

Multi-site Study Child Questionnaire - Long Form

(best completed by the child's birth mother who is not an adult participant)

Form Approved
OMB No. 0923-XXXX
Exp. Date xx/xx/201x

ATSDR estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-xxxx).

Parent Study ID No. | _____ |
Child Study ID No. | _____ |

Section A: Demographic Information

A1. What is your relationship to your child?

- Birth mother
- Birth father
- Adoptive mother
- Adoptive father
- Legal guardian
- Other relationship: specify _____
- Refused to answer

A2. What is your child's sex?

- Male
- Female
- Refused to answer

A3. What is your child's age in years?

- _____ years
- Refused to answer

A4. Do you consider your child to be Hispanic or Latino?

- Yes

- No
- Refused to answer

A5. What race do you consider your child to be? Mark all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Refused to answer

A6. What is the highest grade level of education your child has completed?

grade

A.7 What is the highest level of education you completed?

- Less than high school
- Some high school
- High school graduate or equivalent (GED)
- Some university/college
- Technical or trade school
- University/college graduate
- Graduate school or higher

A8. What is the child's household income (from all sources)?

- Less than \$25,000
- \$25,000 to \$69,000
- \$70,000 to \$149,000
- More than \$150,000
- Don't know
- Refused to answer

A9. During the last 12 months did the child have any kind of health insurance?

- Yes
- No
- Don't know
- Refused

Section B: Residential History and Drinking Water Exposures

This next set of questions is about the child and the child's birth mother. If you are not her, we can follow up after this interview with a quick phone call to complete the questionnaire.

B1. Is your current address in the study area [enter SITES/Communities of interest e.g. Hyannis, Ayer public water supply area]?

If not, please go to B3.

If yes, please provide the following information:

Street _____ Apt _____
City _____ State ____ Zip Code: _____

B2 .When did you move to this address?

Month____ Year_____

B3. What is the source of tap water at your current address?

- ____ Public water system
- ____ Private well
- ____ Other: specify _____
- ____ Don't know
- ____ Refused to answer

B4. Has this source changed while you've lived at your current address?

- ____ Yes
- ____ No → go to Question B7
- ____ Don't know → go to Question B7
- ____ Refused to answer → go to Question B7

If yes: B5. What was the previous source?

- ____ Public water system
- ____ Private well
- ____ Other: specify _____
- ____ Don't know
- ____ Refused to answer

B6. When did this change occur?

Month____ Year_____

B7. What proportion of the water you drink at home is tap water versus bottled water at your current address? Include water used for beverages like coffee and tea.

- ____ All tap, no bottled water
- ____ Mostly tap, a little bottled water
- ____ Similar amounts of tap and bottled
- ____ Mostly bottled, little to no tap
- ____ All bottled water
- ____ Don't know

___ Refused to answer → go to Question B11

B8. Has this pattern changed over time, while you've been living at your current address?

___ Yes

___ No → go to Question B11

___ Don't know → go to Question B11

___ Refused to answer → go to Question B11

B9. If yes: When your water consumption pattern used to be different than it is now, how would you describe it?

___ All tap, no bottled water

___ Mostly tap, a little bottled water

___ Similar amounts of tap and bottled

___ Mostly bottled, little to no tap

___ All bottled water

___ Don't know

___ Refused to answer

B10. When did this change occur?

Month___ Year_____

B11. What proportion of the water your child drinks at home is tap water versus bottled water at your current address? Include water used for beverages like coffee and tea.

___ All tap, no bottled water

___ Mostly tap, a little bottled water

___ Similar amounts of tap and bottled

___ Mostly bottled, little to no tap

___ All bottled water

___ Don't know

___ Refused to answer → go to Question B15

B12. Has this pattern changed over time, while your child has been living at your current address?

___ Yes

___ No → go to Question B15

___ Don't know → go to Question B15

___ Refused to answer → go to Question B15

B13. If yes: When your child's water consumption pattern used to be different than it is now, how would you describe it?

___ All tap, no bottled water

___ Mostly tap, a little bottled water

___ Similar amounts of tap and bottled

___ Mostly bottled, little to no tap

___ All bottled water

___ Don't know

___ Refused to answer

B14. When did this change occur?

