

APPENDIX E3 DEMOGRAPHY

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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 <u>at least one menstrual period</u> in the <u>past 12 months</u> ? 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 <u>FIRST</u> live birth? ENTER:
3.1.6.2	S12_Q04E	How old were you at the time of your <u>LAST</u> live birth? ENTER: