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FORM.....	01	VERSION.....	3.11						

# National Birth Defects Prevention Study

## Mother Questionnaire CATI Version 3.11

**Centers for Disease Control and Prevention  
U.S. Department of Health and Human Services  
Public Health Service**

**November 2, 2001**

Information contained on this form which could permit identification of any individual or establishment has been collected with an assurance that it will be held in strict confidence by the contractor and CDC, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of CDC without the consent of the participant in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

Public reporting burden of this collection of information is estimated to average 1 hour per response, 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 DHHS Reports Clearance Officer; Paperwork Reduction Project (0920-0010); Rm 531-H, H.H. Humphrey Bldg. 200 Independence Ave., SW, Washington, DC 20201.

**HARDCOPY INSTRUCTIONS:**

ON HARDCOPY, “DON’T KNOW” (DK) OPTIONS SHOW AT MOST FIELDS BUT “REFUSED” (RF) OPTIONS ARE NOT SHOWN. WHEN SUBJECTS REFUSE, INTERVIEWERS SHOULD WRITE “RF” NEAR RESPONSE FIELDS ON THE HARDCOPY. WRITE “DK” WHEN NEEDED TO DESIGNATE DON’T KNOW. INSTRUCTIONS FOR REFUSALS SHOULD FOLLOW SAME INSTRUCTIONS AS FOR DON’T KNOW.

SEE APPENDIX AT BACK OF QUESTIONNAIRE FOR DETAILS ABOUT RESPONSE CODES AND CONVENTIONS USED IN CATI VS. HARDCOPY QUESTIONNAIRE.

INVESTIGATORS: PLEASE NOTE: THE CODES IN THIS DOCUMENT ARE NOT A “CODEBOOK” OR OFFICIAL ANALYSIS/DATABASE CODES. THE CODES ARE FOR INTERVIEWING PURPOSES ONLY. (FOR EXAMPLE, THIS DOCUMENT DOES NOT SHOW ACTUAL DRUG CODES.) FOR CODES, INVESTIGATORS SHOULD REFER TO NBDPS DOCUMENTATION.

**OPENING STATEMENT**

In this interview we will be asking you questions about your family, health, lifestyle habits, and work history. The questions cover many topics because we don't know what causes most birth defects. We will study the answers from thousands of mothers hoping to learn something new about the causes of birth defects. Your individual responses are being collected with an assurance of confidentiality.

**SECTION A: ESTABLISHING DATES**

I'm going to ask many questions about the year before (NOIB)'s birth. In order to do this I need to start by asking you some dates.

**TABS:** I'm going to ask many questions about the year before you had a pregnancy affected by a birth defect. I will refer to this pregnancy as the affected pregnancy when I ask you questions. I need to start by asking you some dates.

A1. What was (NOIB's/the baby's) date of birth?

DOB.....

MM		DD		YYYY			

**TABS:** On what date did the affected pregnancy end?

DOIB (TAB).....

MM		DD		YYYY			

A2. What date did the doctor give you as a due date for (NOIB's/the baby's) birth? That is, when was (NOIB/the baby ) expected to be born?

DUE DATE .....

MM		DD		YYYY			

CHECK IF DK.....

**TABS:** What date did the doctor give you as a due date for the affected pregnancy? That is, when was the baby expected to be born?

DUE DATE (TABS) .....

MM		DD		YYYY			

CHECK IF DK.....

**NOTE: IF MOM KNOWS DUE DATE, CATI WILL CALCULATE WHICH PREGNANCY MONTHS CORRESPOND WITH CALENDAR DATES. IF MOM DOES NOT KNOW DUE DATE, USE THE EDC RECORDED IN THE TRACKING DATABASE TO CALCULATE DATES.**

A3. What was your date of birth?

DOB.....

MM		DD		YYYY			

CHECK IF DK.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MM	DD	YYYY

CHECK IF RF.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MM	DD	YYYY

A4. I would like to ask about (NOIB)'s biologic or natural father. What was his date of birth? IF DK, PROBE: You don't know the date of birth or you do not know the biologic father?

DOB.....

MM		DD		YYYY			

CHECK IF DK.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MM	DD	YYYY

CHECK IF DK WHO FATHER IS.....

**HISTORY OF THIS PREGNANCY**

A5. In this pregnancy, how many babies were you carrying? PROBE: Did you have a single baby, twins, or more babies? # BABIES .....  1  
 RF ..... 7  
 DK ..... 8

**IF NOIB IS "TAB" OR "STILLBIRTH," THEN SKIP TO SECTION B.**

A6. Is (NOIB) still living? YES ..... (SKIP TO INTRO SCRIPT) ..... 1  
 NO ..... 2  
 RF ..... (SKIP TO INTRO SCRIPT) ..... 7  
 DK ..... (SKIP TO INTRO SCRIPT) ..... 8

A7. What did s/he die of?  
 SPECIFY: \_\_\_\_\_        
 CHECK IF DK .....   
 CHECK IF RF .....

A8. How old was s/he when s/he died? AGE .....     
 DK ..... 98  
 DAY(S) ..... 1  
 WEEK(S) ..... 2  
 MONTH(S) ..... 3  
 YEAR(S) ..... 4  
 DK ..... 98

**INTRO SCRIPT**

During this interview we will be asking many questions about your activities from (BEGINNING OF B3) to (DATE OF BIRTH OR PREGNANCY TERMINATION). This time period includes your pregnancy and the 3 months before you became pregnant.

At this time, and at other times during this interview, I will be asking you about illnesses you may have had and various kinds of medications or remedies you may have used. Please include medications prescribed by a health care practitioner and medications you might have obtained without a prescription from stores, pharmacies, friends or relatives, as well as herbal or home remedies. Now I have some questions about your health.

**SECTION B: MATERNAL HEALTH—DIABETES**

- B1. Were you ever told by a doctor that you had diabetes (including gestational diabetes), sometimes called sugar diabetes or diabetes mellitus? YES ..... 1  
NO ..... (SKIP TO B14) ..... 2  
DK ..... (SKIP TO B14) ..... 8
- B2. What type of diabetes did you have? Was it (READ LIST)? Gestational, that is during pregnancy only ..... 1  
Insulin-dependent diabetes, also called Type I or Juvenile ..... 2  
Non-insulin dependent diabetes, also called Type II or Adult onset ..... 3  
DK ..... 8
- B3. What month and year were you diagnosed? MONTH .....      
DK = 98  
YEAR .....      
DK = 9998
- B4. Did you ever take insulin? YES ..... 1  
NO ..... (SKIP TO B8) ..... 2  
DK ..... (SKIP TO B8) ..... 8
- B5. At what age did you start taking insulin? AGE IN YEARS .....     
DK = 98
- B6. Have you been taking insulin continuously since that time? YES ..... (SKIP TO B8) ..... 1  
NO ..... (SKIP TO B8) ..... 2  
DK ..... (SKIP TO B8) ..... 8
- B7. When did you stop taking it? DATE .....        
MONTH MONTH YEAR  
DK = 98 DK = 9998  
OR  
AGE IN YEARS .....     
DK = 98

MEMO FIELD FOR MORE COMPLEX INSULIN-TAKING PATTERNS: \_\_\_\_\_

B8. Did you take any medications or remedies other than insulin for diabetes or its complications between (-3) and ( [DOIB/DOPT for TABs] )?

- YES .....1
- NO ..... (SKIP TO B14) .....2
- DK ..... (SKIP TO B14) .....8

B9. What did you take?/Did you take anything else? LIST ALL. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take...?

- Diabeta .....01
- Diabinese .....02
- Glucophage .....03
- Glucotrol .....04
- Glucotrol XL .....05
- Glynase Prestab .....06
- Micronase .....07
- Other ..... (SPECIFY) .....08
- DK .....98

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

FOR EACH MED, ASK B10–B13. IF GET EXACT DATES IN B10 AND B11, SKIP B12.

DRUG	B10.			B11.			B12.	B13.
	Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness?			When did you stop using (MEDICINE)? OR			How long did you take it?	How often did you use (MEDICATION)?
	MM	DD	YYYY	MM	DD	YYYY	DURATION	FREQUENCY
1. _____ <input type="text"/> <input type="text"/> DK = 98	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	<input type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
2. _____ <input type="text"/> <input type="text"/> DK = 98	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	<input type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
3. _____ <input type="text"/> <input type="text"/> DK = 98	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	<input type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4

**MATERNAL HEALTH-HIGH BLOOD PRESSURE**

B14. Were you ever told by a doctor that you had high blood pressure? YES .....1  
 NO ..... (SKIP TO B23) .....2  
 DK ..... (SKIP TO B23) .....8

B15. How old were you when you were told that you had high blood pressure? AGE IN YEARS ..... 

--	--

  
 DK = 98  
**OR**  
 INFANCY <1 = 0  
 CHILDHOOD (1–12) = 91  
 TEENAGE (13–19) = 92  
 YOUNG ADULT = 93  
 ADULT = 94

B16. Did you have high blood pressure when you were pregnant with (NOIB)? YES .....1  
 NO ..... (SKIP TO B23) .....2  
 DK ..... (SKIP TO B23) .....8

**TABS:** Did you have high blood pressure when you had the affected pregnancy?

B17. Did you take any medications or remedies for high blood pressure between (-3) and ([DOIB]/[DOPT])? YES .....1  
 NO ..... (SKIP TO B23) .....2  
 DK ..... (SKIP TO B23) .....8

B18. What did you take? / Did you take anything else?  
 LIST ALL. IF CAN'T RECALL, READ FROM DRUG  
 LIST: Did you take...?

- Aldomet Tablet ..... 01
- Atenolol ..... 02
- Capoten ..... 03
- Diltiazem HCL ..... 04
- Enalapril Maleate ..... 05
- Hydralazine/HCTZ ..... 06
- Lisinopril ..... 07
- Metoprolol ..... 08
- Nifedipine ..... 09
- NOS – Ace Inhibitor Unknown ..... 10
- NOS – Antihypertensive Unknown ..... 11
- NOS – Beta Blocker ..... 12
- Propranolol ..... 13
- Quinapril HCL ..... 14
- Ramipril ..... 15
- Verapamil ..... 16
- Other ..... (SPECIFY) ..... 17
- DK ..... 98

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

FOR EACH MED, ASK B19–B22. IF GET EXACT DATES IN B19 AND B20, SKIP B21.

	DRUG	B19.	B20.	B21.	B22.
		Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness? MM DD YYYY	When did you stop using (MEDICINE)? OR MM DD YYYY	How long did you take it? DURATION	How often did you use (MEDICATION)? FREQUENCY
1.	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> DK = 98	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year ..... 4
2.	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> DK = 98	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year ..... 4
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**MATERNAL HEALTH-SEIZURES**

- B23. Have you ever had seizures? YES ..... 1  
 NO ..... (SKIP TO B34) ..... 2  
 DK ..... (SKIP TO B34) ..... 8
- B24. Were you ever told by a doctor that you had epilepsy? YES ..... 1  
 NO ..... (SKIP TO B32) ..... 2  
 DK ..... (SKIP TO B32) ..... 8
- B25. How old were you when you were told that you had epilepsy? AGE IN YEARS .....     
 DK = 98
- B26. Did you take any medications or remedies for epilepsy between (-3) and ([DOIB] / [DOPT])? YES ..... 1  
 NO ..... (SKIP TO B34) ..... 2  
 DK ..... (SKIP TO B34) ..... 8

B27. What did you take? / Did you take anything else?  
 LIST ALL. IF CAN'T RECALL, READ FROM DRUG  
 LIST: Did you take...?

- Celontin .....01
- Depakene Capsules .....02
- Depakote Tabs .....03
- Dilantin .....04
- Klonopin .....05
- Lamictal .....06
- Mebaral .....07
- Mesantoin .....08
- Mysoline .....09
- Neurontin .....10
- Peganone .....11
- Phenobarbital .....12
- Phenurone .....13
- Tegretol .....14
- Valium .....15
- Zarontin .....16
- Other ..... (SPECIFY) .....17
- DK .....98

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

FOR EACH MED, ASK B28–B31. IF GET EXACT DATES IN B28 AND B29, SKIP B30.

DRUG	B28.			B29.			B30.	B31.
	Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness?			When did you stop using (MEDICINE)?			How long did you take it?	How often did you use (MEDICINE)?
	MM	DD	YYYY	MM	DD	YYYY	DURATION	FREQUENCY
1. _____ <input type="text"/> <input type="text"/> DK = 98	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	<input type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year ..... 4
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3. _____ <input type="text"/> <input type="text"/> DK = 98	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	<input type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year ..... 4

SKIP TO B34.

- B32. Did you ever have seizures that were not related to fever?
- YES ..... 1  
NO ..... (SKIP TO B34) ..... 2  
DK ..... (SKIP TO B34) ..... 8
- B33. Did you take any medications or remedies for seizures between (-3) and (DOIB)?
- YES ..... (GO BACK TO B27 AND FILL OUT CHART) ..... 1  
NO ..... (SKIP TO B34) ..... 2  
DK ..... (SKIP TO B34) ..... 8

**MATERNAL HEALTH-RESPIRATORY ILLNESS**

B34. Between (-3) and ( [DOIB] / [DOPT] ) did you have a cold or flu? / Anything else?

YES .....1  
 NO .....(SKIP TO B47).....2  
 DK .....(SKIP TO B47).....8

FOR EACH ILLNESS, ASK B35–B38. IF GET EXACT DATES IN B35 AND B36, SKIP B37.

B35.		B36.		B37.		B38.																																																																												
When did your (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> ) cold or flu episode start?		When did the illness stop?		Or, how long did the illness last?		When you were ill on this occasion, did you have any of the following? (READ LIST).																																																																												
						YES	NO	DK																																																																										
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	B39.	B40.	B41.	B42.
	How long did the fever last?	What was the highest temperature recorded during your fever?	Did you take any medications or remedies for this illness?	What did you take? / Did you take anything else? LIST ALL. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take...?
1.	<div style="text-align: center;"> <input type="text"/> <input type="text"/>                      DK = 98                 </div> HOUR(S) .....1 DAY(S).....2 WEEK(S) .....3 MONTH(S).....4	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                      DK = 998                      NOT RECORDED = 999                 </div> FAHRENHEIT..... F CENTIGRADE ..... C	YES ..... 1 NO ..... (SKIP TO B47)..... 2 DK ..... (SKIP TO B47)..... 8	Acetaminophen..... 01 Advil ..... 02 Afrin Nasal Spray..... 03 Amoxicillin..... 04 Ampicillin ..... 05 Augmentin ..... 06 Erythromycin..... 07 Nuprin ..... 08 Penicillin, NOS..... 09 Robitussin..... 10 Sudafed ..... 11 Tylenol ..... 12 Other (SPECIFY)..... 13 DK..... 98
				1. _____ <input type="text"/> <input type="text"/>  2. _____ <input type="text"/> <input type="text"/>  3. _____ <input type="text"/> <input type="text"/>
2.	<div style="text-align: center;"> <input type="text"/> <input type="text"/>                      DK = 98                 </div> HOUR(S) .....1 DAY(S).....2 WEEK(S) .....3 MONTH(S).....4	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                      DK = 998                      NOT RECORDED = 999                 </div> FAHRENHEIT..... F CENTIGRADE ..... C	YES ..... 1 NO ..... (SKIP TO B47)..... 2 DK ..... (SKIP TO B47)..... 8	Acetaminophen..... 01 Advil ..... 02 Afrin Nasal Spray..... 03 Amoxicillin..... 04 Ampicillin ..... 05 Augmentin ..... 06 Erythromycin..... 07 Nuprin ..... 08 Penicillin, NOS..... 09 Robitussin..... 10 Sudafed ..... 11 Tylenol ..... 12 Other (SPECIFY)..... 13 DK..... 98
				1. _____ <input type="text"/> <input type="text"/>  2. _____ <input type="text"/> <input type="text"/>  3. _____ <input type="text"/> <input type="text"/>

FOR EACH MEDICINE (BY ILLNESS) ASK B43–B46. IF GET EXACT DATES IN B43 AND B44, SKIP B45.

	B43.	B44.	B45.	B46.
	Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness?	When did you stop using (MEDICINE)? OR	How long did you take it?	How often did you use (MEDICATION)?
			DURATION	FREQUENCY
1.	ILLNESS# ..... DRUG # .....  MM DD YYYY  DRUG # .....  MM DD YYYY	MM DD YYYY  MM DD YYYY	DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3  DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4  DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
2.	ILLNESS# ..... DRUG # .....  MM DD YYYY  DRUG # .....  MM DD YYYY	MM DD YYYY  MM DD YYYY	DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3  DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4  DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
3.	ILLNESS# ..... DRUG # .....  MM DD YYYY  DRUG # .....  MM DD YYYY	MM DD YYYY  MM DD YYYY	DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3  DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4  DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4

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**MATERNAL HEALTH-INFECTIONS**

B47. Between (-3) and ( [DOIB] / [DOPT] ), did you have any of the following illnesses...? READ LIST

- A. a kidney, bladder, or urinary tract infection? YES .....1  
NO.....2  
DK .....8
- B. or did you have pelvic inflammatory disease or PID? YES .....1  
NO.....2  
DK .....8

**IF NO TO BOTH A AND B, SKIP TO B59.  
FOR EACH YES, ASK B48-B58.**

	B48.	B49.				B50.
	Was the (infection/ PID) diagnosed by a doctor?	MO	YES	NO	DK	When you were sick with (infection/PID), did you have a fever?
A. kidney, bladder, or urinary tract infection (UTI)	YES.....1	B3	1	2	8	YES .....1
	NO.....2	B2	1	2	8	NO ... (SKIP TO B53)....2
	DK .....8	B1	1	2	8	DK ... (SKIP TO B53)....8
		P1	1	2	8	
		P2	1	2	8	
		P3	1	2	8	
		T2	1	2	8	
		T3	1	2	8	
B. PID	YES.....1	B3	1	2	8	YES .....1
	NO.....2	B2	1	2	8	NO ... (SKIP TO B53)....2
	DK .....8	B1	1	2	8	DK ... (SKIP TO B53)....8
		P1	1	2	8	
		P2	1	2	8	
		P3	1	2	8	
		T2	1	2	8	
		T3	1	2	8	



	B51.	B52.	B53.	B54.
	How long did the fever last?	What was the highest temperature recorded during your fever?	Did you take any medications or remedies for your (ILLNESS)?	What did you take? / Did you take anything else? LIST ALL. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take...?
A.	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      DK = 98                 </div> HOUR(S) .....1 DAY(S).....2 WEEK(S).....3 MONTH(S).....4	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                      DK = 998                      NOT RECORDED = 999                 </div> FAHRENHEIT..... F CENTIGRADE..... C	YES ..... 1 NO ..... (SKIP TO B59)..... 2 DK ..... (SKIP TO B59)..... 8	Amoxicillin.....01 Ampicillin .....02 Antibiotic, NOS .....03 Bactrim .....04 Keflex.....05 Macrobid.....06 Macrodantin.....07 Septra .....08 Other (SPECIFY).....09 DK.....98  1. _____ <input type="text"/> <input type="text"/>  2. _____ <input type="text"/> <input type="text"/>  3. _____ <input type="text"/> <input type="text"/>
B.	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      DK = 98                 </div> HOUR(S) .....1 DAY(S).....2 WEEK(S).....3 MONTH(S).....4	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                      DK = 998                      NOT RECORDED = 999                 </div> FAHRENHEIT..... F CENTIGRADE..... C	YES ..... 1 NO ..... (SKIP TO B59)..... 2 DK ..... (SKIP TO B59)..... 8	Amoxicillin.....01 Ampicillin .....02 Antibiotic, NOS .....03 Bactrim .....04 Keflex.....05 Macrobid.....06 Macrodantin.....07 Septra .....08 Other (SPECIFY).....09 DK.....98  1. _____ <input type="text"/> <input type="text"/>  2. _____ <input type="text"/> <input type="text"/>  3. _____ <input type="text"/> <input type="text"/>

FOR EACH MEDICINE (BY ILLNESS) ASK B55–B58. IF GET EXACT DATES IN B55 AND B56, SKIP B57.

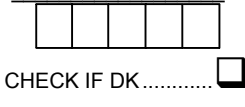

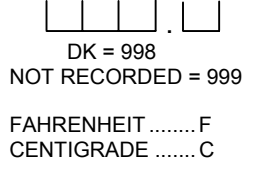
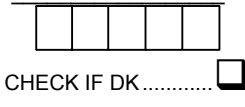
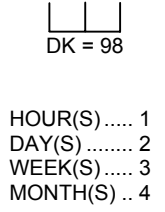
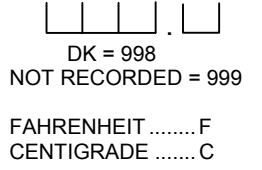

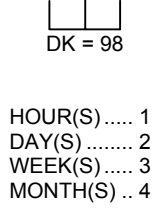
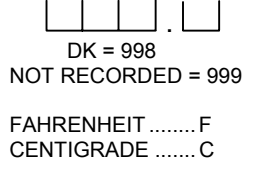
	B55.	B56.	B57.	B58.
	Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness?	When did you stop using (MEDICINE)? OR	How long did you take it?	How often did you use (MEDICATION)?
			DURATION	FREQUENCY
A.	ILLNESS: KIDNEY, BLADDER, UTI			
	DRUG # ..... <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD                    YYYY  DRUG # ..... <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD                    YYYY	<input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD                    YYYY  <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD                    YYYY	<input type="text"/> <input type="text"/> <input type="text"/> DK = 98  Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3  <input type="text"/> <input type="text"/> <input type="text"/> DK = 98  Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	<input type="text"/> <input type="text"/> <input type="text"/> DK = 98  Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4  <input type="text"/> <input type="text"/> <input type="text"/> DK = 98  Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
B.	ILLNESS: PID			
	DRUG # ..... <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD                    YYYY  DRUG # ..... <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD                    YY	<input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD                    YYYY  <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD                    YY	<input type="text"/> <input type="text"/> <input type="text"/> DK = 98  Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3  <input type="text"/> <input type="text"/> <input type="text"/> DK = 98  Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	<input type="text"/> <input type="text"/> <input type="text"/> DK = 98  Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4  <input type="text"/> <input type="text"/> <input type="text"/> DK = 98  Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4

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**MATERNAL HEALTH-OTHER FEVER**

B59. Between (-3) and ([DOIB] / [DOPT] ), did you have any fevers that we haven't already talked about, including those due to bronchitis, pneumonia, an infection, or other illness?

