

SECTION A: PRELIMINARY INFORMATION

TIME STARTED.....|_|_|:|_|_|

RECORD IN MILITARY TIME.

INTERVIEWER NOTE: A1-A5 should be collected in the CIS during the follow-up/scheduling phone call. If the information is not available prior to this interview, and/or if the CIS is not available, ask A1*-A5* in the box below. Otherwise, confirm information using A1-A5 following the box.

A1*. I would like to begin by asking you some basic questions. What is your full name?

FIRST NAME: _____
MIDDLE NAME: _____
LAST NAME: _____
SUFFIX: _____
MAIDEN NAME: _____

A2*. What is your date of birth?

DOB.....|_|_|-|_|_|-|_|_|_|_|
MM DD YYYY

A3*. What is (CHILD)'s full name?

FIRST NAME: _____
MIDDLE NAME: _____
LAST NAME: _____
SUFFIX: _____

A4*. What is (CHILD)'s date of birth? RECORD DATE HERE AND ON PREGNANCY REFERENCE FORM.

DOIB.....|_|_|-|_|_|-|_|_|_|_|
MM DD YYYY

A5*. Are you (CHILD)'s biological mother?

Yes.....01
No.....02

If NO: STOP/SUSPEND THE INTERVIEW:
I'm sorry but I need to speak with (CHILD)'s biological mother for this interview. Do you have information on how I might get in touch with her?

IF R STATES SHE USED AN EGG DONOR TO BECOME PREGNANT, BUT STILL CARRIED THE PREGNANCY, SHE STILL QUALIFIES AS THE BIOLOGICAL MOTHER FOR THE PURPOSE OF THIS INTERVIEW.

A1. I would like to begin by confirming some basic information about you and (CHILD). Is your full name (FULL NAME FROM CIS)?

YES.....01
NO.....(UPDATE IN CIS).....02

A2. Is your date of birth (MM/DD/YYYY DOB FROM CIS)?

YES.....01
NO.....(UPDATE IN CIS).....02

A3. Is (CHILD)'s full name (CHILD'S FULL NAME FROM CIS)?

YES.....01
NO.....(UPDATE IN CIS).....02

A4. Is (CHILD)'s date of birth (MM/DD/YYYY DOIB FROM CIS)? YES.....01
NO.....(UPDATE IN CIS).....02

A5. Are you (CHILD)'s biological mother? YES.....01
NO.....(UPDATE IN CIS).....02

If NO: STOP/SUSPEND THE INTERVIEW:
I'm sorry but I need to speak with (CHILD)'s biological mother for this interview. Do you have information on how I might get in touch with her?

IF R STATES SHE USED AN EGG DONOR TO BECOME PREGNANT, BUT STILL CARRIED THE PREGNANCY, SHE STILL QUALIFIES AS THE BIOLOGICAL MOTHER FOR THE PURPOSE OF THIS INTERVIEW.

During the interview, occasionally I'll ask you to refer to the booklet you received in the mail labeled "Maternal Interview Prep Guide."

A6. Do you have the guide in front of you now? YES.....(SKIP TO B2).....01
NO.....02
RF.....98
DK.....99

The interview will go much faster if you have the Guide in front of you. I will wait while you find it. If you cannot find the guide or you lost it, I will ask some of the questions in more detail. This could add as much as an hour to the time it takes to complete the interview. Would you like me to mail you another copy of the Prep Guide? IF R WILL NOT PROCEED WITHOUT PREP GUIDE, RESCHEDULE THE INTERVIEW.

SECTION B: SOCIODEMOGRAPHICS

I am going to ask you some basic questions about your family background and education.

B1. DELETED

B2. Were you born in the US? YES.....(SKIP TO B6).....01
 NO.....02
 RF.....(SKIP TO B6).....98
 DK.....(SKIP TO B6).....99

B3. What country were you born in? COUNTRY: _____
 N/A (SKIP).....97
 RF.....98
 DK.....99

B4. What year did you come to the US to live? YEAR.....(SKIP TO B6).....
 N/A (SKIP).....9997
 RF.....(SKIP TO B6).....9998
 DK.....9999

B5. How old were you when you came to the US to live? AGE: YEARS.....
 AND/OR MONTHS.....
 N/A (SKIP).....97 97
 RF.....98 98
 DK.....99 99

B6. What language do you usually speak at home? ENGLISH.....01
 SPANISH.....02
 OTHER.....(SPECIFY).....90
 RF.....98
 DK.....99
 SPECIFY: _____

B7. Do you consider yourself of Hispanic or Latina origin? YES.....01
 NO.....(SKIP TO B8).....02
 RF.....(SKIP TO B8).....98
 DK.....(SKIP TO B8).....99

A. Which Hispanic or Spanish group do you consider yourself a member of? (PROMPT: Mexican, Puerto Rican, Salvadoran, Honduran, Colombian, Peruvian, Guatemalan, Spanish, Central American, South American, etc.?) GROUP: _____
 N/A (SKIP).....97
 RF.....98
 DK.....99

- B8. What is 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. READ ANSWERS AND CODE ALL THAT APPLY.
- American Indian or Alaska Native.....(ASK A)...01
 - Asian.....(ASK B)...02
 - Black or African American.....03
 - Native Hawaiian or Other Pacific Islander.....(ASK B)...04
 - White.....05
 - RF.....(SKIP TO B9)...98
 - DK.....(SKIP TO B9)...99

IF B8 INCLUDES CODE 01, ASK B8A. OTHERWISE, SKIP TO B8B.

- A. What tribe do you consider yourself a member of?
- TRIBE:
- N/A (SKIP).....97
 - RF.....98
 - DK.....99

IF B8 INCLUDES CODE 02 OR 04, ASK B8B. OTHERWISE, SKIP TO B9.

- B. What is your country of ethnic origin? (PROMPT: Referring to Asian, Native Hawaiian or other Pacific Island countries.)
- COUNTRY:
- N/A (SKIP).....97
 - RF.....98
 - DK.....99

- B9. What was the highest grade or year of school or college that you had completed at the time (CHILD) was born? READ LIST. SELECT ONE.
- No formal schooling.....01
 - Less than high school.....(ASK A)...02
 - 12 years, completed high school or equivalent.....03
 - 1-3 Years of college.....04
 - Completed technical college.....05
 - Associate's degree.....06
 - 4 years of college or bachelor's degree.....07
 - Master's degree.....08
 - Advanced degree.....09
 - RF.....98
 - DK.....99

IF B9 NOT EQUAL TO 02, SKIP TO B10.

- A. How many years of school did you complete?
- # OF YEARS.....
- N/A (SKIP).....97
 - RF.....98
 - DK.....99

- B10. Is that the highest grade or year of school or college you have currently completed?
- YES.....(SKIP TO B11B)...01
 - NO.....02
 - RF.....(SKIP TO B11B)...98
 - DK.....(SKIP TO B11B)...99

B11.	What is the highest grade or year of school or college that you have currently completed? READ LIST. SELECT ONE.	Less than high school.....(ASK A).....02
		12 years, completed high school or equivalent.....03
		1-3 Years of college.....04
		Completed technical college.....05
		Associate's degree.....06
		4 years of college or bachelor's degree.....07
		Master's degree.....08
		Advanced degree.....09
		N/A (SKIP).....97
		RF.....98
		DK.....99

IF B11 NOT EQUAL TO 02, SKIP TO B11B.

A.	How many years of school did you complete?	# OF YEARS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>
		N/A (SKIP).....97
		RF.....98
		DK.....99
B11B.	At the time of (CHILD'S) birth , were you married, living with a partner, separated, divorced, widowed, or never married?	MARRIED.....01
		LIVING WITH A PARTNER.....02
		SEPARATED.....03
		DIVORCED.....04
		WIDOWED.....05
		NEVER MARRIED.....06
		RF.....98
		DK.....99
B11C.	Are you currently married, living with a partner, separated, divorced, widowed, or never married?	MARRIED.....01
		LIVING WITH A PARTNER.....02
		SEPARATED.....03
		DIVORCED.....04
		WIDOWED.....05
		NEVER MARRIED.....06
		RF.....98
		DK.....99

B12.	The next few questions are about (CHILD)'s biological father. If you do not know (CHILD)'s father, please let me know at this time.	DK FATHER.....(SKIP TO B34).....01 KNOWS FATHER.....02 N/A (SKIP).....97 RF.....(SKIP TO B34).....98
B13.	What is (CHILD)'s biological father's birthdate?	DOB..... <input type="text"/> - <input type="text"/> - <input type="text"/> MM DD YYYY N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999
B14.	Was he born in the US?	YES.....(SKIP TO B18).....01 NO.....02 N/A (SKIP).....97 RF.....(SKIP TO B18).....98 DK.....(SKIP TO B18).....99
B15.	What country was he born in?	COUNTRY: _____ <input type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
B16.	What year did he come to the US to live?	YEAR.....(SKIP TO B18)..... <input type="text"/> N/A (SKIP).....9997 RF.....(SKIP TO B18).....9998 DK.....9999
B17.	How old was he when he came to the US to live?	AGE: YEARS..... <input type="text"/> AND/OR MONTHS..... <input type="text"/> N/A (SKIP).....97 97 RF.....98 98 DK.....99 99
B18.	What language does he usually speak at home?	ENGLISH.....01 SPANISH.....02 OTHER.....(SPECIFY).....90 N/A (SKIP).....97 RF.....98 DK.....99
	SPECIFY: _____ <input type="text"/>	
B19.	Does he consider himself of Hispanic or Latino origin?	YES.....01 NO.....(SKIP TO B20).....02 NA (SKIP).....97 RF.....(SKIP TO B20).....98 DK.....(SKIP TO B20).....99

A. Which Hispanic or Spanish group does he consider himself a member of? (PROMPT: Mexican, Puerto Rican, Salvadoran, Honduran, Colombian, Peruvian, Guatemalan, Spanish, Central American, South American, etc.?)

GROUP:
 N/A (SKIP).....97
 RF.....98
 DK.....99

B20. What is 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. READ ANSWERS AND CODE ALL THAT APPLY.

American Indian or Alaska Native.....(ASK A)...01
 Asian.....(ASK B)...02
 Black or African American.....03
 Native Hawaiian or Other Pacific Islander.....(ASK B)...04
 White.....05
 N/A (SKIP).....97
 RF.....(SKIP TO B21)...98
 DK.....(SKIP TO B21)...99

IF B20 INCLUDES CODE 01, ASK B20A. OTHERWISE, SKIP TO B20B.

A. What tribe does he consider himself a member of?

TRIBE:
 N/A (SKIP).....97
 RF.....98
 DK.....99

IF B20 INCLUDES CODE 02 OR 04, ASK B20B. OTHERWISE, SKIP TO B21.

B. What is his country of ethnic origin? (PROMPT: Referring to Asian, Native Hawaiian or other Pacific Island countries.)

COUNTRY:
 N/A (SKIP).....97
 RF.....98
 DK.....99

B21. What was the highest grade or year of school or college that (CHILD)'s father had completed at the time (CHILD) was born? READ LIST. SELECT ONE.

No formal schooling.....01
 Less than high school.....(ASK A)...02
 12 years, completed high school or equivalent.....03
 1-3 Years of college.....04
 Completed technical college.....05
 Associate's degree.....06
 4 years of college or bachelor's degree.....07
 Master's degree.....08
 Advanced degree.....09
 N/A (SKIP).....97
 RF.....98
 DK.....99

IF B21 NOT EQUAL TO 02, SKIP TO B22.

A. How many years of school did he complete?

OF YEARS.....
 N/A (SKIP).....97
 RF.....98
 DK.....99

B22.	Is that the highest grade or year of school or college he has currently completed?	YES.....(SKIP TO B23B).....01 NO.....02 N/A (SKIP).....97 RF.....(SKIP TO B23B).....98 DK.....(SKIP TO B23B).....99
B23.	What is the highest grade or year of school or college that he has currently completed? READ LIST. SELECT ONE.	Less than high school.....(ASK A).....02 12 years, completed high school or equivalent.....03 1-3 Years of college.....04 Completed technical college.....05 Associate's degree.....06 4 years of college or bachelor's degree.....07 Master's degree.....08 Advanced degree.....09 N/A (SKIP).....97 RF.....98 DK.....99

IF B23 NOT EQUAL TO 02, SKIP TO B23B.

A.	How many years of school did he complete?	# OF YEARS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99
B23B.	At the time of (CHILD's) birth, did he live in the home with you and (CHILD)?	Yes, Lived with child and mother.....01 Yes, Lived with child part-time, separate from mother....02 No, Did not live with child.....03 N/A (SKIP).....97 RF.....98 DK.....99
B23C.	Is he currently living in the home with you and (CHILD)?	Yes, Lives with child and mother.....01 Yes, Lives with child part-time, separate from mother....02 No, Does not live with child.....03 N/A (SKIP).....97 RF.....98 DK.....99
B24– B33.	DELETED.	

The next few questions are about the family background and education of **other adults** living in the home who have major caregiving responsibilities for (CHILD).

- B34. Do you live with any (*other*) adult who has major caregiving responsibilities for (CHILD)?
- YES.....01
 NO.....(SKIP TO NEXT SECTION).....02
 RF.....(SKIP TO NEXT SECTION).....98
 DK.....(SKIP TO NEXT SECTION).....99
- A. What is that person's relationship to (CHILD)?
- NONBIOLOGICAL FATHER00
 STEPMOTHER.....01
 STEPFATHER.....02
 MATERNAL GRANDMOTHER.....03
 MATERNAL GRANDFATHER.....04
 PATERNAL GRANDMOTHER.....05
 PATERNAL GRANDFATHER.....06
 BROTHER.....07
 SISTER.....08
 AUNT.....09
 UNCLE.....10
 MOM'S PARTNER.....11
 DAD'S PARTNER.....12
 OTHER.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

- B35. What is (CAREGIVER)'s birthdate?
- DOB..... - -
MM DD YYYY
 N/A (SKIP).....97 97 9997
 RF.....98 98 9998
 DK.....99 99 9999

- B36. Was (CAREGIVER) born in the US?
- YES.....01
 NO.....02
 N/A (SKIP).....97
 RF.....98
 DK.....99

B37- DELETED
 B39

- B40. What language does (CAREGIVER) usually speak at home?
- ENGLISH.....01
 SPANISH.....02
 OTHER.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

B41. Does (he consider himself/she consider herself) of Hispanic or (Latino/Latina) origin?
 YES.....01
 NO.....(SKIP TO B42).....02
 N/A (SKIP).....97
 RF.....(SKIP TO B42).....98
 DK.....(SKIP TO B42).....99

A. Which Hispanic or Spanish group does (he/she) consider (himself/herself) a member of?
 (PROMPT: Mexican, Puerto Rican, Salvadoran, Honduran, Colombian, Peruvian, Guatemalan, Spanish, Central American, South American, etc.?)
 GROUP: _____
 N/A (SKIP).....97
 RF.....98
 DK.....99

B42. What is (CAREGIVER)'s race? I'm going to read you a list and then please tell me all categories that apply to (him/her). You can select more than one category.
 READ ANSWERS AND CODE ALL THAT APPLY.
 American Indian or Alaska Native.....(ASK A)...01
 Asian.....(ASK B)...02
 Black or African American.....03
 Native Hawaiian or Other Pacific Islander.....(ASK B)...04
 White.....05
 N/A (SKIP).....97
 RF.....(SKIP TO B43)...98
 DK.....(SKIP TO B43)...99

IF B42 INCLUDES CODE 01, ASK B42A. OTHERWISE, SKIP TO B42B.

A. What tribe does (he/she) consider (himself/herself) a member of?
 TRIBE: _____
 N/A (SKIP).....97
 RF.....98
 DK.....99

IF B42 INCLUDES CODE 02 OR 04, ASK B42B. OTHERWISE, SKIP TO B43.

B. What is (his/her) country of ethnic origin?
 (PROMPT: Referring to Asian, Native Hawaiian or other Pacific Island countries.)
 COUNTRY: _____
 N/A (SKIP).....97
 RF.....98
 DK.....99

B43- DELETED
 44

B45. What is the highest grade or year of school or college that (CAREGIVER) has **currently** completed?
 READ ANSWERS. SELECT ONE.
 No formal schooling.....01
 Less than high school.....(ASK A).....02
 12 years, completed high school or equivalent.....03
 1-3 Years of college.....04
 Completed technical college.....05
 Associate's degree.....06
 4 years of college or bachelor's degree.....07
 Master's degree.....08
 Advanced degree.....09
 N/A (SKIP).....97
 RF.....98
 DK.....99

IF B45 NOT EQUAL TO 02, SKIP TO B46.

