



Centers for Birth Defects Research and Prevention
Birth Defects Study To Evaluate Pregnancy exposures (BD-STEPS)
Computer-Assisted Telephone Interview

Questionnaire Version 7.3

English Version

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Contents

OPENING STATEMENT.....	1
Section A: ESTABLISHING DATES.....	1
Section B: MULTIPLE GESTATION.....	2
Section C: PREGNANCY HISTORY.....	3
Section D: FAMILY HISTORY.....	5
Section E: FERTILITY.....	7
Maternal Health Introduction.....	14
Section F: DIABETES.....	14
Section G: CANCER.....	22
Section H: HEART PROBLEMS.....	23
Section I: THYROID DISEASE.....	33
Section J: ASTHMA.....	39
Section K: EPILEPSY.....	51
Section L: MIGRAINE.....	56
Section M: AUTOIMMUNE DISEASE.....	62
Section N: TRANSPLANT RECEIPT.....	71
Section O: DEPRESSION / ANXIETY.....	74
Section P: ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD).....	80
Section Q: CHRONIC DISEASE CATCH-ALL QUESTION.....	85
Section R: GENITOURINARY INFECTIONS.....	88
Section S: FEVERS.....	94
Section T: MEDICATIONS/HERBALS/VITAMINS.....	96
Section U: STRESS.....	132
Section V: PHYSICAL ACTIVITY.....	134
Section W: OBESITY.....	137
Section X: DENTAL PROCEDURES.....	140
Section Y: SMOKING.....	146
Section Z: ALCOHOL.....	147
Section AA: RESIDENCE HISTORY.....	148
Section BB: MATERNAL OCCUPATION.....	148

Section CC: RACE / ACCULTURATION / EDUCATION.....	150
Section DD: INSURANCE STATUS.....	155
Section EE: CLOSING.....	156
Section FF: INTERVIEWER REMARKS.....	160

OPENING STATEMENT

In this interview we will be asking you questions about your family, health, and lifestyle. The questions cover many topics because we don't know what causes most birth defects. We will study the answers from thousands of mothers hoping to learn something new about the causes of birth defects. Your individual responses are being collected with an assurance of confidentiality.

Section A: ESTABLISHING DATES

I'm going to ask many questions about the time before and during your pregnancy [with [NOIB]; TAB: affected by a birth defect]. In order to do this, I need to start by asking you some dates.

A1. What was [NOIB]'s date of birth? / If [TAB]: On what date did the affected pregnancy end?

a. MM/DD/YYYY CAN USE DK OR RF FOR MM OR DD OR YY

A2. What date did the doctor give you as a due date for [[NOIB]'s birth; TAB: the affected pregnancy]? That is, when was [[NOIB]; TAB: the baby] expected to be born? [Note: If mom knows due date, CATI will calculate which pregnancy months correspond with calendar dates. If mom does not know due date, use the EDD recorded in the tracking database to calculate dates.]

a. MM/DD/YYYY CAN USE DK OR RF FOR MM OR DD OR YY
→IF NOIB IS TAB OR STILLBIRTH, SKIP TO A6

A3. Is [NOIB] still living?

- a. YES → SKIP TO A6
- b. NO → CONTINUE TO A4
- c. DK → SKIP TO A6
- d. RF → SKIP TO A6

A4. What did s/he die of?

- a. SPECIFY: _____
- b. DK
- c. RF

A5. How old was s/he when s/he died? NOTE: IF THE BABY LIVED LESS THAN 24 HOURS, THE RESPONSE LESS THAN 1 DAY CAN BE RECORDED AS 1 DAY.

a. AGE: _____ DK RF

i. UNITS:_____ (Days, Weeks, Months, Years)

A6. What was your date of birth?

a. MM/DD/YYYY CAN USE DK OR RF FOR MM OR DD OR YYYY

A7. I would like to ask about [[NOIB]'s; TAB: the baby's] biologic or natural father. What was his date of birth?
[IF DK, PROBE: You don't know the date of birth or you don't know the biologic father?]

a. MM/DD/YYYY CAN USE DK OR RF FOR MM OR DD OR YYYY

b. DK WHO FATHER IS

Section B: MULTIPLE GESTATION

B1. In [your pregnancy with [NOIB]; TAB: the affected pregnancy], how many babies were you carrying?

PROBE: Were you carrying a single baby, twins, or more babies?

a. Number of babies:_____

i. IF 1 (SINGLE BABY) → SKIP TO NEXT SECTION

ii. IF ≥ 2 (TWINS OR HIGHER ORDER MULTIPLE) → CONTINUE TO B2; IF TAB: SKIP TO NEXT SECTION

iii. DK → SKIP TO NEXT SECTION

iv. RF → SKIP TO NEXT SECTION

B2. [Is the other baby/are the other babies] still living?

a. Yes, all other babies still living

b. Some babies still living, others are not

c. No, no other babies still living

d. DK

e. RF

B3. What was the sex of the [1st, 2nd, etc.] baby? [RECORD FOR EACH ADDITIONAL BABY (NUMBER REPORTED IN B1)]

a. Girl

b. Boy

c. Indeterminate

d. DK

e. RF

B4. Was this baby affected by a birth defect? [RECORD FOR EACH ADDITIONAL BABY]

- a. YES → CONTINUE TO B5
- b. NO → SKIP TO B6/NEXT SECTION
- c. DK → SKIP TO B6/NEXT SECTION
- d. RF → SKIP TO B6/NEXT SECTION

B5. What was it? / Anything else? [RECORD FOR EACH ADDITIONAL BABY]

- a. DEFECT (SPECIFY): _____
- b. DK
- c. RF

B6. FOR SAME SEX TWINS ONLY: The next question is to see how similar your twins' appearances are. There are three options. Would you say that your twins: [READ OPTIONS]

- a. Look/ed virtually the same, as physically alike as "two peas in a pod"; or
- b. As similar as typical brothers or sisters at the same age; or
- c. Do not look very much alike at all?
- d. DK
- e. RF

Section C: PREGNANCY HISTORY

Now I'm going to ask you about your previous pregnancy experiences.

C1. How many times have you been pregnant before [[NOIB]; TAB: the pregnancy that ended on [DOIB]], including pregnancies that may have ended in miscarriages, stillbirths, induced abortions, or other outcomes?

- a. NUMBER: _____
 - i. IF 0 → SKIP TO NEXT SECTION
 - ii. IF >0 → CONTINUE TO C2
- b. DK → SKIP TO NEXT SECTION
- c. RF → SKIP TO NEXT SECTION

C2. When did the last pregnancy before [[NOIB]; TAB: the pregnancy that ended on [DOIB]] end?

12/9/15

- a. MM/DD/YYYY CAN USE DK OR RF FOR MM OR DD OR YYYY OR
- b. TIME PERIOD AGO: _____
 - i. YEARS
 - ii. MONTHS
 - iii. WEEKS

C3a. Did that pregnancy end with a live birth? [IF A MULTIPLE PREGNANCY HAD AT LEAST ONE FETUS BORN LIVE, SELECT YES]

- a. YES → SKIP TO NEXT SECTION IF C1a = 1/SKIP TO C5 IF C1a >1
- b. NO → CONTINUE TO C3b
- c. DK → SKIP TO NEXT SECTION IF C1a = 1/SKIP TO C5 IF C1a >1
- d. RF → SKIP TO NEXT SECTION IF C1a = 1/SKIP TO C5 IF C1a >1

C3b. Did that pregnancy end with (a/an) (READ CATEGORIES: stillbirth, induced abortion, miscarriage, or some other outcome)? IF 2 OR MORE OUTCOMES IN 1 PREGNANCY SELECT OTHER

- a. Stillbirth → CONTINUE TO C4
- b. Induced abortion → CONTINUE TO C4
- c. Miscarriage → CONTINUE TO C4
- d. Some other outcome (SPECIFY) → CONTINUE TO C4
- e. DK → CONTINUE TO C4
- f. RF → CONTINUE TO C4

C4. IF REPORTING ANY OUTCOME BESIDES LIVE BIRTH: How far along were you in your pregnancy when the pregnancy ended? For example, the week or month? [IF MORE THAN 1 OUTCOME AND OUTCOMES ENDED ON DIFFERENT DATES, RECORD THE LATEST DATE]

- a. AMOUNT: _____ SKIP TO NEXT SECTION IF C1a=1/ CONTINUE TO C5 IF C1a>1
 - i. UNITS: _____ (Days, Weeks, Months, Trimesters)
- b. DK → SKIP TO NEXT SECTION IF C1a=1/CONTINUE TO C5 IF C1a>1
- c. RF → SKIP TO NEXT SECTION IF C1a=1/CONTINUE TO C5 IF C1a>1

C5. IF C1a>2: Now, I would like to get some information about your other pregnancies, starting with the first one. Did your [(1st, etc.)] pregnancy end in a live birth? [REPEAT (C1a NUMBER) - 1 TIMES] IF REPORTING 2 PREVIOUS PREGNANCIES (C1a = 2): Did your first pregnancy end in a live birth?

- a. YES → SKIP TO NEXT SECTION/ASK ABOUT NEXT PREGNANCY
- b. NO → CONTINUE TO C6
- c. DK → SKIP TO NEXT SECTION/ASK ABOUT NEXT PREGNANCY
- d. RF → SKIP TO NEXT SECTION/ASK ABOUT NEXT PREGNANCY

C6. Did that pregnancy end with (a/an) stillbirth, induced abortion, miscarriage, or some other outcome? [IF 2 OR MORE OUTCOMES IN 1 PREGNANCY ENTER IN OTHER]

- a. Stillbirth → CONTINUE TO C7
- b. Induced abortion → CONTINUE TO C7
- c. Miscarriage → CONTINUE TO C7
- d. Some other outcome (SPECIFY) → CONTINUE TO C7
- e. DK → CONTINUE TO C7
- f. RF → CONTINUE TO C7

C7. IF REPORTING ANY OUTCOME BESIDES LIVE BIRTH: How far along were you in your pregnancy when the pregnancy ended? For example, the week or month?

- a. AMOUNT: _____ → SKIP TO NEXT SECTION/ASK ABOUT NEXT PREGNANCY
 - i. UNITS: _____ (Days, Weeks, Months, Trimesters)
- b. DK → SKIP TO NEXT SECTION/ASK ABOUT NEXT PREGNANCY
- c. RF → SKIP TO NEXT SECTION/ASK ABOUT NEXT PREGNANCY

Section D: FAMILY HISTORY

D1. Did you have a health problem at birth or a birth defect that was diagnosed in childhood?

- a. YES → CONTINUE TO D2
- b. NO → SKIP TO D3
- c. DK → SKIP TO D3
- d. RF → SKIP TO D3

D2. What was it? / Anything else?

- a. SPECIFY: _____
- b. DK
- c. RF

D3. IF FATHER UNKNOWN, SKIP TO D5: Did [[NOIB]'s; TAB: the] biological or natural father have a health problem at birth or a birth defect that was diagnosed in childhood?

- a. YES → CONTINUE TO D4
- b. NO → SKIP TO D5/NEXT SECTION
- c. DK → SKIP TO D5/NEXT SECTION
- d. RF → SKIP TO D5/NEXT SECTION

D4. What was it? / Anything else?

- a. SPECIFY: _____
- b. DK
- c. RF

D5. IF PREVIOUS PREGNANCIES REPORTED: Did any of [[NOIB]'s; TAB: the] brothers or sisters have a health problem at birth or a birth defect that was diagnosed during pregnancy or in childhood? Please do not include half-siblings or step-siblings. Please do include full siblings who are not still living, including previous pregnancies that ended in a miscarriage, stillbirth, or induced abortion.

- a. YES → CONTINUE TO D6
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

D6. What was it? / Anything else?

- a. SPECIFY: _____
- b. DK
- c. RF

Section E: FERTILITY

Now I have some questions specific to your pregnancy [with [NOIB]; TAB: that ended on [DOIB]].

E1. How long were you trying to get pregnant with [[NOIB]; TAB: the pregnancy affected by a birth defect] before you became pregnant? [READ OPTIONS]

- a. We were not trying → SKIP TO E14
- b. Less than 6 months
- c. 6 months or more, but less than a year
- d. A year or more, but less than 3 years
- e. 3 years or more, but less than 5 years
- f. 5 years or more, but less than 7 years
- g. 7 years or more
- h. DK
- i. RF

E2a. In the two months before you became pregnant with [[NOIB]; TAB: the pregnancy that ended on [DOIB]] did you use In-vitro fertilization, also known as IVF, Intracytoplasmic sperm injection, also known as ICSI, or Artificial insemination to help you become pregnant?

12/9/15

- a. YES → CONTINUE TO E2b
- b. NO → SKIP TO E9
- c. DK → SKIP TO E9
- d. RF → SKIP TO E9

E2b. Which procedure or procedures did you use? READ LIST (INDICATE ALL THAT APPLY):

- a. In-vitro fertilization, or IVF
- b. Intracytoplasmic sperm injection, or ICSI
- c. Artificial insemination
- d. DK
- e. RF

IF YES TO ONLY ONE PROCEDURE → SKIP TO E4

IF YES TO MORE THAN ONE PROCEDURE → CONTINUE TO E3

IF NO AND/OR DK AND/OR RF TO ALL → SKIP TO E9

E3. Which was the last procedure you used before getting pregnant with [[NOIB]; TAB: the affected pregnancy]?

- a. IN-VITRO FERTILIZATION, OR IVF
- b. INTRACYTOPLASMIC SPERM INJECTION, OR ICSI
- c. ARTIFICIAL INSEMINATION
- d. DK
- e. RF

E4. What was the date of that procedure?

- a. MM/DD/YYYY CAN USE DK OR RF FOR MM OR DD OR YYYY

E5. Were donor egg(s), donor sperm, or donor embryo(s) used on [ANSWER]/ [(IF DATE UNKNOWN) during this last procedure]?

- a. YES → CONTINUE TO E6
- b. NO → SKIP TO E7
- c. DK → SKIP TO E7
- d. RF → SKIP TO E7

E6. Which of these were used? [SELECT ALL THAT APPLY]

- a. Donor eggs
- b. Donor sperm

12/9/15

- c. Donor embryos
- d. DK
- e. RF

E7. Were frozen egg(s), frozen sperm, or frozen embryo(s) used on [DATE OF PROCEDURE, ANSWER E4]?

- a. YES → CONTINUE TO E8
- b. NO → SKIP TO E9
- c. DK → SKIP TO E9
- d. RF → SKIP TO E9

E8. Which of these were used? [SELECT ALL THAT APPLY]

- a. Frozen eggs
- b. Frozen sperm
- c. Frozen embryos
- d. DK
- e. RF

E9. In the two months before you became pregnant with [[NOIB]; TAB: the pregnancy that ended on [DOIB]] did you take any medications to help you become pregnant?

- a. YES
- b. NO → IF E2 = YES SKIP TO E11. IF E2 = NO/DK/RF AND IF C1 = 0 SKIP TO E15. IF E2 = NO/DK/RF AND IF C1 = >0 SKIP TO E14.
- c. DK → IF E2 = YES SKIP TO E11. IF E2 = NO/DK/RF AND IF C1 = 0 SKIP TO E15. IF E2 = NO/DK/RF AND IF C1 = >0 SKIP TO E14.
- d. RF → IF E2 = YES SKIP TO E11. IF E2 = NO/DK/RF AND IF C1 = 0 SKIP TO E15. IF E2 = NO/DK/RF AND IF C1 = >0 SKIP TO E14.

E9a. Did you take Clomid or clomiphene citrate?

- i. YES → ASK E10a
- ii. NO
- iii. DK
- iv. RF

E9b. Did you take Letrozole/Femara?

- i. YES → ASK E10b

- ii. NO
- iii. DK
- iv. RF

E9c. Did you take anything else?

- i. YES
- ii. NO
- iii. DK
- iv. RF

E9d. What did you take? IF CAN'T RECALL, READ LIST:

- i. Bromocriptine
- ii. Danazol
- iii. Danocrine
- iv. Depo-Provera
- v. Factrel
- vi. Lupron
- vii. Lutrepulse
- viii. Metrodin
- ix. Parlodel
- x. Pergonal
- xi. Pregnyl
- xii. Profasi HP
- xiii. Provera
- xiv. Serophene
- xv. Synarel
- xvi. OTHER, SPECIFY: _____
- xvii. DK
- xviii. RF

E10a. IF E9a=YES: How many Clomid or clomiphene citrate pills per day did you take at your last cycle before getting pregnant?

- i. NUMBER: _____
- ii. DK
- iii. RF

E10b. IF E9b=YES: How many Letrozole/Femara pills per day did you take at your last cycle before getting pregnant?

- i. NUMBER: _____
- ii. DK
- iii. RF

E11. IF REPORT ANY FERTILITY PROCEDURES OR MEDICATIONS: How many menstrual cycles with fertility treatments (complete or incomplete) did you have before [you got pregnant with [NOIB]; TAB: the pregnancy that ended on [DOIB]]?

- a. 1 cycle
- b. 2-3 cycles
- c. 4-6 cycles
- d. more than 6 cycles
- e. DK
- f. RF

E12. IF REPORT ANY FERTILITY PROCEDURES OR MEDICATIONS: What was the reason(s) for fertility treatments? Was it... [READ OPTIONS; INDICATE ALL THAT APPLY]

- a. A female issue, such as blocked fallopian tubes or Polycystic Ovary Syndrome → CONTINUE TO E13
- b. A male issue, such as low sperm count or low motility → SKIP TO E14 IF PREVIOUS PREGNANCY REPORTED/E15 IF ONLY ONE PREGNANCY REPORTED
- c. No male partner → SKIP TO E14/E15
- d. Unexplained → SKIP TO E14/E15
- e. DK → SKIP TO E14/E15
- f. RF → SKIP TO E14/E15

E13. IF REPORT FEMALE FACTOR: What was the female issue? Was it... [READ OPTIONS; INDICATE ALL THAT APPLY]

- a. Blocked fallopian tubes
- b. Polycystic Ovary Syndrome (PCOS)
- c. Endometriosis
- d. Ovulation problems (irregular periods)
- e. OTHER (SPECIFY): _____
- f. DK
- g. RF

E14. IF PREVIOUS PREGNANCY REPORTED: Have you ever conceived a previous pregnancy using [READ ALL, INDICATE ALL THAT APPLY]:

E14b	Ovulation stimulation pills, such as Clomid or Femara	YES	NO	DK	RF
E14c	Artificial insemination	YES	NO	DK	RF
E14d	In-vitro fertilization, or IVF	YES	NO	DK	RF
E14e	Intracytoplasmic sperm injection, or ICSI	YES	NO	DK	RF

E15. During the first trimester of your pregnancy with [[NOIB]; TAB: the pregnancy that ended on [DOIB]], did you take any medications to prevent pregnancy complications or pregnancy loss, such as hormones, steroids, or injections?

- a. YES → CONTINUE TO E16
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

E16. What did you take? / Did you take anything else? [LIST ALL. IF CAN'T RECALL, READ LIST: Was it...?]

- a. Depo-Provera
- b. Magnesium Sulfate
- c. Progesterone
- d. Rho(D) immune globulin
- e. Rhogam
- f. Calcium Channel Blockers NOS
- g. Steroid NOS
- h. OTHER, SPECIFY: _____
- i. DK → SKIP TO NEXT SECTION
- j. RF → SKIP TO NEXT SECTION

E17. When in the first trimester did you start using [MEDICINE, ANSWER E16] to prevent complications or pregnancy loss? (For day can indicate beginning, middle, or end of month) [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY **OR**
- b. MONTH OF PREGNANCY (P1, P2, P3, T1)
- c. DK
- d. RF

E18. When did you stop using [MEDICINE, ANSWER E16] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY **OR**
- b. MONTH OF PREGNANCY(P1, P2, P3, T1) → IF VALID START AND STOP DATE, SKIP TO E20
- c. DK

12/9/15

d. RF

OR

E19. How long did you take it? You can say the length of time in days, weeks or months.

a. AMOUNT: _____

i. Days

ii. Weeks

iii. Months

b. DK

c. RF

E20. How often did you use [MEDICINE, ANSWER E16] in the first three months of your pregnancy? You can say the number of times per day, per week, per month, or during the entire 3 month period.

a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

Maternal Health Introduction

At this time, and at other times during this interview, I will be asking you about illnesses you may have had and various kinds of medications or remedies you may have used. Please include medications prescribed by a health care practitioner and medications you might have obtained without a prescription from stores, pharmacies, friends or relatives, as well as herbal and home remedies. If you filled out the medication worksheet we included in your introductory packet, it will be helpful for you to have it in front of you for these questions. Now I have some questions about your health.

Section F: DIABETES

F1. Were you ever told by a doctor that you had diabetes (including gestational diabetes), sometimes called sugar diabetes or diabetes mellitus?

- a. YES → CONTINUE TO F2
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

F2. What type of diabetes did you or do you currently have? Was it [READ LIST]?

- a. Gestational, that is, during pregnancy only
- b. Insulin-dependent diabetes, also called Type 1, or Juvenile
- c. Non-insulin-dependent diabetes, also called Type 2, or adult onset
- d. DK
- e. RF

F3. When were you first diagnosed with diabetes in relation to your pregnancy with [[NOIB]; TAB: the affected pregnancy]? [READ LIST]

- a. Before this pregnancy and not during any other pregnancy?
- b. During a previous pregnancy?
- c. During this pregnancy?
- d. DK
- e. RF

IF F2=a, d, or e OR F3=b, c, d, e THEN SKIP TO F7 [ONLY ASK F4 if F2 = b or c AND F3=a]

F4. Either before or during your pregnancy, did you speak with a healthcare provider about your treatment options during pregnancy?

- a. YES → GO TO F5
- b. NO → SKIP TO F7
- c. DK → SKIP TO F7
- d. RF → SKIP TO F7

F5. Did you discuss these options before your pregnancy began?

- a. YES → SKIP TO F7
- b. NO → GO TO F6
- c. DK → SKIP TO F7
- d. RF → SKIP TO F7

F6. How far along were you in your pregnancy when you discussed treatment options with your provider?

- a. AMOUNT: _____
- b. UNITS:
 - i. Days
 - ii. Weeks
 - iii. Months
 - iv. Trimesters
- e. DK
- f. RF

F7. How did you manage your diabetes and its complications during the time between the month before your pregnancy and the end of the third month of your pregnancy? GIVE OPTIONS; INDICATE ALL THAT APPLY.

- a. Take medications or other remedies → IF YES, CONTINUE TO F8 AFTER QUERYING F7b-F7d
- b. Modify your eating habits → IF YES, ASK F19
- c. Control your weight or weight gain → IF YES, ASK F19
- d. Do anything else → IF YES, ASK F20
- e. NONE OF THE ABOVE → SKIP TO F22
- f. DK → SKIP TO F22
- g. RF → SKIP TO F22

12/9/15

F8. IF 7a: What medications did you take? / Did you take anything else? LIST ALL. [IF CAN'T RECALL, READ FROM DRUG LIST. Did you take...?]