YES ..... 1  
 NO ..... (SKIP TO B71) ..... 2  
 DK ..... (SKIP TO B71) ..... 8

	B60.	B61.	B62.	B63.	B64.	B65.																																
	What was the cause of the (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> ) fever? LIST EACH EPISODE OF FEVER EVEN IF CAUSE NOT KNOWN AND ASK B61-B70 FOR EACH.	When you had (CAUSE OF FEVER), during which months did you have a fever?	How long did the fever last?	What was the highest temperature recorded during your fever?	Did you have a rash with this fever?	Did you take any medications or remedies for (CAUSE OF FEVER)?																																
		MO YES NO DK																																				
A.		<table border="1"> <tr><td>B3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T3</td><td>1</td><td>2</td><td>8</td></tr> </table>	B3	1	2	8	B2	1	2	8	B1	1	2	8	P1	1	2	8	P2	1	2	8	P3	1	2	8	T2	1	2	8	T3	1	2	8			YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO (GO TO NEXT ILLNESS OR B71) ..... 2 DK (GO TO NEXT ILLNESS OR B71) ..... 8
B3	1	2	8																																			
B2	1	2	8																																			
B1	1	2	8																																			
P1	1	2	8																																			
P2	1	2	8																																			
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T2	1	2	8																																			
T3	1	2	8																																			
B.		<table border="1"> <tr><td>B3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T3</td><td>1</td><td>2</td><td>8</td></tr> </table>	B3	1	2	8	B2	1	2	8	B1	1	2	8	P1	1	2	8	P2	1	2	8	P3	1	2	8	T2	1	2	8	T3	1	2	8			YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO (GO TO NEXT ILLNESS OR B71) ..... 2 DK (GO TO NEXT ILLNESS OR B71) ..... 8
B3	1	2	8																																			
B2	1	2	8																																			
B1	1	2	8																																			
P1	1	2	8																																			
P2	1	2	8																																			
P3	1	2	8																																			
T2	1	2	8																																			
T3	1	2	8																																			
C.		<table border="1"> <tr><td>B3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T3</td><td>1</td><td>2</td><td>8</td></tr> </table>	B3	1	2	8	B2	1	2	8	B1	1	2	8	P1	1	2	8	P2	1	2	8	P3	1	2	8	T2	1	2	8	T3	1	2	8			YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO (GO TO NEXT ILLNESS OR B71) ..... 2 DK (GO TO NEXT ILLNESS OR B71) ..... 8
B3	1	2	8																																			
B2	1	2	8																																			
B1	1	2	8																																			
P1	1	2	8																																			
P2	1	2	8																																			
P3	1	2	8																																			
T2	1	2	8																																			
T3	1	2	8																																			

FOR EACH MEDICINE (BY ILLNESS) ASK B67–B70. IF GET EXACT DATES IN B67 **AND** B68, SKIP B69.

B66.		B67.	B68.
What did you take? Did you take anything else? CODE ALL THAT APPLY. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take...?		Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness?	When did you stop using (MEDICINE)? OR:
A.	Acetaminophen.....01 Advil.....02 Aleve.....03 Aspirin.....04 Nuprin.....05 Tylenol.....06 Other (SPECIFY).....07 DK.....98 1. _____ <input type="text"/> <input type="text"/> 2. _____ <input type="text"/> <input type="text"/> 3. _____ <input type="text"/> <input type="text"/>	DRUG # ..... <input type="text"/> <input type="text"/> _____ MM DD YYYY DRUG # ..... <input type="text"/> <input type="text"/> _____ MM DD YYYY	_____ _____ MM DD YYYY
B.	Acetaminophen.....01 Advil.....02 Aleve.....03 Aspirin.....04 Nuprin.....05 Tylenol.....06 Other (SPECIFY).....07 DK.....98 1. _____ <input type="text"/> <input type="text"/> 2. _____ <input type="text"/> <input type="text"/> 3. _____ <input type="text"/> <input type="text"/>	DRUG # ..... <input type="text"/> <input type="text"/> _____ MM DD YYYY DRUG # ..... <input type="text"/> <input type="text"/> _____ MM DD YYYY	_____ _____ MM DD YYYY
C.	Acetaminophen.....01 Advil.....02 Aleve.....03 Aspirin.....04 Nuprin.....05 Tylenol.....06 Other (SPECIFY).....07 DK.....98 1. _____ <input type="text"/> <input type="text"/> 2. _____ <input type="text"/> <input type="text"/> 3. _____ <input type="text"/> <input type="text"/>	DRUG # ..... <input type="text"/> <input type="text"/> _____ MM DD YYYY DRUG # ..... <input type="text"/> <input type="text"/> _____ MM DD YYYY	_____ _____ MM DD YYYY

		B69.	B70.
		How long did you take it?	How often did you use (MEDICATION)?
		DURATION	FREQUENCY
A.	DRUG #..... <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> DK = 98	<input type="text"/> <input type="text"/> DK = 98
	OR NAME: _____	Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
	DRUG #..... <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> DK = 98	<input type="text"/> <input type="text"/> DK = 98
	OR NAME: _____	Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
B.	DRUG #..... <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> DK = 98	<input type="text"/> <input type="text"/> DK = 98
	OR NAME: _____	Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
	DRUG #..... <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> DK = 98	<input type="text"/> <input type="text"/> DK = 98
	OR NAME: _____	Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
C.	DRUG #..... <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> DK = 98	<input type="text"/> <input type="text"/> DK = 98
	OR NAME: _____	Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
	DRUG #..... <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> DK = 98	<input type="text"/> <input type="text"/> DK = 98
	OR NAME: _____	Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4

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**MATERNAL HEALTH-OTHER DISEASES**

B71. Between (-3) and ( [DOIB] / [DOPT] ), did you have any other diseases or illnesses that we haven't already talked about, such as chronic diseases, infectious diseases, or sexually transmitted diseases?

YES.....1  
 NO ..... (SKIP TO B80).....2  
 DK..... (SKIP TO B80).....8

	B72.	B73.	B74.	B75.																																
	What did you have? / Did you have anything else? LIST ALL. FOR EACH ILLNESS ASK B73-B79.	During which months did you have (ILLNESS)?	Did you take any medications or remedies for (ILLNESS)?	What did you take? Did you take anything else? LIST ALL																																
		MO YES NO DK																																		
A.	<p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>CHECK IF DK..... <input type="checkbox"/></p>	<table border="1"> <tr><td>B3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T3</td><td>1</td><td>2</td><td>8</td></tr> </table>	B3	1	2	8	B2	1	2	8	B1	1	2	8	P1	1	2	8	P2	1	2	8	P3	1	2	8	T2	1	2	8	T3	1	2	8	<p>YES..... 1</p> <p>NO ..... (SKIP TO B80)..... 2</p> <p>DK ..... (SKIP TO B80)..... 8</p>	<p>LIST ALL:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>DK..... <input type="checkbox"/></p>
B3	1	2	8																																	
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T3	1	2	8																																	
B.	<p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>CHECK IF DK..... <input type="checkbox"/></p>	<table border="1"> <tr><td>B3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T3</td><td>1</td><td>2</td><td>8</td></tr> </table>	B3	1	2	8	B2	1	2	8	B1	1	2	8	P1	1	2	8	P2	1	2	8	P3	1	2	8	T2	1	2	8	T3	1	2	8	<p>YES..... 1</p> <p>NO ..... (SKIP TO B80)..... 2</p> <p>DK ..... (SKIP TO B80)..... 8</p>	<p>LIST ALL:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>DK..... <input type="checkbox"/></p>
B3	1	2	8																																	
B2	1	2	8																																	
B1	1	2	8																																	
P1	1	2	8																																	
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P3	1	2	8																																	
T2	1	2	8																																	
T3	1	2	8																																	
C.	<p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>CHECK IF DK..... <input type="checkbox"/></p>	<table border="1"> <tr><td>B3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T3</td><td>1</td><td>2</td><td>8</td></tr> </table>	B3	1	2	8	B2	1	2	8	B1	1	2	8	P1	1	2	8	P2	1	2	8	P3	1	2	8	T2	1	2	8	T3	1	2	8	<p>YES..... 1</p> <p>NO ..... (SKIP TO B80)..... 2</p> <p>DK ..... (SKIP TO B80)..... 8</p>	<p>LIST ALL:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>DK..... <input type="checkbox"/></p>
B3	1	2	8																																	
B2	1	2	8																																	
B1	1	2	8																																	
P1	1	2	8																																	
P2	1	2	8																																	
P3	1	2	8																																	
T2	1	2	8																																	
T3	1	2	8																																	



FOR EACH MEDICINE, ASK B76–B79. IF GET EXACT DATES IN B76 **AND** B77, SKIP B78.

	B76.	B77.	B78.	B79.
	Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness?	When did you stop using (MEDICINE)? OR	How long did you take it?	How often did you use (MEDICATION)?
			DURATION	FREQUENCY
A.	DRUG # ..... MM DD YYYY	When did you stop using (MEDICINE)? OR MM DD YYYY	How long did you take it? DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	How often did you use (MEDICATION)? DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
	DRUG # ..... MM DD YYYY	MM DD YYYY	DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
B.	DRUG # ..... MM DD YYYY	When did you stop using (MEDICINE)? OR MM DD YYYY	DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
	DRUG # ..... MM DD YYYY	MM DD YYYY	DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
C.	DRUG # ..... MM DD YYYY	When did you stop using (MEDICINE)? OR MM DD YYYY	DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
	DRUG # ..... MM DD YYYY	MM DD YYYY	DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4

**MATERNAL HEALTH-INJURIES**

B80. Between (-3) and ( [DOIB] / [DOPT] ), were you injured from, for example, a car accident, fall, or being hurt by another person? YES ..... 1  
 NO ..... (SKIP TO B89) ..... 2  
 DK ..... (SKIP TO B89) ..... 8

	B81.	B82.	B83.	B84.
	What injuries did you have? / Anything else? ASK B82-B88 FOR EACH.	What was the date of your (INJURY)?	Did you take any medicine or receive any injections because of the injury(s)?	What did you take? Did you take anything else? LIST ALL.
A.	<p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>CHECK IF DK..... <input type="checkbox"/></p>	<p>_____</p> <p>MM DD YYYY</p>	<p>YES..... 1</p> <p>NO (NEXT INJURY OR SKIP TO B89) ..... 2</p> <p>DK (NEXT INJURY OR SKIP TO B89) ..... 8</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>DK..... <input type="checkbox"/></p>
B.	<p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>CHECK IF DK..... <input type="checkbox"/></p>	<p>_____</p> <p>MM DD YYYY</p>	<p>YES..... 1</p> <p>NO (NEXT INJURY OR SKIP TO B89) ..... 2</p> <p>DK (NEXT INJURY OR SKIP TO B89) ..... 8</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>DK..... <input type="checkbox"/></p>
C.	<p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>CHECK IF DK..... <input type="checkbox"/></p>	<p>_____</p> <p>MM DD YYYY</p>	<p>YES..... 1</p> <p>NO (NEXT INJURY OR SKIP TO B89) ..... 2</p> <p>DK (NEXT INJURY OR SKIP TO B89) ..... 8</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>DK..... <input type="checkbox"/></p>


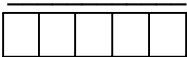
FOR EACH MEDICINE (BY INJURY), ASK B85–B88. IF GET EXACT DATES IN B85 AND B86, SKIP B87.

	B85. Between (-3) and (DOIB), when did you start using (MEDICINE) for this injury?	B86. When did you stop using (MEDICINE)? OR:	B87. How long did you take it?  DURATION	B88. How often did you use (MEDICATION)?  FREQUENCY
A.	INJURY _____  DRUG # ..... <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD    YYYY  DRUG # ..... <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD    YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD    YYYY  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD    YYYY	<input type="text"/> <input type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3  <input type="text"/> <input type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	<input type="text"/> <input type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4  <input type="text"/> <input type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
B.	INJURY _____  DRUG # ..... <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD    YYYY  DRUG # ..... <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD    YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD    YYYY  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD    YYYY	<input type="text"/> <input type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3  <input type="text"/> <input type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	<input type="text"/> <input type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4  <input type="text"/> <input type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
C.	INJURY _____  DRUG # ..... <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD    YYYY  DRUG # ..... <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD    YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD    YYYY  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM    DD    YYYY	<input type="text"/> <input type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3  <input type="text"/> <input type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	<input type="text"/> <input type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4  <input type="text"/> <input type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4

**MATERNAL HEALTH-SURGERY**

B89. Between (-3) and ( [DOIB] / [DOPT] ), did you have any surgical procedures?

YES .....1  
 NO .....(SKIP TO B99) ...2  
 DK .....(SKIP TO B99) ...8

B90. What was done? / Anything else? ASK B91 AND B92 FOR EACH.	B91. Did you have general anesthesia? Local anesthesia?	B92. What month did the procedure take place?	B93. Did you take any medicine or receive any injections because of the surgery?	B94. What did you take? Did you take anything else? LIST ALL.																																
		MO YES NO DK																																		
A.  CHECK IF DK <input type="checkbox"/>	GENERAL ANESTHESIA? YES .....1 NO .....2 DK .....8  LOCAL ANESTHESIA? YES .....1 NO .....2 DK .....8	<table border="1"> <tr><td>B3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T3</td><td>1</td><td>2</td><td>8</td></tr> </table>	B3	1	2	8	B2	1	2	8	B1	1	2	8	P1	1	2	8	P2	1	2	8	P3	1	2	8	T2	1	2	8	T3	1	2	8	YES .....1 NO .....(SKIP TO B99) ...2 DK .....(SKIP TO B99) ...8	1. _____  2. _____  3. _____  4. _____ DK..... <input type="checkbox"/>
B3	1	2	8																																	
B2	1	2	8																																	
B1	1	2	8																																	
P1	1	2	8																																	
P2	1	2	8																																	
P3	1	2	8																																	
T2	1	2	8																																	
T3	1	2	8																																	
B.  CHECK IF DK <input type="checkbox"/>	GENERAL ANESTHESIA? YES .....1 NO .....2 DK .....8  LOCAL ANESTHESIA? YES .....1 NO .....2 DK .....8	<table border="1"> <tr><td>B3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>B1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P1</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>P3</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T2</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>T3</td><td>1</td><td>2</td><td>8</td></tr> </table>	B3	1	2	8	B2	1	2	8	B1	1	2	8	P1	1	2	8	P2	1	2	8	P3	1	2	8	T2	1	2	8	T3	1	2	8	YES .....1 NO .....(SKIP TO B99) ...2 DK .....(SKIP TO B99) ...8	1. _____  2. _____  3. _____  4. _____ DK..... <input type="checkbox"/>
B3	1	2	8																																	
B2	1	2	8																																	
B1	1	2	8																																	
P1	1	2	8																																	
P2	1	2	8																																	
P3	1	2	8																																	
T2	1	2	8																																	
T3	1	2	8																																	

FOR EACH MEDICINE (BY SURGERY) ASK B95–B98. IF GET EXACT DATES IN B95 AND B96, SKIP B97.

	B95. Between (-3) and (DOIB), when did you start using (MEDICINE) for this surgery?	B96. When did you stop using (MEDICINE)? OR:	B97. How long did you take it?  DURATION	B98. How often did you use (MEDICATION)?  FREQUENCY
A.	SURGERY _____  DRUG # ..... [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] MM DD YYYY  DRUG # ..... [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] MM DD YYYY	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] MM DD YYYY  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] MM DD YYYY	[ ] [ ] DK = 98  Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3  [ ] [ ] DK = 98  Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	[ ] [ ] DK = 98  Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4  [ ] [ ] DK = 98  Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4
B.	SURGERY _____  DRUG # ..... [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] MM DD YYYY  DRUG # ..... [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] MM DD YYYY	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] MM DD YYYY  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] MM DD YYYY	[ ] [ ] DK = 98  Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3  [ ] [ ] DK = 98  Day(s) ..... 1 Week(s) ..... 2 Month(s) ..... 3	[ ] [ ] DK = 98  Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4  [ ] [ ] DK = 98  Per Day ..... 1 Per Week ..... 2 Per Month ..... 3 Per Year ..... 4

FOR EACH MONTH WITH 'YES' RESPONSE IN B102, ASK B103.

B103.		B104.
How many (TESTS) did you have in (MONTH)?		Was your pelvis shielded with a lead apron?
TYPE OF TEST:  _____	B3 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> B2 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> B1 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> P1 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> P2 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> P3 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> T2 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> T3 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> <div style="text-align: right;">DK = 98</div>	YES.....1 NO.....2 DK.....8
TYPE OF TEST:  _____	B3 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> B2 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> B1 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> P1 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> P2 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> P3 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> T2 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> T3 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> <div style="text-align: right;">DK = 98</div>	YES.....1 NO.....2 DK.....8
TYPE OF TEST:  _____	B3 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> B2 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> B1 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> P1 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> P2 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> P3 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> T2 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> T3 NUMBER OF TESTS..... <input type="text"/> <input type="text"/> <div style="text-align: right;">DK = 98</div>	YES.....1 NO.....2 DK.....8

**MATERNAL HEALTH-X-RAY OR SCANS**

B99. Between (-3) and ( [DOIB] / [DOPT] ), did you have any x-rays or scans, not related to your pregnancy?

YES .....1  
 NO .....(SKIP TO B105) .....2  
 DK .....(SKIP TO B105) .....8

B100.

B101.

B102.

Did you have any of the following: / Did you have anything else?				What part of your body was tested?		What month was the test done?							
						MO	YES	NO	DK				
A. x-rays, including dental/mammogram /upper GI/IVP, .....	YES (ASK B101-104)	NO (NXT)	DK (NXT)	Abdomen = 01	<input type="checkbox"/>	B3	1	2	8				
	1	0	8	Adrenal gland = 02	<input type="checkbox"/>	B2	1	2	8				
				Arm/elbow = 03	<input type="checkbox"/>	B1	1	2	8				
				Back = 04	<input type="checkbox"/>	P1	1	2	8				
				Bladder = 05	<input type="checkbox"/>	P2	1	2	8				
B. CT/CAT scans, .....	2	0	8	Body, total = 06	<input type="checkbox"/>	P3	1	2	8				
				Bone = 07	<input type="checkbox"/>	T2	1	2	8				
				Brain = 08	<input type="checkbox"/>	T3	1	2	8				
				Breast = 09	<input type="checkbox"/>	B3	1	2	8				
				Chest = 10	<input type="checkbox"/>	B2	1	2	8				
				Dental/teeth = 35	<input type="checkbox"/>	B1	1	2	8				
				DK = 98	<input type="checkbox"/>	P1	1	2	8				
				Foot = 11	<input type="checkbox"/>	P2	1	2	8				
				Gallbladder = 12	<input type="checkbox"/>	P3	1	2	8				
				Hand = 13	<input type="checkbox"/>	T2	1	2	8				
				Head/skull/face = 14	<input type="checkbox"/>	T3	1	2	8				
				Heart = 15	<input type="checkbox"/>	B3	1	2	8				
				Hip = 16	<input type="checkbox"/>	B2	1	2	8				
Intestines = 17	<input type="checkbox"/>	B1	1	2	8								
C. MRI/magnetic resonance imaging, ....	3	0	8	Kidney = 18	<input type="checkbox"/>	P1	1	2	8				
				Leg/knee = 19	<input type="checkbox"/>	P2	1	2	8				
				Liver = 20	<input type="checkbox"/>	P3	1	2	8				
				Lower GI = 21	<input type="checkbox"/>	T2	1	2	8				
				Lungs = 22	<input type="checkbox"/>	T3	1	2	8				
				Mouth = 23	<input type="checkbox"/>	B3	1	2	8				
				Neck = 24	<input type="checkbox"/>	B2	1	2	8				
				Pelvis = 25	<input type="checkbox"/>	B1	1	2	8				
				Shoulder = 26	<input type="checkbox"/>	P1	1	2	8				
				Spine = 27	<input type="checkbox"/>	P2	1	2	8				
				Spleen = 28	<input type="checkbox"/>	P3	1	2	8				
				Stomach = 29	<input type="checkbox"/>	T2	1	2	8				
				Thyroid = 30	<input type="checkbox"/>	T3	1	2	8				
D. Radionuclide study or scan, .....	4	0	8	Upper GI = 31	<input type="checkbox"/>	B3	1	2	8				
				Urinary tract = 32	<input type="checkbox"/>	B2	1	2	8				
				Uterus (includes tubes & ovaries) = 33	<input type="checkbox"/>	B1	1	2	8				
				Vascular system = 34	<input type="checkbox"/>	P1	1	2	8				
				Wrist = 36	<input type="checkbox"/>	P2	1	2	8				
				Other, = 96	<input type="checkbox"/>	P3	1	2	8				
				SPECIFY PART:	<input type="checkbox"/>	T2	1	2	8				
				RF = 97	<input type="checkbox"/>	T3	1	2	8				
				E. Other x-ray or scan? SPECIFY TEST: _____ _____	96	0	8	_____	<input type="checkbox"/>	B3	1	2	8
								_____	<input type="checkbox"/>	B2	1	2	8
								_____	<input type="checkbox"/>	B1	1	2	8
								_____	<input type="checkbox"/>	P1	1	2	8
								_____	<input type="checkbox"/>	P2	1	2	8
_____	<input type="checkbox"/>	P3	1					2	8				
_____	<input type="checkbox"/>	T2	1					2	8				
_____	<input type="checkbox"/>	T3	1					2	8				
_____	<input type="checkbox"/>												

**MEDICATION**

B105. We are interested in some medicines that you may have taken between (-3) and (DOIB)/(DOPT). These would include prescription and nonprescription medicines. Some of these medicines we may have already discussed.

Between (-3) and (DOIB)/(DOIPT), did you take any of the following medications? READ CHOICES.  
(IF NO OR DK TO ALL, SKIP TO B110).