A. How many years of school did (he/she) complete? # OF YEARS.....
 N/A (SKIP).....97
 RF.....98
 DK.....99

B46. Are there any (other) adults living with you who have major caregiving responsibilities for (CHILD)? YES.....01
 NO.....(SKIP TO NEXT SECTION).....02
 RF.....(SKIP TO NEXT SECTION).....98
 DK.....(SKIP TO NEXT SECTION).....99

A. What is the relationship of that person or persons to (CHILD)? (Check all that apply)
 NONBIOLOGICAL FATHER00
 STEPMOTHER.....01
 STEPFATHER.....02
 MATERNAL GRANDMOTHER.....03
 MATERNAL GRANDFATHER.....04
 PATERNAL GRANDMOTHER.....05
 PATERNAL GRANDFATHER.....06
 BROTHER.....07
 SISTER.....08
 AUNT.....09
 UNCLE.....10
 MOM'S PARTNER.....11
 DAD'S PARTNER.....12
 OTHER.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____
 SPECIFY: _____

SECTION C: MATERNAL REPRODUCTIVE AND PREGNANCY HISTORY

C1. Now I'm going to ask you some questions about your reproductive and pregnancy experiences. How old were you when you had your first menstrual period? AGE IN YEARS AND MONTHS. (SKIP TO C2).....
 YRS MOS
 RF.....(SKIP TO C2).....98 98
 DK.....99 99

A. What grade were you in when you had your first menstrual period? GRADE.....
 N/A (SKIP).....97
 RF.....98
 DK.....99

C2. Before you were pregnant with (CHILD), what was the average or typical number of days between your menstrual periods? That is, how many days were there from the first day of one menstrual period to the first day of the next menstrual period? Please think back to a time when you were not using birth control pills or other hormonal contraceptives. # OF DAYS.....
 IRREGULAR PERIOD.....90
 RF.....98
 DK.....99

C3. How many times have you been pregnant? Please count all pregnancies, including those that ended in live birth, stillbirth, miscarriage, abortion, or a tubal, ectopic, or molar pregnancy. Include pregnancies from other relationships and your pregnancy with (CHILD). # OF PREGNANCIES.....
 RF.....98
 DK.....99

C4. How many babies were you carrying during your (1st/2nd/3rd) pregnancy? (PROBE: Did you have a single baby, twins, or more babies?)

ANSWER C4 FOR EACH PREGNANCY, THEN TOTAL NUMBER OF BABIES. IF R REPORTS ZERO OR DK, ADD 1 TO BABY COUNT. IF R REFUSES NUMBER OF BABIES, DO NOT INCLUDE IN COUNT.

	# OF BABIES	N/A (SKIP)	RF	DK
PREGNANCY 1	<input type="text"/> <input type="text"/>		98	99
PREGNANCY 2	<input type="text"/> <input type="text"/>	97	98	99
PREGNANCY 3	<input type="text"/> <input type="text"/>	97	98	99
PREGNANCY 4	<input type="text"/> <input type="text"/>	97	98	99
PREGNANCY 5	<input type="text"/> <input type="text"/>	97	98	99
PREGNANCY 6	<input type="text"/> <input type="text"/>	97	98	99
PREGNANCY 7	<input type="text"/> <input type="text"/>	97	98	99
PREGNANCY 8	<input type="text"/> <input type="text"/>	97	98	99
BABY COUNT	<input type="text"/> <input type="text"/>		98	


(IF ALL PREGS=RF, SKIP TO C18)

NUMBER OF BABIES/PREGNANCY SUPPLEMENTS.....

IF C3 = 1 AND C4 = 1, READ: This baby must be (CHILD). CODE C5 = 1 AND C6 = 1, AND SKIP TO C10.

OTHERWISE, READ: I would now like to ask you a few questions about the outcomes of each of your pregnancies. COMPLETE ONE ROW OF BABY TABLE (C5-C14) FOR EACH BABY.

	C5.	C6.	C7.	C8.	C9A.
BABY COUNT:	IF C4 = 0, 1 OR 99, READ: Was your (1 st /2 nd /3 rd) pregnancy a (READ ANSWERS)? OTHERWISE, READ: Was the (1 st /2 nd /3 rd) baby in your (1 st /2 nd /3 rd) pregnancy a (READ ANSWERS)?	Is this baby (CHILD)? If C3=1 and C4=1 Read: This baby must be (CHILD) If at last pregnancy and no index has been identified Read: This baby must be (CHILD)	What is the first name of this baby?	IF C4=2 AND C5=02-04 READ: Was this baby a boy or a girl? OTHERWISE, READ: Is (BABY) a boy or girl?	What is (BABY)'s birthdate?
BABY: 1	Live birth.....01 Stillbirth.....02 Abortion.....03 Miscarriage.....04 Ectopic or tubal preg.....05 Molar pregnancy.....06 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	N/A (SKIP).....97 RF.....98 DK.....99	BOY.....01 GIRL.....02 N/A (SKIP)...97 RF.....98 DK.....99	MM DD YYYY N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999
	IF C5=02-06, SKIP TO C9B.IF C5 = 98 OR 99, SKIP TO NEXT BABY/C15.	IF C6 = 01, CODE REMAINING C6 AS 02 AND SKIP TO C10.			SKIP TO C10.
BABY: 2	Live birth.....01 Stillbirth.....02 Abortion.....03 Miscarriage.....04 Ectopic or tubal preg.....05 Molar pregnancy.....06 CURRENTLY PREGNANT...90 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	N/A (SKIP).....97 RF.....98 DK.....99	BOY.....01 GIRL.....02 N/A (SKIP)...97 RF.....98 DK.....99	MM DD YYYY N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999
	IF C5=02-06, SKIP TO C9B.IF C5 = 98 OR 99, SKIP TO NEXT BABY/C15.	IF C6 = 01, CODE REMAINING C6 AS 02 AND SKIP TO C10.			SKIP TO C10.
BABY: 3	Live birth.....01 Stillbirth.....02 Abortion.....03 Miscarriage.....04 Ectopic or tubal preg.....05 Molar pregnancy.....06 CURRENTLY PREGNANT...90 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	N/A (SKIP).....97 RF.....98 DK.....99	BOY.....01 GIRL.....02 N/A (SKIP)...97 RF.....98 DK.....99	MM DD YYYY N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999
	IF C5=02-06, SKIP TO C9B.IF C5 = 98 OR 99, SKIP TO NEXT BABY/C15.	IF C6 = 01, CODE REMAINING C6 AS 02 AND SKIP TO C10.			SKIP TO C10.
BABY: 4	Live birth.....01 Stillbirth.....02 Abortion.....03 Miscarriage.....04 Ectopic/tubal preg.....05 Molar pregnancy.....06 CURRENTLY PREGNANT...90 N/A (SKIP).....97 RF.....98 DK.....99	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99	N/A (SKIP).....97 RF.....98 DK.....99	BOY.....01 GIRL.....02 N/A (SKIP)...97 RF.....98 DK.....99	MM DD YYYY N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999
	IF C5=02-06, SKIP TO C9B.IF C5 = 98 OR 99, SKIP TO NEXT BABY/C15.	IF C6 = 01, CODE REMAINING C6 AS 02 AND SKIP TO C10.			SKIP TO C10.

C9B.	C10.	C11.	C12.	C13A. 
<p>On what date did the pregnancy (for this baby) end?</p> <p>MM DD YYYY</p> <p>N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999</p>	<p>How many pounds and ounces did (BABY) weigh?</p> <p>LBS..... OUNCES..... OR GRAMS..... OR KILOGRAMS. . N/A (SKIP).....9797 RF.....9898 DK.....9999</p>	<p>Is (BABY) still living?</p> <p>YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>What did (BABY) die of? RECORD VERBATIM.</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>How old was (BABY) when (he/she) died?</p> <p>DAYS..... AND/OR MONTHS.. AND/OR YEARS.... N/A (SKIP).....97 97 97 RF.....98 98 98 DK.....99 99 99</p>
<p>IF C5 = 02-04, SKIP TO C14. OTHERWISE, SKIP TO NEXT BABY/C15.</p>	<p>IF C6 = 01, SKIP TO C14.</p>	<p>IF C11 = 01, 98, OR 99, SKIP TO C14.</p>		<p>IF C13A NOT DK, SKIP TO C14.</p>

<p>MM DD YYYY</p> <p>N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999</p>	<p>LBS..... OUNCES..... OR GRAMS..... OR KILOGRAMS. . N/A (SKIP).....9797 RF.....9898 DK.....9999</p>	<p>YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>DAYS..... AND/OR MONTHS.. AND/OR YEARS.... N/A (SKIP).....97 97 97 RF.....98 98 98 DK.....99 99 99</p>
<p>IF C5 = 02-04, SKIP TO C14. OTHERWISE, SKIP TO NEXT BABY/C15.</p>	<p>IF C6 = 01, SKIP TO C14.</p>	<p>IF C11 = 01, 98, OR 99, SKIP TO C14.</p>		<p>IF C13A NOT DK, SKIP TO C14.</p>

<p>MM DD YYYY</p> <p>N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999</p>	<p>LBS..... OUNCES..... OR GRAMS..... OR KILOGRAMS. . N/A (SKIP).....9797 RF.....9898 DK.....9999</p>	<p>YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>DAYS..... AND/OR MONTHS.. AND/OR YEARS.... N/A (SKIP).....97 97 97 RF.....98 98 98 DK.....99 99 99</p>
<p>IF C5 = 02-04, SKIP TO C14. OTHERWISE, SKIP TO NEXT BABY/C15.</p>	<p>IF C6 = 01, SKIP TO C14.</p>	<p>IF C11 = 01, 98, OR 99, SKIP TO C14.</p>		<p>IF C13A NOT DK, SKIP TO C14.</p>

<p>MM DD YYYY</p> <p>N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999</p>	<p>LBS..... OUNCES..... OR GRAMS..... OR KILOGRAMS. . N/A (SKIP).....9797 RF.....9898 DK.....9999</p>	<p>YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>DAYS..... AND/OR MONTHS.. AND/OR YEARS.... N/A (SKIP).....97 97 97 RF.....98 98 98 DK.....99 99 99</p>
<p>IF C5 = 02-04, SKIP TO C14. OTHERWISE, SKIP TO NEXT BABY/C15.</p>	<p>IF C6 = 01, SKIP TO C14.</p>	<p>IF C11 = 01, 98, OR 99, SKIP TO C14.</p>		<p>IF C13A NOT DK, SKIP TO C14.</p>

C13B.	C14. (IF C5 = 02-04, READ C14A FROM OTHER SIDE.)	
<p>What was the date of (BABY)'s death?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY </p> <p> N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999 </p>	<p>Now I will ask you about some developmental information a doctor or health care provider may have told you about your child. Please note that a health care provider at the child's school such as a child psychologist, physical therapist, occupational therapist, or school nurse should also be considered a qualified health care professional in answering these questions; however, the child's teachers should not be considered health care providers.</p> <p>ASK R TO REFER TO LIST 1 IN PREP GUIDE. Has a doctor or health care provider ever told you that (BABY) had or has any of the conditions in list 1 in the prep guide? READ CHOICES BELOW IN CODE LIST. CODE ALL THAT APPLY.</p> <p style="text-align: center;">IF C5 = 02-04, ONLY READ SHADED CODES.</p> <p>PROBLEM CODE(S): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>SPECIFY: _____</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p>	<p style="text-align: center;">CODE LIST</p> <p>Asperger's Syndrome.....01</p> <p>Attention Deficit Hyperactivity Disorder (ADHD) or ADD.....02</p> <p>Autism.....03</p> <p>Behavioral problem (SPECIFY).....04</p> <p>Bipolar disorder.....05</p> <p>Birth Defects (SPECIFY).....06</p> <p>Cerebral palsy.....07</p> <p>Childhood Disintegrative Disorder.....08</p> <p>Childhood onset schizophrenia.....09</p> <p>Developmental delay.....10</p> <p>Down Syndrome.....11</p> <p>Fragile X Syndrome.....12</p> <p>Hearing problems.....13</p> <p>Learning disabilities.....14</p> <p>Intellectual disability or mental retardation.....15</p> <p>Movement or coordination problems...16</p> <p>Neurofibromatosis.....17</p> <p>Obsessive compulsive disorder.....18</p> <p>Pervasive Developmental Disorder not otherwise specified.....19</p> <p>Reactive attachment disorder of infancy or early childhood.....20</p> <p>Reading difficulty.....21</p> <p>Rett's Syndrome.....22</p> <p>Seizure disorder or Epilepsy.....23</p> <p>Self-injuring behavior.....24</p> <p>Sensory integration disorder.....25</p> <p>Sleep disorder.....26</p> <p>Speech delays.....27</p> <p>Tourette's Disorder or tic disorder.....28</p> <p>Tuberous sclerosis.....29</p> <p>Vision problems that cannot be corrected with glasses or contact lenses.....30</p> <p>Other developmental problem (SPECIFY).....31</p> <p>N/A(SKIP).....97</p> <p>RF.....98</p> <p>DK.....99</p> <p>NONE.....00</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>RETURN TO C5 FOR NEXT BABY.</p> <p>FINAL INTERVIEWER CHECKS:</p> <p>ONE ANSWER TO C6 MUST BE YES.</p> <p>ASK: Did you have any other pregnancies that we did not discuss? IF YES, CHANGE C3. IF NO, CONTINUE WITH C15.</p> </div>
<p style="text-align: center;"> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY </p> <p> N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999 </p>	<p>PROBLEM CODE(S): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>SPECIFY: _____</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p>	
<p style="text-align: center;"> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY </p> <p> N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999 </p>	<p>PROBLEM CODE(S): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>SPECIFY: _____</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p>	
<p style="text-align: center;"> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY </p> <p> N/A (SKIP).....97 97 9997 RF.....98 98 9998 DK.....99 99 9999 </p>	<p>PROBLEM CODE(S): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>SPECIFY: _____</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p>	

NUMBER OF BABY TABLE SUPPLEMENTS.....

UNFOLD PAGE FOR 3-PAGE TABLE

C14A. During or just after this pregnancy, did a doctor or health care provider ever tell you that the baby or fetus had any of the conditions in list 1b of the prep guide? READ SHADED CHOICES IN CODE LIST ON OTHER SIDE AND CODE ALL THAT APPLY.

IF C3 = 1 AND C4 = 1, SKIP TO C18.

COMPLETE ONE ROW (C15–C17) FOR EACH PREGNANCY IN C3.

I have just a few more questions about each of your pregnancies.

**IF C4 = 0, 1, OR 99, SKIP TO C17.
IF C4 = 2 AND C8 ANSWERS ARE DIFFERENT, SKIP TO C17.**

IF C6=1 OR B12=1, SKIP TO NEXT PREGNANCY/C18.

	C15.	C16.	C17.
PREGNANCY:	Were the babies in your (1 st /2 nd /3 rd) pregnancy identical?	How do you know they (are/are not) identical? CODE ALL THAT APPLY.	Was the father of your (1 st /2 nd /3 rd) pregnancy the same as (CHILD)'s father?
1	YES.....01	DOCTOR TOLD YOU.....01	YES.....01
	NO.....02	GENETIC TESTS.....02	NO.....02
	N/A (SKIP).....97	THEY ARE AS ALIKE AS TWO	N/A (SKIP).....97
	RF.....98	PEAS IN A POD.....03	RF.....98
	DK.....99	THEY LOOK NOTHING ALIKE.04	DK.....99
		N/A (SKIP).....97	
	RF.....98		
	DK.....99		
	IF C15 = 98 OR 99, SKIP TO C17.		

2

YES.....01	DOCTOR TOLD YOU.....01	YES.....01
NO.....02	GENETIC TESTS.....02	NO.....02
N/A (SKIP).....97	THEY ARE AS ALIKE AS TWO	N/A (SKIP).....97
RF.....98	PEAS IN A POD.....03	RF.....98
DK.....99	THEY LOOK NOTHING ALIKE.04	DK.....99
	N/A (SKIP).....97	
	RF.....98	
	DK.....99	
	IF C15 = 98 OR 99, SKIP TO C17.	

3

YES.....01	DOCTOR TOLD YOU.....01	YES.....01
NO.....02	GENETIC TESTS.....02	NO.....02
N/A (SKIP).....97	THEY ARE AS ALIKE AS TWO	N/A (SKIP).....97
RF.....98	PEAS IN A POD.....03	RF.....98
DK.....99	THEY LOOK NOTHING ALIKE.04	DK.....99
	N/A (SKIP).....97	
	RF.....98	
	DK.....99	
	IF C15 = 98 OR 99, SKIP TO C17.	

4

YES.....01	DOCTOR TOLD YOU.....01	YES.....01
NO.....02	GENETIC TESTS.....02	NO.....02
N/A (SKIP).....97	THEY ARE AS ALIKE AS TWO	N/A (SKIP).....97
RF.....98	PEAS IN A POD.....03	RF.....98
DK.....99	THEY LOOK NOTHING ALIKE.04	DK.....99
	N/A (SKIP).....97	
	RF.....98	
	DK.....99	
	IF C15 = 98 OR 99, SKIP TO C17.	

NUMBER OF PREGNANCY TABLE SUPPLEMENTS

We are interested in any hormonal medications you might have taken during your lifetime for any reason other than to prevent pregnancy or to prevent a miscarriage during pregnancy.

