



Centers for Birth Defects Research and Prevention
Birth Defects Study To Evaluate Pregnancy exposureS (BD-STEPS)
Computer-Assisted Telephone Interview

DRAFT

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OPENING STATEMENT

In this interview we will be asking you questions about your family, health, and lifestyle. 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.

ESTABLISHING DATES

I'm going to ask many questions about the time before and during your pregnancy [with [NOIB]/ affected by a birth defect]. In order to do this, I need to start by asking you some dates.

1. What was [NOIB]'s date of birth/On what date did the affected pregnancy end?
 - a. MM/DD/YYYY
 - b. Check if DK
 - i. MM
 - ii. DD
 - iii. YYYY
 - c. RF
2. What date did the doctor give you as a due date for ([NOIB]'s birth/the affected pregnancy)? That is, when was ([NOIB]/the baby) expected to be born?
 - a. MM/DD/YYYY
 - b. Check if DK
 - i. MM
 - ii. DD
 - iii. YYYY
 - c. RF

IF NOIB IS TAB OR STILLBIRTH, SKIP TO QUESTION 6

3. Is (NOIB) still living?
 - a. YES → Skip to Question 6
 - b. NO → Continue to Question 4
 - c. DK → Skip to Question 6

- d. RF → Skip to Question 6
4. What did s/he die of?
- a. Specify: _____
 - b. DK
 - c. RF
5. How old was s/he when s/he died?
- a. AGE: _____
 - i. UNITS: _____ (days, weeks, months, years)
 - b. DK
 - c. RF
 - d. Note: If the baby lived less than 24 hours, the response can be recorded as 1 day
6. What was your date of birth? (mothers)
- a. MM/DD/YYYY
 - b. Check if DK
 - i. MM
 - ii. DD
 - iii. YYYY
 - c. Check if RF
 - i. MM
 - ii. DD
 - iii. YYYY
7. I would like to ask about ([NOIB]'s/the baby's) biologic or natural father. What was his date of birth? IF DK, PROBE: You don't know the date of birth or you don't know the biologic father?
- a. MM/DD/YYYY
 - b. Check if DK
 - i. MM
 - ii. DD
 - iii. YYYY
 - c. RF
 - d. DK WHO FATHER IS

MULTIPLE BIRTHS

1. In your pregnancy with [NOIB]/the affected pregnancy], how many babies were you carrying? PROBE:
Did you have a single baby, twins, or more babies?
 - a. If single baby → Skip to next section
 - b. If 2 or more babies → Continue to Question 2
 - c. DK → Skip to next section
 - d. RF → Skip to next section
2. Is the other baby/are the other babies still living? [RECORD FOR EACH ADDITIONAL BABY]
 - a. YES
 - b. NO
 - c. DK
 - d. RF
3. What is/was [if deceased] the sex of the other baby/babies? [RECORD FOR EACH ADDITIONAL BABY]
 - a. Girl
 - b. Boy
 - c. Ambiguous
 - d. DK
 - e. RF
4. Was the other baby/were the other babies affected by a birth defect? [RECORD FOR EACH ADDITIONAL BABY]
 - a. YES → Continue to Question 5
 - b. NO → Skip to Question 6/next section
 - c. DK → Skip to Question 6/next section
 - d. RF → Skip to Question 6/next section
5. What was it? / Anything else?
 - a. PROMPT: Add specific defect prompts by system (e.g. if mom reports “a heart defect but I can’t remember the name”, the interviewer can say, “was it tetralogy of fallot, hypoplastic left heart, etc...?”)
 - b. DK
 - c. RF
6. FOR SAME SEX TWINS ONLY: The next question is to see how similar your twins’ appearances are. There are three options. Would you say that your twins: [READ OPTIONS]

- a. Look virtually the same, as physically alike as “two peas in a pod”; or
- b. As similar as typical brothers or sisters at the same age; or
- c. Do not look very much alike at all?
- d. DK
- e. RF

PREGNANCY HISTORY

Now I’m going to ask you about your previous pregnancy experiences.

1. How many times have you been pregnant before ([NOIB]/the pregnancy that ended on [DOPT]), including pregnancies that may have ended in miscarriages, stillbirths, abortions, or other outcomes?
 - a. NUMBER: _____
 - i. If 0 → Skip to the next section
 - ii. If >0 → Continue to Question 2
 - b. DK → Continue to Question 2
 - c. RF → Continue to Question 2
2. When did the last pregnancy before (NOIB/the pregnancy that ended on [DOPT]) end?
 - a. MM/DD/YYYY or
 - b. Time period ago: _____
 - i. Years
 - ii. Months
 - iii. Weeks
3. Did that pregnancy end with (a/an) (READ CATEGORIES: live birth, stillbirth, induced abortion, miscarriage, or some other outcome)?
 - a. Live birth → Skip to Question 6/next section
 - b. Stillbirth → Continue to Question 4
 - c. Induced abortion → Continue to Question 4
 - d. Miscarriage → Continue to Question 4
 - e. Some other outcome (specify) → Continue to Question 4
 - f. DK → Skip to Question 6/next section
 - g. RF → Skip to Question 6/next section

4. IF REPORTING ANY OUTCOME BESIDES LIVE BIRTH: Do you know how far along you were in your pregnancy when the pregnancy ended? For example, the week, month, or trimester?
 - a. YES → Continue to Question 5
 - b. NO → Skip to Question 6/next section
 - c. DK → Skip to Question 6/next section
 - d. RF → Skip to Question 6/next section
5. How far along was your pregnancy at that time?
 - a. AMOUNT: _____
 - i. UNITS: _____ (days, weeks, months)
 - b. DK
 - c. RF
6. ASK ONLY IF RESPONSE TO QUESTION 1 ≥ 2: What was/were the outcome(s) of your [Answer to Question 1 – 1] pregnancy/pregnancies before that? (NUMBER OF EACH OPTION)
 - a. Live birth?
 - i. (If any pregnancies ending in stillbirth reported): Do you know how far along you were in your pregnancy when the pregnancy ended?
 1. If YES: How far along were you in your pregnancy at that time?
 - a. AMOUNT: _____
 - i. UNITS: _____ (days, weeks, months)
 2. NO
 3. DK
 4. RF
 - b. Stillbirth?
 - i. (If any pregnancies ending in stillbirth reported): Do you know how far along you were in your pregnancy when the pregnancy ended?
 1. If YES: How far along were you in your pregnancy at that time?
 - a. AMOUNT: _____
 - i. UNITS: _____ (days, weeks, months)
 2. NO
 3. DK
 4. RF

- d. Miscarriage?
 - i. (If any miscarriage reported): Do you know how far along you were in your pregnancy you were when the pregnancy ended?
 - 1. If YES: How far along were you in your pregnancy at that time?
 - a. AMOUNT: _____
 - i. UNITS: _____(days, weeks, months)
 - 2. NO
 - 3. DK
 - 4. RF
- e. Other outcome?

FAMILY HISTORY

- 1. Did you have a health problem at birth or a birth defect that was diagnosed in childhood?
 - a. YES → Continue to Question 2
 - b. NO → Skip to Question 3
 - c. DK → Skip to Question 3
 - d. RF → Skip to Question 3
- 2. What was it? / Anything else?
 - a. PROMPT: Add specific defect prompts by system (e.g. if mom reports “a heart defect but I can’t remember the name”, the interviewer can say, “was it tetralogy of fallot, hypoplastic left heart, etc...?”)
 - b. DK
 - c. RF
- 3. IF FATHER UNKNOWN, SKIP TO QUESTION 5: Did ([NOIB]’s/the) biological or natural father have a health problem at birth or a birth defect that was diagnosed in childhood?
 - a. YES → Continue to Question 4
 - b. NO → Skip to Question 5/next section
 - c. DK → Skip to Question 5/next section
 - d. RF → Skip to Question 5/next section
- 4. What was it? / Anything else? (J15a)

- a. PROMPT: Add specific defect prompts by system (e.g. if mom reports “a heart defect but I can’t remember the name”, the interviewer can say, “was it tetralogy of fallot, hypoplastic left heart, etc...?”)
 - b. DK
 - c. RF
5. IF PREVIOUS PREGNANCIES REPORTED: Did any of ([NOIB]’s/the) brothers or sisters have a health problem at birth or a birth defect that was diagnosed during pregnancy or in childhood? Please do not include half-siblings or step-siblings. Please do include full siblings who are not still living, including previous pregnancies that ended in a miscarriage, stillbirth, or induced abortion.
- a. YES → Continue to Question 6
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
6. What was it? / Anything else?
- a. PROMPT: Add specific defect prompts by system (e.g. if mom reports “a heart defect but I can’t remember the name”, the interviewer can say, “was it tetralogy of fallot, hypoplastic left heart, etc...?”)
 - b. DK
 - c. RF

FERTILITY

Now I have some questions specific to your pregnancy [with NOIB/that ended on DOPT].

1. How long were you trying to get pregnant with [NOIB/the pregnancy affected by a birth defect] before you became pregnant? [READ OPTIONS]
 - a. We were not trying
 - b. Less than 6 months
 - c. More than 6 months, but less than a year
 - d. A year or more, but less than 3 years
 - e. 3 years or more, but less than 5 years
 - f. 5 years or more, but less than 7 years

- g. 7 years or more
 - h. DK
 - i. RF
2. In the two months before you became pregnant with [NOIB/the pregnancy that ended on DOPT] did you use any of the following procedures to help you become pregnant [READ LIST, indicate all that apply]?

a. Intracytoplasmic sperm injection, or ICSI

- i. YES
- ii. NO
- iii. DK
- iv. RF

b. In-vitro fertilization, or IVF

- i. YES
- ii. NO
- iii. DK
- iv. RF

c. Artificial insemination

- i. YES
- ii. NO
- iii. DK
- iv. RF

If YES to only one procedure → Skip to Question 4

If YES to more than one procedure → Continue to Question 3

If NO and/or DK and/or RF to all → Skip to Question 9

3. Which procedure did you use last?

- a. Intracytoplasmic sperm injection, or ICSI
- b. In-vitro fertilization, or IVF
- c. Artificial insemination
- d. DK
- e. RF

4. What was the date of the [last] procedure?

- a. MM/DD/YYYY
 - b. Check if DK
 - i. MM
 - ii. DD
 - iii. YYYY
 - c. RF
5. Were donor egg(s), donor sperm, or donor embryo(s) used on [DATE OF LAST PROCEDURE/during this last procedure (if date unknown)]?
- a. YES → Continue to Question 6
 - b. NO → Skip to Question 7
 - c. DK → Skip to Question 7
 - d. RF → Skip to Question 7
6. Which of these were used? [SELECT ALL THAT APPLY]?
- a. Donor eggs
 - b. Donor sperm
 - c. Donor embryos
 - d. DK
 - e. RF
7. Were frozen egg(s), frozen sperm, or frozen embryo(s) used on [DATE OF LAST PROCEDURE]?
- a. YES → Continue to Question 8
 - b. NO → Skip to Question 9
 - c. DK → Skip to Question 9
 - d. RF → Skip to Question 9
8. Which of these were used? [SELECT ALL THAT APPLY]
- a. Frozen eggs
 - b. Frozen sperm
 - c. Frozen embryos
 - d. DK
 - e. RF
9. In the two months before you became pregnant with [NOIB/the pregnancy that ended on DOPT] did you take any of the following medications to help you become pregnant? [READ LIST, indicate all that apply]
- a. Clomid or clomiphene citrate

- i. YES → Ask Question 10
 - ii. NO
 - iii. DK
 - iv. RF
- b. Letrozole/Femara
- i. YES → Ask Question 10
 - ii. NO
 - iii. DK
 - iv. RF
- c. Anything else (specify) IF CAN'T RECALL, READ LIST: Was it...?
- i. YES
 - 1. SPECIFY _____
 - 2. Bromocriptine
 - 3. Danazol
 - 4. Danocrine
 - 5. Depo-Provera
 - 6. Factrel
 - 7. Lupron
 - 8. Lutrepulse
 - 9. Metrodin
 - 10. Parlodel
 - 11. Pergonal
 - 12. Pregnyl
 - 13. Profasi HP
 - 14. Provera
 - 15. Serophene
 - 16. Synarel
 - ii. NO
 - iii. DK
 - iv. RF

10. IF 9a or 9b=YES: How many pills per day did you take at your last cycle before getting pregnant?

- a. NUMBER: _____

- b. DK
 - c. RF
11. IF REPORT ANY FERTILITY PROCEDURES OR MEDICATIONS: How many cycles of fertility treatments (complete or incomplete) did you have before you got pregnant with NOIB/ the pregnancy that ended on [DOPT]?
- a. 1 cycle
 - b. 2-3 cycles
 - c. 4-6 cycles
 - d. ≥ 7 cycles
 - e. DK
 - f. RF
12. IF REPORT ANY FERTILITY PROCEDURES OR MEDICATIONS: What was the reason(s) for fertility treatments? Was it...[READ OPTIONS; indicate all that apply]
- a. Female factor → Continue to Question 13
 - b. Male factor → Skip to Question 14 if previous pregnancy reported/Question 15 if only one pregnancy reported
 - c. No male partner → Skip to Question 14/Question 15
 - d. Unexplained → Skip to Question 14/Question 15
 - e. DK → Skip to Question 14/Question 15
 - f. RF → Skip to Question 14/Question 15
13. IF REPORT FEMALE FACTOR: What was the female factor? Was it...[READ OPTIONS]
- a. Blocked fallopian tubes
 - b. Polycystic Ovary Syndrome (PCOS)
 - c. Endometriosis
 - d. Ovulation problems (irregular periods)
 - e. Other (specify)
 - f. DK
 - g. RF
14. IF PREVIOUS PREGNANCY REPORTED: Have you ever conceived a previous pregnancy using [READ ALL, indicate all that apply]...
- a. Ovulation stimulation pills, such as Clomid or Femara
 - i. YES

- ii. NO
 - iii. DK
 - iv. RF
- b. Artificial insemination
- i. YES
 - ii. NO
 - iii. DK
 - iv. RF
- c. In-vitro fertilization, or IVF; or
- i. YES
 - ii. NO
 - iii. DK
 - iv. RF
- d. Intracytoplasmic sperm injection, or ICSI?
- i. YES
 - ii. NO
 - iii. DK
 - iv. RF
15. During the first trimester of your pregnancy with [NOIB/the pregnancy that ended on DOPT], did you take any medications to prevent pregnancy complications or pregnancy loss, such as hormones, steroids, or injections?
- a. YES → Continue to Question 16
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
16. What did you take? / Did you take anything else? LIST ALL. IF CAN'T RECALL, READ LIST: Was it...?
- a. Anti D Globulin
 - b. Brethine
 - c. Channel Blockers
 - d. Depo-Provera
 - e. Magnesium Sulfate
 - f. Progesterone

- g. Rhogam
 - h. Unknown Steroids
 - i. Other
 - i. Specify: _____
 - j. DK
 - k. RF
17. When in the first trimester did you start using [MEDICINE] to prevent complications or pregnancy loss?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
18. When did you stop using [MEDICINE] for the last time during this time period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3) → If valid start and stop date, skip to Question 20
 - c. DK
 - d. RF
19. How long did you take it? You can say the length of time in days, weeks or months.
- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
20. How often did you use [MEDICINE] in the first three months of your pregnancy? You can say the number of times per day, per week or per month.
- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month

MATERNAL HEALTH

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 and home remedies. If you filled out the medication worksheet we included in your introductory packet, it will be helpful for you to have it in front of you for these questions. Now I have some questions about your health.

DIABETES

1. Were you ever told by a doctor that you had diabetes (including gestational diabetes), sometimes called sugar diabetes or diabetes mellitus?
 - a. YES → Continue to Question 2
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
2. What type of diabetes did you or do you currently have? Was it (READ LIST)?
 - a. Gestational, that is, during pregnancy only
 - b. Insulin-dependent diabetes, also called Type 1, or Juvenile
 - c. Non-insulin-dependent diabetes, also called Type 2, or Adult onset
 - d. DK
 - e. RF
3. When were you first diagnosed with diabetes? (READ LIST)
 - a. Before this pregnancy and not during any other pregnancy?
 - b. During a previous pregnancy?
 - c. During your pregnancy with [NOIB]/the affected pregnancy?
 - d. DK
 - e. RF
4. How did you manage your diabetes and its complications during the time between the month before your pregnancy and the end of the third month of your pregnancy? GIVE OPTIONS; INDICATE ALL THAT APPLY.
 - a. Take medications or other remedies → if YES, continue to Question 5 after querying 4b-4d
 - b. Modify your eating habits → if YES, ask Question 17
 - c. Control your weight gain → if YES, ask Question 17
 - d. Do anything else → if YES, ask Question 18
 - e. If NO to all → Skip to Question 20
 - f. DK → Skip to Question 20
 - g. RF → Skip to Question 20
5. IF 4a=YES: What medications did you take?/Did you take anything else? LIST ALL. IF CAN'T RECALL, READ FROM DRUG LIST. Did you take...?
 - a. Insulin

- i. Humalog
 - ii. Novolog
 - iii. Lantus
 - iv. Levemir
 - v. Humulin N, Novolin N
- b. Diabeta
 - c. Glynase
 - d. *Glyburide [G]*
 - e. Diabinese
 - f. Glucophage
 - g. *Actos*
 - h. *Glumetza*
 - i. *Metformin [G]*
 - j. *Amaryl*
 - k. *Precose*
 - l. Glucotrol
 - m. Glucotrol XL
 - n. Micronase
 - o. *Januvia*
 - p. *Onglyza*
 - q. *Prandin*
 - r. *Starlix*
 - s. *Byetta*
 - t. *Victoza*
 - u. Other (specify)
 - v. DK
 - w. RF

6. Did you use [MEDICATION] continuously throughout the month before your pregnancy through your third month of pregnancy, that is from [START DATE OF B1] to [END DATE OF P3]?
- a. YES → Skip to Question 10
 - b. NO → Continue to Question 7
 - c. DK → Continue to Question 7

- d. RF → Continue to Question 7
7. When did you start using [MEDICATION] for diabetes for the first time during this period?
- MM/DD/YYYY or
 - Month of pregnancy (B1, P1, P2, P3)
 - DK
 - RF
8. When did you stop using [MEDICATION] for the last time during this time period?
- MM/DD/YYYY or
 - Month of pregnancy (B1, P1, P2, P3) → If valid response to Questions 7 and 8, skip Question 9
 - DK
 - RF
9. How long did you take it?
- AMOUNT: _____
 - Days
 - Weeks
 - Months
 - DK
 - RF
10. How often did you use [MEDICINE] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
- AMOUNT = _____
 - Per day
 - Per week
 - Per month
 - DK
 - RF
11. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
- YES
 - NO
 - DK
 - RF

12. Did you take the same amount of medicine throughout [START DATE OF B1] TO [END DATE OF P3]?

- a. YES
 - i. If Question 11 = YES → Continue to Question 13
 - ii. If Question 11 = NO/DK/RF → Skip to Question 17 (if 4b or 4c=YES) or Question 18 (if 4b and 4c=NO and 4d=YES) or Question 19 (if 4b, 4c, and 4d=NO)
- b. NO
 - i. If Question 11 = YES → Skip to Question 14
 - ii. If Question 11 = NO/DK/RF → Skip to Question 17 (if 4b or 4c=YES) or Question 18 (if 4b and 4c=NO and 4d=YES) or Question 19 (if 4b, 4c, and 4d=NO)
- c. DK
 - i. If Question 11 = YES → Continue to Question 13
 - ii. If Question 11 = NO/DK/RF → Skip to Question 17 (if 4b or 4c=YES) or Question 18 (if 4b and 4c=NO and 4d=YES) or Question 19 (if 4b, 4c, and 4d=NO)
- d. RF
 - i. If Question 11 = YES → Continue to Question 13
 - ii. If Question 11 = NO → Skip to Question 17 (if 4b or 4c=YES) or Question 18 (if 4b and 4c=NO and 4d=YES) or Question 19 (if 4b, 4c, and 4d=NO)

13. What dose of [MEDICINE] did you take?

- a. AMOUNT: _____ → Skip to Question 17 (if 4b or 4c=YES) or Question 18 (if 4b and 4c=NO and 4d=YES) or Question 19 (if 4b, 4c, and 4d=NO)
 - i. UNITS: _____
- b. DK → Skip to Question 17 (if 4b or 4c=YES) or Question 18 (if 4b and 4c=NO and 4d=YES) or Question 19 (if 4b, 4c, and 4d=NO)
- c. RF → Skip to Question 17 (if 4b or 4c=YES) or Question 18 (if 4b and 4c=NO and 4d=YES) or Question 19 (if 4b, 4c, and 4d=NO)

14. What amount did you take 1st/2nd/3rd/etc...?

- a. AMOUNT: _____
 - i. UNITS: _____
- b. DK
- c. RF

15. When did you begin taking that dose?

- a. MM/DD/YYYY or

- b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
16. When did you stop taking that dose?
- a. MM/DD/YYYY or → Continue to Question 17 (if 4b or 4c=YES) or Question 18 (if 4b and 4c=NO and 4d=YES) or Question 19 (if 4b, 4c, and 4d=NO)
 - b. Month of pregnancy (B1, P1, P2, P3) → Continue to Question 17 (if 4b or 4c=YES) or Question 18 (if 4b and 4c=NO and 4d=YES) or Question 19 (if 4b, 4c, and 4d=NO)
 - c. DK → Continue to Question 17 (if 4b or 4c=YES) or Question 18 (if 4b and 4c=NO and 4d=YES) or Question 19 (if 4b, 4c, and 4d=NO)
 - d. RF → Continue to Question 17 (if 4b or 4c=YES) or Question 18 (if 4b and 4c=NO and 4d=YES) or Question 19 (if 4b, 4c, and 4d=NO)
17. ASK IF 4b OR 4c=YES: In order to modify your eating habits or control your weight, did you...? READ OPTIONS. CHOOSE ALL THAT APPLY.
- a. Follow a diet specifically for diabetes?
 - b. Eat healthier but no specific diabetes diet?
 - c. Physical exercise?
 - d. Other? SPECIFY _____
 - e. DK
 - f. RF
18. IF 4d=YES: What else did you do?/Anything else?
- a. SPECIFY: _____
 - b. DK
 - c. RF
19. How often did (this measure/these measures) work in controlling your diabetes? READ OPTIONS → Needs to be asked separately for 4a, 4b, 4c, and 4d, if they report multiple control methods
- a. Always
 - b. Most of the time
 - c. Part of the time
 - d. Never or rarely
 - e. DK
 - f. RF

20. Glycosylated (GLY-CO-SYL-AT-ED) hemoglobin or the “A one C” test measures your average level of blood sugar for the past 3 months, and usually ranges between 5.0 and 13.9. At the time that you became pregnant with NOIB/the pregnancy that ended on [DOPT], had a doctor or other health professional ever checked your glycosylate hemoglobin or “A one C”?
- YES → Continue to Question 21
 - NO → Skip to next section
 - DK → Skip to next section
 - RF → Skip to next section
21. What was your “A one C” level at the time it was tested closest to when you became pregnant with NOIB/the pregnancy that ended on [DOPT]?
- AMOUNT: _____
 - DK
 - RF
22. When was the “A one C” test conducted?
- MM/DD/YYYY or
 - Time relative to pregnancy start
 - DK
 - RF

CANCER

- Have you ever been told by a doctor or other health professional that you had cancer or a malignancy of any kind?
 - YES → Continue to Question 2
 - NO → Skip to next section
 - DK → Skip to next section
 - RF → Skip to next section
- What kind of cancer was it (can enter multiple sites if applicable)?
 - SPECIFY: _____
 - DK
 - RF
- How old were you when you were diagnosed with cancer?
 - AGE: _____
 - DK
 - RF
- What is the current status of your cancer? (READ OPTIONS)
 - Active → Skip to next section
 - In remission → Continue to Question 5
 - DK
 - RF
- How long has it been in remission?

- a. TIME: _____
 - i. UNITS:
- b. DK
- c. RF

HEART DISEASE

1. Do you have a heart problem you have had since birth?
 - a. YES → Continue to Question 2
 - b. NO → Skip to Question 16
 - c. DK → Skip to Question 16
 - d. RF → Skip to Question 16
2. What is it?
 - a. SPECIFY: _____
 - b. DK
 - c. RF
3. Did you take any medications or remedies for [HEART PROBLEM] during the month before through the third month of your [pregnancy with NOIB/ the pregnancy that ended on [DOPT]?
 - a. YES → Continue to Question 4
 - b. NO → Skip to Question 16
 - c. DK → Skip to Question 16
 - d. RF → Skip to Question 16
4. What did you take? / Did you take anything else?
 - a. SPECIFY: _____
 - b. DK
 - c. RF
5. Did you use [MEDICATION] continuously throughout the month before through your third month of pregnancy, that is from [START DATE OF B1] through [END DATE OF P3]?
 - a. YES → Skip to Question 9
 - b. NO → Continue to Question 6
 - c. DK → Continue to Question 6
 - d. RF → Continue to Question 6
6. When did you start using [MEDICINE] for the first time during this period?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
7. When did you stop using [MEDICINE] for the last time during this time period?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3) → if valid response to Questions 6 and 7, skip Question 8
 - c. DK

- d. RF
8. How long did you take it?
- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
 - b. DK
 - c. RF
9. How often did you use [MEDICINE] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - b. DK
 - c. RF
10. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
- a. YES
 - b. NO
 - c. DK
 - d. RF
11. Did you take the same amount of medicine throughout [START DATE OF B1] to [END DATE OF P3]?
- a. YES
 - i. If Question 10 = YES → Continue to Question 12
 - ii. If Question 10 = NO/DK/RF → Skip to Question 16
 - b. NO
 - i. If Question 10 = YES → Skip to Question 13
 - ii. If Question 10 = NO/DK/RF → Skip to Question 16
 - c. DK
 - i. If Question 10 = YES → Continue to Question 12
 - ii. If Question 10 = NO/DK/RF → Skip to Question 16
 - d. RF
 - i. If Question 10 = YES → Continue to Question 12
 - ii. If Question 10 = YES → Skip to Question 16
12. What amount of [MEDICINE] did you take?
- a. AMOUNT: _____ → Skip to Question 16
 - i. UNITS: _____
 - b. DK → Skip to Question 16
 - c. RF → Skip to Question 16
13. What amount did you take 1st/2nd/3rd, etc...?
- a. AMOUNT: _____

- i. UNITS: _____
 - b. DK
 - c. RF
14. When did you begin taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
15. When did you stop taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
16. Have you ever been diagnosed with cardiac arrhythmias?
- a. YES → Continue to Question 17
 - b. NO → Skip to Question 30
 - c. DK → Skip to Question 30
 - d. RF → Skip to Question 30
17. Did you take any medication for arrhythmias during the month before through the third month of pregnancy?
- a. YES → Continue to Question 18
 - b. NO → Skip to Question 30
 - c. DK → Skip to Question 30
 - d. RF → Skip to Question 30
18. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST:
- a. Beta-blockers
 - i. Atenolol
 - ii. Metoprolol (Toprol, Lopressor)
 - iii. Propranolol
 - iv. Lavetolol
 - v. Carvedilol
 - b. Calcium channel blockers
 - i. Diltiazem (Cardizem, Cartia)
 - ii. Verapamil
 - c. Rythmol (Propafenone)
 - d. Sotalol (Betapace)
 - e. Amiodarone (Pacerone, Corderone)
 - f. Other (specify)
 - g. DK
 - h. RF
19. Did you use [MEDICATION] continuously throughout the month before through the third month of pregnancy, that is from [START DATE OF B1] to [END DATE OF P3]?

- a. YES → Skip to Question 23
 - b. NO → Continue to Question 20
 - c. DK → Continue to Question 20
 - d. RF → Continue to Question 20
20. When did you start using [MEDICINE] for arrhythmias for the first time during this period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
21. When did you stop using [MEDICINE] for arrhythmias for the last time during this time period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3) → If valid response to Questions 20 and 21, skip Question 22
 - c. DK
 - d. RF
22. How long did you take it?
- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
 - b. DK
 - c. RF
23. How often did you use [MEDICINE] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - b. DK
 - c. RF
24. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
- a. YES
 - b. NO
 - c. DK
 - d. RF
25. Did you take the same amount of medicine throughout [START DATE OF B1] to [END DATE OF P3]?
- a. YES
 - i. If Question 24 = YES → Continue to Question 26
 - ii. If Question 24 = NO/DK/RF → Skip to Question 30
 - b. NO
 - i. If Question 24 = YES → Skip to Question 27

- ii. If Question 24 = NO/DK/RF → Skip to Question 30
 - c. DK
 - i. If Question 24 = YES → Continue to Question 26
 - ii. If Question 24 = NO/DK/RF → Skip to Question 30
 - d. RF
 - i. If Question 24 = NO/DK/RF → Continue to Question 26
- 26. What amount of [MEDICINE] did you take?
 - a. AMOUNT: _____ → Skip to Question 30
 - i. UNITS: _____
 - b. DK → Skip to Question 30
 - c. RF → Skip to Question 30
- 27. What amount of [MEDICINE] did you take 1st/2nd/3rd, etc...?
 - a. AMOUNT: _____
 - i. UNITS: _____
 - b. DK
 - c. RF
- 28. When did you begin taking that dose?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
- 29. When did you stop taking that dose?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
- 30. Were you ever in your life told by a doctor that you had high blood pressure?
 - a. YES → Continue to Question 31
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
- 31. What type of high blood pressure did you or do you have? Was it **pregnancy-related** – that is during pregnancy only? This might also be called pregnancy-induced toxemia or pre-eclampsia or eclampsia. Or is it **chronic high blood pressure or chronic hypertension**? This is high blood pressure that is not related to your pregnancy. This may have been diagnosed during pregnancy but did not go away after the pregnancy ended.
 - a. Pregnancy related
 - b. Chronic hypertension
 - c. Both
 - d. DK
 - e. RF

32. Did you take any medications or remedies for high blood pressure during the month before through the third month of pregnancy?
- a. YES → Continue to Question 33
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
33. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST:
- a. Ace Inhibitor (NOS)
 - b. Aldomet Tablet
 - c. Antihypertensive (NOS)
 - d. Atenolol
 - e. Beta Blocker (NOS)
 - f. Capoten
 - g. Diltiazem HCL
 - h. Enalapril Maleate
 - i. Hydralazine
 - j. Hydrochlorothiazide
 - k. Lisinopril
 - l. Metoprolol
 - m. Nifedipine
 - n. Propranolol
 - o. Quinapril HCL
 - p. Ramipril
 - q. Verapamil
 - r. Angiotensin Receptor Blockers (NOS)
 - s. Losartan (Cozaar)
 - t. Irbesartan (Avapro)
 - u. Olmesartan (Benicar)
 - v. Valsartan (Diovan)
 - w. Amlodipine (Norvasc)
 - x. Other (specify): _____
 - y. DK
 - z. RF
34. Did you use [MEDICATION] continuously throughout the month before through your third month of pregnancy, that is from [START DATE OF B1] to [END DATE OF P3]?
- a. YES → Skip to Question 38
 - b. NO → Continue to Question 35
 - c. DK → Continue to Question 35
 - d. RF → Continue to Question 35
35. When did you start using [MEDICINE] for high blood pressure for the first time during this period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)

- c. DK
 - d. RF
36. When did you stop using [MEDICINE] for the last time during this time period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3) → If valid response to Questions 35 and 36, skip Question 37
 - c. DK
 - d. RF
37. How long did you take it?
- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
 - b. DK
 - c. RF
38. How often did you use [MEDICINE] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - b. DK
 - c. RF
39. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
- a. YES
 - b. NO
 - c. DK
 - d. RF
40. Did you take the same amount of medicine throughout [START DATE OF B1] to [END DATE OF P3]?
- a. YES
 - i. If Question 39 = YES → Continue to Question 41
 - ii. If Question 39 = NO/DK/RF → Skip to next section
 - b. NO
 - i. If Question 39 = YES → Skip to Question 42
 - ii. If Question 39 = NO/DK/RF → Skip to next section
 - c. DK
 - i. If Question 39 = YES → Continue to Question 41
 - ii. If Question 39 = NO/DK/RF → Skip to next section
 - d. RF
 - i. If Question 39 = YES → Continue to Question 41
 - ii. If Question 39 = NO/DK/RF → Skip to next section

41. What amount of [MEDICINE] did you take?
 - a. AMOUNT: _____ → Skip to next section
 - i. UNITS: _____
 - b. DK → Skip to next section
 - c. RF → Skip to next section
42. What amount did you take 1st/2nd/3rd/etc...?
 - a. AMOUNT: _____
 - i. UNITS: _____
 - b. DK
 - c. RF
43. When did you begin taking that dose?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
44. When did you stop taking that dose?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF

THYROID DISEASE

1. Have you ever been diagnosed with thyroid disease, not including thyroid cancer, which we have already talked about?
 - a. YES → Continue to Question 2
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
2. What type of thyroid disease were you diagnosed with? Was it...[ask all options and allow multiple types]
 - a. Hypothyroidism, also called having an “underactive” thyroid
 - i. Could also be called Hashimoto’s Disease
 - b. Hyperthyroidism, also called having an “overactive” thyroid
 - i. Could also be called Graves’ Disease
 - c. Other (Specify)

i. NOTE: CANCER, INCLUDING THYROID, WILL HAVE BEEN QUERIED IN AN EARLIER SECTION

- d. DK
 - e. RF
3. When was [thyroid disease] first diagnosed?
- a. MM/DD/YYYY or
 - b. AGE: _____ or
 - c. Time period ago: _____
 - i. Years
 - ii. Months
 - iii. Weeks
 - d. DK
 - e. RF
4. [If reporting Hyperthyroidism/overactive thyroid/Graves' Disease continue, otherwise, skip to 6]: Have you had surgery to remove your thyroid gland?
- a. YES → Continue to Question 5
 - b. NO → Skip to Question 6
 - c. DK → Skip to Question 6
 - d. RF → Skip to Question 6
5. When did you have this surgery?
- a. MM/DD/YYYY or
 - b. AGE: _____ or
 - c. Time period ago: _____
 - i. Years
 - ii. Months
 - iii. Weeks
 - d. DK
 - e. RF
6. Did you take any medications or remedies for [THYROID CONDITION] during the month before through the third month of pregnancy, that is from [START DATE OF B1] to [END DATE OF P3]?
- a. YES → Continue to Question 7
 - b. NO → Skip to next section

- c. DK → Skip to next section
 - d. RF → Skip to next section
7. What did you take? / Did you take anything else?
- a. IF CAN'T RECALL, READ FROM LIST:
 - i. Synthroid
 - ii. Levothyroxine
 - iii. Levothroid
 - iv. Levoxyl
 - v. Tirosint
 - vi. Liothyronine
 - vii. Cytomel
 - viii. Unithroid
 - ix. Liotrix
 - x. Thyrolar
 - xi. Desiccated natural thyroid
 - xii. Methimazole/thiamazole
 - xiii. Propylthiouracil (PTU)
 - xiv. Carbimazole
 - xv. Neomercazole
 - xvi. Other (specify): _____
 - xvii. DK
 - xviii. RF
8. Did you use [MEDICATION] continuously throughout the month before through the third month of your pregnancy?
- a. YES → Skip to Question 12
 - b. NO → Continue to Question 9
 - c. DK → Continue to Question 9
 - d. RF → Continue to Question 9
9. When did you start using [MEDICATION] for [THYROID CONDITION] for the first time during this period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK

- d. RF
10. When did you stop using [MEDICATION] for [THYROID CONDITION] for the last time during this time period?
- MM/DD/YYYY or
 - Month of pregnancy (B1, P1, P2, P3) → If valid response to Questions 9 and 10, skip Question 11
 - DK
 - RF
11. How long did you take it?
- AMOUNT: _____
 - Days
 - Weeks
 - Months
 - DK
 - RF
12. How often did you use [MEDICINE] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
- AMOUNT: _____
 - Per Day
 - Per Week
 - Per Month
 - DK
 - RF
13. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
- YES → Continue to Question 14
 - NO → Skip to Question 15
 - DK → Continue to Question 14
 - RF → Continue to Question 14
14. Did you take the same amount of medicine throughout [START DATE OF B1] to [END DATE OF P3]?
- YES
 - If Question 13 = YES → Continue to Question 15
 - If Question 13 = NO/DK/RF → Skip to next section
 - NO
 - If Question 13 = YES → Skip to Question 16
 - If Question 13 = NO/DK/RF → Skip to next section

- c. DK
 - i. If Question 13 = YES → Continue to Question 15
 - ii. If Question 13 = NO/DK/RF → Skip to next section
 - d. RF
 - i. If Question 13 = YES → Continue to Question 15
 - ii. If Question 13 = NO/DK/RF → Skip to next section
15. What amount of [MEDICINE] did you take?
- a. AMOUNT: _____ → Skip to next section
 - i. UNITS: _____
 - b. DK → Skip to next section
 - c. RF → Skip to next section
16. What amount did you take 1st/2nd/3rd/etc...?
- a. AMOUNT: _____
 - i. UNITS: _____
 - b. DK
 - c. RF
17. When did you begin taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
18. When did you stop taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF

ASTHMA

- 1. Have you ever been diagnosed with asthma or reactive airway disease?
 - a. YES → Continue to Question 2
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section

2. When was your [ASTHMA/REACTIVE AIRWAY DISEASE] first diagnosed? READ OPTIONS
 - a. More than 2 years ago
 - b. In year before pregnancy with [NOIB]/the pregnancy that ended on DOPT]
 - c. During first trimester of pregnancy with [NOIB]/the affected pregnancy
 - d. During pregnancy after the first trimester
 - e. After pregnancy with [NOIB]/the affected pregnancy ended
 - f. RF
 - g. DK
3. Did you have any asthma attacks in the month before through your third month of pregnancy, that is from [START DATE OF B1] to [END DATE OF P3]?
 - a. YES → Continue to Question 4
 - b. NO → Skip to Question 5
 - c. DK → Skip to Question 5
 - d. RF → Skip to Question 5
4. Approximately how many asthma attacks did you have during that 4 month period?
 - a. TOTAL NUMBER: _____ or
 - b. Frequency AMOUNT: _____
 - i. Per month
 - ii. Per week
 - iii. Per day
 - c. DK
 - d. RF
5. Did you take any maintenance medications or remedies for long-term control of your asthma during the month before through the third month of pregnancy?
 - a. YES → Continue to Question 6
 - b. NO → Skip to Question 18
 - c. DK → Skip to Question 18
 - d. RF → Skip to Question 18
6. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST:
 - a. Fluticasone (G)
 - b. Flovent
 - c. Flonase

- d. Budesonide (G)
- e. Pulmicort
- f. Rhinocort
- g. Mometasone (G)
- h. Nasonex
- i. Asmanex
- j. Ciclesonide (G)
- k. Alvesco
- l. Omnaris
- m. Flunisolide (G)
- n. Aeorbid
- o. Aerospan
- p. Beclomethasone (G)
- q. Qvar
- r. Qnasl
- s. Montelukast (G)
- t. Singulair
- u. Zafirlukast (G)
- v. Accolate
- w. Zileuton (G)
- x. Zyflo
- y. Salmeterol (G)
- z. Serevent
- aa. Formoterol (G)
- bb. Foadil
- cc. Perforomist
- dd. Advair
- ee. Symbicort
- ff. Dulera
- gg. Other (specify): _____
- hh. DK
- ii. RF

7. Did you use [MEDICATION] continuously throughout the month before through your third month of pregnancy?
 - a. YES → Skip to Question 11
 - b. NO → Continue to Question 8
 - c. DK → Continue to Question 8
 - d. RF → Continue to Question 8
8. When did you start using [MEDICATION] for [ASTHMA/REACTIVE AIRWAY DISEASE] for the first time during this period?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
9. When did you stop using [MEDICATION] for the last time during this time period?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3) → If valid response to Questions 8 and 9, skip Question 10
 - c. DK
 - d. RF
10. How long did you take it?
 - a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
 - b. DK
 - c. RF
11. How often did you use [MEDICINE] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
 - a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - b. DK
 - c. RF

12. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
- YES
 - NO
 - DK
 - RF
13. Did you take the same amount of medicine throughout [START DATE OF B1] to [END DATE OF P3]?
- YES
 - If Question 12 = YES → Continue to Question 14
 - If Question 12 = NO/DK/RF → Skip to Question 18
 - NO
 - If Question 12 = YES → Skip to Question 15
 - If Question 12 = NO/DK/RF → Skip to Question 18
 - DK
 - If Question 12 = YES → Continue to Question 14
 - If Question 12 = NO/DK/RF → Skip to Question 18
 - RF
 - If Question 12 = YES → Continue to Question 14
 - If Question 12 = NO/DK/RF → Skip to Question 18
14. What amount of [MEDICINE] did you take?
- AMOUNT: _____ → Skip to Question 18
 - UNITS: _____
 - DK → Skip to Question 18
 - RF → Skip to Question 18
15. What amount did you take 1st/2nd/3rd/etc...?
- AMOUNT: _____
 - UNITS: _____
 - DK
 - RF
16. When did you begin taking that dose?
- MM/DD/YYYY or
 - Month of pregnancy (B1, P1, P2, P3)
 - DK
 - RF
17. When did you stop taking that dose?
- MM/DD/YYYY or
 - Month of pregnancy (B1, P1, P2, P3)

- c. DK
 - d. RF
18. Did you take any fast-acting, or “rescue” medications or remedies for treatment of an asthma attack during the month before through the third month of pregnancy?
- a. YES → Continue to Question 19
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
19. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST:
- a. Albuterol (G) → Skip to Question 21
 - b. ProAir HFA → Skip to Question 21
 - c. Ventolin HFA → Skip to Question 21
 - d. Levalbuterol (G) → Skip to Question 21
 - e. Xopenex HFA → Skip to Question 21
 - f. Pirbuterol (G) → Skip to Question 21
 - g. Maxair → Skip to Question 21
 - h. Ipratropium (G) → Skip to Question 21
 - i. Atrovent → Skip to Question 21
 - j. Other steroids, such as prednisone or methylprednisone (G) → Continue to Question 20
 - k. Other (specify): _____ → Skip to Question 21
 - l. DK → Skip to Question 21
 - m. RF → Skip to Question 21
20. Did you get this medication from a pill that you swallowed or from a shot?
- a. Pill
 - b. Shot (injection)
 - c. DK
 - d. RF
21. How often did you use [MEDICINE] during the month before through the third month of your pregnancy? You can say the number of times per day, per week or per month.
- a. AMOUNT: _____
 - i. Per day
 - ii. Per week

iii. Per month You can say the number of times per day, per week or per month.DK

b. RF

22. Did you use [MEDICATION] [FREQUENCY VALUE] per [FREQUENCY UNITS] throughout the entire time from a month before through the third month of your pregnancy?

- a. YES → Skip to next section
- b. NO → Continue to Question 23
- c. DK → Continue to Question 23
- d. RF → Continue to Question 23

23. What was your frequency of use of [MEDICATION]...

a. During the month before your pregnancy, which was [START DATE OF B1] to [END DATE OF B1]

i. AMOUNT: _____

- 1. Per day
- 2. Per week
- 3. Per month

ii. DK

iii. RF

b. During the first month of your pregnancy, which was [START DATE OF P1] to [END DATE OF P1]

i. AMOUNT: _____

- 1. Per day
- 2. Per week
- 3. Per month

ii. DK

iii. RF

c. During the second month of your pregnancy, which was [START DATE OF P2] to [END DATE OF P2]

i. AMOUNT: _____

- 1. Per day
- 2. Per week
- 3. Per month

ii. DK

iii. RF

d. During the third month of your pregnancy, which was [START DATE OF P3] to [END DATE OF P3]

- i. AMOUNT: _____
 - 1. Per day
 - 2. Per week
 - 3. Per month
- ii. DK
- iii. RF

EPILEPSY

- 1. Were you ever told by a doctor that you had epilepsy?
 - a. YES → Continue to Question 2
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
- 2. What type of epilepsy do you have? IF CAN'T RECALL, READ FROM LIST:
 - a. Temporal Lobe Epilepsy
 - b. Frontal Lobe Epilepsy
 - c. Reflex Epilepsy
 - d. Childhood Absence Epilepsy
 - e. Juvenile Absence Epilepsy
 - f. (Additional conditions listed in QxQ; see below)
 - g. DK
 - h. RF
- 3. Did you take any medications or remedies for epilepsy during the month before through the third month of pregnancy?
 - a. YES → Continue to Question 4
 - b. NO → Skip to Question 16
 - c. DK → skip to Question 16
 - d. RF → skip to Question 16
- 4. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST:
 - a. Depakene, Depakote, valproic acid
 - b. Dilantin, phenytoin
 - c. Felbatol
 - d. Klonopin, clonazepam
 - e. Lamictal
 - f. Phenobarbital
 - g. Tegretol, Carbatrol
 - h. Other (SPECIFY)
 - i. DK

- j. RF
5. Did you use [MEDICATION] continuously throughout the month before through your third month of pregnancy, that is from [START DATE OF B1] to [END DATE OF P3]?
- YES → Skip to Question 9
 - NO → Continue to Question 6
 - DK → Continue to Question 6
 - RF → Continue to Question 6
6. When did you start using [MEDICINE] for epilepsy for the first time during this period?
- MM/DD/YYYY or
 - Month of pregnancy (B1, P1, P2, P3)
 - DK
 - RF
7. When did you stop using [MEDICINE] for the last time during this time period?
- MM/DD/YYYY or
 - Month of pregnancy (B1, P1, P2, P3) → If valid response to Question 6 and 7, skip Question 8
 - DK
 - RF
8. How long did you take it?
- AMOUNT: _____
 - Days
 - Weeks
 - Months
 - DK
 - RF
9. How often did you use [MEDICINE] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
- AMOUNT: _____
 - Per day
 - Per week
 - Per month
 - DK
 - RF
10. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
- YES
 - NO
 - DK
 - RF
11. Did you take the same amount of medicine throughout [START DATE OF B1] to [ENDDATE OF P3]?
- YES
 - If Question 10 = YES → Continue to Question 12
 - If Question 10 = NO/DK/RF → Skip to Question 16

- b. NO
 - a. If Question 10 = YES → Skip to Question 13
 - b. If Question 10 = NO/DK/RF → Skip to Question 16
 - c. DK
 - a. If Question 10 = YES → Continue to Question 12
 - b. If Question 10 = NO/DK/RF → Skip to Question 16
 - d. RF
 - a. If Question 10 = YES → Continue to Question 12
 - b. If Question 10 = NO/DK/RF → Skip to Question 16
12. What amount of [MEDICINE] did you take?
- a. AMOUNT: _____ → Skip to Question 16
 - i. UNITS: _____
 - b. DK → Skip to Question 16
 - c. RF → Skip to Question 16
13. What amount did you take 1st/2nd/3rd/etc...?
- a. AMOUNT: _____
 - i. UNITS: _____
 - b. DK
 - c. RF
14. When did you begin taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
15. When did you stop taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
16. Did you have any seizures in the month before through the third month of pregnancy?
- a. YES → Continue to Question 17
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
17. How many seizures did you have altogether during that time?
- a. AMOUNT: _____
 - b. DK
 - c. RF

MIGRAINE

1. Have you ever had a migraine headache, also sometimes called a sick headache?
 - a. YES → Continue to Question 2
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
2. How old were you when you had the first migraine headache?
 - a. AGE: _____
 - b. DK
 - c. RF
3. Did you have any migraine headaches in the month before through the third month of pregnancy, that is from [START DATE OF B1] to [END DATA OF P3]?
 - a. YES → Continue to Question 4
 - b. NO → Skip to Question 5
 - c. DK → Skip to Question 5
 - d. RF → Skip to Question 5
4. How many migraines did you have altogether during that time?
 - a. Total number: _____ OR
 - b. Frequency – AMOUNT: _____
 - Per day
 - Per week
 - Per month
 - c. DK
 - d. RF
5. Did you take any medications or remedies to prevent migraines during the month before through the third month of pregnancy? [In QxQ make sure to distinguish from medications used to treat migraines themselves, which will be queried later.]
 - a. YES → Continue to Question 6
 - b. NO → Skip to Question 18
 - c. DK → Skip to Question 18
 - d. RF → Skip to Question 18
6. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST:
 - a. Beta-blockers: propranolol (G), Inderal, Innopran
 - b. Calcium channel blockers: verapamil (G), Calan, Verelan
 - c. Lisinopril (G), Zestril
 - d. Tricyclic antidepressants: amitriptyline (G), nortriptyline (G), Pamelor, protriptyline (G), Vivactil
 - e. Venlafaxine, Effexor
 - f. Anti-seizure drugs: valproate (G), Depacon, topiramate (G), Topamax, gabapentin (G), Neurontin, lamotrigine (G), Lamictal
 - g. Cyproheptadine
 - h. Botox
 - i. Other (specify): _____

- j. DK
 - k. RF
7. Did you use [MEDICATION] continuously throughout the month before through your third month of pregnancy?
- a. YES → Skip to Question 11
 - b. NO → Continue to Question 8
 - c. DK → Continue to Question 8
 - d. RF → Continue to Question 8
8. When did you start using [MEDICATION] to prevent migraines for the first time during this period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
9. When did you stop using [MEDICATION] for the last time during this time period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3) → If valid response to Question 8 and 9, skip Question 10
 - c. DK
 - d. RF
10. How long did you take it?
- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
11. How often did you use [MEDICINE] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - b. DK
 - c. RF
12. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
- a. YES
 - b. NO
 - c. DK
 - d. RF
13. Did you take the same amount of medicine throughout [START DATE OF B1] to [END DATE OF P3]?
- a. YES
 - i. If Question 12 = YES → Continue to Question 14
 - ii. If Question 12 = NO/DK/RF → Skip to Question 18
 - b. NO

- i. If Question 12 = YES → Skip to Question 15
 - ii. If Question 12 = NO/DK/RF → Skip to Question 18
 - c. DK
 - i. If Question 12 = YES → Continue to Question 14
 - ii. If Question 12 = NO/DK/RF → Skip to Question 18
 - d. RF
 - i. If Question 12 = YES → Continue to Question 14
 - ii. If Question 12 = NO/DK/RF → Skip to Question 18
- 14. What amount of [MEDICINE] did you take?
 - a. AMOUNT: _____ → Skip to Question 18
 - i. UNITS: _____
 - b. DK → Skip to Question 18
 - c. RF → Skip to Question 18
- 15. What amount of medicine did you take 1st/2nd/3rd/etc...?
 - a. AMOUNT: _____
 - i. UNITS: _____
 - b. DK
 - c. RF
- 16. When did you begin taking that dose?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
- 17. When did you stop taking that dose?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
- 18. Did you take any over-the-counter medications or remedies for pain relief from migraine headaches in the month before through the third month of pregnancy? These types of medications do not require a prescription from a healthcare provider.
 - a. YES → Continue to Question 19
 - b. NO → Skip to Question 23
 - c. DK → Skip to Question 23
 - d. RF → Skip to Question 23
- 19. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST:
 - a. Ibuprofen
 - b. Advil
 - c. Motrin
 - d. Acetaminophen
 - e. Tylenol
 - f. Aspirin

- g. Excedrin Migraine
- h. Other (Specify): _____
- i. DK
- j. RF

20. How often did you use [MEDICINE] in the month before through the third month of your pregnancy?

You can say the number of times per day, per week or per month.

- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
- b. DK
- c. RF

21. Did you use [MEDICATION] [FREQUENCY VALUE] per [FREQUENCY UNITS] throughout the entire time from the month before through the third month of your pregnancy?

- a. YES → Skip to Question 23
- b. NO → Continue to Question 22

22. What was your frequency of use of [MEDICATION]...

- a. During the month before your pregnancy, which was [START DATE OF B1] to [END DATE OF B1]
 - i. AMOUNT: _____
 - 1. Per day
 - 2. Per week
 - 3. Per month
 - 4. Per year
 - ii. DK
 - iii. RF
- b. During the first month of your pregnancy, which was [START DATE OF P1] to [END DATE OF P1]
 - i. AMOUNT: _____
 - 1. Per day
 - 2. Per week
 - 3. Per month
 - 4. Per year
 - ii. DK
 - iii. RF
- c. During the second month of your pregnancy, which was [START DATE OF P2] to [END DATE OF P2]
 - i. AMOUNT: _____
 - 1. Per day
 - 2. Per week
 - 3. Per month
 - 4. Per year
 - ii. DK
 - iii. RF

- d. During the third month of your pregnancy, which was [START DATE OF P3] to [END DATE OF P3]
- i. AMOUNT: _____
 1. Per day
 2. Per week
 3. Per month
 4. Per year
 - ii. DK
 - iii. RF
23. Did you take any prescription medications or remedies for pain relief from migraine headaches in the month before through the third month of pregnancy? These types of medications require a prescription from a healthcare provider.
- a. YES → Continue to Question 24
 - b. NO → Skip to next section
24. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST:
- a. Indomethacin [prescription pain reliever]
 - b. Codeine or other narcotic
 - c. Treximet (sumatriptan plus naproxen)
 - d. Imitrex (sumatriptan)
 - e. Maxalt (rizatriptan)
 - f. Axert (almotriptan)
 - g. Amerge (naratriptan)
 - h. Zomig (zolmitriptan)
 - i. Frova (frovatriptan)
 - j. Replax (eletriptan)
 - k. Ergotamine or dihydroergotamine (e.g., Cafergot, Migergot, Migranal)
 - l. Other (Specify): _____
 - m. DK
 - n. RF
25. How often did you use [MEDICINE] in the month before through the third month of your pregnancy? You can say the number of times per day, per week or per month.
- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - iv. DK
 - b. RF
26. Did you use [MEDICATION] [FREQUENCY VALUE] per [FREQUENCY UNITS] throughout the entire time from the month before through the third month of your pregnancy?
- a. YES → Skip to Question 28
 - b. NO → Continue to Question 27
27. What was your frequency of use of [MEDICATION]...
- a. During the month before your pregnancy, which was [START DATE OF B1] to [END DATE OF B1]

- i. AMOUNT: _____
 - 1. Per day
 - 2. Per week
 - 3. Per month
 - 4. Per year
 - ii. DK
 - iii. RF
- b. During the first month of your pregnancy, which was [START DATE OF P1] to [END DATE OF P1]
- i. AMOUNT: _____
 - 1. Per day
 - 2. Per week
 - 3. Per month
 - 4. Per year
 - ii. DK
 - iii. RF
- c. During the second month of your pregnancy, which was [START DATE OF P2] to [END DATE OF P2]
- i. AMOUNT: _____
 - 1. Per day
 - 2. Per week
 - 3. Per month
 - 4. Per year
 - ii. DK
 - iii. RF
- d. During the third month of your pregnancy, which was [START DATE OF P3] to [END DATE OF P3]
- i. AMOUNT: _____
 - 1. Per day
 - 2. Per week
 - 3. Per month
 - 4. Per year
 - ii. DK
 - iii. RF
28. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
- a. YES
 - b. NO
 - c. DK
 - d. RF
29. When you used [MEDICINE] to treat your migraine pain, did you take the same amount throughout [START DATE of B1] to [END DATE OF P3]?
- a. YES
 - i. If Question 28 = YES → Continue to Question 30

- ii. If Question 28 = NO/DK/RF → Skip to next section
 - b. NO
 - i. If Question 28 = YES → Skip to Question 31
 - ii. If Question 28 = NO/DK/RF → Skip to next section
 - c. DK
 - i. If Question 28 = YES → Continue to Question 30
 - ii. If Question 28 = NO/DK/RF → Skip to next section
 - d. RF
 - i. If Question 28 = YES → Continue to Question 30
 - ii. If Question 28 = NO/DK/RF → Skip to next section
30. What amount of [MEDICINE] did you take?
- a. AMOUNT: _____ → Skip to next section
 - i. UNITS: _____
 - b. DK → Skip to next section
 - c. RF → Skip to next section
31. What amount did you take 1st/2nd/3rd/etc...?
- a. AMOUNT: _____
 - i. UNITS: _____
 - b. DK
 - c. RF
32. When did you begin taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
33. When did you stop taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF

AUTOIMMUNE DISEASE

1. Have you ever been diagnosed with any of the following [ASK EACH AND INDICATE ALL THAT APPLY]?
- a. Lupus
 - i. YES
 - ii. NO
 - iii. DK
 - iv. RF
 - b. Rheumatoid arthritis

- i. YES
 - ii. NO
 - iii. DK
 - iv. RF
- c. Multiple sclerosis
- i. YES
 - ii. NO
 - iii. DK
 - iv. RF
- d. Celiac disease
- i. YES
 - ii. NO
 - iii. DK
 - iv. RF
- e. Crohn's disease
- i. YES
 - ii. NO
 - iii. DK
 - iv. RF
- f. Ulcerative colitis
- i. YES
 - ii. NO
 - iii. DK
 - iv. RF
- g. Psoriasis
- i. YES
 - ii. NO
 - iii. DK
 - iv. RF
- h. Other autoimmune disease (not including diabetes or thyroid disorders, which we have already discussed) IF CAN'T RECALL, READ FROM LIST
- i. Immune/idiopathic thrombocytopenic purpura

- ii. Interstitial cystitis
- iii. Antiphospholipid antibody syndrome
- iv. Addison's disease
- v. Pernicious anemia
- vi. Myasthenia gravis
- vii. Autoimmune hemolytic anemia
- viii. Berger's disease
- ix. Alopecia
- x. Vitiligo
- xi. Other (specify): _____
- xii. DK
- xiii. RF

If YES to any, continue to Question 2

If NO/DK/RF to all, skip to next section

2. When were you first diagnosed with [CONDITION]? READ OPTIONS (ask following questions for each condition if more than one condition reported)
- a. More than 2 years ago
 - b. In the year before pregnancy with [NOIB]/the pregnancy ending on DOPT
 - c. During first trimester of pregnancy with [NOIB]/the affected pregnancy
 - d. During pregnancy after the first trimester
 - e. After pregnancy with [NOIB]/the affected pregnancy
 - f. DK
 - g. RF
3. Did you take any medications or remedies for [CONDITION] in the month before through the third month of pregnancy, that is from [START DATE OF B1] TO [END DATE OF P3]?
- a. YES → Continue to Question 4
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section

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

- a. Lupus
 - i. NSAIDs (Aleve, Advil, Motrin)
 - ii. Antimalarial drugs (Plaquenil, hydroxychloroquine)
 - iii. Corticosteroids (prednisone)
 - iv. Immune suppressants: Cytoxan (cyclophosphamide); Imuran, Azasan (azathioprine); Cellcept (mycophenolate); Arava (leflunomide); Trexall (methotrexate); Benlysta (belimumab)
- b. Rheumatoid arthritis
 - i. NSAIDs (ibuprofen, Advil, Motrin, naproxen, Aleve)
 - ii. Steroids (prednisone)
 - iii. Disease-modifying antirheumatic drugs: Trexall (methotrexate); Arava (leflunomide); Plaquenil (hydroxychloroquine); Azulfidine (sulfasalazine); Dynacin, Minocin (minocycline)
 - iv. Immune suppressants: Imuran, Azasan (azathioprine); Neoral, Sandimmune, Gengraf (cyclosporine); Cytoxan (cyclophosphamide)
 - v. TNF-alpha inhibitors: Enbrel (etanercept); Remicade (infliximab); Humira (adalimumab); Simponi (golimumab); Cimzia (certolizumab)
 - vi. Kineret (anakinra)
 - vii. Orencia (abatacept)
 - viii. Rituxan (rituximab)
 - ix. Actemra (tocilizumab)
- c. Multiple sclerosis
 - i. Corticosteroids: Prednisone (oral); Solu-Medrol (IV; methylprednisone)
 - ii. Beta interferons (Avonex, Betaseron, Extavia, Rebif)
 - iii. Copaxone (Clatiramer acetate)
 - iv. Gilenya (fingolimod)
 - v. Tysabri (natalizumab)
 - vi. Mitoxantrone
 - vii. Aubagio (teriflunomide)
 - viii. Ampyra (dalfampridine)
 - ix. Muscle relaxants: Lioresal (baclofen); Zanaflex (tizanidine)
 - x. Amantadine

- d. Crohn's disease and ulcerative colitis
 - i. Anti-inflammatory drugs: sulfasalazine (Azulfidine); mesalamine (Apriso, Asacol, Lialda); balsalazide (Colazal); olsalazine (Dipentum); corticosteroids
 - ii. Immune system suppressors: asathioprine (Azasan, Imuran); mercaptopurine (Purinethol); cyclosporine (Gengraf, Neoral, Sandimmune); infliximab (Remicade); adalimumab (Humira); certolizumab pegol; Cimzia; methotrexate (Rheumatrex); natalizumab (Tysabril)
 - iii. Antibiotics: metronidazole (Flagyl); Ciprofloxacin (Cipro)
 - e. Psoriasis (all topicals)
 - i. Topical corticosteroids
 - ii. Vitamin D analogues
 - iii. Anthralin
 - iv. Topical retinoids
 - v. Calcinerurin inhibitors
 - vi. Salicylic acid
 - vii. Coal tar
 - f. Other (specify): _____
 - g. DK
 - h. RF
5. Did you use [MEDICATION] continuously throughout the month before through the third month of pregnancy?
- a. YES → Skip to Question 9
 - b. NO → Continue to Question 6
 - c. DK → Continue to Question 6
 - d. RF → Continue to Question 6
6. When did you start using [MEDICINE] for [CONDITION] for the first time during this period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
7. When did you stop using [MEDICINE] for the last time during this time period?
- a. MM/DD/YYYY or

- b. Month of pregnancy (B1, P1, P2, P3) → If valid start and stop date, skip Question 8
 - c. DK
 - d. RF
8. How long did you take it?
- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
 - b. DK
 - c. RF
9. How often did you use (MEDICINE) during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - b. DK
 - c. RF
10. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in a dose?
- a. YES
 - b. NO
 - c. DK
 - d. RF
11. Did you take the same amount of medicine throughout [START DATE OF B1] to [END DATE OF P3]?
- a. YES
 - i. If Question 10 = YES → Continue to Question 12
 - ii. If Question 10 = NO/DK/RF → Skip to next section
 - b. NO
 - i. If Question 10 = YES → Skip to Question 13
 - ii. If Question 10 = NO/DK/RF → Skip to next section
 - c. DK
 - i. If Question 10 = YES → Continue to Question 12
 - ii. If Question 10 = NO/DK/RF → Skip to next section
 - d. RF
 - i. If Question 10 = YES → Continue to Question 12

ii. If Question 10 = NO/DK/RF → Skip to next section

12. What dose of [MEDICINE] did you take?

a. AMOUNT: _____ → Skip to next section

i. UNITS: _____

b. DK → Skip to next section

c. RF → Skip to next section

13. What amount did you take 1st/2nd/3rd/etc...?

a. AMOUNT: _____

i. UNITS: _____

b. DK

c. RF

14. When did you begin taking that dose?

a. MM/DD/YYYY or

b. Month of pregnancy (B1, P1, P2, P3)

c. DK

d. RF

15. When did you stop taking that dose?

a. MM/DD/YYYY or

b. Month of pregnancy (B1, P1, P2, P3)

c. DK

d. RF

TRANSPLANT RECEIPT

1. Have you ever received an organ or tissue transplant?

a. YES → Continue to Question 2

b. NO → Skip to next section

c. DK → Skip to next section

d. RF → Skip to next section

2. What organ or tissue was transplanted?

a. RESPONSE: _____

b. DK

c. RF

3. What was the date of the transplant?

a. MM/DD/YYYY

- b. DK
 - c. RF
4. Did you take any medications related to your transplant during the month before through your third month of pregnancy, that is from [START DATE OF B1] to [END DATE OF P3]?
- a. YES → Continue to Question 5
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
5. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST
- a. Cyclosporine
 - b. Prednisone
 - c. Azathioprine
 - d. Tacrolimus / FK506
 - e. Mycophenolate mofetil
 - f. Sirolimus
 - g. OKT3
 - h. ATGAM
 - i. Thymoglobulin
 - j. Other (specify): _____
 - k. DK
 - l. RF
6. Did you use [MEDICATION] continuously throughout the month before through your third month of pregnancy?
- a. YES → Skip to Question 10
 - b. NO → Continue to Question 7
 - c. DK → Continue to Question 7
 - d. RF → Continue to Question 7
7. When did you start using [MEDICINE] for your transplant for the first time during this period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
8. When did you stop using [MEDICINE] for the last time during this time period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3) → If valid start and stop date, skip Question 9
 - c. DK
 - d. RF
9. How long did you take it?
- a. AMOUNT: _____

- i. Days
 - ii. Weeks
 - iii. Months
 - b. DK
 - c. RF
- 10. How often did you use [MEDICINE] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
 - a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - b. DK
 - c. RF
- 11. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
 - a. YES
 - b. NO
 - c. DK
 - d. RF
- 12. Did you take the same amount of medicine throughout [START DATE OF B1] to [END DATE OF P3]?
 - a. YES
 - i. If Question 11 = YES → Continue to Question 13
 - ii. If Question 11 = NO → Skip to next section
 - b. NO
 - i. If Question 11 = YES → Skip to Question 14
 - ii. If Question 11 = NO/DK/RF → Skip to next section
 - c. DK
 - i. If Question 11 = YES → Continue to Question 13
 - ii. If Question 11 = NO/DK/RF → Skip to next section
 - d. RF
 - i. If Question 11 = YES → Continue to Question 13
 - ii. If Question 11 = NO/DK/RF → Skip to next section
- 13. What dose of [MEDICINE] did you take?
 - a. AMOUNT: _____ → Skip to next section
 - i. UNITS: _____
 - b. DK → Skip to next section
 - c. RF → Skip to next section
- 14. What amount did you take 1st/2nd/3rd/etc...?