	YES	NO	DK
a. Tylenol, or .....	1	2	8
b. Datril, or .....	1	2	8
c. Acetaminophen.....	1	2	8
d. Advil, or .....	1	2	8
e. Motrin, or.....	1	2	8
f. Nuprin, or .....	1	2	8
g. Ibuprofin.....	1	2	8
h. Wellbutrin, or.....	1	2	8
i. Zyban.....	1	2	8
j. Dilantin, or.....	1	2	8
k. Phenytoin.....	1	2	8
l. Pondimin, or.....	1	2	8
m. Redux. ....	1	2	8
n. Cytotec, or .....	1	2	8
o. Misoprostol. ....	1	2	8
p. Aspirin.....	1	2	8
q. Aleve.....	1	2	8
r. Amoxicillin.....	1	2	8
s. Augmentin.....	1	2	8
t. Bactrim.....	1	2	8
u. Septra .....	1	2	8
v. Cipro .....	1	2	8
w. Prozac.....	1	2	8
x. Zoloft.....	1	2	8
y. Paxil .....	1	2	8
z. Nicotine Patch NOS.....	1	2	8
aa. Nicotine Gum NOS.....	1	2	8
bb. Valproic Acid.....	1	2	8
cc. Dexatrim .....	1	2	8
dd. Methotrexate.....	1	2	8
ee. Between (-3) and DOIB did you take any medications, remedies, or treatments that we haven't already talked about? For example, medications for asthma, allergies, STDs, or HIV/AIDS? SPECIFY .....	1	2	8

1. \_\_\_\_\_

2. \_\_\_\_\_



TYPE OF MEDICINE	<p>B106.</p> <p>Between (-3) and (DOIB), when did you start using (MEDICINE)?</p> <p>IF A MEDICINE ON THE LIST WAS ALREADY REPORTED, ASK: at what other times besides (USE DATE TO DATE) did you use (MEDICINE)?</p>	<p>B107.</p> <p>When did you stop using (MEDICINE)? OR:</p> <p>IF GET EXACT DATES IN B106 AND B107, SKIP B108.</p>	<p>B108.</p> <p>How long did you take it?</p> <p>DURATION</p>	<p>B109.</p> <p>How often did you use (MEDICATION)?</p> <p>FREQUENCY</p>
1. _____	<p>MM DD</p> <p>YYYY</p>	<p>MM DD</p> <p>YYYY</p>	<p>DK = 98</p> <p>DAY(S)..... 1</p> <p>WEEK(S)..... 2</p> <p>MONTH(S)..... 3</p>	<p>DK = 98</p> <p>PER DAY..... 1</p> <p>PER WEEK..... 2</p> <p>PER MONTH..... 3</p> <p>PER YEAR..... 4</p>
2. _____	<p>MM DD</p> <p>YYYY</p>	<p>MM DD</p> <p>YYYY</p>	<p>DK = 98</p> <p>DAY(S)..... 1</p> <p>WEEK(S)..... 2</p> <p>MONTH(S)..... 3</p>	<p>DK = 98</p> <p>PER DAY..... 1</p> <p>PER WEEK..... 2</p> <p>PER MONTH..... 3</p> <p>PER YEAR..... 4</p>
3. _____	<p>MM DD</p> <p>YYYY</p>	<p>MM DD</p> <p>YYYY</p>	<p>DK = 98</p> <p>DAY(S)..... 1</p> <p>WEEK(S)..... 2</p> <p>MONTH(S)..... 3</p>	<p>DK = 98</p> <p>PER DAY..... 1</p> <p>PER WEEK..... 2</p> <p>PER MONTH..... 3</p> <p>PER YEAR..... 4</p>
4. _____	<p>MM DD</p> <p>YYYY</p>	<p>MM DD</p> <p>YYYY</p>	<p>DK = 98</p> <p>DAY(S)..... 1</p> <p>WEEK(S)..... 2</p> <p>MONTH(S)..... 3</p>	<p>DK = 98</p> <p>PER DAY..... 1</p> <p>PER WEEK..... 2</p> <p>PER MONTH..... 3</p> <p>PER YEAR..... 4</p>
5. _____	<p>MM DD</p> <p>YYYY</p>	<p>MM DD</p> <p>YYYY</p>	<p>DK = 98</p> <p>DAY(S)..... 1</p> <p>WEEK(S)..... 2</p> <p>MONTH(S)..... 3</p>	<p>DK = 98</p> <p>PER DAY..... 1</p> <p>PER WEEK..... 2</p> <p>PER MONTH..... 3</p> <p>PER YEAR..... 4</p>
6. _____	<p>MM DD</p> <p>YYYY</p>	<p>MM DD</p> <p>YYYY</p>	<p>DK = 98</p> <p>DAY(S)..... 1</p> <p>WEEK(S)..... 2</p> <p>MONTH(S)..... 3</p>	<p>DK = 98</p> <p>PER DAY..... 1</p> <p>PER WEEK..... 2</p> <p>PER MONTH..... 3</p> <p>PER YEAR..... 4</p>

	B106. Between (-3) and (DOIB), when did you start using (MEDICINE)?  IF A MEDICINE ON THE LIST WAS ALREADY REPORTED, ASK: at what other times besides (USE DATE TO DATE) did you use (MEDICINE)?	B107. When did you stop using (MEDICINE)? OR:  IF GET EXACT DATES IN B106 AND B107, SKIP B108.	B108. How long did you take it?  DURATION	B109. How often did you use (MEDICATION)?  FREQUENCY																	
7. _____  TYPE OF MEDICINE	<table border="0"> <tr> <td>MM</td><td>DD</td> </tr> <tr> <td>YYYY</td><td></td> </tr> </table>	MM	DD	YYYY		<table border="0"> <tr> <td>MM</td><td>DD</td> </tr> <tr> <td>YYYY</td><td></td> </tr> </table>	MM	DD	YYYY		<table border="0"> <tr> <td>DK = 98</td> </tr> <tr> <td>DAY(S)..... 1</td> </tr> <tr> <td>WEEK(S)..... 2</td> </tr> <tr> <td>MONTH(S)..... 3</td> </tr> </table>	DK = 98	DAY(S)..... 1	WEEK(S)..... 2	MONTH(S)..... 3	<table border="0"> <tr> <td>DK = 98</td> </tr> <tr> <td>PER DAY..... 1</td> </tr> <tr> <td>PER WEEK..... 2</td> </tr> <tr> <td>PER MONTH..... 3</td> </tr> <tr> <td>PER YEAR..... 4</td> </tr> </table>	DK = 98	PER DAY..... 1	PER WEEK..... 2	PER MONTH..... 3	PER YEAR..... 4
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PER YEAR..... 4																					
8. _____	<table border="0"> <tr> <td>MM</td><td>DD</td> </tr> <tr> <td>YYYY</td><td></td> </tr> </table>	MM	DD	YYYY		<table border="0"> <tr> <td>MM</td><td>DD</td> </tr> <tr> <td>YYYY</td><td></td> </tr> </table>	MM	DD	YYYY		<table border="0"> <tr> <td>DK = 98</td> </tr> <tr> <td>DAY(S)..... 1</td> </tr> <tr> <td>WEEK(S)..... 2</td> </tr> <tr> <td>MONTH(S)..... 3</td> </tr> </table>	DK = 98	DAY(S)..... 1	WEEK(S)..... 2	MONTH(S)..... 3	<table border="0"> <tr> <td>DK = 98</td> </tr> <tr> <td>PER DAY..... 1</td> </tr> <tr> <td>PER WEEK..... 2</td> </tr> <tr> <td>PER MONTH..... 3</td> </tr> <tr> <td>PER YEAR..... 4</td> </tr> </table>	DK = 98	PER DAY..... 1	PER WEEK..... 2	PER MONTH..... 3	PER YEAR..... 4
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9. _____	<table border="0"> <tr> <td>MM</td><td>DD</td> </tr> <tr> <td>YYYY</td><td></td> </tr> </table>	MM	DD	YYYY		<table border="0"> <tr> <td>MM</td><td>DD</td> </tr> <tr> <td>YYYY</td><td></td> </tr> </table>	MM	DD	YYYY		<table border="0"> <tr> <td>DK = 98</td> </tr> <tr> <td>DAY(S)..... 1</td> </tr> <tr> <td>WEEK(S)..... 2</td> </tr> <tr> <td>MONTH(S)..... 3</td> </tr> </table>	DK = 98	DAY(S)..... 1	WEEK(S)..... 2	MONTH(S)..... 3	<table border="0"> <tr> <td>DK = 98</td> </tr> <tr> <td>PER DAY..... 1</td> </tr> <tr> <td>PER WEEK..... 2</td> </tr> <tr> <td>PER MONTH..... 3</td> </tr> <tr> <td>PER YEAR..... 4</td> </tr> </table>	DK = 98	PER DAY..... 1	PER WEEK..... 2	PER MONTH..... 3	PER YEAR..... 4
MM	DD																				
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DK = 98																					
PER DAY..... 1																					
PER WEEK..... 2																					
PER MONTH..... 3																					
PER YEAR..... 4																					

HERBAL REMEDIES

B110. Between (-3) and (DOIB), did use any herbs or folk medicines to treat any medical conditions, to lose weight, or just to keep you healthy?

YES ..... 1  
 NO ..... (SKIP TO C1) ..... 2  
 DK ..... (SKIP TO C1) ..... 8

SPECIFY HERBAL OR FOLK REMEDY	B111. Between (-3) and (DOIB), when did you start using (REMEDY) for this illness?	B112. When did you stop using (REMEDY)? OR: IF DK, ASK B113: IF GET EXACT DATES IN B111 AND B112, SKIP B113.	B113. How long did you take it?  DURATION	B114. How often did you use (REMEDY)?  FREQUENCY
1. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	DK = 98 PER DAY..... 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR..... 4
2. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	DK = 98 PER DAY..... 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR..... 4
3. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	DK = 98 PER DAY..... 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR..... 4
4. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	DK = 98 PER DAY..... 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR..... 4
5. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	DK = 98 PER DAY..... 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR..... 4
6. _____	MM DD YYYY	MM DD YYYY	DK = 98 DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	DK = 98 PER DAY..... 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR..... 4

**SECTION C: PREGNANCY HISTORY**

Now I'm going to ask about your pregnancy experiences.

C1. How many times have you been pregnant before NOIB (or, the pregnancy that ended on DOPT), including pregnancies that may have ended in miscarriages, stillbirths, abortion, or a tubal or molar pregnancy?

NUMBER OF TIMES PREGNANT .....     
 DK = 98

**PREGNANCY OUTCOMES**

C2.	C3.
In your (1 <sup>st</sup> / 2 <sup>nd</sup> /3 <sup>rd</sup> , etc.) pregnancy, how many babies were you carrying?	IF C2 = 1: Did your (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> , etc.) pregnancy end with (a/an) (READ CATEGORIES)?  IF C2 >1: For your (1 <sup>st</sup> / 2 <sup>nd</sup> /3 <sup>rd</sup> , etc.) pregnancy, what was the outcome for each baby? READ CATEGORIES AND RECORD OUTCOME FOR EACH BABY.

- |                       |                      |
|-----------------------|----------------------|
| 01 = Live birth       | 05 = Tubal pregnancy |
| 02 = Stillbirth       | 06 = Molar pregnancy |
| 03 = Induced abortion | 97 = RF              |
| 04 = Miscarriage      | 98 = DK              |

PREG 1.	<input type="text"/> DK = 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BABY1 BABY2 BABY3 BABY4 BABY5
PREG 2.	<input type="text"/> DK = 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BABY1 BABY2 BABY3 BABY4 BABY5
PREG 3.	<input type="text"/> DK = 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BABY1 BABY2 BABY3 BABY4 BABY5
PREG 4.	<input type="text"/> DK = 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BABY1 BABY2 BABY3 BABY4 BABY5
PREG 5.	<input type="text"/> DK = 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BABY1 BABY2 BABY3 BABY4 BABY5

**FOR THE LAST PREGNANCY BEFORE NOIB, ASK:**

C4. IF LIVE SINGLE BIRTH: What was the baby's DOB in your (1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>, etc.) pregnancy?

DATE .....        
 MM DD YYYY

IF MULTIPLE BIRTH OR OTHER OUTCOME: On what date did your (1<sup>st</sup>/ 2<sup>nd</sup>/3<sup>rd</sup>, etc.) pregnancy end?

DK ..... 98 98 9998  
 RF ..... 97 97 9997



**PREGNANCY HISTORY FOR INDEX BABY**

Now I have some questions specific to your pregnancy with (NOIB).

- C5. How much did you weigh before your pregnancy with (NOIB)?
- ENTER NUMBER.....
- CODE:
- POUNDS .....1
- KG .....2
- DK .....  8
- C6. Overall, how much weight did you gain or lose during this pregnancy?
- ENTER NUMBER.....
- CODE:
- POUNDS .....1
- KG .....2
- DK .....  8
- CODE**
- GAIN .....1
- LOSS .....2
- NO CHANGE .....3
- DK .....8
- C7. What is your height without shoes?
- FEET .....
- DK = 98
- INCHES .....
- DK = 98
- C8. How far along were you when you found out you were pregnant?
- WEEKS .....
- DK = 98
- OR
- MONTHS .....
- DK = 98
- C9. Between (-3) and (DOIB), did you use any method of contraception or birth control?
- YES .....1
- NO ..... (SKIP TO C17) .....2
- DK ..... (SKIP TO C17) .....8
- C10. Between (-3) and (DOIB), did you use any birth control pills or morning after pills?
- YES .....1
- NO ..... (SKIP TO C13) .....2
- DK ..... (SKIP TO C13) .....8

C11.				C12.			
What was the name of your pills? IF MOM DOES NOT KNOW, READ ENTIRE LIST. Was it (READ LIST)? LIST ALL BELOW.				Which months were you using (CONTRACEPTIVE)?			
Brevicon	Micronor	Ortho-Cyclen	Tri-Norinyl	MO	YES	NO	DK
Demulen	Modicon	Ortho-Novum	Triphasil				
Jenest	Nordette	Ovcon	Morning-After Pill				
Levlen	Norethin	Ovral	Other (Specify Below)				
Lo/Ovral	Norinyl	Ovrette	DK = 98				
Loestrin	Nor-Q.D.	Tri-Levlen					
_____							
FIRST BIRTH CONTROL OR MORNING AFTER PILL				B3	1	2	8
				B2	1	2	8
				B1	1	2	8
				P1	1	2	8
				P2	1	2	8
				P3	1	2	8
				T2	1	2	8
				T3	1	2	8
_____				B3	1	2	8
				B2	1	2	8
				B1	1	2	8
				P1	1	2	8
				P2	1	2	8
				P3	1	2	8
				T2	1	2	8
				T3	1	2	8
_____				B3	1	2	8
				B2	1	2	8
				B1	1	2	8
				P1	1	2	8
				P2	1	2	8
				P3	1	2	8
				T2	1	2	8
				T3	1	2	8
_____				B3	1	2	8
				B2	1	2	8
				B1	1	2	8
				P1	1	2	8
				P2	1	2	8
				P3	1	2	8
				T2	1	2	8
				T3	1	2	8

C13. Did you use any other method of contraception between (-3) and (DOIB)?  
 YES ..... 1  
 NO ..... (SKIP TO C16) ..... 2  
 DK ..... (SKIP TO C16) ..... 8

C14. Which methods of contraception did you use? LIST ALL.		C15. Which months were you using (METHOD)?			
		MO	YES	NO	DK
A. 	CERVICAL CAP = 01	B3	1	2	8
	CONDOMS (MALE) = 20	B2	1	2	8
	CONDOMS (FEMALE) = 02	B1	1	2	8
	DEPO PROVERA INJECTIONS = 03	P1	1	2	8
	DIAPHRAGM = 04	P2	1	2	8
	FOAM = 05	P3	1	2	8
	GEL = 06	T2	1	2	8
	INJECTIONS, NOS = 08	T3	1	2	8
B. 	INJECTIONS FROM MEXICO = 09	B3	1	2	8
	IUD = 10	B2	1	2	8
	NATURAL FAMILY PLANNING/ BASAL TEMPERATURE/ MUCUS METHOD = 11	B1	1	2	8
	NORPLANT = 12	P1	1	2	8
	RHYTHYM METHOD = 13	P2	1	2	8
	SPERMICIDE, NOS = 14	P3	1	2	8
	SPONGE/ VAGINAL SPONGE = 15	T2	1	2	8
	SUPPOSITORY OR INSERT = 16	T3	1	2	8
	TUBAL LIGATION = 17				
	VASECTOMY = 18				
WITHDRAWAL = 19					
OTHER, = 96					
SPECIFY: _____					
RF = 97					
DK = 98					

C16. Did you (READ CHOICES)?  
 Stop using contraception to get pregnant .....(SKIP TO C18) ..... 1  
 Get pregnant during an interruption in using contraception, or ..... 2  
 Get pregnant while consistently using contraception .....(SKIP TO C18) ..... 3  
 DK ..... 8

C17. At the time that you became pregnant with (NOIB), did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?  
 WANT TO BE PREGNANT THEN ..... 1  
 WANT TO WAIT TILL LATER ..... 2  
 DIDN'T WANT TO BECOME PREGNANT AT ALL ..... 3  
 DIDN'T CARE ..... 4  
 DK ..... 8

**FERTILITY DETAILS**

C18. Did you or (NOIB)'s father take any medications or have any procedures to help you become pregnant? **OR**

YES ..... 1  
 NO ..... (SKIP TO C35) ..... 2  
 DK ..... (SKIP TO C35) ..... 8

C18a. **IF FATHER UNKNOWN:** Did you take any medications or have any procedures or surgeries to help you become pregnant?

YES ..... (SKIP TO C25) ..... 1  
 NO ..... (SKIP TO C35) ..... 2  
 DK ..... (SKIP TO C35) ..... 8

C19. Did (NOIB)'s father take any medications to help you become pregnant?

YES ..... 1  
 NO ..... (SKIP TO C22) ..... 2  
 DK ..... (SKIP TO C22) ..... 8

C20.		C21.
What medication did he take? PROBE: Are there any more medications? LIST ALL.		FOR EACH MEDICINE, ASK: What was the date he started taking it?
<p>A. _____</p> <div style="text-align: center; margin-left: 150px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <p style="text-align: center; margin-left: 150px;">(ASK C21) DK = 98</p>	<div style="text-align: center; margin-bottom: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  MM DD                 </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  YYYY                 </div>	
<p>B. _____</p> <div style="text-align: center; margin-left: 150px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <p style="text-align: center; margin-left: 150px;">(ASK C21) DK = 98</p>	<div style="text-align: center; margin-bottom: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  MM DD                 </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  YYYY                 </div>	

C22. Did (NOIB)'s father have any procedures or surgeries to help you become pregnant?

YES ..... 1  
 NO ..... (SKIP TO C25) ..... 2  
 DK ..... (SKIP TO C25) ..... 8

C23.		C24.
What was the procedure? PROBE: Are there anymore procedures? LIST ALL.		FOR EACH PROCEDURE, ASK: What was the date?
<p>A. _____</p> <div style="text-align: center; margin-left: 150px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <p style="text-align: center; margin-left: 150px;">(ASK C24) DK = 98</p>	<div style="text-align: center; margin-bottom: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  MM DD                 </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  YYYY                 </div>	
<p>B. _____</p> <div style="text-align: center; margin-left: 150px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <p style="text-align: center; margin-left: 150px;">(ASK C24) DK = 98</p>	<div style="text-align: center; margin-bottom: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  MM DD                 </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  YYYY                 </div>	



FERTILITY DETAILS-MOTHER

C25. Did you have any surgical procedures such as: to open or rejoin your fallopian tubes, to treat uterine fibroids, or to remove endometriosis? YES ..... 1  
 NO ..... (SKIP TO C28) ..... 2  
 DK ..... (SKIP TO C28) ..... 8

		C27.
C26.	What was the procedure?/Are there any more procedures? LIST ALL.	FOR EACH PROCEDURE, ASK: What was the date?
A.	Open fallopian tubes ..... 1 Rejoin fallopian tubes ..... 2 Treatment of uterine fibroids ..... 3 Removal of endometriosis ..... 4 Other (SPECIFY): _____ 9 _____ RF ..... 7 DK ..... 8	_____ MM DD  _____ YYYY
B.	Open fallopian tubes ..... 1 Rejoin fallopian tubes ..... 2 Treatment of uterine fibroids ..... 3 Removal of endometriosis ..... 4 Other (SPECIFY): _____ 5 _____ RF ..... 7 DK ..... 8	_____ MM DD  _____ YYYY

C28. In the two months before you became pregnant with (NOIB), did you take any medications to help you become pregnant? YES ..... 1  
 NO ..... (SKIP TO C31) ..... 2  
 DK ..... (SKIP TO C31) ..... 8

C29.	C30.																																																								
What medications or injections did you take? / Anything else? IF MOM DOES NOT KNOW, READ LIST. Was it (READ LIST)? RECORD ALL BELOW. IF NO OR DK TO ALL, SKIP TO C30.	From what month and year to what month and year did you take (MEDICATION)?																																																								
<table border="0"> <tr> <td>Clomid</td> <td>Pregnyl</td> <td>Parlodel</td> <td>Unknown</td> </tr> <tr> <td>Serophene</td> <td>Lutrepulse</td> <td>Bromocriptine</td> <td>vaginal</td> </tr> <tr> <td>Clomphene</td> <td>Fractel</td> <td>Depo-Provera</td> <td>medication</td> </tr> <tr> <td>  citrate</td> <td>Lupron</td> <td>Provera</td> <td>Other</td> </tr> <tr> <td>Pergonal</td> <td>Synarel</td> <td>Unknown</td> <td>medication</td> </tr> <tr> <td>Metrodin</td> <td>Danazol</td> <td>injection</td> <td>(SPECIFY)</td> </tr> <tr> <td>Profasi HP</td> <td>Danocrine</td> <td>Unknown</td> <td>DK = 98</td> </tr> <tr> <td></td> <td></td> <td>fertility</td> <td></td> </tr> <tr> <td></td> <td></td> <td>medication</td> <td></td> </tr> </table> <hr/> <p style="text-align: center;">FIRST MEDICATION / INJECTION</p>	Clomid	Pregnyl	Parlodel	Unknown	Serophene	Lutrepulse	Bromocriptine	vaginal	Clomphene	Fractel	Depo-Provera	medication	citrate	Lupron	Provera	Other	Pergonal	Synarel	Unknown	medication	Metrodin	Danazol	injection	(SPECIFY)	Profasi HP	Danocrine	Unknown	DK = 98			fertility				medication		FROM: ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> MM      YYYY  TO: ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> MM      YYYY																				
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FERTILITY DETAILS-PROCEDURES

C31. Did you have any other procedures to help you become pregnant with (NOIB)?

YES.....1  
 NO.....(SKIP TO C35A).....2  
 DK.....(SKIP TO C35A).....8

C32. Which procedure(s) did you receive in the 2 months before (NOIB) was conceived?	C33.	C34A.			C34B.		
	What was the date of the last cycle?	Were donor egg(s), donor sperm, or donor embryo(s) used on (DATE)?			Were frozen egg(s), frozen sperm, or frozen embryo(s) used on (DATE)?		
		YES	NO	DK	YES	NO	DK
ARTIFICIAL OR INTRAUTERINE INSEMINATION .....01	MM DD	EGG(S)..... 1	2	8	EGG(S)..... 1	2	8
IN VITRO FERTILIZATION— EMBRYO TRANSFER OR IVF-ET .....02	MM DD	SPERM..... 1	2	8	SPERM..... 1	2	8
GAMETE INTRAFALLOPIAN TRANSFER OR GIFT .....03	YYYY	EMBRYO(S) ... 1	2	8	EMBRYO(S) ... 1	2	8
ZYGOTE INTRAFALLOPIAN TRANSFER, OR ZIFT, OR PRONUCLEAR STAGE TRANSFER, OR PROST .....04							
TUBAL EMBRYO TRANSFER OR TET .....05							
INTROCYTOPLASMIC SPERM INJECTION OR ICSI .....06							
OTHER FERTILITY PROCEDURE (SPECIFY).....09							
SPECIFY _____							
RF .....97							
DK .....98							
ARTIFICIAL OR INTRAUTERINE INSEMINATION .....01	MM DD	EGG(S)..... 1	2	8	EGG(S)..... 1	2	8
IN VITRO FERTILIZATION— EMBRYO TRANSFER OR IVF-ET .....02	MM DD	SPERM..... 1	2	8	SPERM..... 1	2	8
GAMETE INTRAFALLOPIAN TRANSFER OR GIFT .....03	YYYY	EMBRYO(S) ... 1	2	8	EMBRYO(S) ... 1	2	8
ZYGOTE INTRAFALLOPIAN TRANSFER, OR ZIFT, OR PRONUCLEAR STAGE TRANSFER, OR PROST .....04							
TUBAL EMBRYO TRANSFER OR TET .....05							
INTROCYTOPLASMIC SPERM INJECTION OR ICSI .....06							
OTHER FERTILITY PROCEDURE (SPECIFY).....09							
SPECIFY _____							
RF .....97							
DK .....98							

**COMPLICATIONS PREVENTION MEDICATIONS**

C35. A. After you became pregnant, did you take any medications to prevent pregnancy complications or pregnancy loss such as hormones, steroids or injections?

YES ..... 1  
 NO ..... (SKIP TO C36) ..... 2  
 DK ..... (SKIP TO C36) ..... 8

B. What did you take?/Did you take anything else? LIST ALL. IF CAN NOT RECALL, READ LIST: Was it...?

Brethine ..... 01  
 Depo-Provera ..... 02  
 Rhogam ..... 03  
 Progesterone ..... 04  
 Anti D Globulin ..... 05  
 Betamimetics ..... 06  
 Magnesium Sulfate ..... 07  
 Channel BLockers ..... 08  
 Unknown Steroids ..... 09  
 DK ..... 98

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

FOR EACH MED, ASK C35C–C35F. IF GET EXACT DATES IN C35C AND C35D, SKIP C35E.