- a. Actos
- b. Amaryl
- c. Byetta
- d. Diabeta
- e. Diabinese
- f. Glucophage
- g. Glucotrol
- h. Glucotrol XL
- i. Glumetza
- j. Glyburide
- k. Glynase PresTab
- l. Humalog
- m. Humulin N
- n. Humulin R
- o. Januvia
- p. Lantus
- q. Levemir
- r. Metformin HCL
- s. Micronase
- t. Novolin N
- u. Novolin R
- v. Novolog
- w. Onglyza
- x. Prandin
- y. Precose
- z. Starlix
- aa. Victoza
- bb. OTHER (SPECIFY): _____
- cc. DK → SKIP TO F19/F20 OR F21
- dd. RF SKIP TO F19/F20 OR F21

ANSWER F9-F18 FOR ALL DRUGS SELECTED IN F8.

F9. Did you use [DRUG, ANSWER F8] for the entire time from the month before your pregnancy through your third month of pregnancy, that is from [B1] to [P4(-1)]?

- a. YES → SKIP TO F13
- b. NO → CONTINUE TO F10
- c. DK → CONTINUE TO F10
- d. RF → CONTINUE TO F10

F10. When did you start using [DRUG, ANSWER F8] for diabetes for the first time during this period? (For day can indicate beginning, middle, or end of month) [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY (B1, P1, P2, P3)
- c. DK
- d. RF

F11. When did you stop using [DRUG, ANSWER F8] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY (B1, P1, P2, P3) → IF VALID RESPONSE TO F10 AND F11, SKIP F12
- c. DK
- d. RF

OR

F12. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

F13. How often did you use [DRUG, ANSWER F8] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

- a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

F14. Did you take the same dose of [DRUG, ANSWER F8] each time you took it throughout [B1] TO [P4(-1)]? That is, for example, the same number of milligrams of medicine in each dose.

- a. YES → CONTINUE TO F15
- b. NO → SKIP TO F16a
- c. DK → CONTINUE TO F15
- d. RF → CONTINUE TO F15

F15. What dose of [DRUG, ANSWER F8] did you take each time you took it?

- a. AMOUNT: _____ → SKIP TO F19 (IF F7b OR F7c=YES) OR F20 (IF F7b AND F7c=NO AND F7d=YES) OR F22 (IF F7b, F7c, AND F7d=NO)
 - i. UNITS: _____
- b. DK or RF → SKIP TO F19 (IF F7b OR F7c=YES) OR F20 (IF F7b AND F7c=NO AND F7d=YES) OR F22 (IF F7b, F7c, AND F7d=NO)

FOR EACH DRUG UNIT RESPONSE IN SECTION F THROUGH X, THESE ARE THE OPTIONS:

- MICROGRAMS
- MILLIGRAM(S)
- MILLILITER(S)
- TEASPOON(S)
- TABLESPOON(S)
- INTERNATIONAL UNITS
- PILL/CAPSULE/CAPLET(S)
- PUFF(S)
- DROP(S)
- OTHER, SPECIFY
- DK, RF

F16a. How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field.]

- i. AMOUNT: _____
- ii. RF

F16b. What dose of [DRUG, ANSWER F8] did you take the [1st, 2nd, etc.] time?

- i. AMOUNT: _____
DK → SKIP TO F17
RF → SKIP TO F17
- ii. UNITS: _____ DK RF

F17. When did you begin taking that dose? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

F18. When did you stop taking that dose?

- a. MM/DD/YYYY OR → CONTINUE TO F19 (IF F7b OR F7c=YES) OR F20 (IF F7b AND F7c=NO AND F7d=YES) OR F21 (IF F7b, F7c, AND F7d=NO)
- b. MONTH OF PREGNANCY (B1, P1, P2, P3) → IF VALID RESPONSE TO F17 AND F18, SKIP F18a. CONTINUE TO F19 (IF F7b OR F7c=YES) OR F20 (IF F7b AND F7c=NO AND F7d=YES) OR F21 (IF F7b, F7c, AND F7d=NO)
- c. DK → CONTINUE TO F19 (IF F7b OR F7c=YES) OR F20 (IF F7b AND F7c=NO AND F7d=YES) OR F21 (IF F7b, F7c, AND F7d=NO)
- d. RF → CONTINUE TO F19 (IF F7b OR F7c=YES) OR F20 (IF F7b AND F7c=NO AND F7d=YES) OR F21 (IF F7b, F7c, AND F7d=NO)

OR

F18a. How long did you take it?

- a. AMOUNT: _____ DK RF
 - i. Days
 - ii. Weeks
 - iii. Months

F19. ASK IF F7b OR F7c=YES: In order to modify your eating habits or control your weight, did you...? [READ OPTIONS AND ASK: "Did you do anything else?"]

- a. Follow a diet specifically for diabetes?
- b. Eat healthier but no specific diabetes diet?
- c. Do physical exercise?
- d. OTHER, SPECIFY _____
- e. DK
- f. RF

F20. IF F7d=YES: What else did you do to manage your diabetes and its complications? / Anything else?

- a. SPECIFY: _____
- b. DK
- c. RF

F21a. IF F7a = YES: How often did taking medications or other remedies work in controlling your diabetes? [READ OPTIONS.]

- a. Always
- b. Most of the time
- c. Part of the time
- d. Never or rarely
- e. DK
- f. RF

F21b. IF F7b = YES: How often did modifying your eating habits work in controlling your diabetes? [READ OPTIONS.]

- a. Always
- b. Most of the time
- c. Part of the time
- d. Never or rarely
- e. DK
- f. RF

F21c. IF F7c = YES: How often did controlling your weight gain work in controlling your diabetes? [READ OPTIONS.]

- a. Always
- b. Most of the time
- c. Part of the time
- d. Never or rarely
- e. DK
- f. RF

F21d. IF F7d = YES: How often did ([ACTIVITY TO MANAGE DIABETES, ANSWER F20]) work in controlling your diabetes? [RE-WORD APPROPRIATELY IF F20 =DO NOT KNOW. READ OPTIONS.]

- a. Always
- b. Most of the time
- c. Part of the time
- d. Never or rarely
- e. DK
- f. RF

F22. Glycosylated (GLY-CO-SYL-AT-ED) hemoglobin or the “A one C” test measures your average level of blood sugar for the past 3 months, and usually ranges between 5.0 and 13.9. At the time that you became pregnant with [NOIB]; TAB: the pregnancy that ended on [DOIB]], had a doctor or other health professional ever checked your glycosylated hemoglobin or “A one C”?

- a. YES → CONTINUE TO F23
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

F23. What was your “A one C” level at the time it was tested closest to when you became pregnant with [NOIB]; TAB: the pregnancy that ended on [DOIB]]? PROBE: If you can't remember the actual number, do you know if it was normal or high?

AMOUNT: _____/High/Normal/DK/RF

F24. When was the “A one C” test conducted?

- a. MM/DD/YYYY OR
- b. RELATIVE TO PREGNANCY:
 - 1 month to 3 months before pregnancy
 - 4 months to 6 months before pregnancy
 - 6 months to 1 year before pregnancy
 - Greater than 1 year before pregnancy
- c. DK
- d. RF

Section G: CANCER

G1. Have you ever been told by a doctor or other health professional that you had cancer or a malignancy of any kind?

- a. YES → CONTINUE TO G2
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

G2. What kind of cancer was it? CAN ENTER MULTIPLE SITES IF APPLICABLE.

- a. SPECIFY: _____
- b. DK
- c. RF

G3. How old were you when you were diagnosed with cancer **for the first time**?

- a. AGE: _____
- b. DK
- c. RF

G4. What is the current status of your cancer? (READ OPTIONS)

- a. Active → SKIP TO NEXT SECTION
- b. In remission → CONTINUE TO G5
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

G5. How long has it been in remission?

- a. TIME: _____
 - i. Years
 - ii. Months
 - iii. Weeks
 - iv. Days
- b. DK
- c. RF

Section H: HEART PROBLEMS

H1. Do you have a heart problem that has been present since birth?

- a. YES → CONTINUE TO H2
- b. NO → SKIP TO H15
- c. DK → SKIP TO H15
- d. RF → SKIP TO H15

H2. What is it?

- a. SPECIFY: _____
- b. DK
- c. RF

H3. Did you take any medications or remedies for [HEART PROBLEM, ANSWER H2] during the month before your pregnancy through the third month of your (pregnancy with [[NOIB]; TAB: the pregnancy that ended on [DOIB]])?

- a. YES → CONTINUE TO H4
- b. NO → SKIP TO H15

12/9/15

- c. DK → SKIP TO H15
- d. RF → SKIP TO H15

H4. What did you take? / Did you take anything else?

- a. SPECIFY: _____
- b. DK → SKIP TO H15
- c. RF → SKIP TO H15

H5. Did you use [MEDICINE, ANSWER H4] for the entire time from the month before your pregnancy through your third month of pregnancy, that is from [B1] through [P4(-1)]?

- a. YES → SKIP TO H9
- b. NO → CONTINUE TO H6
- c. DK → CONTINUE TO H6
- d. RF → CONTINUE TO H6

H6. When did you start using [MEDICINE, ANSWER H4] for the first time during this period? (For day can indicate beginning, middle, or end of month) [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY (B1, P1, P2, P3)
- c. DK
- d. RF

H7. When did you stop using [MEDICINE, ANSWER H4] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY (B1, P1, P2, P3) → IF VALID RESPONSE TO H6 AND H7, SKIP H8
- c. DK
- d. RF

OR

H8. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

12/9/15

H9. How often did you use [MEDICINE, ANSWER H4] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

H10. Did you take the same dose of medicine each time you took it throughout [B1] to [P4(-1)]? That is, for example, the same number of milligrams of medicine in each dose.

a. YES → CONTINUE TO H11

b. NO → SKIP TO H12a

c. DK → CONTINUE TO H11

d. RF → CONTINUE TO H11

H11. What dose of [MEDICINE, ANSWER H4] did you take each time you took it?

a. AMOUNT: _____ → SKIP TO H15

DK → SKIP TO H15

RF → SKIP TO H15

b. UNITS: _____ → SKIP TO H15

DK → SKIP TO H15

RF → SKIP TO H15

H12a. How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field.]

i. AMOUNT: _____

ii. RF

H12b. What dose of [MEDICINE, ANSWER H4] did you take the [1st, 2nd, etc.] time?

i. AMOUNT: _____

DK → SKIP TO H13

RF → SKIP TO H13

ii. UNITS: _____

DK

RF

H13. When did you begin taking that dose?

a. MM/DD/YYYY or

b. MONTH OF PREGNANCY(B1, P1, P2, P3)

c. DK

d. RF

H14. When did you stop taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO H13 AND H14, SKIP H14a
- c. DK
- d. RF

OR

H14a. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

H15. Have you ever been diagnosed with cardiac arrhythmias?

- a. YES → CONTINUE TO H16
- b. NO → SKIP TO H28
- c. DK → SKIP TO H28
- d. RF → SKIP TO H28

H16. Did you take any medication for arrhythmias during the month before your pregnancy through the third month of pregnancy?

- a. YES → CONTINUE TO H17
- b. NO → SKIP TO H28
- c. DK → SKIP TO H28
- d. RF → SKIP TO H28

H17. What did you take? / Did you take anything else? [IF CAN'T RECALL, READ FROM DRUG LIST]:

- a. Amiodarone
- b. Atenolol
- c. Betapace
- d. Cardizem
- e. Cartia XT
- f. Carvedilol
- g. Cordarone
- h. Diltiazem HCL
- i. Labetolol
- j. Lopressor

12/9/15

- k. Metoprolol
- l. Pacerone
- m. Propafenone HCL
- n. Propranolol
- o. Rythmol
- p. Sotalol
- q. Toprol XL
- r. Verapamil
- s. OTHER (SPECIFY)
- t. DK → SKIP TO H28
- u. RF → SKIP TO H28

H18. Did you use [DRUG, ANSWER H17] for the entire time from the month before your pregnancy through the third month of pregnancy, that is from [B1] to [P4(-1)]?

- a. YES → SKIP TO H22
- b. NO → CONTINUE TO H19
- c. DK → CONTINUE TO H19
- d. RF → CONTINUE TO H19

H19. When did you start using [DRUG, ANSWER H17] for arrhythmias for the first time during this period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

H20. When did you stop using [DRUG, ANSWER H17] for arrhythmias for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO H19 AND H20, SKIP H21
- c. DK
- d. RF

OR

H21. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK

12/9/15

c. RF

H22. How often did you use [DRUG, ANSWER H17] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

H23. Did you take the same dose of medicine each time you took it throughout [B1] to [P4(-1)]? That is, for example, the same number of milligrams of medicine in each dose.

- a. YES → CONTINUE TO H24
- b. NO → SKIP TO H25a
- c. DK → CONTINUE TO H24
- d. RF → CONTINUE TO H24

H24. What dose of [DRUG, ANSWER H17] did you take each time you took it?

- a. AMOUNT: _____ → SKIP TO H28
 - i. UNITS: _____
- b. DK → SKIP TO H28
- c. RF → SKIP TO H28

H25a. How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field.]

- i. AMOUNT: _____
- ii. RF

H25b. What dose of [DRUG, ANSWER H17] did you take the [1st, 2nd, etc.] time?

- i. AMOUNT: _____
 - DK → SKIP TO H26
 - RF → SKIP TO H26
- ii. UNITS: _____
 - DK
 - RF

H26. When did you begin taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

H27. When did you stop taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO H26 and H27, SKIP H27a
- c. DK
- d. RF

OR

H27a. How long did you take it?

- a. AMOUNT:_____
- i. Days
- ii. Weeks
- iii. Months
- b. DK
- c. RF

H28. Were you ever in your life told by a doctor that you had high blood pressure?

- a. YES → CONTINUE TO H29
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

H29. What type of high blood pressure did you or do you have? Was it **pregnancy-related** – that is during pregnancy only? This might also be called pregnancy-induced toxemia or pre-eclampsia or eclampsia. Or is it **chronic high blood pressure or chronic hypertension**? This is high blood pressure that is not related to your pregnancy. This may have been diagnosed during pregnancy but did not go away after the pregnancy ended.

- a. Pregnancy related
- b. Chronic hypertension
- c. Both
- d. DK
- e. RF

IF H29=a, d, or e THEN SKIP TO H33 (ONLY ASK H30 if H29=b, c)

H30. Either before or during your pregnancy, did you speak with a healthcare provider about your treatment options during pregnancy?

- a. YES → GO TO H31
- b. NO → SKIP TO H33
- c. DK → SKIP TO H33

d. RF → SKIP TO H33

H31. Did you discuss these options before your pregnancy began?

a. YES → SKIP TO H33

b. NO → GO TO H32

c. DK → SKIP TO H33

d. RF → SKIP TO H33

H32. How far along were you in your pregnancy when you discussed treatment options with your provider?

a. AMOUNT: _____ Days/Weeks/Months/Trimesters/DK/RF

H33. Did you take any medications or remedies for high blood pressure during the month before your pregnancy through the third month of pregnancy?

a. YES → CONTINUE TO H34

b. NO → SKIP TO NEXT SECTION

c. DK → SKIP TO NEXT SECTION

d. RF → SKIP TO NEXT SECTION

H34. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST:

a. Accupril

b. Adalat

c. Altace

d. Amlodipine

e. Atenolol

f. Avapro

g. Benazepril HCL

h. Benicar

i. Calan

j. Capoten

k. Cardizem

l. Covera -HS

m. Cozaar

n. Diltiazem HCL

o. Diovan

p. Enalapril Maleate

q. Hydralazine

r. Hydrochlorothiazide

s. Inderal

t. Irbesartan

u. Labetalol

12/9/15

- v. Lisinopril
- w. Losartan Potassium
- x. Lotensin
- y. Methyldopa
- z. Metoprolol
- aa. Microzide
- bb. Nifedipine
- cc. Normodyne
- dd. Norvasc
- ee. Olmesartan Medoxomil
- ff. Prinivil
- gg. Procardia
- hh. Propranolol
- ii. Quinapril HCL
- jj. Ramipril
- kk. Tenormin
- ll. Tiazac
- mm. Trandate
- nn. Valsartan
- oo. Vasotec
- pp. Verapamil
- qq. Verelan
- rr. Zestril
- ss. OTHER (SPECIFY):_____
- tt. DK → SKIP TO NEXT SECTION
- uu. RF → SKIP TO NEXT SECTION

H35. Did you use [DRUG, ANSWER H34] for the entire time from the month before your pregnancy through your third month of pregnancy, that is from [B1] to [P4(-1)]?

- a. YES → SKIP TO H39
- b. NO → CONTINUE TO H36
- c. DK → CONTINUE TO H36
- d. RF → CONTINUE TO H36

H36. When did you start using [DRUG, ANSWER H34] for high blood pressure for the first time during this period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

H37. When did you stop using [DRUG, ANSWER H34] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO H36 and H37, SKIP H38
- c. DK
- d. RF

OR

H38. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

H39. How often did you use [DRUG, ANSWER H34] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

- a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

H40. Did you take the same dose of medicine each time you took it throughout [B1] to [P4(-1)]? That is, for example, the same number of milligrams of medicine in each dose.

- a. YES → CONTINUE TO H41
- b. NO → SKIP TO H42a
- c. DK → CONTINUE TO H41
- d. RF → CONTINUE TO H41

H41. What dose of [DRUG, ANSWER H34] did you take each time you took it?

- i. AMOUNT: _____
 - DK → SKIP TO NEXT SECTION
 - RF → SKIP TO NEXT SECTION
- ii. UNITS: _____
 - DK
 - RF

12/9/15

H42a. How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field.]

i. AMOUNT: _____

ii. RF

H42b. What dose of [DRUG, ANSWER H34] did you take the [1st, 2nd, etc.] time?

i. AMOUNT: _____

DK → SKIP TO H43

RF → SKIP TO H43

ii. UNITS: _____ DK RF

H43. When did you begin taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

H44. When did you stop taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO H43 and H44, SKIP H44a
- c. DK
- d. RF

OR

H44a. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

Section I: THYROID DISEASE

11. Have you ever been diagnosed with thyroid disease, not including thyroid cancer, which we have already talked about?
- a. YES → CONTINUE TO I2
 - b. NO → SKIP TO NEXT SECTION
 - c. DK → SKIP TO NEXT SECTION
 - d. RF → SKIP TO NEXT SECTION
12. What type of thyroid disease were you diagnosed with originally? Was it... [READ ALL; ASK ALL OPTIONS AND ALLOW MULTIPLE TYPES]
- a. Hypothyroidism, also called having an “underactive” thyroid?
 - b. Hashimoto’s Disease or autoimmune thyroiditis?
 - c. Hyperthyroidism, also called having an “overactive” thyroid?
 - d. Graves’ Disease?
 - e. OTHER, SPECIFY: _____
- NOTE: THYROID CANCER COVERED EARLIER
- f. DK
 - g. RF
13. When was [THYROID DISEASE, ANSWER I2] first diagnosed relative to [your pregnancy with [NOIB]; TAB: the pregnancy that ended on [DOIB]]? [READ LIST]
- a. More than 2 years before
 - b. In the 2 years before
 - c. During the first trimester
 - d. After the first trimester but still during pregnancy
 - e. After the pregnancy
 - f. RF
 - g. DK
14. [IF REPORTING HYPERTHYROIDISM/OVERACTIVE THYROID/GRAVES’ DISEASE CONTINUE, OTHERWISE, SKIP TO I9]: Have you had surgery to remove all or part of your thyroid gland?
- a. YES → CONTINUE TO I5
 - b. NO → SKIP I7
 - c. DK → SKIP I7
 - d. RF → SKIP I7

15. Did you have all or part of your thyroid gland removed?

- a. All
- b. Part
- c. DK
- d. RF

16. When did you have this surgery?

- a. MM/DD/YYYY OR
- b. AGE:_____ or
- c. Time period ago:_____
 - i. Years
 - ii. Months
 - iii. Weeks
 - iv. Days
- d. DK
- e. RF

17. Did you have treatment with radioactive iodine?

- a. YES → CONTINUE TO I8
- b. NO → SKIP TO I8 IF I4 = YES/ I9 IF I4 = NO,DK,RF/I12 IF I3 = c, d, e, f or g
- c. DK → SKIP TO I8 IF I4 = YES/ I9 IF I4 = NO,DK,RF/I12 IF I3 = c, d, e, f or g
- d. RF → SKIP TO I8 IF I4 = YES/ I9 IF I4 = NO,DK,RF/I12 IF I3 = c, d, e, f or g

18. When did you have this procedure?

- a. MM/DD/YYYY or
- b. AGE:_____ or
- c. Time period ago:_____
 - i. Years
 - ii. Months
 - iii. Weeks
 - iv. Days
- d. DK
- e. RF

IF I3=c, d, e, f, OR g THEN SKIP TO I12 (ONLY ASK I9 IF I3=a or b)

19. Either before or during your pregnancy, did you speak with a healthcare provider about your treatment options during pregnancy?

- a. YES → GO TO I10
- b. NO → SKIP TO I12

- c. DK → SKIP TO I12
- d. RF → SKIP TO I12

I10. Did you discuss these options before your pregnancy began?

- a. YES → SKIP TO I12
- b. NO → GO TO I11
- c. DK → SKIP TO I12
- d. RF → SKIP TO I12

I11. How far along were you in your pregnancy when you discussed treatment options with your provider?

- a. AMOUNT: _____
- b. UNITS:
 - i. Days
 - ii. Weeks
 - iii. Months
 - iv. Trimesters
- c. DK
- d. RF

I12. Did you take any medications or remedies for [THYROID DISEASE, ANSWER I2] during the month before your pregnancy through the third month of pregnancy, that is from [B1] to [P4(-1)]?

- a. YES → CONTINUE TO I13
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

I13. What did you take? / Did you take anything else?

IF CAN'T RECALL, READ FROM LIST:

- a. Armour Thyroid
- b. Carbimazole
- c. Cytomel
- d. Levothroid
- e. Levothyroxine Sodium
- f. Levoxyl
- g. Liothyronine
- h. Liotrix
- i. Methimazole
- j. Nature-throid
- k. Propylthiouracil (PTU)
- l. Synthroid

12/9/15

- m. Thiamazole
- n. Thyrolar
- o. Tirosint
- p. Unithroid
- q. Westhroid
- r. OTHER (SPECIFY):_____
- s. DK → SKIP TO NEXT SECTION
- t. RF → SKIP TO NEXT SECTION

I14. Did you use [ANSWER] for the entire time from the month before your pregnancy through the third month of your pregnancy?

- a. YES → SKIP TO I18
- b. NO → CONTINUE TO I15
- c. DK → CONTINUE TO I15
- d. RF → CONTINUE TO I15

I15. When did you start using [MEDICINE, ANSWER I13] for [THYROID DISEASE, ANSWER I2] for the first time during this period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

I16. When did you stop using [MEDICINE, ANSWER I13] for [THYROID DISEASE, ANSWER I2] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY OR
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO I15 AND I16, SKIP I17
- c. DK
- d. RF

OR

I17. How long did you take it?