- C18. Did a doctor or other medical provider ever prescribe hormonal medication for any reason other than to prevent pregnancy or to prevent a miscarriage during pregnancy?
 - YES.....01
 - NO.....(SKIP TO D1).....02
 - RF.....(SKIP TO D1).....98
 - DK.....(SKIP TO D1).....99

- C19. What was the reason that the hormonal medication was prescribed? READ ANSWERS AND CODE ALL THAT APPLY.
 - To regulate your cycle.....01
 - To jump-start puberty.....02
 - Growth regulation.....03
 - Acne.....04
 - Thyroid functioning.....05
 - To help become pregnant.....06
 - Other.....(SPECIFY).....90
 - N/A (SKIP).....97
 - RF.....98
 - DK.....99

SPECIFY: _____

BLANK PAGE FOR END OF SECTION

SECTION D: INDEX PREGNANCY

INTERVIEWER NOTE: ASK R TO TAKE OUT PREGNANCY REFERENCE FORM SENT WITH THE PREP GUIDE.

READ DATES FROM EACH LINE OF THE FORM BEGINNING WITH: We will refer to the 3 months before you became pregnant as the pre-pregnancy months, labeled as -3, -2, and -1. From what we've computed, the dates for your pre-pregnancy period are [READ BEGIN DATE OF -3 and END DATE OF -1]. Your first trimester would then be months 1, 2, and 3 with dates of...

Do these time periods look correct to you? IF NO, ADJUST AS NEEDED. Thank you. We will begin using the Pregnancy Reference Form in a few minutes.

D1. How much did you weigh before your pregnancy with (CHILD)?

LBS.....

OR

KG.....

RF.....998

DK.....999

D2. Overall, how much weight did you gain or lose during your pregnancy with (CHILD)?

LBS.....

OR

KG.....

GAINED.....1

LOST.....2

RF.....998 8

DK.....999 9

NO CHANGE.....000 3

D3. What is your height without your shoes?

FEET.....

INCHES.....

OR

M.....

CM.....

RF.....998

DK.....999

D4. How far along were you when you found out you were pregnant with (CHILD)?

MONTHS.....

AND/OR

WEEKS.....

RF.....98 98

DK.....99 99

PAGE INTENTIONALLY LEFT BLANK.

D5. Please refer to the pregnancy reference form. YES.....01
 Between (-3) and (DOIB/END BF) did you use any NO.....(SKIP TO D8).....02
 birth control pills or morning after pills? RF.....(SKIP TO D8).....98
 DK.....(SKIP TO D8).....99

D6. ASK R TO REFER TO LIST 2 IN PREP GUIDE. What was the name of the pill? Any others? IF R CAN'T RECALL, READ CONTRACEPTIVES LISTED BELOW. Was it (READ LIST)? CODE ALL THAT APPLY.

Alesse.....01	Loestrin.....09	Norinyl.....17	Tri-Levlen.....25
Brevicon.....02	Lo/Ovral.....10	Nor-Q.D.....18	Tri-Norinyl.....26
Demulen.....03	Micronor.....11	Ortho-Cept.....19	Triphasil.....27
Desogen.....04	Mircette.....12	OrthoCyclen.....20	Trivora.....28
Estrostep.....05	Modicon.....13	Ortho-Novum.....21	Zovia.....29
Levlen.....06	Necon.....14	Ortho Tri-Cyclen.....22	Other. (SPECIFY IN GRID). .90
Levlite.....07	Nordette.....15	Ovcon.....23	N/A (SKIP).....97
Levora.....08	Norethindrone.....16	Ovral.....24	RF.....98
			DK.....99

D7A was deleted.		D7B.					D7C.				
COMPLETE ONE ROW FOR EACH PILL TAKEN.		Would you say you were using the pill in the three months before you became pregnant, from (-3) to (-1)?					Would you say you were using the pill in your first trimester , from (1) to (3)?				
PILL NAME:		YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
#1:	<input type="text"/>	01	02	97	98	99	01	02	97	98	99
#2:	<input type="text"/>	01	02	97	98	99	01	02	97	98	99
#3:	<input type="text"/>	01	02	97	98	99	01	02	97	98	99



IF R DID NOT BREASTFEED,
SKIP TO NEXT PILL/D8.

D7D.					D7E.					D7F.				
Would you say you were using the pill in your second trimester , from (4) to (6)?					Would you say you were using the pill in your third trimester , from (7) to (10)?					Would you say you were using the pill during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF BIRTH CONTROL PILL SUPPLEMENTS.....

D8. Between (-3) and (DOIB/END BF) did you use any other method of contraception to avoid getting pregnant? YES.....01
 NO.....(SKIP TO D11).....02
 RF.....(SKIP TO D11).....98
 DK.....(SKIP TO D11).....99

D9. ASK R TO REFER TO LIST 3 IN PREP GUIDE. What method of contraception were you using? If you used more than one type of contraception, please tell me all the ones that you used. READ METHODS LISTED BELOW. CODE ALL THAT APPLY.

- Birth control patch or Ortho-Evra.....01 Tubal Ligation.....10
- Condoms, male or female.....02 Vaginal ring or Nuva Ring.....11
- Depo-Provera.....03 Vasectomy.....12
- Diaphragm or cervical cap.....04 Withdrawal method.....13
- Intrauterine device or IUD.....05 Other.....(SPECIFY IN GRID).....90
- Jelly, foam or suppositories, or other spermicide.....06 N/A (SKIP).....97
- Norplant.....07 RF.....98
- Rhythm or calendar method.....08 DK.....99
- Sponge.....09

D10A was deleted.	D10B.	D10C.
COMPLETE ONE ROW FOR EACH METHOD USED.	Would you say you were using (METHOD) in the three months before you became pregnant, from (-3) to (-1)?	Would you say you were using (METHOD) in your first trimester , from (1) to (3)?
METHOD NAME:	YES NO N/A RF DK	YES NO N/A RF DK
#1: _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	01 02 97 98 99	01 02 97 98 99
#2: _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99
#3: _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	YES NO N/A RF DK 01 02 97 98 99	YES NO N/A RF DK 01 02 97 98 99



IF R DID NOT BREASTFEED,
SKIP TO NEXT METHOD/D11A.

D10D.					D10E.					D10F.				
Would you say you were using (METHOD) in your second trimester , from (4) to (6)?					Would you say you were using (METHOD) in your third trimester , from (7) to (10)?					Would you say you were using (METHOD) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF CONTRACEPTION METHOD SUPPLEMENTS.....

For DCC Programming

IF R DID NOT USE CONTRACEPTION 3 MONTHS BEFORE PREGNANCY OR DURING PREGNANCY ASK D11A –NOTE THIS INCLUDES WOMEN WHO REPORTED USING NO CONTRACEPTION IN D5 AND D8(OR REPORTED DK OR RF). IT ALSO INCLUDES WOMEN WHO REPORTED USING CONTRACEPTION ONLY DURING THE BREASTFEEDING PERIOD (D7F=01 OR D10F=01 BUT NONE OF THE FOLLOWING IS CODED AS 01 YES: D7B, D7C, D7D, D7E, D10B, D10C, D10D, D10E).

IF R USED CONTRACEPTION 3 MONTHS BEFORE PREGNANCY OR DURING PREGNANCY (EITHER D5 OR D8 = 01 AND ONE OR MORE OF THE FOLLOWING IS CODED AS 01 YES: D7B, D7C, D7D, D7E, D10B, D10C, D10D, D10E), SKIP TO EITHER D11B OR D11C.

SKIP TO D11B IF R ONLY USED CONTRACEPTION DURING SECOND TRIMESTER OR THIRD TRIMESTER-AND THUS, DID NOT USE CONTRACEPTION DURING 3 MONTHS BEFORE PREGNANCY OR FIRST TRIMESTER (NONE OF THE FOLLOWING ARE CODED AS 01 YES: D7B, D7C, D10B, D10C).

SKIP TO D11C IF R USED CONTRACEPTION DURING 3 MONTHS BEFORE PREGNANCY OR FIRST TRIMESTER (AT LEAST ONE OF THE FOLLOWING IS CODED AS 01 YES: D7B, D7C, D10B, D10C)

For Interviewers

ASK D11A IF R:

- 1- DID NOT USE CONTRACEPTION 3 MONTHS BEFORE PREGNANCY OR DURING PREGNANCY **OR**
- 2-ONLY USED CONTRACEPTION DURING BREASTFEEDING

IF R USED CONTRACEPTION 3 MONTHS BEFORE PREGNANCY OR DURING PREGNANCY SKIP TO D11B OR D11C

ASK D11B IF R:

- 1- ONLY USED CONTRACEPTION SECOND OR THIRD TRIMESTER-

ASK D11C IF R:

- 1-ONLY USED CONTRACEPTION 3 MONTHS BEFORE PREGNANCY OR FIRST TRIMESTER

D11A. Did you (READ ANSWERS)?

Stop using contraception to get pregnant with (CHILD)...	.01
Get pregnant with (CHILD) during an interruption in using contraception.....	.02
Not use any contraception before this pregnancy.....	.03
N/A (SKIP).....	.97
RF.....	.98
DK.....	.99

SKIP TO D12.

D11B. Did you (READ ANSWERS)?

Stop using contraception to get pregnant with (CHILD)...	.01
Get pregnant with (CHILD) during an interruption in using contraception.....	.02
N/A (SKIP).....	.97
RF.....	.98
DK.....	.99

D11C. Did you (READ ANSWERS)?

Stop using contraception to get pregnant with (CHILD)...	.01
Get pregnant with (CHILD) during an interruption in using contraception.....	.02
Get pregnant with (CHILD) while consistently using contraception.....	.03
N/A (SKIP).....	.97
RF.....	.98
DK99

D12. Before getting pregnant with (CHILD), was there ever a time you had regular intercourse for a period of 12 months or more without using contraception and did not become pregnant? In answering this question, consider a time with either (CHILD's) father or another partner, if that applies.

YES.....01
 NO.....(SKIP TO D14).....02
 RF.....(SKIP TO D14).....98
 DK(SKIP TO D14).....99

IF FATHER UNKNOWN (B12 = 01), SKIP TO D14.

D13. Was there ever a time you had regular intercourse for a period of 12 months or more with (CHILD)'s father without using contraception and did not become pregnant?

YES.....01
 NO.....02
 N/A (SKIP).....97
 RF.....98
 DK.....99

D14. Before getting pregnant with (CHILD), were you trying to get pregnant?

YES.....01
 NO.....(SKIP TO D16).....02
 RF.....(SKIP TO D16).....98
 DK.....(SKIP TO D16).....99

D15. How long had you been trying to get pregnant?

MONTHS.....
 AND/OR
 YEARS.....
 N/A (SKIP).....97 97
 RF.....98 98
 DK.....99 99

D16. Prior to becoming pregnant with (CHILD), had you ever been told by a doctor or other health care provider that it would be **impossible** for you to get pregnant without medical help?

YES.....01
 NO.....(SKIP TO D18).....02
 RF.....(SKIP TO D18).....98
 DK.....(SKIP TO D18).....99

You should only answer yes, if pregnancy was truly **IMPOSSIBLE** because of ovary removal, hysterectomy, tubal sterilization, or some similar condition that made it impossible for you to conceive a pregnancy. I will ask you about other conditions that might have made it difficult for you to get pregnant in just a moment.

D17. Why were you told that it would be impossible for you to get pregnant without medical help? Was it because (READ ANSWERS AND CODE ALL THAT APPLY)?

Both of your ovaries were missing or removed.....01
 Both of your fallopian tubes were missing or removed....02
 You had a tubal sterilization. For example, you had your tubes tied or clamped.....03
 Some other reason.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY:

D18.	Prior to becoming pregnant with (CHILD), had you ever been told by a doctor or other health care provider that it might be difficult for you to get pregnant without medical help?	YES.....01 NO.....(SKIP TO D21).....02 RF.....(SKIP TO D21).....98 DK.....(SKIP TO D21).....99
------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------

Even if you already stated that you had a condition making it impossible to get pregnant, we are still interested in other conditions related to infertility that you might have also had at some time.

D19.	Were you ever told by a doctor or health care provider that you had (READ ANSWERS AND CODE ALL THAT APPLY)?	Blocked or damaged fallopian tubes or pelvic inflammatory disease.....01 Polycystic ovary syndrome or multiple ovary cysts.....02 Premature ovarian failure.....03 Reduced ovarian production because of your age or medical cause.....04 Endometriosis.....05 A problem with your uterus, for example uterine fibroids, scar tissue, or abnormal uterine structure....06 Fertility problems because your mother took DES when she was pregnant with you.....07 Antisperm antibodies.....(ASK D20).....08 Another condition that caused fertility problems (SPECIFY).....90 Unexplained infertility.....96 N/A (SKIP).....97 RF.....98 DK.....99
------	-------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SPECIFY: _____

IF FATHER UNKNOWN (B12 = 01), SKIP TO D23.

IF D19 NOT EQUAL TO 08, SKIP TO D21.

D20.	Were the anti-sperm antibodies associated with (CHILD)'s father or a different partner?	(CHILD'S) FATHER.....01 DIFFERENT PARTNER.....02 N/A (SKIP).....97 RF.....98 DK.....99
------	-----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

D21.	Prior to you becoming pregnant with (CHILD), had (CHILD)'s father ever been told by a doctor or other health care provider that it might be difficult for him to father a child because of a low sperm count or other difficulties with his sperm?	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98 DK.....99
------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------

D22.	Prior to becoming pregnant with (CHILD), had (CHILD)'s father ever been told by a doctor or other health care provider that he had anti-sperm antibodies?	YES.....01 NO.....02 N/A (SKIP).....97 RF.....98
------	------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------

		DK	99
--	--	----	----

ASSISTED REPRODUCTION

Now, I'm going to ask you some detailed questions about what type of help you (or [CHILD]'s father) may have received to help you get pregnant. Some of these questions pertain to any time before your pregnancy with (CHILD), others pertain to the time period just prior to your pregnancy with (CHILD) or during your early pregnancy with (CHILD).

IF FATHER UNKNOWN (B12 = 01), SKIP TO D27.

D23.	Prior to becoming pregnant with (CHILD), did (CHILD)'s father take any medications to help you become pregnant with (him/her)?	YES.....01
		NO.....(SKIP TO D25).....02
		N/A (SKIP).....97
		RF.....(SKIP TO D25).....98
		DK.....(SKIP TO D25).....99

D24. ASK R TO REFER TO LIST 4a IN PREP GUIDE. What medications did he take? READ BOLDED WORDS AND INDIVIDUAL MEDICATIONS IF NEEDED. CODE ALL THAT APPLY.

Antibiotics	01	Pregnyl.....	22
Anti-estrogen medications		Profasi.....	23
Clomid.....	02	Repronex.....	24
Clomiphene citrate.....	03	Urofollitrophin.....	25
Milophene.....	04	Other male infertility medication	
Serophene.....	05	Cabergoline.....	26
Tamoxifen.....	06	Danazol.....	27
Hormonal injections		Donocrine.....	28
Bravelle.....	07	Dostinex.....	29
Chorionic Gonadotrophin hCG.....	08	Factrel.....	30
Fertinex.....	09	Gonadorelin.....	31
Follistim.....	10	Leuprolide.....	32
Follitrophin Alpha.....	11	Lupron.....	33
Follitrophin Beta.....	12	Lutrepulse.....	34
FSH.....	13	Synarel.....	35
Gonal F.....	14	Nafarelin.....	36
HCG.....	15	Medicine to reduce prolactine	
Humegon.....	16	Bromocriptine.....	37
Menotrophins: Follicle Stimulating Hormone + Luteinizing Hormone or Interstitial Cell Stimulating Hormone.....	17	Parlodel.....	38
Metrodin.....	18	Steroid medications	39
Novarel.....	19	Testosterone pill, injections or transdermal gel or patch ...	40
Ovidrel.....	20	Other..... (SPECIFY).....	90
Pergonal.....	21	N/A (SKIP).....	97
		RF.....	98
		DK.....	99

SPECIFY MEDICINE 1: _____

SPECIFY MEDICINE 2: _____

SPECIFY MEDICINE 3: _____

D25. Prior to becoming pregnant with (CHILD), did (CHILD)'s father ever have any procedures or surgeries to help you become pregnant?

YES..... 01
 NO..... (SKIP TO D27)..... 02
 N/A (SKIP)..... 97
 RF..... (SKIP TO D27)..... 98
 DK..... (SKIP TO D27)..... 99

D26. What was the procedure? READ LIST IF NEEDED. Are there any more procedures? CODE ALL THAT APPLY.

Vasectomy reversal..... 01
 Surgery because of varicocele..... 02
 Other..... (SPECIFY)..... 90
 N/A (SKIP)..... 97
 RF..... 98
 DK..... 99

SPECIFY: _____

SPECIFY: _____

D27. Prior to becoming pregnant with (CHILD), did **you** ever have any surgical procedures to help you become pregnant such as: to open or rejoin your fallopian tubes, to treat fibroids, or to remove endometriosis?

YES.....01
 NO.....(SKIP TO D29).....02
 RF.....(SKIP TO D29).....98
 DK.....(SKIP TO D29).....99

D28. What was the procedure? Were there any more procedures? CODE ALL THAT APPLY.

OPEN FALLOPIAN TUBES.....01
 REJOIN FALLOPIAN TUBES.....02
 TREATMENT OF UTERINE FIBROIDS.....03
 REMOVAL OF ENDOMETRIOSIS.....04
 OTHER.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

D29. Did you take any medications to help prevent miscarriage with your pregnancy with (CHILD)?