DRUG	C35C.			C35D.			C35E.	C35F.
	Between (-3) and (DOIB), when did you start using (MEDICINE) for this illness?			When did you stop using (MEDICINE)? OR			How long did you take it?	How often did you use (MEDICATION)?
	MM	DD	YYYY	MM	DD	YYYY	DURATION	FREQUENCY
1. _____ <input type="text"/> <input type="text"/> DK = 98	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	<input type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year ..... 4
2. _____ <input type="text"/> <input type="text"/> DK = 98	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	<input type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year ..... 4
3. _____ <input type="text"/> <input type="text"/> DK = 98	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> DK = 98 Day(s) ..... 1 Week(s) ..... 2 Month(s)..... 3	<input type="text"/> DK = 98 Per Day ..... 1 Per Week ..... 2 Per Month..... 3 Per Year ..... 4

**MORNING SICKNESS**

Now, I have some questions about morning sickness during your pregnancy with (NOIB).

C36. During this pregnancy, did you have morning sickness or nausea? YES.....1  
 NO.....(SKIP TO C48).....2  
 DK.....(SKIP TO C48).....8

C37. During which month(s) did you have nausea or vomiting?				C38. How often during (SPECIFY MONTH) did you have nausea? Would you say it was (READ LIST)?		C39. How often during (SPECIFY MONTH) did you have vomiting? Would you say it was (READ LIST)?	
MO	YES (ASK C38- C39)	NO (NXT PRD)	DK (NXT PRD)				
P1	1	2	8	Never ..... 0	Never ..... 0	Never ..... 0	Never ..... 0
				Less than once a week ..... 1	Less than once a week ..... 1	Less than once a week ..... 1	Less than once a week ..... 1
				Once a week ..... 2	Once a week ..... 2	Once a week ..... 2	Once a week ..... 2
				Several days a week ..... 3	Several days a week ..... 3	Several days a week ..... 3	Several days a week ..... 3
				Once per day ..... 4	Once per day ..... 4	Once per day ..... 4	Once per day ..... 4
				2-3 times per day ..... 5	2-3 times per day ..... 5	2-3 times per day ..... 5	2-3 times per day ..... 5
				More than 3 times per day ..... 6	More than 3 times per day ..... 6	More than 3 times per day ..... 6	More than 3 times per day ..... 6
				DK ..... 8	DK ..... 8	DK ..... 8	DK ..... 8
P2	1	2	8	Never ..... 0	Never ..... 0	Never ..... 0	Never ..... 0
				Less than once a week ..... 1	Less than once a week ..... 1	Less than once a week ..... 1	Less than once a week ..... 1
				Once a week ..... 2	Once a week ..... 2	Once a week ..... 2	Once a week ..... 2
				Several days a week ..... 3	Several days a week ..... 3	Several days a week ..... 3	Several days a week ..... 3
				Once per day ..... 4	Once per day ..... 4	Once per day ..... 4	Once per day ..... 4
				2-3 times per day ..... 5	2-3 times per day ..... 5	2-3 times per day ..... 5	2-3 times per day ..... 5
				More than 3 times per day ..... 6	More than 3 times per day ..... 6	More than 3 times per day ..... 6	More than 3 times per day ..... 6
				DK ..... 8	DK ..... 8	DK ..... 8	DK ..... 8
P3	1	2	8	Never ..... 0	Never ..... 0	Never ..... 0	Never ..... 0
				Less than once a week ..... 1	Less than once a week ..... 1	Less than once a week ..... 1	Less than once a week ..... 1
				Once a week ..... 2	Once a week ..... 2	Once a week ..... 2	Once a week ..... 2
				Several days a week ..... 3	Several days a week ..... 3	Several days a week ..... 3	Several days a week ..... 3
				Once per day ..... 4	Once per day ..... 4	Once per day ..... 4	Once per day ..... 4
				2-3 times per day ..... 5	2-3 times per day ..... 5	2-3 times per day ..... 5	2-3 times per day ..... 5
				More than 3 times per day ..... 6	More than 3 times per day ..... 6	More than 3 times per day ..... 6	More than 3 times per day ..... 6
				DK ..... 8	DK ..... 8	DK ..... 8	DK ..... 8
T2	1	2	8	Never ..... 0	Never ..... 0	Never ..... 0	Never ..... 0
				Less than once a week ..... 1	Less than once a week ..... 1	Less than once a week ..... 1	Less than once a week ..... 1
				Once a week ..... 2	Once a week ..... 2	Once a week ..... 2	Once a week ..... 2
				Several days a week ..... 3	Several days a week ..... 3	Several days a week ..... 3	Several days a week ..... 3
				Once per day ..... 4	Once per day ..... 4	Once per day ..... 4	Once per day ..... 4
				2-3 times per day ..... 5	2-3 times per day ..... 5	2-3 times per day ..... 5	2-3 times per day ..... 5
				More than 3 times per day ..... 6	More than 3 times per day ..... 6	More than 3 times per day ..... 6	More than 3 times per day ..... 6
				DK ..... 8	DK ..... 8	DK ..... 8	DK ..... 8
T3	1	2	8	Never ..... 0	Never ..... 0	Never ..... 0	Never ..... 0
				Less than once a week ..... 1	Less than once a week ..... 1	Less than once a week ..... 1	Less than once a week ..... 1
				Once a week ..... 2	Once a week ..... 2	Once a week ..... 2	Once a week ..... 2
				Several days a week ..... 3	Several days a week ..... 3	Several days a week ..... 3	Several days a week ..... 3
				Once per day ..... 4	Once per day ..... 4	Once per day ..... 4	Once per day ..... 4
				2-3 times per day ..... 5	2-3 times per day ..... 5	2-3 times per day ..... 5	2-3 times per day ..... 5
				More than 3 times per day ..... 6	More than 3 times per day ..... 6	More than 3 times per day ..... 6	More than 3 times per day ..... 6
				DK ..... 8	DK ..... 8	DK ..... 8	DK ..... 8

C40. Did you have any medical treatment or take any medications for your nausea or vomiting? YES.....1  
 NO.....(SKIP TO C46).....2  
 DK.....(SKIP TO C46).....8

IF GET EXACT DATES IN C42 AND C43, SKIP C44.

	C41. What did you take? PROBE: Did you take anything else? LIST ALL. FOR EVERY MEDICINE, ASK C42-C45.	C42. Between (-3) and (DOIB) when did you start using (MEDICINE) for this illness?	C43. When did you stop using (MEDICINE)?  OR: ASK C44.	C44. How long did you take it?  DURATION	C45. How often did you use (MEDICATION)?  FREQUENCY																																						
A.	_____ DK..... <input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"> _ _ _ _ </td> <td style="text-align: center;"> _ _ _ _ </td> </tr> <tr> <td style="text-align: center;">MM DD</td> <td style="text-align: center;">MM DD</td> </tr> <tr> <td colspan="2" style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> _ _ _ _ </td> <td style="text-align: center;"> _ _ _ _ </td> </tr> <tr> <td style="text-align: center;">YYYY</td> <td style="text-align: center;">YYYY</td> </tr> </table>	_ _ _ _	_ _ _ _	MM DD	MM DD			_ _ _ _	_ _ _ _	YYYY	YYYY	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"> _ _ _ _ </td> <td style="text-align: center;"> _ _ _ _ </td> </tr> <tr> <td style="text-align: center;">MM DD</td> <td style="text-align: center;">MM DD</td> </tr> <tr> <td colspan="2" style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> _ _ _ _ </td> <td style="text-align: center;"> _ _ _ _ </td> </tr> <tr> <td style="text-align: center;">YYYY</td> <td style="text-align: center;">YYYY</td> </tr> </table>	_ _ _ _	_ _ _ _	MM DD	MM DD			_ _ _ _	_ _ _ _	YYYY	YYYY	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;">DK = 98</td> </tr> <tr> <td style="text-align: center;">DAY(S).....</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">WEEK(S).....</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">MONTH(S).....</td> <td style="text-align: center;">3</td> </tr> </table>	_ _	DK = 98	DAY(S).....	1	WEEK(S).....	2	MONTH(S).....	3	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;">DK = 98</td> </tr> <tr> <td style="text-align: center;">PER DAY.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">PER WEEK.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">PER MONTH.....</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">PER YEAR.....</td> <td style="text-align: center;">4</td> </tr> </table>	_ _	DK = 98	PER DAY.....	1	PER WEEK.....	2	PER MONTH.....	3	PER YEAR.....	4
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C46. Did you lose any weight during the time you were having nausea? YES.....1  
 NO.....(SKIP TO C48).....2  
 DK.....(SKIP TO C48).....8

C47. How much weight did you lose? ENTER NUMBER.....|\_|\_|\_|  
 CODE:  
 POUNDS.....1  
 KG.....2  
 WEIGHT LOSS DK.....

**PRENATAL CARE**

Now I'm going to ask about tests you may have had during your pregnancy with (NOIB).

C48. Did you have prenatal care with (NOIB)'s pregnancy? YES.....1  
NO.....(SKIP TO C50).....2  
DK.....(SKIP TO C50).....8

C49. When was your first prenatal visit? Do not include the visit in which your pregnancy was first confirmed.

DATE.....       
MM DD YYYY

OR

WEEKS PREGNANT .....   
DK = 98

**ULTRASOUNDS**

C50. Did you have any ultrasounds which showed any abnormalities with the fetus, placenta, or fluid?

YES.....1  
NO.....(SKIP TO C56).....2  
DK.....(SKIP TO C56).....8

C51. What was the date or week of pregnancy when you first had an ultrasound that showed an abnormality?

DATE.....       
MM DD YYYY

OR

WEEKS PREGNANT .....   
DK = 98

C52. What was the abnormality? LIST ALL.

SPECIFY: \_\_\_\_\_

C53. Did you have any other ultrasounds which showed a different abnormality?

YES.....1  
NO.....(SKIP TO C56).....2  
DK.....(SKIP TO C56).....8

C54. What was the date or week of pregnancy for that ultrasound which showed a different abnormality?

DATE.....       
MM DD YYYY

OR

WEEKS PREGNANT .....   
DK = 98

C55. What was the abnormality? LIST ALL.

SPECIFY: a. \_\_\_\_\_

SPECIFY: b. \_\_\_\_\_

**REPEAT C53**

## PRENATAL CARE-BLOOD TESTS

- C56. When you were pregnant with (NOIB), did you have any of the following blood tests: maternal serum alpha fetoprotein or MSAFP, double screen, or triple screen?
- YES ..... 1  
 NO ..... (SKIP TO C60) ..... 2  
 DK ..... (SKIP TO C60) ..... 8

DEFINITION IF NEEDED: Maternal serum alpha-fetoprotein or MSAFP is a blood test done early in pregnancy to determine if there is a higher-than-average risk of certain birth defects such as spina bifida and Down syndrome. Alpha-fetoprotein (AFP) is a substance produced by the liver of the fetus and a small amount of AFP passes into the mother's bloodstream. AFP levels can be measured during pregnancy by taking a sample of blood from the mother's arm.

- C57. What was the blood test for?

RECORD REASON: \_\_\_\_\_

- C58. What was the date or week of pregnancy when the (TEST) was done?
- DATE:          
 MM DD YYYY

OR

WEEKS PREGNANT .....    
 DK = 98

- C59. Were the results of the test normal, high, low, or abnormal (NS)?
- NORMAL ..... 1  
 HIGH ..... 2  
 LOW ..... 3  
 ABNORMAL (NS) ..... 4  
 DK ..... 8

- C60. Did you have an Amniocentesis or amnio?
- YES ..... 1  
 NO ..... (SKIP TO C65) ..... 2  
 DK ..... (SKIP TO C65) ..... 8

DEFINITION IF NEEDED: Amniocentesis is a procedure done during pregnancy to test for various birth defects. A thin needle is inserted through the abdomen and into the uterus and a few teaspoons of amniotic fluid are withdrawn. The fetal cells that float in the amniotic fluid are then studied in a lab.

- C61. What was the date or week of pregnancy when the amniocentesis was done?
- DATE:          
 MM DD YYYY

OR

WEEKS PREGNANT .....    
 DK = 98

- C62. Did this test show any abnormalities?
- YES ..... 1  
 NO ..... (SKIP TO C64) ..... 2  
 DK ..... (SKIP TO C64) ..... 8

- C63. What was the abnormality? LIST ALL.

SPECIFY: \_\_\_\_\_

- C64. **IF (NOIB) IS ONE OF A MULTIPLE BIRTH ASK:**  
 Was a dye injected as part of the amniocentesis?
- YES ..... 1  
 NO ..... (SKIP TO C64) ..... 2  
 DK ..... (SKIP TO C64) ..... 8

- C65. Did you have Chorionic Villus Sampling or CVS?
- YES ..... 1  
 NO ..... (SKIP TO C70) ..... 2  
 DK ..... (SKIP TO C70) ..... 8



IF NEEDED: Chorionic villus sampling or CVS is a procedure done during pregnancy to test for various birth defects. A thin tube is inserted through the vagina and cervix and a small piece of the tissue from the placenta is removed. The procedure is also done by inserting a needle through the abdominal wall, similar to amniocentesis. The cells from the tissue are then studied in a lab.

C66. What was the date or week of pregnancy when the CVS was done?

DATE: 

MM		DD		YYYY			

OR

WEEKS PREGNANT ..... 

--	--

  
 DK .....

C67. Did this test show any abnormalities?

YES ..... 1  
 NO ..... (SKIP TO C69) ..... 2  
 DK ..... (SKIP TO C69) ..... 8

C68. What was the abnormality? LIST ALL.

SPECIFY: \_\_\_\_\_

SPECIFY: \_\_\_\_\_

C69. Did the CVS involve a needle inserted in your abdomen or belly or did the CVS involve a catheter or needle inserted in your vagina or birth canal?

ABDOMEN ..... 1  
 VAGINA ..... 2  
 DK ..... 8

C70. Did you or (NOIB) have any prenatal diagnostic tests such as fetal echocardiography or fetal dye studies?

YES ..... 1  
 NO ..... (SKIP TO C75) ..... 2  
 DK ..... (SKIP TO C75) ..... 8

C71. What was the name of the prenatal diagnostic test? PROBE: Any other tests? LIST ALL.

	C72. What was the date <b>or</b> week of pregnancy it occurred?	C73. Did the procedure show any abnormalities?	C74. IF YES: What was the abnormality?
<p>A. _____  <div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>                      (ASK C72)                      CHECK IF DK..... <input type="checkbox"/></p>	<p style="text-align: center;"> <div style="display: flex; justify-content: center; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>                     DD   <div style="display: flex; justify-content: center; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>                     MM   <div style="display: flex; justify-content: center; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>                     YYYY                       OR   <div style="display: flex; justify-content: center; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>                     WKS PREG                      DK = 98                 </p>	<p>YES..... 1                      NO....(NEXT OR C75) ...2                      DK....(NEXT OR C75) ...8</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">ABNORMALITY</p>
<p>B. _____  <div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>                      (ASK C72)                      CHECK IF DK..... <input type="checkbox"/></p>	<p style="text-align: center;"> <div style="display: flex; justify-content: center; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>                     DD   <div style="display: flex; justify-content: center; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>                     MM   <div style="display: flex; justify-content: center; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>                     YYYY                       OR   <div style="display: flex; justify-content: center; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>                     WKS PREG                      DK = 98                 </p>	<p>YES..... 1                      NO....(NEXT OR C75) ...2                      DK....(NEXT OR C75) ...8</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">ABNORMALITY</p>

C75. Did you or (NOIB) have any other prenatal medical procedures such as blood transfusions or fetal surgery? YES.....1  
 NO..... (SKIP TO C79).....2  
 DK..... (SKIP TO C79).....8

C76. What was the name of the prenatal medical procedure? LIST ALL.	C77. What was the date or week of pregnancy it occurred?	C78. Why was the medical procedure performed?																				
A. _____	<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td colspan="4"></td> <td style="text-align: center;">YYYY</td> <td></td> </tr> </table> <p>OR</p> <table style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">WKS PREG</td> <td style="text-align: center;">DK = 98</td> </tr> </table> </div>									MM	DD					YYYY				WKS PREG	DK = 98	_____  REASON
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MM	DD					YYYY																
WKS PREG	DK = 98																					

**PRENATAL TEST COMPLICATIONS**

IF YES TO ANY PRENATAL MEDICAL PROCEDURE, ASK C79.

C79. Did you have any complications after any prenatal diagnostic tests or medical procedures? YES.....1  
 NO..... (SKIP TO D1).....2  
 DK..... (SKIP TO D1).....8

C80. After which procedure? LIST ALL.

PROCEDURE #1: \_\_\_\_\_

C81. Did you have (READ LIST)?

	YES	NO	DK
a. bleeding .....	1	2	8
b. pain/cramps .....	1	2	8
c. infection .....	1	2	8
d. other (SPECIFY) .....	1	2	8

SPECIFY: \_\_\_\_\_

C82.	C83.	C84.
Were you hospitalized?	Did you take any medicine before the procedure, after the procedure or both?	What medicine(s) did you take? LIST ALL.
YES..... 1 NO ..... 2 DK..... 8	BEFORE..... 1 AFTER..... 2 BOTH ..... 3 NONE .. (NEXT OR SKIP TO D1) ..... 4 DK ..... (NEXT OR SKIP TO D1) ..... 8	MEDICINE: _____ _____

PROCEDURE #2: \_\_\_\_\_

C81. Did you have (READ LIST)?

	YES	NO	DK
a. bleeding .....	1	2	8
b. pain/cramps .....	1	2	8
c. infection .....	1	2	8
d. other (SPECIFY) .....	1	2	8

SPECIFY: \_\_\_\_\_

C82.	C83.	C84.
Were you hospitalized?	Did you take any medicine before the procedure, after the procedure or both?	What medicine(s) did you take? LIST ALL.
YES..... 1 NO ..... 2 DK..... 8	BEFORE..... 1 AFTER..... 2 BOTH ..... 3 NONE .. (NEXT OR SKIP TO D1) ..... 4 DK ..... (NEXT OR SKIP TO D1) ..... 8	MEDICINE: _____ _____

**SECTION D: PRENATAL VITAMINS**

D1. Between (-3) and (DOIB), did you take any prenatal vitamins? YES ..... 1  
 NO .....(SKIP TO D2) ..... 2  
 DK .....(SKIP TO D2) ..... 8

FOR EACH VITAMIN ASK D1bb TO D1ee. IF YOU GET EXACT DATES IN D1bb **AND** D1cc, SKIP D1dd.

	D1aa. What did you take? / Anything else? PROBE WITH CHART BELOW. LIST ALL.	D1bb. Between (-3) and DOIB, when did you start using (PRENATAL VITAMIN)?	D1cc. When did you stop using (PRENATAL VITAMIN)? OR:	D1dd. How long did you take it?  DURATION	D1ee. How often did you use the prenatal vitamin?  FREQUENCY
A.	_____ <input type="checkbox"/> DK.....	MM DD  YYYY	MM DD  YYYY	DK = 98  DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	DK = 98  PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR ..... 4
B.	_____ <input type="checkbox"/> DK.....	MM DD  YYYY	MM DD  YYYY	DK = 98  DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	DK = 98  PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR ..... 4
C.	_____ <input type="checkbox"/> DK.....	MM DD  YYYY	MM DD  YYYY	DK = 98  DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	DK = 98  PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR ..... 4
PROBE FOR D1aa:  IF CANNOT RECALL, READ LIST: Was it (READ LIST)? Fampren Forte                      Stuart Natal 1 + 1 Materna                                 Stuart Natal Plus Natalins                                 Zenate Natalins Rx Niferex PN Prenate 90  PRENATAL VITAMIN, NOS					

## SINGLE VITAMINS

D2. Now I want to ask you about some single vitamins and minerals. Between (-3) and (DOIB), did you take any of the following single vitamins or minerals?

	YES	NO	DK
a. Vitamin A .....	1	2	8
b. Retinol .....	1	2	8
c. Beta carotene .....	1	2	8
d. B complexes .....	1	2	8
e. B6 .....	1	2	8
f. B12 .....	1	2	8
g. Folic acid .....	1	2	8
h. Vitamin C .....	1	2	8
i. Vitamin D .....	1	2	8
j. Vitamin E .....	1	2	8
k. Iron .....	1	2	8
l. Calcium .....	1	2	8
m. Zinc .....	1	2	8
n. Selenium .....	1	2	8

**FOR EACH YES, ASK D2aa-D2dd. IF ALL NO OR DK, SKIP TO D3.**

IF GET EXACT DATES TO D2aa **AND** D2bb, SKIP D2cc.

	D2aa. Between (-3) and DOIB, when did you start using (VITAMIN)?	D2bb. When did you stop using (VITAMIN)? OR:	D2cc. How long did you take it?  DURATION	D2dd. How often did you use the vitamin?  FREQUENCY
FIRST VITAMIN	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> MM                 </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> DD                 </div> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> YYYY                 </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> MM                 </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> DD                 </div> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> YYYY                 </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/> DK = 98                 </div> DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	<div style="text-align: center;"> <input type="text"/><input type="text"/> DK = 98                 </div> PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR..... 4
SECOND VITAMIN	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> MM                 </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> DD                 </div> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> YYYY                 </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> MM                 </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> DD                 </div> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> YYYY                 </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/> DK = 98                 </div> DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	<div style="text-align: center;"> <input type="text"/><input type="text"/> DK = 98                 </div> PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR..... 4
THIRD VITAMIN	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> MM                 </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> DD                 </div> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> YYYY                 </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> MM                 </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> DD                 </div> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> YYYY                 </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/> DK = 98                 </div> DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	<div style="text-align: center;"> <input type="text"/><input type="text"/> DK = 98                 </div> PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR..... 4
FOURTH VITAMIN	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> MM                 </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> DD                 </div> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> YYYY                 </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> MM                 </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> DD                 </div> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> YYYY                 </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/> DK = 98                 </div> DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	<div style="text-align: center;"> <input type="text"/><input type="text"/> DK = 98                 </div> PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR..... 4

**MULTIVITAMINS**

D3. Other than prenatal or single vitamins, between (-3) and (DOIB), did you take any multivitamins or vitamin complexes? YES ..... 1  
 NO .....(SKIP TO D9) ..... 2  
 DK .....(SKIP TO D9) ..... 8

FOR EACH VITAMIN ASK D5 TO D8. IF GET EXACT DATES IN D5 **AND** D6, SKIP D7.

	D4.	D5.	D6.	D7.	D8.
	What did you take? PROBE: Anything else? Do you remember the brand name? LIST ALL IN CHART.	Between (-3) and DOIB, when did you start using (VITAMIN)?	When did you stop using (VITAMIN)?  OR:	How long did you take it?  DURATION	How often did you use the vitamin?  FREQUENCY
A.	<p>_____</p> <p>DK..... <input type="checkbox"/></p>	<p>MM DD</p> <p>YYYY</p>	<p>MM DD</p> <p>YYYY</p>	<p>DK = 98</p> <p>DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3</p>	<p>DK = 98</p> <p>PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR ..... 4</p>
B.	<p>_____</p> <p>DK..... <input type="checkbox"/></p>	<p>MM DD</p> <p>YYYY</p>	<p>MM DD</p> <p>YYYY</p>	<p>DK = 98</p> <p>DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3</p>	<p>DK = 98</p> <p>PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR ..... 4</p>
C.	<p>_____</p> <p>DK..... <input type="checkbox"/></p>	<p>MM DD</p> <p>YYYY</p>	<p>MM DD</p> <p>YYYY</p>	<p>DK = 98</p> <p>DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3</p>	<p>DK = 98</p> <p>PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR ..... 4</p>



**OTHER VITAMINS, MINERALS**

D9. Between (-3) and (DOIB), did you take any other vitamins, minerals, amino acids, antioxidants, or other nutrients that we haven't already talked about? YES ..... 1  
 NO .....(SKIP TO D10) ..... 2  
 DK .....(SKIP TO D10) ..... 8

FOR EACH PRODUCT, ASK D9bb TO D9ee. IF GET EXACT DATES IN D9bb **AND** D9cc, SKIP D9dd.