Month____ Year_____

B15. Do you currently filter the tap water that you and your child drink at home? [Skip this question if answered "All bottled water" above]

____ Yes

____ No → go to Question B19

____ Don't know → go to Question B19

____ Refused to answer → go to Question B19

B16. If yes:

Where is the filter located?

____ Filter pitcher

____ Under the kitchen sink

____ In the refrigerator

____ Whole-house filtration

____ Other: specify _____

____ Don't know

____ Refused to answer

B17. What type of filter?

____ Granular activated carbon (Brita, PUR, others...)

____ Solid block carbon

____ Reverse osmosis

____ Other: specify _____

____ Don't know

____ Refused to answer

B18. Have you always used this type of filter while you've lived at your current address?

____ Yes

____ No

____ Don't know

____ Refused to answer

If no: When did you start using this filter?

Month____ Year_____

B19. On average, how many 8 oz. cups of tap water or beverages prepared with tap water do you currently drink per day at home?

____ Cups

____ Don't drink tap water

____ Don't know

____ Refused to answer

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

B20. On average, how many 8 oz. cups of tap water or beverages prepared with tap water does your child currently drink per day at home?

- Cups
- Don't drink tap water
- Don't know
- Refused to answer

B21. What was your previous address in the designated study area [insert site/community served by PFAS contaminated water]?

Street _____ Apt _____
City _____ State __ __ Zip Code: _____

B22. When did you move into your previous home? Month _____ Year _____

B23. What was the main source of tap water at that address?

- Public water system
- Private well
- Other: specify _____
- Don't know
- Refused to answer

B24. Did this source change while you lived at this address?

- Yes
- No → go to Question B27
- Don't know → go to Question B27
- Refused to answer → go to Question B27

B25. If yes: What was the previous source of tap water at that address?

- Public water system
- Private well
- Other: specify _____
- Don't know
- Refused to answer

B26. When did it change?

Month _____ Year _____

B27. What proportion of the water you drank while you lived at that address was tap water versus bottled water? Include water used for beverages like coffee and tea.

- All tap, no bottled water
- Mostly tap, a little bottled water
- Similar amounts of tap and bottled
- Mostly bottled, little to no tap
- All bottled water

- Don't know
- Refused to answer

B28. Did this pattern change over time while you lived at this address?

- Yes
- No → go to Question B26
- Don't know → go to Question B22
- Refused to answer → go to Question B22

B29. If yes: When your water consumption pattern changed at this address, how would you describe it?

- All tap, no bottled water
- Mostly tap, a little bottled water
- Similar amounts of tap and bottled
- Mostly bottled, little to no tap
- All bottled water [IF yes then Go to B6]
- Don't know
- Refused to answer

B30. When did this change occur?

Month____ Year_____

B31. What proportion of the water your child drank while you lived at that address was tap water versus bottled water? Include water used for beverages like coffee and tea.

- All tap, no bottled water
- Mostly tap, a little bottled water
- Similar amounts of tap and bottled
- Mostly bottled, little to no tap
- All bottled water
- Don't know
- Refused to answer

B32. Did this pattern change over time while your child lived at this address?

- Yes
- No → go to Question B35
- Don't know → go to Question B35
- Refused to answer → go to Question B35

B33. If yes: When your child's water consumption pattern changed at this address, how would you describe it?

- All tap, no bottled water
- Mostly tap, a little bottled water
- Similar amounts of tap and bottled
- Mostly bottled, little to no tap
- All bottled water [IF yes then Go to B6]
- Don't know

___ Refused to answer

B34. When did this change occur?

Month___ Year_____

B35. Did you filter the tap water you and your child drank while you lived at this address? [Skip this question if answered "All bottled water" above]

___ Yes

___ No → go to Question B40

___ Don't know → go to Question B40

___ Refused to answer → go to Question B40

B36. If yes:

Where was the filter located?

___ Filter pitcher

___ Under the kitchen sink

___ In the refrigerator

___ Whole-house filtration

___ Other: specify _____

___ Don't know

___ Refused to answer

B37. What type of filter was it?

___ Granular activated carbon

___ Solid block carbon

___ Reverse osmosis

___ Other: specify _____

___ Don't know

___ Refused to answer

B38. Did you always use this type of filter while you lived at this address?