YES.....01
 NO.....(SKIP TO D31).....02
 RF.....(SKIP TO D31).....98
 DK.....(SKIP TO D31).....99

D30. ASK R TO REFER TO LIST 4b IN THE PREP GUIDE. What medications did you take? READ LIST AND CODE ALL THAT APPLY.

Baby aspirin.....01
 Crinone vaginal gel.....02
 Gamma Globulin.....03
 Heparin.....04
 IVIg Therapy or Immunotherapy.....05
 Progesterone.....06
 Progesterone injection or implant.....07
 Prometrium or other progesterone capsules.....08
 Steroid treatment.....(SPECIFY).....09
 Vaginal progesterone suppositories.....10
 Other.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

SPECIFY: _____

D31. Within the **two months** prior to becoming pregnant with (CHILD), or just after you became pregnant, did you take any medications to help you become pregnant or to maintain the pregnancy in the early stages? Include medications that you took alone as well as medications that you took as part of a broader infertility treatment such as artificial insemination or assisted reproductive technology.

YES.....01
 NO.....(SKIP TO D33).....02
 RF.....(SKIP TO D33).....98
 DK.....(SKIP TO D33).....99

D32. ASK R TO REFER TO LIST 4c IN PREP GUIDE. What medications did you take during those two months? READ BOLDED WORDS AND INDIVIDUAL MEDICATIONS IF NEEDED. CODE ALL THAT APPLY.

Injections or pills to stimulate your ovaries to produce eggs	Progesterone medication to prepare the uterine lining for pregnancy or help prevent an early pregnancy loss	Ganirelix.....38
Bravelle.....01	Crinone vaginal gel.....18	Goserelin.....39
Clomid.....02	Cyclogest cream.....19	Historelin.....40
Clomiphene citrate.....03	Microgest.....20	Leuprolide.....41
Fertinex.....04	Progesterone implant.....21	Lupron.....42
Follistim.....05	Progesterone injection.....22	Nafarelin.....43
Follitrophin Alpha.....06	Progesterone vaginal suppositories.....23	Suprefact.....44
Follitrophin Beta.....07	Prometerium.....24	Suprecor.....45
FSH.....08	Utrogestan.....25	Synarel.....46
Gonal F.....09	Injection to trigger ovulation once your ovaries had produced eggs	Tryptorelin.....47
Humegon.....10	Chorionic Gonadotrophin hCG.....26	Zoladex.....48
Menotrophins: Follicle Stimulating Hormone + Luteinizing Hormone or Interstitial Cell Stimulating Hormone.....11	HCG.....27	Other medications
Metrodin.....12	Novarel.....28	Bromocriptine.....49
Milophene.....13	Ovidrel.....29	Cabaser.....50
Pergonal.....14	Pregnyl.....30	Cabergoline.....51
Repronex.....15	Profasi.....31	Danazol.....52
Serophene.....16	Medication to suppress your body's natural hormone production, injection or nasal spray	Danocrine.....53
Urofollitrophin.....17	Abarelix.....32	Dostinex.....54
	Antagon.....33	Estradiol patches.....55
	Buserelin.....34	Estrace pills.....56
	Cetrotide.....35	Factrel.....57
	Deslorelin.....36	Gonadorelin.....58
	Eligard.....37	Lutrepulse.....59
		Parlodel.....60
		Other.....(SPECIFY).....90
		N/A (SKIP).....97
		RF.....98
		DK.....99

SPECIFY MEDICINE 1: _____

SPECIFY MEDICINE 2: _____

SPECIFY MEDICINE 3: _____

D33. In **the month** you became pregnant with (CHILD), did you have any procedures such as artificial insemination or assisted reproductive technology to help you become pregnant with (CHILD)?

YES.....	01
NO.....(SKIP TO D37).....	02
RF.....(SKIP TO D37).....	98
DK.....(SKIP TO D37).....	99

D34. ASK R TO REFER TO LIST 5 IN PREP GUIDE. I'm going to read you a list of procedures. Please tell me if you received any of these to help you get pregnant with (CHILD). READ ANSWERS AND CODE ALL THAT APPLY. (PROBE: Remember, these procedures would have been in the month you became pregnant.)

- Artificial insemination or intrauterine insemination.....01
- In vitro fertilization (IVF) with vaginal embryo transfer.....02
- Intracytoplasmic sperm injection (ICSI).....03
- Gamete intrafallopian transfer (GIFT).....04
- Zygote intrafallopian transfer (ZIFT), or tubal embryo transfer (TET), or pronuclear stage transfer (PROST).....05
- Other fertility procedure.....(SPECIFY).....06
- N/A (SKIP).....97
- RF.....(SKIP TO D37).....98
- DK.....(SKIP TO D37).....99

SPECIFY: _____

COMPLETE ONE ROW (D35–D36) FOR EACH ANSWER IN D34. IF RESPONSE TO D34=01 ARTIFICIAL INSEMINATION AND NO OTHER RESPONSE WAS CHOSEN, ASK R ABOUT DONOR SPERM AND FROZEN SPERM AND MARK ALL OF THE FOLLOWING AS 97 NA: DONOR EGGS, DONOR EMBRYOS, FROZEN EMBRYOS.

	D35.						D36.					
	For (PROCEDURE), were (READ CHOICES) used?						Were (READ CHOICES) used?					
PROCEDURE #1: _____	YES	NO	NA	RF	DK	Frozen sperm	YES	NO	NA	RF	DK	
Donor Eggs	01	02	97	98	99	Frozen sperm	01	02	97	98	99	
Donor sperm	01	02	97	98	99	Frozen embryos	01	02	97	98	99	
Donor embryos	01	02	97	98	99							

PROCEDURE #2: _____	YES	NO	NA	RF	DK	Frozen sperm	YES	NO	NA	RF	DK
Donor Eggs	01	02	97	98	99	Frozen sperm	01	02	97	98	99
Donor sperm	01	02	97	98	99	Frozen embryos	01	02	97	98	99
Donor embryos	01	02	97	98	99						

PROCEDURE #3: _____	YES	NO	NA	RF	DK	Frozen sperm	YES	NO	NA	RF	DK
Donor Eggs	01	02	97	98	99	Frozen sperm	01	02	97	98	99
Donor sperm	01	02	97	98	99	Frozen embryos	01	02	97	98	99
Donor embryos	01	02	97	98	99						

OF ASSISTED REPRODUCTION PROCEDURE SUPPLEMENTS.....

MORNING SICKNESS

Now I have some more detailed questions about your pregnancy with (CHILD). Please have the Pregnancy Reference Form handy.

- D37. During the pregnancy with (CHILD), did you have any nausea? YES.....01
 NO.....(SKIP TO D40).....02
 RF.....(SKIP TO D40).....98
 DK.....(SKIP TO D40).....99

D38A was deleted

D38B.					D38C.					D38D.				
Would you say the nausea occurred in the first trimester , from (1) to (3)?					Would you say the nausea occurred in the second trimester , from (4) to (6)?					Would you say the nausea occurred in the third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

COMPLETE ONE ROW FOR EACH TRIMESTER INDICATED.

- D39. How often during (TRIMESTER) did you have nausea? Would you say it was (READ ANSWERS)?

TRIMESTER	Less than once a week	Once a week	A few times a week	Every day	N/A (SKIP)	RF	DK
1. _____	01	02	03	04	97	98	99
2. _____	01	02	03	04	97	98	99
3. _____	01	02	03	04	97	98	99

D40. During the pregnancy with (CHILD), did you have any vomiting?
 YES.....01
 NO.....(SKIP TO D43).....02
 RF.....(SKIP TO D43).....98
 DK.....(SKIP TO D43).....99

D41A was deleted

D41B.					D41C.					D41D.				
Would you say the vomiting occurred in the first trimester , from (1) to (3)?					Would you say the vomiting occurred in the second trimester , from (4) to (6)?					Would you say the vomiting occurred in the third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

COMPLETE ONE ROW FOR EACH TRIMESTER INDICATED.

D42. How often during (TRIMESTER) did you have vomiting?
 Would you say it was (READ ANSWERS)?

TRIMESTER	Less than once a week	Once a week	A few times a week	Every day	N/A (SKIP)	RF	DK
1. _____	01	02	03	04	97	98	99
2. _____	01	02	03	04	97	98	99
3. _____	01	02	03	04	97	98	99

IF NO NAUSEA OR VOMITING (BOTH D37 AND D40 = 02, 98, OR 99), SKIP TO D45.

D43. Did you ever require medical treatment for the nausea or vomiting?
 YES.....01
 NO.....(SKIP TO D45).....02
 N/A (SKIP).....97
 RF.....(SKIP TO D45).....98
 DK.....(SKIP TO D45).....99

- D44. What medicine did you take? Was it (READ ANSWERS AND CODE ALL THAT APPLY)?
- Vitamin B6 or pyridoxine.....01
 - Unisom or doxylamine.....02
 - Emetrol.....03
 - Ginger.....04
 - Other.....(SPECIFY).....90
 - NONE.....00
 - N/A (SKIP).....97
 - RF.....98
 - DK.....99

SPECIFY: _____

SPECIFY: _____

- D44A. Did you require any other medical treatments for the nausea such as Sea Bands or bed rest?
- YES.....(SPECIFY).....01
 - NO.....02
 - N/A (SKIP).....97
 - RF.....98
 - DK.....99

SPECIFY: _____

PRENATAL CARE

- D45. Between (-3) and (DOIB/END BF), did you take any prenatal vitamins? A prenatal vitamin is a special vitamin supplement sometimes taken by pregnant women or women trying to get pregnant.
- YES.....01
 - NO.....02
 - RF.....98
 - DK.....99

- D46. Between (-3) and (DOIB/END BF), did you take any other vitamins or minerals?
- YES.....01
 - NO.....(SKIP TO D48).....02
 - RF.....(SKIP TO D48).....98
 - DK.....(SKIP TO D48).....99

- D47. Did you take (READ ANSWERS AND CODE ALL THAT APPLY)?
- Multivitamins.....01
 - Vitamin A.....02
 - Folic Acid.....03
 - Iron.....04
 - Other.....(SPECIFY).....90
 - N/A (SKIP).....97
 - RF.....98
 - DK.....99

SPECIFY: _____

SPECIFY: _____

- D48. During your pregnancy with (CHILD), how many ultrasounds did you have?
- NONE.....(SKIP TO D52).....00
 - # OF ULTRASOUNDS.....
 - RF.....(SKIP TO D52).....98
 - DK.....99

- D49. Did you have any ultrasounds which showed any problems or confirmed abnormalities with the fetus, placenta, amniotic fluid, or any other problems?
 YES.....01
 NO.....(SKIP TO D52).....02
 N/A (SKIP).....97
 RF.....(SKIP TO D52).....98
 DK.....(SKIP TO D52).....99
- D50. Was the problem or abnormality with (READ ANSWERS AND CODE ALL THAT APPLY)?
 Fetal growth.....(SPECIFY).....01
 Placenta.....(SPECIFY).....02
 Biophysical profile or BPP.....(SPECIFY).....03
 Decreased fetal movement.....(SPECIFY).....04
 Amniotic fluid volume.....(SPECIFY).....05
 A fetal malformation or defect.....(SPECIFY).....06
 Other.....(SPECIFY).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

D51A was deleted.

D51B.					D51C.					D51D.				
Would you say the first ultrasound that showed an abnormality occurred in the first trimester , from (1) to (3)?					Would you say the first ultrasound that showed an abnormality occurred in the second trimester , from (4) to (6)?					Would you say the first ultrasound that showed an abnormality occurred in the third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

BLOOD TESTS

D52.					D53.					D54.				
I am now going to ask about blood tests. When you were pregnant with (CHILD), did you have (READ LIST)?					Were the results of the test normal or abnormal?					Were the results high or low?				
	YES	NO	RF	DK	N	AB	NA	RF	DK	H	L	NA	RF	DK
	(ASK D53)													
MSAFP or maternal serum alpha fetoprotein.....	01	02	98	99	01	02	97	98	99	01	02	97	98	99
						(ASK D54)								
Double screen.....	01	02	98	99	01	02	97	98	99					
Triple screen.....	01	02	98	99	01	02	97	98	99					
Quad screen.....	01	02	98	99	01	02	97	98	99					
AFP TEST, UNKNOWN VERSION.....	01	02	98	99	01	02	97	98	99					

D55.					D56.					D57.
Did you have an Amniocentesis or amnio?					Were the results of the test normal or abnormal?					What was the abnormality? SPECIFY.
	YES	NO	RF	DK	N	AB	NA	RF	DK	
	(ASK D56)									
Amnio.....	01	02	98	99	01	02	97	98	99	<input type="checkbox"/> <input type="checkbox"/> N/A (SKIP).....97 RF.....98 DK.....99
										NOT ENOUGH FLUID.....03

D58.					D59.					D60.
Did you have a Chorionic Villus Sampling or CVS?					Did the test show any abnormalities?					What was the abnormality? SPECIFY.
	YES	NO	RF	DK	YES	NO	NA	RF	DK	
	(ASK D59)									
CVS.....	01	02	98	99	01	02	97	98	99	<input type="checkbox"/> <input type="checkbox"/> N/A (SKIP).....97 RF.....98 DK.....99

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D61. Did you have any other prenatal diagnostic test? What was the test? (PROBE: Fetal echocardiography or fetal dye studies?) Any other tests?

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO D64).....02
 RF.....(SKIP TO D64).....98
 DK.....(SKIP TO D64).....99

D62A was deleted.

D62B.

D62C.

COMPLETE ONE ROW (D62-D63) FOR EACH TEST NAMED.		Would you say you had (TEST) done in your first trimester, from (1) to (3)?					Would you say you had (TEST) done in your second trimester, from (4) to (6)?				
TEST:		YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
#1:	<input type="text"/>	01	02	97	98	99	01	02	97	98	99
#2:	<input type="text"/>	01	02	97	98	99	01	02	97	98	99
#3:	<input type="text"/>	01	02	97	98	99	01	02	97	98	99



D62D.

D63.

Would you say you had (TEST) done in your third trimester , from (7) to (10)?					Why was (TEST) done? SPECIFY. _____ _____ _____ _____
YES	NO	N/A	RF	DK	
01	02	97	98	99	
<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> N/A (SKIP).....97 RF.....98 DK.....99					

YES NO N/A RF DK					_____ _____ _____ _____
YES	NO	N/A	RF	DK	
01	02	97	98	99	
<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> N/A (SKIP).....97 RF.....98 DK.....99					

YES NO N/A RF DK					_____ _____ _____ _____
YES	NO	N/A	RF	DK	
01	02	97	98	99	
<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> N/A (SKIP).....97 RF.....98 DK.....99					

D64. Did you or (CHILD) have any other prenatal medical procedures such as blood transfusions or fetal surgery? What was the procedure? Did you have any other procedures?

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO D67).....02
 RF.....(SKIP TO D67).....98
 DK.....(SKIP TO D67).....99



D65A was deleted.	D65B.	D65C.																				
<p>COMPLETE ONE ROW (D65-D66) FOR EACH PROCEDURE NAMED.</p> <p>PROCEDURE:</p>	<p>Would you say you had (PROCEDURE) done in your first trimester, from (1) to (3)?</p>	<p>Would you say you had (PROCEDURE) done in your second trimester, from (4) to (6)?</p>																				
<p>#1: _____</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px; display: flex; justify-content: space-between;"> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>02</td> <td>97</td> <td>98</td> <td>99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
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01	02	97	98	99																		
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01	02	97	98	99																		
YES	NO	N/A	RF	DK																		
01	02	97	98	99																		

D65D.

D66.

<p>Would you say you had (PROCEDURE) done in your third trimester, from (7) to (10)?</p>	<p>Why was (PROCEDURE) done? SPECIFY.</p> <hr/> <hr/> <hr/> <hr/>																		
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DK.....	99																		

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01	02	97	98	99															
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DK.....	99																		

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YES	NO	N/A	RF	DK															
01	02	97	98	99															
N/A (SKIP).....	97																		
RF.....	98																		
DK.....	99																		

D67. Were you told that there was “Rhesus” or “Rh” incompatibility between you and (CHILD)?

YES.....01
 NO.....(SKIP TO D70).....02
 RF.....(SKIP TO D70).....98
 DK.....(SKIP TO D70).....99

D68. If your blood type was RH negative when you were pregnant with (CHILD), you might have been given injections of Rhogam. Did you receive any Rhogam injections while you were pregnant or soon after you gave birth?

YES, WHILE PREGNANT.....01
 YES, SOON AFTER GIVING BIRTH.....02
 YES, BOTH TIMES.....03
 NO.....04
 N/A (SKIP).....97
 RF.....98
 DK.....99

D69A. Were there any problems with (CHILD) because of the rhesus incompatibility?

YES.....01
 NO.....(SKIP TO D70).....02
 N/A (SKIP).....97
 RF.....(SKIP TO D70).....98
 DK.....(SKIP TO D70).....99

D69B. What were the problems? SPECIFY.

PROBLEMS: _____

N/A (SKIP).....97
 RF.....98
 DK.....99

IF ONLY ONE PREGNANCY (C3 = 1), SKIP TO D71.

D70. Did you receive Rhogam injections for any pregnancy other than your pregnancy with (CHILD)?

