

# Preterm Questionnaire

Study ID

\_\_\_\_\_

Interview Date

\_\_\_\_\_

Location of Interview

\_\_\_\_\_

Interviewer's Name

\_\_\_\_\_  
(First and last name)

Protocol #98-38

"Molecular Epidemiologic Study of Low Birth Weight"

I attest that I have fully and appropriately informed this subject of the nature of the above research study and have offered to answer any questions that she may have. This subject has agreed to participate in the study and signed the written informed consent form.

1. Who was in the room during the interview?

- Alone
- Friends
- Father of baby
- Interpreter

**Interviewers: Please read the following statement to the subject before you begin interview. I would like to remind you that you may skip any question you do not wish to answer. The following questions are about your general health before and during this pregnancy.**

**Me gustaría recordarle que puede omitir cualquier pregunta que no desee responder. Las siguientes preguntas son sobre su salud general antes y durante este embarazo**

## I. General Health Status

### Estatus General de Salud

2. Your prepregnancy height

Su altura antes del embarazo  
Feet (pie)

\_\_\_\_\_  
(Feet)

2. Your prepregnancy height

Su altura antes del embarazo  
inches (pulgada)

\_\_\_\_\_  
(inches)

---

2. Your prepregnancy height

Su altura antes del embarazo  
cm (Centímetro)

\_\_\_\_\_ (cm)

---

3. Your prepregnant weight

Su peso antes del embarazo  
pounds (libras)

\_\_\_\_\_ (pounds)

---

3. Your Prepregnancy weight

Su peso antes del embarazo  
kilograms (kilogramo)

\_\_\_\_\_ (kilograms)

---

4. Your total weight gain during pregnancy

Aumento de peso durante su embarazo  
Pounds (pies)

\_\_\_\_\_ (lbs)

---

4. Your total weight gain during pregnancy

Aumento de peso durante se embarazo  
Kilograms

\_\_\_\_\_ (kilograms)

---

5. Can I ask you about your child's biological father's height, weight and age?

Yes  No

¿Puedo preguntarle sobre la estatura, peso, e edad del padre biológico del bebe?

---

5a. Your baby's father's height?

Altura del padre del bebe  
Feet(Pie)

\_\_\_\_\_ (Feet)

---

5a. Baby's father's height

Altura del padre del bebe  
Inches (Pulgada)

\_\_\_\_\_ (Inches)

---

5a. Baby's father's height

Altura del padre del bebe  
cm

\_\_\_\_\_ (cm)

---

5b. Baby's father's current weight

Peso del padre del bebe  
pounds

\_\_\_\_\_ (pounds)

---

5b. Baby's father's current weight

Peso del padre del bebe  
kilograms

\_\_\_\_\_ (kilograms)

---

5c. What is your baby's father's age?

Edad del padre del bebe

\_\_\_\_\_ (years)

## II. Information About This Index Pregnancy

6. Did you have a vaginal delivery or C-section of this baby?

Vaginal  C-section

¿Tuvo usted un parto vaginal o cesariano?

When you came to the hospital, what was your first sign that you were in labor?

Uterine CTX  
 ROM without CTX  
 Both CTX and ROM  
 None of the above

¿Cuándo vino al hospital cual que la primera señal del parto?

Contracciones uterinas, Se le Rompió la bolsa, ambos, nunca

If you answered "none of the above," was your labor INDUCED by your doctor or midwife?

Yes  
 No

¿Su labor de parto fue inducia por un médico durante este embarazo?

7. Did you get prenatal care from a doctor or midwife during this pregnancy?

Yes  
 No

¿Tuvo algún cuidado prenatal por parte del médico durante este embarazo?

8. Where did you get your prenatal care?

¿Dónde tuvo su cuidado prenatal?

BMC-Women's Center  
 BMC-Doctor's Office Building  
 BMC-Adolescent Center  
 Other

If you got your prenatal care somewhere other than BMC, where was that?

\_\_\_\_\_

9. How many weeks pregnant were you when you found out you were pregnant?

\_\_\_\_\_ (4-40)

¿Con cuantas semanas de gestación descubrió que estaba embarazada?

10. How many weeks pregnant were you when you went for your first prenatal visit?

\_\_\_\_\_ (0-40)

¿Con cuantas semanas tuvo su primera visita prenatal?

11. How many prenatal appointments did you miss?

¿Cuántas visitas prenatales faltaste?

\_\_\_\_\_ (appointments number 0-20)

11a. How many prenatal appointments did you have?