___ Yes → go to Question B40

___ No

___ Did not drink tap water → go to Question B40

___ Don't know → go to Question B40

___ Refused to answer → go to Question B40

B39. If no: When did you start using this filter at this address?

Month___ Year_____

B40. On average, how many 8 oz. cups of tap water or beverages prepared with tap water did you drink per day when you lived at that address?

___ cups

___ Don't drink tap water

___ Don't know

___ Refused to answer

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

B41. On average, how many 8 oz. cups of tap water or beverages prepared with tap water did your child drink per day when you lived at that address?

- Cups
- Don't drink tap water
- Don't know
- Refused to answer

B42. Have you lived at any other address within the designated study area since January 2000?

- Yes Go to B43
- No → go to Question B44
- Don't know → go to Question B44
- Refused to answer → go to Question B44

B43. Please fill out the table below for these other residences where you lived since January 2000.

Street Address, City, State	Move in (mm/yy)	Average consumption of tap water per day (# cups)	Main source of tap water at this address (public water system or private well?)

B44. When [you were/the child's birth mother was] pregnant with your child, on average how many 8 oz. cups of tap water or beverages prepared with tap water did [you/she] drink per day?

- cups
- Didn't drink tap water
- Don't know
- Refused to answer

B45. When [you were//the child's birth mother was] breastfeeding your child, on average how many 8 oz. cups of tap water or beverages prepared with tap water did [you/she] drink per day?

- cups
- Didn't drink tap water
- Don't know
- Refused to answer
- Did not breastfeed my child

Section C: History of Potential Exposure Modifiers

This next set of questions is about the child and the child's birth mother. If you are not her, we can follow up after this interview with a quick phone call to complete the questionnaire.

C1. [Have you/Has the birth mother] ever had a blood transfusion?

Yes → Please specify how many times you had a blood transfusion_____

No →go to Question C3

Don't know →go to Question C3

Refused to answer →go to Question C3

C2. When did [you/she] last have a blood transfusion?

_____month/year

C3. Has your child ever had a blood transfusion?

Yes → Please specify how many times your child had a blood transfusion_____

No →go to Question C5

Don't know →go to Question C5

Refused to answer →go to Question C5

C4. When did your child last have a blood transfusion?

_____month/year

C5. [Have you/Has the birth mother] ever donated blood?

Yes → Please specify how many times you have donated blood_____

No →go to Question C8

Don't know →go to Question C8

Refused to answer →go to Question C8

C6. When did [you/the birth mother] last donate blood?

_____ Month/Year

C7. On average, how often [do you/does the birth mother] donate blood in a year?

C8. Has your child ever donated blood?

Yes → Please specify how many times your child has donated blood_____

No →go to Question D1.

- Don't know →go to Question D1.
- Refused to answer →go to Question D1.

C9. When did your child last donate blood?
_____ Month/Year

C10. On average, how often does your child donate blood in a year?
_____ times

Section D: Occupational History

This next set of questions is about the child's birth mother. If you are not her, we can follow up after this interview with a quick phone call to complete the questionnaire.

D1. What is [your/the child's birth mother's] primary occupation?

D2. On average, how many 8 oz. cups of tap water or beverages prepared with tap water do you currently drink per day at work?

- cups
- Don't drink tap water
- Don't know
- Refused to answer

D3. Please fill out the table below for each job that lasted one month or more starting from the present and working back to 2000.

Job information	Job 1	Job 2	Job 3	Job 4
a. Where did the child's mother work (City, State)				
b. Name of the employer				
c. Start date (month, year)				
d. End date (month, year)				
e. Job title/description				
f. Did the child's mother work as a firefighter?	Yes___ No___ go to question g.	Yes___ No___ go to question g.	Yes___ No___ go to question g.	Yes___ No___ go to question g.
If the child's mother worked as a firefighter, did she come into contact with firefighting foam used for fires that involve flammable liquids (also known as Class B fires)?	Yes___ No___ Don't know___	Yes___ No___ Don't know___	Yes___ No___ Don't know___	Yes___ No___ Don't know___
g. Was this job in any of the following industries?	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no
h. Did the child's mother work with or around any chemicals at this job such as solvents, metals, asbestos, or pesticides?	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___
i. Did the child's mother work with radiation?	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___