YES.....01
 NO.....02
 N/A (SKIP).....97
 RF.....98
 DK.....99

VAGINAL DOUCHING

D71. Did you ever douche between (-3) and (DOIB/END BF)?

YES.....01
 NO.....(SKIP TO E1).....02
 RF.....(SKIP TO E1).....98
 DK.....(SKIP TO E1).....99

D72A was deleted.

D72B.

D72C.

Did you douche in the three months before you became pregnant, from (-3) to (-1)?					Did you douche in your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

IF R DID NOT BREASTFEED, SKIP TO D73.

D72D.

D72E.

D72F.

Did you douche in your second trimester , from (4) to (6)?					Did you douche in your third trimester , from (7) to (10)?					Did you douche during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

COMPLETE ONE ROW FOR EACH TRIMESTER INDICATED.

D73. How often during (TRIMESTER) did you douche? Would you say it was (READ ANSWERS)?

TRIMESTER	More than once a week	Once a week	Once every 2-3 weeks	Once a month or less	N/A (SKIP)	RF	DK
1. _____	01	02	03	04	97	98	99
2. _____	01	02	03	04	97	98	99
3. _____	01	02	03	04	97	98	99

BLANK PAGE FOR END OF SECTION

SECTION E: MATERNAL MEDICAL CONDITIONS, SURGERIES, PROCEDURES, AND MEDICATION USE

Now, I am going to ask you about some illnesses, surgeries and other procedures that you might have had during your pregnancy with (CHILD). I'm going to ask you about the time period from three months before you became pregnant with (CHILD) until ([his/her] delivery/you stopped breastfeeding completely).

REPRODUCTIVE AND MAJOR PERINATAL INFECTIONS AND CONDITIONS

I am going to start off by asking you about some infections or conditions that you might have had during the time period from three months before you became pregnant with (CHILD) until ([his/her] delivery/you stopped breastfeeding completely). Please refer to **list 6** in your preparatory guide and follow along.

E1. Between (-3) and (DOIB/END BF) did you have any of the following illnesses? READ LIST AND CODE ALL THAT APPLY.

Bacterial Vaginosis.....01	Hepatitis (PROBE):	Parvovirus or Fifth disease.....23	Toxoplasmosis.....32
Candidiasis or Yeast Infection.....02	HEPATITIS A.....13	Pelvic Inflammatory Disease or	Trichomoniasis or trich.....33
Chicken Pox.....03	HEPATITIS B.....14	PID.....24	Upper respiratory infection.....34
Chlamydia.....04	HEPATITIS C.....15	Pneumonia.....25	Urinary tract infection.....35
Cystitis NOS.....05	HEPATITIS NOS.....16	Pyelonephritis or kidney	Vaginitis NOS.....36
Cytomegalovirus.....06	HIV/AIDS.....17	infection.....26	Other conditions
Encephalitis.....07	Human Papilloma Virus or HPV or	Rubella or German measles.....27	(SPECIFY).....90
Endocarditis.....08	Genital warts or venereal warts. .18	Septicemia or blood infection.....28	RF.....98
Endometriosis.....09	Influenza or flu.....19	Shingles.....29	DK.....99
Fibroids.....10	Meningitis.....20	Staphylococcal infection or	NO CONDITIONS.....00
Genital Herpes.....11	Mononucleosis or mono.....21	cysts.....30	
Group B Streptococcal infection.....12	Myocarditis.....22	Syphilis.....31	

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

IF E1 = 00, 98 OR 99, SKIP TO E8.

COMPLETE E2-E7 FOR EACH CONDITION IN E1.
IF E1 = 11 (HERPES) OR 18 (VENEREAL WARTS), ASK E2 ABOUT OUTBREAKS. CODE E2B N/A IF NO OUTBREAKS AND SKIP TO E3.

E2A was deleted.

CONDITION 1:

E2B.

E2C.

Would you say (CONDITION) occurred in the 3 months before you became pregnant, from (-3) to (-1)?					Would you say (CONDITION) occurred in your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99



E3. Did you take any medicine for (CONDITION) between (-3) and (DOIB/END BF)? (IF YES: ASK R TO REFER TO LISTS 7a-7p IN PREP GUIDE. What medicine did you take? The medications in the list have been organized as best as possible by condition so please look for the heading and find your medication under that. If you do not see your medication, please look under the "other medications" category. If your medication is not listed at all, we still want you to tell us about it. Medications can be in pill form, nasal spray, patches, creams, injections, shots, etc. Any others?)

E4A was deleted.

MEDICINE:

E4B.

E4C.

#1:

Would you say you took (MED) in the three months before you became pregnant, from (-3) to (-1)?					Would you say you took (MEDICINE) in your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

#2:

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

E5. Did you have a fever from (CONDITION) between (-3) and (DOIB/END BF)?

YES.....01
 NO.....(SKIP TO NEXT CONDITION/E8).....02
 N/A (SKIP).....97
 RF.....(SKIP TO NEXT CONDITION/E8).....98
 DK.....(SKIP TO NEXT CONDITION/E8).....99

E6B.

E6C.

Would you say the fever occurred in the 3 months before you became pregnant, from (-3) to (-1)?					Would you say the fever occurred in your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99



CONDITION 2:	E2B.					E2C.				
	Would you say (CONDITION) occurred in the 3 months before you became pregnant, from (-3) to (-1)?					Would you say (CONDITION) occurred in your first trimester , from (1) to (3)?				
	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	

E3. Did you take any medicine for (CONDITION) between (-3) and (DOIB/END BF)? (IF YES: ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine did you take? The medications in the list have been organized as best as possible by condition so please look for the heading and find your medication under that. If you do not see your medication, please look under the “other medications” category. If your medication is not listed at all, we still want you to tell us about it. Medications can be in pill form, nasal spray, patches, creams, injections, shots, etc. Any others?)

MEDICINE: #1:	E4B.					E4C.				
	Would you say you took (MED) in the three months before you became pregnant, from (-3) to (-1)?					Would you say you took (MEDICINE) in your first trimester , from (1) to (3)?				
	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	

#2:	E4B.					E4C.				
	Would you say you took (MED) in the three months before you became pregnant, from (-3) to (-1)?					Would you say you took (MEDICINE) in your first trimester , from (1) to (3)?				
	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	

E5. Did you have a fever from (CONDITION) between (-3) and (DOIB/END BF)?

- YES.....01
- NO.....(SKIP TO NEXT CONDITION/E8).....02
- N/A (SKIP).....97
- RF.....(SKIP TO NEXT CONDITION/E8).....98
- DK.....(SKIP TO NEXT CONDITION/E8).....99

	E6B.					E6C.				
	Would you say the fever occurred in the 3 months before you became pregnant, from (-3) to (-1)?					Would you say the fever occurred in your first trimester , from (1) to (3)?				
	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	

E2D.					E2E.					E2F.				
Would you say (CONDITION) occurred in your second trimester , from (4) to (6)?					Would you say (CONDITION) occurred in your third trimester , from (7) to (10)?					Would you say (CONDITION) occurred during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO E5).....02
 N/A (SKIP).....97
 RF.....(SKIP TO E5).....98
 DK.....(SKIP TO E5).....99

IF R DID NOT BREASTFEED, SKIP TO NEXT MED/NEXT COND/E5

E4D.					E4E.					E4F.				
Would you say you took (MEDICINE) in your second trimester , from (4) to (6)?					Would you say you took (MEDICINE) in your third trimester , from (7) to (10)?					Would you say you took (MEDICINE) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF PERINATAL CONDITION 2 MEDICINE SUPPLEMENTS

IF R DID NOT BREASTFEED, SKIP TO E7.

E6D.					E6E.					E6F.					E7.
Would you say the fever occurred in your second trimester , from (4) to (6)?					Would you say the fever occurred in your third trimester , from (7) to (10)?					Would you say the fever occurred during the months you breastfed, from (DOIB/10) to (END BF)?					What was the highest temperature recorded using a thermometer during your fever?
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	TEMP..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> °C
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	NA (SKIP).....997 RF.....998 DK.....999

CONDITION 3:

E2B.					E2C.				
Would you say (CONDITION) occurred in the 3 months before you became pregnant, from (-3) to (-1)?					Would you say (CONDITION) occurred in your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99



E3. Did you take any medicine for (CONDITION) between (-3) and (DOIB/END BF)? (IF YES: ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine did you take? The medications in the list have been organized as best as possible by condition so please look for the heading and find your medication under that. If you do not see your medication, please look under the “other medications” category. If your medication is not listed at all, we still want you to tell us about it. Medications can be in pill form, nasal spray, patches, creams, injections, shots, etc. Any others?)



MEDICINE:

#1:

--	--	--	--	--	--	--	--

E4B.					E4C.				
Would you say you took (MED) in the three months before you became pregnant, from (-3) to (-1)?					Would you say you took (MEDICINE) in your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99



#2:

--	--	--	--	--	--	--	--

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

E5. Did you have a fever from (CONDITION) between (-3) and (DOIB/END BF)?

YES.....01
 NO.....(SKIP TO NEXT CONDITION/E8).....02
 N/A (SKIP).....97
 RF.....(SKIP TO NEXT CONDITION/E8).....98
 DK.....(SKIP TO NEXT CONDITION/E8).....99

E6B.

E6C.

E6B.					E6C.				
Would you say the fever occurred in the 3 months before you became pregnant, from (-3) to (-1)?					Would you say the fever occurred in your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99



IF R DID NOT BREASTFEED, SKIP TO E3.

E2D.					E2E.					E2F.				
Would you say (CONDITION) occurred in your second trimester , from (4) to (6)?					Would you say (CONDITION) occurred in your third trimester , from (7) to (10)?					Would you say (CONDITION) occurred during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO E5).....02
 N/A (SKIP).....97
 RF.....(SKIP TO E5).....98
 DK.....(SKIP TO E5).....99

IF R DID NOT BREASTFEED, SKIP TO NEXT MED/NEXT COND/E5

E4D.					E4E.					E4F.				
Would you say you took (MEDICINE) in your second trimester , from (4) to (6)?					Would you say you took (MEDICINE) in your third trimester , from (7) to (10)?					Would you say you took (MEDICINE) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF PERINATAL CONDITION 3 MEDICINE SUPPLEMENTS.....

IF R DID NOT BREASTFEED, SKIP TO E7.

E6D.					E6E.					E6F.					E7.
Would you say the fever occurred in your second trimester , from (4) to (6)?					Would you say the fever occurred in your third trimester , from (7) to (10)?					Would you say the fever occurred during the months you breastfed, from (DOIB/10) to (END BF)?					What was the highest temperature recorded using a thermometer during your fever?
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	TEMP..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> ^C / _F
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	NA (SKIP).....997 RF.....998 DK.....999

OF PERINATAL CONDITION SUPPLEMENTS.....

ORAL/DENTAL DISEASE

- E8. Between (-3) and (DOIB/END BF) did a doctor or dentist ever tell you that you had gingivitis or periodontitis? YES.....01
 NO.....(SKIP TO E15).....02
 RF.....(SKIP TO E15).....98
 DK.....(SKIP TO E15).....99
- E9. Did you take any medication for gingivitis or periodontitis between (-3) and (DOIB/END BF)? YES.....01
 NO.....(SKIP TO E12).....02
 N/A (SKIP).....97
 RF.....(SKIP TO E12).....98
 DK.....(SKIP TO E12).....99
- E10. ASK R TO REFER TO LIST 7a IN PREP GUIDE. What medicine did you take? Anything else? IF R CAN'T RECALL, READ ANSWERS AND CODE ALL THAT APPLY. Clindamycin.....01
 Doxycycline.....02
 Metronidazole.....03
 Minocycline.....04
 Penicillin.....05
 Other.....(SPECIFY IN GRID).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

E11A was deleted.

E11B.

E11C.



COMPLETE ONE ROW FOR EACH MEDICINE.	E11B.					E11C.				
	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
#1: <input type="text"/>	01	02	97	98	99	01	02	97	98	99
#2: <input type="text"/>	01	02	97	98	99	01	02	97	98	99
#3: <input type="text"/>	01	02	97	98	99	01	02	97	98	99

IF R DID NOT BREASTFEED,
 SKIP TO NEXT MED/E12.

E11D.

E11E.

E11F.

Would you say you took (MED) in your second trimester , from (4) to (6)?					Would you say you took (MED) in your third trimester , from (7) to (10)?					Would you say you took (MED) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF DENTAL MEDICINE SUPPLEMENTS.....

E12.	Did you have any treatment other than medicine or antibiotics for gingivitis or periodontitis between (-3) and (DOIB/END BF)?	YES.....01 NO.....(SKIP TO E15).....02 N/A (SKIP).....97 RF.....(SKIP TO E15).....98 DK.....(SKIP TO E15).....99
E13.	What treatments did you have? Was it (READ ANSWERS AND CODE ALL THAT APPLY)?	Root planing and scaling.....01 Gingival curettage.....02 Splinting.....03 Other.....(SPECIFY IN GRID).....90 N/A (SKIP).....97 RF.....98 DK.....99

E14A was deleted.

E14B.

E14C.



COMPLETE ONE ROW FOR EACH TREATMENT.	E14B. Would you say you got (TREATMENT) in the 3 months before you became pregnant, from (-3) to (-1)?	E14C. Would you say you got (TREATMENT) in your first trimester , from (1) to (3)?
	YES NO N/A RF DK	YES NO N/A RF DK
#1: _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	01 02 97 98 99	01 02 97 98 99
#2: _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	01 02 97 98 99	01 02 97 98 99
#3: _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	01 02 97 98 99	01 02 97 98 99

IF R DID NOT BREASTFEED,
SKIP TO NEXT TREATMENT/E15.

E14D.

E14E.

E14F.

Would you say you got (TREATMENT) in your second trimester , from (4) to (6)?					Would you say you got (TREATMENT) in your third trimester , from (7) to (10)?					Would you say you got (TREATMENT) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF DENTAL TREATMENT SUPPLEMENTS.....

INJURIES

The next few questions are about any injuries that you might have had during the time period from three months prior to conception of (CHILD) through (DOIB/the time until you completely stopped breastfeeding).

- E15. Between (-3) and (DOIB/END BF) did you have any injuries that required medical attention?
- | | | |
|--|---------------------------|----|
| | YES..... | 01 |
| | NO.....(SKIP TO E21)..... | 02 |
| | RF.....(SKIP TO E21)..... | 98 |
| | DK.....(SKIP TO E21)..... | 99 |

E16. What were the injuries you had? SPECIFY.

INJURY 1: _____	<table border="1" style="border-collapse: collapse; width: 20px; height: 20px;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>		
INJURY 2: _____	<table border="1" style="border-collapse: collapse; width: 20px; height: 20px;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>		
INJURY 3: _____	<table border="1" style="border-collapse: collapse; width: 20px; height: 20px;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>		

- | | | |
|-----------------|--|----|
| N/A (SKIP)..... | | 97 |
| RF..... | | 98 |
| DK..... | | 99 |

COMPLETE E17-E20 FOR EACH INJURY.

E17A was deleted.

E17B.

E17C.

INJURY 1:

Would you say (INJURY) occurred in the three months before you became pregnant, from (-3) to (-1)?	Would you say (INJURY) occurred in your first trimester , from (1) to (3)?
YES NO N/A RF DK	YES NO N/A RF DK
01 02 97 98 99	01 02 97 98 99

IF R DID NOT BREASTFEED, SKIP TO E18.

E17D.

E17E

E17F.

E18.

Would you say (INJURY) occurred in your second trimester , from (4) to (6)?	Would you say (INJURY) occurred in your third trimester , from (7) to (10)?	Would you say (INJURY) occurred during the months you breastfed, from (DOIB/10) to (END BF)?	Did you ever lose consciousness because of (INJURY)?
YES NO N/A RF DK	YES NO N/A RF DK	YES NO N/A RF DK	YES NO N/A RF DK
01 02 97 98 99	01 02 97 98 99	01 02 97 98 99	01 02 97 98 99

E19. Did you take any medications or receive injections because of (INJURY)?

YES.....01
 NO.....(SKIP TO NEXT INJURY/E21).....02
 N/A (SKIP).....97
 RF.....(SKIP TO NEXT INJURY/E21).....98
 DK.....(SKIP TO NEXT INJURY/E21).....99

E20. ASK R TO LOOK AT LIST 7a THROUGH 7p PAYING CLOSE ATTENTION TO 7a AND 7b IN PREP GUIDE. What medicines or injections did you take for (INJURY)? Anything else?

MEDICINE 1: _____ □ □ □ □ □ □

MEDICINE 2: _____ □ □ □ □ □ □

MEDICINE 3: _____ □ □ □ □ □ □

N/A (SKIP).....97
 RF.....98
 DK.....99

INJURY 2:

E17B.					E17C.				
Would you say (INJURY) occurred in the three months before you became pregnant, from (-3) to (-1)?					Would you say (INJURY) occurred in your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

IF R DID NOT BREASTFEED, SKIP TO E18.

