**APPENDIX E3**

Form Approved

OMB No. 0923-0041

Exp. Date 01/31/2023

**DEMOGRAPHY**

ATSDR estimates the average public reporting burden for this collection of information as 2 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 (0923-0041).

**3.1 FEMALE REPRODUCTIVE HISTORY**

Follow-up questions are based on:

Q: What is your gender?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM**  | **VARIABLE CODE** | **RESPONSE**  | **DESCRIPTION** | **FOLLOW-UP QUESTIONS (SEE BELOW)** |
| **R15** | R\_GENDER | 2 | Female | APPENDIX E 3.1.1 – 3.1.6 |

The following questions are about your menstrual periods and pregnancy and childbirth history.

|  |  |  |  |
| --- | --- | --- | --- |
| **APPENDIX ITEM** | **VARIABLE CODE** | **RESPONSE**  | **DESCRIPTION** |
| 3.1.1 | S12\_Q01 |   | How old were you when you first had your first menstrual period? |
|  |   |   | ENTER: |
| 3.1.2 | S12\_Q02 |   | Have you had at least one menstrual period in the past 12 months? Please do not include bleedings caused by medical conditions, hormone therapy, or surgeries. |
|  |   | 1 | Yes |
|  |   | 2 | No |
|  |   |   | **GO TO: APPENDIX ITEM 3.1.2.1** |
|  |   | 9 | Don’t know |
| 3.1.2.1 |   |   | **IF NO** What is the reason that you have not had a period in the past 12 months?  |
|  | S12\_Q02A | 1 | Pregnancy |
|  | S12\_Q02B | 2 | Breast feeding |
|  | S12\_Q02C | 3 | Menopause/Hysterectomy |
|  | S12\_Q02D | 4 | Medical conditions/ Treatments |
|  | S12\_Q02E | 5 | Other: Please specify \_\_\_ |
|  | S12\_Q02F |   | ENTER: |
|  | S12\_Q02G | 9 | Don’t know |
| 3. 1.3 | S12\_Q03 |   | How old were you when you had your LAST menstrual period? |
|  |   |   | ENTER |
| 3. 1.4 | S12\_Q04 |   | Have you ever been pregnant? |
|  |   | 1 |  Yes |
|  |   |   | **GO TO: APPENDIX ITEM 3.1.4.1** |
|  |   | 2 |  No |
|  |   | 9 |  Don’t know |
| 3. 1.4.1 | S12\_Q04A |   | **IF YES** How many times have you been pregnant? Please count all pregnancies including, live births, miscarriages, stillbirths, tubal pregnancies or abortions) Number of pregnancies |
|  |   |   | ENTER |
| 3. 1.5 | S12\_Q04B |   | Are you currently pregnant? |
|  |   | 1 |  Yes |
|  |   | 2 |  No |
|  |   | 9 |  Don’t know |
| 3. 1.6 | S12\_Q04C |   | How many deliveries resulted in a live birth? |
|  |   |   | ENTER:  |
| 3.1.6.1 | S12\_Q04D |   | How old were you at the time of your FIRST live birth? |
|  |   |   | ENTER: |
| 3.1.6.2 | S12\_Q04E |   | How old were you at the time of your LAST live birth? |
|  |   |   | ENTER: |