received genetic counseling for cancer risk?**

No 🡺 **Go to Question 10**

Yes

**8. What was the MAIN reason you had genetic counseling?** Check ONE answer

My doctor recommended it

I requested it

A family member suggested it

I heard or read about it in the news

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Thinking about your MOST RECENT genetic counseling session for cancer risk, what kind of cancer was it for?**

Breast cancer

Ovarian cancer

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Do you have Ashkenazi Jewish heritage?**

No

Yes

I don’t know

**Marijuana use questions**

The next questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called “hash.” It is usually smoked in a pipe. Another form of hashish is hash oil.

**1. Have you ever, even once, used marijuana or hashish?**

No 🡺 Go to Question 11

Yes

**2. During the *3 months before you got pregnant*, how often did you use marijuana products in an average week?**

More than once a day

Once a day

2-6 days a week

1 day a week or less

I did not use marijuana products then

**3. During the *first 3 months of your pregnancy*, how often did you use marijuana products in an average week?**

More than once a day

Once a day

2-6 days a week

1 day a week or less

I did not use marijuana products then 🡺 Go to Question 5

**4. During the *first 3 months of your pregnancy,* how did you use marijuana?** Check ALL that apply

Smoke it (for example, in a joint, bong, pipe, or blunt)

Eat it (for example, in brownies, cakes, cookies, or candy)

Drink it (for example, in tea, cola, or alcohol)

Vaporize it (for example, in an e-cigarette-like vaporizer device)

Dab it (for example, using waxes or concentrates)

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. During the *middle 3 months of your pregnancy*, how often did you use marijuana products in an average week?**

More than once a day

Once a day

2-6 days a week

1 day a week or less

I did not use marijuana products then 🡺 Go to Question 7

**6. During *the middle 3 months of your pregnancy*, how did you use marijuana?** Check ALL that apply

Smoke it (for example, in a joint, bong, pipe, or blunt)

Eat it (for example, in brownies, cakes, cookies, or candy)

Drink it (for example, in tea, cola, or alcohol)

Vaporize it (for example, in an e-cigarette-like vaporizer device)

Dab it (for example, using waxes or concentrates)

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. During the *last 3 months of your pregnancy,* how often did you use marijuana products in an average week?**

More than once a day

Once a day

2-6 days a week

1 day a week or less

I did not use marijuana products then 🡺 Go to Question 9

**8. During the *last 3 months* *of your pregnancy*, how did you use marijuana?** Check ALL that apply

Smoke it (for example, in a joint, bong, pipe, or blunt)

Eat it (for example, in brownies, cakes, cookies, or candy)

Drink it (for example, in tea, cola, or alcohol)

Vaporize it (for example, in an e-cigarette-like vaporizer device)

Dab it (for example, using waxes or concentrates)

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you did not use any marijuana products at any time during pregnancy, go to Question 10.**

**9. Why did you use marijuana products during pregnancy?**

**No Yes**

To relieve nausea

To relieve vomiting

To relieve stress or anxiety

To relieve a chronic condition

To relieve pain

For fun or to relax

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. *Since your new baby was born*, how often do you use marijuana products in an average week?**

More than once a day

Once a day

2-6 days a week

1 day a week or less

I have not used marijuana products since my new baby was born

**11. During any of *your prenatal care visits*, did a doctor, nurse, or other health care worker do any of the following things?** For each item, check **No** if a health care worker did not do it, or **Yes** if they did.

**No Yes**

1. Ask you if you were using marijuana?
2. Prescribe marijuana for any reason?
3. Advise you not to use marijuana?
4. Advise you not to breastfeed your baby while using marijuana?

**12. During any of the following periods, did anyone smoke marijuana products inside your home, including you?** For each time period, check **No** if no one smoked marijuana inside your home then, or **Yes** if someone did.

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| a. In the 3 months before I got pregnant | □ | □ |
| b. During my most recent pregnancy | □ | □ |
| c. Since my new baby was born | □ | □ |
|  |  |  |

**13. During any of the following periods, did anyone keep edible marijuana products, such as brownies, cookies, or candy with THC, inside your home?** For each time period, check **No** if no one kept marijuana inside your home then, or **Yes** if someone did.

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| a. In the 3 months before I got pregnant | □ | □ |
| b. During my most recent pregnancy | □ | □ |
| c. Since my new baby was born | □ | □ |
|  |  |  |

**14. How much do you think pregnant women harm their own health when they use marijuana?** Check ONE answer

a. No harm

b. Slight harm

c. Moderate harm

d. Great harm

**15. How much do you think pregnant women harm their unborn baby’s health when they use marijuana during pregnancy?** Check ONE answer

a. No harm

b. Slight harm

c. Moderate harm

d. Great harm

**Thank you for answering these questions! Your answers will help us understand more about marijuana products and the health of women and babies.**

**The last questions are about using different drugs during pregnancy. Your answers are strictly confidential.**

1. **During *your most recent* pregnancy, did you use prescription pain relievers such as Vicodin, Percocet, or Demerol?**

No

Yes, they were prescribed to me

Yes, without a prescription

1. **During *your most recent* pregnancy, did you use heroin, cocaine, amphetamines, or barbiturates such as phenobarbital?**

No

Yes

1. **During *your most recent* pregnancy, did you use antidepressants or selective serotonin reuptake inhibitors (SSRIs) such as Sarafem, Zoloft, or Lexapro?**

No

Yes, they were prescribed to me

Yes, without a prescription

**If you answered “No” to ALL of the last 3 questions, go to the Next Section.**

1. **During *any of your prenatal care visits*, did a doctor, nurse, or other health care worker refer you to treatment because of drug use (prescribed or non-prescribed drugs)?**

No

Yes

I didn’t go for prenatal care

1. **After your baby was born, did a doctor, nurse, or other healthcare worker tell you that your baby had drug withdrawal or neonatal abstinence syndrome?**

No

Yes

1. **During any of the following time periods, did you use marijuana or hash in any form?** For each time period, check **No** if you did not use then, or **Yes** if you did.

