Form Approved OMB No. 0920-XXXX Exp. Date: XX/XX/2020

Pregnancy Reference Form (PRF) - SCRIPT

This script will be used during the first Follow-up Call.

Read:

"I would like to ask you some questions now that will make the interview go faster when we next call you."

ASK QUESTIONS 1-16 FROM PRF QUESTIONNAIRE

Read:

"Thank you. These are all the dates I need. We will confirm the dates during the interview call. We will also mail you a copy of the completed Pregnancy Reference Form for you to refer to during the telephone interview. This will help make the interview go faster."

FILL OUT PRF WORKSHEET AND PRF AFTER THE CALL ENDS.

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Public reporting burden of this collection of information is estimated to average 5 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0010).

SEED	3 Pregnancy Reference Form	FAMID:	/ Date:	/ TECHID:
PREG	NANCY REFERENCE FORM QUESTIONS	i.		
	COPY CHILD'S BIRTHDAY FROM CIS	S TO Q1.		
Q1.	Is (CHILD)'s birthday (READ DATE)?		CIS DATE	
	IF INCORRECT, RECORD CORRECT DATE	OF BIRTH.	CORRECT DATE	
Q2.	During your pregnancy with (CHILD), wha your doctor or health care provider first g your expected due date? (PROBE : This depended been given during your first prenatal visit.	ive you as ate may have	NO DUE DATE GIVEN	(RECORD BELOW)01 (SKIP TO Q11)02 (SKIP TO Q11)98 (SKIP TO Q11)99
			DATE	
	NOTE : In case of questions, have the def tries to give you one, do NOT record the			
Q3.	Was this date based on last menstrual peultrasound?	eriod (LMP) or	ULTRASOUND BOTH RF	OD
Q4.	Approximately how far along were you in pregnancy in weeks or months, when you health care provider gave you this due da This date may have been given during yo prenatal visit.)	ir doctor or ite? (PROBE :	RF	P TO Q6)
Q5.	Do you think the due date was calculated doctor or health care provider during your ANSWERS)?		2 nd trimester (between 14 t 3 rd trimester (28 weeks and RF	eks)
Q6.	Did your doctor or health care provider ex your due date because of an ultrasound t the first date was inaccurate? VERBATIM:		NO(SKI	D VERBATIM)01 P TO Q15)98 99
	NOTE: The woman may have been told use answer NO, and do NOT record those ins			his instance, mark the
Q7.	What was the final due date given to you doctor or health care provider? RECORD VERBATIM.	by your	DATE RF(SKIF	P TO Q11)98
	\/EDRATIM:			

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SEED 3 Pregnancy Reference Form	FAMID:	/ DATE:	/ TECHID:

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SEED	3 Pregnancy Reference Form FAMID:	/ DATE:	/ TECHID:	
	NOTE : If R is extremely unsure of the date but tries to give to help flesh out the information.	ve you one, do NOT record the	e date. Instead, go to Q11	
Q8.	Was it based on an ultrasound?	NO(SKIP TO		
	NOTE: This is to confirm that the final due date was base other reasons such as fetal distress, scheduled C-section		ng due date and NOT for	
Q9.	When during your pregnancy in weeks or months was (that ultrasound performed/the final due date calculated)?			
Q10.	Do you think (that ultrasound was during your/the final due date was calculated during your) (READ ANSWERS)?	2 nd trimester (between 14-28 3 rd trimester (28 weeks and a RF	s)	
		SKIP TO Q15.		
Q11.	Just before or after (CHILD) was born, did your doctor or health care provider tell you that (he/she) was born on time meaning that (he/she) was born at 40 weeks or 9.5 months from date of your last menstrual period?	NORF	FO Q15)01 98 99	
Q12.	Just before or after (CHILD) was born did your doctor or health care provider tell you that (he/she) was more than one week early or more than one week later than expected?	EARLY(SKIP T LATE(SKIP T RF(SKIP T	TO Q15)	
Q13.	How many weeks or days early was (CHILD)?		1 1 1	
		SKIP T	⁻ O Q15.	
	NOTE: If the answer is not in weeks, use the following eq	uivalents: 1 MONTH = 4 WEEK	S, 0.5 MONTHS = 2 WEEKS.	
Q14.	How many weeks or days late was (CHILD)?		1 1 1	

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NOTE: If the answer is not in weeks, use the following equivalents: 1 MONTH = 4 WEEKS, 0.5 MONTHS = 2 WEEKS.

SEED	3 Pregnancy Reference Form		/ DEVELOPMI		/ TECHID:
	,,				
Q15.	Did you breastfeed (CHILD) even for a	few days?	NO RF	(SKIP TO SCRIPT) (SKIP TO SCRIPT) (SKIP TO SCRIPT)	98
Q16.	How old was (CHILD) in days, weeks, or months when you completely stopped breastfeeding? Please include the time period where you continued to breastfeed while supplementing with other liquids or solids.		# WEEKS # MONTHS RF		98
	NOTE : If still breastfeeding, use child's age at the time of interview.				
	R wa	rview: tion mation			
	INTERVIEWER ONLY:				
	Pregnancy form filled out using: OPTION: 1) Exact due date give 2) More than one due of the control of the con	date given - used wo n – used date of birth NALYSIS) n – but knows child v irth as due date n – but knows child v et n – but knows child b	as due date was born on time was born early		

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