	D9aa. What did you take? PROBE: Anything else? LIST ALL IN CHART.	D9bb. Between (-3) and DOIB, when did you start using (VITAMIN)?	D9cc. When did you stop using (VITAMIN)? OR:	D9dd. How long did you take it? DURATION	D9ee. How often did you use the vitamin? FREQUENCY
A.	_____ <input type="checkbox"/> DK.....	MM DD  YYYY	MM DD  YYYY	DK = 98  DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	DK = 98  PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR ..... 4
B.	_____ <input type="checkbox"/> DK.....	MM DD  YYYY	MM DD  YYYY	DK = 98  DAY(S)..... 1 WEEK(S)..... 2 MONTH(S)..... 3	DK = 98  PER DAY ..... 1 PER WEEK ..... 2 PER MONTH..... 3 PER YEAR ..... 4

**SUPPLEMENTS-(CEREALS)**

D10. Between (-3) and (DOIB), did you eat cereal? YES ..... 1  
 NO .....(SKIP TO D14) ..... 2  
 DK .....(SKIP TO D14) ..... 8

FOR EACH CEREAL, ASK D12 AND D13.

<p>D11.                      What were the names of the cereals you ate most often between (-3) and (DOIB)? / Anything else? LIST ALL. USE RESPONSE OPTIONS IN APPENDIX TO PROBE.</p>	<p>D12.                      Which months did you eat (CEREAL)?</p> <p>MO YES NO DK</p>				<p>D13.                      How often, on average, did you eat (CEREAL) during that time? You may use the food frequency choices list which was sent to you in the mail to help you respond to this question.</p>
<p>A. _____  <div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px auto;"></div>                     DK = 998                      RF = 997                      OTHER = 996</p>	<p>B3 B2 B1 P1 P2 P3 T2 T3</p>	<p>1 1 1 1 1 1 1 1</p>	<p>2 2 2 2 2 2 2 2</p>	<p>8 8 8 8 8 8 8 8</p>	<p>NEVER OR &lt; ONCE PER MONTH..... 0                      1 PER MONTH..... 1M                      2 PER MONTH..... 2M                      3 PER MONTH..... 3M                      1 PER WEEK..... 1W                      2 PER WEEK..... 2W                      3 PER WEEK..... 3W                      4 PER WEEK..... 4W                      5 PER WEEK..... 5W                      6 PER WEEK..... 6W                      1 PER DAY..... 1D                      2 PER DAY..... 2D                      3 PER DAY..... 3D                      4 PER DAY..... 4D                      5 PER DAY..... 5D                      6+ PER DAY..... 6D                      RF..... 97                      DK..... 98</p>
<p>B. _____  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>                     DK = 998                      RF = 997                      OTHER = 996</p>	<p>B3 B2 B1 P1 P2 P3 T2 T3</p>	<p>1 1 1 1 1 1 1 1</p>	<p>2 2 2 2 2 2 2 2</p>	<p>8 8 8 8 8 8 8 8</p>	<p>NEVER OR &lt; ONCE PER MONTH..... 0                      1 PER MONTH..... 1M                      2 PER MONTH..... 2M                      3 PER MONTH..... 3M                      1 PER WEEK..... 1W                      2 PER WEEK..... 2W                      3 PER WEEK..... 3W                      4 PER WEEK..... 4W                      5 PER WEEK..... 5W                      6 PER WEEK..... 6W                      1 PER DAY..... 1D                      2 PER DAY..... 2D                      3 PER DAY..... 3D                      4 PER DAY..... 4D                      5 PER DAY..... 5D                      6+ PER DAY..... 6D                      RF..... 97                      DK..... 98</p>

**SUPPLEMENTS-(FOOD)**

D14. Now, I'd like to ask you about food supplements. Those are products that are sometimes mixed into drinks, like Slim Fast, Instant Breakfast, protein powder, or Brewer's yeast. Between (-3) and (DOIB), did you eat or drink any food supplements?

YES ..... 1  
 NO .....(SKIP TO D18) ..... 2  
 DK .....(SKIP TO D18) ..... 8

D15. What was the name of the food supplement?/ Anything else? USE RESPONSE OPTIONS TO PROBE.

All One	Herbs	Nuskin Appeal	Slim-Fast
Brewer's Yeast	Hernerd Choc Vitamin Drink	Ovaltine	Slim-Fast Choc Bars
Carnation Instant Breakfast	Horlick's	Protein Powder	Spiratene
Chocomilk	Instant Breakfast	Relive	Success
Ensure	Nature Aid	Shaklee Instant Protein	Wheat Germ
Herbalife	Nestle's Chocolate Drink	Shaklee Meal Shake	Other, SPECIFY

	D16. Which month(s) did you use (FOOD SUPPLEMENT)?				D17. How often, on average, did you use (FOOD SUPPLEMENT) during that time? You may use the food frequency choices list which was sent to you in the mail to help you respond to this question.
	MO	YES	NO	DK	
A. _____ <div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px auto;"></div> DK = 998 RF = 997 OTHER = 996	B3	1	2	8	NEVER OR < ONCE PER MONTH..... 0 1 PER MONTH ..... 1M 2 PER MONTH ..... 2M 3 PER MONTH ..... 3M 1 PER WEEK ..... 1W 2 PER WEEK ..... 2W 3 PER WEEK ..... 3W 4 PER WEEK ..... 4W 5 PER WEEK ..... 5W 6 PER WEEK ..... 6W 1 PER DAY ..... 1D 2 PER DAY ..... 2D 3 PER DAY ..... 3D 4 PER DAY ..... 4D 5 PER DAY ..... 5D 6+ PER DAY ..... 6D RF ..... 97 DK ..... 98
	B2	1	2	8	
	B1	1	2	8	
	P1	1	2	8	
	P2	1	2	8	
	P3	1	2	8	
	T2	1	2	8	
	T3	1	2	8	
B. _____ <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> DK = 998 RF = 997 OTHER = 996	B3	1	2	8	NEVER OR < ONCE PER MONTH..... 0 1 PER MONTH ..... 1M 2 PER MONTH ..... 2M 3 PER MONTH ..... 3M 1 PER WEEK ..... 1W 2 PER WEEK ..... 2W 3 PER WEEK ..... 3W 4 PER WEEK ..... 4W 5 PER WEEK ..... 5W 6 PER WEEK ..... 6W 1 PER DAY ..... 1D 2 PER DAY ..... 2D 3 PER DAY ..... 3D 4 PER DAY ..... 4D 5 PER DAY ..... 5D 6+ PER DAY ..... 6D RF ..... 97 DK ..... 98
	B2	1	2	8	
	B1	1	2	8	
	P1	1	2	8	
	P2	1	2	8	
	P3	1	2	8	
	T2	1	2	8	
	T3	1	2	8	

DIETARY ASSESSMENT-INTRODUCTION

Next I will read a list of food items, and for each one I would like to know how often you ate that food on average during the year before you became pregnant with (NOIB). You may use the list of Food Frequency Responses that was sent to you in the mail to help you answer these questions. You do not have to remember exactly what you ate, we are only trying to determine what your usual diet was like before you were pregnant. For seasonal foods, such as fruits and vegetables, you can average over the six months prior to pregnancy. For foods that you ate less than once a month, you can report as never or none.

D18. How often, on average, did you use (READ LIST)?

	0 NEVER OR < 1 PER MONTH	1M 1 PER MONTH	2M 2 PER MONTH	3M 3 PER MONTH	1W 1 PER WEEK	2W 2 PER WEEK	3W 3 PER WEEK	4W 4 PER WEEK	5W 5 PER WEEK	6W 6 PER WEEK	1D 1 PER DAY	2D 2 PER DAY	3D 3 PER DAY	4D 4 PER DAY	5D 5 PER DAY	6D 6 PER DAY	RF	DK
a. Skim or lowfat milk (8 oz glass)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
b. Whole milk (8 oz glass)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
c. Yogurt (1 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
d. Ice cream(1/2 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
e. Cottage or Ricotta cheese	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
f. Other cheese e.g., American, cheddar, etc., plain or part of a dish (1 slice or 1 oz serving)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
g. Margarine (pat), added to food or bread; exclude use in cooking	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
h. Butter (pat), added to food or bread; exclude use in cooking	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
i. Fresh apples or pears (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
j. Oranges (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
k. Orange juice (small glass)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
l. Peaches, apricots, plums, or nectarines (1 fresh or 1/2 cup ..... canned)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
m. Bananas (1)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
n. Cantaloupe (1/4 melon)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
o. Avocado (1) or guacamole (1 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
p. Other fruits fresh, frozen, or canned (1/2 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
q. Tomatoes (1) or tomato juice (small glass)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
r. String beans (1/2 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
s. Broccoli (1/2 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
t. Cabbage, cauliflower, or brussel sprouts (1/2 cup)	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98

D18. How often, on average, did you use (READ LIST)?

	0 NEVER OR <1 PER MONTH	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	RF	DK
u. Carrots, raw (1/2 carrot or 2-4 sticks).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
v. Carrots, cooked (1/2 cup).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
w. Corn (1 ear or 1/2 cup frozen, canned).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
x. Peas or lima beans (1/2 cup frozen, canned).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
y. Yams or sweet potatoes (1/2 cup).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
z. Spinach or collard greens, cooked (1/2 cup).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
aa. Refried beans (1 cup).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
bb. Beans or lentils, baked or dried (1/2 cup).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
cc. Yellow (winter) squash (1/2 cup).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
dd. Raw Chile peppers, Jalapeño (1).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
ee. Salsa (1 cup).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
ff. Eggs (1).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
gg. Chicken or Turkey (4-6 oz).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
hh. Bacon (2 slices).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
ii. Hot dogs (1).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
jj. Processed meats, e.g. sausage, salami, bologna, chorizo, etc. (piece or slice).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
kk. Liver (3-4 oz).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
ll. Chicken livers (1 oz).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
mm. Organ meats Barbacoa, Menudo, sweetbreads, tongue, intestines (3-4 oz).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
nn. Hamburger (1 patty).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
oo. Beef, pork, lamb or cabrito as a sandwich or mixed dish, e.g. stew, casserole, lasagna, etc. ....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98
pp. Beef, pork, lamb or cabrito as a main dish, e.g. Steak, roast, ham, etc. (4-6 oz).....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	97	98

D18. How often, on average, did you use (READ LIST)?

	0 NEVER OR < 1 PER MONTH	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6+ PER DAY	RF	DK
qq. Fish (3-5 oz) .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
rr. Chocolate (1 oz) .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
ss. Candy without chocolate (1 oz) .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
tt. Pie (slice) .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
uu. Cake (slice) .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
vv. Cookies (1) .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
ww. White bread (slice), including pita bread .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
xx. Dark bread (slice) including wheat pita bread .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
yy. French fried potatoes (4 oz) .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
zz. Potatoes baked, boiled (1) or mashed (1 cup) .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
aaa. Rice or pasta e.g. Spanish rice, spaghetti, noodles, etc. (1 cup) .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
bbb. Tortilla (1) .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
ccc. Potato chips or corn Chips (small bag or 1 oz) .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
ddd. Nuts (small packet or 1 oz) .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
eee. Peanut butter (1tbs) .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98
fff. Oil and vinegar Dressing e.g., Italian(1 tbs) .....	0	1M	2M	3M	1W	2W	3W	4W	5W	6W	1D	2D	3D	4D	5D	6D	97	98

**CAFFEINE**

The next questions are about caffeine. We will be asking you about your average use of coffee, tea and soda during the year before you became pregnant with (NOIB).

D19. How many cups of caffeinated or regular coffee did you usually drink?

- NEVER OR < ONCE PER MONTH.....0
- 1 PER MONTH.....1M
- 2 PER MONTH.....2M
- 3 PER MONTH.....3M
- 1 PER WEEK.....1W
- 2 PER WEEK.....2W
- 3 PER WEEK.....3W
- 4 PER WEEK.....4W
- 5 PER WEEK.....5W
- 6 PER WEEK.....6W
- 1 PER DAY.....1D
- 2 PER DAY.....2D
- 3 PER DAY.....3D
- 4 PER DAY.....4D
- 5 PER DAY.....5D
- 6+ PER DAY.....6D
- RF.....97
- DK.....98

D20. How many cups of caffeinated or regular tea did you usually drink?

- NEVER OR < ONCE PER MONTH.....0
- 1 PER MONTH.....1M
- 2 PER MONTH.....2M
- 3 PER MONTH.....3M
- 1 PER WEEK.....1W
- 2 PER WEEK.....2W
- 3 PER WEEK.....3W
- 4 PER WEEK.....4W
- 5 PER WEEK.....5W
- 6 PER WEEK.....6W
- 1 PER DAY.....1D
- 2 PER DAY.....2D
- 3 PER DAY.....3D
- 4 PER DAY.....4D
- 5 PER DAY.....5D
- 6+ PER DAY.....6D
- RF.....97
- DK.....98

D21. Did you drink sodas or soft drinks? YES ..... 1  
 NO .....(SKIP TO D26) ..... 2  
 DK .....(SKIP TO D26) ..... 8

**FOR EVERY BRAND ANSWERED IN D22, ASK D23 AND D24, UNLESS SKIPPED BY PRECODES:**

7 up (SKIP D24) = 01 A&W cream soda (SKIP D24) = 02 A&W root beer (SKIP D24) = 03 After the Fall spritzers (SKIP D24) = 04 Barq's root beer (SKIP D24) = 05 Black cherry soda = 06 Cheerwine (SKIP D24) = 07 Cherry 7-up (SKIP D24) = 08 Cherry coke (SKIP D24) = 09 Cherry soda = 10 Clearly Canadian (SKIP D24) = 11 Club soda (SKIP D23 & D24) = 12 Coke = 13 Cola , NOS = 14 Cranberry ginger ale (SKIP D24) = 15 Cream soda, NOS = 16 Diet Rite cola(SKIP D23 & D24) = 17 Diet Rite (fruit flavors) (SKIP D23 & D24) = 18 Dr. Brown's(all flavors) (SKIP D24) = 19	Dr. Pepper (SKIP D24) = 20 Fanta (all flavors) (SKIP D24) = 21 Fresca (SKIP D23 & D24) = 22 Ginger ale (SKIP D24) = 23 Ginger beer soda, NOS = 24 Grapefruit soda, NOS = 25 Hires root beer (SKIP D24) = 26 IBC black cherry (SKIP D24) = 27 IBC cherry cola (SKIP D24) = 28 IBC cream soda (SKIP D24) = 29 IBC root beer (SKIP D24) = 30 Jarritos sodas (all flavors) (SKIP D24) = 31 Jolt cola (SKIP D24) = 32 Josta = 33 Knudsen sparkling juices (SKIP D24) = 34 Lemon/lime soda, NOS = 35 Mellow yellow (SKIP D24) = 36 Mountain dew = 37 Mr. Pibb (SKIP D24) = 38 Nugrape (SKIP D24) = 39 Orange crush (SKIP D24) = 40	Orange soda, NOS = 41 Pepsi = 42 Quinine water (SKIP D23 & D24) = 43 RC cola (SKIP D24) = 44 Root beer , NOS = 45 Slice (SKIP D24) = 46 Sparkling water flavors (SKIP D24) = 47 Sprite (SKIP D24) = 48 Squirt (both flavors) (SKIP D24) = 49 Strawberry soda = 50 Sun-drop (SKIP D24) = 51 Sunkist fruit punch (SKIP D24) = 52 Sunkist orange (SKIP D24) = 53 Surge = 54 Tab (SKIP D23 & D24) = 55 Tahitian treat = 56 Tonic water (SKIP D23 & D24) = 57 Wild cherry Pepsi (SKIP D24) = 58 Wink (SKIP D24) = 59 Yoohoo Choc. (SKIP D24) = 60 Other, specify = 61
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D22.	D23.	D24.	D25.
What brand(s) or types did you usually drink?/Anything else?  LIST ALL. USE PRECODED SODA LIST TO PROBE. IF TYPE ON LIST IS KNOWN TO HAVE CAFFEINE OR BE A DIET DRINK, THOSE SELECTIONS WILL SKIP OVER D23 AND/OR D24	Is (BRAND) diet?  YES..... 1 NO ..... 2 DK..... 8	Is (BRAND) caffeine free?  YES ..... 1 NO..... 2 DK ..... 8	How many (cans/glasses/ bottles) of (BRANDS) did you usually drink?  NEVER OR LESS THAN 1 PER MONTH ..... 0 1 PER MONTH ..... 1M 2 PER MONTH ..... 2M 3 PER MONTH ..... 3M 1 PER WEEK ..... 1W 2 PER WEEK ..... 2W 3 PER WEEK ..... 3W 4 PER WEEK ..... 4W 5 PER WEEK ..... 5W 6 PER WEEK ..... 6W 1 PER DAY ..... 1D 2 PER DAY ..... 2D 3 PER DAY ..... 3D 4 PER DAY ..... 4D 5 PER DAY ..... 5D 6+ PER DAY ..... 6D RF ..... 97 DK ..... 98
A.  _____  DK = 98			



	D22. What brand(s) or types did you usually drink?/Anything else?  LIST ALL. USE PRECODED SODA LIST TO PROBE. IF TYPE ON LIST IS KNOWN TO HAVE CAFFEINE OR BE A DIET DRINK, THOSE SELECTIONS WILL SKIP OVER D23 AND/OR D24	D23. Is (BRAND) diet?	D24. Is (BRAND) caffeine free?	D25. How many (cans/glasses/bottles) of (BRANDS) did you usually drink?
B.	<hr/> DK = 98	YES..... 1 NO ..... 2 DK..... 8	YES..... 1 NO..... 2 DK..... 8	NEVER OR LESS THAN 1 PER MONTH .....0 1 PER MONTH.....1M 2 PER MONTH.....2M 3 PER MONTH.....3M 1 PER WEEK .....1W 2 PER WEEK .....2W 3 PER WEEK .....3W 4 PER WEEK .....4W 5 PER WEEK .....5W 6 PER WEEK .....6W 1 PER DAY.....1D 2 PER DAY.....2D 3 PER DAY.....3D 4 PER DAY.....4D 5 PER DAY.....5D 6+ PER DAY .....6D RF.....97 DK .....98
C.	<hr/> DK = 98	YES..... 1 NO ..... 2 DK..... 8	YES..... 1 NO..... 2 DK..... 8	NEVER OR LESS THAN 1 PER MONTH .....0 1 PER MONTH.....1M 2 PER MONTH.....2M 3 PER MONTH.....3M 1 PER WEEK .....1W 2 PER WEEK .....2W 3 PER WEEK .....3W 4 PER WEEK .....4W 5 PER WEEK .....5W 6 PER WEEK .....6W 1 PER DAY.....1D 2 PER DAY.....2D 3 PER DAY.....3D 4 PER DAY.....4D 5 PER DAY.....5D 6+ PER DAY .....6D RF.....97 DK .....98

- D26. When you were pregnant with (NOIB) did you drink more, the same, less, or no caffeinated coffee?
- More .....1  
Same .....2  
Less .....3  
None .....4  
DK .....8
- D27. When you were pregnant with (NOIB) did you drink more, the same, less, or no caffeinated tea?
- More .....1  
Same .....2  
Less .....3  
None .....4  
DK .....8
- D28. When you were pregnant with (NOIB) did you drink more, the same, less, or no caffeinated sodas?
- More .....1  
Same .....2  
Less .....3  
None .....4  
DK .....8

**SECTION E: TOBACCO-MOTHER**

- E1. The next questions are about tobacco use. Did you ever smoke cigarettes? YES .....1  
 NO ..... (SKIP TO E5) .....2  
 DK ..... (SKIP TO E5) .....8
- E2. At any time from (-3) to (DOIB), did you smoke cigarettes? YES .....1  
 NO ..... (SKIP TO E5) .....2  
 DK ..... (SKIP TO E5) .....8

				E4.		
				During (SPECIFY MONTH) about how many cigarettes did you smoke a day?/Did you continue to smoke that many cigarettes through (LAST MONTH STATED)?		
		YES (ASK E4)	NO	DK		
MO	B3	1	2	8		
					<1/DAY .....01	
					1/DAY .....02	
					2-4/DAY .....03	
					½ PACK (5-14) .....04	
					1 PACK(15-24) .....05	
					1 ½ PACK (25-34) .....06	
					2 PACK (35-44) .....07	
					>2 PACK .....08	
					DK .....98	
	B2	1	2	8	<1/DAY .....01	
					1/DAY .....02	
					2-4/DAY .....03	
					½ PACK (5-14) .....04	
					1 PACK(15-24) .....05	
					1 ½ PACK (25-34) .....06	
					2 PACK (35-44) .....07	
					>2 PACK .....08	
					DK .....98	
	B1	1	2	8	<1/DAY .....01	
					1/DAY .....02	
					2-4/DAY .....03	
					½ PACK (5-14) .....04	
					1 PACK(15-24) .....05	
					1 ½ PACK (25-34) .....06	
					2 PACK (35-44) .....07	
					>2 PACK .....08	
					DK .....98	
	P1	1	2	8	<1/DAY .....01	
					1/DAY .....02	
					2-4/DAY .....03	
					½ PACK (5-14) .....04	
					1 PACK(15-24) .....05	
					1 ½ PACK (25-34) .....06	
					2 PACK (35-44) .....07	
					>2 PACK .....08	
					DK .....98	
	P2	1	2	8	<1/DAY .....01	
					1/DAY .....02	
					2-4/DAY .....03	
					½ PACK (5-14) .....04	
					1 PACK(15-24) .....05	
					1 ½ PACK (25-34) .....06	
					2 PACK (35-44) .....07	
					>2 PACK .....08	
					DK .....98	

				E4.
				During (SPECIFY MONTH) about how many cigarettes did you smoke a day?/Did you continue to smoke that many cigarettes through (LAST MONTH STATED)?
MO	YES (ASK E4)	NO	DK	
P3	1	2	8	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK .....08 DK.....98
T2	1	2	8	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK .....08 DK.....98
T3	1	2	8	<1/DAY .....01 1/DAY .....02 2-4/DAY .....03 ½ PACK (5-14) .....04 1 PACK(15-24) .....05 1 ½ PACK (25-34) .....06 2 PACK (35-44) .....07 >2 PACK .....08 DK.....98

**TOBACCO-HOUSEHOLD**

E5. Did anyone in your household smoke cigarettes in your home between (-3) and (DOIB)?

YES .....1  
 NO ..... (SKIP TO E7) .....2  
 DK ..... (SKIP TO E7) .....8

E6. During which months did someone smoke in your home? CIRCLE FOR EACH MONTH. DO NOT CODE SHADED AREA.