E17D.					E17E					E17F.					E18.				
Would you say (INJURY) occurred in your second trimester , from (4) to (6)?					Would you say (INJURY) occurred in your third trimester , from (7) to (10)?					Would you say (INJURY) occurred during the months you breastfed, from (DOIB/10) to (END BF)?					Did you ever lose consciousness because of (INJURY)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

E19. Did you take any medications or receive injections because of (INJURY)?

YES.....01
 NO.....(SKIP TO NEXT INJURY/E21).....02
 N/A (SKIP).....97
 RF.....(SKIP TO NEXT INJURY/E21).....98
 DK.....(SKIP TO NEXT INJURY/E21).....99

E20. ASK R TO LOOK AT LIST 7a THROUGH 7p PAYING CLOSE ATTENTION TO 7a AND 7b IN PREP GUIDE. What medicines or injections did you take for (INJURY)? Anything else?

MEDICINE 1: _____

MEDICINE 2: _____

MEDICINE 3: _____

N/A (SKIP).....97
 RF.....98
 DK.....99

INJURY 3:

E17B.					E17C.				
Would you say (INJURY) occurred in the three months before you became pregnant, from (-3) to (-1)?					Would you say (INJURY) occurred in your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

IF R DID NOT BREASTFEED, SKIP TO E18.

E17D.					E17E.					E17F.					E18.				
Would you say (INJURY) occurred in your second trimester , from (4) to (6)?					Would you say (INJURY) occurred in your third trimester , from (7) to (10)?					Would you say (INJURY) occurred during the months you breastfed, from (DOIB/10) to (END BF)?					Did you ever lose consciousness because of (INJURY)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

E19. Did you take any medications or receive injections because of (INJURY)?

YES.....01
 NO.....(SKIP TO NEXT INJURY/E21).....02
 N/A (SKIP).....97
 RF.....(SKIP TO NEXT INJURY/E21).....98
 DK.....(SKIP TO NEXT INJURY/E21).....99

E20. ASK R TO LOOK AT LIST 7a THROUGH 7p PAYING CLOSE ATTENTION TO 7a AND 7b IN PREP GUIDE. What medicines or injections did you take for (INJURY)? Anything else?

MEDICINE 1: _____

MEDICINE 2: _____

MEDICINE 3: _____

N/A (SKIP).....97
 RF.....98
 DK.....99

OF PERINATAL INJURY SUPPLEMENTS.....

SURGERY

Now I'm going to ask you about any surgeries or procedures not related to pregnancy or delivery that you might have had during the time period from three months before becoming pregnant with (CHILD) through the time until (DOIB/you completely stopped breastfeeding).

- E21. Between (-3) and (DOIB/END BF) did you have any dental, medical, or surgical procedures that required the use of general or local anesthesia? (PROBE: What procedures did you have done?)
- YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO E24).....02
 RF.....(SKIP TO E24).....98
 DK.....(SKIP TO E24).....99

COMPLETE E22-E23 FOR EACH PROCEDURE.

	E22. E23A was deleted	E23B.										
<p>PROCEDURE:</p> <p>#1: _____</p> <p>_____</p> <p style="text-align: right;"> </p>	<p>For (PROCEDURE) did you have general anesthesia or local anesthesia?</p> <p>GENERAL.....01 LOCAL.....02 N/A (SKIP).....97 RF.....98 DK.....99</p> <p style="text-align: center;">IF E22 = 98, SKIP TO NEXT PROCEDURE/E24.</p>	<p>Would you say you received the anesthesia in the three months before you became pregnant, from (-3) to (-1)?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK								
01	02	97	98	99								
<p>#2: _____</p> <p>_____</p> <p style="text-align: right;"> </p>	<p>GENERAL.....01 LOCAL.....02 N/A (SKIP).....97 RF.....98 DK.....99</p> <p style="text-align: center;">IF E22 = 98, SKIP TO NEXT PROCEDURE/E24.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK								
01	02	97	98	99								
<p>#3: _____</p> <p>_____</p> <p style="text-align: right;"> </p>	<p>GENERAL.....01 LOCAL.....02 N/A (SKIP).....97 RF.....98 DK.....99</p> <p style="text-align: center;">IF E22 = 98, SKIP TO NEXT PROCEDURE/E24.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK								
01	02	97	98	99								

IF R DID NOT BREASTFEED,
SKIP TO NEXT PROC/E24.

E23C.					E23D.					E23E.					E23F.				
Would you say you received the anesthesia in your first trimester , from (1) to (3)?					Would you say you received the anesthesia in your second trimester , from (4) to (6)?					Would you say you received the anesthesia in your third trimester , from (7) to (10)?					Would you say you received the anesthesia during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY PROCEDURE SUPPLEMENTS.....

OTHER PROCEDURES

E24. Between (-3) and (DOIB/END BF) did you have any of the following procedures not related to your pregnancy with (CHILD)? READ ANSWERS AND CODE ALL THAT APPLY.

- X-rays, including dental.....01
- Mammogram.....02
- CT/CAT scans.....03
- MRI or magnetic resonance imaging.....04
- Radionuclide study or scan.....05
- Radiation treatments.....06
- Other x-rays or scans.....07
- Other.....(SPECIFY IN GRID).....90
- NONE.....(SKIP TO E27).....00
- RF.....(SKIP TO E27).....98
- DK.....(SKIP TO E27).....99

IF E24 = 02, SKIP TO E26.

E25.

E26A was deleted. E26B.



COMPLETE ONE ROW FOR EACH TEST/TREATMENT.	What part of your body was tested or treated? #1: _____ <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> #2: _____ <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99	Would you say the (TEST/TREATMENT) was done in the three months before you became pregnant, from (-3) to (-1)? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK								
01	02	97	98	99								
TEST/TREATMENT: #1: _____ _____ <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>												

#2: _____ _____ <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	#1: _____ <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> #2: _____ <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK								
01	02	97	98	99								

#3: _____ _____ <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	#1: _____ <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> #2: _____ <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> N/A (SKIP).....97 RF.....98 DK.....99	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YES</th> <th>NO</th> <th>N/A</th> <th>RF</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">02</td> <td style="text-align: center;">97</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	NO	N/A	RF	DK	01	02	97	98	99
YES	NO	N/A	RF	DK								
01	02	97	98	99								

**IF R DID NOT BREASTFEED,
SKIP TO NEXT TEST/E27.**

E26C.					E26D.					E26E.					E26F.				
Would you say the (TEST/TREATMENT) was done in your first trimester , from (1) to (3)?					Would you say the (TEST/TREATMENT) was done in your second trimester , from (4) to (6)?					Would you say the (TEST/TREATMENT) was done in your third trimester , from (7) to (10)?					Would you say the (TEST/TREATMENT) was done during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY TEST/TREATMENT SUPPLEMENTS.....

MEDICATION USE

I will ask you about medications that you might have taken for specific conditions and symptoms from (-3) through (DOIB/END BF).

E27. Between (-3) and (DOIB/END BF) did you take any medications or have any other type of treatment such as counseling, behavioral therapy, or physical therapy for the following conditions? READ ANSWERS AND CODE ALL THAT APPLY. DESCRIBE EACH CONDITION WHERE INDICATED.

Acne.....	01		Gastrointestinal disorder 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	24		
Allergy 1: _____		<input type="checkbox"/>	<input type="checkbox"/>	02	Gastrointestinal disorder 2: _____	<input type="checkbox"/>	<input type="checkbox"/>	25
Allergy 2: _____		<input type="checkbox"/>	<input type="checkbox"/>	03	General headaches.....			26
Anxiety disorder.....	04				Heartburn.....			27
Arthritis.....	05				High blood pressure.....			28
Asthma.....	06				Migraine headaches.....			29
Attention Deficit Hyperactivity Disorder.....	07				Neuromuscular disorder 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	30
Autoimmune disorders (see List 8 in prep guide):					Neuromuscular disorder 2: _____	<input type="checkbox"/>	<input type="checkbox"/>	31
1: _____		<input type="checkbox"/>	<input type="checkbox"/>	08	Nicotine addiction.....			32
2: _____		<input type="checkbox"/>	<input type="checkbox"/>	43	Obesity.....			33
Back pain.....	09				Obsessive compulsive disorder.....			34
Bipolar disorder.....	10				Personality disorder.....			35
Cancer.....	11				Respiratory condition 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	36
Cardiovascular condition 1: _____		<input type="checkbox"/>	<input type="checkbox"/>	12	Respiratory condition 2: _____	<input type="checkbox"/>	<input type="checkbox"/>	37
Cardiovascular condition 2: _____		<input type="checkbox"/>	<input type="checkbox"/>	13	Schizophrenia.....			38
Cold or cough.....	14				Seizures.....			39
Constipation.....	15				Sickle cell anemia.....			40
Depression.....	16				Sleep disorder.....			41
Diabetes.....	17				Thyroid disease.....			42
Dieting.....	18				Other..... (SPECIFY).....			90
Eating disorder 1: _____		<input type="checkbox"/>	<input type="checkbox"/>	19	NONE..... (SKIP TO E30).....			00
Eating disorder 2: _____		<input type="checkbox"/>	<input type="checkbox"/>	20	RF..... (SKIP TO E30).....			98
Eczema or Psoriasis.....	21				DK..... (SKIP TO E30).....			99
Endocrine disorder 1: _____		<input type="checkbox"/>	<input type="checkbox"/>	22				
Endocrine disorder 2: _____		<input type="checkbox"/>	<input type="checkbox"/>	23				
SPECIFY: _____						<input type="checkbox"/>	<input type="checkbox"/>	
SPECIFY: _____						<input type="checkbox"/>	<input type="checkbox"/>	
SPECIFY: _____						<input type="checkbox"/>	<input type="checkbox"/>	

ANSWER E28–E29 FOR EACH CONDITION.

PAGE INTENTIONALLY LEFT BLANK

CONDITION 1: _____

E28. ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine or other treatment were you given for (CONDITION)? RECORD NAME OF MEDS/TREATMENTS IN GRID BELOW. Anything else?

PROVIDED NAME OF MED(S)/TREATMENT(S).....01
 N/A (SKIP).....97
 RF.....98
 DK.....99

E29A was deleted.

E29B.

E29C. 

MEDICINE/TREATMENT:

#1:

--	--	--	--	--	--	--	--

Would you say you (took [MED] / had [TREAT]) in the three months before you became pregnant, from (-3) to (-1)?					Would you say you (took [MED] / had [TREAT]) in your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

#2:

--	--	--	--	--	--	--	--

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

CONDITION 2: _____


E28. ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine or other treatment were you given for (CONDITION)? RECORD NAME OF MEDS/TREATMENTS IN GRID BELOW. Anything else?

PROVIDED NAME OF MED(S)/TREATMENT(S).....01
 N/A (SKIP).....97
 RF.....98
 DK.....99

MEDICINE/TREATMENT:

#1:

--	--	--	--	--	--	--	--

E29B. E29C. 

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

#2:

--	--	--	--	--	--	--	--

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

IF R DID NOT BREASTFEED, SKIP TO NEXT MED/NEXT CONDITION/E30.

E29D.					E29E.					E29F.				
Would you say you (took [MED] / had [TREAT]) in your second trimester , from (4) to (6)?					Would you say you (took [MED] / had [TREAT]) in your third trimester , from (7) to (10)?					Would you say you (took [MED] / had [TREAT]) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY CONDITION 1 MEDICINE SUPPLEMENTS.....

IF R DID NOT BREASTFEED, SKIP TO NEXT MED/NEXT CONDITION/E30.

E29D.					E29E.					E29F.				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY CONDITION 2 MEDICINE SUPPLEMENTS.....

CONDITION 3: _____

E28. ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine or other treatment were you given for (CONDITION)? RECORD NAME OF MEDS/TREATMENTS IN GRID BELOW. Anything else?

PROVIDED NAME OF MED(S)/TREATMENT(S).....01
 N/A (SKIP).....97
 RF.....98
 DK.....99

MEDICINE/TREATMENT:

#1: _____

--	--	--	--	--	--	--	--

E29B.					E29C.				
Would you say you (took [MED] / had [TREAT]) in the three months before you became pregnant, from (-3) to (-1)?					Would you say you (took [MED] / had [TREAT]) in your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99



#2: _____

--	--	--	--	--	--	--	--

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

CONDITION 4: _____

E28. ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine or other treatment were you given for (CONDITION)? RECORD NAME OF MEDS/TREATMENTS IN GRID BELOW. Anything else?

PROVIDED NAME OF MED(S)/TREATMENT(S).....01
 N/A (SKIP).....97
 RF.....98
 DK.....99

MEDICINE/TREATMENT:

#1: _____

--	--	--	--	--	--	--	--

E29B.					E29C.				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99



#2: _____

--	--	--	--	--	--	--	--

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

IF R DID NOT BREASTFEED, SKIP TO NEXT MED/NEXT CONDITION/E30.

E29D.					E29E.					E29F.				
Would you say you (took [MEDICINE] / had [TREATMENT]) in your second trimester , from (4) to (6)?					Would you say you (took [MEDICINE] / had [TREATMENT]) in your third trimester , from (7) to (10)?					Would you say you (took [MEDICINE] / had [TREATMENT]) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY CONDITION 3 MEDICINE SUPPLEMENTS.....

IF R DID NOT BREASTFEED, SKIP TO NEXT MED/NEXT CONDITION/E30.

E29D.					E29E.					E29F.				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY CONDITION 4 MEDICINE SUPPLEMENTS.....

CONDITION 5: _____

E28. ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine or other treatment were you given for (CONDITION)? RECORD NAME OF MEDS/TREATMENTS IN GRID BELOW. Anything else?

PROVIDED NAME OF MED(S)/TREATMENT(S).....01
 N/A (SKIP).....97
 RF.....98
 DK.....99

MEDICINE/TREATMENT:

#1: _____

--	--	--	--	--	--	--	--	--	--	--

E29B.					E29C.				
Would you say you (took [MEDICINE] / had [TREATMENT]) in the three months before you became pregnant, from (-3) to (-1)?					Would you say you (took [MEDICINE] / had [TREATMENT]) in your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99



#2: _____

--	--	--	--	--	--	--	--	--	--	--

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

CONDITION 6: _____

E28. ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine or other treatment were you given for (CONDITION)? RECORD NAME OF MEDS/TREATMENTS IN GRID BELOW. Anything else?

PROVIDED NAME OF MED(S)/TREATMENT(S).....01
 N/A (SKIP).....97
 RF.....98
 DK.....99

MEDICINE/TREATMENT:

#1: _____

--	--	--	--	--	--	--	--	--	--	--

E29B.					E29C.				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99



#2: _____

--	--	--	--	--	--	--	--	--	--	--

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

IF R DID NOT BREASTFEED, SKIP TO NEXT MED/NEXT CONDITION/E30.

E29D.					E29E.					E29F.				
Would you say you (took [MEDICINE] / had [TREATMENT]) in your second trimester , from (4) to (6)?					Would you say you (took [MEDICINE] / had [TREATMENT]) in your third trimester , from (7) to (10)?					Would you say you (took [MEDICINE] / had [TREATMENT]) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY CONDITION 5 MEDICINE SUPPLEMENTS.....

IF R DID NOT BREASTFEED, SKIP TO NEXT MED/NEXT CONDITION/E30.

E29D.					E29E.					E29F.				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF NON-PREGNANCY CONDITION 6 MEDICINE SUPPLEMENTS.....

OF NON-PREGNANCY CONDITION SUPPLEMENTS.....

VACCINATIONS

- E30. Now I am going to ask you a few questions about vaccinations. During the time from (-3) to (DOIB/END BF) did you have any vaccinations or shots?
 YES.....01
 NO.....(SKIP TO F1).....02
 RF.....(SKIP TO F1).....98
 DK.....(SKIP TO F1).....99
- E31. What vaccination did you receive? Was it (READ ANSWERS AND CODE ALL THAT APPLY)?
 Combined measles, mumps and rubella vaccine, or MMR.....01
 Single rubella vaccine.....02
 Single mumps vaccine.....03
 Single measles vaccine.....04
 Tetanus.....05
 Influenza or flu vaccine.....06
 Hepatitis A.....07
 Hepatitis B.....08
 Allergy shots.....09
 Other.....(SPECIFY IN GRID).....90
 N/A (SKIP).....97
 RF.....98
 DK.....99

E32A was deleted.

E32B.

E32C. 

COMPLETE ONE ROW FOR EACH VACCINATION.	Would you say you received (SHOT) in the 3 months before you became pregnant, from (-3) to (-1)?					Would you say you received (SHOT) in your first trimester , from (1) to (3)?				
	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
#1: _____	01	02	97	98	99	01	02	97	98	99
	YES NO N/A RF DK					YES NO N/A RF DK				
#2: _____	01	02	97	98	99	01	02	97	98	99
	YES NO N/A RF DK					YES NO N/A RF DK				
#3: _____	01	02	97	98	99	01	02	97	98	99
	YES NO N/A RF DK					YES NO N/A RF DK				

IF R DID NOT BREASTFEED,
SKIP TO NEXT SHOT/E33.

E32D.					E32E.					E32F.				
Would you say you received (SHOT) in your second trimester , from (4) to (6)?					Would you say you received (SHOT) in your third trimester , from (7) to (10)?					Would you say you received (SHOT) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF VACCINATION SUPPLEMENTS.....