- a. AMOUNT: _____
 - i. UNITS: _____
 - b. DK
 - c. RF
15. When did you begin taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
16. When did you stop taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF

DEPRESSION / ANXIETY

1. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder, including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder?
 - a. YES → Continue to Question 2
 - b. NO → Skip to Question 3
 - c. DK → Skip to Question 3
 - d. RF → Skip to Question 3
2. What condition / Anything else?
 - a. Specify: _____
 - b. DK
 - c. RF
3. Has a doctor or other healthcare provider EVER told you that you had depression?
 - a. YES → Continue to Question 4
 - b. If NO/DK/RF, and YES to Question 1 → Continue to Question 4
 - c. If NO/DK/RF, and NO/DK/RF to Question 1 → Skip to next section
4. Did you experience symptoms of [CONDITION(S)] in the month before through the end of the third month of pregnancy, that is from [START DATE OF B1] to [END DATE OF P3]?
 - a. YES → Continue to Question 5
 - b. NO → Skip to Question 6
 - c. DK → Skip to Question 6
 - d. RF → Skip to Question 6

5. What were the symptoms you experienced?
 - a. SPECIFY: _____
 - b. DK
 - c. RF
6. How do you treat [CONDITION(S)]? (READ CHOICES; INDICATE ALL THAT APPLY)
 - a. Under care of therapist/psychologist
 - b. Medications
 - c. Other (specify): _____
 - d. No treatment
 - e. DK
 - f. RF
7. Did you use medication to treat the [condition(s)] in the [month] before through the [third month of] pregnancy?
 - a. YES → Continue to Question 8
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
8. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST
 - a. Prozac (fluoxetine)
 - b. Wellbutrin (bupropion)
 - c. Paxil (paroxetine)
 - d. Zoloft (sertraline)
 - e. Effexor (venlafaxine)
 - f. Celexa (citalopram)
 - g. Lexapro (escitalopram)
 - h. Cymbalta (duloxetine)
 - i. Tofranil (imipramine)
 - j. Clomipramine (anafranil)
 - k. Klonopin (clonazepam)
 - l. Valium (diazepam)
 - m. Ativan (lorazepam)
 - n. Xanax (alprazolam)
 - o. Buspar (buspirone)
 - p. Inderal (propranolol)
 - q. Other (specify): _____
 - r. DK
 - s. RF
9. Did you use [MEDICATION] continuously throughout the month before through your third month of pregnancy?

- a. YES → Skip to Question 13
 - b. NO → Continue to Question 10
 - c. DK → Continue to Question 10
 - d. RF → Continue to Question 10
10. When did you start using [MEDICINE] for [CONDITION(S)] for the first time during this period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
11. When did you stop using [MEDICINE] for the last time during this time period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3) → If valid start and stop date, skip Question 12
 - c. DK
 - d. RF
12. How long did you take it?
- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
 - b. DK
 - c. RF
13. How often did you use [MEDICINE] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - b. DK
 - c. RF
14. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
- a. YES
 - b. NO
 - c. DK
 - d. RF
15. Did you take the same amount of medicine throughout [START DATE OF B1] to [END DATE OF P3]?
- a. YES

- i. If Question 14 = YES → Continue to Question 16
 - ii. If Question 14 = NO/DK/RF → Skip to next section
 - b. NO
 - i. If Question 14 = YES → Skip to Question 17
 - ii. If Question 14 = NO/DK/RF → Skip to next section
 - c. DK
 - i. If Question 14 = YES → Continue to Question 16
 - ii. If Question 14 = NO/DK/RF → Skip to next section
 - d. RF
 - i. If Question 14 = YES → Continue to Question 16
 - ii. If Question 14 = NO/DK/RF → Skip to next section
- 16. What amount of [MEDICINE] did you take?
 - a. AMOUNT: _____ → Skip to next section
 - i. UNITS: _____
 - b. DK → Skip to next section
 - c. RF → Skip to next section
- 17. What amount did you take 1st/2nd/3rd/etc...?
 - a. AMOUNT: _____
 - i. UNITS: _____
 - b. DK
 - c. RF
- 18. When did you begin taking that dose?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
- 19. When did you stop taking that dose?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

- 1. Have you EVER been told by a doctor or other health professional that you had Attention-Deficit/Hyperactivity Disorder (ADHD) or Attention-Deficit Disorder (ADD)?
 - a. YES → Continue to Question 2
 - b. NO → Skip to next section

- c. DK → Skip to next section
 - d. RF → Skip to next section
2. With which condition were you diagnosed?
- a. Attention Deficit Hyperactivity Disorder
 - b. Attention Deficit Disorder
 - c. Other (specify): _____
 - d. DK
 - e. RF
3. How old were you when you were diagnosed with [ADHD / ADD]?
- a. Age: _____
 - b. DK
 - c. RF
4. Did you take any medications to treat your [ADHD / ADD] during the month before through the third month of pregnancy, that is from [START DATE OF B1] to [END DATE OF P3]?
- a. YES → Continue to Question 5
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
5. What did you take? / Did you take anything else? IF CAN'T RECALL, READ FROM DRUG LIST
- a. ADDERALL, ADDERALL XR, AMPHETAMINE
 - b. CELEXA, CITALOPRAM
 - c. CONCERTA
 - d. DAYTRANA PATCH
 - e. DEXEDRINE, DEXEDRINE SPANSULE, DEXTROSTAT, DEXTRO-AMPHETAMINE
 - f. DEXMETHYLPHENIDATE
 - g. FOCALIN, FOCALIN XR
 - h. METADATE, METADATE CD
 - i. METHYLIN
 - j. METHYLPHENIDATE
 - k. PROZAC
 - l. RITALIN, RITALIN LA, RITALIN SR
 - m. SERTRALINE
 - n. STRATTERA, ATOMOXETINE
 - o. VYVANSE, LISDEXAMFETAMINE
 - p. ZOLOFT
 - q. Intuniv (guanfacine)
 - r. Kapvay (clonidine hydrochloride)
 - s. Other (specify): _____
 - t. DK
 - u. RF
6. Did you use [MEDICATION] continuously throughout the month before through your third month of pregnancy?

- a. YES → Skip to Question 10
 - b. NO → Continue to Question 7
 - c. DK → Continue to Question 7
 - d. RF → Continue to Question 7
7. When did you start using [MEDICINE] for [ILLNESS] for the first time during this period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
8. When did you stop using [MEDICINE] for the last time during this time period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3) → If valid start and stop date, skip Question 8
 - c. DK
 - d. RF
9. How long did you take it?
- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
 - b. DK
 - c. RF
10. How often did you use [MEDICINE] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - b. DK
 - c. RF
11. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
- a. YES
 - b. NO
 - c. DK

- d. RF
12. Did you take the same amount of medicine throughout [START DATE OF B1] to [END DATE OF P3]?
- a. YES
 - i. If Question 11 = YES → Continue to Question 13
 - ii. If Question 11 = NO/DK/RF → Skip to next section
 - b. NO
 - i. If Question 11 = YES → Skip to Question 14
 - ii. If Question 11 = NO/DK/RF → Skip to next section
 - c. DK
 - i. If Question 11 = YES → Continue to Question 13
 - ii. If Question 11 = NO/DK/RF → Skip to next section
 - d. RF
 - i. If Question 11 = YES → Continue to Question 13
 - ii. If Question 11 = NO/DK/RF → Skip to next section
13. What amount of [MEDICINE] did you take?
- a. AMOUNT: _____ → Skip to next section
 - i. UNITS: _____
 - b. DK → Skip to next section
 - c. RF → Skip to next section
14. What amount did you take 1st/2nd/3rd/etc...?
- a. AMOUNT: _____
 - i. UNITS: _____
 - b. DK
 - c. RF
15. When did you begin taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
16. When did you stop taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF

CHRONIC DISEASE CATCH-ALL QUESTION

1. Have you ever been diagnosed with any other chronic diseases or long-term illnesses that we haven't talked about? PROMPT: This does not include short-term illnesses such as colds.
- a. YES → Continue to Question 2
 - b. NO → Skip to next section

- c. DK → Skip to next section
 - d. RF → Skip to next section
2. What did you have? / Did you have anything else? LIST ALL. FOR EACH ILLNESS ASK ALL ADDITIONAL QUESTIONS THAT APPLY.
 - a. Specify: _____ → Continue to Question 3
 - b. DK → Continue to Question 3
 - c. RF → Skip to next section
3. How old were you when the disease was diagnosed?
 - a. AGE: _____
 - i. Years
 - ii. Months
 - b. DK
 - c. RF
4. Did you take any medications or remedies for [ILLNESS] during the month before through the third month of pregnancy, that is from [START DATE OF B1] to [END DATE OF P3]?
 - a. YES → Continue to Question 5
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
5. What did you take? / Did you take anything else?
 - a. Specify: _____
 - b. DK
 - c. RF
6. Did you use [MEDICATION] continuously throughout the month before through your third month of pregnancy?
 - a. YES → Skip to Question 10
 - b. NO → Continue to Question 7
 - c. DK → Continue to Question 7
 - d. RF → Continue to Question 7
7. When did you start using [MEDICINE] for [ILLNESS] for the first time during this period?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
8. When did you stop using [MEDICINE] for the last time during this time period?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3) → If valid response to Questions 7 and 8, skip Question 9
 - c. DK
 - d. RF
9. How long did you take it?
 - a. AMOUNT: _____
 - i. Days

- ii. Weeks
 - iii. Months
 - b. DK
 - c. RF
- 10. How often did you use [MEDICINE] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
 - a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - b. DK
 - c. RF
- 11. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
 - a. YES
 - b. NO
 - c. DK
 - d. RF
- 12. Did you take the same amount of medicine throughout [START DATE OF B1] to [END DATE OF P3]?
 - a. YES
 - i. If Question 11 = YES → Continue to Question 13
 - ii. If Question 11 = NO/DK/RF → Skip to next section
 - b. NO
 - i. If Question 11 = YES → Skip to Question 14
 - ii. If Question 11 = NO/DK/RF → Skip to next section
 - c. DK
 - i. If Question 11 = YES → Continue to Question 13
 - ii. If Question 11 = NO/DK/RF → Skip to next section
 - d. RF
 - i. If Question 11 = YES → Continue to Question 13
 - ii. If Question 11 = NO/DK/RF → Skip to next section
- 13. What amount of [MEDICINE] did you take?
 - a. AMOUNT: _____ → Skip to next section
 - i. UNITS: _____
 - b. DK → Skip to next section
 - c. RF → Skip to next section
- 14. What amount did you take 1st/2nd/3rd/etc...?
 - a. AMOUNT: _____
 - i. UNITS: _____
 - b. DK
 - c. RF
- 15. When did you begin taking that dose?

- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
16. When did you stop taking that dose?
- a. MM/DD/YYYY
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF

GENITOURINARY INFECTIONS

1. From the month before you became pregnant to the end of the third month of pregnancy, that is from [START DATE OF B1] to [END DATE OF P3], did you have any of the following illnesses...?
- a. a kidney, bladder, or urinary tract infection?
 - i. YES
 - ii. NO
 - iii. DK
 - iv. RF
 - b. pelvic inflammatory disease or PID?
 - i. YES
 - ii. NO
 - iii. DK
 - iv. RF
 - c. a sexually transmitted disease, such as chlamydia, herpes, syphilis, genital warts, or gonorrhea?
 - i. YES
 - ii. NO
 - iii. DK
 - iv. RF
 - d. a yeast infection
 - i. YES
 - ii. NO
 - iii. DK
 - iv. RF
2. Was the [INFECTION] diagnosed by a doctor? → ask for each infection reported

3. Did you take any medications or remedies for your [INFECTION]?
 - a. YES → Continue to Question 4
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
4. IF ASKING FOR YEAST INFECTION: Did you take a medicine that a doctor prescribed for you or did you buy it “over-the-counter”, without a prescription?
 - a. Prescription
 - b. Over-the-counter
 - c. DK
 - d. RF
5. IF ASKING FOR A YEAST INFECTION: Did you use a cream that you applied on the outside or a pill that you swallowed?
 - a. External cream → Skip to next section
 - b. Pill → Skip to next section
 - c. Other (specify): _____ → Skip to next section
 - d. DK → Skip to next section
 - e. RF → Skip to next section
6. IF ASKING FOR INFECTION OTHER THAN A YEAST INFECTION: What did you take? / Did you take anything else? (B60) IF CAN'T RECALL, READ FROM DRUG LIST
 - a. If reporting medication use for a bacterial infection [kidney, bladder, urinary tract infection; PID; chlamydia; syphilis]
 - i. Bactrim, Septra (sulfamethoxazole-thrimethoprim)
 - ii. Furadantin, Macrochantin (nitrofurantoin)
 - iii. Amoxicillin, Amoxil, Trimox
 - iv. Augmentin
 - v. Biaxin
 - vi. Cipro
 - vii. Doxycycline, Vibramycin
 - viii. Erythromycin, Erythrocin, EES
 - ix. Levaquin
 - x. Rebetol, Virazole

- xi. Rebetron
 - xii. Zithromax
 - xiii. Penicillin
 - xiv. Cephtriaxone
 - xv. Azithromycin
 - xvi. Antibiotic NOS
 - xvii. Other (specify):_____
- b. If reporting medication use for herpes
- i. Acyclovir (G)
 - ii. Zovirax
 - iii. Famciclovir (G)
 - iv. Famvir
 - v. Valacyclovir (G)
 - vi. Valtrex
- c. If reporting medication use for genital warts (HPV)
- i. Imiquimod (G)
 - ii. Aldara
 - iii. Zyclara
 - iv. Podophyllin / podofilox
 - v. Condylox
 - vi. Trichloroacetic acid (TCA)
- d. DK
- e. RF
7. Did you use [MEDICATION] continuously throughout the month before through your third month of pregnancy?
- a. YES → Skip to Question 9
 - b. NO → Continue to Question 6
 - c. DK → Continue to Question 6
 - d. RF → Continue to Question 6
8. When did you start using [MEDICINE] for [INFECTION] for the first time during this period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)

- c. DK
 - d. RF
9. When did you stop using [MEDICINE] for the last time during this time period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3) → If valid start and stop date, skip Question 9
10. How long did you take it?
- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
 - b. DK
 - c. RF
11. How often did you use [MEDICINE] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - b. DK
 - c. RF
12. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
- a. YES
 - b. NO
 - c. DK
 - d. RF
13. Did you take the same amount of medicine throughout [START DATE OF B1] to [END DATE OF P3]?
- a. YES
 - i. If Question 12 = YES → Continue to Question 14
 - ii. If Question 12 = NO/DK/RF → Skip to next section
 - b. NO
 - i. If Question 12 = YES → Skip to Question 15

- ii. If Question 12 = NO/DK/RF → Skip to next section
 - c. DK
 - i. If Question 12 = YES → Continue to Question 14
 - ii. If Question 12 = NO/DK/RF → Skip to next section
 - d. RF
 - i. If Question 12 = YES → Continue to Question 14
 - ii. If Question 12 = NO/DK/RF → Skip to next section
- 14. What amount of [MEDICINE] did you take?
 - a. AMOUNT: _____ → Skip to next section
 - i. UNITS: _____
 - b. DK
 - c. RF
- 15. What amount did you take 1st/2nd/3rd/etc...?
 - a. AMOUNT: _____
 - i. UNITS: _____
 - b. DK
 - c. RF
- 16. When did you begin taking that dose?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
- 17. When did you stop taking that dose?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF

FEVERS

1. From one month before you became pregnant to the end of the third month of your pregnancy, that is from [START DATE OF B1] to [END DATE OF P3], did you have any fevers, including those due to

respiratory illness, bronchitis, pneumonia, a kidney, bladder, or urinary tract infection, pelvic inflammatory disease, or other infections or illness?