No Yes

a. During the 12 months before I got pregnant

b. During my most recent pregnancy

c. Since my new baby was born

1. **During the *month before* you got pregnant, did you take or use any of the following drugs for any reason?** Your answers are strictly confidential. For each item, check **No** if you did not use it in the month before your pregnancy, or **Yes** if did.

**No Yes**

Over the counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®

Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine

Adderall®, Ritalin® or another stimulant

Marijuana or hash

Synthetic marijuana (K2, Spice)

Methadone, naloxone, subutex, or Suboxone®

Heroin (smack, junk, Black Tar, *Chiva*)

Amphetamines (uppers, speed, crystal meth, crank, ice, *agua*)

Cocaine (crack, rock, coke, blow, snow, *nieve*)

Tranquilizers (downers, ludes)

Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)

Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)

1. **During the *your most recent* pregnancy, did you take or use any of the following drugs for any reason?** Your answers are strictly confidential. For each item, check **No** if you did not use it during your pregnancy, or **Yes** if did.

**No Yes**

Over the counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®

Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine

Adderall®, Ritalin® or another stimulant

Marijuana or hash

Synthetic marijuana (K2, Spice)

Methadone, naloxone, subutex, or Suboxone®

Heroin (smack, junk, Black Tar, *Chiva*)

Amphetamines (uppers, speed, crystal meth, crank, ice, *agua*)

Cocaine (crack, rock, coke, blow, snow, *nieve*)

Tranquilizers (downers, ludes)

Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)

Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)

**Environmental Exposure Questions**

1. **During *your most recent* pregnancy, how often did you eat largemouth bass, tuna, shark, king mackerel or swordfish?**

3 or more times a week

1 to 2 times a week

1 to 3 times a month

Less than once a month

I didn’t eat those fish during my pregnancy 🡺 Go to question 3

1. **Where did you get largemouth bass, tuna, shark, king mackerel or swordfish that you ate during your pregnancy?** Check ALL that apply

From the grocery store

From a fish market or farmer’s market

From a restaurant

Caught by you or someone else from a local river, stream, lake, or pond

Caught by you or someone else from one of the Great Lakes

Other 🡺 Please tell us:

1. **During any of *your prenatal care visits*, did your doctor, nurse, or other health care provider talk to you about how eating fish with high levels of mercury can affect a baby?**

No

Yes

1. **During *your most recent* pregnancy, did you use any of the following products *one or more times* per week?** For each item, check **No** if you did not use it one or more times per week, or **Yes** if you did.

Cockroach or other bug sprays and baits

Insect repellents for personal use

Rat poison or other rodent poisons

Weed killers

Flea and tick sprays, powders, or pet collars

1. **During *your most recent* pregnancy, did you use or have contact with any of the following things on a daily basis (every day)?** For each item, check **No** if you did not use it every day, or **Yes** if you did.

Strong degreasers such as oven cleaner or heavy duty degreaser

Furniture or shoe polish

Bleach products without good ventilation

Clothes that were freshly dry-cleaned

Air fresheners, plug-ins or incense

Strong smelling perfume or deodorant

Strong smelling nail polish

1. **During *your most recent* pregnancy, on average, how often did you eat food that was microwaved in a plastic container?**

More than once a day

Once a day

2 to 6 times a week

Once a week

Less than once a week

Never

1. **Are the bottles that you use to feed your new baby BPA free?**

No

Yes, sometimes

Yes, all the time

I don’t know

I don’t use plastic bottles when feeding my baby

1. **Was the house or apartment you live in now built before 1977?**

No 🡺 Go to Question 10

Yes

1. **Has the house or apartment you live in now been tested for lead?**

No

Yes

I don’t know

1. **Does the house or apartment you live in now have a carbon monoxide detector?**

No

Yes

1. **Has the house or apartment you live in now ever been tested for radon?**

No

Yes

I don’t know

1. ***During any of your prenatal care visits*, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?** *Please count only discussions*, not reading materials or videos. For each item, check **No** if no one talked with you about it, or **Yes** if someone did.

**No Yes**

1. How eating fish with high levels of mercury during pregnancy could affect my baby
2. How me being exposed to lead could affect my baby
3. Medicines that are safe to take during pregnancy
4. How using pesticides, which are chemicals to kill insects, rodents or weeds during pregnancy, could affect my baby
5. How using water bottles or other bottles made of polycarbonate plastic (BPA, recycle #7) during pregnancy could affect my baby
6. **During *your most recent* pregnancy, did you do any of the following things?** For each thing, check **No** if you did not do it or **Yes** if you did.

**No Yes**

a. Eat fish with high levels of mercury 🗆 🗆

b. Come in contact with fumes from fresh paint 🗆 🗆

c. Come in contact with lead paint dust from house remodeling. 🗆 🗆

d. Eat food microwaved in plastic containers……………………….. 🗆 🗆

e. Take medicines that are not recommended by my doctor 🗆 🗆

f. Drink out of plastic bottles like those made of polycarbonate

(BPA, recycle #7) 🗆 🗆

1. **Was your doctor, nurse, or other health care provider able to answer any questions about environmental exposures that you had during your pregnancy**?

No

Yes

I didn’t have any concerns about environmental exposures