E33. Did you have any reactions to the vaccinations that required medical attention?

YES.....01
 NO.....(SKIP TO F1).....02
 N/A (SKIP).....97
 RF.....(SKIP TO F1).....98
 DK.....(SKIP TO F1).....99

COMPLETE ONE ROW FOR EACH REACTION.

	E34.	E35.
	Which vaccine(s) caused the reaction? SPECIFY.	What was the reaction? SPECIFY.
#1	<div style="border-bottom: 1px solid black; margin-bottom: 5px; display: flex; justify-content: flex-end; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="border-bottom: 1px solid black; margin-bottom: 5px; display: flex; justify-content: flex-end; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99
#2	<div style="border-bottom: 1px solid black; margin-bottom: 5px; display: flex; justify-content: flex-end; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="border-bottom: 1px solid black; margin-bottom: 5px; display: flex; justify-content: flex-end; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99
#3	<div style="border-bottom: 1px solid black; margin-bottom: 5px; display: flex; justify-content: flex-end; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99	<div style="border-bottom: 1px solid black; margin-bottom: 5px; display: flex; justify-content: flex-end; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> N/A (SKIP).....97 RF.....98 DK.....99

OF VACCINATION REACTION SUPPLEMENTS.....

SECTION F: OBSTETRIC AND DELIVERY COMPLICATIONS

OBSTETRIC COMPLICATIONS

We are interested in learning about any obstetric and pregnancy conditions that you might have had during your pregnancy with (CHILD).

F1. ASK R TO LOOK AT LIST 9 IN PREP GUIDE. I am going to read you a list of obstetric and pregnancy conditions. Please tell me if you had any of these conditions during your pregnancy with (CHILD). Did you have (READ ANSWERS AND CODE ALL THAT APPLY)?

Anemia.....	01
Chorioamnionitis.....	02
Eclampsia.....	03
Gestational diabetes.....	04
HELLP or H-E-L-L-P syndrome.....	05
Hyperemesis.....	06
Incompetent cervix.....	07
Low blood pressure that required medical treatment.....	08
Pregnancy-induced hypertension or preeclampsia.....	09
Premature rupture of your membranes.....	10
Pre-term or early labor.....	11
Vaginal bleeding.....	12
Other.....(SPECIFY).....	90
NONE.....(SKIP TO F8).....	00
RF.....(SKIP TO F8).....	98
DK.....(SKIP TO F8).....	99

SPECIFY: _____

SPECIFY: _____

ANSWER F2–F6 FOR EACH COMPLICATION.

COMPLICATION 1: _____

F2A was deleted. F2B.

F2C.

F2D.

Would you say you had (COMPLICATION) in your first trimester , from (1) to (3)?					Would you say you had (COMPLICATION) in your second trimester , from (4) to (6)?					Would you say you had (COMPLICATION) in your third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	98	01	02	97	98	98	01	02	97	98	98

F3. Did you take any medicine for (COMPLICATION)? (IF YES: ASK R TO REFER TO LISTS 7a-7p IN PREP GUIDE. What medicine did you take? Any others?)

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO F5).....02
 N/A (SKIP).....97
 RF.....(SKIP TO F5).....98
 DK.....(SKIP TO F5).....99

MEDICINE 1: _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

F4A was deleted. F4B.

F4C.

F4D.

Would you say you took (MEDICINE) in your first trimester , from (1) to (3)?					Would you say you took (MEDICINE) in your second trimester , from (4) to (6)?					Would you say you took (MEDICINE) in your third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	98	01	02	97	98	98	01	02	97	98	98

MEDICINE 2: _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

F4B.

F4C.

F4C.

Would you say you took (MEDICINE) in your first trimester , from (1) to (3)?					Would you say you took (MEDICINE) in your second trimester , from (4) to (6)?					Would you say you took (MEDICINE) in your third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	98	01	02	97	98	98	01	02	97	98	98

OF PREGNANCY COMPLICATION 1 MEDICINE SUPPLEMENTS...

F5. Did you have any treatments for (COMPLICATION)?
 This could include bed rest, home remedies, medical procedures, acupuncture, or chiropractic treatment. (IF YES: ASK R TO REFER TO LIST 7p IN PREP GUIDE. What treatment did you have? Any others?)

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO NEXT COMPLICATION/F8).....02
 N/A (SKIP).....97
 RF.....(SKIP TO NEXT COMPLICATION/F8).....98
 DK.....(SKIP TO NEXT COMPLICATION/F8).....99

TREATMENT 1: _____

F6A was deleted. F6B. F6C. F6D.

F6B.					F6C.					F6D.				
Would you say you had (TREATMENT) in your first trimester , from (1) to (3)?					Would you say you had (TREATMENT) in your second trimester , from (4) to (6)?					Would you say you had (TREATMENT) in your third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	98	01	02	97	98	98	01	02	97	98	98

TREATMENT 2: _____

F6B. F6C. F6D.

F6B.					F6C.					F6D.				
Would you say you had (TREATMENT) in your first trimester , from (1) to (3)?					Would you say you had (TREATMENT) in your second trimester , from (4) to (6)?					Would you say you had (TREATMENT) in your third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	98	01	02	97	98	98	01	02	97	98	98

OF PREGNANCY COMPLICATION 1 TREATMENT SUPPLEMENTS.....

COMPLICATION 2: _____

F2B.					F2C.					F2D.				
Would you say you had (COMPLICATION) in your first trimester , from (1) to (3)?					Would you say you had (COMPLICATION) in your second trimester , from (4) to (6)?					Would you say you had (COMPLICATION) in your third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	98	01	02	97	98	98	01	02	97	98	98

F3. Did you take any medicine for (COMPLICATION)? (IF YES: ASK R TO REFER TO LISTS 7a–7p IN PREP GUIDE. What medicine did you take? Any others?)

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO F5).....02
 N/A (SKIP).....97
 RF.....(SKIP TO F5).....98
 DK.....(SKIP TO F5).....99

MEDICINE 1: _____

F4B.					F4C.					F4D.				
Would you say you took (MEDICINE) in your first trimester , from (1) to (3)?					Would you say you took (MEDICINE) in your second trimester , from (4) to (6)?					Would you say you took (MEDICINE) in your third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	98	01	02	97	98	98	01	02	97	98	98

MEDICINE 2: _____

F4B.					F4C.					F4D.				
Would you say you took (MEDICINE) in your first trimester , from (1) to (3)?					Would you say you took (MEDICINE) in your second trimester , from (4) to (6)?					Would you say you took (MEDICINE) in your third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	98	01	02	97	98	98	01	02	97	98	98

OF PREGNANCY COMPLICATION 2 MEDICINE SUPPLEMENTS...

F5. Did you have any treatments for (COMPLICATION)?
 This could include bed rest, home remedies, medical procedures, acupuncture, or chiropractic treatment. (IF YES: ASK R TO REFER TO LIST 7p IN PREP GUIDE.
 What treatment did you have? Any others?)

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO NEXT COMPLICATION/F8).....02
 N/A (SKIP).....97
 RF.....(SKIP TO NEXT COMPLICATION/F8).....98
 DK.....(SKIP TO NEXT COMPLICATION/F8).....99

TREATMENT 1: _____

F6B.					F6C.					F6D.				
Would you say you had (TREATMENT) in your first trimester , from (1) to (3)?					Would you say you had (TREATMENT) in your second trimester , from (4) to (6)?					Would you say you had (TREATMENT) in your third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	98	01	02	97	98	98	01	02	97	98	98

TREATMENT 2: _____

F6B.					F6C.					F6D.				
Would you say you had (TREATMENT) in your first trimester , from (1) to (3)?					Would you say you had (TREATMENT) in your second trimester , from (4) to (6)?					Would you say you had (TREATMENT) in your third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	98	01	02	97	98	98	01	02	97	98	98

OF PREGNANCY COMPLICATION 2 TREATMENT SUPPLEMENTS.....

COMPLICATION 3: _____

F2B.					F2C.					F2D.				
Would you say you had (COMPLICATION) in your first trimester , from (1) to (3)?					Would you say you had (COMPLICATION) in your second trimester , from (4) to (6)?					Would you say you had (COMPLICATION) in your third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	98	01	02	97	98	98	01	02	97	98	98

F3. Did you take any medicine for (COMPLICATION)? (IF YES: ASK R TO REFER TO LISTS 7a-7p IN PREP GUIDE. What medicine did you take? Any others?)

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO F5).....02
 N/A (SKIP).....97
 RF.....(SKIP TO F5).....98
 DK.....(SKIP TO F5).....99

MEDICINE 1: _____

F4B.					F4C.					F4D.				
Would you say you took (MEDICINE) in your first trimester , from (1) to (3)?					Would you say you took (MEDICINE) in your second trimester , from (4) to (6)?					Would you say you took (MEDICINE) in your third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	98	01	02	97	98	98	01	02	97	98	98

MEDICINE 2: _____

F4B.					F4C.					F4D.				
Would you say you took (MEDICINE) in your first trimester , from (1) to (3)?					Would you say you took (MEDICINE) in your second trimester , from (4) to (6)?					Would you say you took (MEDICINE) in your third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	98	01	02	97	98	98	01	02	97	98	98

OF PREGNANCY COMPLICATION 3 MEDICINE SUPPLEMENTS...

F5. Did you have any treatments for (COMPLICATION)?
 This could include bed rest, home remedies, medical procedures, acupuncture, or chiropractic treatment. (IF YES: ASK R TO REFER TO LIST 7p IN PREP GUIDE.
 What treatment did you have? Any others?)

YES.....(SPECIFY IN GRID).....01
 NO.....(SKIP TO NEXT COMPLICATION/F8).....02
 N/A (SKIP).....97
 RF.....(SKIP TO NEXT COMPLICATION/F8).....98
 DK.....(SKIP TO NEXT COMPLICATION/F8).....99

TREATMENT 1: _____

F6B.					F6C.					F6D.				
Would you say you had (TREATMENT) in your first trimester , from (1) to (3)?					Would you say you had (TREATMENT) in your second trimester , from (4) to (6)?					Would you say you had (TREATMENT) in your third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	98	01	02	97	98	98	01	02	97	98	98

TREATMENT 2: _____

F6B.					F6C.					F6D.				
Would you say you had (TREATMENT) in your first trimester , from (1) to (3)?					Would you say you had (TREATMENT) in your second trimester , from (4) to (6)?					Would you say you had (TREATMENT) in your third trimester , from (7) to (10)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	98	01	02	97	98	98	01	02	97	98	98

OF PREGNANCY COMPLICATION 3 TREATMENT SUPPLEMENTS.....

OF PREGNANCY COMPLICATION SUPPLEMENTS.....

F7 was deleted.

DELIVERY COMPLICATIONS

F8. Now I am going to ask you a few questions about the labor and delivery with (CHILD). Were you given medications to help start or augment labor such as pitocin or oxytocin?

YES.....01
 NO.....02
 RF.....98
 DK.....99

F9. Did you receive (READ ANSWERS)? CODE ALL THAT APPLY.

General anesthesia.....01
 A spinal.....02
 An epidural.....03
 Other anesthesia.....(SPECIFY).....90
 No anesthesia.....00
 RF.....98
 DK.....99

SPECIFY _____

F10. What was the method of delivery? READ ANSWERS.

Vaginal.....(ASK F11).....01
 Scheduled cesarean section because you had a previous cesarean section.....02
 Scheduled cesarean section because your baby was breech.....03
 Scheduled cesarean section for another reason (SPECIFY).....04
 Emergency cesarean section.....05
 RF.....98
 DK.....99

SPECIFY _____

IF F10 NOT EQUAL TO 01, SKIP TO F13.

F11. Were forceps used or was vacuum extraction done to aide delivery?

	YES	NO	N/A (SKIP)	RF	DK
a. Forceps.....	01	02	97	98	99
b. Vacuum extraction.....	01	02	97	98	99

F12. Was the baby breech?

YES.....01
 NO.....02
 N/A (SKIP).....97
 RF.....98
 DK.....99

F13. Did **you** experience any of the following events during the labor or delivery of (CHILD)? READ ANSWERS AND CODE ALL THAT APPLY.

Adverse reaction to anesthesia.....01
 High fever.....(ASK F14).....02
 Hemorrhage.....03
 Uterine rupture.....04
 Low blood pressure.....05
 Other.....(SPECIFY).....90
 NONE.....00
 RF.....98
 DK.....99

SPECIFY _____

--	--

IF F13 NOT EQUAL TO 02, SKIP TO F15.

F14. What was the highest temperature recorded during your fever?

TEMPERATURE..... . ^C/_F
 N/A (SKIP).....997
 RF.....998
 DK.....999

F15. During or after delivery of (CHILD), did any of the following occur to (CHILD)? READ ANSWERS AND CODE ALL THAT APPLY.

Cord wrapped around neck.....01
 Prolonged or dysfunctional labor (also sometimes called "failure to progress").....02
 Fever in (CHILD).....03
 Fetal distress.....04
 Resuscitation needed.....05
 Sent to neonatal intensive care unit or NICU.....06
 Needed transfusion.....07
 Antibiotics given.....08
 Jaundice.....(ASK F16).....09
 Meconium aspiration.....10
 Other.....(SPECIFY).....90
 NONE.....00
 RF.....98
 DK.....99

SPECIFY: _____

IF F15 NOT EQUAL TO 09, SKIP TO SECTION H.

F16. Did (CHILD) receive phototherapy or bili lights, bili blanket, or special lights?

YES.....01
 NO.....02
 N/A (SKIP).....97
 RF.....98
 DK.....99

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SECTION H: OCCUPATIONAL HISTORY

Now, I am going to ask you about your work experience during the 3 months before you became pregnant until (CHILD) was born/time you stopped breastfeeding (CHILD), so that would include (-3) to (DOIB/END BF). As we discuss your jobs, please include jobs that were paid, volunteer, or military service, which lasted one month or more for 10 or more hours per week. I will also ask you about stay-at-home parenting and education activities, so do not include those as a job.

H1A. Between (-3) and (DOIB/END BF) did you have a job? Yes.....01
 No.....02
 RF.....98
 DK.....99

H1B. During that time, were you enrolled as a regular full-time student? That is, not just taking 1 class or community classes. Yes.....01
 No.....(SKIP TO H3A).....02
 RF.....(SKIP TO H3A).....98
 DK.....(SKIP TO H3A).....99

H1C. At what level or grade were you enrolled? HS OR VOCATIONAL SCHOOL (SKIP TO H2B).....01
 COLLEGE OR UNDERGRAD.....02
 GRAD OR PROFESSIONAL SCHOOL.....03
 N/A (SKIP).....97
 RF.....(SKIP TO H2B).....98
 DK.....(SKIP TO H2B).....99

H1D. What was your major field of study? SPECIFY
 MAJOR:
 N/A (SKIP).....97
 RF.....98
 DK.....99

H2A was deleted. H2B.					H2C.					H2D.				
Would you say you were a regular student in the three months before you became pregnant, from (-3) to (-1)?					Would you say you were a regular student in your first trimester , from (1) to (3)?					Would you say you were a regular student in your second trimester , from (4) to (6)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	
01	02	97	98	99	01	02	97	98	99	DK	01	02	97	98
										99				

IF R DID NOT BREASTFEED, SKIP TO H4 BOX

H2E.					H2F.				
Would you say you were a regular student in your third trimester , from (7) to (10)?					Would you say you were a regular student during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

IF HAD A JOB (H1A=01), SKIP TO H4 BOX

H3A. Which of the following describes what you were doing during this time? Were you (READ ANSWERS AND CODE ALL THAT APPLY)?

- A stay at home parent or caregiver.....01
- Disabled.....02
- Unemployed or between jobs (ASK H3B).....03
- Incarcerated.....04
- Something else?.....(SPECIFY).....90
- N/A (SKIP).....97
- RF.....98
- DK.....99

SPECIFY: _____

IF H3A NOT EQUAL TO 03, SKIP TO SECTION J

H3B. What was your usual job or job title?

SPECIFY: _____

- N/A (SKIP).....97
- RF.....98
- DK.....99

SKIP TO SECTION J

H4 INSTRUCTION BOX:

IF STUDENT ONLY (H1A = 02, 98, OR 99, SKIP TO SECTION J

I would like to know more about the jobs that you held between (-3) and (DOIB/END BF) that lasted one month or more at 10 or more hours a week. I am interested in types of jobs, so if you worked different jobs with the same employer, please tell me about those as separate jobs. But if you were self-employed or a contractor doing similar work for different companies, include that as one job. Think about all the jobs you had between (-3) and (DOIB/END BF) starting with the most recent.