- a. YES → Continue to Question 2
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
2. How many fevers did you have?
- a. NUMBER: _____
 - b. DK
 - c. RF
3. What was the cause of the (1st/2nd/3rd) fever?
- a. CAUSE: _____
 - b. DK
 - c. RF
4. When you had [CAUSE OF FEVER], during which of those months did you have a fever?
- a. B1
 - b. P1
 - c. P2
 - d. P3
 - e. DK
 - f. RF
5. What was the highest temperature recorded during your fever?
- a. VALUE: _____
 - i. UNITS: F or C
 - b. DK
 - c. RF
6. Did you take any medications or remedies for the fever?
- a. YES → Continue to Question 7
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section

7. What did you take? Did you take anything else? CODE ALL THAT APPLY. IF CAN'T RECALL, READ FROM DRUG LIST: Did you take...?
- a. Acetaminophen
 - b. Advil
 - c. Aleve
 - d. Ibuprofen
 - e. Motrin
 - f. Naproxen sodium
 - g. Nuprin
 - h. Tylenol
 - i. Other (specify): _____
 - j. DK
 - k. RF
8. When did you start using (MEDICINE) for this [CAUSE OF FEVER] for the first time during this period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
9. When did you stop using (MEDICINE) for the last time during this time period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3) → If valid response to Questions 8 and 9, skip Question 10
 - c. DK
 - d. RF
10. How long did you take it?
- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
 - b. DK
 - c. RF
11. How often did you use [MEDICINE] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.

- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month

MEDICATIONS / HERBALS / VITAMINS

We are interested in medicines that you may have taken from 1 month before you became pregnant, which would be [START DATE OF B1], to the end of the third month of pregnancy, which would be [END DATE OF P3]. These would include prescription and nonprescription medicines. Please include medicines prescribed by a healthcare provider for you and medicines that may have been prescribed to someone else that you used. Some of these medicines we may have already discussed, but please report on them again in response to these questions. To begin, I'm going to ask you about whether you have used certain types of medicines, and then I'll ask about your use of specific medicines. If you filled out the medication worksheet we included in your introductory packet, it will be helpful for you to have it in front of you for these questions.

Medication Categories

1. During [START DATE OF B1] to [END DATE OF P3] did you take any: [ASK EACH MEDICATION CATEGORY]
 - a. Birth control pills
 - i. YES → Skip to Question 2
 - ii. NO → Continue to Question 1b
 - iii. DK → Continue to Question 1b
 - iv. RF → Continue to Question 1b
 - b. Antibiotics
 - i. YES → Skip to Question 2
 - ii. NO → Continue to Question 1c
 - iii. DK → Continue to Question 1c
 - iv. RF → Continue to Question 1c
 - c. Over-the-counter pain relievers
 - i. YES → Skip to Question 2
 - ii. NO → Continue Question to 1d
 - iii. DK → Continue Question to 1d
 - iv. RF → Continue Question to 1d

- d. Prescription pain relievers
 - i. YES → Skip to Question 2
 - ii. NO → Continue to Question 1e
 - iii. DK → Continue to Question 1e
 - iv. RF → Continue to Question 1e
- e. Medicines to help lower your cholesterol (“statins”)
 - i. YES → Skip to Question 2
 - ii. NO → Continue to Question 1f
 - iii. DK → Continue to Question 1f
 - iv. RF → Continue to Question 1f
- f. Medicines to help you quit smoking
 - i. YES → Skip to Question 2
 - ii. NO → Continue to Question 1g
 - iii. DK → Continue to Question 1g
 - iv. RF → Continue to Question 1g
- g. Medicines to help with allergies or cold symptoms (e.g. runny nose, cough)
 - i. YES → Skip to Question 2
 - ii. NO → Continue to Question 1h
 - iii. DK → Continue to Question 1h
 - iv. RF → Continue to Question 1h
- h. Medicine to treat an infection with a virus, like the flu (“antiviral”)
 - i. YES → Skip to Question 2
 - ii. NO → Continue to Question 1i
 - iii. DK → Continue to Question 1i
 - iv. RF → Continue to Question 1i
- i. Medicine to help you sleep (“sleep aid”)
 - i. YES → Skip to Question 2
 - ii. NO → Continue to Question 1j
 - iii. DK → Continue to Question 1j
 - iv. RF → Continue to Question 1j
- j. Vaccines
 - i. YES → Skip to Question 2

- ii. NO → Continue to Question 1k
- iii. DK → Continue to Question 1k
- iv. RF → Continue to Question 1k
- k. Medicines to treat nausea or vomiting
 - i. YES → Continue to Question 2
 - ii. NO → Skip to Specific Medications intro
 - iii. DK → Skip to Specific Medications intro
 - iv. RF → Skip to Specific Medications intro
- 2. Do you remember the name of the medication or would you like us to go through a list?
 - a. If she remembers the name → continue to Question 3
 - b. If she needs a list → read the prompt list prepared for that Medication Category (Appendix XX)
- 3. What was the name of the medication? / Did you take any other medicine in this category?
 - a. NAME: _____

For all Medication Categories, except birth control pills, antihypertensives, statins, smoking cessation medications, and vaccines → ask Question 4; for the aforementioned categories, skip to the next section

- 4. Why did you take [MEDICINE]?
 - a. REASON: _____
 - b. DK
 - c. RF
- 5. When did you start using [MEDICINE] during the month before through the third month of pregnancy?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
- 6. When did you stop using [MEDICINE] for the last time during this time period?
 - a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3) → If valid stop and start date, skip Question 7
 - c. DK
 - d. RF
- 7. How long did you take [MEDINCINE]?
 - a. AMOUNT: _____

- i. Days
 - ii. Weeks
 - iii. Months
 - b. DK
 - c. RF
- 8. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
 - a. YES
 - b. NO
 - c. DK
 - d. RF
- 9. Did you take the same amount of medicine the whole time that you took it during the month before through the end of your third month of pregnancy?
 - a. YES
 - i. If Question 7 = YES → Continue to Question 10
 - ii. If Question 7 = NO/DK/RF → Skip to Question 14
 - b. NO
 - i. If Question 7 = YES → Skip to Question 11
 - ii. If Question 7 = NO/DK/RF → Skip to Question 14
 - c. DK
 - i. If Question 7 = YES → Continue to Question 10
 - ii. If Question 7 = NO/DK/RF → Skip to Question 14
 - d. RF
 - i. If Question 7 = YES → Continue to Question 10
 - ii. If Question 7 = NO/DK/RF → Skip to Question 14
- 10. What amount of [MEDICINE] did you take?
 - a. AMOUNT: _____ → Skip to Question 14
 - i. UNITS: _____
 - b. DK → Skip to Question 14
 - c. RF → Skip to Question 14
- 11. What amount of [MEDICINE] did you take 1st/2nd/3rd/etc...?
 - a. AMOUNT: _____

- i. UNITS: _____
 - b. DK
 - c. RF
12. When did you begin taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
13. When did you stop taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF

Cycle back up to next medication category on the list and continue with questions until you have asked about each medication category through those for nausea and vomiting.

Specific Medications

Now I'm going to ask you about your use of certain specific medications. As I read the list, please tell me Yes or No for each medicine. We may have already discussed some of these medicines, but please report on them again in response to these questions.

14. During [START DATE OF B1] to [END DATE OF P3] did you take:
- a. Prozac
 - i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14b
 - iii. DK → Continue to Question 14b
 - iv. RF → Continue to Question 14b
 - b. Wellbutrin
 - i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14c
 - iii. DK → Continue to Question 14c
 - iv. RF → Continue to Question 14c

- c. Paxil
 - i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14d
 - iii. DK → Continue to Question 14d
 - iv. RF → Continue to Question 14d
- d. Zoloft
 - i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14e
 - iii. DK → Continue to Question 14e
 - iv. RF → Continue to Question 14e
- e. Effexor
 - i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14f
 - iii. DK → Continue to Question 14f
 - iv. RF → Continue to Question 14f
- f. Celexa
 - i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14g
 - iii. DK → Continue to Question 14g
 - iv. RF → Continue to Question 14g
- g. Lexapro
 - i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14h
 - iii. DK → Continue to Question 14h
 - iv. RF → Continue to Question 14h
- h. Cymbalta
 - i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14i
 - iii. DK → Continue to Question 14i
 - iv. RF → Continue to Question 14i
- i. Abilify
 - i. YES → Skip to Question 15

- ii. NO → Continue to Question 14j
 - iii. DK → Continue to Question 14j
 - iv. RF → Continue to Question 14j
- j. Seroquel
- i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14k
 - iii. DK → Continue to Question 14k
 - iv. RF → Continue to Question 14k
- k. Zyprexa
- i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14l
 - iii. DK → Continue to Question 14l
 - iv. RF → Continue to Question 14l
- l. Depakene, Depakote, or valproic acid
- i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14m
 - iii. DK → Continue to Question 14m
 - iv. RF → Continue to Question 14m
- m. Dilantin or phenytoin
- i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14n
 - iii. DK → Continue to Question 14n
 - iv. RF → Continue to Question 14n
- n. Felbatol
- i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14o
 - iii. DK → Continue to Question 14o
 - iv. RF → Continue to Question 14o
- o. Klonopin or clonazepam
- i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14p
 - iii. DK → Continue to Question 14p

- iv. RF → Continue to Question 14p
- p. Lamictal
 - i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14q
 - iii. DK → Continue to Question 14q
 - iv. RF → Continue to Question 14q
- q. Phenobarbital
 - i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14r
 - iii. DK → Continue to Question 14r
 - iv. RF → Continue to Question 14r
- r. Topiramate or Topamax
 - i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14s
 - iii. DK → Continue to Question 14s
 - iv. RF → Continue to Question 14s
- s. Furadantin
 - i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14t
 - iii. DK → Continue to Question 14t
 - iv. RF → Continue to Question 14t
- t. Macrochantin
 - i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14u
 - iii. DK → Continue to Question 14u
 - iv. RF → Continue to Question 14u
- u. Qsymia
 - i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14v
 - iii. DK → Continue to Question 14v
 - iv. RF → Continue to Question 14v
- v. Thalidomide

- i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14w
 - iii. DK → Continue to Question 14w
 - iv. RF → Continue to Question 14w
- w. Accutane/isotretinoin
- i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14x
 - iii. DK → Continue to Question 14x
 - iv. RF → Continue to Question 14x
- x. CellCept
- i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14y
 - iii. DK → Continue to Question 14y
 - iv. RF → Continue to Question 14y
- y. Myfortic
- i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14z
 - iii. DK → Continue to Question 14z
 - iv. RF → Continue to Question 14z
- z. Cytotec
- i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14aa
 - iii. DK → Continue to Question 14aa
 - iv. RF → Continue to Question 14aa
- aa. Misoprostol
- i. YES → Skip to Question 15
 - ii. NO → Continue to Question 14bb
 - iii. DK → Continue to Question 14bb
 - iv. RF → Continue to Question 14bb
- bb. Methotrexate
- i. YES → Continue to Question 15
 - ii. NO → Skip to Question 25

- iii. DK → Skip to Question 25
- iv. RF → Skip to Question 25

15. Why did you take [MEDICINE]?

- a. REASON: _____
- b. DK
- c. RF

16. When did you start using [MEDICINE] during the month before through the third month of pregnancy?

- a. MM/DD/YYYY or
- b. Month of pregnancy (B1, P1, P2, P3)
- c. DK
- d. RF

17. When did you stop using [MEDICINE] for the last time during this time period?

- a. MM/DD/YYYY or
- b. Month of pregnancy (B1, P1, P2, P3) → If valid stop and start date, skip Question 18
- c. DK
- d. RF

18. How long did you take [MEDINCINE]?

- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
- b. DK
- c. RF

19. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?

- a. YES
- b. NO
- c. DK
- d. RF

20. Did you take the same amount of medicine the whole time that you took it during the month before through the end of your third month of pregnancy?

- a. YES
 - i. If Question 19 = YES → Continue to Question 21
 - ii. If Question 19 = NO/DK/RF → Skip to Question 25
 - b. NO
 - i. If Question 19 = YES → Skip to Question 22
 - ii. If Question 19 = NO/DK/RF → Skip to Question 25
 - c. DK
 - i. If Question 19 = YES → Continue to Question 21
 - ii. If Question 19 = NO/DK/RF → Skip to Question 25
 - d. RF
 - i. If Question 19 = YES → Continue to Question 21
 - ii. If Question 19 = NO/DK/RF → Skip to Question 25
21. What amount of [MEDICINE] did you take?
- a. AMOUNT: _____ → Skip to Question 25
 - i. UNITS: _____
 - b. DK → Skip to Question 25
 - c. RF → Skip to Question 25
22. What amount of [MEDICINE] did you take 1st/2nd/3rd/etc...?
- a. AMOUNT: _____
 - i. UNITS: _____
 - b. DK
 - c. RF
23. When did you begin taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
24. When did you stop taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF

Cycle back up to next specific medication on the list and continue with questions until you have asked about each specific medication through methotrexate.

Herbals

25. From the month before you became pregnant to the end of your third month of pregnancy, did you use any herbs or folk medicines to treat any medical conditions, just to keep you healthy, or to lose weight? Please do not include herbal teas.
- YES → Continue to Question 26
 - NO → Skip to Question 32
 - DK → Skip to Question 32
 - RF → Skip to Question 32
26. Between [START DATE OF B1] to [END DATE OF P3] what herbs or folk medicines did you take? / Anything else?
- SPECIFY: _____
 - DK
 - RF
27. Did you use [HERBAL] continuously throughout the month before through your third month of pregnancy?
- YES → Skip to Question 31
 - NO → Continue to Question 28
 - DK → Continue to Question 28
 - RF → Continue to Question 28
28. When did you start using [HERBAL] for the first time during this period?
- MM/DD/YYYY or
 - Month of pregnancy (B1, P1, P2, P3)
 - DK
 - RF
29. When did you stop using [HERBAL] for the last time during this time period?
- MM/DD/YYYY or
 - Month of pregnancy (B1, P1, P2, P3) → If valid response to Questions 28 and 29, skip Question 30
 - DK
 - RF
30. How long did you take it?
- AMOUNT: _____
 - Days
 - Weeks
 - Months

- b. DK
 - c. RF
31. How often did you use [HERBAL] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - b. DK
 - c. RF

Vitamins

Now I'm going to ask you about your vitamin use before and during your pregnancy.

32. From the month before you became pregnant to the end of your pregnancy, which would be [START DATE OF B1] to [END DATE OF P3], did you take any multivitamins, prenatal vitamins, or folic acid supplements?
- a. YES → Continue to Question 33
 - b. NO → Skip to Question 37
 - c. DK → Skip to Question 37
 - d. RF → Skip to Question 37
33. Did you begin using it before your pregnancy began?
- a. YES → Continue to Question 34
 - b. NO → Skip to Question 35
 - c. DK → Skip to Question 35
 - d. RF → Skip to Question 35
34. Did you continue to use it after your pregnancy began?
- a. YES → Skip to Question 37
 - b. NO → Skip to Question 37
 - c. DK → Skip to Question 37
 - d. RF → Skip to Question 37
35. Did you begin using it in the first month of pregnancy?
- a. YES → Skip to Question 37
 - b. NO → Continue to Question 36
 - c. DK → Skip to Question 36

d. RF → Skip to Question 36

36. Did you begin using it after the first month of pregnancy?

a. YES → Continue to Question 37

b. NO → Continue to Question 37

c. DK → Continue to Question 37

d. RF → Continue to Question 37

Catch-All Medication Question

37. During this time period, did you take any medications, remedies, or treatments that we haven't already talked about? /Any others?

a. YES → Continue to Question 38

b. NO → Skip to next section

c. DK → Skip to next section

d. RF → Skip to next section

38. Why did you take [MEDICINE]?

a. SPECIFY: _____

b. DK

c. RF

39. What medicine did you take?

a. SPECIFY: _____

b. DK

c. RF

40. When did you start using [MEDICINE] for the first time during this period?

a. MM/DD/YYYY or

b. Month of pregnancy (B1, P1, P2, P3)

c. DK

d. RF

41. When did you stop using [MEDICINE] for the last time during this time period?

a. MM/DD/YYYY or

b. Month of pregnancy (B1, P1, P2, P3) → If valid stop and start date, skip Question 42

c. DK

- d. RF
42. How long did you take [MEDICINE]?
- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
 - b. DK
 - c. RF
43. How often did you use [MEDICINE] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - b. DK
 - c. RF
44. Do you know the amount of [MEDICINE] in each dose you took? That is, for example, how many milligrams of medicine are in each dose?
- a. YES
 - b. NO
 - c. DK
 - d. RF
45. Did you take the same amount of [MEDICINE] throughout [START DATE OF B1] to [END DATE OF P3]?
- a. YES
 - i. If 44 = YES → Continue to Question 46
 - ii. If 44 = NO/DK/RF → Skip to next section
 - b. NO
 - i. If 44 = YES → Skip to Question 47
 - ii. If 44 = NO/DK/RF → Skip to next section
 - c. DK
 - i. If 44 = YES → Continue to Question 46
 - ii. If 44 = NO/DK/RF → Skip to next section

- d. RF
 - i. If 44 = YES → Continue to Question 46
 - ii. If 44 = NO/DK/RF → Skip to next section
46. What amount of [MEDICINE] did you take?
- a. AMOUNT: _____ → Skip to next section
 - i. UNITS: _____
 - b. DK → Skip to next section
 - c. RF → Skip to next question
47. What amount did you take 1st/2nd/3rd/etc...?
- a. AMOUNT: _____
 - i. UNITS: _____
 - b. DK
 - c. RF
48. When did you begin taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
49. When did you stop taking that dose?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF

STRESS

The next series of questions will be about events that may have occurred in your life from the 3 months before you became pregnant through your 3rd month of pregnancy, which would be [START DATE OF B3] through [END DATE OF P3]. Most people experience periods of stress in their lives, caused by major events and daily life. We will be asking whether or not an event happened during that time period, but we will not be asking for further details.