MO	YES	NO	DK
B3	1	2	8
B2	1	2	8
B1	1	2	8
P1	1	2	8
P2	1	2	8
P3	1	2	8
T2	1	2	8
T3	1	2	8

**TOBACCO-WORKPLACE**

E7. Did anyone smoke cigarettes near you at a workplace or school you may have attended during that year?

YES .....1  
 NO ..... (SKIP TO F1) .....2  
 DK ..... (SKIP TO F1) .....8

E8. During which months from (-3) to (DOIB) did someone smoke near you at work/school? CIRCLE FOR EACH MONTH. DO NOT CODE SHADED AREA.

MO	YES	NO	DK
B3	1	2	8
B2	1	2	8
B1	1	2	8
P1	1	2	8
P2	1	2	8
P3	1	2	8
T2	1	2	8
T3	1	2	8

**SECTION F: ALCOHOL**

F1. Now I'm going to ask you some questions about drinking alcoholic beverages. We define an alcoholic drink as one beer, one glass of wine, one mixed drink, or one shot of liquor. Between (-3) and (DOIB), did you drink any wine, beer, mixed drinks or shots of liquor?

YES ..... 1  
 NO ..... (SKIP TO G1)..... 2  
 DK ..... (SKIP TO G1)..... 8  
 RF ..... (SKIP TO G1)..... 7

F2. During which months did you drink any alcoholic beverages? <b>CIRCLE FOR EACH MONTH. DO NOT CODE SHADED AREA.</b>				F3. In the (3 <sup>rd</sup> /2 <sup>nd</sup> /1 <sup>st</sup> month before pregnancy, 1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> ...9 <sup>th</sup> month of pregnancy), on average, how many <b>days</b> did you drink alcoholic beverages? (DK = 98) (RF = 97)	F4. On those days that you drank alcoholic beverages, on average, how many drinks did you have per day? (DK = 98) (RF = 97)	F5. What was the greatest number of drinks you had on one occasion in (MONTH)? (DK = 98) (RF = 97)
MO	YES (ASK F3-F5)	NO (NXT)	DK (NXT)	# DAYS	# DRINKS	# DRINKS
B3	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
B2	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
B1	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
P1	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
P2	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
P3	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
T2	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
T3	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>

F6. On the days that you drank alcohol, what type(s) of alcohol did you usually drink?  
 READ CHOICES.

	YES	NO	RF	DK
a. Beer .....	1	2	7	8
b. Wine.....	1	2	7	8
c. Mixed drink .....	1	2	7	8
d. Shot liquor .....	1	2	7	8
e. Other alcohol .....	1	2	7	8

SPECIFY: \_\_\_\_\_

**SECTION G: SUBSTANCE ABUSE-FATHER**

IF FATHER UNKNOWN, SKIP TO G7.

Now I am going to ask you about recreational drug use.

G1. Between (-3) and (DOIB), did (NOIB)'s father use any of the following recreational or street drugs?	YES	NO	RF	DK
a. Marijuana.....	1	2	7	8
b. Hash.....	1	2	7	8
c. Cocaine.....	1	2	7	8
d. Crack.....	1	2	7	8
e. Hallucinogens like LSD or 'acid'.....	1	2	7	8
f. Heroin.....	1	2	7	8
g. Hallucinogenic Mushrooms.....	1	2	7	8

G2. Between (-3) and (DOIB), did (NOIB)'s father use anything else to get high?	YES.....	1
	NO.....	2
	DK.....	8
	RF.....	7

G3. What did he use? / Anything else? SPECIFY.

SPECIFY: \_\_\_\_\_

**FOR EACH "YES" ITEM FROM G1 AND G3,  
ASK G4 TO G6. IF ALL NO OR DK, SKIP TO G7.**

(NOIB)'S FATHER'S RECREATIONAL/ STREET DRUG. LIST EACH "YES" FROM G1 AND G3.	G4.				G5.	G6.
	MO	YES	NO	DK	How did he take/use (SUBSTANCE)?	How often did he take/use (SUBSTANCE)?  FREQUENCY
FIRST SUBSTANCE	B3	1	2	8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3
	B2	1	2	8	DRINK IT = 01 EAT IT = 02 INJECT IT = 03 SMOKE IT = 04 SNIFF/SNORT/ INHALE IT = 05 SWALLOW (PILL FORM) = 06 OTHER = 96 SPECIFY: _____ DK = 98 RF = 97	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3
	B1	1	2	8		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3
	P1	1	2	8		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3
	P2	1	2	8		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3
	P3	1	2	8		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3
	T2	1	2	8		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3
	T3	1	2	8		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3



(NOIB)'S FATHER'S RECREATIONAL/  
STREET DRUG. LIST EACH "YES"  
FROM G1 AND G3.

	G4.				G5.	G6.
	MO	YES	NO	DK		
SECOND SUBSTANCE	B3	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> DK = 98
	B2	1	2	8	DRINK IT = 01 EAT IT = 02 INJECT IT = 03 SMOKE IT = 04 SNIFF/SNORT/ INHALE IT = 05 SWALLOW (PILL FORM) = 06 OTHER = 96 SPECIFY: _____ DK = 98 RF = 97	PER DAY.....1 PER WEEK.....2 PER MONTH.....3 <input type="checkbox"/> <input type="checkbox"/> DK = 98
	B1	1	2	8		PER DAY.....1 PER WEEK.....2 PER MONTH.....3 <input type="checkbox"/> <input type="checkbox"/> DK = 98
	P1	1	2	8		PER DAY.....1 PER WEEK.....2 PER MONTH.....3 <input type="checkbox"/> <input type="checkbox"/> DK = 98
	P2	1	2	8		PER DAY.....1 PER WEEK.....2 PER MONTH.....3 <input type="checkbox"/> <input type="checkbox"/> DK = 98
	P3	1	2	8		PER DAY.....1 PER WEEK.....2 PER MONTH.....3 <input type="checkbox"/> <input type="checkbox"/> DK = 98
	T2	1	2	8		PER DAY.....1 PER WEEK.....2 PER MONTH.....3 <input type="checkbox"/> <input type="checkbox"/> DK = 98
	T3	1	2	8		PER DAY.....1 PER WEEK.....2 PER MONTH.....3 <input type="checkbox"/> <input type="checkbox"/> DK = 98

**SUBSTANCE ABUSE-MOTHER**

Now I would like to ask you about any recreational drugs you may have used.

G7. Between (-3) and (DOIB), did you use any of the following recreational or street drugs?	YES	NO	RF	DK
a. Marijuana.....	1	2	7	8
b. Hash .....	1	2	7	8
c. Cocaine .....	1	2	7	8
d. Crack .....	1	2	7	8
e. Hallucinogens like LSD or 'acid' .....	1	2	7	8
f. Heroin.....	1	2	7	8
g. Hallucinogenic Mushrooms .....	1	2	7	8
G8. Between (-3) and (DOIB), did you use anything else to get high?	YES .....	NO .....	DK .....	RF.....
	.....1	.....2	.....8	.....7

G9. What did you use? / Anything else? SPECIFY.

SPECIFY: \_\_\_\_\_

**FOR EACH "YES" ITEM FROM G7 AND G9, ASK G10 TO G12. IF ALL NO OR DK, SKIP TO H1.**

MOTHER'S RECREATIONAL/ STREET DRUG. LIST EACH "YES" FROM G7 AND G9.	G10.				G11.	G12.
	Which month(s) did you take/use (SUBSTANCE)?				How did you take/use (SUBSTANCE)?	How often did you take/use (SUBSTANCE)?
	MO	YES	NO	DK		FREQUENCY
FIRST SUBSTANCE	B3	1	2	8	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3
	B2	1	2	8	DRINK IT = 01 EAT IT = 02 INJECT IT = 03 SMOKE IT = 04 SNIFF/SNORT/ INHALE IT = 05 SWALLOW (PILL FORM) = 06 OTHER = 96 SPECIFY: _____ DK = 98 RF = 97	<input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3
	B1	1	2	8		<input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3
	P1	1	2	8		<input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3
	P2	1	2	8		<input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3
	P3	1	2	8		<input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3
	T2	1	2	8		<input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3
	T3	1	2	8		<input type="checkbox"/> <input type="checkbox"/> DK = 98 PER DAY.....1 PER WEEK.....2 PER MONTH.....3

MOTHER'S RECREATIONAL/ STREET DRUG. LIST EACH "YES" FROM G7 AND G9.

G10.

G11.

G12.

Which month(s) did you take/use (SUBSTANCE)?

How did you take/use (SUBSTANCE)?

How often did you take/use (SUBSTANCE)?

MO YES NO DK

FREQUENCY

SECOND SUBSTANCE

B3 1 2 8

□□

□□  
DK = 98

PER DAY.....1  
PER WEEK.....2  
PER MONTH.....3

B2 1 2 8

DRINK IT = 01  
EAT IT = 02  
INJECT IT = 03  
SMOKE IT = 04  
SNIFF/SNORT/  
INHALE IT = 05  
SWALLOW  
(PILL FORM) = 06  
OTHER = 96  
SPECIFY: \_\_\_\_\_  
DK = 98  
RF = 97

□□  
DK = 98

PER DAY.....1  
PER WEEK.....2  
PER MONTH.....3

B1 1 2 8

□□  
DK = 98

PER DAY.....1  
PER WEEK.....2  
PER MONTH.....3

P1 1 2 8

□□  
DK = 98

PER DAY.....1  
PER WEEK.....2  
PER MONTH.....3

P2 1 2 8

□□  
DK = 98

PER DAY.....1  
PER WEEK.....2  
PER MONTH.....3

P3 1 2 8

□□  
DK = 98

PER DAY.....1  
PER WEEK.....2  
PER MONTH.....3

T2 1 2 8

□□  
DK = 98

PER DAY.....1  
PER WEEK.....2  
PER MONTH.....3

T3 1 2 8

□□  
DK = 98

PER DAY.....1  
PER WEEK.....2  
PER MONTH.....3

**SECTION H: HOME ENVIRONMENT**

The following questions will be about your home.

H1. From (-3) to (DOIB), at how many different residences did you live for more than a month?

# DIFFERENT RESIDENCES ..... 

--	--

  
 DK = 98  
 RF = 97

**FOR EVERY RESIDENCE, ASK H2-H4.**

	H2.	H3.	H4.	H5.																												
	What was the street address of your (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> ) residence? LIST ALL IN CHART. What was your address after that?	What month and year did you start living there?	What month and year did you stop living there?	QUESTION DELETED																												
A.	STREET: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____ DK ..... <input type="checkbox"/> RF ..... <input type="checkbox"/>	<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="2" style="text-align: center;">MM</td></tr> <tr><td colspan="2"> </td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="4" style="text-align: center;">YYYY</td></tr> </table>			MM								YYYY				<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="2" style="text-align: center;">MM</td></tr> <tr><td colspan="2"> </td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="4" style="text-align: center;">YYYY</td></tr> </table> <p style="text-align: center;">IF CURRENTLY LIVING THERE, THEN ADD TODAY'S DATE.</p>			MM								YYYY				
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B.	STREET: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____ DK ..... <input type="checkbox"/> RF ..... <input type="checkbox"/>	<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="2" style="text-align: center;">MM</td></tr> <tr><td colspan="2"> </td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="4" style="text-align: center;">YYYY</td></tr> </table>			MM								YYYY				<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="2" style="text-align: center;">MM</td></tr> <tr><td colspan="2"> </td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="4" style="text-align: center;">YYYY</td></tr> </table> <p style="text-align: center;">IF CURRENTLY LIVING THERE, THEN ADD TODAY'S DATE.</p>			MM								YYYY				
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C.	STREET: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____ DK ..... <input type="checkbox"/> RF ..... <input type="checkbox"/>	<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="2" style="text-align: center;">MM</td></tr> <tr><td colspan="2"> </td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="4" style="text-align: center;">YYYY</td></tr> </table>			MM								YYYY				<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="2" style="text-align: center;">MM</td></tr> <tr><td colspan="2"> </td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="4" style="text-align: center;">YYYY</td></tr> </table> <p style="text-align: center;">IF CURRENTLY LIVING THERE, THEN ADD TODAY'S DATE.</p>			MM								YYYY				
MM																																
YYYY																																
MM																																
YYYY																																

HOME ENVIRONMENT-HOT TUB/HOT BATH/SAUNA

H6. From (-3) to (DOIB) did you use (READ CHOICES)?

	YES (ASK H7-H10)	NO (NXT)	DK (NXT)	H7.			H8.	H9.	H10.			
				During which month(s) did you use the (ITEM)?	During the (SPECIFY MONTH) how many times per month did you use the (ITEM)?	For how many minutes each time?	Was the source of the water for the (HEAT CHOICE) chemically disinfected?					
				MO	YES	NO	DK	# OF TIMES DK = 98	<5 min = 1 5-15 min = 2 16-30 min = 3 31-60 min = 4 >60 min = 5 DK = 98	YES	NO	DK
A. a hot tub or jacuzzi....	1	2	8	B3	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8
				B2	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				B1	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				P1	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				P2	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				P3	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				T2	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				T3	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
B. a very hot bath .....	1	2	8	B3	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	[Hatched Area]		
				B2	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				B1	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				P1	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				P2	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				P3	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				T2	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				T3	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
C. a sauna .....	1	2	8	B3	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	[Hatched Area]		
				B2	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				B1	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				P1	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				P2	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				P3	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				T2	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			
				T3	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>			

**SECTION I: MOTHER'S OCCUPATION**

11. The next section is a series of questions about your work experiences—paid, volunteer, or military service. This includes part-time and full-time jobs, jobs at home, and jobs on a farm or outside your home that lasted one month or more. Between (-3) and (DOIB) did you have a job?

YES ..... (SKIP TO I3) ..... 1  
 NO ..... 2  
 DK ..... 8

12. Were you (READ CHOICES) or did you do something else?

A homemaker/parent..... (SKIP TO I16) ..... 1  
 A student ..... (SKIP TO I8) ..... 2  
 Disabled..... (SKIP TO I16) ..... 3  
 Unemployed/in  
 between Jobs ..... (SKIP TO I16) ..... 4  
 Other ..... (SPECIFY)..... 96  
 DK ..... (SKIP TO I16) ..... 98  
 RF..... (SKIP TO I16) ..... 97

SPECIFY: \_\_\_\_\_

(PRE-CODED "OTHER" RESPONSES IN CATI):

IN JAIL..... (SKIP TO I16) ..... 3  
 WRITING MANUSCRIPTS AT  
 HOME (PRE-PUBLICATION)..... (SKIP TO I16) ..... 6  
 DK ..... (SKIP TO I16) ..... 98  
 RF..... (SKIP TO I16) ..... 97

13. What were the names of companies or organizations you worked for between (-3) and (DOIB)? / What other companies did you work for? LIST ALL EMPLOYERS, INCLUDING "SELF EMPLOYED."

COMPANY/ORGANIZATION: \_\_\_\_\_

14. What was your job title there?

JOB TITLE: \_\_\_\_\_

15. What did they make or do? IF CONGLOMERATE: What did your division make or do?

SPECIFY: \_\_\_\_\_

\_\_\_\_\_

16. Describe what you did and how you did it. What were your main activities or duties?

MAIN ACTIVITIES/DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Describe any chemicals or substances you handled or machines that you used.

CHEMICALS/SUBSTANCES/MACHINES USED: \_\_\_\_\_  
 \_\_\_\_\_

18. What month and year did you start that job?  
 IF STUDENT: What month and year did you start going to school?

DATE: .....        
 MM YYYY

19. What month and year did you end that job?  
 IF STUDENT: What month and year did you end going to school?

DATE: .....        
 MM YYYY

CURRENTLY WORKING = DATE OF INTERVIEW

110. How many days per week did you usually work?  
 IF STUDENT: How many days per week did you go to school?

DAYS PER WEEK .....   
 DK = 98  
 RF = 97

111. How many hours per day did you usually work?  
 IF STUDENT: How many hours per day did you go to school? (IF STUDENT – SKIP TO I16.)

HOURS PER DAY: .....    
 DK = 98  
 RF = 97

**INTERVIEWER INSTRUCTION:** IF RESPONDENT HAS HAD MORE THAN ONE JOB BETWEEN (-3) AND (DOIB), USE SUPPLEMENT FOR EACH ADDITIONAL JOB. (REPEAT I3 –I11.)



MOTHER'S OCCUPATION-2

I12.				I13.	I14.				I15.			
In your job(s) between (-3) and (DOIB) did you work with or make (READ CHOICES)?				What was the name of the product?	During which months did you use (PRODUCT)?				How many hours or minutes per week were you around the product?			
CONDITION	YES	NO (NXT)	DK (NXT)		MO	YES	NO	DK		MIN	HRS	DK
a. anesthetic gases .....	1	2	8	_____ <input type="checkbox"/> DK..... <input type="checkbox"/>	B3	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					B2	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					B1	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					P1	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					P2	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					P3	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					T2	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					T3	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
b. ionizing radiation, such as x-rays .....	1	2	8	_____ <input type="checkbox"/> DK..... <input type="checkbox"/>	B3	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					B2	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					B1	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					P1	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					P2	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					P3	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					T2	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					T3	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
c. heavy metals (such as lead, mercury, nickel) .....	1	2	8	_____ <input type="checkbox"/> DK..... <input type="checkbox"/>	B3	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					B2	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					B1	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					P1	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					P2	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					P3	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					T2	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>
					T3	1	2	8	<input type="checkbox"/>	1	2	<input type="checkbox"/>

I12.				I13.	I14.				I15.			
In your job(s) between (-3) and (DOIB) did you work with or make (READ CHOICES)?				What was the name of the product?	During which months did you use (PRODUCT)?				How many hours or minutes per week were you around the product?			
CONDITION	YES	NO (NXT)	DK (NXT)		MO	YES	NO	DK		MIN	HRS	DK
d. pesticides, herbicides, fungicides, insecticides or rat poison .....	1	2	8	_____	B3	1	2	8		1	2	<input type="checkbox"/>
				DK..... <input type="checkbox"/>	B2	1	2	8		1	2	<input type="checkbox"/>
					B1	1	2	8		1	2	<input type="checkbox"/>
					P1	1	2	8		1	2	<input type="checkbox"/>
					P2	1	2	8		1	2	<input type="checkbox"/>
					P3	1	2	8		1	2	<input type="checkbox"/>
					T2	1	2	8		1	2	<input type="checkbox"/>
					T3	1	2	8		1	2	<input type="checkbox"/>
e. solvents like paint thinners, auto fluids, toluene, carbon disulfide or carbon tetrachloride.....	1	2	8	_____	B3	1	2	8		1	2	<input type="checkbox"/>
				DK..... <input type="checkbox"/>	B2	1	2	8		1	2	<input type="checkbox"/>
					B1	1	2	8		1	2	<input type="checkbox"/>
					P1	1	2	8		1	2	<input type="checkbox"/>
					P2	1	2	8		1	2	<input type="checkbox"/>
					P3	1	2	8		1	2	<input type="checkbox"/>
					T2	1	2	8		1	2	<input type="checkbox"/>
					T3	1	2	8		1	2	<input type="checkbox"/>

MOTHER'S OCCUPATION-MILITARY

I16. Have you served in active duty in the U.S. armed forces since 1990?

YES .....1  
 NO ..... (SKIP TO J1).....2  
 DK ..... (SKIP TO J1).....8

I17. In which country did you serve?	I18. From which month and year?	I19. To which month and year?	I20. Which, if any chemicals or biologic agents do you think you were exposed to?																								
A. _____ DK ..... <input type="checkbox"/>	FROM: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td>MM</td><td> </td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>YYYY</td><td> </td><td> </td><td> </td></tr></table>			MM						YYYY				TO: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td>MM</td><td> </td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>YYYY</td><td> </td><td> </td><td> </td></tr></table>			MM						YYYY				_____ _____ NONE ..... <input type="checkbox"/> RF ..... <input type="checkbox"/> DK ..... <input type="checkbox"/>
MM																											
YYYY																											
MM																											
YYYY																											
B. _____ DK ..... <input type="checkbox"/>	FROM: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td>MM</td><td> </td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>YYYY</td><td> </td><td> </td><td> </td></tr></table>			MM						YYYY				TO: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td>MM</td><td> </td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>YYYY</td><td> </td><td> </td><td> </td></tr></table>			MM						YYYY				_____ _____ NONE ..... <input type="checkbox"/> RF ..... <input type="checkbox"/> DK ..... <input type="checkbox"/>
MM																											
YYYY																											
MM																											
YYYY																											

**SECTION J: FATHER’S OCCUPATION**

IF FATHER UNKNOWN (CHECK HERE ) , THEN SKIP TO J17.

J1. Next I’m going to ask about (NOIB)’s father’s work experiences. Between (-3) and (DOIB) did (NOIB)’s father have a job? YES ..... (SKIP TO J3) ..... 1  
 NO ..... 2  
 DK ..... 8

J2. Was he (READ CHOICES) or did he do something else? A homemaker/parent.....(SKIP TO J12)..... 1  
 A student .....(SKIP TO J12)..... 2  
 Disabled.....(SKIP TO J12)..... 3  
 Unemployed/in between Jobs .....(SKIP TO J12)..... 4  
 Other ..... (SPECIFY)..... 96  
 DK .....(SKIP TO J12)..... 98  
 RF.....(SKIP TO J12)..... 97

SPECIFY: \_\_\_\_\_

(PRE-CODED “OTHER” RESPONSES IN CATI): IN JAIL..... (SKIP TO J12) .....3  
 WRITING MANUSCRIPTS AT HOME (PRE-PUBLICATION) ..... (SKIP TO J12) .....6  
 DK ..... (SKIP TO J12).....98  
 RF.....(SKIP TO J12).....97

J3. What were the names of companies or organizations he worked for between (-3) and (DOIB)? / What other companies did he work for? LIST ALL EMPLOYERS, INCLUDING “SELF EMPLOYED.”

COMPANY/ORGANIZATION: \_\_\_\_\_

J4. What was his job title there?

JOB TITLE: \_\_\_\_\_

J5. What did they make or do? (IF CONGLOMERATE:) What did his division make or do?

SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

J6. Describe what he did and how he did it. What were his main activities or duties?

MAIN ACTIVITIES/DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

J7. Describe any chemicals or substances he handled or machines that he used.

CHEMICALS/SUBSTANCES/MACHINES USED: \_\_\_\_\_  
 \_\_\_\_\_

J8. What month and year did he start that job?

DATE:.....     
MM                      YYYY

J9. What month and year did he end that job?

DATE:.....     
MM                      YYYY  
 CURRENTLY WORKING = DATE OF INTERVIEW

J10. How many days per week did he usually work?

DAYS PER WEEK.....  
DK = 98

J11. How many hours per day?

HOURS PER DAY.....   
DK = 98

**INTERVIEWER INSTRUCTION:** IF FATHER HAS HAD MORE THAN ONE JOB BETWEEN (-3) AND (DOIB), USE SUPPLEMENT FOR EACH ADDITIONAL JOB. (REPEAT J3 – J11.)

**FATHER'S OCCUPATION-MILITARY**

J12. Has (NOIB)'s father served in active duty in the U.S. armed forces since 1990? YES ..... 1  
 NO ..... (SKIP TO J17).....2  
 DK ..... (SKIP TO J17).....8

J13. In which country did he serve?	J14. From which month and year?	J15. To which month and year?	J16. Which, if any, chemicals or biologic agents do you think he was exposed to?
A. _____ DK ..... <input type="checkbox"/>	FROM: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM                   YYYY	TO: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM                   YYYY	_____ _____ NONE ..... <input type="checkbox"/> RF ..... <input type="checkbox"/> DK ..... <input type="checkbox"/>
B. _____ DK ..... <input type="checkbox"/>	FROM: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM                   YYYY	TO: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM                   YYYY	_____ _____ NONE ..... <input type="checkbox"/> RF ..... <input type="checkbox"/> DK ..... <input type="checkbox"/>

**OCCUPATION—PESTICIDES**

J17. Between (-3) and (DOIB), did anyone in your household apply pesticides as an occupation or as part of their work?