Job information	Job 5	Job 6	Job 7	Job 8
a. Where did the child's mother work (City, State)				
b. Name of the employer				
c. Start date (month, year)				
d. End date (month, year)				
e. Job title/description				
f. Did child's mother work as a firefighter?	Yes___ No___ go to question g.	Yes___ No___ go to question g.	Yes___ No___ go to question g.	Yes___ No___ go to question g.
If child's mother worked as a firefighter, did she come into contact with firefighting foam used for fires that involve flammable liquids (also known as Class B fires)?	Yes___ No___ Don't know___	Yes___ No___ Don't know___	Yes___ No___ Don't know___	Yes___ No___ Don't know___
g. Was this job in any of the following industries?	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no
h. Did child's mother work with or around any chemicals at this job such as solvents, metals, asbestos, or pesticides?	Yes (Please specify the chemical) _____ No ___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___
i. Did child's mother work with radiation?	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___

Job information	Job 9	Job 10	Job 11	Job 12
a. Where did child's mother work (City, State)				
b. Name of the employer				
c. Start date (month, year)				
d. End date (month, year)				
e. Job title/description				
f. Did child's mother work as a firefighter?	Yes___ No___ go to question g.	Yes___ No___ go to question g.	Yes___ No___ go to question g.	Yes___ No___ go to question g.
If child's mother worked as a firefighter, did she come into contact with firefighting foam used for fires that involve flammable liquids (also known as Class B fires)?	Yes___ No___ Don't know___	Yes___ No___ Don't know___	Yes___ No___ Don't know___	Yes___ No___ Don't know___
g. Was this job in any of the following industries?	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no
h. Did child's mother work with or around any chemicals at this job such as solvents, metals, asbestos, or pesticides?	Yes (Please specify the chemical) _____ No ___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___
i. Did child's mother work with radiation?	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___

This next questions are about your child.

D4. Has your child been employed for at least one month at a job?

Yes

No →go to Section E.

Job information	Job 1	Job 2	Job 3
a. Where did your child work? (City, State)			
b. Name of the employer			
c. Start date (month, year)			
d. End date (month, year)			
e. Job title/description			
f. Did your child work with or around radiation or any chemicals at this job such as solvents, metals, asbestos, or pesticides?	Yes (Please specify) _____ No ____ Don't know____	Yes (Please specify) _____ No ____ Don't know____	Yes (Please specify) _____ No ____ Don't know____

D5. On average how many 8 oz. cups of tap water or beverages prepared with tap water did [he/she] drink per day at work?

cups

Didn't drink tap water

Don't know

Refused to answer

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

Section E: Child's Daycare/School History

E1. Did your child attend day care?

Yes

No → go to Question E3

Don't know → go to Question E3

Refused to answer → go to Question E3

E2. Please fill out the table below for the day care centers your child attended.

Day care (name)	Street Address, City, State	Start Date (mm/ yy)	End Date (mm/yy)	Child's average consumption of tap water per day (# cups)

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

E3. Please fill out the table below for the schools your child has attended. If your child was home schooled, please go to Section F

School (name)	Street Address, City, State	Start Date (mm/yy)	End Date (mm/yy)	Child's average consumption of tap water per day (# cups)

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

Section F: Child's Medical History

F1. Have you ever been told by a doctor or other health care provider that your child has or had any of the following medical conditions? Fill out the table below. Circle appropriate response and ask the respondent to specify as directed.

Medical condition		If yes, what year was your child diagnosed?
a. High Cholesterol?	Yes No Don't know	_____ year
b. Diabetes (not related to pregnancy)?	Yes, Type 1 Yes, Type 2 Yes, Type unknown No Don't know	_____ year
c. Thyroid disease?	Yes (Please specify) _____ No Don't know	_____ year
d. Obesity	Yes No Don't know	_____ year
e. Lupus?	Yes No Don't know	_____ year
f. Celiac disease?	Yes No Don't know	_____ year
g. Crohn's disease?	Yes No Don't know	_____ year
h. Scleroderma?	Yes No Don't know	_____ year
i. Atopic dermatitis/eczema?	Yes (Please specify) _____ No Don't know	_____ year
j. Allergies?	Yes (Please specify) _____ No Don't know	_____ year
k. Chronic stuffy/runny nose (rhinitis/sinusitis)?	Yes No Don't know	_____ year
l. Asthma?	Yes No Don't know	_____ year
m. Delayed puberty?	Yes (Please specify) _____ No Don't know	_____ year