- a. AMOUNT:_____
- i. Days
- ii. Weeks
- iii. Months
- b. DK
- c. RF

12/9/15

I18. How often did you use [MEDICINE, ANSWER I13] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

I19. Did you take the same dose of medicine each time you took it throughout [B1] to [P4(-1)]? That is, for example, the same number of milligrams of medicine in each dose.

- a. YES → CONTINUE TO I20
- b. NO → SKIP TO I21a
- c. DK → CONTINUE TO I20
- d. RF → CONTINUE TO I20

I20. What dose of [MEDICINE, ANSWER I13] did you take each time you took it?

- a. AMOUNT: _____ DK RF → SKIP TO NEXT SECTION
 - i. UNITS: _____

I21a. How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field]

- i. AMOUNT: _____
- ii. RF

I21b. What dose of [MEDICINE, ANSWER I13] did you take the [1st, 2nd, etc.] time?

- i. AMOUNT: _____
 - DK → SKIP TO I22
 - RF → SKIP TO I22
- ii. UNITS: _____ DK RF

I22. When did you begin taking that dose?

- a. MM/DD/YYYY OR
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

I23. When did you stop taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO I22 and I23, SKIP I23a
- c. DK
- d. RF

OR

I23a. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

Section J: ASTHMA

J1. Have you ever been diagnosed with asthma or reactive airway disease?

- a. YES → CONTINUE TO J2
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

J2. When was your asthma or reactive airway disease first diagnosed, relative to [your pregnancy with [NOIB]; TAB: the pregnancy that ended on [DOIB]]? [READ LIST]

- a. More than 2 years before
- b. In the 2 years before
- c. During the first trimester
- d. After the first trimester but still during pregnancy
- e. After the pregnancy
- f. RF
- g. DK

J3. Did you have any asthma symptoms in the month before your pregnancy through your third month of pregnancy, that is from [B1] to [P4(-1)]? These symptoms include shortness of breath, chest tightness or pain, coughing or wheezing, or low peak expiratory flow (PEF) readings.

- a. YES → CONTINUE TO J4
- b. NO → SKIP TO J6
- c. DK → SKIP TO J6
- d. RF → SKIP TO J6

J4. During that 4 month period did you miss any work, school, or normal daily activities because of your asthma?

- a. YES
- b. NO
- c. DK
- d. RF

J5. During that 4 month period how often did you wake up at night because of your asthma? [READ OPTIONS]

- a. Not at all
- b. Less than once per month
- c. Once or twice per month
- d. More than twice per month
- e. DK
- f. RF

IF J2=c, d, e, f, g THEN SKIP TO J9 (ONLY ASK J6 IF J2=a, b).

J6. Either before or during your pregnancy, did you speak with a healthcare provider about your treatment options during pregnancy?

- a. YES → GO TO J7
- b. NO → SKIP TO J9
- c. DK → SKIP TO J9
- d. RF → SKIP TO J9

J7. Did you discuss these options before your pregnancy began?

- a. YES → SKIP TO J9
- b. NO → GO TO J8
- c. DK → SKIP TO J9
- d. RF → SKIP TO J9

J8. How far along were you in your pregnancy when you discussed treatment options with your provider?

- a. AMOUNT: _____ DK RF
- b. UNITS:
 - i. Days
 - ii. Weeks
 - iii. Months
 - iv. Trimesters

Now I am going to ask about maintenance medications and remedies for long-term control of your asthma and then fast-acting, or “rescue”, medications for treatment of an asthma attack. First...

J9. Did you take any maintenance medications or remedies for long-term control of your asthma during the month before your pregnancy through the third month of pregnancy?

- a. YES → CONTINUE TO J10a
- b. NO → SKIP TO J45
- c. DK → SKIP TO J45
- d. RF → SKIP TO J45

J10a. Did you use any **nasal sprays**?

- a. YES → CONTINUE TO J10b
- b. NO → SKIP TO J22a
- c. DK → SKIP TO J22a
- d. RF → SKIP TO J22a

J10b. What did you take? / Did you take anything else? [IF CAN'T RECALL, READ FROM DRUG LIST]

NASAL SPRAYS

- a. Flonase
- b. Flunisolide
- c. Fluticasone Nasal Spray
- d. Nasonex Nasal Spray
- e. Omnaris Nasal Spray
- f. Qnasl Nasal Aerosol
- g. Rhinocort
- h. OTHER (SPECIFY): _____
- i. DK → SKIP TO J22a
- j. RF → SKIP TO J22a

ASK J12-J21, AS APPROPRIATE FOR EACH DRUG USED IN J10b: [Note: Question J11 Removed]

J12. Did you use [NASAL SPRAY, ANSWER J10b] for the entire time from the month before your pregnancy through your third month of pregnancy?

- a. YES → SKIP TO J16
- b. NO → CONTINUE TO J13
- c. DK → CONTINUE TO J13
- d. RF → CONTINUE TO J13

12/9/15

J13. When did you start using [NASAL SPRAY, ANSWER J10b] for asthma or reactive airway disease for the first time during this period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY OR
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

J14. When did you stop using [NASAL SPRAY, ANSWER J10b] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO J13 AND J14, SKIP J15
- c. DK
- d. RF

OR

J15. How long did you take it?

- a. AMOUNT:_____
- i. Days
- ii. Weeks
- iii. Months
- b. DK
- c. RF

J16. How often did you use [NASAL SPRAY, ANSWER J10b] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

- a. AMOUNT:_____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

J17 Did you take the same dose of medicine each time you took it throughout [B1] to [P4(-1)]? That is, for example, the same number of milligrams of medicine in each dose.

- a. YES → J18
- b. NO → SKIP TO J19a
- c. DK → CONTINUE TO J18
- d. RF → CONTINUE TO J18

J18. What dose of [NASAL SPRAY, ANSWER J10b] did you take each time you took it?

- a. AMOUNT: _____ → SKIP TO J22a
 - i. UNITS: _____
- b. DK → SKIP TO J22a
- c. RF → SKIP TO J22a

J19a. How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field.]

- i. AMOUNT: _____
- ii. RF

J19b. What dose of [NASAL SPRAY, ANSWER J10b] did you take the [1st, 2nd, etc.] time?

- i. AMOUNT: _____
 - DK → SKIP TO J20
 - RF → SKIP TO J20
- ii. UNITS: _____ DK RF

J20. When did you begin taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

J21. When did you stop taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO J20 and J21, SKIP J21a
- c. DK
- d. RF

OR

J21a. How long did you take it?

- a. AMOUNT: _____ DK RF
 - i. Days
 - ii. Weeks
 - iii. Months

J22a. Did you use any **oral inhalants, that is medicine you sprayed in your mouth?**

- a. YES → CONTINUE TO J22b
- b. NO → SKIP TO J34a
- c. DK → SKIP TO J34a
- d. RF → SKIP TO J34a

J22b. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST:

ORAL INHALANTS

- a. Advair
- b. Aerobid
- c. Aerospan Hfa
- d. Alvesco Inhaler
- e. Asmanex Twisthaler
- f. Budesonide Inhalation Suspension
- g. Dulera
- h. Flovent
- i. Foradil
- j. Formoterol Fumarate
- k. Perforomist
- l. Pulmicort
- m. Qvar HFA Inhaler
- n. Salmeterol Xinafoate
- o. Serevent
- p. Symbicort
- q. OTHER (SPECIFY): _____
- k. DK → SKIP TO J34a
- l. RF → SKIP TO J34a

ASK J23-J32, AS APPROPRIATE FOR EACH DRUG USED IN J22b:

J23. Did you use [ORAL INHALANT, ANSWER J22b] for the entire time from the month before your pregnancy through your third month of pregnancy?

- a. YES → SKIP TO J27
- b. NO → CONTINUE TO J24
- c. DK → CONTINUE TO J24
- d. RF → CONTINUE TO J24

12/9/15

J24. When did you start using [ORAL INHALANT, ANSWER J22b] for asthma or reactive airway disease for the first time during this period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY OR
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

J25. When did you stop using [ORAL INHALANT, ANSWER J22b] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY OR
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO J24 and J25, SKIP J26
- c. DK
- d. RF

OR

J26. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

J27. How often did you use [ORAL INHALANT, ANSWER J22b] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

- a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

J28 Did you take the same dose of medicine each time you took it throughout [B1] to [P4(-1)]? That is, for example, the same number of milligrams of medicine in each dose.

- a. YES → J29
- b. NO → SKIP TO J30a
- c. DK → CONTINUE TO J29
- d. RF → CONTINUE TO J29

J29. What dose of [ORAL INHALANT, ANSWER J22b] did you take each time you took it?

- a. AMOUNT: _____ → SKIP TO J34a
 - i. UNITS: _____
- b. DK → SKIP TO J34a
- c. RF → SKIP TO J34a

J30a. How many different dosage amounts do you remember taking?

- i. AMOUNT: _____
- ii. RF

J30b. What dose of [ORAL INHALANT, ANSWER J22b] did you take the [1st, 2nd, etc.] time?

- i. AMOUNT: _____
 - DK → SKIP TO J31
 - RF → SKIP TO J31
- ii. UNITS: _____ DK RF

J31. When did you begin taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

J32. When did you stop taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO J31 and J32, SKIP J32a
- c. DK
- d. RF

OR

J32a. How long did you take it?

- a. AMOUNT: _____ DK RF
 - i. Days
 - ii. Weeks
 - iii. Months

J33 [QUESTION NUMBER NOT USED]

J34a. Did you use any pills you took by mouth?

- a. YES → CONTINUE TO J34b
- b. NO → SKIP TO J45
- c. DK → SKIP TO J45
- d. RF → SKIP TO J45

J34b. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST:

ORAL TABLETS/CAPS

- a. Accolate
- b. Montelukast Sodium
- c. Singulair
- d. Zafirlukast
- e. Zileuton
- f. Zyflo
- g. OTHER (SPECIFY): _____
- h. DK → SKIP TO J45
- i. RF → SKIP TO J45

ASK J35-J44, AS APPROPRIATE FOR EACH DRUG USED IN J34b:

J35. Did you use [ORAL TABLET/CAP, ANSWER J34b] for the entire time from the month before your pregnancy through your third month of pregnancy?

- a. YES → SKIP TO J39
- b. NO → CONTINUE TO J36
- c. DK → CONTINUE TO J36
- d. RF → CONTINUE TO J36

J36. When did you start using [ORAL TABLET/CAP, ANSWER J34b] for asthma or reactive airway disease for the first time during this period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY OR
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

J37. When did you stop using [ORAL TABLET/CAP, ANSWER J34b] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY OR
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO J36 and J37, SKIP J38
- c. DK
- d. RF

OR

J38. How long did you take it?

- a. AMOUNT: _____
 - i. Days/Weeks/Months
- b. DK
- c. RF

J39. How often did you use [ORAL TABLET/CAP, ANSWER J34b] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

- a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

J40. Did you take the same dose of medicine each time you took it throughout [B1] to [P4(-1)]? That is, for example, the same number of milligrams of medicine in each dose.

- a. YES → J41
- b. NO → SKIP TO J42a
- c. DK → CONTINUE TO J41
- d. RF → CONTINUE TO J41

J41. What dose of [ORAL TABLET/CAP, ANSWER J34b] did you take each time you took it?

- a. AMOUNT: _____ → SKIP TO J45
 - i. UNITS: _____
- b. DK → SKIP TO J45
- c. RF → SKIP TO J45

J42a. How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field.]

- i. AMOUNT: _____
- ii. RF

J42b. What dose of [ORAL TABLET/CAP, ANSWER J34b] did you take the [1st, 2nd, etc.] time?

- i. AMOUNT: _____
 - DK → SKIP TO J43
 - RF → SKIP TO J43
- ii. UNITS: _____ DK RF

J43. When did you begin taking that dose?

- a. MM/DD/YYYY OR
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

J44. When did you stop taking that dose?

- a. MM/DD/YYYY OR
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO J43 and J44, SKIP J44a
- c. DK
- d. RF

OR

J44a. How long did you take it?

- a. AMOUNT: _____ DK RF
 - i. Days
 - ii. Weeks
 - iii. Months

J45. Did you take any fast-acting, or "rescue" medications or remedies for treatment of an asthma attack during the month before your pregnancy through the third month of pregnancy?

- a. YES → CONTINUE TO J46
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

J46. What did you take? / Did you take anything else? [IF CAN'T RECALL, READ FROM DRUG LIST: AFTER READING LIST, ASK "Other steroids, such as prednisone or methylprednisone ". RECORD RESPONSE IN "OTHER" BOX.]

- a. Albuterol → SKIP TO J48
- b. Asthmanefrin → SKIP TO J48
- c. Atrovent HFA → SKIP TO J48
- d. Ipratropium Bromide → SKIP TO J48
- e. Levalbuterol Tartrate → SKIP TO J48
- f. Maxair → SKIP TO J48
- g. Pirbuterol Acetate → SKIP TO J48
- h. ProAir HFA Inhaler → SKIP TO J48
- i. Ventolin HFA → SKIP TO J48
- j. Xopenex HFA → SKIP TO J48

12/9/15

- k. OTHER (SPECIFY): _____ → CONTINUE TO J47
- l. DK → SKIP TO K1
- m. RF → SKIP TO K1

J47. Did you get [MEDICINE, J46 OTHER SPECIFIED] from a pill that you swallowed or from a shot?

- a. Pill
- b. Shot (injection)
- c. Inhaler
- d. DK
- e. RF

ASK J48-J50, AS APPROPRIATE FOR EACH DRUG USED IN J46:

J48. How often did you use [MEDICINE, ANSWER J48] during the month before your pregnancy through the third month of your pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

- a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

J49. Did you use [MEDICINE, ANSWER J48] for the entire time from a month before your pregnancy through the third month of your pregnancy? [CHOOSE "NA" IF J48 TIME PERIOD IS "PER PERIOD"]

- a. YES → SKIP TO NEXT SECTION
- b. NO → CONTINUE TO J50a
- c. DK → CONTINUE TO J50a
- d. RF → CONTINUE TO J50a
- e. NA → SKIP TO NEXT SECTION WITHOUT READING THIS QUESTION

J50a. How often did you use [MEDICINE, ANSWER J48D] during the month before your pregnancy, which was [B1] to [P1]?

- i. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/Per Year/DK/RF
- ii. DID NOT TAKE

J50b. How often did you use [MEDICINE, ANSWER J48] during the first month of your pregnancy, which was [P1] to [P2(-1)]?

- i. AMOUNT: _____ Per Day/Per Week/Per Month/ Per Time Period/Per Year/DK/RF
- ii. DID NOT TAKE

J50c. How often did you use [MEDICINE, ANSWER J48] during the second month of your pregnancy, which was [P2] to [P3(-1)]?

- i. AMOUNT: _____ Per Day/Per Week/Per Month/ Per Time Period/Per Year/DK/RF
- ii. DID NOT TAKE

J50d. How often did you use [MEDICINE, ANSWER J48] during the third month of your pregnancy, which was [P3] to [P4(-1)]?

- i. AMOUNT:_____ Per Day/Per Week/Per Month/ Per Time Period/Per Year/DK/RF
- ii. DID NOT TAKE

Section K: EPILEPSY

K1. Were you ever told by a doctor that you had epilepsy?

- a. YES → CONTINUE TO K2
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

K2. What type of epilepsy do you have? IF CAN'T RECALL, READ FROM LIST:

- a. Temporal Lobe Epilepsy
- b. Frontal Lobe Epilepsy
- c. Reflex Epilepsy
- d. Childhood Absence Epilepsy
- e. Juvenile Absence Epilepsy
- f. OTHER, SPECIFY:_____
- g. DK
- h. RF

K3. When were you first diagnosed with epilepsy in relation to [your pregnancy with [[NOIB]; TAB: the pregnancy that ended on [DOIB]]? [READ LIST]

- a. More than 2 years before
- b. In the 2 years before
- c. During the first trimester
- d. After the first trimester but still during pregnancy
- e. After the pregnancy
- f. RF
- g. DK

IF K3=c, d, e, f, g THEN SKIP TO K7 (ONLY ASK K4 if K3=a, b)

K4. Either before or during your pregnancy, did you speak with a healthcare provider about your treatment options during pregnancy?

- a. YES → GO TO K5
- b. NO → SKIP TO K7
- c. DK → SKIP TO K7
- d. RF → SKIP TO K7

K5. Did you discuss these options before your pregnancy began?

- a. YES → SKIP TO K7
- b. NO → GO TO K6
- c. DK → SKIP TO K7
- d. RF → SKIP TO K7

K6. How far along were you in your pregnancy when you discussed treatment options with your provider?

- a. AMOUNT: _____ DK RF
 - i. Days
 - ii. Weeks
 - iii. Months
 - iv. Trimesters

K7. Did you take any medications or remedies for epilepsy during the month before your pregnancy through the third month of pregnancy?

- a. YES → CONTINUE TO K8
- b. NO → SKIP TO K19
- c. DK → SKIP TO K19
- d. RF → SKIP TO K19

K8. What did you take? / Did you take anything else? [IF CAN'T RECALL, READ FROM DRUG LIST]:

- a. Carbamazepine
- b. Carbatrol
- c. Clonazepam
- d. Depakene Capsules
- e. Depakote
- f. Dilantin
- g. Felbatol
- h. Keppra
- i. Klonopin
- j. Lamictal
- k. Phenobarbital
- l. Phenytoin

12/9/15

- m. Stavzor
- n. Tegretol
- o. Topamax
- p. Topiramate
- q. Trileptal
- r. Valproic Acid
- s. OTHER (SPECIFY)
- t. DK or RF → SKIP TO K19

K9. Did you use [MEDICINE, ANSWER K8] for the entire time from the month before your pregnancy through your third month of pregnancy, that is from [B1] to [P4(-1)]?

- a. YES → SKIP TO K13
- b. NO → CONTINUE TO K10
- c. DK → CONTINUE TO K10
- d. RF → CONTINUE TO K10

K10. When did you start using [MEDICINE, ANSWER K8] for epilepsy for the first time during this period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY OR
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

K11. When did you stop using [MEDICINE, ANSWER K8] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY OR
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO K10 and K11, SKIP K12
- c. DK
- d. RF

OR

K12. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

K13. How often did you use [MEDICINE, ANSWER K8] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

- a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

K14. Did you take the same dose of medicine each time you took it throughout [B1] to [P4(-1)]? That is, for example, the same number of milligrams of medicine in each dose.

- a. YES → CONTINUE TO K15
- b. NO → SKIP TO K16a
- c. DK → CONTINUE TO K15
- d. RF → CONTINUE TO K15

K15. What dose of [MEDICINE, ANSWER K8] did you take each time you took it?

- a. AMOUNT: _____ → SKIP TO K19
 - i. UNITS: _____
- b. DK → SKIP TO K19
- c. RF → SKIP TO K19

K16a. How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field.]

- i. AMOUNT: _____
- ii. RF

K16b. What dose of [MEDICINE, ANSWER K8] did you take the [1st, 2nd, etc.] time?

- i. AMOUNT: _____
 - DK → SKIP TO K17
 - RF → SKIP TO K17
- ii. UNITS: _____ DK RF

K17. When did you begin taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

K18. When did you stop taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO K17 and K18, SKIP K18a
- c. DK
- d. RF

OR

K18a. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

K19. Did you have any seizures in the month before your pregnancy through the third month of pregnancy?

- a. YES → CONTINUE TO K20
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

K20. How many seizures did you have altogether during that time?

- a. AMOUNT: _____
- b. DK
- c. RF

Section L: MIGRAINE

L1. Have you ever had a migraine headache, also sometimes called a sick headache?

- a. YES → CONTINUE TO L2
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

12/9/15

L2. How old were you when you had the first migraine headache?

- a. AGE: _____
- b. DK
- c. RF

L3. Did you have any migraine headaches in the month before your pregnancy through the third month of pregnancy, that is from [B1] to [P4(-1)]?

- a. YES → CONTINUE TO L4
- b. NO → SKIP TO L5
- c. DK → SKIP TO L5
- d. RF → SKIP TO L5

L4. How many migraines did you have altogether during that time?

- a. How many?: _____ DK RF OR
- b. Frequency - UNIT: _____
 - i. Total
 - ii. Per day
 - iii. Per week
 - iv. Per month

Now I am going to ask about maintenance medications and remedies you may use for your migraines. Please include medications that you may use to keep from having or to prevent migraines **and** medications that you may use to treat migraine pain when it happens. Please include over-the-counter medications and prescription medications.

L5. Did you take any medications or remedies for migraines during the month before your pregnancy through the third month of pregnancy?

- a. YES → CONTINUE TO L6
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

L6. What did you take? / Did you take anything else? [IF CAN'T RECALL: Was this a medication you used to prevent a migraine from starting or to treat pain from a migraine that already started? IF IT WAS PAIN MEDICATION: Was this over-the-counter or prescription? THEN READ FROM THE APPROPRIATE DRUG LIST:]

PREVENTION MEDICATIONS:

- a. Ibuprofen (G)
- b. Advil
- c. Aleve

- d. Amitriptyline (G)
- e. Aspirin
- f. Atenolol
- g. Botox
- h. Calan
- i. Cyproheptadine HCL
- j. Depakote
- k. Divalproex Sodium
- l. Doxepin
- m. Effexor
- n. Excedrin Extra Strength Caplets/Tablets/Geltabs
- o. Gabapentin
- p. Inderal
- q. Innopran XL
- r. Lamictal
- s. Lamotrigine (G)
- t. Lisinopril (G)
- u. Motrin
- v. Motrin Ib
- w. Nadolol
- x. Naproxen Sodium
- y. Neurontin
- z. Nortriptyline (G)
- aa. Pamelor
- bb. Propranolol (G)
- cc. Protriptyline HCL
- dd. Timolol
- ee. Topamax
- ff. Topiramate (G)
- gg. Valproate Sodium
- hh. Valproic Acid (G)
- ii. Venlafaxine (G)
- jj. Verapamil (G)
- kk. Verelan
- ll. Vivactil
- mm. Zestril

OVER-THE-COUNTER PAIN MEDICATIONS:

- nn. Ibuprofen
- oo. Acetaminophen
- pp. Advil
- qq. Aleve

12/9/15

- rr. Aspirin
- ss. Excedrin Migraine
- tt. Motrin
- uu. Naproxen Sodium
- vv. Tylenol

PRESCRIPTION PAIN MEDICATIONS:

- aaa. Acetaminophen with Codeine
- bbb. Almotriptan Maleate
- ccc. Amerge
- ddd. Axert
- eee. Cafegot
- fff. Dihydroergotamine
- ggg. Eletriptan Hydrobromide
- hhh. Ergotamine
- iii. Fioricet
- jjj. Frova
- kkk. Frovatriptan Succinate
- lll. Imitrex
- mmm. Indomethacin
- nnn. Maxalt
- ooo. Migergot Suppositories
- ppp. Migranal
- qqq. Naproxen Sodium / Sumatriptan Succinate
- rrr. Naratriptan
- sss. Relpax
- ttt. Rizatriptan
- uuu. Sumatriptan Succinate
- vvv. Treximet
- www. Tylenol with Codeine
- xxx. Zolmitriptan
- yyy. Zomig
- zzz. OTHER (SPECIFY): _____
- aaaa. DK SKIP TO NEXT SECTION
- bbbb. RF SKIP TO NEXT SECTION

ASK L7-L16, AS APPROPRIATE FOR EACH DRUG USED IN L6:

L7. Did you use [MEDICINE, ANSWER L6] for the entire time from the month before your pregnancy through your third month of pregnancy?