1. From 1 month before you became pregnant through your 3rd month of pregnancy, did you experience any serious relationship difficulties with your husband or partner or become separated or divorced?
 - a. YES
 - b. NO
 - c. DK
 - d. RF
2. During this same time period, did you or your husband or partner have any serious legal or financial problems?
 - a. YES
 - b. NO
 - c. DK
 - d. RF
3. During this same time period, were you or someone close to you a victim of abuse, violence, or crime? [MOTHER MUST USE HER OWN JUDGEMENT ON WHAT SHE THINKS IS MEANT BY “SOMEONE CLOSE TO YOU”.]
 - a. YES
 - b. NO
 - c. DK
 - d. RF
4. During this same time period, did you or someone close to you have a serious illness or injury? [MOTHER MUST USE HER OWN JUDGEMENT ON WHAT SHE THINKS IS MEANT BY “SOMEONE CLOSE TO YOU”.]
 - a. YES
 - b. NO
 - c. DK
 - d. RF
5. During this same time period, did someone close to you die? [MOTHER MUST USE HER OWN JUDGEMENT ON WHAT SHE THINKS IS MEANT BY “SOMEONE CLOSE TO YOU”.]
 - a. YES
 - b. NO
 - c. DK
 - d. RF
6. During this same time period, could you count on anyone to provide you with emotional support such as talking over a problem or helping with a difficult decision, if you had needed it?

- a. YES
 - b. NO
 - c. DK
 - d. RF
7. During this same time period, could you count on anyone to provide you with help financially such as paying bills or providing food or clothes, if you had needed it?
- a. YES
 - b. NO
 - c. DK
 - d. RF
8. During this same time period, could you count on anyone to provide you with help with daily tasks such as grocery shopping, child care, or cooking, if you had needed it?
- a. YES
 - b. NO
 - c. DK
 - d. RF
9. During this same time period, how often did you feel nervous and stressed? Would you say...READ
- CHOICES
- a. Never
 - b. Almost never
 - c. Sometimes
 - d. Somewhat often
 - e. Very often
 - f. DK
 - g. RF

PHYSICAL ACTIVITY

I am going to ask you about the time you spent being physically active in the three months before you became pregnant. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise, or sport.

Now think about all the *vigorous* activities which take *hard physical effort* that you did in the three months before you became pregnant. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics, running, or fast bicycling. Think only about those physical activities you did for at least 10 minutes at a time.

1. During the three months before you became pregnant, in a typical week on how many days did you do vigorous physical activities? PROBE: Think only about those physical activities that you did for at least 10 minutes at a time. (P1)
 - a. Days per week: _____
 - i. If 0 → Skip to Question 3
 - ii. If 1 – 7 → Continue to Question 2
 - b. DK → Skip to Question 3
 - c. RF → Skip to Question 3
2. How much time did you usually spend doing vigorous physical activities on one of those days? PROBE: Think only about those physical activities that you do for at least 10 minutes at a time. (P2)
 - a. Hours per day: _____
 - b. Minutes per day: _____
 - c. OR In the three months before you became pregnant, how much time in total would you spend in a typical week doing vigorous physical activities?
 - i. Hours per week: _____
 - ii. Minutes per week: _____
 - d. DK
 - e. RF

Now think about activities which take *moderate physical effort* that you did in the three months before you became pregnant. Moderate physical activities make you breathe somewhat harder than normal and may include child care while standing, carrying light loads at home or work, scrubbing or mopping floors, or bicycling at a regular pace. Do not include walking. Again, think only about those physical activities that you did for at least 10 minutes at a time.

3. During the three months before you became pregnant, in a typical week on how many days did you do moderate physical activities? PROBE: Think only about those physical activities that you do for at least

10 minutes at a time. PROBE: Child care includes dressing, bathing, grooming, feeding, or occasional lifting. (P3)

- a. Days per week: _____
 - i. If 0 → Skip to Question 5
 - ii. If 1 – 7 → Continue to Question 4
 - b. DK → Skip to Question 5
 - c. RF → Skip to Question 5
4. How much time did you usually spend doing moderate physical activities on one of those days? PROBE: Think only about those physical activities that you do for at least 10 minutes at a time. (P4)
- a. Hours per day: _____
 - b. Minutes per day: _____
 - c. OR In the three months before you became pregnant, what is the total amount of time you spent in a typical week doing moderate physical activities?
 - i. Hours per week: _____
 - ii. Minutes per week: _____
 - d. DK
 - e. RF

Now think about the time you spent walking in the three months before you became pregnant. This includes at work and at home, walking to travel from place to places, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

5. During the three months before you became pregnant, in a typical week on how many days did you walk for at least 10 minutes at a time? PROBE: Think only about the walking that you do for at least 10 minutes at a time. (P5)
- a. Days per week: _____
 - i. If 0 → Skip to Question 7
 - ii. If 1 – 7 → Continue to Question 6
 - b. DK → Skip to Question 7
 - c. RF → Skip to Question 7
6. How much time did you usually spend walking on one of those days? (P6)
- a. Hours per day: _____
 - b. Minutes per day: _____

- c. OR In the three months before you became pregnant, what is the total amount of time you spent walking in a typical week?
 - i. Hours per week: _____
 - ii. Minutes per week: _____
- d. DK
- e. RF

Now think about the time you spent sitting on week days in the three months before you became pregnant. Include time spent at work, at home, while doing course work, and during leisure time. This may include time sitting at a desk, visiting friends, reading or sitting or lying down to watch television.

- 7. In the three months before you became pregnant, in a typical week, how much time did you usually spend sitting on a week day? PROBE: Include time spent lying down (awake) as well as sitting. (P7)
 - a. Hours per day: _____
 - b. Minutes per day: _____
 - c. OR What is the total amount of time you spent sitting on a typical Wednesday?
 - i. Hours on Wednesday: _____
 - ii. Minutes on Wednesday: _____
 - d. DK
 - e. RF

OBESITY

Now I have some questions about weight changes before your pregnancy with [NOIB] / your pregnancy.

- 1. What is your height without shoes?
 - a. Feet: _____
 - i. Inches: _____
 - b. Centimeters: _____
 - c. DK
 - d. RF
- 2. How much did you weigh before (your pregnancy with [NOIB]/your pregnancy)?
 - a. WEIGHT: _____

- i. Units: Pounds
 - ii. Units: Kilograms
 - b. DK
 - c. RF
3. Not including pregnancy, when you gain weight, where on your body do you mostly add the weight?
READ OPTIONS A-D
- a. Waist and/or upper body?
 - b. Hips, bottom and/or upper thighs?
 - c. Evenly over your body?
 - d. Don't gain weight?
 - e. DK
 - f. RF
4. Which describes the underlying shape of your body, regardless of weight gain or loss? READ OPTIONS A-C
- a. You carry most of your weight around your waist and/or upper body (apple shaped)?
 - b. You carry most of your weight around your hips, bottom, or upper thighs (pear shaped)?
 - c. You carry most of your weight evenly over your body?
 - d. DK
 - e. RF
5. What is the most you have ever weighed outside of pregnancy?
- a. WEIGHT: _____
 - i. Units: Pounds
 - ii. Units: Kilograms
 - b. DK
 - c. RF
6. What was your age when you were that weight?
- a. AGE: _____
 - b. DK
 - c. RF
7. What is the least you have weighed outside of pregnancy in the last 5 years?
- a. WEIGHT: _____
 - i. Units: Pounds

- ii. Units: Kilograms
 - b. DK
 - c. RF
- 8. What was your age when you were that weight?
 - a. AGE: _____
 - b. DK
 - c. RF
- 9. In the year before your pregnancy with NOIB, did your weight change by more than 20 pounds/9 kilograms?
 - a. YES → Continue to Question 10
 - b. NO → Skip to Question 12
 - c. DK → Skip to Question 12
 - d. RF → Skip to Question 12
- 10. How much did your weight change? NOTE: REFERENCE WEIGHT = THEIR WEIGHT AT THE START OF THEIR PREGNANCY
 - a. AMOUNT: _____
 - i. Units: Pounds
 - ii. Units: Kilograms
 - b. DK
 - c. RF
- 11. Was this change related to a pregnancy?
 - a. YES
 - b. NO
 - c. DK
 - d. RF
- 12. Have you ever had surgery to help you lose weight? This does not include cosmetic procedures such as liposuction.
 - a. YES → Continue to Question 13
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
- 13. What procedure did you have?

- a. Gastric bypass
- b. Belly band / lap band / gastric banding
- c. Gastric sleeve / sleeve gastrectomy
- d. DK
- e. RF

14. In the month before your pregnancy through the end of your third month of pregnancy, that is [START DATE OF B1] to [END DATE OF P3], did you follow any of the following types of diet? [INDICATE ALL THAT APPLY]

- a. Vegetarian
- b. Vegan
- c. Low carbohydrate / low “carb”
- d. Low fat
- e. Gluten free
- f. Dairy free
- g. Other (specify): _____
- h. DK
- i. RF

DENTAL PROCEDURES

The next set of questions is about dental visits you may have had right before and early in your pregnancy.

1. During the month before through the third month of your pregnancy, that is from [START DATE OF B1] to [END DATE OF P3] did you go to the dentist or other dental specialist, such as a periodontist or oral surgeon?
 - a. YES → Continue to Question 2
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
2. How many times did you go to the dentist during that time period?
 - a. NUMBER: _____
 - b. DK
 - c. RF

3. What dental procedures did you receive at that visit/on the 1st/2nd/3rd etc... visit? IF DON'T KNOW GIVE OPTIONS. CAN REPORT MULTIPLE PROCEDURES.
- a. Teeth cleaning and/or routine checkup
 - b. Cavity filled → Continue with Questions 4 – 18, but skip Question 19 and go to Question 20
 - c. Root canal
 - d. Teeth whitening
 - e. Teeth removal (e.g. wisdom teeth)
 - f. Place dental crown
 - g. Dental bridge
 - h. Oral surgery
 - i. Other (specify): _____
 - j. DK
 - k. RF
4. Did you have any x-rays taken during the visit? ASK FOR EACH VISIT IF MULTIPLE VISITS
- a. YES
 - b. NO
 - c. DK
 - d. RF
5. Did you receive a shot to numb your mouth during the visit (an injectable anesthetic)? ASK FOR EACH VISIT IF MULTIPLE VISITS
- a. YES
 - b. NO
 - c. DK
 - d. RF
6. Did you receive “laughing gas”, also called nitrous oxide, during the visit? ASK FOR EACH VISIT IF MULTIPLE VISITS
- a. YES
 - b. NO
 - c. DK
 - d. RF
7. Were you prescribed any medications for your dental visit or at the visit?
- a. YES → Continue to Question 8

- b. NO → Skip to Question 13
 - c. DK → Skip to Question 13
 - d. RF → Skip to Question 13
8. What medicine were you prescribed / Anything else? IF CAN'T RECALL, READ FROM LIST. MULTIPLE MEDICATIONS CAN BE REPORTED; ASK FOLLOW-UP QUESTIONS FOR EACH.
- a. Pain medication
 - i. Codeine
 - ii. Hydrocodone
 - iii. Vicodin
 - iv. Vicoprofen
 - v. Tylenol #3
 - b. Antibiotics
 - i. Penicillin
 - ii. Amoxicillin
 - iii. Amoxil
 - iv. Erythromycin
 - v. Benzamycin
 - c. Anti-inflammatory pastes
 - i. Kenalog
 - ii. Orabase
 - iii. Oracort
 - iv. Oralone
 - d. Mouth rinse
 - i. Chlorhexidine
 - e. Prescription-strength fluoride
 - f. Anxiety medications
 - i. Diazepam
 - ii. Valium
 - g. Other (specify): _____
 - h. DK
 - i. RF
9. When did you start taking [MEDICINE] for your dental visit?

- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. Didn't take it (only received prescription; didn't fill it)
 - d. DK
 - e. RF
10. When did you stop using [MEDICINE] for the last time during this time period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3) → If valid response to Questions 9 and 10, skip Question 11
 - c. DK
 - d. RF
11. How long did you take it?
- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
 - iv. DK
 - v. RF
12. How often did you use [MEDICATION] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
- a. AMOUNT: _____
 - i. Per day
 - ii. Per week
 - iii. Per month
 - b. DK
 - c. RF
13. Did you take any over-the-counter medicines just before your dental visit or just after your visit?
- a. YES → Continue to Question 14
 - b. NO → Skip to Question 19
 - c. DK → Skip to Question 19
 - d. RF → Skip to Question 19
14. What did you take? / Anything else? IF CAN'T RECALL, READ FROM LIST. MULTIPLE MEDICATIONS CAN BE REPORTED; ASK FOLLOW-UP QUESTIONS FOR EACH

- a. Anbesol
 - b. Chloraseptic
 - c. Orajel
 - d. Xylocaine
 - e. Ibuprofen (Advil, Nuprin, Motrin)
 - f. Acetaminophen (Tylenol)
 - g. Aspirin (Bayer)
 - h. Other (specify): _____
 - i. DK
 - j. RF
15. When did you start taking [MEDICINE] for your dental visit?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
16. When did you stop using [MEDICINE] for the last time during this time period?
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3) → If valid response to Questions 15 and 16, skip Question 17
 - c. DK
 - d. RF
17. How long did you take it?
- a. AMOUNT: _____
 - i. Days
 - ii. Weeks
 - iii. Months
 - iv. DK
 - v. RF
18. How often did you use [MEDICATION] during the month before through the end of your third month of pregnancy? You can say the number of times per day, per week or per month.
- a. AMOUNT: _____
 - i. Per day

- ii. Per week
 - iii. Per month
- b. DK
 - c. RF
19. Did you have any dental fillings placed during the visit/on the 1st/2nd/3rd etc... visit? [Ask only if they did not report having a cavity filled in Question 3; if they reported having a cavity filled in Question 3 skip this question and continue to Question 20]
- a. YES → Continue to Question 20
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
20. What was the date of the visit when the filling(s) was placed? ASK FOR EACH VISIT IF MULTIPLE VISITS
- a. MM/DD/YYYY or
 - b. Month of pregnancy (B1, P1, P2, P3)
 - c. DK
 - d. RF
21. How many dental fillings were placed at that visit? ASK FOR EACH VISIT IF MULTIPLE VISITS
- a. NUMBER: _____
 - b. DK
 - c. RF
22. Do you know if the filling(s) that was/were placed at that visits was/were silver in color, also called an amalgam filling, or tooth-colored, also called a composite resin filling? ASK FOR EACH VISIT IF MULTIPLE VISITS
- a. YES → Continue to Question 23
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
23. Which type of filling was it?
- a. Amalgam / silver-colored
 - b. Composite resin / tooth-colored
 - c. DK
 - d. RF

SMOKING

The next questions are about tobacco use.

1. At any time from 1 month before you became pregnant to the end of your third month of pregnancy, that is from [START DATE OF B1] to [END DATE OF P3] did you smoke cigarettes? PROMPT: Even if you did not smoke the whole time, we are interested in whether you smoked any cigarettes at all during this time period.
 - a. YES → Continue to Question 2
 - b. NO → Skip to next section
 - c. DK → Skip to next section
 - d. RF → Skip to next section
2. During which months did you smoke? INDICATE ALL THAT APPLY
 - a. B1
 - b. P1
 - c. P2
 - d. P3
 - e. DK
 - f. RF

ALCOHOL

Now I'm going to ask you some questions about drinking alcoholic beverages. These questions will be a little bit different from some of the other questions we have asked because we only want to know about the first three months of your pregnancy, from [START DATE OF P1] to [END DATE OF P3]. In these questions we are not asking about the month before you became pregnant.

