

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

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### 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**

- a. Ask you if you were using marijuana?
- b. Prescribe marijuana for any reason?
- c. Advise you not to use marijuana?
- d. 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. During my most recent pregnancy       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Since my new baby was born            | <input type="checkbox"/> | <input type="checkbox"/> |

**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 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. During my most recent pregnancy       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Since my new baby was born            | <input type="checkbox"/> | <input type="checkbox"/> |

**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

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

No  
Yes

3. **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.**

4. **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

5. **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

6. **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

7. **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)

8. **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
- 2. 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:
- 3. 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

4. **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
5. **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
6. **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
7. **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
8. **Was the house or apartment you live in now built before 1977?**
- No → Go to Question 10
  - Yes
9. **Has the house or apartment you live in now been tested for lead?**
- No
  - Yes
  - I don't know
10. **Does the house or apartment you live in now have a carbon monoxide detector?**
- No
  - Yes



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

- No
- Yes
- I don't know

**12. 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 |
|---|----|-----|
| a. How eating fish with high levels of mercury during pregnancy could affect my baby  |    |     |
| b. How me being exposed to lead could affect my baby  |    |     |
| c. Medicines that are safe to take during pregnancy   |    |     |
| d. How using pesticides, which are chemicals to kill insects, rodents or weeds during pregnancy, could affect my baby             |    |     |
| e. How using water bottles or other bottles made of polycarbonate plastic (BPA, recycle #7) during pregnancy could affect my baby |    |     |

**13. 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.**

- |  | Yes                      |  | No                       |
|--|--------------------------|--|--------------------------|
| a. Eat fish with high levels of mercury  | <input type="checkbox"/> |  | <input type="checkbox"/> |
| b. Come in contact with fumes from fresh paint                                     | <input type="checkbox"/> |  | <input type="checkbox"/> |
| c. Come in contact with lead paint dust from house remodeling.                     | <input type="checkbox"/> |  | <input type="checkbox"/> |
| d. Eat food microwaved in plastic containers.....                                  | <input type="checkbox"/> |  | <input type="checkbox"/> |
| e. Take medicines that are not recommended by my doctor                            | <input type="checkbox"/> |  | <input type="checkbox"/> |
| f. Drink out of plastic bottles like those made of polycarbonate (BPA, recycle #7) | <input type="checkbox"/> |  | <input type="checkbox"/> |

**14. 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