- a. YES → SKIP TO L11
- b. NO → CONTINUE TO L8
- c. DK → CONTINUE TO L8
- d. RF → CONTINUE TO L8

L8. When did you start using [MEDICINE, ANSWER L6] for migraines for the first time during this period?
[CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY (B1, P1, P2, P3)
- c. DK
- d. RF

L9. When did you stop using [MEDICINE, ANSWER L6] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY (B1, P1, P2, P3) → IF VALID RESPONSE TO L8 and L9, SKIP L10
- c. DK
- d. RF

OR

L10. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

L11. How often did you use [MEDICINE, ANSWER L6] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

- a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

L12. Did you take the same dose of medicine each time you took it throughout [B1] to [P4(-1)]? That is, for example, the same number of milligrams of medicine in each dose.

- a. YES → CONTINUE TO L13
- b. NO → SKIP TO L14a
- c. DK → CONTINUE TO L13
- d. RF → CONTINUE TO L13

L13. What dose of [MEDICINE, ANSWER L6] did you take each time you took it?

- a. AMOUNT:_____ → SKIP TO NEXT SECTION
 - i. UNITS:_____
- b. DK → SKIP TO NEXT SECTION
- c. RF → SKIP TO NEXT SECTION

L14a. How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field.]

- i. AMOUNT:_____ RF

L14b. What dose of [MEDICINE, ANSWER L6] did you take the [1st, 2nd, etc.] time?

- i. AMOUNT:_____
- DK → SKIP TO L15
- RF → SKIP TO L15
- ii. UNITS:_____ DK RF

L15. When did you begin taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

L16. When did you stop taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO L15 and L16, SKIP L16a
- c. DK
- d. RF

OR

L16a. How long did you take it?

- a. AMOUNT:_____
- i. Days
- ii. Weeks
- iii. Months
- b. DK
- c. RF

Section M: AUTOIMMUNE DISEASE

M1. Have you ever been diagnosed with any of the following? Indicate all that apply. [READ EACH UP TO RESPONSES PRECEDED BY "OTHER" THEN ASK: "Other autoimmune disease (not including diabetes or thyroid disorders, which we have already discussed)" THEN, IF CAN'T RECALL, READ RESPONSES PRECEDED BY "OTHER"] [IF REPORTS OSTEOARTHRITIS, DO NOT RECORD ANSWER, BUT SAY: I'll ask about osteoarthritis later. Have you ever been diagnosed with any (other) autoimmune disease?]

- a. Lupus
- b. Rheumatoid arthritis
- c. Multiple sclerosis
- d. Celiac disease
- e. Crohn's disease
- f. Ulcerative colitis; please note that we are not asking about general colitis here
- g. Psoriasis
- h. Other autoimmune disease (not including diabetes or thyroid disorders, which we have already discussed) IF CAN'T RECALL, READ FROM LIST:
 - i. Immune/idiopathic thrombocytopenic purpura
 - ii. Interstitial cystitis
 - iii. Antiphospholipid antibody syndrome/lupus anticoagulant syndrome/APLS
 - iv. Addison's disease
 - v. Pernicious anemia
 - vi. Myasthenia gravis
 - vii. Autoimmune hemolytic anemia
 - viii. Berger's disease/IgA nephropathy
 - ix. Alopecia, universalis or areata
 - x. Vitiligo
 - xi. Juvenile arthritis
 - xii. Guillain Barre syndrome
 - xiii. Scleroderma, morphea
 - xiv. Sjögren's syndrome/Sicca syndrome
 - xv. Ankylosing spondylitis
 - xvi. Rheumatic fever
 - xvii. OTHER (SPECIFY): _____
 - xviii. NONE → SKIP TO NEXT SECTION
 - xix. DK → SKIP TO NEXT SECTION
 - xx. RF → SKIP TO NEXT SECTION

IF YES TO ANY, CONTINUE TO M2

ASK FOLLOWING QUESTIONS FOR EACH CONDITION IF MORE THAN ONE CONDITION REPORTED:

M2. When were you first diagnosed with [AUTOIMMUNE DISEASE, ANSWER M1] relative to [your pregnancy with [NOIB]; TAB: the pregnancy that ended on [DOIB]]? [READ OPTIONS.]

- a. More than 2 years before
- b. In the 2 years before
- c. During the first trimester
- d. After the first trimester but still during pregnancy
- e. After the pregnancy
- f. RF
- g. DK

IF M2=c, d, e, f, g THEN SKIP TO M6 (ONLY ASK M3 IF M2=a or b)

M3. Either before or during your pregnancy, did you speak with a healthcare provider about your treatment options during pregnancy?

- a. YES → GO TO M4
- b. NO → SKIP TO M6
- c. DK → SKIP TO M6
- d. RF → SKIP TO M6

M4. Did you discuss these options before your pregnancy began?

- a. YES → SKIP TO M6
- b. NO → GO TO M5
- c. DK → SKIP TO M6
- d. RF → SKIP TO M6

M5. How far along were you in your pregnancy when you discussed treatment options with your provider?

- a. AMOUNT: _____ DK RF
UNITS:
 - i. Days
 - ii. Weeks
 - iii. Months
 - iv. Trimesters

M6. Did you take any medications or remedies for [AUTOIMMUNE DISEASE, ANSWER M1] in the month before your pregnancy through the third month of pregnancy, that is from [B1] TO [P4(-1)]?

- a. YES → CONTINUE TO M7
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

M7. What did you take? / Did you take anything else? [IF CAN'T RECALL, READ FROM DRUG LIST FOR DISEASE REPORTED IN SQUARE BRACKETS].

[LUPUS]:

- a. Advil
- b. Aleve
- c. Arava
- d. Azasan
- e. Azathioprine
- f. Belimumab
- g. Benlysta
- h. Cellcept
- i. Cyclophosphamide
- j. Cytoxan
- k. Hydroxychloroquine Sulfate
- l. Leflunomide
- m. Methotrexate
- n. Motrin
- o. Mycophenolate Mofetil
- p. Plaquenil
- q. Prednisone
- r. Trexall
- s. OTHER, SPECIFY: _____
- t. DK → SKIP TO NEXT CONDITION/NEXT SECTION
- u. RF → SKIP TO NEXT CONDITION/NEXT SECTION

[Rheumatoid arthritis]:

- a. Abatacept
- b. Actemra
- c. Adalimumab
- d. Advil
- e. Aleve
- f. Anakinra
- g. Arava
- h. Azasan
- i. Azathioprine
- j. Azulfidine
- k. Certolizumab Pegol
- l. Cimzia
- m. Cyclophosphamide
- n. Cyclosporine

- o. Cytoxan
- p. Dynacin
- q. Enbrel
- r. Etanercept
- s. Gengraf
- t. Golimumab
- u. Humira
- v. Hydroxychloroquine Sulfate
- w. Ibuprofen
- x. Imuran
- y. Infliximab
- z. Kineret
- aa. Leflunomide
- bb. Methotrexate
- cc. Minocin
- dd. Minocycline
- ee. Motrin
- ff. Naproxen Sodium
- gg. Neoral
- hh. Orencia
- ii. Plaquenil
- jj. Prednisone
- kk. Remicade
- ll. Rituxan
- mm. Rituximab
- nn. Sandimmune
- oo. Simponi
- pp. Sulfasalazine
- qq. Tocilizumab
- rr. Trexall
- ss. OTHER, SPECIFY: _____
- tt. DK → SKIP TO NEXT CONDITION/NEXT SECTION
- uu. RF → SKIP TO NEXT CONDITION/NEXT SECTION

Multiple sclerosis [MS]:

- a. Amantadine
- b. Ampyra
- c. Amrix
- d. Aubagio
- e. Avonex
- f. Baclofen

- g. Betaseron
- h. Copaxone
- i. Cyclobenzaprine
- j. Dalfampridine
- k. Extavia
- l. Fingolimod
- m. Flexeril
- n. Gilenya
- o. Glatiramer Acetate
- p. Lioresal
- q. Methylprednisolone
- r. Mitoxantrone HCL
- s. Natalizumab
- t. Prednisone
- u. Rebif
- v. Solu-Medrol
- w. Tecfidera
- x. Teriflunomide
- y. Tizanidine HCL
- z. Tysabri
- aa. Zanaflex
- bb. OTHER, SPECIFY: _____
- cc. DK → SKIP TO NEXT CONDITION/NEXT SECTION
- dd. RF → SKIP TO NEXT CONDITION/NEXT SECTION

Crohn's disease and ulcerative colitis [CROHNS]:

- a. Adalimumab
- b. Apriso
- c. Asacol
- d. Azasan
- e. Azathioprine
- f. Azulfidine
- g. Balsalazide Disodium
- h. Certolizumab Pegol
- i. Cimzia
- j. Cipro
- k. Ciprofloxacin HCL
- l. Colazal
- m. Cyclosporine
- n. Dipentum
- o. Flagyl

- p. Gengraf
- q. Humira
- r. Imuran
- s. Infliximab
- t. Lialda
- u. Mercaptopurine
- v. Mesalamine
- w. Methotrexate
- x. Metronidazole
- y. Natalizumab
- z. Neoral
- aa. Olsalazine Sodium
- bb. Purinethol
- cc. Remicade
- dd. Rheumatrex
- ee. Sandimmune
- ff. Sulfasalazine
- gg. Tysabri
- hh. OTHER (SPECIFY): _____
- ii. DK → SKIP TO NEXT CONDITION/NEXT SECTION
- jj. RF → SKIP TO NEXT CONDITION/NEXT SECTION

[Psoriasis]:

- a. Anthralin
- b. Calcipotriene
- c. Coal Tar
- d. Dovonex
- e. Elidel
- f. Protopic Ointment
- g. Retin-A
- h. Salicylic Acid
- i. Tazorac
- j. Tazarotene
- k. Tretinoin
- l. OTHER (SPECIFY): _____
- m. DK → SKIP TO NEXT CONDITION/NEXT SECTION
- n. RF → SKIP TO NEXT CONDITION/NEXT SECTION

12/9/15

M8. Did you use [MEDICINE, ANSWER M7] for the entire time from the month before your pregnancy through the third month of pregnancy?

- a. YES → SKIP TO M12
- b. NO → CONTINUE TO M9
- c. DK → CONTINUE TO M9
- d. RF → CONTINUE TO M9

M9. When did you start using [MEDICINE, ANSWER M7] for [CONDITION, ANSWER M1] for the first time during this period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

M10. When did you stop using [MEDICINE, ANSWER M7] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID START AND STOP DATE, SKIP M11
- c. DK
- d. RF

OR

M11. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

M12. How often did you use [MEDICINE, ANSWER M7] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

- a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

12/9/15

M13. Did you take the same dose of medicine each time you took it throughout [B1] to [P4(-1)]? That is, for example, the same number of milligrams of medicine in each dose.

- a. YES → CONTINUE TO M14
- b. NO → SKIP TO M15a
- c. DK → CONTINUE TO M14
- d. RF → SKIP TO M14

M14. What dose of [MEDICINE, ANSWER M7] did you take each time you took it?

- a. AMOUNT:_____ → SKIP TO NEXT SECTION
 - i. UNITS:_____
- b. DK → SKIP TO NEXT SECTION
- c. RF → SKIP TO NEXT SECTION

M15a. How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field.]

- i. AMOUNT:_____
- ii. RF

M15b. What dose of [MEDICINE, ANSWER M7] did you take the [1st, 2nd, etc.] time?

- i. AMOUNT:_____
- DK → SKIP TO M16
- RF → SKIP TO M16
- ii. UNITS:_____ DK RF

M16. When did you begin taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

M17. When did you stop taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID START AND STOP DATE, SKIP M17a
- c. DK
- d. RF

OR

M17a. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

Section N: TRANSPLANT RECEIPT

N1. Have you ever received an organ or tissue transplant?

- a. YES → CONTINUE TO N2
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

N2. What organ or tissue was transplanted?

- a. SPECIFY: _____ DK RF

N3. What was the date of the transplant?

- a. MM/DD/YYYY
- b. DK
- c. RF

N4. Did you take any medications related to your transplant during the month before your pregnancy through your third month of pregnancy, that is from [B1] to [P4(-1)]?

- a. YES → CONTINUE TO N5
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

N5. What did you take? / Did you take anything else? [IF CAN'T RECALL, READ FROM DRUG LIST]

- a. ATGAM
- b. Azathioprine
- c. Cellcept
- d. Cyclosporine
- e. Mycophenolate Mofetil
- f. Myfortic
- g. Orthoclone OKT3

12/9/15

- h. Prednisone
- i. Prograf
- j. Sirolimus
- k. Tacrolimus
- l. Thymoglobulin
- m. OTHER (SPECIFY): _____
- n. DK → SKIP TO NEXT CONDITION/NEXT SECTION
- o. RF → SKIP TO NEXT CONDITION/NEXT SECTION

N6. Did you use [MEDICINE, ANSWER N5] for the entire time from the month before your pregnancy through your third month of pregnancy?

- a. YES → SKIP TO N10
- b. NO → CONTINUE TO N7
- c. DK → CONTINUE TO N7
- d. RF → CONTINUE TO N7

N7. When did you start using [MEDICINE, ANSWER N5] for your transplant for the first time during this period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

N8. When did you stop using [MEDICINE, ANSWER N5] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID START AND STOP DATE, SKIP N9
- c. DK
- d. RF

OR

N9. How long did you take it?

- a. AMOUNT: _____ DK RF
 - i. Days
 - ii. Weeks
 - iii. Months

N10. How often did you use [MEDICINE, ANSWER N5] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

N11. Did you take the same dose of medicine each time you took it throughout [B1] to [P4(-1)]? That is, for example, the same number of milligrams of medicine in each dose.

- a. YES → CONTINUE TO N12
- b. NO → SKIP TO N13a
- c. DK → CONTINUE TO N12
- d. RF → CONTINUE TO N12

N12. What dose of [MEDICINE, ANSWER N5] did you take each time you took it?

- a. AMOUNT: _____ → SKIP TO NEXT SECTION
 - i. UNITS: _____
- b. DK → SKIP TO NEXT SECTION
- c. RF → SKIP TO NEXT SECTION

N13a. How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field.]

- a. AMOUNT: _____
- b. RF

N13b. What dose of [MEDICINE, ANSWER N5] did you take the [1st, 2nd, etc.] time?

- i. AMOUNT: _____
 - DK → SKIP TO N14
 - RF → SKIP TO N14
- ii. UNITS: _____ DK RF

N14. When did you begin taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

N15. When did you stop taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID START AND STOP DATE, SKIP N15a
- c. DK
- d. RF

OR

N15a. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

Section O: DEPRESSION / ANXIETY

O1. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder, including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder?

- a. YES → CONTINUE TO O2
- b. NO → SKIP TO O4
- c. DK → SKIP TO O4
- d. RF → SKIP TO O4

O2. What condition were you told you had / Anything else?

- a. SPECIFY: _____ DK RF

O3. When were you first diagnosed relative to [your pregnancy with [NOIB]; TAB: the pregnancy that ended on [DOIB]]? [READ LIST]

- a. More than 2 years before
- b. In the 2 years before
- c. During the first trimester
- d. After the first trimester but still during pregnancy
- e. After the pregnancy
- f. DK
- g. RF

O4. Has a doctor or other healthcare provider EVER told you that you had depression?

- a. YES → CONTINUE TO O5
- b. If NO/DK/RF, and YES to O1 → CONTINUE TO O6
- c. If NO/DK/RF, and NO/DK/RF to O1 → SKIP TO NEXT SECTION

O5. When were you first diagnosed with depression relative to [your pregnancy with [NOIB]; TAB: the pregnancy that ended on [DOIB]]? [READ LIST]

- a. More than 2 years before
- b. In the 2 years before
- c. During the first trimester
- d. After the first trimester but still during pregnancy
- e. After the pregnancy
- f. DK
- g. RF

O6. Did you experience any symptoms in the month before your pregnancy through the end of the third month of pregnancy, that is from [B1] to [P4(-1)]?

- a. YES → CONTINUE TO O7
- b. NO → SKIP TO INSTRUCTIONS BEFORE O8
- c. DK → SKIP TO INSTRUCTIONS BEFORE O8
- d. RF → SKIP TO INSTRUCTIONS BEFORE O8

O7. What were the symptoms you experienced?

- a. SPECIFY: _____ DK RF

IF O1=a AND O4=a AND O3=c, d, e, f, g AND O5=c, d, e, f, g THEN SKIP TO O11 (REPORTED ANXIETY AND DEPRESSION, BUT BOTH WERE DIAGNOSED DURING OR AFTER PREGNANCY)

IF O1=b, c, d AND O4=a AND O5=c, d, e, f, g THEN SKIP TO O11 (REPORTED ONLY DEPRESSION DIAGNOSED DURING OR AFTER PREGNANCY)

IF O1 = a AND O4=b AND O3= c, d, e, f, g THEN SKIP TO O11 (REPORTED ONLY ANXIETY DIAGNOSED DURING OR AFTER PREGNANCY)

O8. **IF O1 AND/OR O4 = YES, ASK O8 THROUGH REST OF SECTION JUST ONCE:** Either before or during your pregnancy, did you speak with a healthcare provider about your treatment options during pregnancy?

- a. YES → GO TO O9
- b. NO → SKIP TO O11
- c. DK → SKIP TO O11
- d. RF → SKIP TO O11

O9. Did you discuss these options before your pregnancy began?

- a. YES → SKIP TO O11
- b. NO → GO TO O10
- c. DK → SKIP TO O11
- d. RF → SKIP TO O11

O10. How far along were you in your pregnancy when you discussed treatment options with your provider?

- a. AMOUNT: _____ DK RF
UNITS:
 - i. Days
 - ii. Weeks
 - iii. Months
 - iv. Trimesters

O11. How did you treat your condition(s) in the month before your pregnancy through the end of the third month of pregnancy? [INDICATE ALL THAT APPLY. READ CHOICES. AFTER READING CHOICES, ASK: "Or something else?"]

- a. Under care of therapist/psychologist IF THIS ONLY → SKIP TO NEXT SECTION
- b. With medication IF YES, CONTINUE WITH O12
- c. You didn't receive any treatment IF THIS ONLY → SKIP TO NEXT SECTION
- d. Or something else? (SPECIFY): _____ IF THIS ONLY → SKIP TO NEXT SECTION
- e. DK → CONTINUE WITH O12
- f. RF IF THIS ONLY → SKIP TO NEXT SECTION

O12. Did you use medication to treat your condition(s) in the month before your pregnancy through the third month of pregnancy?

- a. YES → CONTINUE TO O13
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

O13. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST

- a. Abilify
- b. Alprazolam
- c. Anafranil
- d. Aripiprazole
- e. Ativan
- f. Bupropion
- g. Buspar
- h. Buspirone

12/9/15

- i. Celexa
- j. Citalopram
- k. Clomipramine
- l. Clonazepam
- m. Cymbalta
- n. Diazepam
- o. Duloxetine
- p. Effexor
- q. Escitalopram
- r. Fluoxetine
- s. Imipramine
- t. Inderal
- u. Klonopin
- v. Lexapro
- w. Lorazepam
- x. Paroxetine
- y. Paxil
- z. Propranolol
- aa. Prozac
- bb. Sertraline
- cc. St. John's Wort
- dd. Tofranil
- ee. Valium
- ff. Venlafaxine
- gg. Wellbutrin
- hh. Xanax
- ii. Zoloft
- jj. OTHER (SPECIFY): _____
- kk. DK → SKIP TO NEXT SECTION
- ll. RF → SKIP TO NEXT SECTION

O14. Did you use [MEDICINE, ANSWER O13] for the entire time from the month before your pregnancy through your third month of pregnancy?

- a. YES → SKIP TO O18
- b. NO → CONTINUE TO O15
- c. DK → CONTINUE TO O15
- d. RF → CONTINUE TO O15

12/9/15

O15. When did you start using [MEDICINE, ANSWER O13] for your condition(s) for the first time during this period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

O16. When did you stop using [MEDICINE, ANSWER O13] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID START AND STOP DATE, SKIP O17
- c. DK
- d. RF

OR

O17. How long did you take it?

- a. AMOUNT:_____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

O18. How often did you use [MEDICINE, ANSWER O13] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

- a. AMOUNT:_____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

O19. Did you take the same dose of medicine each time you took it throughout [B1] to [P4(-1)]? That is, for example, the same number of milligrams of medicine in each dose.

- a. YES → CONTINUE TO O20
- b. NO → SKIP TO O21a
- c. DK → CONTINUE TO O20
- d. RF → CONTINUE TO O20

O20. What dose of [MEDICINE, ANSWER O13] did you take each time you took it?

- a. AMOUNT:_____ → SKIP TO NEXT SECTION
 - i. UNITS:_____
- b. DK → SKIP TO NEXT SECTION
- c. RF → SKIP TO NEXT SECTION

O21a. How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field.]

- i. AMOUNT:_____
- ii. RF

O21b. What dose of [MEDICINE, ANSWER O13] did you take the [1st, 2nd, etc.] time?

- i. AMOUNT:_____
- DK → SKIP TO O22
- RF → SKIP TO O22
- ii. UNITS:_____ DK RF

O22. When did you begin taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

O23. When did you stop taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID START AND STOP DATE in O22 and O23, SKIP O23a
- c. DK
- d. RF

OR

O23a. How long did you take it?

- a. AMOUNT:_____
- i. Days
- ii. Weeks
- iii. Months
- b. DK
- c. RF

Section P: ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

P1. Have you EVER been told by a doctor or other health professional that you had Attention-Deficit/Hyperactivity Disorder (ADHD) or Attention-Deficit Disorder (ADD)?

- a. YES → CONTINUE TO P2
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

P2. With which condition were you diagnosed?

- a. Attention Deficit Hyperactivity Disorder
- b. Attention Deficit Disorder
- c. OTHER (SPECIFY): _____
- d. DK
- e. RF

P3. When were you diagnosed with [DIAGNOSED CONDITION, ANSWER P2] relative to [your pregnancy with [NOIB]; TAB: the pregnancy that ended on [DOIB]]? [READ LIST]

- a. More than 2 years before
- b. In the 2 years before
- c. During the first trimester
- d. After the first trimester but still during pregnancy
- e. After the pregnancy ended
- f. DK
- g. RF

IF P3=c, d, e, f, g THEN SKIP TO P7 (ONLY ASK P4 if P3=a, b)

P4. Either before or during your pregnancy, did you speak with a healthcare provider about your treatment options during pregnancy?