YES .....1  
 NO ..... (SKIP TO K1) .....2  
 DK ..... (SKIP TO K1) .....8

J18. How many times per day, week, or month did you personally wash clothes that had been worn during pesticide mixing or application? We are interested in clothes that may have gotten pesticide on them from spills or drift during spray application.

# TIMES     
 NEVER = 00

PER DAY .....1  
 PER WEEK .....2  
 PER MONTH .....3  
 PER YEAR .....4  
 OTHER ..... (SPECIFY) .....5  
 DK .....8  
 RF .....7

SPECIFY: \_\_\_\_\_

**SECTION K: FAMILY DEMOGRAPHICS-MOTHER**

Now I will be asking about your ethnic background and education.

K1. Were you born in the U.S.? YES ..... (SKIP TO K3)..... 1  
 NO ..... 2  
 DK ..... (SKIP TO K3)..... 8

K2. Where were you born?

SPECIFY: \_\_\_\_\_

K2A. How many years have you lived in the U.S.? YEARS .....

K3. What language do you usually speak at home?

SPECIFY LANGUAGE: \_\_\_\_\_

K4. What is your race/ethnic group? White, not of Hispanic origin ..... (SKIP TO K6)..... 1  
 Black, not of Hispanic origin ..... (SKIP TO K6)..... 2  
 Asian, Pacific Islander ..... (ASK K4a)..... 3  
 Native American or Alaskan Native.. (SKIP TO K4b)..... 4  
 Hispanic ..... (SKIP TO K5)..... 6  
 Other ..... (SPECIFY IN K4c) .. 5  
 RF ..... (SKIP TO K6)..... 7  
 DK ..... (SKIP TO K6)..... 8

K4a. What country? \_\_\_\_\_  
 (SKIP TO K6)

K4b. What tribe? \_\_\_\_\_  
 (SKIP TO K6)

K4c. SPECIFY: \_\_\_\_\_  
 (SKIP TO K6)

K5. Which Hispanic or Spanish group do you consider yourself a member of?

SPECIFY: \_\_\_\_\_



K6. What was the highest grade or year of school or college that you had completed at the time (NOIB) was born?

IF RESPONDENT HESITATES, BEGIN READING CATEGORIES.

NO FORMAL SCHOOLING .....	01
1-6 YEARS .....	02
7-8 YEARS .....	03
9-11 YEARS .....	04
12 YEARS, COMPLETED HIGH SCHOOL OR EQUIVALENT .....	05
1-3 YEARS COLLEGE .....	06
COMPLETED TECHNICAL COLLEGE .....	07
4 YEARS COLLEGE OR BACHELOR'S DEGREE .....	08
MASTER'S DEGREE .....	09
ADVANCED DEGREE (MD, PhD, JD) .....	10
RF .....	97
DK .....	98

K7. Did you have a health problem at birth or a birth defect that was diagnosed in childhood?

YES .....	1
NO .....	(SKIP TO K8).....2
DK .....	(SKIP TO K8).....8
RF .....	(SKIP TO K8).....7

K7a. What was it?

PROBLEM: \_\_\_\_\_

**FAMILY DEMOGRAPHICS-FATHER**

IF FATHER UNKNOWN, SKIP TO K16.

The next few questions are about (NOIB)'s biological or natural father.

K8. Was he born in the U.S.? YES.....(SKIP TO K10)..... 1  
 NO..... 2  
 DK.....(SKIP TO K10)..... 8

K9. Where was he born?

SPECIFY: \_\_\_\_\_

K9A. How many years has he lived in the U.S.? YEARS.....

K10. What is his race/ethnic group? White, not of Hispanic origin.....(SKIP TO K12) ..... 1  
 Black, not of Hispanic origin .....(SKIP TO K12) ..... 2  
 Asian, Pacific Islander .....(ASK K10a) ..... 3  
 Native American or Alaskan Native ....(SKIP TO K10b) . 4  
 Hispanic.....(SKIP TO K11) ..... 6  
 Other .....(SPECIFY IN K10c) 5  
 RF .....(SKIP TO K12) ..... 7  
 DK .....(SKIP TO K12) ..... 8

K10a. What country? \_\_\_\_\_  
 (SKIP TO K12)

K10b. What tribe? \_\_\_\_\_  
 (SKIP TO K12)

K10c. SPECIFY: \_\_\_\_\_  
 (SKIP TO K12)

K11. Which Hispanic or Spanish group does he consider himself a member of?

SPECIFY: \_\_\_\_\_

K12. What was the highest grade or year of school or college that he had completed at the time (NOIB) was born?	NO FORMAL SCHOOLING .....	01
	1-6 YEARS .....	02
	7-8 YEARS .....	03
	9-11 YEARS .....	04
	12 YEARS, COMPLETED HIGH SCHOOL OR EQUIVALENT .....	05
	1-3 YEARS COLLEGE .....	06
	COMPLETED TECHNICAL COLLEGE .....	07
	4 YEARS COLLEGE OR BACHELOR'S DEGREE .....	08
	MASTER'S DEGREE .....	09
	ADVANCED DEGREE (MD, PhD, JD) .....	10
	RF .....	97
	DK .....	98

K13. Did he have a health problem at birth or birth defect that was diagnosed in childhood?	YES .....	1
	NO .....	2
	DK .....	8
	RF .....	7

K13a. What was it?

PROBLEM: \_\_\_\_\_

K14. Are you related to (NOIB)'s father by blood?	YES .....	1
	NO .....	2
	DK .....	8
	RF .....	7

K15. What is/was your blood relationship to him?	1 <sup>ST</sup> COUSIN .....	01
	2 <sup>ND</sup> COUSIN .....	02
	3 <sup>RD</sup> COUSIN .....	03
	4 <sup>TH</sup> COUSIN .....	04
	5 <sup>TH</sup> COUSIN .....	05
	1 <sup>ST</sup> COUSIN, ONCE REMOVED .....	06
	2 <sup>ND</sup> COUSIN, ONCE REMOVED .....	07
	DISTANT COUSINS, NOS .....	08
	OTHER .....	09
	DK .....	98
	RF .....	97

SPECIFY: \_\_\_\_\_

## FAMILY DEMOGRAPHICS-RELATIVES

K16. I'd like to ask about (NOIB)'s relatives such as his/her brothers and sisters, grandparents, aunts, uncles, cousins and half brothers and half sisters. Did any of these relatives have a health problem at birth or a birth defect?	YES .....	1
	NO .....	2
	DK .....	8
	RF .....	7

K17. What is this person's relationship to (NOIB)?	K18. ASK ABOUT RELATIONSHIP ONLY IF IT HAS NOT YET BEEN STATED.  Is this person male or female?	K19. What problem or birth defect did this person have?
<p>A. _____</p> <p>PROBE:</p> <p>aunt cousin grandfather grandmother great grandfather great grandmother great aunt great uncle half brother half sister uncle brother sister other, SPECIFY: _____</p> <p>DK ..... <input type="checkbox"/></p>	<p>MALE ..... 1 FEMALE ..... 2 DK ..... 8 RF ..... 7</p>	<p>PROBLEM: _____</p> <p>DK ..... <input type="checkbox"/></p>

<p>B. _____</p> <p>PROBE:</p> <p>aunt cousin grandfather grandmother great grandfather great grandmother great aunt great uncle half brother half sister uncle brother sister other, SPECIFY: _____</p> <p>DK ..... <input type="checkbox"/></p>	<p>MALE ..... 1 FEMALE ..... 2 DK ..... 8 RF ..... 7</p>	<p>PROBLEM: _____</p> <p>DK ..... <input type="checkbox"/></p>
--	--	--

**HOUSEHOLD INCOME**

<p>K20. In the year before you became pregnant with (NOIB), what was your total household income? Was it less than ten thousand dollars, more than fifty thousand dollars or somewhere in between?</p>	<p>Less than Ten Thousand.... (SKIP TO K21).....1                  More then Fifty Thousand .. (SKIP TO K21).....2                  In Between .....3                  RF..... (SKIP TO K21).....97                  DK ..... (SKIP TO K21).....98</p>			
<p>K20a. Would you say it was...                   IF THE ANSWER IS 20,000, FOR EXAMPLE, ROUND UP TO THE HIGH RANGE, 20-30,000.</p>	<p>10 to 20 Thousand Dollars .....1                  20 to 30 thousand Dollars .....2                  30 to 40 Thousand Dollars, or .....3                  40 to 50 Thousand Dollars .....4                  RF.....97                  DK .....98</p>			
<p>K21. How many people were supported by this income including both adults and children?</p>	<p># OF PEOPLE..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>                  DK = 98                  RF = 97</p>			

**SECTION L: HOME WATER ENVIRONMENT**

**OPENING STATEMENT**

The last section is a series of questions about your water use both at home and away from home from (-3) to (DOIB). You will be asked questions about drinking water, other home water use activities, bathing and showering, and swimming pool use.

The following questions will be about your home at (RESIDENCE ADDRESS) near the beginning of your pregnancy.

	L1.	L2.	L3.	L4.	L5.	L6.
	(Was/Is) the source of tap water at (RESIDENCE) private well water?	(Was/Is) your well water chemically disinfected?	(Was/Is) the source of tap water you usually (use/used) for drinking or cooking filtered?	(Was/Is) the filter system for the entire house or just specific location(s) such as a faucet or a portable water filtration system?	What type of water treatment or filtration system (was/is) used? (Was/Is) it (READ OPTIONS)? PROMPT: Do you know the brand name of the water treatment/ filtration system? Other types: Britta, Amway, Pure, or Puriclean water filter?	How many times a year (did/do) you change the filter?  # OF TIMES
RELEVANT RESIDENCE	YES ..... 1 NO (SKIP TO L3) ... 2 DK... (SKIP TO L3) ... 8 RF... (SKIP TO L3) ... 7	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 SOMETIMES ..... 4 NO ..... (SKIP TO L9) ..... 2 NA ..... (SKIP TO L9) ..... 3 DK ..... (SKIP TO L9) ..... 8	ENTIRE HOUSE ..... 1 SPECIFIC LOCATION (SPECIFY AND SKIP TO L7) ..... 2 SPECIFY: 1.) _____ Any more? 2.) _____ 3.) _____	membrane filter ..... 1 charcoal filter ..... 2 other ..... (SPECIFY) ..... 3 DK ..... 8 SPECIFY: _____ Britta ..... 1 Amway ..... 2 Pure ..... 4 Puriclean ..... 5	[ ] [ ] [ ] (SKIP TO SECTION M)  <1 PER YEAR ..... 0 SELF-CLEANING.. 99 DK ..... 98 RF ..... 97

L7.	L8.	L9.	L10.	L11.
Referring to the (TYPE FILTER) at (RESIDENCE) in (CITY), what (was/is) the type of filter? (Was/Is) it (READ OPTIONS)? PROMPT: Do you know the brand name of the water treatment/ filtration system? Other types: Britta, Amway, Pure, or Puriclean water filter?	How often (did/do) you change the filter? # OF TIMES	(Did/Do) you have a filter on your showerhead?	What (was/is) the type of filter? (Was/Is) it (READ OPTIONS)? PROMPT: Do you know the brand name of the water treatment/ filtration system? Other types: Britta, Amway, Pure, or Puriclean water filter?	How many times a year (did/do) you change the filter? # OF TIMES
membrane filter .....1 charcoal filter .....2 other ..... (SPECIFY) .....3 DK.....8 SPECIFY: _____ Britta .....1 Amway .....2 Pure .....4 Puriclean .....5	_____ (SKIP TO SECTION M) <1 PER YEAR .....0 SELF-CLEANING .....99 DK .....98 RF .....97	YES .....1 NO ..... (SKIP TO SECTION M) .....2 DK ..... (SKIP TO SECTION M) .....8	membrane filter.....1 charcoal filter.....2 other ..... (SPECIFY) .....3 DK.....8 SPECIFY: _____ Britta.....1 Amway.....2 Pure .....4 Puriclean .....5	_____ (SKIP TO SECTION M) <1 PER YEAR .....0 SELF-CLEANING .....99 DK .....98 RF .....97

RELEVANT RESIDENCE

**SECTION M: DRINKING WATER AT HOME**

Now I am going to ask you some questions about your use of water at (RESIDENCE ADDRESS). Please include only water that you drank or used at home in these questions.

LOOK AT CATI SCREEN TO SEE IF RESPONDENT WORKED OR ATTENDED SCHOOL. CHECK IF YES .  
IF SHE DID, ASK: I will ask you about water you drank at work or school in a separate section.

	M1.	M2.	M3.	M4.
	At (RESIDENCE) what was the source of the water you used for drinking? Was it (READ OPTIONS)? CODE ALL THAT APPLY.	Not including hot drinks, on an <b>average day</b> at home, how many 8-oz. glasses of (TYPE) water, including water to make powdered or concentrated drinks, did you drink?	Were your hot drinks made from (READ OPTIONS)? CODE ALL THAT APPLY.	What was the source of water you used for cooking and food preparation? Was it (READ OPTIONS)? CODE ALL THAT APPLY.
RELEVANT RESIDENCE	unfiltered tap ..... 1 filtered tap ..... 2 bottled ..... 3 other ... (SPECIFY) .... 4 DK ..... 8 RF ..... 7  SPECIFY: _____ _____ _____	a. unfiltered tap ..... <input type="text"/> <input type="text"/> b. filtered tap ..... <input type="text"/> <input type="text"/> c. bottled ..... <input type="text"/> <input type="text"/> d. other ..... <input type="text"/> <input type="text"/> DK ..... <input type="checkbox"/> RF ..... <input type="checkbox"/> CIRCLE: DAY, WEEK, MONTH	unfiltered tap ..... 1 filtered tap ..... 2 bottled ..... 3 other ..... (SPECIFY) .... 4 NA ..... 5 DK ..... <input type="checkbox"/> RF ..... <input type="checkbox"/> SPECIFY: _____ _____ _____	unfiltered tap ..... 1 filtered tap ..... 2 bottled ..... 3 other ..... (SPECIFY) ... 4 DK ..... <input type="checkbox"/> RF ..... <input type="checkbox"/> SPECIFY: _____ _____ _____

**DRINKING WATER AT HOME-GENERAL**

M5. Did your drinking water habits change at any time during your pregnancy? YES ..... 1  
NO ..... (SKIP TO M8) ..... 2  
DK ..... (SKIP TO M8) ..... 8

M6. In what month and year did this change occur? DATE OF CHANGE .....        
MM YYYY  
DK ..... 98 9998

M7. Did you drink more or less water after (MONTH AND YEAR LISTED IN M6)? MORE ..... 1  
LESS ..... 3  
DK ..... 8

A. How much more or less water did you drink after (MONTH AND YEAR LISTED IN M6), including 8-oz. glasses of water used to make powdered or concentrated drinks? GLASSES .....    
DK .....   
RF .....

M8. Did you switch the type or source of water you drank during (-3) to (DOIB)? YES ..... 1  
NO ..... (SKIP TO SECTION N) ..... 2  
DK ..... (SKIP TO SECTION N) ..... 8

A. What type or source of water did you switch to during (-3) to (DOIB)? UNFILTERED TAP ..... 1  
FILTERED TAP ..... 2  
BOTTLED ..... 3  
OTHER ..... (SPECIFY) ..... 4  
DK .....   
RF .....   
SPECIFY: \_\_\_\_\_



**SECTION N: DRINKING WATER AND OTHER WATER USES AT WORK/SCHOOL**

LOOK AT SCREEN ON CATI TO SEE IF RESPONDENT WORKED/ATTENDED SCHOOL AND NAME OF EMPLOYER/SCHOOL. IF SHE DIDN'T WORK/ATTEND SCHOOL OUTSIDE THE HOME, CHECK HERE  AND SKIP TO SECTION O.

Now we are going to ask you about jobs or school you were involved with outside the home.

	N1.	N2.	N3.
	QUESTION DELETED	What was your source of drinking water at (NAME OF WORK/SCHOOL)? Please include water used to make hot and cold drinks. Was it (READ OPTIONS)? CODE ALL THAT APPLY.	Not including hot drinks, on an <b>average day</b> at (WORK/SCHOOL), how many 8-oz. glasses of (TYPE), including water used to make powdered or concentrated drinks, did you drink? CODE ALL THAT APPLY.
1 <sup>st</sup> RELEVANT JOB		unfiltered tap water ..... 1 filtered tap water ..... 2 drinking fountain water ..... 3 bottled or cooler water ..... 4 water brought from home ..... 5 other ..... (SPECIFY) ..... 6 NA/NONE ..... 7 DK ..... 8 RF ..... 9  SPECIFY: _____	a. unfiltered tap ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b. filtered tap ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c. drinking fountain ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> d. bottled/cooler ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> e. water from home ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> f. other ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK ..... 98 RF ..... 97
2 <sup>nd</sup> RELEVANT JOB		unfiltered tap water ..... 1 filtered tap water ..... 2 drinking fountain water ..... 3 bottled or cooler water ..... 4 water brought from home ..... 5 other ..... (SPECIFY) ..... 6 NA/NONE ..... 7 DK ..... 8 RF ..... 9  SPECIFY: _____	a. unfiltered tap ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b. filtered tap ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c. drinking fountain ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> d. bottled/cooler ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> e. water from home ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> f. other ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK ..... 98 RF ..... 97

**SECTION O: HOME WATER USE ACTIVITIES**

Now I am going to ask you about other uses of water at home, such as washing dishes or clothes and bathing children, from (-3) to (DOIB).

NOTE: RESPONSE OPTIONS FOR 01, 02, 03, AND 07 ARE:	0 = NEVER OR LESS THAN ONCE PER MONTH
	1M = 1 PER MONTH
	2M = 2 PER MONTH
	3M = 3 PER MONTH
	1W = 1 PER WEEK
	2W = 2 PER WEEK
	3W = 3 PER WEEK
	4W = 4 PER WEEK
	5W = 5 PER WEEK
	6W = 6 PER WEEK
	1D = 1 PER DAY
	2D = 2 PER DAY
	3D = 3 PER DAY
	4D = 4 PER DAY
	5D = 5 PER DAY
	6D = 6 PER DAY OR MORE
	DK = 98
	RF = 97

O1.	How often did you (READ OPTIONS)?	# OF TIMES
a.	wash or rinse dishes by hand .....	RECORD CODE ..... <input type="text"/> <input type="text"/>
b.	use an automatic dishwasher .....	RECORD CODE ..... <input type="text"/> <input type="text"/>
c.	wash clothes by hand .....	RECORD CODE ..... <input type="text"/> <input type="text"/>
d.	bathe any children.....	RECORD CODE ..... <input type="text"/> <input type="text"/>
e.	bathe any pets.....	RECORD CODE ..... <input type="text"/> <input type="text"/>
O2.	How often did you use the washing machine at home?	RECORD CODE ..... <input type="text"/> <input type="text"/>
a.	On average, how many loads did you wash each time?	NUMBER OF LOADS ..... <input type="text"/> <input type="text"/>

**SHOWERING AND BATHING SELF**

The next set of questions will ask about showering and bathing practices from (-3) to (DOIB).

O3.	How often did you take showers at home?	RECORD CODE ..... <input type="text"/> <input type="text"/>
		(IF NONE, SKIP TO 07)
O4.	Approximately how many minutes did you shower each time?	# OF MINUTES IN SHOWER ..... <input type="text"/> <input type="text"/>
		DK ..... 98

- O5. Did you leave the window open when you showered? Would you say usually, sometimes, or never?
- USUALLY ..... 1  
 SOMETIMES ..... 2  
 NEVER ..... 3  
 NA ..... 4  
 DK ..... 8
- O6. Was the exhaust fan turned on when you showered? Would you say usually, sometimes, or never?
- USUALLY ..... 1  
 SOMETIMES ..... 2  
 NEVER ..... 3  
 NA ..... 4  
 DK ..... 8
- O7. How often did you take baths at home? USE RESPONSE OPTIONS IN O1 AND O2.
- RECORD CODE .....
- (IF NONE, SKIP TO SECTION P)
- O8. Approximately how many minutes did you bathe each time?
- # OF MINUTES IN BATH .....
- DK ..... 98
- (IF NONE, SKIP TO SECTION P)
- O9. Did you leave the window open when you bathed? Would you say usually, sometimes, or never?
- USUALLY ..... 1  
 SOMETIMES ..... 2  
 NEVER ..... 3  
 NA ..... 4  
 DK ..... 8
- O10. Was the exhaust fan turned on when you bathed? Would you say usually, sometimes, or never?
- USUALLY ..... 1  
 SOMETIMES ..... 2  
 NEVER ..... 3  
 NA ..... 4  
 DK ..... 8

**SECTION P: SWIMMING POOL USE**

Finally, I am going to ask you some questions about your use of swimming pools from (-3) to (DOIB).

- P1. Between (-3) and (DOIB), did you exercise or relax in a swimming pool or spend any time around a swimming pool?
- YES.....1  
 NO.....2  
 DK.....8  
 (SKIP TO SECTION Q)
- A. Are there any more pools?
- YES.....1  
 NO.....2  
 (SPECIFY).....

	P2.	P3.			P4.	P5.	P6.	P7.	
	Could you describe the location or name for the pool(s)? RECORD VERBATIM.	During which months did you use the (POOL NAME) pool?			During the (SPECIFY MONTH), how many times per month did you use the (POOL NAME) pool? DK = 98	For how long each time?	Was this an indoor or outdoor pool?	Was the pool chlorinated?	
		MO	YES	NO	DK	MO	TIMES		
POOL #1	NAME: _____ LOCATION: _____	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	8 8 8 8 8 8 8 8	B3 B2 B1 P1 P2 P3 T2 T3	_____ _____ _____ _____ _____ _____ _____ _____	INDOOR.....1 OUTDOOR.....2 BOTH.....3 DK.....8	YES.....1 NO.....2 DK.....8
POOL #2	NAME: _____ LOCATION: _____	B3 B2 B1 P1 P2 P3 T2 T3	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	8 8 8 8 8 8 8 8	B3 B2 B1 P1 P2 P3 T2 T3	_____ _____ _____ _____ _____ _____ _____ _____	INDOOR.....1 OUTDOOR.....2 BOTH.....3 DK.....8	YES.....1 NO.....2 DK.....8

Could you describe the location or name of the pool(s)?	During which months did you use the (POOL NAME) pool?			During the (SPECIFY MONTH), how many times per month did you use the (POOL NAME) pool ? DK = 98	For how many minutes each time?	Was this an indoor or outdoor pool?	Was the pool chlorinated?
	MO	YES	NO	DK	TIMES		
POOL #3  NAME: _____  LOCATION: _____  _____	B3	1	2	8		INDOOR.....1	YES.....1
	B2	1	2	8		OUTDOOR.....2	NO.....2
	B1	1	2	8		BOTH.....3	DK.....8
	P1	1	2	8		DK.....8	
	P2	1	2	8			
	P3	1	2	8			
	T2	1	2	8			
	T3	1	2	8			

**SECTION Q: CLOSING**

Q1. We've asked about some things we think might be associated with birth defects. Is there anything, including some of the factors we've talked about that you think might cause birth defects?