Medical condition		If yes, what year was your child diagnosed?
n. Attention deficit hyperactivity disorder (ADHD or attention deficit disorder (ADD)?	Yes No → go to o Don't know → go to o	_____ year
o. Autism?	Yes No → go to p Don't know → go to p	_____ year
p. Other learning or behavioral problems?	Yes (Please specify) _____ No Don't know	_____ year
q. Cancer?	Yes (Please specify) _____ No Don't know	_____ year

F2. What age was your child last vaccinated for:

Diphtheria, Tetanus, Pertussis (“DTaP”) age _____ Don’t know ___ never was vaccinated ____
 “Tdap” booster Tetanus, Diphtheria, Pertussis age _____ Don’t know ___ never was vaccinated ____
 Measles, Mumps, Rubella (“MMR”) age _____ Don’t know ___ never was vaccinated ____
 Tetanus shot (for a puncture wound or cut) age _____ Don’t know ___ never was vaccinated ____

FOR GIRLS ONLY

F3. Has your daughter ever used an oral contraceptive (“birth control pill”)?

- Yes
- No → go to Question F5
- Don’t know → go to Question F5
- Refused to answer → go to Question F5

F4. When did your daughter last use an oral contraceptive (“birth control pill”)?

_____ Month/Year

F5. At what age did your daughter begin menstruation (have her first period)?

- Age _____
- Has not yet begun to menstruate → go to Section G
- Don’t know

F6. Does your daughter’s period occur regularly (every month)?

- Yes
- No, it is irregular
- No, she does not have a period → go to Question F10

Don't know → go to Question F10

F7. How many days has been your daughter's cycle on average during the last year?

- >26 days
- 27-29 days
- 30-32
- >32 days
- Don't know

F8. Can you characterize your daughter's usual period flow during the last year?

- Light
- Medium
- Heavy
- Don't know

F9. When was your daughter's last period before this study blood draw?

Date: _____
 Don't know

F10. Has your daughter ever been pregnant?

- Yes
- No → go to Section F
- Don't Know → go to Section F
- Refused to answer → go to Section F

F11. How many times has your daughter been pregnant?

	Pregnancy #1	Pregnancy #2	Pregnancy #3
a. What month and year did this pregnancy start?	__ / ____	__ / ____	__ / ____
b. What month and year did this pregnancy end?	__ / ____	__ / ____	__ / ____
c. Did the pregnancy result in a live birth?	Yes No (go to g) Don't Know	Yes No (go to g) Don't Know	Yes No (go to g) Don't Know
d. Did your daughter breastfeed the child?	Yes No (go to g) Don't Know	Yes No (go to g) Don't Know	Yes No (go to g) Don't Know
e. How long did your daughter breastfeed the child?	__ months	__ months	__ months
f. When did your daughter stop breastfeeding the child?	__ month ____ year	__ month ____ year	__ month ____ year
g. Did a doctor or nurse say that your daughter had pre-eclampsia during her pregnancy?	Yes No Don't know	Yes No Don't know	Yes No Don't know
h. Did a doctor or nurse say that your daughter had pregnancy-induced hypertension?	Yes No Don't know	Yes No Don't know	Yes No Don't know

i. Did a doctor or nurse say that your daughter had gestational diabetes?	Yes No Don't know	Yes No Don't know	Yes No Don't know
---	-------------------------	-------------------------	-------------------------

Section G. Mother's Pregnancy History

Starting with the pregnancy of your child in this study (Pregnancy 1) and including up to three of [your/the birth mother's] previous pregnancies, please fill out the table below. Circle the appropriate response.