- a. YES → GO TO P5
- b. NO → SKIP TO P7
- c. DK → SKIP TO P7
- d. RF → SKIP TO P7

P5. Did you discuss these options before your pregnancy began?

- a. YES → SKIP TO P7
- b. NO → GO TO P6
- c. DK → SKIP TO P7
- d. RF → SKIP TO P7

P6. How far along were you in your pregnancy when you discussed treatment options with your provider?

- a. AMOUNT: _____
UNITS:
 - i. Days
 - ii. Weeks
 - iii. Months
 - iv. Trimesters
- b. DK
- c. RF

P7. Did you take any medications to treat your [DIAGNOSED CONDITION, ANSWER P2] during the month before your pregnancy through the third month of pregnancy, that is from [B1] to [P4(-1)]?

- a. YES → CONTINUE TO P8
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

P8. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST

- a. Adderall
- b. Adderall XR
- c. Amphetamine
- d. Atomoxetine
- e. Celexa
- f. Citalopram
- g. Clonidine HCL
- h. Concerta
- i. Daytrana Patch
- j. Dexedrine
- k. Dexmethylphenidate
- l. Dextroamphetamine
- m. Dextrostat
- n. Focalin
- o. Focalin XR
- p. Guanfacine
- q. Intuniv
- r. Kapvay
- s. Lisdexamfetamine
- t. Metadate CD
- u. Methylin
- v. Methylphenidate
- w. Prozac

- x. Ritalin
- y. Ritalin LA
- z. Ritalin SR
- aa. Sertraline
- bb. Strattera
- cc. Vyvanse
- dd. Zoloft
- ee. OTHER, SPECIFY: _____
- ff. DK → SKIP TO NEXT SECTION
- gg. RF → SKIP TO NEXT SECTION

P9. Did you use [MEDICINE, ANSWER P8] for the entire time from the month before your pregnancy through your third month of pregnancy?

- a. YES → SKIP TO P13
- b. NO → CONTINUE TO P10
- c. DK → CONTINUE TO P10
- d. RF → CONTINUE TO P10

P10. When did you start using [MEDICINE, ANSWER P8] for [DIAGNOSED CONDITION, ANSWER P2] for the first time during this period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

P11. When did you stop using [MEDICINE, ANSWER P8] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID START AND STOP DATE, SKIP P12
- c. DK
- d. RF

OR

P12. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

P13. How often did you use [MEDICINE, ANSWER P8] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

P14. Did you take the same dose of medicine each time you took it throughout [B1] to [P4(-1)]? That is, for example, the same number of milligrams of medicine in each dose.

- a. YES → CONTINUE TO P15
- b. NO → SKIP TO P16a
- c. DK → CONTINUE TO P15
- d. RF → CONTINUE TO P15

P15. What dose of [MEDICINE, ANSWER P8] did you take each time you took it?

- a. AMOUNT: _____ → SKIP TO NEXT SECTION
 - i. UNITS: _____
- b. DK → SKIP TO NEXT SECTION
- c. RF → SKIP TO NEXT SECTION

P16a. How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field]

- i. AMOUNT: _____
- ii. RF

P16b. What dose of [MEDICINE, ANSWER P8] did you take the [1st, 2nd, etc.] time?

- i. AMOUNT: _____
 - DK → SKIP TO P17
 - RF → SKIP TO P17
- ii. UNITS: _____ DK RF

P17. When did you begin taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

P18. When did you stop taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID START AND STOP DATE, SKIP P18a
- c. DK
- d. RF

OR

P18a. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

Section Q: CHRONIC DISEASE CATCH-ALL QUESTION

Q1. Have you ever been diagnosed with any other chronic diseases or long-term illnesses that we haven't talked about such as fibromyalgia, hepatitis, blood clotting disorders, irritable bowel syndrome, sleep apnea or other sleep disorders, bipolar disorder, schizophrenia or other mental health conditions?

[PROBE: This does not include short-term illnesses such as colds.]

- a. YES → CONTINUE TO Q2
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

Q2. What did you have? / Did you have anything else? [READ LIST IF NECESSARY]

- a. Fibromyalgia
- b. Hepatitis
- c. Blood clotting disorders
- d. Irritable bowel syndrome
- e. Sleep apnea or other sleep disorders
- f. Bipolar disorder
- g. Schizophrenia
- h. UNSPECIFIED CHRONIC DISEASE OR LONG-TERM ILLNESS
- i. SPECIFY: _____ → CONTINUE TO Q3
- j. RF → SKIP TO NEXT SECTION

Q3. How old were you when the [CHRONIC DISEASE, ANSWER Q2] was diagnosed?

- a. AGE: _____
 - i. Years
 - ii. Months
- b. DK
- c. RF

Q4. Did you take any medications or remedies for [CHRONIC DISEASE, ANSWER Q2] during the month before your pregnancy through the third month of pregnancy, that is from [B1] to [P4(-1)]?

- a. YES → CONTINUE TO Q5
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

Q5. What did you take? / Did you take anything else?

- a. SPECIFY: _____
- b. DK → SKIP TO NEXT SECTION
- c. RF → SKIP TO NEXT SECTION

Q6. Did you use [MEDICINE, ANSWER Q5] for the entire time from the month before your pregnancy through your third month of pregnancy?

- a. YES → SKIP TO Q10
- b. NO → CONTINUE TO Q7
- c. DK → CONTINUE TO Q7
- d. RF → CONTINUE TO Q7

Q7. When did you start using [MEDICINE, ANSWER Q5] for [CHRONIC DISEASE, ANSWER Q2] for the first time during this period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

Q8. When did you stop using [MEDICINE, ANSWER Q5] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO Q7 and Q8, SKIP Q9
- c. DK
- d. RF

OR

Q9. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

Q10. How often did you use [MEDICINE, ANSWER Q5] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

- a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

Q11. Did you take the same dose of medicine each time you took it throughout [B1] to [P4(-1)]? That is, for example, the same number of milligrams of medicine in each dose.

- a. YES → CONTINUE TO Q12
- b. NO → SKIP TO Q13a
- c. DK → CONTINUE TO Q12
- d. RF → CONTINUE TO Q12

Q12. What dose of [MEDICINE, ANSWER Q5] did you take each time you took it?

- a. AMOUNT: _____ → SKIP TO NEXT SECTION
 - i. UNITS: _____
- b. DK → SKIP TO NEXT SECTION
- c. RF → SKIP TO NEXT SECTION

Q13a. How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field.]

- i. AMOUNT: _____
- ii. RF

Q13b. What dose of [MEDICINE, ANSWER Q5] did you take the [1st, 2nd, etc.] time?

- i. AMOUNT: _____ DK or RF → SKIP TO Q14
- ii. UNITS: _____ DK RF

Q14. When did you begin taking that dose?

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

Q15. When did you stop taking that dose?

- a. MM/DD/YYYY
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO Q14 and Q15, SKIP Q15a
- c. DK
- d. RF

OR

Q15a. How long did you take it?

- a. AMOUNT:_____ DK RF
 - i. Days
 - ii. Weeks
 - iii. Months

Section R: GENITOURINARY INFECTIONS

R1. From the month before you became pregnant to the end of the third month of pregnancy, that is from [B1] to [P4(-1)], did you have a kidney, bladder, or urinary tract infection?

- a. YES → CONTINUE TO R2
- b. NO → SKIP TO R15
- c. DK → SKIP TO R15
- d. RF → SKIP TO R15

ASK THE FOLLOWING QUESTIONS FOR EACH INFECTION REPORTED:

R2. Was the infection diagnosed by a doctor?

- a. YES
- b. NO
- c. DK
- d. RF

R3. From the month before you became pregnant to the end of the third month of pregnancy, that is from [B1] to [P4(-1)], did you take any medications or remedies for your infection?

- a. YES → CONTINUE TO R4
- b. NO → SKIP TO R15
- c. DK → SKIP TO R15
- d. RF → SKIP TO R15

ASK THIS SERIES FOR EACH MEDICINE USED:

ROW #		QUESTION	RESPONSE
1	R4. R18. R32.	What did you take? / Did you take anything else?	MEDICATION: _____ DK RF
		R4, R18 (UTI OR PID MEDS): PROBE: IF CAN'T RECALL, READ FROM DRUG LIST: Amoxicillin Amoxil Augmentin Azithromycin Bactrim Biaxin Ceftriaxone sodium Cipro Doxycycline EES Erythrocin Erythromycin Furadantin Levaquin Macrobid Macrochantin Nitrofurantoin Nitrofurantoin Macrocrystals Penicillin NOS Rebetol Septra Sulfamethoxazole/trimethoprim Trimox Vibramycin Virazole Zithromax Antibiotic NOS	R4: IF NO/DK/RF → SKIP TO R15 R18: IF NO/DK/RF → SKIP TO R29 R32: IF NO/DK/RF → SKIP TO R43

		R32 (STD MEDS): [PROBE: IF CAN'T RECALL, READ FROM DRUG LIST] Acyclovir (G) Aldara Condylox Famciclovir (G) Famvir Imiquimod Podofilox Podophyllin Trichloroacetic acid (TCA) Valacyclovir (G) Valtrex Zovirax Zyclara	
2	R5. R19. R33.	Did you use [MEDICINE, ANSWER R4, R18, R32] for the entire time from the month <u>before your pregnancy</u> through your third month of pregnancy?	YES → SKIP TO ROW 6 NO DK RF → CONTINUE TO ROW 3
3	R6. R20. R34.	When did you start using [MEDICINE, ANSWER R4, R18, R32] for [the infection/CONDITION] for the first time during this period?	MM/DD/YYYY __/__/____ or MONTH OF PREGNANCY(B1, P1, P2, P3) DK RF
4	R7. R21. R35.	When did you stop using [MEDICINE, ANSWER R4, R18, R32] for the last time during this time period?	MM/DD/YYYY __/__/____ or MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID START AND STOP DATE, SKIP ROW 5 DK RF
5	R8. R22. R36.	How long did you take it?	AMOUNT: _____ Days Weeks Months DK RF
6	R9. R23. R37.	How often did you use [MEDICINE, ANSWER R4, R18, R32] during the month <u>before your pregnancy</u> through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.	AMOUNT: _____ Per day/Per week/Per month/Per time period DK RF
7	R10. R24. R38.	Did you take the same dose of medicine each time you took it throughout [B1] to [P4(-1)]? That is, for example, the same number of	YES, DK, RF → CONTINUE TO ROW 8 NO → SKIP TO ROW 9

		milligrams of medicine in each dose.	
8	R11. R25. R39.	What dose of [MEDICINE, ANSWER R4, R18, R32] did you take each time you took it?	AMOUNT: _____ DK, RF →SKIP UNITS UNITS: _____ DK RF R11 → SKIP TO R15 R25 → SKIP TO R29 R39 → SKIP TO R43
9	R12a. R26a. R40a.	How many different dosage amounts do you remember taking?	AMOUNT: _____ RF
10	R12b. R26b. R40b.	What dose of [MEDICINE, ANSWER R4, R18, R32] did you take the [1 st , 2 nd , etc.] time?	AMOUNT: _____ DK, RF →SKIP UNITS UNITS: _____ DK RF
11	R13. R27. R41a.	When did you begin taking that dose?	MM/DD/YYYY __/__/____ or MONTH OF PREGNANCY(B1, P1, P2, P3) DK RF
12	R14. R28. R41b.	When did you stop taking that dose?	MM/DD/YYYY __/__/____ or MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID START AND STOP DATE, SKIP ROW 13 DK RF
13	R14a R28a R42.	Or How long did you take it?	AMOUNT: _____ Days Weeks Months DK RF

AFTER R14, CONTINUE WITH R15 BELOW. AFTER R28a, CONTINUE WITH R29 BELOW.

AFTER R42, CONTINUE WITH R43 BELOW.

FOR R15-R28, FOR R29 -R42 AND FOR R43-R47, USE SAME RESPONSES AND SKIP PATTERNS AS FOR SIMILAR QUESTIONS IN R1-R14 ABOVE.

R15. From the month before you became pregnant to the end of the third month of pregnancy, that is from [B1] to [P4(-1)], did you have pelvic inflammatory disease or PID?

- a. YES → CONTINUE TO R16
- b. NO → SKIP TO R29
- c. DK → SKIP TO R29
- d. RF → SKIP TO R29

R16. Was the pelvic inflammatory disease or PID diagnosed by a doctor?

- a. YES
- b. NO
- c. DK
- d. RF

R17. From the month before you became pregnant to the end of the third month of pregnancy, that is from [B1] to [P4(-1)], did you take any medications or remedies for your pelvic inflammatory disease or PID?

- a. YES → **CONTINUE TO R18 IN TABLE ABOVE**
- b. NO → SKIP TO R29
- c. DK → SKIP TO R29
- d. RF → SKIP TO R29

AFTER R18 - R28 IN TABLE ABOVE, CONTINUE:

R29. From the month before you became pregnant to the end of the third month of pregnancy, that is from [B1] to [P4(-1)], did you have a sexually transmitted disease, such as chlamydia, HPV, herpes, syphilis, genital warts, or gonorrhea?

- a. YES → CONTINUE TO R29a
- b. NO → SKIP TO R43
- c. DK → SKIP TO R43
- d. RF → SKIP TO R43

R29a. What was it? _____

- a. DK → SKIP TO R43
- b. RF → SKIP TO R43

R30. Was the [STD, ANSWER R29a] diagnosed by a doctor?

- a. YES
- b. NO
- c. DK
- d. RF

R31. From the month before you became pregnant to the end of the third month of pregnancy, that is from [B1] to [P4(-1)], did you take any medications or remedies for your [STD, ANSWER R29a]? This includes medicines applied by yourself or a provider.

- a. YES → **CONTINUE TO R32 IN TABLE ABOVE**
- b. NO → SKIP TO R43
- c. DK or RF → SKIP TO R43

AFTER R32 - R42 IN TABLE ABOVE, CONTINUE:

R43. From the month before you became pregnant to the end of the third month of pregnancy, that is from [B1] to [P4(-1)], did you have a yeast infection?

- a. YES → CONTINUE TO R44
- b. NO → SKIP TO NEXT SECTION
- c. DK or RF → SKIP TO NEXT SECTION

R44. Was the yeast infection diagnosed by a doctor?

- a. YES
- b. NO
- c. DK
- d. RF

R45. From the month before you became pregnant to the end of the third month of pregnancy, that is from [B1] to [P4(-1)], did you take any medications or remedies for your yeast infection?

- a. YES → CONTINUE TO R46
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

R46. Did you take a medicine that a doctor prescribed for you or did you buy it “over-the-counter”, without a prescription?

- a. Prescription
- b. Over-the-counter
- c. DK
- d. RF

R47. Did you use a medicine that you inserted or applied on the outside or a pill that you swallowed?

- a. External or inserted product → SKIP TO NEXT SECTION
- b. Pill → SKIP TO NEXT SECTION
- c. OTHER (SPECIFY): _____ → SKIP TO NEXT SECTION
- d. DK → SKIP TO NEXT SECTION
- e. RF → SKIP TO NEXT SECTION

Section S: FEVERS

S1. From one month before you became pregnant to the end of the third month of your pregnancy, that is from [B1] to [P4(-1)], did you have any fevers, including those due to respiratory illness, bronchitis, pneumonia, a kidney, bladder, or urinary tract infection, pelvic inflammatory disease, or other infections or illness?

- a. YES → CONTINUE TO S2
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

S2. How many fevers do you remember having? [IF DK NUMBER, SELECT 1 AND ASK MOM FOR DETAILS ABOUT 1 FEVER SHE REMEMBERS.]

- a. NUMBER: _____

S3. What was the cause of the [1st, 2nd, etc.] fever?

- a. CAUSE: _____
- b. DK
- c. RF

S4. When you had [CAUSE OF FEVER, ANSWER S3], during which of those months did you have a fever?

- a. B1
- b. P1
- c. P2
- d. P3
- e. DK
- f. RF

S5. What was the highest temperature recorded during your fever?

- a. VALUE: _____ DK RF NOT RECORDED → SKIP UNITS
 - i. UNITS: F or C

S6. Did you take any medications or remedies for the fever?

- a. YES → CONTINUE TO S7
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

S7. What did you take? Did you take anything else? [CODE ALL THAT APPLY. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take...?]

- a. Acetaminophen

12/9/15

- b. Advil
- c. Aleve
- d. Ibuprofen
- e. Motrin
- f. Naproxen sodium
- g. Nuprin
- h. Tylenol
- i. OTHER (SPECIFY): _____
- j. DK → SKIP TO NEXT SECTION
- k. RF → SKIP TO NEXT SECTION

S8. When did you start using [DRUG, ANSWER S7] for this [CAUSE OF FEVER, ANSWER S3] for the first time during this period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

S9. When did you stop using [DRUG, ANSWER S7] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO S8 and S9, SKIP S10
- c. DK
- d. RF

OR

S10. How long did you take it?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

S11. How often did you use [DRUG, ANSWER S7] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

- a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

Section T: MEDICATIONS/HERBALS/VITAMINS

We are interested in medicines that you may have taken from 1 month before you became pregnant, which would be [B1], to the end of the third month of pregnancy, which would be [P4(-1)]. These would include prescription and nonprescription medicines. Please include medicines prescribed to you by a healthcare provider and medicines you used that may have been prescribed to someone else. Some of these medicines we may have already discussed, but please report on them again in response to these questions. Sometimes the same medication can be used for different reasons, which is why some questions may seem repetitive. To begin, I'm going to ask you about whether you have used certain types of medicines, and then I'll ask about your use of specific medicines. If you filled out the medication worksheet we included in your introductory packet, it will be helpful for you to have it in front of you for these questions. To keep you from having to repeat information we've already discussed, I may ask you for your help in remembering whether you've reported using a medication to me already and for what medical condition you reported taking it for. Unfortunately we are not able to see your responses from earlier in the interview.

Medication Categories

(FOLLOW-UPS BEGIN WITH T3 on page 91)

	QUESTION	RESPONSES				
		IF YES, ASK FOLLOW-UP QUESTIONS	IF NO, ASK NEXT CATEGOR	IF DK, ASK NEXT CATEGORY	IF RF, ASK NEXT CATEGORY	
	During [B1] to [P4(-1)] did you take..../did you get any vaccines (T154)?		Y	N	DK	RF
T1.	Birth control pills (T3)	Y	N	DK	RF	
T18.	Antibiotics (T20)	Y	N	DK	RF	
T35.	Over-the-counter pain relievers (T37)	Y	N	DK	RF	
T52.	Prescription pain relievers (T54)	Y	N	DK	RF	
T69.	Medicines to help you lower your cholesterol ("statins") (T71)	Y	N	DK	RF	
T86.	Medicines to help you quit smoking (T88)	Y	N	DK	RF	
T103.	Medicines to help with allergies or cold symptoms (e.g. runny nose, cough) (T105)	Y	N	DK	RF	
T120.	Medicine to treat an infection with a virus, like the flu ("antiviral") (T122)	Y	N	DK	RF	
T137.	Medicine to help you sleep ("sleep aid") (T139)	Y	N	DK	RF	
T154.	Vaccines (WILL ONLY CAPTURE NAME & DATE OF VACCINES) (T156)	Y	N	DK	RF	
T171.	Medicines to treat nausea or vomiting (T173)	Y	N	DK	RF	

T3.	What was the name of the medication? / Did you take any other medicine in this category? PROBE: READ LIST IF NECESSARY	NAME: _____ DK → SKIP TO NEXT CATEGORY RF → SKIP TO NEXT CATEGORY
	BIRTH CONTROL PILLS PROMPTS:	SELECT EACH YES:

	Apri	Y
	Aviane (21)	Y
	Beyaz	Y
	Brevicon (21,28)	Y
	Camila	Y
	Cryselle 28	Y
	Cyclessa	Y
	Desogen	Y
	Jolivette	Y
	Kariva	Y
	Levora	Y
	Lo Loestrin Fe	Y
	Lo/Ovral 21	Y
	LoSeasonique	Y
	Low-Ogestrel (21,28)	Y
	Micronor	Y
	Mircette	Y
	Nor-QD	Y
	Nora-BE	Y
	Nordette (21,28)	Y
	Ogestrel 0.5/50	Y
	Ortho Tri-Cyclen	Y
	Ortho Tri-Cyclen Lo	Y
	Ortho-Cept	Y
	Ortho-Cyclen	Y
	Ortho-Novum 1/35	Y
	Ortho-Novum 7/7/7	Y
	Ovcon 35 (21, 28)	Y
	Ovcon 50 (21, 28)	Y
	Portia 28	Y
	Seasonale	Y
	Seasonique	Y
	Sprintec	Y
	TriNessa	Y
	Tri-Norinyl (21, 28)	Y
	Tri-Sprintec 28	Y
	Trivora	Y
	Yasmin	Y
	Yaz	Y
	OTHER, SPECIFY:	Y
<p>FOR EACH REPORTED DRUG ABOVE, CONTINUE WITH T4/ROW 1 THROUGH T6/ROW 3 AND SKIP TO T8/ROW 5.</p>		

T20.	What was the name of the medication? / Did	
------	--	--

	you take any other medicine in this category? PROBE: READ LIST IF NECESSARY	NAME: _____ DK → SKIP TO NEXT CATEGORY RF → SKIP TO NEXT CATEGORY
	ANTIBIOTICS PROMPTS:	SELECT EACH YES:
	Amoxicillin	Y
	Amoxil	Y
	Augmentin	Y
	Biaxin	Y
	Cipro	Y
	Ciprofloxacin	Y
	Cleocin	Y
	Doxycycline	Y
	Erythromycin	Y
	Flagyl	Y
	Macrodantin	Y
	Nitrofurantoin	Y
	Penicillin	Y
	Sulfamethoxazole/Trimethoprim	Y
	Vancocin	Y
	Vibramycin	Y
	Zithromax	Y
	Z-Pak	Y
	OTHER, SPECIFY:	Y
<p>FOR EACH REPORTED DRUG ABOVE, CONTINUE WITH T4/ROW 1-T24/ROW 4.</p>		

T37.	What was the name of the medication? / Did you take any other medicine in this category? PROBE: READ LIST IF NECESSARY	NAME: _____ DK → SKIP TO NEXT CATEGORY RF → SKIP TO NEXT CATEGORY
	OVER-THE-COUNTER PAIN RELIEVERS PROMPTS:	SELECT EACH YES:
	Acetaminophen	Y
	Advil	Y
	Aleve	Y
	Aspirin	Y
	Excedrin Extra Strength Caplets/Tablets/Geltabs	Y
	Ibuprofen	Y

		Motrin	Y
		Naproxen Sodium	Y
		Tylenol	Y
		OTHER, SPECIFY:	Y
FOR EACH REPORTED DRUG ABOVE, CONTINUE WITH T4/ROW 1-T24/ROW 4.			

