

“Health status and reproductive outcomes questionnaire”

ID number: _____

Group: _____

Section A: Demographic and Obstetrical information

1. What is your age: _____
2. What is your educational status: _____
3. What is your husband's occupation? _____
4. How many children do you have? _____ Number of girls: _____ Number of boys: _____
5. How many previous pregnancies do you have? _____
6. How many spontaneous abortions do you have? _____
7. Do you have a history of stillbirths in previous pregnancies? Yes No
8. Do you have a history of abnormal birth in previous pregnancies? Yes No

If yes, please state the type of abnormality: _____

9. Do you have a history of preterm birth in previous pregnancies? Yes No
10. Do you have a history of post term birth in previous pregnancies? Yes No
11. Do you have a history of infant birth with low weight (<2500gr) in previous pregnancies?
Yes No

12. Do you have regular menstrual periods? Yes No

13. Did you have a history of infertility? Yes No

If yes, what kind of infertility do you have? Primary infertility Secondary infertility

Section B: Occupational Status (only for greenhouse workers)

1. How long have you been working in the greenhouse? _____ years _____ months
2. How many hours a day do you work in the greenhouse? _____ hours
3. Have you been exposed to pesticides during previous pregnancies? Yes No
If yes, state the duration of exposure in pregnancy: _____ months

4. What is the average number of pesticide sprays per month? _____
5. What is the approximate distance of your place of residence from the greenhouse? _____
(km)
6. Do you use personal protective equipment while working in the greenhouse? Yes No

Section C: Clinical measurements:

1. Weight: _____(kg)
2. Height: _____ (cm)
3. Body mass index: _____ kg/m²
4. Systolic blood pressure: _____ (mmHg)
5. Diastolic blood pressure: _____(mmHg)
6. Number of breaths: _____
7. Number of pulse: _____
8. WBC: _____
9. RBC: _____
10. Hb: _____
11. HCT: _____
12. MCV: _____
13. MCHC: _____
14. PLT: _____