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**ASK H4A-C FOR ALL JOBS, THEN ANSWER
H5-H9 FOR EACH JOB**



H4A.	H4B.	H4C.	H5.
<p>Can you please tell me your title for the most recent job? If you had another job between (-3) and (DOIB/END BF), what was your title for that job?</p> <hr/> <p style="text-align: center;">JOB TITLE:</p>	<p>Please tell me the name of the company or organization you (work/worked) for, or whether you (are/were) self-employed, for this job.</p> <p style="text-align: center;">EMPLOYER:</p>	<p>Please tell me the city and state the job (is/was) located in, for this job.</p> <p style="text-align: center;">CITY/STATE:</p>	<p>Next, I'm going to ask you a few questions about each of those jobs. For your job as (JOB TITLE), when did you start working at this job? Please tell me the month and year.</p> <p style="text-align: center;">MONTH/YEAR:</p>
<p>1. <input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p><input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 97 RF.....98 98 DK.....99 99</p>	<p><input style="width: 20px; height: 20px;" type="text"/>, <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 97 RF.....98 9998 DK.....99 9999</p>
<p>2. <input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p><input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 97 RF.....98 98 DK.....99 99</p>	<p><input style="width: 20px; height: 20px;" type="text"/>, <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 97 RF.....98 9998 DK.....99 9999</p>
<p>3. <input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p><input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 97 RF.....98 98 DK.....99 99</p>	<p><input style="width: 20px; height: 20px;" type="text"/>, <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 97 RF.....98 9998 DK.....99 9999</p>
<p>4. <input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p><input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 97 RF.....98 98 DK.....99 99</p>	<p><input style="width: 20px; height: 20px;" type="text"/>, <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 97 RF.....98 9998 DK.....99 9999</p>
<p>5. <input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p><input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 97 RF.....98 98 DK.....99 99</p>	<p><input style="width: 20px; height: 20px;" type="text"/>, <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>N/A (SKIP).....97 97 RF.....98 9998 DK.....99 9999</p>

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H6.	H7.	H8.	H9.
<p>When did you stop working at this job? Please tell me the month and year.</p> <p>MONTH/YEAR:</p>	<p>How many hours per week (do/did) you work on the job?</p> <p>HOURS PER WEEK:</p>	<p>What type of business (is/was) this, or what (does/did) the company make or do?</p> <p>BUSINESS:</p>	<p>Please describe your main duties or activities for this job, that is, what you (do/did) it. PROBE: Anything else?</p> <p>MAIN DUTIES:</p>
<p>□□□/□□□□□□</p> <p>N/A (SKIP)..97 9997 RF.....98 9998 DK.....99 9999</p>	<p>□□</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>□□</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>□□□□□□</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>
<p>□□□/□□□□□□</p> <p>N/A (SKIP)..97 9997 RF.....98 9998 DK.....99 9999</p>	<p>□□</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>□□</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>□□□□□□</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>
<p>□□□/□□□□□□</p> <p>N/A (SKIP)..97 9997 RF.....98 9998 DK.....99 9999</p>	<p>□□</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>□□</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>□□□□□□</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>
<p>□□□/□□□□□□</p> <p>N/A (SKIP)..97 9997 RF.....98 9998 DK.....99 9999</p>	<p>□□</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>□□</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>□□□□□□</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>
<p>□□□/□□□□□□</p> <p>N/A (SKIP)..97 9997 RF.....98 9998 DK.....99 9999</p>	<p>□□</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>□□</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>	<p>□□□□□□</p> <p>N/A (SKIP).....97 RF.....98 DK.....99</p>

OF JOB SUPPLEMENTS

H10-H12D were deleted.

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SECTION J: TOBACCO, ALCOHOL, AND OTHER DRUGS

TOBACCO

- J1. The next several questions are about your lifestyle. Did you **ever** smoke cigarettes? YES.....01
 NO.....(SKIP TO J5).....02
 RF.....(SKIP TO J5).....98
 DK.....(SKIP TO J5).....99
- J2. At any time from (-3) to (DOIB/END BF), did you smoke cigarettes? YES.....01
 NO.....(SKIP TO J5).....02
 N/A (SKIP).....97
 RF.....(SKIP TO J5).....98
 DK.....(SKIP TO J5).....99

J3A was deleted.

J3B.

J3C.

Did you smoke in the three months before you became pregnant, from (-3) to (-1)?					Did you smoke in your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

IF R DID NOT BREASTFEED, SKIP TO J4.

J3D.

J3E.

J3F.

Did you smoke in your second trimester , from (4) to (6)?					Did you smoke in your third trimester , from (7) to (10)?					Did you smoke during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

COMPLETE ONE ROW FOR EACH TRIMESTER INDICATED.

J4. About how many cigarettes did you smoke a day during (TRIMESTER)?

TRIMESTER	<1/ day	1/day	2-4/ day	½ Pack (5-14)	1 Pack (15- 24)	1½ Packs (25- 34)	2 Packs (35- 44)	>2 Pack s	N/A (SKIP)	RF	DK
1. _____	01	02	03	04	05	06	07	08	97	98	99
2. _____	01	02	03	04	05	06	07	08	97	98	99
3. _____	01	02	03	04	05	06	07	08	97	98	99
4. _____	01	02	03	04	05	06	07	08	97	98	99
5. _____	01	02	03	04	05	06	07	08	97	98	99

J5. At any time from (-3) to (DOIB/END BF), did you use other tobacco products? (PROMPT: chewing tobacco, pipe tobacco, cigar smoking).
 YES.....01
 NO.....02
 RF.....98
 DK.....99

J6. Did anyone else smoke one or more cigarettes regularly in your home between (-3) and (DOIB/END BF)?
 YES.....01
 NO.....(SKIP TO J8).....02
 RF.....(SKIP TO J8).....98
 DK.....(SKIP TO J8).....99

J7A was deleted.

J7B.

J7C.

Would you say someone else smoked cigarettes in your home during the three months before you became pregnant, from (-3) to (-1)?					Would you say someone else smoked cigarettes in your home during your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

IF R DID NOT BREASTFEED, SKIP TO J8.

J7D.

J7E.

J7F.

Would you say someone else smoked cigarettes in your home during your second trimester , from (4) to (6)?					Would you say someone else smoked cigarettes in your home during your third trimester , from (7) to (10)?					Would you say someone else smoked cigarettes in your home during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

ALCOHOL

- J8. Did you have any alcoholic drinks between (-3) and (DOIB/END BF)? We define an alcoholic drink as one beer, one glass of wine, one mixed drink, or one shot of liquor.
- YES.....01
 NO.....(SKIP TO J13).....02
 RF.....(SKIP TO J13).....98
 DK.....(SKIP TO J13).....99

J9A was deleted.

J9B.

J9C.

Would you say you drank in the three months before you became pregnant, from (-3) to (-1)?					Would you say you drank in your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

IF R DID NOT BREASTFEED, SKIP TO J10.

J9D.

J9E.

J9F.

Would you say you drank in your second trimester , from (4) to (6)?					Would you say you drank in your third trimester , from (7) to (10)?					Would you say you drank during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

COMPLETE ONE ROW FOR EACH TRIMESTER INDICATED.

- J10. During (TRIMESTER), on average, how many drinks did you have per week?

MONTH/TRIMESTER	<1/ week	1 or 2	3 or 4	5 or 6	7 or 8	9 or 10	11 or more	N/A (SKIP)	RF	DK
1. _____	01	02	03	04	05	06	07	97	98	99
2. _____	01	02	03	04	05	06	07	97	98	99
3. _____	01	02	03	04	05	06	07	97	98	99
4. _____	01	02	03	04	05	06	07	97	98	99
5. _____	01	02	03	04	05	06	07	97	98	99

J11.	Were there times when you had five or more drinks on one occasion between (-3) and (DOIB/END BF)?	YES.....01 NO.....(SKIP TO J13).....02 N/A (SKIP).....97 RF.....(SKIP TO J13).....98 DK.....(SKIP TO J13).....99
------	---------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

J12A was deleted.

J12B.

J12C.

Would you say you drank five or more drinks on one occasion during the three months before you became pregnant, from (-3) to (-1)?					Would you say you drank five or more drinks on one occasion during your first trimester , from (1) to (3)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99

IF R DID NOT BREASTFEED, SKIP TO J13.

J12D.

J12E.

J12F.

Would you say you drank five or more drinks on one occasion during your second trimester , from (4) to (6)?					Would you say you drank five or more drinks on one occasion during your third trimester , from (7) to (10)?					Would you say you drank five or more drinks on one occasion during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OTHER DRUGS

J13.	Now I would like to ask you about any recreational drugs you might have used. Between (-3) and (DOIB/BF) did you use any of the following recreational or street drugs, or any prescription drugs that were not prescribed to you? READ ANSWERS AND CODE ALL THAT APPLY.	Marijuana.....01 Cocaine.....02 Ecstasy.....03 Methamphetamines or crank or ice.....04 Other.....(SPECIFY).....90 NONE.....(SKIP TO K1).....00 RF.....(SKIP TO K1).....98 DK.....(SKIP TO K1).....99
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SPECIFY: _____

COMPLETE ONE ROW FOR EACH DRUG USED. DRUG:	J14A was deleted. J14B. Would you say you used or took (DRUG) in the three months before you became pregnant, from (-3) to (-1)?	J14C. Would you say you used or took (DRUG) in your first trimester , from (1) to (3)?	
	YES NO N/A RF DK	YES NO N/A RF DK	YES NO N/A RF DK
#1: _____ <input style="width: 20px; height: 20px;" type="text"/>	01 02 97 98 99	01 02 97 98 99	
#2: _____ <input style="width: 20px; height: 20px;" type="text"/>	01 02 97 98 99	01 02 97 98 99	
#3: _____ <input style="width: 20px; height: 20px;" type="text"/>	01 02 97 98 99	01 02 97 98 99	

IF R DID NOT BREASTFEED, SKIP TO NEXT DRUG/K1.

J14D.					J14E.					J14F.				
Would you say you used or took (DRUG) in your second trimester , from (4) to (6)?					Would you say you used or took (DRUG) in your third trimester , from (7) to (10)?					Would you say you used or took (DRUG) during the months you breastfed, from (DOIB/10) to (END BF)?				
YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK	YES	NO	N/A	RF	DK
01	02	97	98	99	01	02	97	98	99	01	02	97	98	99

OF DRUG SUPPLEMENTS.....

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SECTION K: INCOME AND CLOSING

K1.	The final survey questions ask about household income. In the 12 months prior to when you were pregnant with (CHILD), what was your estimated total household income before taxes? Please include income such as Medicaid, Social Security, and Unemployment payments. Was it (READ ANSWERS)?	Less than 10 Thousand Dollars per year.....01 10 to 30 Thousand Dollars.....02 30 to 50 Thousand Dollars.....03 50 to 70 Thousand Dollars.....04 70 to 90 Thousand Dollars.....05 90 to 110 Thousand Dollars.....06 More than 110 Thousand Dollars.....07 RF.....98 DK.....99
-----	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

INTERVIEWER NOTE: If income is exactly as start/end point, round up to the high range. For example, if income = \$30,000, round up to 30-50,000.

K2.	At that time, how many people were living in the household, including both adults and children?	# OF PEOPLE..... <input type="text"/> <input type="text"/> RF.....98 DK.....99
-----	-------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

K2A.	How many of these were children under the age of 18?	# OF CHILDREN..... <input type="text"/> <input type="text"/> RF.....98 DK.....99
------	------------------------------------------------------	----------------------------------------------------------------------------------------

K3.	Do you currently live with (CHILD)? (PROBE: How much of the time do you live with [CHILD])?	YES, ALL OF THE TIME.....01 YES, PART OF THE TIME/SHARED CUSTODY.....(ASK A).....02 NO, NONE OF THE TIME.....03 RF.....98 DK.....99
-----	---------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

IF K3 NOT EQUAL TO 02, SKIP TO K4.

A.	On average, how many days does (CHILD) live with you?	NUMBER OF DAYS..... <input type="text"/> <input type="text"/> PER WEEK.....1 PER MONTH.....2 PER YEAR.....3 N/A (SKIP).....97 7 RF.....98 8 DK.....99 9
----	-------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------

K4.	What was your estimated total household income for the last 12 months before taxes? Please include income such as Medicaid, Social Security, and Unemployment payments. Was it (READ ANSWERS)?	Less than 10 Thousand Dollars per year.....01 10 to 30 Thousand Dollars.....02 30 to 50 Thousand Dollars.....03 50 to 70 Thousand Dollars.....04 70 to 90 Thousand Dollars.....05 90 to 110 Thousand Dollars.....06 More than 110 Thousand Dollars.....07 RF.....98 DK.....99
-----	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

K5. At that time, how many people were living in the household, including both adults and children? # OF PEOPLE.....
 RF.....98
 DK.....99

K5A. How many of these were children under the age of 18? # OF CHILDREN.....
 RF.....98
 DK.....99

K6. I've asked about some things we think might be associated with development. Is there anything, including some of the factors we've already talked about that you think might cause autism or other developmental problems?
 YES.....01
 NO.....(SKIP TO K8).....02
 RF.....(SKIP TO K8).....98
 DK.....(SKIP TO K8).....99

K7. Can you tell me about those factors?
 VERBATIM: _____

K8. Why did you decide to be in this study?
 VERBATIM: _____

K9. That completes this interview. In case we need to get in touch with you in the future for this study, would you be willing to give us the name, address, and phone number of someone who should 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. RECORD CONTACT INFO IN CIS.

IF CIS NOT AVAILABLE:

NAME OF CONTACT:
 PREFIX: Ms. Mrs. Mr. Dr.

First Name: _____ Last Name: _____

Street/Apartment: _____

City/State: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

In closing, we would like to sincerely thank you for your time and effort and your contribution to this important study. Your answers to these questions will help us greatly in our efforts to better understand the causes of autism and other developmental problems. Thank you.

TIME ENDED..... :
RECORD IN MILITARY TIME.

NOTE: IF DEMOGRAPHICS RECORDED IN INTERVIEW, ENTER NOW IN CIS.

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SECTION L: INTERVIEWER STATUS

NOTE: ANSWER QUESTIONS IN SECTIONS L AND M AFTER EACH SESSION OF INTERVIEWING EVEN IF INTERVIEW WAS NOT COMPLETE.

	L1.	L2.	L3.	L4.
	Interviewer ID	Was the interview a phone or in-person interview?	Status of the interview:	Session date: MM DD YYYY
SESSION #1	<input type="text"/>	PHONE.....01 IN-PERSON.....02	Paused, not scheduled.....03 Paused, scheduled.....04 Finished, needs checking...05 Submitted, incomplete.....08 Submitted, complete.....09	<input type="text"/> - <input type="text"/> - <input type="text"/>
SESSION #2	<input type="text"/>	PHONE.....01 IN-PERSON.....02	Paused, not scheduled.....03 Paused, scheduled.....04 Finished, needs checking...05 Submitted, incomplete.....08 Submitted, complete.....09	<input type="text"/> - <input type="text"/> - <input type="text"/>
SESSION #3	<input type="text"/>	PHONE.....01 IN-PERSON.....02	Paused, not scheduled.....03 Paused, scheduled.....04 Finished, needs checking...05 Submitted, incomplete.....08 Submitted, complete.....09	<input type="text"/> - <input type="text"/> - <input type="text"/>
SESSION #4	<input type="text"/>	PHONE.....01 IN-PERSON.....02	Paused, not scheduled.....03 Paused, scheduled.....04 Finished, needs checking...05 Submitted, incomplete.....08 Submitted, complete.....09	<input type="text"/> - <input type="text"/> - <input type="text"/>

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.....SECTION M: INTERVIEWER REMARKS

NOTE: ANSWER QUESTIONS IN SECTIONS L AND M AFTER EACH SESSION OF INTERVIEWING EVEN IF INTERVIEW WAS NOT COMPLETE.

CODES FOR M2:

Did not know enough information regarding the topic.....01	Sounded embarrassed by the subject matter.....08
Did not want to be more specific.....02	Sounded emotionally unstable.....09
Sounded bored or uninterested.....03	Sounded physically ill.....10
Sounded upset, depressed, or angry.....04	Not comfortable with English or Spanish language.....11
Had poor hearing or speech.....05	Doesn't have the time.....12
Sounded confused or distracted by frequent interruptions. .06	Felt the interview was too long.....13
Sounded inhibited by others around him or her.....07	Did not comprehend the questions.....14
	Other.....(SPECIFY IN GRID).....90

	M1.	M2.	M3.
	The overall quality of the interview in this session was:	The main reason for questionable or unsatisfactory quality of information was because the respondent:	Was the majority of the interview done today in English or in Spanish?
SESSION #1	High quality (SKIP TO M3)...01 Generally reliable (SKIP TO M3) 02 Questionable.....03 Unsatisfactory.....04	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> SPECIFY: _____ <div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div>	English.....01 Spanish.....02 Half English/half Spanish.....03
SESSION #2	High quality (SKIP TO M3)...01 Generally reliable (SKIP TO M3) 02 Questionable.....03 Unsatisfactory.....04	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> SPECIFY: _____ <div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div>	English.....01 Spanish.....02 Half English/half Spanish.....03
SESSION #3	High quality (SKIP TO M3)...01 Generally reliable (SKIP TO M3) 02 Questionable.....03 Unsatisfactory.....04	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> SPECIFY: _____ <div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div>	English.....01 Spanish.....02 Half English/half Spanish.....03
SESSION #4	High quality (SKIP TO M3)...01 Generally reliable (SKIP TO M3) 02 Questionable.....03 Unsatisfactory.....04	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> SPECIFY: _____ <div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div>	English.....01 Spanish.....02 Half English/half Spanish.....03

M4. Additional comments. Use this space for any other comments you have which may affect the interpretation of this respondent's answers.