	T54.	What was the name of the medication? / Did you take any other medicine in this category? PROBE: READ LIST IF NECESSARY	NAME: _____ DK → SKIP TO NEXT CATEGORY RF → SKIP TO NEXT CATEGORY
		PRESCRIPTION PAIN RELIEVERS	SELECT EACH YES:
		Celebrex	Y
		Hydrocodone Bitartrate/ APAP	Y
		Lorcet	Y
		Lortab	Y
		Neurontin	Y
		Oxycodone/Acetaminophen-NOS	Y
		Oxycontin	Y
		Percocet-NOS	Y
		Roxicet-NOS	Y
		Tramadol	Y
		Tramadol HCL/ Acetaminophen	Y
		Tylenol #1,#2,#3,#4	Y
		Ultram	Y
		Vicodin -NOS	Y
		OTHER, SPECIFY:	Y
FOR EACH REPORTED DRUG ABOVE, CONTINUE WITH T4/ROW 1-T24/ROW 4.			

	T71.	What was the name of the medication? / Did you take any other medicine in this category? PROBE: READ LIST IF NECESSARY	NAME: _____ DK → SKIP TO NEXT CATEGORY RF → SKIP TO NEXT CATEGORY
		MEDICINES TO HELP LOWER YOUR CHOLESTEROL ("STATINS")	SELECT EACH YES:
		Altoprev	Y
		Atorvastatin	Y
		Crestor	Y
		Fluvastatin	Y

	Lescol	Y
	Lipitor	Y
	Livalo	Y
	Lovastatin	Y
	Mevacor	Y
	Pitavastatin	Y
	Pravachol	Y
	Pravastatin Sodium	Y
	Rosuvastatin Calcium	Y
	Simvastatin	Y
	Zocor	Y
	OTHER, SPECIFY:	Y

FOR EACH REPORTED DRUG ABOVE, CONTINUE WITH T4/ROW 1 THROUGH T6/ROW 3 AND SKIP TO T8/ROW 5.

T88.	What was the name of the medication? / Did you take any other medicine in this category? PROBE: READ LIST IF NECESSARY	NAME: _____ DK → SKIP TO NEXT CATEGORY RF → SKIP TO NEXT CATEGORY
	MEDICINES TO HELP YOU QUIT SMOKING	SELECT EACH YES:
	Budeprion SR	Y
	Bupropion HCL	Y
	Chantix	Y
	Clonidine	Y
	Nicoderm CQ	Y
	Nicorette Gum	Y
	Nicotine Gum NOS	Y
	Nicotine Inhaler NOS	Y
	Nicotrol Inhaler	Y
	Nortriptyline	Y
	Pamelor	Y
	Varenicline Tartrate	Y
	Wellbutrin	Y
	Wellbutrin XL	Y
	Zyban	Y
	OTHER, SPECIFY:	Y

FOR EACH REPORTED DRUG ABOVE, CONTINUE WITH T4/ROW 1 THROUGH T6/ROW 3 AND SKIP TO T8/ROW 5.

	T105.	What was the name of the medication? / Did you take any other medicine in this category? PROBE: READ LIST IF NECESSARY	NAME: _____ DK → SKIP TO NEXT CATEGORY RF → SKIP TO NEXT CATEGORY
		MEDICINES TO HELP WITH ALLERGIES OR COLD SYMPTOMS (E.G. RUNNY NOSE, COUGH)	SELECT EACH YES:
		Afrin 12 Hour Nasal Spray	Y
		Allegra	Y
		Allegra D	Y
		Benadryl	Y
		Clarinex	Y
		Clarinex D	Y
		Claritin	Y
		Claritin D	Y
		Delsym 12 Hour Cough Relief	Y
		Mucinex	Y
		Mucinex Dm	Y
		Phenylephrine	Y
		Pseudoephedrine	Y
		Sudafed PE Nasal Decongestant	Y
		Sudafed Nasal Decongestant	Y
		Zyrtec	Y
		Zyrtec D	Y
		OTHER, SPECIFY:	Y
FOR EACH REPORTED DRUG ABOVE, CONTINUE WITH T4/ROW 1-T24/ROW 4.			

	T122.	What was the name of the medication? / Did you take any other medicine in this category?	NAME: _____ DK → SKIP TO NEXT CATEGORY RF → SKIP TO NEXT CATEGORY
		MEDICINE TO TREAT AN INFECTION WITH A VIRUS, LIKE THE FLU (“ANTIVIRAL”)	SELECT EACH YES:
		Acyclovir	Y
		Amantadine	Y
		Combivir	Y
		Oseltamivir Phosphate	Y
		Relenza	Y
		Tamiflu	Y
		Zanamivir	Y
		OTHER, SPECIFY:	Y

FOR EACH REPORTED DRUG ABOVE, CONTINUE WITH T4/ROW 1-T24/ROW 4.

	T139.	What was the name of the medication? / Did you take any other medicine in this category? PROBE: READ LIST IF NECESSARY	NAME: _____ DK → SKIP TO NEXT CATEGORY RF → SKIP TO NEXT CATEGORY
		MEDICINE TO HELP YOU SLEEP ("SLEEP AID")	SELECT EACH YES:
		Ambien	Y
		Benadryl	Y
		Compoz (New Form 1984)	Y
		Diphenhydramine	Y
		Doxylamine	Y
		Eszopiclone	Y
		Kava-Kava, Herb	Y
		L-Tryptophan	Y
		Lunesta	Y
		Melatonin	Y
		Nytol (New Form 1984)	Y
		Prosom	Y
		Ramelteon	Y
		Restoril	Y
		Rozerem	Y
		Sleepinal	Y
		Sominex (New Form 1988)	Y
		Sonata	Y
		Tryptophan	Y
		Valerian Extract	Y
		Zaleplon	Y
		Zolpidem Tartrate	Y
		Zzzquil Liquicaps Sleep-Aid	Y
		Zzzquil Liquid Sleep-Aid	Y
		OTHER, SPECIFY:	Y

FOR EACH REPORTED DRUG ABOVE, CONTINUE WITH T4/ROW 1 THROUGH T6/ROW 3 AND SKIP TO T8/ROW 5.

	T156.	Which vaccines did you get? PROBE: READ LIST IF NECESSARY	NAME: _____ DK → SKIP TO NEXT CATEGORY RF → SKIP TO NEXT CATEGORY
--	-------	---	---

	VACCINES	SELECT EACH YES:
	Chickenpox Vaccine- NOS	Y
	Flu Vaccine NOS	Y
	Hepatitis A Vaccine	Y
	Hepatitis B Vaccine	Y
	HPV Vaccine NOS (Human Papillomavirus)	Y
	Measles, Mumps, Rubella Vaccine	Y
	NOS-Meningococcal Vaccine	Y
	Pneumococcal Vaccine, Polyvalent	Y
	Shingles Vaccine-NOS	Y
	OTHER, SPECIFY _____	Y
T157.	When did you get the [NAME OF VACCINE]?	a. MM/DD/YYYY or b. MONTH OF PREGNANCY(B1, P1, P2, P3) c. DK d. RF
SKIP TO CONTINUE TO T171, NEXT CATEGORY.		

T173.	What was the name of the medication? / Did you take any other medicine in this category? PROBE: READ LIST IF NECESSARY	NAME: _____ DK → SKIP TO SPECIFIC MEDICINES RF → SKIP TO SPECIFIC MEDICINES
	MEDICINES TO TREAT NAUSEA OR VOMITING	SELECT EACH YES:
	Benadryl	Y
	Bonine	Y
	Diphenhydramine	Y
	Doxylamine	Y
	Ginger	Y
	Metoclopramide	Y
	Ondansetron	Y
	Phenergan	Y
	Preggie Pops (Various Flavors)	Y
	Promethazine	Y
	Reglan	Y
	Tigan	Y
	Unisom Tablets	Y
	Vitamin B6	Y
	Zofran	Y

		OTHER, SPECIFY	Y
FOR EACH REPORTED DRUG ABOVE, CONTINUE WITH T4/ROW 1-T24/ROW 4.			

ASK THIS SERIES FOR EACH MEDICINE USED IN T1 THROUGH T137 AND T171. NOT ASKED OF VACCINES.

Row	Quex #	Question Text	Responses
1	T4 T21 T38 T55 T72 T89 T106 T123 T140 T174	Did you already tell me about taking [this medication] earlier in the interview? [PROBE: Did you tell me about [SAY MEDICATION TOPIC] earlier in the interview?]	a. YES → CONTINUE TO T5/ROW2 b. NO → CONTINUE TO T24/ROW 4 or SKIP TO T8/ROW 5 c. DK → CONTINUE TO T24/ROW 4 or SKIP TO T8/ROW 5 d. RF → CONTINUE TO T24/ROW 4 or SKIP TO T8/ROW 5
2	T5 T22 T39 T56 T73 T90 T107 T124 T141 T175	Could you please remind me of the medical condition you took this for?	a. CONDITION _____ b. DK c. RF
3	T6 T23 T40 T57 T74 T91 T108 T125 T176	Did you take this medication for any other reasons that we have not already talked about?	a.. YES → CONTINUE TO T24/ROW 4 OR SKIP TO T8/ROW 5 b.. NO/DK/RF → CONTINUE TO NEXT MEDICATION CATEGORY OR SKIP TO SPECIFIC MEDICATIONS INTRO

FOR ALL MEDICATION CATEGORIES, EXCEPT BIRTH CONTROL PILLS, STATINS, SMOKING CESSATION MEDICATIONS, SLEEP AIDS, AND VACCINES → ASK T24/ROW 4; FOR THE AFOREMENTIONED CATEGORIES, SKIP TO T8/ROW 5.

4	T24	Why did you take [this medication]?	a. REASON: _____
---	-----	-------------------------------------	------------------

	T41 T58 T109 T126 T177		b. DK c. RF
5	T8 T25 T42 T59 T76 T93 T110 T127 T144 T178	Did you use [this medication] for the entire time from the month <u>before your pregnancy</u> through your third month of pregnancy?	a. YES → SKIP TO T12/ROW 9 b. NO → CONTINUE TO T9/ROW 6 c. DK → CONTINUE TO T9/ROW 6 d. RF → CONTINUE TO T9/ROW 6
6	T9 T26 T43 T60 T77 T94 T111 T128 T145 T179	When did you start using [this medication] during the month <u>before your pregnancy</u> through the third month of pregnancy?	a. MM/DD/YYYY or b. MONTH OF PREGNANCY(B1, P1, P2, P3) c. DK d. RF
7	T10 T27 T44 T61 T78 T95 T112 T129 T146 T180	When did you stop using [this medication] for the last time during this time period?	a. MM/DD/YYYY or b. MONTH OF PREGNANCY(B1, P1, P2, P3) IF VALID STOP AND START DATE, SKIP T11/ROW 8 c. DK d. RF
8	T11 T28 T45 T62 T79 T96 T113 T130 T147	Or how long did you take [this medication]?	AMOUNT _____ Days Weeks Months DK RF

	T181		
9	T12 T29 T46 T63 T80 T97 T114 T131 T148 T182	How often did you use [this medication] during the month <u>before your pregnancy</u> through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.	AMOUNT: _____ Per day/Per week/Per month/Per time period DK RF
10	T13 T30 T47 T64 T81 T98 T115 T132 T149 T183	Did you take the same dose of medicine, each time that you took it, for the whole time that you took it during the month <u>before your pregnancy</u> through the end of your third month of pregnancy? That is, for example, the same number of milligrams of medicine in each dose.	a. YES → CONTINUE TO T14a/ROW 11 b. NO → SKIP TO T15a/ROW 12 c. DK → CONTINUE TO T14/ROW 11 d. RF → CONTINUE TO T14/ROW 11
11	T14 T31 T48 T65 T82 T99 T116 T133 T150 T184	What dose of [this medication] did you take each time you took it?	AMOUNT: _____ DK, RF →SKIP UNITS UNITS: _____ DK RF SKIP TO T18/NEXT CATEGORY
12	T15a T32a T49a T66a T83a T100a T117a T134a T151a T185a	How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field.]	AMOUNT _____ RF
13	T15b T32b	What dose of [this medication] did you take the [1st, 2 nd , etc.] time?	AMOUNT: _____ DK, RF →SKIP UNITS

	T49b T66b T83b T100b T117b T134b T151b T185b		UNITS: _____ DK RF
14	T16 T33 T50 T67 T84 T101 T118 T135 T152 T186	When did you begin taking that dose?	a. MM/DD/YYYY or b. MONTH OF PREGNANCY(B1, P1, P2, P3) c. DK d. RF
15	T17 T34 T51 T68 T85 T102 T119 T136 T153 T187	When did you stop taking that dose?	a. MM/DD/YYYY or b. MONTH OF PREGNANCY(B1, P1, P2, P3) IF VALID STOP AND START DATE, SKIP T17a/ROW 16 c. DK d. RF
16	T17a T34a T51a T68a T85a T102a T119a T136a T153a T187a	Or how long did you take it?	AMOUNT _____ Days Weeks Months DK RF
<p>AFTER T17, CONTINUE TO T18 AT BEGINNING OF TABLE, OR NEXT CATEGORY.</p> <p>CYCLE BACK UP TO NEXT MEDICATION CATEGORY ON THE LIST AND CONTINUE WITH QUESTIONS UNTIL YOU HAVE ASKED ABOUT EACH MEDICATION CATEGORY THROUGH THOSE FOR NAUSEA AND VOMITING.</p>			

SPECIFIC MEDICATIONS:

Now I'm going to ask you about your use of specific medications. As I read the list, please tell me Yes or No for each medicine. We may have already discussed some of these medicines, but please report on them again in response to these questions.

		During [B1] to [P4(-1)] did you take:	IF YES, ASK NEXT QUESTION IN ROW 17	IF NO, ASK NEXT DRUG	IF DK, ASK NEXT DRUG	IF RF, ASK NEXT DRUG
T188.	Prozac		Y	N	DK	RF
T203.	Wellbutrin		Y	N	DK	RF
T218.	Paxil		Y	N	DK	RF
T233.	Zoloft		Y	N	DK	RF
T248.	Effexor		Y	N	DK	RF
T263.	Celexa		Y	N	DK	RF
T278.	Lexapro		Y	N	DK	RF
T293.	Cymbalta		Y	N	DK	RF
T308.	Abilify		Y	N	DK	RF
T323.	Seroquel		Y	N	DK	RF
T338.	Zyprexa		Y	N	DK	RF
T353.	Depakene, Depakote, or Valproic acid		Y	N	DK	RF
T368.	Dilantin or Phenytoin		Y	N	DK	RF
T383.	Felbatol		Y	N	DK	RF
T398.	Klonopin or Clonazepam		Y	N	DK	RF
T413.	Lamictal		Y	N	DK	RF
T428.	Phenobarbital		Y	N	DK	RF
T443.	Topiramate or Topamax		Y	N	DK	RF
T458.	Furadantin		Y	N	DK	RF
T473.	Macrochantin		Y	N	DK	RF
T488.	Qsymia		Y	N	DK	RF
T503.	Thalidomide		Y	N	DK	RF
T518.	Accutane or Isotretinoin		Y	N	DK	RF
T533.	CellCept		Y	N	DK	RF
T548.	Myfortic		Y	N	DK	RF
T563.	Cytotec		Y	N	DK	RF
T578.	Misoprostol		Y	N	DK	RF
T593.	Methotrexate		Y	N	DK	RF
				SKIP TO T608	SKIP TO T608	SKIP TO T608

ASK THIS SERIES FOR EACH MEDICATION TAKEN IN T188-T593:

ROW	Quex #	Question Text	Responses
17	T189 T204 T219 T234 T249 T264 T279 T309 T324 T339 T354 T369 T384 T399 T414 T429 T444 T459 T474 T489 T504 T519 T534 T549 T564 T579 T594	Did you already tell me about taking this medication earlier in the interview?	a. YES → CONTINUE TO T190/ROW 18 b. NO → SKIP TO T192/ROW 20 c. DK → SKIP TO T192/ROW 20 d. RF → SKIP TO T192/ROW 20
18	T190 T205 T220 T235 T250 T265 T280 T295 T310 T325 T340 T355 T370 T385 T400 T415 T430 T445 T460	Could you please remind me of the medical condition you took this for?	a. CONDITION _____ b. DK c. RF

	T475 T490 T505 T520 T535 T550 T565 T580 T595		
19	T191 T206 T221 T236 T251 T266 T281 T296 T311 T326 T341 T356 T371 T386 T401 T416 T431 T446 T461 T476 T491 T506 T521 T536 T551 T566 T581 T596	Did you take this medication for any other reasons that we have not already talked about?	a. YES → CONTINUE TO T192/ROW 20 b. NO → SKIP TO T203/NEXT MEDICINE c. DK → SKIP TO T203/NEXT MEDICINE d. RF → SKIP TO T203/NEXT MEDICINE
20	T192 T207 T222 T237 T252 T267 T282 T297 T312 T327 T342	Why did you take [MEDICINE]?	a. REASON: _____ b. DK c. RF

	T357 T372 T387 T402 T417 T432 T447 T462 T477 T492 T507 T522 T537 T552 T567 T582 T597		
21	T193 T208 T223 T238 T253 T268 T283 T298 T313 T328 T343 T358 T373 T388 T403 T418 T433 T448 T463 T478 T493 T508 T523 T538 T553 T568 T583 T598	Did you use [MEDICINE] for the entire time from the month <u>before your pregnancy</u> through your third month of pregnancy?	a. YES → SKIP TO T197/ROW 25 b. NO → CONTINUE TO T194/ROW 22 c. DK → CONTINUE TO T194/ROW 22 d. RF → CONTINUE TO T194/ROW 22
22	T194 T209 T224	When did you start using [MEDICINE] during the month <u>before your pregnancy</u> through the third month of pregnancy?	a. MM/DD/YYYY or b. MONTH OF PREGNANCY(B1, P1, P2, P3)

	<p>T239 T254 T269 T284 T299 T314 T329 T344 T359 T374 T389 T404 T419 T434 T449 T464 T479 T494 T509 T524 T539 T554 T569 T584 T599</p>		<p>c. DK d. RF</p>
<p>23</p>	<p>T195 T210 T225 T240 T255 T270 T285 T300 T315 T330 T345 T360 T375 T390 T405 T420 T435 T450 T465 T480 T495 T510 T525</p>	<p>When did you stop using [MEDICINE] for the last time during this time period?</p>	<p>a. MM/DD/YYYY or b. MONTH OF PREGNANCY(B1, P1, P2, P3) IF VALID STOP AND START DATE, SKIP T196/ROW 24 c. DK d. RF</p>

	T540 T555 T570 T585 T600		
24	T196 T211 T226 T241 T256 T271 T286 T301 T316 T331 T346 T361 T376 T391 T406 T421 T436 T451 T466 T481 T496 T511 T526 T541 T556 T571 T586 T601	Or how long did you take [PMEDICINE]?	AMOUNT _____ Days Weeks Months DK RF
25	T197 T212 T227 T242 T257 T272 T287 T302 T317 T332 T347 T362 T377 T392 T407	How often did you use [MEDICINE] during the month <u>before your pregnancy</u> through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.	AMOUNT: _____ Per day/Per week/Per month/Per time period DK RF

	T422 T437 T452 T467 T482 T497 T512 T527 T542 T557 T572 T587 T602		
26	T198 T213 T228 T243 T258 T273 T288 T303 T318 T333 T348 T363 T378 T393 T408 T423 T438 T453 T468 T483 T498 T513 T528 T543 T558 T573 T588 T603	Did you take the same dose of medicine, each time you took it, for the whole time that you took it during the month <u>before your pregnancy</u> through the end of your third month of pregnancy? That is, for example, the same number of milligrams of medicine in each dose.	a. YES → CONTINUE TO T199/ROW 27 b. NO → SKIP TO T200/ROW 28 c. DK → CONTINUE TO T199/ROW 27 d. RF → CONTINUE TO T199/ROW 27
27	T199 T214 T229 T244 T259 T274 T289	What dose of [MEDICINE] did you take each time you took it?	AMOUNT: _____ DK, RF → SKIP UNITS UNITS: _____ DK RF

	<p>T304 T319 T334 T349 T364 T379 T394 T409 T424 T439 T454 T469 T484 T499 T514 T529 T544 T559 T574 T589 T604.</p>		
<p>28</p>	<p>T200a T215a T230a T245a T260a T275a T290a T305a T320a T335a T350a T365a T380a T395a T410a T425a T440a T455a T470a T485a T500a T515a T530a T545a T560a T575a T590a</p>	<p>How many different dosage amounts do you remember taking? [If mom knows she took more than one dosage, but can't remember how many, select 1 for the number of dosages and report the dosage info she does remember. You may put additional details in a comment field.]</p>	<p>AMOUNT_____ RF</p>

29	<p>T605a</p> <p>T200b T215b T230b T245b T260b T275b T290b T305b T320b T335b T350b T365b T380b T395b T410b T425b T440b T455b T470b T485b T500b T515b T530b T545b T560b T575b T590b T605b</p>	<p>What dose of [MEDICINE] did you take the [1st, 2nd, etc.] time?</p>	<p>AMOUNT: _____ DK, RF →SKIP UNITS</p> <p>UNITS: _____ DK RF</p>
30	<p>T201 T216 T231 T246 T261 T276 T291 T306 T321 T336 T351 T366 T381 T396 T411 T426 T441 T456 T471</p>	<p>When did you begin taking that dose?</p>	<p>a. MM/DD/YYYY or b. MONTH OF PREGNANCY(B1, P1, P2, P3) c. DK d. RF</p>

	T486 T501 T516 T531 T546 T561 T576 T591 T606		
31	T202 T217 T232 T247 T262 T277 T292 T307 T322 T337 T352 T367 T382 T397 T412 T427 T442 T457 T472 T487 T502 T517 T532 T547 T562 T577 T592 T607	When did you stop taking that dose?	a. MM/DD/YYYY or b. MONTH OF PREGNANCY(B1, P1, P2, P3) IF VALID STOP AND START DATE, SKIP T202a/ROW 32 c. DK d. RF
32	T202a T217a T232a T247a T262a T277a T292a T307a T322a T337a T352a	Or how long did you take it?	AMOUNT _____ Days Weeks Months DK RF

T367a T382a T397a T412a T427a T442a T457a T472a T487a T502a T517a T532a T547a T562a T577a T592a T607a		
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HERBALS:		
T608.	From the month before you became pregnant to the end of your third month of pregnancy, did you use any herbs or folk medicines to treat any medical conditions, to keep you healthy, or to lose weight? Please do not include herbal teas.	a. YES → CONTINUE TO T609 b. NO → SKIP TO T615 c. DK → SKIP TO T615 d. RF → SKIP TO T615
T609.	Between [START DATE OF B1] to [P4(-1)END DATE OF P3] what herbs or folk medicines did you take? / Anything else?	HERBALS _____ DK → SKIP TO T615 RF → SKIP TO T615
ASK THIS SERIES FOR EACH HERBAL PRODUCT USED:		
T610.	Did you use [Name of herb/medicine] for the entire time from the month <u>before your pregnancy</u> through your third month of pregnancy?	a. YES → SKIP TO T614 b. NO → CONTINUE TO T611 c. DK → CONTINUE TO T611 d. RF → CONTINUE TO T611
T611.	When did you start using [Name of herb/medicine] during the month <u>before your pregnancy</u> through the third month of pregnancy?	a. MM/DD/YYYY or b. MONTH OF PREGNANCY(B1, P1, P2, P3) c. DK d. RF
T612.	When did you stop using [Name of	a. MM/DD/YYYY or

		herb/medicine] for the last time during this time period?	b. MONTH OF PREGNANCY(B1, P1, P2, P3) IF VALID STOP AND START DATE, SKIP T613 c. DK d. RF
	T613.	Or how long did you take [Name of herb/medicine]?	AMOUNT _____ Days Weeks Months DK RF
	T614.	How often did you use [Name of herb/medicine] during the month <u>before your pregnancy</u> through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.	AMOUNT: _____ Per day/Per week/Per month/Per time period DK RF

