

## Appendix 1b: PRAMS Phase 8 Supplemental Questions and the Rational for their Selection in Red Text

### 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

Rationale: The most prevalent malignant tumor among women is breast cancer (BC), one in four cancers diagnosed in women worldwide. Ovarian cancer is the fifth most deadly cancer in women. Having a positive family history for either one or both is recognized as an indicator for the identification of high-risk, genetically predisposed individuals. For this reason, the PRAMS question, to be asked of women only, focuses on these 2 cancers common and severe among women for which having a positive family history for either one or both is associated with an increased risk for developing the disease.

Other surveys ask about a variety of cancers and structure the questions differently to ask separately about a variety of different types of cancer for each first degree family member. PRAMS is a printed mailed survey that is self-administered by respondents and has strict space limitations. The lengthy enumerate is not practical for this type of survey methodology. Given that the interest is in 2 of the most common and deadly forms of cancer for women, to be asked only of women, this question combines breast and ovarian cancer into a single question, and assesses risk among any first degree relatives in a more efficient manner which aligns with the research interest in assessing genetically predisposed individuals.

**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

Rationale: This question is similar to the National Health Interview Survey (NHIS), but combines first and second degree relatives into a single question. Below is example of second degree relative question from NHIS. An example of the first degree relative question is found in Q1 above. PRAMS has space limitations, and has created this modified version of the question that combines first and second degree relatives into a single question. Combining these relatives into a single question item could result in poorer reporting, however cognitive testing to investigate this potential issue.

**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

Rationale: Please see comments above. Other surveys do not combine cancers into a single question or combine first and second degree relatives. Combining these relatives into a single question item could result in poorer reporting, however cognitive testing to investigate this potential issue.

**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

**Rationale:** Please see comments above. Other surveys do not combine cancers into a single question or combine first and second degree relatives. Combining these relatives into a single question item could result in poorer reporting, however cognitive testing to investigate this potential issue.

**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

**Rationale:** Question not identified on other surveys.

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

No  
Yes

**Rationale:** Please see comments above.

**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

**Rationale:** This question is identical to NHIS.

**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: \_\_\_\_\_

**Rationale:** This question is identical to NHIS.

**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: \_\_\_\_\_

Rationale: This question is similarly worded to NHIS, however this version combines multiple types of cancer into the response options, with a focus on breast and ovarian cancer. PRAMS has space limitations, and cannot fit questions on each type of cancer separately. Further, this type of list question is used commonly on PRAMS for other topics and works well. The question stem in this newly proposed question was modified given that a list is provided.

Example questions from NHIS:

The only difference is that NHIS asks it in 4 separate questions, by cancer type:

“Please think about your MOST RECENT genetic counseling session for cancer risk. Was it for breast cancer?”

“Please think about your MOST RECENT genetic counseling session for cancer risk. Was it for ovarian cancer?”

“Please think about your MOST RECENT genetic counseling session for cancer risk. Was it for colon or rectal cancer?”

“Please think about your MOST RECENT genetic counseling session for cancer risk. Was it for any other type of cancer?”

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

No

Yes

I don't know

Rationale: Question not identified on other surveys.

#### **Marijuana use questions**

Rationale: Changed introductory text to be consistent with National Survey on Drug Use and Health (NSDUH).

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

Rationale: This question is identical to NSDUH.

**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
- 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 | <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 Oxycontin, Demerol, Hydrocodone?** Please do not include “over-the-counter” pain relievers such as aspirin, Tylenol, Advil, or Aleve. **Check ONE answer**

No

Yes, I used them the way my doctor directed me to use them

Yes, I used them but not how my doctor directed (e.g., without a prescription of my own, in greater amounts or longer than I was told to take them)

**Rationale:** Added language from NSDUH, combining substances into a single question to reduce burden and because PRAMS does not require specificity for each substance separately.

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

- No
- Yes

Rationale: Each of these are asked as separate topics on NSDUH. Prevalence of use is low during pregnancy and PRAMS does not require information on each substance separately; therefore, PRAMS is including all of these substances in one question.

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

- No
- Yes, I used them the way my doctor directed me to use them
- Yes, I used them but not how my doctor directed (e.g., without a prescription of my own, in greater amounts or longer than I was told to take them)

Rationale: NSDUH does not ask about antidepressants. Added “prescription” to the question for consistency with response options and format used by NSDUH for prescription medications.

**4. During your most recent pregnancy, did you use any prescription benzodiazepines such as diazepam or chlordiazepoxide? Check one answer**

- No
- Yes, I used them the way my doctor directed me to use them
- Yes, I used them but not how my doctor directed (e.g., without a prescription of my own, in greater amounts or longer than I was told to take them)

Rationale: Added this question since benzodiazepines have been linked to neonatal abstinence syndrome. NSDUH asks about “prescription tranquilizers” and includes diazepam, but not chlordiazepoxide; suggest adding prescription to the question for consistency and to match the fact that the responses refer to how a doctor directed the respondent to use the medication.

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

**5. 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

Rationale: NSDUH does not ask about healthcare provider referral; question is worded similarly to PRAMS standard question on smoking cessation.

**6. 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

**Rationale:** Neonatal abstinence syndrome question not identified on other surveys.

**7. 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

**8. 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)

**9. During 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

Rationale: The questions on National Health and Nutrition Examination Survey (NHANES) do not have the level of specificity that we need to target mercury exposure caused by fish consumption. The question structure for NHANES is also not conducive to a self-administered questionnaire format like PRAMS.

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:

Rationale: The questions on NHANES do not have the level of specificity that we need to target mercury exposure caused by fish consumption.

3. **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

Rationale: This question not identified on other surveys.

4. **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

Rationale: This question not identified on other surveys.

5. **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

Rationale: This question not identified on other surveys.

6. **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

Rationale: This question not identified on other surveys.

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

No → Go to Question 10  
Yes

Rationale: We will use the current AHS question.

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

No  
Yes  
I don't know

Rationale: We will use the current AHS question.

9. **Do you have a working carbon monoxide detector inside your home?**

No  
Yes

Rationale: We will use the current AHS question. This question has been updated.

10. **Has your home's air been tested for the presence of radon, a gas that is found in the air in some homes?**

No  
Yes  
I don't know

Rationale: We will use the current AHS question. This question has been updated.

11. **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.

- |   | <b>No</b> | <b>Yes</b> |
|---|-----------|------------|
| 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 |           |            |

Rationale: This question not identified on other surveys.

12. **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.

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 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"/> |

Rationale: This question not identified on other surveys.

13. **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

Rationale: This question not identified on other surveys.