	Pregnancy 1	Pregnancy 2	Pregnancy 3	Pregnancy 4
a. What month and year did this pregnancy start?	___/_____	___/_____	___/_____	___/_____
b. What month and year did this pregnancy end?	___/_____	___/_____	___/_____	___/_____
c. Did the pregnancy result in a live birth?	Yes No (go to g) Don't Know	Yes No (go to g) Don't Know	Yes No (go to g) Don't Know	Yes No (go to g) Don't Know
d. Did [you/the child's mother] breastfed this child/these children?	Yes No → go to Part j. Don't know	Yes No → go to Part j. Don't know	Yes No → go to Part j. Don't know	Yes No → go to Part j. Don't know
e. How long did [you/the child's mother] breastfeed this child/these children?	__ months	__ months	__ months	__ months
f. When did [you/the child's mother] stop breastfeeding this child/these children?	__month ____ year	__month ____ year	__month ____ year	__month ____ year
g. Did a doctor or nurse say that [you/the child's mother] had pre-eclampsia during [your/her] pregnancy?	Yes No Don't know	Yes No Don't know	Yes No Don't know	Yes No Don't know
	Pregnancy 1	Pregnancy 2	Pregnancy 3	Pregnancy 4
h. Did a doctor or nurse say that [you/the child's mother] had pregnancy-induced hypertension?	Yes No Don't know	Yes No Don't know	Yes No Don't know	Yes No Don't know
i. Did a doctor or nurse say that [you/the child's mother] had	Yes No Don't know	Yes No Don't know	Yes No Don't know	Yes No Don't know

gestational diabetes?				
-----------------------	--	--	--	--

Section H: Family Medical History

H1. Do any of your child's blood relatives - - currently have cancer or have they had cancer? We are only asking about family members who are blood relatives: grandparents, parents, and siblings.

Yes

No → go to Question H4

H2. In all, how many family members (not including yourself) have had (or now have) cancer?

number

Don't know

H3. Now I'd like to get more information about each of your child's relatives who had/has cancer. Fill out the table below. Circle appropriate response and ask the respondent to specify as directed. Complete the information for the first relative completely before asking about the next relative. Once information about all blood relatives with cancer has been collected, go to Question H4.

	First relative	Second relative	Third relative	Fourth relative
a. Was this relative a . . .	Grandparent Parent Sibling	Grandparent Parent Sibling	Grandparent Parent Sibling	Grandparent Parent Sibling
b. What type of cancer did this relative have	_____	_____	_____	_____
c. Is this relative	Living Deceased	Living Deceased	Living Deceased	Living Deceased
d. What year was your relative diagnosed with cancer?	----- Don't know	----- Don't know	----- Don't know	----- Don't know

H4. Have any of your child's blood relatives - grandparents, parents, or siblings - ever been told by a health professional that they have or had any of the following conditions? Fill out the table below. Circle appropriate response and ask the respondent to specify as directed.

Medical condition		If yes, ask: Which relative had this condition?
a. High Cholesterol?	Yes (Please specify) _____ No	Grandparent Parent

Medical condition		If yes, ask: Which relative had this condition?
	Don't know	Sibling
b. Diabetes (not related to pregnancy)?	Yes, Type 1 Yes, Type 2 Yes, type unknown No Don't know	Grandparent Parent Sibling
c. Thyroid disease?	Yes (Please specify) _____ No Don't know	Grandparent Parent Sibling
d. Obesity	Yes No Don't know	Grandparent Parent Sibling
e. Lupus?	Yes (Please specify) _____ No Don't know	Grandparent Parent Sibling
f. Celiac disease?	Yes No Don't know	Grandparent Parent Sibling
g. Crohn's disease?	Yes No Don't know	Grandparent Parent Sibling
h. Scleroderma?	Yes No Don't know	Grandparent Parent Sibling
i. Atopic dermatitis/eczema?	Yes No Don't know	Grandparent Parent Sibling
j. Allergies?	Yes (Please specify) _____ No Don't know	Grandparent Parent Sibling
k. Asthma?	Yes No Don't know	Grandparent Parent Sibling
l. Attention deficit hyperactivity disorder (ADHD or attention deficit disorder (ADD)?	Yes No Don't know	Grandparent Parent Sibling
m. Autism?	Yes No Don't know	Grandparent Parent Sibling
n. Other learning or behavioral problems?	Yes No	Grandparent Parent

Medical condition		If yes, ask: Which relative had this condition?
	Don't know	Sibling
o. Cancer?	Yes (Please specify) _____ No Don't know	Grandparent Parent Sibling

CONCLUSION: That completes this survey. I would like to sincerely thank you for your time.