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Form Approved  
OMB No. 0920-0010  
Exp. Date: 05/31/2022

**Occupation: Teaching**

The Birth Defects Study to Evaluate Pregnancy exposureS (BD-STEPS) is a study to discover clues about what causes birth defects. You previously completed a phone interview about experiences during your pregnancy. This questionnaire asks you additional questions about your experiences during the same pregnancy.

The questionnaire will take about 20 minutes. It includes questions about working as a teacher. Some women may find it emotionally difficult to discuss their pregnancies. There is no other likely risk to taking this survey. Completing this questionnaire will not benefit you or your family directly; however, the findings may help to prevent birth defects in the future.

You can choose not to participate. The decision not to participate will not affect the care or services you or your family receives.

You are free to stop the questionnaire at any time.

We plan to share your questionnaire information with other researchers involved in this study. Information will only be used for research, and it will be kept confidential. It will only be shared after appropriate approvals are obtained by the study's Data Sharing Committee and human research protection committees. We will never use any names or addresses in reports or publications.

If you have any concerns about the study or how it is conducted, you may contact **April Dawson at 404-498-3912**. If you have questions about your rights as a subject in this research study, please call the Office of the Deputy Associate Director for Science for CDC at 1-800-584-8814. Leave a message, include your name and telephone number, and refer to Protocol #2087. Someone will call you back as soon as possible.

Do you wish to participate in the online survey?

- Yes
- No

Clear responses





Occupation: Teaching

Did you start or stop working in the month before you became pregnant or the first three months of your pregnancy?

- No
- Yes, I started a new job
- Yes, I stopped working at this job
- Don't know

Clear radio button

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Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA  
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Closed Holidays - cdcinfo@cdc.gov





Occupation: Teaching

Please enter the date you stopped working in this job. If you can't remember the exact date, please enter your best estimates. For the remaining questions about your job, please describe what your job was like before you stopped working. (mm/dd/yyyy):

Don't know

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Occupation: Teaching

During the first month before you became pregnant through the third month of your pregnancy, did you ask if your work duties could be changed or reduced?

Yes  No  Don't know

Clear radio button

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Occupation: Teaching

Were your requests granted?

- Yes, all my requests were granted. For the remaining questions about your job, please describe what your job was like before your requests were granted.
- Some, but not all, of my requests were granted. For the remaining questions about your job, please describe what your job was like before some of your requests were granted.
- No, none of my requests were granted.
- Don't know.

Clear radio button

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Occupation: Teaching

During the first month before you became pregnant through the third month of your pregnancy, how many shifts per week and how many hours per shift did you typically work at this job?

Shifts (days) per week:   
 Don't know

Hours per shift (day):   
 Don't know

Of the hours you worked in each shift, how many did you typically spend:

Hours sitting per shift:   
 Don't know

Hours standing in one place per shift:   
 Don't know

Hours on your feet, but walking or moving around per shift:   
 Don't know

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Occupation: Teaching

What grade level did you teach between the month before you became pregnant through the third month of your pregnancy? (please mark all that apply):

- Preschool
- Kindergarten
- 1st or 2nd grades
- 3rd through 5th grades
- 6th through eighth grades
- 9th through 12th grades (high school)
- Post - high school

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Occupation: Teaching

At work, on average, how many times per day did you lift or carry objects that weigh 15 pounds or more? For reference, 15 pounds is about the weight of 2 gallons of milk.

- <1 time per day
- 1-5 times per day
- 6-10 times per day
- 11-20 times per day
- > 20 times per day
- Don't know

At work, on average, how many times per day did your job involve bending at the waist? This includes bending forward or stooping, bending to the side, and twisting.

- <1 time per day
- 1-25 times per day
- 26-50 times per day
- 51-75 times per day
- > 75 times per day
- Don't know

During the month before you became pregnant through the third month of your pregnancy, how many times per day were you permitted to take bathroom breaks at work?

- None
- 1
- 2-3
- 4-5
- As many as I needed/very flexible
- Don't know

Clear radio button

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Occupation: Teaching

For the following list of words, please respond with 'yes' if the word describes your job, 'no' if it doesn't, or 'can't decide' if you aren't sure.

	Yes	No	Can't decide
Demanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hectic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many things stressful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nerve-racking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has led	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More stressful than I'd like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smooth running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overwhelming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Clear radio button

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Occupation: Teaching

During the first month before you became pregnant through the third month of your pregnancy, did you find it difficult to take time off work for prenatal visits?

- No
- Yes
- Don't know

Clear radio button

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Occupation: Teaching

Please add any comments, concerns and/or suggestions about this survey you may wish to share with us.

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Occupation: Teaching

\* Thank You For Participating \*

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