VITAMINS:			
Now I'm going to ask you about your vitamin use before and during your pregnancy.			
	T615.	From the month before you became pregnant through the end of the third month of pregnancy, which would be [B1] to [P4(-1)], did you take any multivitamins, prenatal vitamins, or folic acid supplements?	a. YES → CONTINUE TO T616 b. NO → SKIP TO T620 c. DK → SKIP TO T620 d. RF → SKIP TO T620
	T616.	Did you begin using it <u>before your pregnancy</u> began?	a. YES → CONTINUE TO T617 b. NO → SKIP TO T618 c. DK → SKIP TO T618 d. RF → SKIP TO T618
	T617.	Did you continue to use it after your pregnancy began?	a. YES → SKIP TO T620 b. NO → SKIP TO T620 c. DK → SKIP TO T620 d. RF → SKIP TO T620
	T618.	Did you begin using it in the first month of pregnancy?	a. YES → SKIP TO T620 b. NO → CONTINUE TO T619 c. DK → SKIP TO T620 d. RF → SKIP TO T620

	T619.	Did you begin using it after the first month of pregnancy?	a. YES b. NO c. DK d. RF
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Catch-All Medication Question			
	T620.	During this time period, did you take any medications, remedies, or treatments that we haven't already talked about?/Any others?	a. YES → CONTINUE TO T621 b. NO → SKIP TO NEXT SECTION c. DK → SKIP TO NEXT SECTION d. RF → SKIP TO NEXT SECTION
	T621.	What medicine did you take?	SPECIFY _____ DK → SKIP TO NEXT SECTION RF → SKIP TO NEXT SECTION
	T622.	Why did you take [ANSWER T621]?	a. REASON: _____ b. DK c. RF
	T623.	Did you use [MEDICINE, ANSWER 621] for the entire time from the month <u>before your pregnancy</u> through your third month of pregnancy?	a. YES → SKIP TO T627 b. NO → CONTINUE TO T624 c. DK → CONTINUE TO T624 d. RF → CONTINUE TO T624
	T624.	When did you start using [MEDICINE, ANSWER 621] during the month <u>before your pregnancy</u> through the third month of pregnancy?	a. MM/DD/YYYY or b. MONTH OF PREGNANCY(B1, P1, P2, P3) c. DK d. RF
	T625.	When did you stop using [MEDICINE, ANSWER 621] for the last time during this time period?	a. MM/DD/YYYY or b. MONTH OF PREGNANCY(B1, P1, P2, P3) IF VALID STOP AND START DATE, SKIP T626 c. DK d. RF
	T626.	Or how long did you take [MEDICINE, ANSWER T621]?	AMOUNT _____ Days Weeks Months DK RF
	T627.	How often did you use [MEDICINE, ANSWER T621] during the month <u>before your pregnancy</u>	AMOUNT: _____ Per day/Per week/Per month/Per time

		through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.	period DK RF
	T628.	Did you take the same dose of [MEDICINE, ANSWER T621] each time you took it throughout [B1] to [P4(-1)]?	a. YES → CONTINUE TO T629 b. NO → SKIP TO T630a c. DK → CONTINUE TO T629 d. RF → CONTINUE TO T629
	T629.	What dose of [MEDICINE, ANSWER T621] did you take each time you took it?	AMOUNT: _____ DK, RF → SKIP UNITS UNITS: _____ DK RF SKIP TO NEXT SECTION
	T630a.	How many different dosage amounts do you remember taking?	AMOUNT _____ RF
	T630b.	What dose of [MEDICINE, ANSWER T621] did you take the [1 st , 2 nd , etc.] time?	AMOUNT: _____ DK, RF → SKIP UNITS UNITS: _____ DK RF
	T631.	When did you begin taking that dose?	a. MM/DD/YYYY or b. MONTH OF PREGNANCY(B1, P1, P2, P3) c. DK d. RF
	T632.	When did you stop taking that dose?	a. MM/DD/YYYY or b. MONTH OF PREGNANCY(B1, P1, P2, P3) IF VALID STOP AND START DATE, SKIP T632b c. DK d. RF
	T632b.	OR how long did you take it?	AMOUNT _____ Days Weeks Months DK RF

Section U: STRESS

The next series of questions will be about events that may have occurred in your life from the 3 months before you became pregnant through your 3rd month of pregnancy, which would be [START DATE OF B3] through [P4(-

1)]. These questions will be a little bit different from some of the other questions we have asked because we are asking now about the three months before you became pregnant, as well as the first three months of your pregnancy. Most people experience periods of stress in their lives, caused by major events and daily life. We will be asking whether or not an event happened during that time period, but we will not be asking for further details.

U1. From 3 months before you became pregnant through your 3rd month of pregnancy, did you experience any serious relationship difficulties with your husband or partner or become separated or divorced?

- a. YES
- b. NO
- c. DK
- d. RF

U2. During this same time period, did you or your husband or partner have any serious legal or financial problems?

- a. YES
- b. NO
- c. DK
- d. RF

U3. During this same time period, were you or someone close to you a victim of abuse, violence, or crime? Remember you just have to indicate yes or no. [MOTHER MUST USE HER OWN JUDGEMENT ON WHAT SHE THINKS IS MEANT BY "SOMEONE CLOSE TO YOU"]

- a. YES
- b. NO
- c. DK
- d. RF

U4. During this same time period, did you or someone close to you have a serious illness or injury? [MOTHER MUST USE HER OWN JUDGEMENT ON WHAT SHE THINKS IS MEANT BY "SOMEONE CLOSE TO YOU"]

- a. YES
- b. NO
- c. DK
- d. RF

U5. During this same time period, did someone close to you die? [MOTHER MUST USE HER OWN JUDGEMENT ON WHAT SHE THINKS IS MEANT BY "SOMEONE CLOSE TO YOU"]

- a. YES
- b. NO
- c. DK
- d. RF

U6. During this same time period, could you count on anyone to provide you with emotional support such as talking over a problem or helping with a difficult decision, if you had needed it?

- a. YES
- b. NO
- c. DK
- d. RF

U7. During this same time period, could you count on anyone to provide you with help financially such as paying bills or providing food or clothes, if you had needed it?

- a. YES
- b. NO
- c. DK
- d. RF

U8. During this same time period, could you count on anyone to provide you with help with daily tasks such as grocery shopping, child care, or cooking, if you had needed it?

- a. YES
- b. NO
- c. DK
- d. RF

U9. During this same time period, how often did you feel nervous and stressed? Would you say...[READ CHOICES]

- a. Never
- b. Almost never
- c. Sometimes
- d. Somewhat often
- e. Very often
- f. DK
- g. RF

Section V: PHYSICAL ACTIVITY

I am going to ask you about the time you spent being physically active in the three months before you became pregnant. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise, or sport.

Now think about all the *vigorous* activities which take *hard physical effort* that you did in the three months before you became pregnant. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics, running, or fast bicycling. Think only about those physical activities you did for at least 10 minutes at a time.

V1. During the three months before you became pregnant, in a typical week on how many days did you do vigorous physical activities? [PROBE: Think only about those physical activities that you did for at least 10 minutes at a time. (P1)]

- a. Days Per Week: _____
IF 0 → SKIP TO INTRODUCTION TO V3
IF 1 - 7 → CONTINUE TO V2
- b. DK → SKIP TO INTRODUCTION TO V3
- c. RF → SKIP TO INTRODUCTION TO V3

V2. How much time did you usually spend doing vigorous physical activities on one of those days? [PROBE: Think only about those physical activities that you do for at least 10 minutes at a time. (P2)] [REMINDE: IF THEY ANSWER LESS THAN 10 MINUTES, REMIND THEM WE ARE ONLY INTERESTED IN ACTIVITIES DONE AT LEAST 10 MINUTES AT A TIME.]

- a. Hours Per Day: _____ → SKIP TO INTRODUCTION TO V3
- b. Minutes Per Day: _____ → SKIP TO INTRODUCTION TO V3 [REMINDE: IF THEY ANSWER LESS THAN 10 MINUTES, REMIND THEM THAT WE ARE ONLY INTERESTED IN ACTIVITIES DONE AT LEAST 10 MINUTES AT A TIME.]
- c. DK → CONTINUE TO V2b
- d. RF → CONTINUE TO V2b

V2b. In the three months before you became pregnant, how much time in total would you spend in a typical week doing vigorous physical activities? [PROBE: Think only about those physical activities that you do for at least 10 minutes at a time.]

- a. Hours: _____
- b. Minutes: _____
- c. DK
- d. RF

Now think about activities which take *moderate physical effort* that you did in the three months before you became pregnant. Moderate physical activities make you breathe somewhat harder than normal and may include child care while standing, carrying light loads at home or work, scrubbing or mopping floors, or bicycling at a regular pace. Do not include walking. Again, think only about those physical activities that you did for at least 10 minutes at a time.

V3. During the three months before you became pregnant, in a typical week on how many days did you do moderate physical activities? [PROBE: Think only about those physical activities that you do for at least 10 minutes at a time (P3). Child care includes dressing, bathing, grooming, feeding, or occasional lifting.]

- a. Days Per Week: _____
 - i. IF 0 → SKIP TO INTRODUCTION TO V5
 - ii. IF 1 - 7 → CONTINUE TO V4
- b. DK → SKIP TO INTRODUCTION TO V5
- c. RF → SKIP TO INTRODUCTION TO V5

V4. How much time did you usually spend doing moderate physical activities on one of those days? [PROBE: Think only about those physical activities that you do for at least 10 minutes at a time. (P4)] [REMINDE: IF THEY ANSWER LESS THAN 10 MINUTES, REMIND THEM WE ARE ONLY INTERESTED IN ACTIVITIES DONE AT LEAST 10 MINUTES AT A TIME.]

- a. Hours Per Day: _____ → SKIP TO INTRODUCTION TO V5
- b. Minutes Per Day: _____ → SKIP TO INTRODUCTION TO V5 [REMINDE: IF THEY ANSWER LESS THAN 10 MINUTES, REMIND THEM THAT WE ARE ONLY INTERESTED IN ACTIVITIES DONE AT LEAST 10 MINUTES AT A TIME.]
- c. DK → CONTINUE TO V4b
- d. RF → CONTINUE TO V4b

V4b. In the three months before you became pregnant, what is the total amount of time you spent in a typical week doing moderate physical activities? PROBE: Think only about those physical activities that you do for at least 10 minutes at a time.

- a. HOURS: _____
- b. MINUTES: _____
- c. DK
- d. RF

Now think about the time you spent walking in the three months before you became pregnant. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

12/9/15

V5. During the three months before you became pregnant, in a typical week on how many days did you walk for at least 10 minutes at a time? [PROBE: Think only about the walking that you do for at least 10 minutes at a time. (P5)]

- a. Days Per Week: _____
 - i. IF 0 → SKIP TO INTRODUCTION TO V7
 - ii. IF 1 – 7 → CONTINUE TO V6
- b. DK or RF → SKIP TO INTRODUCTION TO V7

V6. How much time did you usually spend walking on one of those days? (P6) [REMINDER: IF THEY ANSWER LESS THAN 10 MINUTES, REMIND THEM WE ARE ONLY INTERESTED IN ACTIVITIES DONE AT LEAST 10 MINUTES AT A TIME.]

- a. Hours Per Day: _____ → SKIP TO INTRODUCTION TO V7
- b. Minutes Per Day: _____ → SKIP TO INTRODUCTION TO V7 [REMINDER: IF THEY ANSWER LESS THAN 10 MINUTES, REMIND THEM WE ARE ONLY INTERESTED IN ACTIVITIES DONE AT LEAST 10 MINUTES AT A TIME.]
- c. DK or RF → CONTINUE TO V6b

V6b. In the three months before you became pregnant, what is the total amount of time you spent walking in a typical week?

- a. Hours: _____
- b. Minutes: _____
- c. DK
- d. RF

Now think about the time you spent sitting on week days in the three months before you became pregnant. Include time spent at work, at home, while doing course work, and during leisure time. This may include time sitting at a desk, visiting friends, reading or sitting or lying down to watch television.

V7. In the three months before you became pregnant, in a typical week, how much time did you usually spend sitting on a week day? [PROBE: Include time spent lying down (awake) as well as sitting. (P7)]

- a. Hours Per Day: _____ → SKIP TO NEXT SECTION
- b. Minutes Per Day: _____ → SKIP TO NEXT SECTION
- c. DK → CONTINUE TO V7b
- d. RF → CONTINUE TO V7b

V7b. What is the total amount of time you spent *sitting on a typical Wednesday*? PROBE: [Include time spent lying down (awake) as well as sitting.]

- a. Hours:_____
- b. Minutes:_____
- c. DK
- d. RF

Section W: OBESITY

Now I have some questions about weight changes before [your pregnancy with [NOIB]; TAB: your pregnancy].

W1. What is your height without shoes?

- a. Feet:_____
- b. Inches:_____ OR
- c. Centimeters:_____
- d. DK
- e. RF

W2. How much did you weigh before [your pregnancy with [NOIB]; TAB: your pregnancy]?

- a. WEIGHT:_____
- i. Pounds
- ii. Kilograms
- b. DK
- c. RF

W3. Not including pregnancy, when you gain weight, where on your body do you mostly add the weight?

[READ OPTIONS A-D]:

- a. Waist and/or upper body?
- b. Hips, bottom and/or upper thighs?
- c. Evenly over your body?
- d. Don't gain weight?
- e. DK
- f. RF

W4. Which describes the underlying shape of your body, regardless of weight gain or loss?

[READ OPTIONS A-C]:

- a. You carry most of your weight around your waist and/or upper body (apple shaped)?
- b. You carry most of your weight around your hips, bottom, or upper thighs (pear shaped)?
- c. You carry most of your weight evenly over your body?
- d. DK
- e. RF

W5. What is the most you have ever weighed outside of pregnancy?

- a. WEIGHT: _____
 - i. POUNDS
 - ii. KILOGRAMS
- b. DK
- c. RF

W6. What was your age when you were that weight?

- a. AGE: _____
- b. DK
- c. RF

W7. What is the least you have weighed outside of pregnancy in the last 5 years?

- a. WEIGHT: _____
 - i. POUNDS
 - ii. KILOGRAMS
- b. DK
- c. RF

W8. What was your age when you were that weight?

- a. AGE: _____
- b. DK
- c. RF

W9. In the year before [your pregnancy with [NOIB]; TAB: your pregnancy], did your weight change by more than 20 pounds/9 kilograms?

- a. YES → CONTINUE TO W10
- b. NO → SKIP TO W12
- c. DK → SKIP TO W12
- d. RF → SKIP TO W12

12/9/15

W10. How much did your weight change? [NOTE: REFERENCE WEIGHT = THEIR WEIGHT AT THE START OF THEIR PREGNANCY]

- a. AMOUNT: _____
 - i. POUNDS
 - ii. KILOGRAMS
- b. DK
- c. RF

W11. Was this change related to a pregnancy?

- a. YES
- b. NO
- c. DK
- d. RF

W12. Have you ever had surgery to help you lose weight? This does not include cosmetic procedures such as liposuction.

- a. YES → CONTINUE TO W13
- b. NO → SKIP TO W14
- c. DK → SKIP TO W14
- d. RF → SKIP TO W14

W13. What procedure did you have?

- a. Gastric bypass
- b. Belly band / lap band / gastric banding
- c. Gastric sleeve / sleeve gastrectomy
- d. OTHER (SPECIFY): _____
- e. DK
- f. RF

W14. In the month before your pregnancy through the end of your third month of pregnancy, that is [B1] to [P4(-1)], did you follow any of the following types of diet? [READ LIST. INDICATE ALL THAT APPLY]

- a. Vegetarian
- b. Vegan
- c. Low carbohydrate / low “carb”
- d. Low fat
- e. Gluten free
- f. Dairy free
- g. OTHER (SPECIFY): _____
- h. NONE OF THE ABOVE
- i. DK
- j. RF

Section X: DENTAL PROCEDURES

The next set of questions is about dental visits you may have had right before and early in your pregnancy.

X1. During the month before your pregnancy through the third month of your pregnancy, that is from [B1] to [P4(-1)] did you go to the dentist or other dental specialist, such as a periodontist or oral surgeon?

- a. YES → CONTINUE TO X2
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

X2. How many times did you go to the dentist during that time period?

- a. NUMBER: _____
- b. DK
- c. RF

X3. What dental procedures did you receive at that visit/those visits? IF DON'T KNOW GIVE OPTIONS. CAN REPORT MULTIPLE PROCEDURES.

- a. Teeth cleaning and/or routine checkup
- b. Cavity filled or dental filling placed → CONTINUE WITH X4 – X19, BUT SKIP X20 AND GO TO X21
- c. Root canal
- d. Teeth whitening
- e. Teeth removal (e.g. wisdom teeth)
- f. Place dental crown
- g. Dental bridge
- h. Oral surgery
- i. OTHER (SPECIFY): _____
- j. DK
- k. RF

X4. Did you have any x-rays taken during the visit/visits?

- a. YES → CONTINUE TO X5
- b. NO → SKIP TO X6
- c. DK → SKIP TO X6
- d. RF → SKIP TO X6

X5. Did they provide a protective cover for your body during the x-rays?

- a. Yes for all X-rays
- b. Yes for some, but not all X-rays
- c. No for all X-rays
- d. DK
- e. RF

X6. Did you receive a shot to numb your mouth during the visit/at least one of the visits (an injectable anesthetic)?

- a. YES
- b. NO
- c. DK
- d. RF

X7. Did you receive “laughing gas”, also called nitrous oxide, during the visit/ at least one of the visits?

- a. YES
- b. NO
- c. DK
- d. RF

X8. Were you prescribed any medications for your dental visit/visits or at the visit/visits?

- a. YES → CONTINUE TO X9
- b. NO → SKIP TO X14
- c. DK → SKIP TO X14
- d. RF → SKIP TO X14

X9. What medicine were you prescribed / Anything else? [PROBE: IF CAN'T RECALL, READ FROM LIST. MULTIPLE MEDICATIONS CAN BE REPORTED.]

- a. Acetaminophen w/Codeine
- b. Amoxicillin
- c. Amoxil
- d. Chlorhexidine Gluconate
- e. Clindamycin
- f. Diazepam
- g. Doxycycline
- h. Erythromycin
- i. FluoridePhosphate, Acidulated
- j. Hydrocodone/Ibuprofen
- k. Hydrocodone Bitartrate/ APAP
- l. Hydrocodone NOS product unknown
- m. Kenalog in Orabase
- n. Magic mouthwash - NOS
- o. Orabase
- p. Orafate Paste
- q. Oxycodone with Acetaminophen
- r. Penicillin NOS
- s. Percocet
- t. Periostat
- u. Tylenol #1,#2,#3,#4
- v. Valium
- w. Vicodin -NOS
- x. Vicoprofen
- y. NOS- Pain Medication W/Codeine Unknown
- z. OTHER (SPECIFY):_____
- aa. DK → SKIP TO X14
- bb. RF → SKIP TO X14

ASK SERIES FOR EACH DRUG in X9:

X10. When did you start taking [ANSWER X9]? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DIDN'T TAKE IT (ONLY RECEIVED PRESCRIPTION; DIDN'T FILL IT)
- d. DK
- e. RF

X11. When did you stop using [ANSWER X9] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO X10 and X11, SKIP X12
- c. DK
- d. RF

OR

X12. How long did you take it?

- a. AMOUNT: _____ DK RF
 - i. Days
 - ii. Weeks
 - iii. Months

X13. How often did you use [ANSWER] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

- a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

X14. Did you take any over-the-counter medicines just before your dental visit/visits or just after your visit/visits?

- a. YES → CONTINUE TO X15
- b. NO → SKIP TO X20
- c. DK → SKIP TO X20
- d. RF → SKIP TO X20

12/9/15

X15. What did you take? / Anything else? [IF CAN'T RECALL, READ FROM LIST. MULTIPLE MEDICATIONS CAN BE REPORTED.]

- a. Acetaminophen
- b. Advil
- c. Anbesol liquid /gel
- d. Aspirin
- e. Bayer aspirin
- f. Chloraseptic liquid/spray
- g. Ibuprofen
- h. Motrin
- i. Nuprin
- j. Ora-jel
- k. Tylenol
- l. Xylocaine
- m. OTHER (SPECIFY): _____
- n. DK → SKIP TO X20/X21
- o. RF → SKIP TO X20/X21

X16. When did you start taking [ANSWER X15] for your dental visit? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

X17. When did you stop using [ANSWER X15] for the last time during this time period? [CAN USE DK OR RF FOR MM OR DD OR YY]

- a. MM/DD/YYYY or
- b. MONTH OF PREGNANCY(B1, P1, P2, P3) → IF VALID RESPONSE TO X16 and X17, SKIP X18
- c. DK
- d. RF

OR

12/9/15

X18. How long did you take it?

- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - iv. Per time period
- b. DK
- c. RF

X19. How often did you use [ANSWER X15] during the month before your pregnancy through the end of your third month of pregnancy? You can say the number of times per day, per week, per month, or during the entire 4 month period.

- a. AMOUNT: _____ Per Day/Per Week/Per Month/Per Time Period/DK/RF

IF THEY REPORTED HAVING A CAVITY FILLED IN X3 SKIP X20 AND CONTINUE TO X21.

X20. IF THEY DID NOT REPORT HAVING A CAVITY FILLED IN X3: Did you have any cavities filled or dental fillings placed during the visit/visits?

- a. YES → CONTINUE TO X21
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

X21a. During how many of the visits did you have a dental filling placed?

- a. NUMBER: _____ DK RF

X21b. During the [1st, 2nd, etc.] visit in which you had a dental filling placed, how many dental fillings do you remember having placed? IF THEY REPORT MULTIPLE VISITS CONFIRM THAT THEY HAVE SUMMED ACROSS VISITS.

- a. NUMBER: _____

X22. What was the date of the [1st, 2nd, etc.] visit when the filling(s) was/were placed? [ASK FOR EACH VISIT IF MULTIPLE VISITS]

- a. MM/DD/YYYY OR
- b. MONTH OF PREGNANCY(B1, P1, P2, P3)
- c. DK
- d. RF

- X23. Was the filling/Were the fillings silver in color, also called an amalgam filling, or tooth-colored, also called a composite resin filling? [ASK FOR EACH DATE REPORTED. ALLOW MULTIPLE RESPONSES IF MORE THAN ONE FILLING WAS PLACED DURING A SINGLE VISIT.]
- a. Amalgam / silver-colored
 - b. Composite resin / tooth-colored
 - c. DK
 - d. RF

Section Y: SMOKING

The next questions are about cigarette use.