YES .....1  
 NO ..... (SKIP TO Q3).....2  
 DK ..... (SKIP TO Q3).....8

Q2. Can you tell me about some of those factors?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEBRIEFING STATEMENT**

Q3. That completes the interview. In case we need to get in touch with you in the future, would you be willing to give us the name and address of someone who should always know where you are? This information will be kept separate from your questionnaire. It will be locked except when needed by the research team, and will be destroyed when the study is finished.

YES .....1  
 NO .....2  
 DK ..... (SKIP TO Q5).....8  
 RF ..... (SKIP TO Q5).....7

Q4. NAME OF CONTACT:

PREFIX: MS/MRS./MR./DR

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STREET/APARTMENT: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP CODE: [ ][ ][ ][ ][ ][ ]

HOME PHONE: [ ][ ][ ][ ]/[ ][ ][ ][ ]-[ ][ ][ ][ ][ ] WORK PHONE: [ ][ ][ ][ ]/[ ][ ][ ][ ]-[ ][ ][ ][ ][ ]

RELATIONSHIP: \_\_\_\_\_

In closing, we would like to sincerely thank you for your time and efforts. Your contribution to this important study will help us greatly in our efforts to better understand the causes of birth defects. Thank you.

Q5. As you read in the advance letter, there are two parts to the study. You just completed the first part, the interview, that will help us understand the environmental causes of birth defects. The second part of the study will help us understand the genetics of birth defects. We will mail a kit to you with small, soft brushes to collect cell samples from the inside of your mouth, (for the baby) and for the baby's father. We will enclose \$20.00 per family in the kit to provide for any inconvenience. You can decide whether to take part in the second part of the study after you receive the kit. I would like to verify your current mailing address. Do you still receive mail at the same address to which we sent your advance letter? (IF NO: What is your current address?)

ADDRESS CORRECTIONS:

\_\_\_\_\_ STREET \_\_\_\_\_ APT \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SECTION R: INTERVIEWER STATUS**

R1. INTERVIEWER ID	ID#.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
R2. WAS THE INTERVIEW A PHONE OR IN-PERSON INTERVIEW?	PHONE INTERVIEW.....	1							
	IN-PERSON INTERVIEW .....	2							
R3. STATUS OF INTERVIEW:	COMPLETE.....	1							
	TO BE CONTINUED (GO TO CALL SCHEDULE UPON EXIT).....	2							
	REFUSAL/PERMANENT BREAK-OFF .....	3							
R4. DATE INTERVIEW COMPLETED/ REFUSED/BROKE-OFF:	DATE .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		MM	DD	YYYY					

**SECTION S: INTERVIEWER REMARKS**

S1. THE OVERALL QUALITY OF THIS INTERVIEW WAS: HIGH QUALITY .....1  
 GENERALLY RELIABLE.....2  
 QUESTIONABLE .....3  
 UNSATISFACTORY.....4

S2. DID THE FATHER (NOIB's) CONTRIBUTE TO THE MOTHER'S ANSWERS? YES .....1  
 NO .....2  
 DK .....8

S3. DID SOME OTHER PERSON CONTRIBUTE TO THE MOTHER'S ANSWERS? YES .....1  
 NO .....2  
 DK .....8

A. WHO WAS IT? \_\_\_\_\_

S4. **IF CODE 3 OR 4 AT S1, ANSWER:** DID NOT KNOW ENOUGH INFORMATION  
 THE MAIN REASON FOR QUESTIONABLE OR REGARDING THE TOPIC .....01  
 UNSATISFACTORY QUALITY OF INFORMATION WAS DID NOT WANT TO BE MORE SPECIFIC.....02  
 BECAUSE THE RESPONDENT: SOUNDED BORED OR UNINTERESTED .....03  
 SOUNDED UPSET, DEPRESSED, OR ANGRY .....04  
 HAD POOR HEARING OR SPEECH.....05  
 SOUNDED CONFUSED OR DISTRACTED BY FREQUENT INTERRUPTIONS .....06  
 SOUNDED INHIBITED BY OTHERS AROUND HER .....07  
 SOUNDED EMBARRASSED BY THE SUBJECT MATTER.....08  
 SOUNDED EMOTIONALLY UNSTABLE .....09  
 SOUNDED PHYSICALLY ILL .....10  
 NOT COMFORTABLE WITH LANGUAGE OF THE QUESTIONNAIRE .....12  
 DOESN'T HAVE THE TIME .....13  
 FELT INTERVIEW TOO LONG.....14  
 OTHER (SPECIFY).....11

SPECIFY: \_\_\_\_\_

S5. WAS THIS INTERVIEW TRANSLATED BY ANOTHER PERSON? YES .....1  
 NO .....2

A. IF YES, WHO? \_\_\_\_\_

B. WHAT LANGUAGE? \_\_\_\_\_



S6. USE THIS SPACE FOR ANY OTHER COMMENTS YOU HAVE WHICH MAY AFFECT THE INTERPRETATION OF THIS RESPONDENT'S ANSWERS.

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## Appendix

This interview was conducted with CATI (computer-assisted telephone interview). This hard copy questionnaire serves as a documentation of the computer interview. It can also be used in “emergency” situations to continue an interview during a computer failure with the precaution that the hard copy was not designed to conduct interviews. The interviews should be conducted and documented in accordance with the specific instructions provided in the Question-by-Question Interviewer Manual.

To save on the number of pages created for this hard copy, repetitive response lists and lengthy response lists are printed here in the appendix, rather than in the body of the questionnaire.

Investigators should note that this document is not a “codebook” for the CATI database. The response codes in the hard copy questionnaire do not necessarily match the data codes in the CATI database or in analysis databases.

There are also some conventions possible with the computerized format that are not practical for listing in the hard copy such as special buttons allowing the interviewer to automatically select the same response for a number of months. Those are not captured in this hard copy.

### **TABS (Therapeutic Abortions):**

In cases where the mother had a therapeutic abortion (TABS), the CATI automatically substitutes the (NOIB), or name of index baby, with “the affected pregnancy.”

Many questions are asked by month of pregnancy and for each of the three months prior to pregnancy. The CATI actually shows a reference date for each of these time periods, and the designations:

-3, -2, -1, 1, 2, 3, 4-6 and 7+

The hard copy uses the following designations:

B3 (3 months before pregnancy)

B2 (2 months before pregnancy)

B1 (1 month before pregnancy)

P1 (month 1 of pregnancy)

P2 (month 2 of pregnancy)

P3 (month 3 of pregnancy)

T2 (2<sup>nd</sup> trimester)

T3 (3<sup>rd</sup> trimester)

**Refused and Don't Know** options are allowed at almost every field in the CATI. The Don't Know option will show at most fields in the hard copy, but the Refused option was not repeated at each response, to save paper. Don't Know options were not usually written in at each open-ended response field as the interviewer would just write DK in the open field. DK can also be written in next to any date field on the hard copy. When subjects refuse to respond, interviewers should write RF next to the other response codes or in the open fields or next to any date fields on the hard copy. Skip instructions for refusals (RF) should follow those of DK skip patterns.

### **Other Response options shown in the CATI:**

B5, B7, B15, B25:

In addition to ages, the following age group responses are listed in the CATI:

infancy (<1 yr)

childhood (1-12)

teenage (13-19)

young adult (20-25)

adult

B13, B22, B31, B46, B58, B70, B79, B88, B98, B109, B114, C35f, C45, D1ee, D2dd, D8, D9ee:  
Either a 2-digit number for frequency of medication use or the following special responses are allowed:  
continuous IV  
IV pump  
continuous patch worn  
schedule varied/only as needed  
(When these codes are used, the “per day/per week/per month/per year” is skipped.)

B10, B11, B19, B20, B28, B29, B35, B36, B43, B44, B55, B56, B67, B68, B76, B77, B82, B85, B86, B95, B96, B106,  
B107, B111, B112, C21, C24, C27, C33, C35c, C35d, C42, C43, C49, C51, C54, C58, C61, C66, C72, C77, D1bb, D1cc,  
D2aa, D2bb, D5, D6, D9bb, D9cc:

In addition to listing a particular calendar month, these following response options are listed in date fields:

B3	P6
B2	P7
B1	P8
P1	P9
P2	P10
P3	Beginning of year
P4	Middle of year
P5	End of year

C8, C49b, C51b, C54b, C58b, C61b, C66b, C72b, C77b

In addition to weeks, other response options are:

T1, T2, T3

C30, C33:

These questions only ask about the period two months prior to pregnancy. Although other response options are listed in the CATI, they may be blocked.

C42, C43, C49, C51, C54, C58, C61, C66, C72, C77:

In addition to months, other response options are:

P1 – P10

Beginning of year

Middle of year

End of year

B10, B11, B19, B20, B28, B29, B35, B36, B43, B44, B55, B56, B67, B68, B76, B77,

In addition to entering the day of the month, the interviewer could enter:

Beginning

Middle

End (of month)

C21, C24

In addition to months, other response options are:

Beginning of year

Middle of year

End of year

D11. This list of cereals is in the CATI:

% BRAN	HONEY NUT CRUNCH
ALL BRAN	HONEY NUTS & OATS
ALMOND RAISIN DELIGHT	JUST RIGHT
ALPHABITS	KASHI
APPLE CEREAL	KING VITAMIN
APPLE CINNAMON CHEERIOS	KIX
APPLE JACKS	LIFE
APPLE RAISIN CRISP	LUCKY CHARMS
APPLE SQUARES	MALTO MEAL
BANANA NUT CRUNCH	MINI WHEATS
BASIC FOUR	MUESLIX
BLUEBERRY MORNING	MULTI GRAIN CHEERIOS
BRAN	MULTIGRAIN (HOT)
BRAN CHEX	MULTIGRAIN FLAKES
BRAN CEREAL, NOS	MULTIGRAIN OATMEAL
BRAN FLAKES	NUTRI GRAIN
BRANOLA	O'S
CAP'N CRUNCH	OAT BRAN
CHEERIOS	OATBAKE
CHEX, MULTIGRAIN	OATMEAL/QUAKER OATMEAL
CHEX, NOS	OATMEAL CRISP
CINNAMON LIFE	OATMEAL RAISIN CRISP
CINNAMON TOAST CRUNCH	PEANUT BUTTER CAPTAIN CRUNCH
CLUSTERS	PEANUT BUTTER CEREAL
COCOA CRISPIES	POP TARTS CEREAL
COCOA CRUNCH	PRODUCT
COCOA PEBBLES	PUFFED CORN
COCOA PUFFS	PUFFED RICE
COCOA WHEAT	PUFFED WHEAT
COMMON SENSE OAT BRAN	QUAKER OATS SQUARES
COMPLETE UNSWEET NATURAL FIBER	RASBERRY MUESLIX
COOKIE CRISP	RAISIN BRAN
CORN BRAN	RAISIN SQUARES
CORN CHEX	RAISIN NUT BRAN
CORN FLAKES	RICE AND SHINE
CORN FLAKES WITH HONEY	RICE CEREAL, NOS
CORN POPS	RICE CHEX
CORN PUFFS	RICE CRISPIES
CRACKED WHEAT	SHREDDED SPOONFULLS
CRACKLIN' OAT BRAN	SHREDDED WHEAT
CREAM OF WHEAT (FARINA)	SPECIAL K
CRISPIX	SUGAR CORN FLAKES
CRISPY CHIPS	SUGAR CORN PUFFS
CRISPY WHEAT AND RAISINS	SUGAR CRISP
CRITICS CHOICE AMWAY GRANOLA	SUGAR FREE CEREALS
CRUNCH BERRIES	SUGAR POPS
CRUNCHY BRAN	SUGAR SMACKS
FAMILIA	SUN CRUNCHERS
FIBER ONE	TEENAGE MUTANT NINJA TURTLES
FLINTSTONES CEREAL	TOASTED OATS
FRANKEN BERRY	TOASTIE O'S
FROSTED BRAN	TOTAL
FROSTED FLAKES	TOTAL CORN FLAKES
FROSTED MINI WHEATS	TOTAL RAISIN BRAN
FRUIT AND FIBER	TRIX
FRUIT LOOPS	VITACRUNCH
FRUIT RINGS	WAFFLE CRISPS
FRUIT WHEATS STRAWBERRY	WHEAT BRAN
FRUITFUL BRAN	WHEAT CEREAL, NOS
FRUITY PEBBLES	WHEAT CHEX
GOLDEN BRAN	WHEAT FLAKES
GOLDEN FLAKES	WHEATIE'S HONEY GOLD
GOLDEN GRAHAMS	WHEATIES
GRAINS, WHOLE, MIXED	WHOLE GRAIN
GRANOLA	OTHER, SPECIFY
GRAPE NUTS	
GRAPE NUT FLAKES	
GREAT GRAINS	
GRITS	
GUINEA CORN & MAIZE	
HONEY BUNCHES OF OATS	
HONEY COMB	
HONEY NUT CHEERIOS	

## G3. &amp; G9: Other recreational drugs listed in CATI:

AEROSOLS	EPHEDRINE	NITROUS OXIDE
AMYL NITRATE	FREON	PCP
ANGEL DUST	GASOLINE	ROHPYNOL
BACTINE	GLUE	SLEEPING PILLS
BUTYL NITRITE	HALOTHANE	STEROIDS
CAFFEINE PILLS	HELIUM	VALIUM
CHEWING TOBACCO	MDA	WHITE OUT
CODEINE	MESCALINE	OTHER, SPECIFY
CRANK	METHADONE	
CRYSTAL METHEDRINE	METHAMPHETAMINE	
ECSTACY	MORPHINE	

## K2, K9: Countries listed in CATI:

AFGHANISTAN	DOMINICAN REPUBLIC	LIBYAN ARAB JAMAHIRIYA
ALBANIA	EAST TIMOR	LIECHTENSTEIN
ALGERIA	ECUADOR	LITHUANIA
AMERICAN SAMOA	EGYPT	LUXEMBOURG
ANDORRA	EL SALVADOR	MACAU
ANGOLA	EQUATORIAL GUINEA	MADAGASCAR
ANGUILLA	ESTONIA	MALAWI
ANTARCTICA	ETHIOPIA	MALAYSIA
ANTIGUA & BARBUDA	FALKLAND ISLANDS (MALVINAS)	MALDIVES
ARGENTINA	FAROE ISLANDS	MALI
ARMENIA	FIJI	MALTA
ARUBA	FINLAND	MARSHALL ISLANDS
AUSTRALIA	FRANCE	MARTINIQUE
AUSTRIA	FRENCH GUIANA	MAURITANIA
AZERBAIJAN	FRENCH POLYNESIA	MAURITIUS
BAHAMAS	FRENCH SOUTHERN TERRITORY	MEXICO
BAHRAIN	GABON	MICRONESIA
BANGLADESH	GAMBIA	MOLDOVA, REP. OF
BARBADOS	GEORGIA	MONGOLIA
BELARUS	GERMANY	MONTERRAT
BELGIUM	GHANA	MOROCCO
BELIZE	GIBRALTOR	MOZAMBIQUE
BENIN	GREECE	MYANMAR
BERMUDA	GREENLAND	NAMIBIA
BHUTAN	GRENADA	NAURU
BOLIVIA	GUADALUPE	NEPAL
BOSNIA HERZOGOVINA	GUAM	NETHERLANDS
BOTSWANA	GUATEMALA	NETHERLANDS ANTILLES
BOUVET ISLAND	GUINEA	NEUTRAL ZONE
BRAZIL	GUINEA-BISSAU	NEW CALEDONIA
BRITISH INDIAN OCEAN TERRITORY	GUYANA	NEW ZEALAND
BRUNEI DARUSSALAM	HAITI	NICARAGUA
BULGARIA	HEARD AND MCDONALD ISLANDS	NIGER
BURKINA FASO	HONDURAS	NIGERIA
BURUNDI	HONG KONG	NIUE
CAMBODIA	HUNGARY	NORFOLK ISLAND
CAMEROON	ICELAND	NORTHERN MARIANA ISLANDS
CANADA	INDIA	NORWAY
CAPE VERDE	INDONESIA	OMAN
CAYMAN ISLANDS	IRAN	OTHER, SPECIFY
CENTRAL AFRICAN REPUBLIC	IRAQ	PAKISTAN
CHAD	IRELAND	PALAU
CHILE	ISRAEL	PANAMA
CHINA	ITALY	PAPUA NEW GUINEA
CHRISTMAS ISLAND	JAMAICA	PARAGUAY
COCOS (KEELING) ISLANDS	JAPAN	PERU
COLUMBIA	JORDAN	PHILIPPINES
COMOROS	KAZAKHSTAN	PITCAIRN
CONGO	KENYA	POLAND
COOK ISLANDS	KIRIBATI	PORTUGAL
COSTA RICA	KOREA, DPR OF	QATAR
CROATIA (HRVATSKA)	KOREA, REP. OF	REUNION
CUBA	KUWAIT	RF
CYPRUS	KYRGYZSTAN	ROMANIA
CZECHOSLOVAKIA	LAO PDR	RUSSIAN FEDERATION
DENMARK	LATVIA	RWANDA
DJIBOUTI	LEBANON	SAINT KITTS AND NEVIS
DK	LESOTHO	SAINT LUCIA
DOMINICA	LIBERIA	

SAINT VINCENT AND THE GRENADINES  
SAMOA  
SAN MARINO  
SAO TOME AND PRINCIPE  
SAUDI ARABIA  
SENEGAL  
SEYCHELLES  
SIERRA LEONE  
SINGAPORE  
SLOVENIA  
SOLOMON ISLANDS  
SOMALIA  
SOUTH AFRICA  
SPAIN  
SRI LANKA  
ST. HELENA  
ST. PIERRE AND MIGUELON  
SUDAN  
SURINAME  
SVALBARD AND JAN MAYEN ISLANDS  
SWAZILAND

SWEDEN  
SWITZERLAND  
SYRIAN ARAB REPUBLIC  
TAIWAN, PROVINCE OF CHINA  
TAJIKISTAN  
TANZANIA, UNITED REP. OF  
THAILAND  
TOGO  
TOKELAU  
TONGA  
TRINIDAD AND TOBAGO  
TUNISIA  
TURKEY  
TURKMENISTAN  
TURKS AND CAICOS ISLANDS  
TUVALU  
UGANDA  
UKRAINIAN SSR  
UNITED ARAB EMIRATES  
UNITED KINGDOM  
URUGUAY

USA  
USSR  
UZBEKISTAN  
VANUATU  
VATICAN CITY STATE (HOLY SEE)  
VENEZUELA  
VIET NAM  
VIRGIN ISLANDS (BRITISH)  
VIRGIN ISLANDS (U.S.)  
WALLIS AND FUTUNA ISLANDS  
WESTERN SAMOA  
YEMEN, REP. OF  
YUGOSLAVIA  
ZAIRE  
ZAMBIA  
ZIMBABWE

**K3, S5b: Languages listed in CATI:**

AMERICAN INDIAN/ESKIMO LANGUAGES  
ARABIC  
BENGALI  
CAPE VERDEAN  
CHINESE/MANDARIN/CANTONESE  
CZECH  
DUTCH  
ENGLISH  
FRENCH  
GERMAN  
GREEK

HAITIAN CREOLE  
HINDI  
ITALIAN  
JAPANESE  
KHMER  
KOREAN  
LAO  
MALAY  
PHILIPPINE LANGUAGES/TAGALOG  
POLISH  
PORTUGUESE

RUSSIAN  
SPANISH  
THAI  
TURKISH  
UKRAINIAN  
URDU  
VIETNAMESE  
YIDDISH  
OTHER, SPECIFY

**K4a, K10a: Asian countries and Pacific Islands listed in CATI:**

AFGHANISTAN  
BANGLADESH  
BURMA  
CAMBODIA  
CHINA  
FIJI  
GUAM  
HONG KONG  
INDIA  
INDONESIA  
IRAN  
IRAQ

ISRAEL  
JAPAN  
JORDAN  
KOREA  
LAOS  
LEBANON  
MALAYSIA  
NEPAL  
NORTHERN MARIANA ISLANDS  
PAKISTAN  
PALUA  
PHILIPPINES

SAMOA  
SAUDI ARABIA  
SINGAPORE  
SRI LANKA  
SYRIA  
TAHITI  
THAILAND  
TONGA  
TURKEY  
VIETNAM  
YEMEN  
OTHER, SPECIFY

**K4b, K10b: Tribes listed in CATI:**

ALEUT  
APACHE  
AWAHU  
CHATTAN  
CHEROKEE  
CHIPPEWA  
CREE  
CREEK  
ESKIMO

FOX  
HOPI  
KICKAPOO  
MOHAWK  
NAVAJO  
ONANDAGA  
ONEIDA  
PAIUTE  
SAC

SAN GABRIEL MISSION INDIAN  
SEMINOLE  
SENECA  
SIOUX  
TIWA  
YAKI APACHE  
YAKIMA  
YAPUI  
OTHER, SPECIFY

K4c, K10c “Other, Specify”: CATI lists “aborigine” as well as blank text field.

K5, K11: Spanish/Hispanic groups listed in CATI:

ARGENTINIAN	GUATEMALAN	PERUVIAN
BASQUE	HONDURIAN	PHILIPPINO
CENTRAL AMERICAN	LATINO	PORTUGUESE
CHILEAN	MEXICAN/MEXICAN	PUERTO RICAN
COLUMBIAN	AMERICAN/CHICANO	SALVADORAN
COSTA RICAN	NICARAGUAN	SPANISH
CUBAN	PANAMANIAN	URUGUAYAN
ECUADORAN	PARAGUAYAN	OTHER, SPECIFY

S3a, S5a: List of other persons contributing to Mom's answers or helping to translate interview:

AUNT	GREAT GRANDFATHER	NEIGHBOR
BROTHER	GREAT GRANDMOTHER	NEPHEW
COUSIN	GREAT AUNT	SISTER
DAUGHTER	GREAT UNCLE	SON
FATHER	HALF BROTHER	UNCLE
FRIEND	HALF SISTER	OTHER, SPECIFY
GRANDFATHER	MOTHER	
GRANDMOTHER	NIECE	

#### Other Codes in CATI Database:

D13, D17, D18, D19, D20, D25

For items using the Food Frequency Response choices, the CATI screen employs the codes 1M through 6D (middle column below). However, the background CATI database designates these codes numerically as in the third column.

CATI RESPONSE:	CATI SCREEN	
	CODE	DATABASE
NEVER OR < ONCE PER MONTH .....	0	0
1 PER MONTH.....	1M	1
2 PER MONTH.....	2M	2
3 PER MONTH.....	3M	3
1 PER WEEK .....	1W	11
2 PER WEEK .....	2W	12
3 PER WEEK .....	3W	13
4 PER WEEK .....	4W	14
5 PER WEEK .....	5W	15
6 PER WEEK .....	6W	16
1 PER DAY .....	1D	21
2 PER DAY .....	2D	22
3 PER DAY .....	3D	23
4 PER DAY .....	4D	24
5 PER DAY .....	5D	25
6+ PER DAY .....	6D	26
RF .....	97	
DK .....	98	

#### Electronic SEU Drug Dictionary:

The electronic CATI contains an embedded Drug Dictionary developed by the Stone Epidemiology Unit of Boston University School of Medicine. Permission to use the SEU Drug Dictionary may be obtained from:

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