1. From the beginning of your pregnancy to the end of your third month of pregnancy, did you drink any wine, beer, mixed drinks or shots of liquor?
 - a. YES → Continue to Question 2
 - b. NO → Skip to next section
 - c. DK → Skip to next section

- d. RF → Skip to next section
2. During which months did you drink any alcoholic beverages?
 - a. P1
 - b. P2
 - c. P3
 - d. DK
 - e. RF
 3. What was the greatest number of drinks you had on one occasion in [P1/P2/P3]? We define one drink as one beer, one glass of wine, one mixed drink, or one shot of liquor. ASK FOR EACH MONTH THAT ALCOHOL CONSUMPTION IS REPORTED.
 - a. NUMBER: _____
 - b. DK
 - c. RF

RESIDENCE HISTORY

We would like to know the address at which you lived when you became pregnant with [NOIB] / the affected pregnancy began so that we can study possible environmental exposures.

1. Do you currently live at the same address that you did at the time you became pregnant with (NOIB)/the pregnancy that ended on DOPT?
 - a. YES → Continue to Question 2
 - b. NO → Skip to Question 4
 - c. DK → Skip to Question 4
 - d. RF → Skip to Question 4
2. Is your current address [populated with current address on file]?
 - a. YES → Skip to next section
 - b. NO → Continue to Question 3
 - c. DK → Skip to Question 4
 - d. RF → Skip to Question 4
3. What is your current address?
 - a. ADDRESS: _____ → Skip to next section

- b. DK → Continue to Question 4
 - c. RF → Continue to Question 4
4. What was your address at the time your pregnancy with [NOIB] / the affected pregnancy began? This would be on or around [START DATE OF P1].
- a. ADDRESS: _____
 - b. DK
 - c. RF

MATERNAL OCCUPATION

The next set of questions asks about your work experiences – paid, volunteer, or military service. This includes part-time and full-time jobs that lasted one month or more, including jobs you worked at home, jobs on a farm, or jobs outside your home.

1. From 1 month before you became pregnant to the end of your third month of pregnancy, that is from [START DATE OF B1] to [END DATE OF P3] did you have a job?
- a. YES → Skip to Question 3
 - b. NO → Continue to Question 2
 - c. DK → Continue to Question 2
 - d. RF → Continue to Question 2
2. Were you [READ CHOICES] or did you do something else?
- a. A homemaker/parent → Skip to next section
 - b. A student → Skip to next section
 - c. Disabled → Skip to next section
 - d. Unemployed / in between jobs → Skip to next section
 - e. Other (specify): _____ → Skip to next section
 - f. DK → Skip to next section
 - g. RF → Skip to next section
3. What kind of a company did you work for? (What did your company make or do?)
- a. RESPONSE: _____
 - b. DK
 - c. RF

4. What was your job title there?
 - a. RESPONSE: _____
 - b. DK
 - c. RF

5. Describe what you did and how you did it. What were your main activities or duties? Anything else?
 - a. RESPONSE: _____
 - b. DK
 - c. RF

6. Did you hold a job during that time:
 - a. In the healthcare field?
 - i. YES → Queue request at end of interview for on-line follow-up questions
 - ii. NO
 - iii. DK
 - iv. RF
 - b. On a farm, ranch, orchard, or in a greenhouse?
 - i. YES → Queue request at end of interview for on-line follow-up questions
 - ii. NO
 - iii. DK
 - iv. RF
 - c. As a janitor, housekeeper, maid, or other cleaning staff?
 - i. YES → Queue request at end of interview for on-line follow-up questions
 - ii. NO
 - iii. DK
 - iv. RF
 - d. As a hairdresser, cosmetologist, or nail technician?
 - i. YES → Queue request at end of interview for on-line follow-up questions
 - ii. NO
 - iii. DK
 - iv. RF
 - e. As a teacher or teaching assistant?
 - i. YES → Queue request at end of interview for on-line follow-up questions
 - ii. NO

- iii. DK
- iv. RF
- f. In a restaurant, café, or coffee shop?
 - i. YES → Queue request at end of interview for on-line follow-up questions
 - ii. NO
 - iii. DK
 - iv. RF
- g. In an office building, performing primarily office, administrative, or computer work
 - i. YES → Queue request at end of interview for on-line follow-up questions
 - ii. NO
 - iii. DK
 - iv. RF

RACE / ACCULTURATION / EDUCATION

Now I will be asking about your ethnic background.

1. Were you born in the U.S.?
 - a. YES → Skip to Question 4
 - b. NO → Continue to Question 2
 - c. DK → Skip to Question 4
 - d. RF → Skip to Question 4
2. Where were you born?
 - a. SPECIFY: _____
 - b. DK
 - c. RF
3. How many years have you lived in the US?
 - a. YEARS: _____
 - b. DK
 - c. RF
4. What language do you usually speak at home?
 - a. SPECIFY: _____

5. What is your race or ethnic group? I'm going to read you a list and then please tell me all categories that apply to you. You can select more than one category.
 - a. American Indian or Alaskan Native → Ask Question 7
 - b. Asian → Ask Question 6
 - c. Black or African American → Skip to Question 9, unless (a), (b), (d), or (e) also selected
 - d. Hispanic or Latina → Ask Question 8
 - e. Native Hawaiian or Other Pacific Islander → Ask Question 6
 - f. White → Skip to Question 9, unless (a), (b), (d), or (e) also selected
 - g. DK → Skip to Question 9, unless (a), (b), (d), or (e) also selected
 - h. RF → Skip to Question 9, unless (a), (b), (d), or (e) also selected
6. What country? PROMPT: Referring to Asian, Native Hawaiian or other Pacific Island countries
 - a. COUNTRY: _____
 - b. DK
 - c. RF
7. What tribe do you consider yourself a member of?
 - a. TRIBE: _____
 - b. DK
 - c. RF
8. Which Hispanic or Spanish group do you consider yourself a member of? PROMPT: Mexican, Puerto Rican, Salvadoran, Honduran, Colombian, Peruvian, Guatemalan, Spanish, Central American, South American, etc?
 - a. SPECIFY: _____
 - b. DK
 - c. RF
9. What was the highest grade or year of school or college that you had completed at the time [NOIB] was born/by [DATE OF PREGNANCY TERMINATION]? IF RESPONDENT HESITATES, BEGIN READING CATEGORIES.
 - a. RESPONSE: _____ OR options below
 - b. No formal schooling
 - c. 1-6 years
 - d. 7-8 years
 - e. 9-11 years

- f. 12 years, completed high school or equivalent
- g. 1-3 years college
- h. Completed technical college
- i. 4 years college or Bachelor's degree
- j. Master's degree
- k. Advanced degree (MD, PhD, JD)
- l. DK
- m. RF

IF THE FATHER IS UNKNOWN, SKIP TO THE NEXT SECTION

The next few questions are about [NOIB's]/the biological or natural father.

10. Was he born in the U.S.?

- a. YES → Skip to Question 13
- b. NO → Continue to Question 11
- c. DK → Skip to Question 13
- d. RF → Skip to Question 13

11. Where was he born?

- a. SPECIFY: _____
- b. DK
- c. RF

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

- a. YEARS: _____
- b. DK
- c. RF

13. What is his race or ethnic group? I'm going to read you a list and then please tell me all categories that apply to him. You can select more than one category.

- a. American Indian or Alaska Native → Ask Question 15
- b. Asian → Ask Question 14
- c. Black or African American → Skip to Question 17, unless (a), (b), (d), or (e) also selected
- d. Hispanic or Latino → Ask Question 16
- e. Native Hawaiian or Other Pacific Islander → Ask Question 14
- f. White → Skip to Question 17, unless (a), (b), (d), or (e) also selected

- g. DK → Skip to Question 17, unless (a), (b), (d), or (e) also selected
 - h. RF → Skip to Question 17, unless (a), (b), (d), or (e) also selected
14. What country? PROMPT: Referring to Asian, Native Hawaiian or other Pacific Island countries.
- a. COUNTRY: _____
 - b. DK
 - c. RF
15. What tribe does he consider himself a member of?
- a. TRIBE: _____
 - b. DK
 - c. RF
16. Which Hispanic or Spanish group does he consider himself a member of? PROMPT: Mexican, Puerto Rican, Salvadoran, Honduran, Colombian, Peruvian, Guatemalan, Spanish, Central American, South American, etc?
- a. SPECIFY: _____
 - b. DK
 - c. RF
17. What was the highest grade or year of school or college that he had completed at the time [NOIB] was born / by [DATE OF PREGNANCY TERMINATION]? IF RESPONDENT HESITATES, BEGIN READING CATEGORIES.
- a. RESPONSE: _____ OR options below
 - b. No formal schooling
 - c. 1-6 years
 - d. 7-8 years
 - e. 9-11 years
 - f. 12 years, completed high school or equivalent
 - g. 1-3 years college
 - h. Completed technical college
 - i. 4 years college or Bachelor's degree
 - j. Master's degree
 - k. Advanced degree (MD, PhD, JD)
 - l. DK
 - m. RF

INSURANCE STATUS

The next questions are about health insurance. Include health insurance obtained through your job or that you bought directly, as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills. Please do not include private plans that only provide extra cash while hospitalized (e.g. Aflack).

1. Before your pregnancy, were you covered by health insurance or some other kind of health care plan?
 - a. YES → Continue to Question 2
 - b. NO → Skip to Question 3
 - c. DK → Skip to Question 3
 - d. RF → Skip to Question 3
2. What was the name of your insurance? / Any other insurance? PROVIDE EXAMPLE IF NEEDED: Blue Cross/Blue Shield, Wellpoint, UnitedHealth, Wellmark, Medicaid, Medicare, Tricare
 - a. NAME: _____
 - b. DK
 - c. RF
3. During your pregnancy, were you covered by health insurance or some other kind of health care plan?
 - a. YES → Continue to Question 4
 - b. NO → Skip to next section
 - c. DK → Skip to next section
4. What was the name of your insurance? / Any other insurance? PROVIDE EXAMPLES IF NEEDED: Blue Cross/Blue Shield, Wellpoint, UnitedHealth, Wellmark, Medicaid, Medicare, Tricare
 - a. NAME: _____
 - b. DK
 - c. RF

CLOSING

1. IF THE MOTHER REPORTED THAT SHE RECEIVED FERTILITY TREATMENTS: In the interview, you said that you received fertility treatments prior to your pregnancy with [NOIB] / the affected pregnancy. We would like to ask your permission to review your medical records from your fertility doctor to gain additional information about your treatment. Would you be willing to give us the name of the

healthcare provider who gave you your fertility treatments so that we may request your medical records? If you agree, we will send you a consent form to you that explains more about this request and the type of information we will be requesting from your doctor.

- a. YES → Continue to Question 2
 - b. NO → Skip to next appropriate question
 - c. DK → Skip to next appropriate question
 - d. RF → Skip to next appropriate question
2. What is the name of your fertility doctor or the medical practice where you received fertility treatments?
- a. NAME: _____
 - b. DK
 - c. RF
3. If possible, please provide us with their phone number and address.
- a. PHONE: _____
 - b. ADDRESS: _____
 - c. Other information: _____
 - d. DK
 - e. RF
4. IF THE MOTHER REPORTED THAT SHE VISITED THE DENTIST DURING B1-P3: In the interview, you told me that you visited the dentist in the month before you got pregnant or in the first trimester of pregnancy. We would like to ask your permission to review your dental records to gain additional information about your treatment. Would you be willing to give us the name of the dentist or dental practice that you visited during this time? If you agree, we will send you a consent form that explains more about this request and the type of information we will be requesting from your dentist.
- a. YES → Continue to Question 5
 - b. NO → Skip to next appropriate question
 - c. DK → Skip to next appropriate question
 - d. RF → Skip to next appropriate question
5. What is the name of the dentist or dental practice where you visited during [START DATE OF B1] to [END DATE OF P3]?
- a. NAME: _____
 - b. DK
 - c. RF
6. If possible, please provide us with their phone number and address.
- a. PHONE: _____
 - b. ADDRESS: _____
 - c. Other information: _____
 - d. DK
 - e. RF

7. IF THE MOTHER REPORTED ONE OF THE OCCUPATIONAL CATEGORIES OF INTEREST: In the interview, you told me that you worked in the [OCCUPATION] field at some point during the month before through your third month of pregnancy. We would like to get some additional information about your activities at that job. Would you be willing to let us send you an email with a link to an on-line survey with these additional questions?
 - a. YES → Continue to Question 8
 - b. NO → Skip to Question 9
 - c. DK → Skip to Question 9
 - d. RF → Skip to Question 9
8. What is your email address, so that we can send you a link to the questionnaire?
 - a. EMAIL ADDRESS: _____
 - b. DK
 - c. RF
9. We may have other on-line surveys in the future on other topics. Would you be willing to let us send you an email telling you about them to see if you are interested in participating?
 - a. YES
 - b. NO
 - c. DK
 - d. RF
10. IF MOTHER WAS NOT ASKED ABOUT EMAIL ADDRESS IN QUESTIONS 7-9: We may have on-line surveys in the future to get additional information on certain topics. Would you be willing to let us send you an email telling you about them to see if you are interested in participating?
 - a. YES → Continue to Question 11
 - b. NO → Skip to Question 12
 - c. DK → Skip to Question 12
 - d. RF → Skip to Question 12
11. What is your email address?
 - a. EMAIL ADDRESS: _____
 - b. DK
 - c. RF
12. 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 would 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.
 - a. YES → Continue to Question 13
 - b. NO → Skip to Question 14
 - c. DK → Skip to Question 14
 - d. RF → Skip to Question 14
13. Contact information
 - a. FIRST NAME: _____

- b. LAST NAME: _____
- c. STREET/APARTMENT: _____
 - i. DK
 - ii. RF
- d. CITY/STATE/ZIP: _____
 - i. DK
 - ii. RF
- e. HOME PHONE: _____
 - i. DK
 - ii. RF
- f. WORK PHONE: _____
 - i. DK
 - ii. RF
- g. RELATIONSHIP: _____
 - i. DK
 - ii. RF

14. That completes the interview, but as you read in the advance letter, there are two parts to the study. You just completed the first part, the interview, which will help us understand the environmental causes of birth defects. The second part of the study will help us understand the role genetic factors have in causing birth defects. We will mail a kit to you to collect saliva (spit) samples from you, [NOIB – skip if deceased], and [NOIB’s] father [skip if father unknown]. We will enclose \$20 per family in the kit to compensate you for your time. You can decide whether to take part in the second part of the study after you receive the kit. What is your current mailing address?

- a. STREET/APT: _____
- b. CITY: _____
- c. STATE: _____
- d. ZIP: _____
- e. RF

15. In the introductory letter we sent you, there was a \$20 gift card to Wal-Mart. As I just mentioned, you will be sent an additional \$20 gift card with the kit to collect saliva samples, and you will have the option to be sent a 3rd \$20 gift card. We also have gift cards to Amazon and Target available. In the future, would you like to receive gift cards from Amazon, Target or Wal-Mart?

- a. Amazon
- b. Target
- c. Wal-Mart

FINAL REMARK

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.

INTERVIEWER REMARKS

1. The overall quality of this interview was:
 - a. High quality
 - b. Generally reliable
 - c. Questionable
 - d. Unsatisfactory
2. Did the father [NOIB'S] contribute to the mother's answers?
 - a. YES
 - b. NO
 - c. DK
3. Did some other person contribute to the mother's answers?
 - a. YES → Continue to Question 4
 - b. NO → Skip to Question 5
 - c. DK → Skip to Question 5
4. Who was it?
 - a. Specify: _____
 - b. DK
5. IF QUESTION 1 = C OR D: The main reason for questionable or unsatisfactory quality of information was because the respondent: INDICATE ALL THAT APPLY
 - a. Did not know enough information regarding the topic
 - b. Did not want to be more specific
 - c. Sounded bored or uninterested
 - d. Sounded upset, depressed, or angry
 - e. Had poor hearing or speech
 - f. Sounded confused or distracted by frequent interruptions
 - g. Sounded inhibited by others around her
 - h. Sounded embarrassed by the subject matter
 - i. Sounded emotionally unstable
 - j. Sounded physically ill
 - k. Not comfortable with language of the questionnaire
 - l. Doesn't have the time
 - m. Felt interview too long
 - n. Other (specify): _____
6. Was the majority of the interview done in English or Spanish?
 - a. English
 - b. Spanish
 - c. Both equally