- Y1. At any time from 1 month before you became pregnant to the end of your third month of pregnancy, that is from [B1] to [P4(-1)] did you smoke cigarettes? [PROBE: Even if you did not smoke the whole time, we are interested in whether you smoked any cigarettes at all during this time period.]

- a. YES → CONTINUE TO Y2
- b. NO → SKIP TO NEXT SECTION Y3
- c. DK → SKIP TO Y3
- d. RF → SKIP TO Y3

- Y2. During which months did you smoke? INDICATE ALL THAT APPLY

- a. B1
- b. P1
- c. P2
- d. P3
- e. DK
- f. RF

- Y3. At any time from 1 month before you became pregnant to the end of your third month of pregnancy did you use electronic cigarettes, also referred to as e-cigarettes? [PROBE: Even if you did not smoke the whole time, we are interested in whether you smoked any cigarettes at all during this time period.]

- a. YES → CONTINUE TO Y4
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

Y4. How often did you use electronic cigarettes during the month before through the third month of pregnancy?

- a. Every Day
- b. Some Days
- c. Rarely
- d. DK
- e. RF

Section Z: ALCOHOL

Now I'm going to ask you some questions about drinking alcoholic beverages.

Z1. From one month before you became pregnant to the end of your third month of pregnancy, did you drink any wine, beer, mixed drinks or shots of liquor?

- a. YES → CONTINUE TO Z2
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

Z2. During which months did you drink any alcoholic beverages?

- a. B1
- b. P1
- c. P2
- d. P3
- e. DK
- f. RF

Z3. What was the greatest number of drinks you had on one occasion from the beginning of your pregnancy through the end of your third month of pregnancy? We define one drink as one beer, one glass of wine, one mixed drink, or one shot of liquor.

- a. NUMBER: _____
- b. DK
- c. RF

Section AA: RESIDENCE HISTORY

We would like to know the address at which you lived when [you became pregnant with [NOIB]; TAB: the affected pregnancy began] so that we can study possible environmental exposures.

AA1. What is your current address? [REMEMBER TO ASK ABOUT AN APARTMENT NUMBER IF NONE GIVEN]

- a. ADDRESS: _____
- b. DK
- c. RF

AA2. Do you currently live at the same address that you did at the time [you became pregnant with [NOIB]; TAB: the affected pregnancy began]?

- a. YES → SKIP TO NEXT SECTION
- b. NO → CONTINUE TO QUESTION AA3
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

AA3. What was your address at the time [your pregnancy with [NOIB]; TAB: the affected pregnancy] began?
This would be on or around [START DATE OF P1]. [REMEMBER TO ASK ABOUT AN APARTMENT NUMBER IF NONE GIVEN]

- e. ADDRESS: _____ → SKIP TO NEXT SECTION
- f. DK → SKIP TO NEXT SECTION
- g. RF → SKIP TO NEXT SECTION

Section BB: MATERNAL OCCUPATION

The next set of questions asks about your work experiences – paid, volunteer, or military service. This includes part-time and full-time jobs that lasted one month or more, including jobs you worked at home, jobs on a farm, or jobs outside your home.

BB1. From 1 month before you became pregnant to the end of your third month of pregnancy, that is from [B1] to [P4(-1)] did you have a job?

- a. YES → SKIP TO BB4
- b. NO → CONTINUE TO BB2
- c. DK → CONTINUE TO BB2
- d. RF → CONTINUE TO BB2

BB2. Were you [READ CHOICES] or did you do something else?

- a. A homemaker/parent → SKIP TO NEXT SECTION
- b. A student → GO TO BB3
- c. Disabled → SKIP TO NEXT SECTION
- d. Unemployed / in between jobs → SKIP TO NEXT SECTION
- e. OTHER (SPECIFY): _____ → SKIP TO NEXT SECTION
- f. DK or RF → SKIP TO NEXT SECTION

BB3. IF STUDENT: From 1 month before you became pregnant to the end of your third month of pregnancy, that is from [B1] to [P4(-1)] did you also have a paid or volunteer job while in school, including on-the-job training, such as an apprenticeship, internship, practicum or clinical experience?

- a. YES → CONTINUE TO BB4
- b. NO → SKIP TO NEXT SECTION
- c. DK → SKIP TO NEXT SECTION
- d. RF → SKIP TO NEXT SECTION

BB4. Did you hold a job during that time [READ CHOICES. SELECT ALL THAT APPLY.]:

- a. In the healthcare field?
- b. On a farm, ranch, orchard, or in a greenhouse?
- c. As a janitor, housekeeper, maid, or other cleaning staff?
- d. As a hairdresser, cosmetologist, or nail technician?
- e. As a teacher or teaching assistant?
- f. In a restaurant, café, or coffee shop?
- g. In an office building, performing primarily office, administrative, or computer work
- h. As a scientist?
- i. As an electronic equipment operator?
- j. NONE OF THE ABOVE
- k. DK
- l. RF

IF ANY YES, QUEUE REQUEST AT END OF INTERVIEW FOR ON-LINE FOLLOW-UP QUESTIONS

BB5. Now think about all the jobs, paid or volunteer, you held from [B1] to [P4(-1)]. What kind of a company did you work for? Please be as specific as possible. (What did your company make or do?) [PROBE: LIST ALL EMPLOYERS, INCLUDING "SELF EMPLOYED".]

- a. SPECIFY: _____
- b. DK IF MOTHER RESPONDS DK, ENTER UNKNOWN IN RESPONSE BOX.
- c. RF

BB6. At the company that did [BB5 RESPONSE], what was your job title there? [ASK FOR EACH EMPLOYER]

- a. SPECIFY: _____
- b. DK
- c. RF

BB7. At the company that did [BB5 RESPONSE], describe what you did and how you did it. What were your main activities or duties? Anything else? [ASK FOR EACH EMPLOYER]

- a. SPECIFY: _____
- b. DK
- c. RF

Section CC: RACE / ACCULTURATION / EDUCATION

Now I will be asking about your ethnic background.

CC1. Were you born in the U.S.?

- a. YES → SKIP TO CC4
- b. NO → CONTINUE TO CC2
- c. DK → SKIP TO CC4
- d. RF → SKIP TO CC4

CC2. Where were you born?

- a. COUNTRY: _____ DK
- b. RF
- OTHER (SPECIFY): _____

CC3. How many years have you lived in the US?

- a. YEARS: _____
- b. DK
- c. RF

CC4. What language do you usually speak at home? [READ FROM LIST ONLY IF NECESSARY TO CLARIFY]

- a. LANGUAGE: _____ DK
- b. RF
- c. OTHER (SPECIFY): _____

CC5. Are you Hispanic or Latina?

- a. YES → CONTINUE TO CC6
- b. NO → SKIP TO CC7
- c. DK → SKIP TO CC7
- d. RF → SKIP TO CC7

CC6. Which Hispanic or Spanish group do you consider yourself a member of? [PROBE: Mexican, Puerto Rican, Salvadoran, Honduran, Colombian, Peruvian, Guatemalan, Spanish, Central American, South American, etc.?]

- a. GROUP: _____
- b. DK
- c. RF
- d. OTHER (SPECIFY): _____

CC7. How would you describe your race? I'm going to read you a list and then please tell me all categories that apply to you. You can select more than one category.

- a. American Indian or Alaska Native → ASK CC9
- b. Asian → CONTINUE TO CC8
- c. Black or African American → SKIP TO CC10, unless (CC7a), (CC7b), or (CC7d) also selected
- d. Native Hawaiian or Other Pacific Islander → CONTINUE TO CC8
- e. White → SKIP TO CC10, unless (CC7a), (CC7b), or (CC7d) also selected
- f. DK → SKIP TO CC10
- g. RF → SKIP TO CC10

CC8. IF CC7 = b OR d: What country? PROBE: Referring to Asian, Native Hawaiian or other Pacific Island countries

- a. COUNTRY: _____
- b. DK
- c. RF
- d. OTHER (SPECIFY): _____

CC9. IF CC7 = a: What tribe do you consider yourself a member of?

- a. TRIBE: _____
- b. DK
- c. RF
- d. OTHER (SPECIFY): _____

12/9/15

CC10. What was the highest grade or year of school or college that you had completed [at the time [NOIB] was born; TAB: by [DOIB]]? [PROBE: IF RESPONDENT HESITATES, BEGIN READING]CATEGORIES.

- a. No formal schooling
- b. 1-6 years
- c. 7-8 years
- d. 9-11 years
- e. 12 years, completed high school or equivalent
- f. 1-3 years college
- g. Completed technical college
- h. 4 years college or Bachelor's degree
- i. Master's degree
- j. Advanced degree (MD, PhD, JD)
- k. DK
- l. RF

IF THE FATHER IS UNKNOWN, SKIP TO NEXT SECTION

The next few questions are about [[NOIB]'s; TAB: the] biological or natural father.

CC11. Was he born in the U.S.?

- a. YES → SKIP TO CC14
- b. NO → CONTINUE TO CC12
- c. DK → SKIP TO CC14
- d. RF → SKIP TO CC14

CC12. Where was he born?

- a. COUNTRY:_____
- b. DK
- c. RF
- d. OTHER (SPECIFY):_____

CC13. How many years has he lived in the U.S.?

- a. YEARS:_____
- b. DK
- c. RF

12/9/15

CC14. Is the father Hispanic or Latino?

- a. Yes → ASK CC15
- b. NO → SKIP TO CC16
- c. DK → SKIP TO CC16
- d. RF → SKIP TO CC16

CC15. Which Hispanic or Spanish group does he consider himself a member of? [PROBE: Mexican, Puerto Rican, Salvadoran, Honduran, Colombian, Peruvian, Guatemalan, Spanish, Central American, South American, etc.?]

- a. GROUP: _____
- b. DK
- c. RF
- d. OTHER (SPECIFY): _____

CC16. How would you describe his race? I'm going to read you a list and then please tell me all categories that apply to him. You can select more than one category.

- a. American Indian or Alaska Native → ASK CC18
- b. Asian → ASK CC17
- c. Black or African American → SKIP TO CC19, UNLESS (CC16a), (CC16b), OR (CC16d) ALSO SELECTED
- d. Native Hawaiian or Other Pacific Islander → ASK CC17
- e. White → SKIP TO CC19, UNLESS (CC16a), (CC16b), OR (CC16d) ALSO SELECTED
- f. DK → SKIP TO CC 19
- g. RF → SKIP TO CC19

CC17. IF CC16 = b or d: What country? [READ FROM LIST ONLY IF NECESSARY TO CLARIFY] [PROBE: Referring to Asian, Native Hawaiian or other Pacific Island countries.]

- a. COUNTRY: _____
- b. DK
- c. RF
- d. OTHER (SPECIFY): _____

CC18. IF CC16 = a: What tribe does he consider himself a member of?

- a. TRIBE: _____
- b. DK
- c. RF
- d. OTHER (SPECIFY): _____

CC19. What was the highest grade or year of school or college that he had completed [at the time [NOIB] was born; TAB: by [DOIB]]? [IF RESPONDENT HESITATES, BEGIN READING CATEGORIES.]

- a. No formal schooling
- b. 1-6 years
- c. 7-8 years
- d. 9-11 years
- e. 12 years, completed high school or equivalent
- f. 1-3 years college
- g. Completed technical college
- h. 4 years college or Bachelor's degree
- i. Master's degree
- j. Advanced degree (MD, PhD, JD)
- k. DK
- l. RF

Section DD: INSURANCE STATUS

The next questions are about health insurance. Include health insurance obtained through your job or that you bought directly, as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills. Please do not include private plans that only provide extra cash while hospitalized (e.g. Aflack).

DD1. In the month before your pregnancy began, were you covered by health insurance or some other kind of health care plan?

- a. YES → CONTINUE TO DD2
- b. NO → SKIP TO DD3
- c. DK → SKIP TO DD3
- d. RF → SKIP TO DD3

DD2. What was the name of your insurance? / Any other insurance? [PROBE: PROVIDE EXAMPLE IF NEEDED: Blue Cross/Blue Shield, Wellpoint, UnitedHealth, Wellmark, Medicaid, Medicare, Tricare]

- a. NAME: _____
- b. DK
- c. RF

DD3. During your pregnancy, were you covered by health insurance or some other kind of health care plan?

- a. YES, for the entire pregnancy → CONTINUE TO DD4
- b. YES, for part of the pregnancy → CONTINUE TO DD4
- c. NO → SKIP TO NEXT SECTION
- d. DK → SKIP TO NEXT SECTION
- e. RF → SKIP TO NEXT SECTION

DD4. What was the name of your insurance? / Any other insurance? [PROBE: PROVIDE EXAMPLES IF NEEDED: Blue Cross/Blue Shield, Wellpoint, UnitedHealth, Wellmark, Medicaid, Medicare, Tricare]

- a. NAME: _____
- b. DK
- c. RF

Section EE: CLOSING

EE1. [IF THE MOTHER REPORTED ONE OF THE OCCUPATIONAL CATEGORIES OF INTEREST]: We would like to get some additional information about your activities at the job you had during the month before your pregnancy through your third month of pregnancy. Would you be willing to let us send you an email with a link to an on-line survey with these additional questions once they become available?

- a. YES → CONTINUE TO EE2
- b. NO → SKIP TO EE3b
- c. DK → SKIP TO EE3b

EE2. What is your email address, so that we can send you a link to the questionnaire?

NOTE TO INTERVIEWERS: READ BACK THE EMAIL ADDRESS AND CONFIRM THAT IT HAS BEEN RECORDED CORRECTLY

- a. EMAIL ADDRESS 1: _____
- b. EMAIL ADDRESS 2: _____
- c. EMAIL ADDRESS 3: _____
- d. DK

EE3a. We may have other on-line surveys in the future on other topics. Would you be willing to let us send you an email telling you about them to see if you are interested in participating?

- a. YES → SKIP TO EE6
- b. NO → SKIP TO EE6
- c. DK → SKIP TO EE6

EE3b. IF EE1 = NO OR DK: We may have other on-line surveys in the future on other topics. Would you be willing to let us send you an email telling you about them to see if you are interested in participating?

- a. YES → SKIP TO EE5
- b. NO → SKIP TO EE6
- c. DK → SKIP TO EE6

EE4. IF MOTHER WAS NOT ASKED ABOUT EMAIL ADDRESS IN EE1-EE3 (DID NOT SELECT AN OCCUPATION OF INTEREST): We may have on-line surveys in the future to get additional information on certain topics. Would you be willing to let us send you an email telling you about them to see if you are interested in participating?

- a. YES → CONTINUE TO EE5
- b. NO → SKIP TO EE6
- c. DK → SKIP TO EE6

EE5. What is your email address?

NOTE TO INTERVIEWERS: READ BACK THE EMAIL ADDRESS AND CONFIRM THAT IT HAS BEEN RECORDED CORRECTLY

- a. EMAIL ADDRESS 1: _____
- b. EMAIL ADDRESS 2: _____
- c. EMAIL ADDRESS 3: _____
- d. DK

EE6. In case we need to get in touch with you in the future, would you be willing to give us the name, address and phone number of someone who would always know where you are? This information will be kept separate from your questionnaire. It will be locked except when needed by the research team, and will be destroyed when the study is finished.

- a. YES → CONTINUE TO EE7
- b. NO → SKIP TO EE8a IF IT IS A CENTER COLLECTING BLOOD SPOT CONSENTS; SKIP TO EE8b IF IT IS A CENTER NOT COLLECTING BLOOD SPOT CONSENTS
- c. DK → SKIP TO EE8a IF IT IS A CENTER COLLECTING BLOOD SPOT CONSENTS; SKIP TO EE8b IF IT IS A CENTER NOT COLLECTING BLOOD SPOT CONSENTS

EE7. Contact information

- PREFIX: Ms, Mrs, Mr, Dr
- FIRST NAME: _____
- LAST NAME: _____
- RELATIONSHIP: _____
- HOME PHONE: _____
- WORK PHONE: _____
- STREET/APARTMENT: _____
- CITY/STATE/ZIP: _____
- COUNTRY: _____
- DK
- RF

FOR EE8, INTERVIEWERS WILL NEED TO USE ID AND INFANT STATUS TO DETERMINE WHICH SCRIPT TO USE:

EE8a. FOR CENTERS THAT ARE COLLECTING BLOODSPOTS (STATE IDs 20, 23, 25, 28) AND A LIVEBORN

INFANT: That completes the interview, but as you read in the advance letter, you may be asked to participate in other parts of the study. The interview will help us understand the environmental causes of birth defects. Another part of the study will help us to understand the role genetic and other biologic factors have in causing birth defects. We will mail you a consent form to allow us to request leftover newborn bloodspots that were already collected shortly after your baby's birth by your state's newborn screening program. We will enclose a \$10 gift card with the consent form as a token of appreciation for your continued interest in our study.

IF ADDRESS PROVIDED IN RESIDENCE HISTORY AA3: To confirm, I have your address as [PULL ADDRESS FROM AA3]? Is that the address where you receive mail?

- a. YES → SKIP TO EE10a IF IT IS A CENTER COLLECTING BLOOD SPOT CONSENTS; SKIP TO EE10b IF IT IS A CENTER NOT COLLECTING BLOOD SPOT CONSENTS
- b. NO → CONTINUE TO EE9
- c. DK → CONTINUE TO EE9
- d. RF → SKIP TO EE10a IF IT IS A CENTER COLLECTING BLOOD SPOT CONSENTS; SKIP TO QUESTION EE10b IF IT IS A CENTER NOT COLLECTING BLOOD SPOT CONSENTS

EE8b. FOR CENTERS THAT ARE NOT COLLECTING BLOODSPOTS (STATE IDs 21, 22, 27) OR FOR A NON-LIVEBORN INFANT: That completes the interview, but as you read in the advance letter, you may be asked to participate in other parts of the study. So that we may contact you in the future we would like to confirm your address.

IF ADDRESS PROVIDED IN RESIDENCE HISTORY AA3): To confirm, I have your address as [PULL ADDRESS FROM AA3]. Is that the address where you receive mail?

- a. YES → SKIP TO EE10a IF IT IS A CENTER COLLECTING BLOOD SPOT CONSENTS; SKIP TO EE10B IF IT IS A CENTER NOT COLLECTING BLOOD SPOT CONSENTS
- b. NO → CONTINUE TO EE9
- c. DK → CONTINUE TO EE9
- d. RF → SKIP TO EE10a IF IT IS A CENTER COLLECTING BLOOD SPOT CONSENTS; SKIP TO EE10B IF IT IS A CENTER NOT COLLECTING BLOOD SPOT CONSENTS

EE9. ASK ONLY IF ADDRESS NOT PROVIDED IN RESIDENCE HISTORY AA3 OR ADDRESS ON FILE IS INCORRECT: What is your current mailing address? REMEMBER TO ASK ABOUT APT NUMBER IF NONE IS GIVEN.

- STREET/APT: _____ DK RF
- CITY: _____
- STATE: _____ ZIP: _____

FOR EE10, INTERVIEWERS WILL NEED TO USE ID AND INFANT STATUS TO DETERMINE WHICH SCRIPT TO USE:

EE10a. FOR CENTERS THAT ARE COLLECTING BLOODSPOTS (STATE IDs 20, 23, 25, 28) AND A LIVEBORN INFANT: In the introductory letter we sent you, there was a \$20 gift card included as a token of appreciation for your interest. As I just mentioned, you will be sent an additional \$10 gift card with the consent form to access your child's newborn blood spots. We cannot promise you will get a gift card from your chosen store, but could you tell me which one of the following stores you would prefer? [READ LIST]

- i. Amazon
- ii. Target
- iii. Wal-Mart
- iv. CVS

EE10b. FOR CENTERS THAT ARE NOT COLLECTING BLOODSPOTS (STATE IDs 21, 22, 27) OR A NON-LIVEBORN INFANT: In the introductory letter we sent you, there was a \$20 gift card included as a token of appreciation for your interest. As I just mentioned, we may ask you to participate in other parts of the study. We cannot promise you will get a gift card from your chosen store, but could you tell me which one of the following stores you would prefer? [READ LIST]

- i. Amazon
- ii. Target
- iii. Wal-Mart
- iv. CVS

EE11. We publish an electronic newsletter yearly to update participants on the progress of the study. We post each new newsletter on the www.bdsteps.org website. Will you be able to access the newsletter on our website? IF 'NO', THEN ASK: We want to make sure families without access to the internet can also receive the newsletter. Would you like us to mail you a paper copy of the newsletter?

- a. YES to internet
- b. NO to internet; YES to newsletter
- c. NO to internet; NO to newsletter
- d. DK
- e. RF

FINAL REMARK

EE12. In closing, we would like to sincerely thank you for your time and efforts. Your contribution to this important study will help us greatly in our efforts to better understand the causes of birth defects. Thank you.

Section FF: INTERVIEWER REMARKS

FF1. The overall quality of this interview was:

- a. HIGH QUALITY
- b. GENERALLY RELIABLE
- c. QUESTIONABLE
- d. UNSATISFACTORY

FF2. Did the father contribute to the mother's answers? SKIP IF FATHER UNKNOWN

- a. YES
- b. NO
- c. DK

FF3. Did some other person contribute to the mother's answers?

- a. YES → CONTINUE TO FF4
- b. NO → SKIP TO FF5
- c. DK → SKIP TO FF5

FF4. Who was it?

- a. SPECIFY: _____
- b. DK

FF5. IF FF1 = C OR D: The main reason for questionable or unsatisfactory quality of information was because the respondent: INDICATE ALL THAT APPLY

- a. DID NOT KNOW ENOUGH INFORMATION REGARDING THE TOPIC
- b. DID NOT WANT TO BE MORE SPECIFIC
- c. SOUNDED BORED OR UNINTERESTED
- d. SOUNDED UPSET, DEPRESSED, OR ANGRY
- e. HAD POOR HEARING OR SPEECH
- f. SOUNDED CONFUSED OR DISTRACTED BY FREQUENT INTERRUPTIONS
- g. SOUNDED INHIBITED BY OTHERS AROUND HER
- h. SOUNDED EMBARRASSED BY THE SUBJECT MATTER
- i. SOUNDED EMOTIONALLY UNSTABLE
- j. SOUNDED PHYSICALLY ILL
- k. NOT COMFORTABLE WITH LANGUAGE OF THE QUESTIONNAIRE
- l. DOESN'T HAVE THE TIME
- m. FELT INTERVIEW TOO LONG
- n. OTHER (SPECIFY): _____

FF6. Was the majority of the interview done in English or Spanish?

- a. ENGLISH
- b. SPANISH
- c. BOTH EQUALLY

ZZ1 INTERVIEW IS COMPLETE. PLEASE CLICK THE **FINISH** BUTTON