- less than 5 visits  
 5-10 visits  
 more than 10 visits

¿Cuántas visitas prenatales tuvo?  
Menos de cinco, cinco a diez, más de diez.

11b. How many prenatal ultrasounds did you have?

¿Cuántos ultrasonidos prenatales tuvo?

12. Did you have any flu during this pregnancy?

- Yes  
 No

¿Tuvo alguna gripe durante este embarazo?

a. Did you have the flu in your first trimester?

- Yes  
 No

En el primer trimestre

b. Did you have the flu in your second trimester?

- Yes  
 No

En el Segundo trimestre

c. Did you have the flu in your third trimester?

- Yes  
 No

En el tercer trimestre

13. Did you have any fever during your pregnancy?

- Yes  
 No

¿Tuvo alguna fiebre durante este embarazo?

a. Did you have a fever in your first trimester?

- Yes  
 No

En el primer trimestre

b. Did you have a fever in your second trimester?

- Yes  
 No

En el Segundo trimestre

c. Did you have a fever in your third trimester?

- Yes  
 No

En el tercer trimestre

14. During this pregnancy, did you have any swelling, water retention, or edema?

- Yes  
 No

¿Durante este embarazo tuvo alguna hinchazón, retención de agua, o edema?

a. Did your ankles swell?

- Yes  
 No

¿Se le hincharon los tobillos/los pies?

If your ankles swelled, what week did that start

¿Cuándo?

\_\_\_\_\_ (only if ankles swelled)

b. Did your legs swell?  Yes  No

¿Se le hincharon las piernas?

If your legs swelled, what week of your pregnancy did that begin?

\_\_\_\_\_ (week)

¿Cuándo?

c. Did your hands swell?  Yes  No

¿Se le hincharon las manos?

If your hands swelled, what week of your pregnancy did that begin?

\_\_\_\_\_ (week)

¿Cuándo?

d. Did your face swell?  Yes  No

¿Se le hinchó la cara?

If your face swelled, at what week in your pregnancy did this begin?

\_\_\_\_\_ (week)

¿Cuándo?

15. Do you or have you ever had any history of asthma?  No  Only when I was a child, but outgrew it now  Yes, I have it now

¿Tiene o tuvo alguna historia de asma?  
No, Solo cuando era Niño/a, Sí

Did you experience any asthma attacks during your pregnancy?  Yes  No

¿Tuvo algún ataque de asma durante el embarazo?

	Yes	No
First Trimester	<input type="radio"/>	<input type="radio"/>
Second trimester	<input type="radio"/>	<input type="radio"/>
Third Trimester	<input type="radio"/>	<input type="radio"/>

Number of times mother experienced asthma attacks in 1st Trimester of Pregnancy

\_\_\_\_\_ (1st trimester )

Cuantas veces en el primer trimestre

Number of times mother experienced asthma attacks in 2nd Trimester of Pregnancy

\_\_\_\_\_ (2nd trimester )

Cuantas veces en el Segundo trimestre

Number of times mother experienced asthma attacks in 3rd Trimester of Pregnancy

\_\_\_\_\_ (3rd trimester )

Cuantas veces en el tercer trimestre

16. Do you or have you ever had Eczema?  No  
 Yes, I have it now  
 Only when I was a child, but outgrew now

¿Alguna vez tuvo o tiene eczema?  
 No, solo cuando era Niño/a, Sí

17. Do you or have you ever had hay fever or seasonal allergies?  No  
 Only when I was a child, but outgrew now  
 Yes, I have it now

¿Tiene o tuvo alguna fiebre o alergia estacional?  
 No, solo cuando era Niño/a, Sí

18. Do you have any drug allergies?  Yes  
 No

¿Tiene alergias a algún medicamento?

What is the name of the drug(s) \_\_\_\_\_

¿Cuál es el nombre del medicamento? \_\_\_\_\_

19. Do you or have you ever had food or environmental allergies?  No  
 Only when I was a child, but out grown now  
 Yes, I have them now

¿Tuvo o tiene alguna alergia alimental o ambiental?  
 No, Solo cuando era niño/a, Sí

**If you every had an allergy, are you allergic to**

	yes	no
Cow's milk, cheese, diary products (Leche de vaca)	<input type="radio"/>	<input type="radio"/>
Egg (huevos)	<input type="radio"/>	<input type="radio"/>
Peanut (Maní)	<input type="radio"/>	<input type="radio"/>
Walnut (Nuez)	<input type="radio"/>	<input type="radio"/>
Sesame (sesamo)	<input type="radio"/>	<input type="radio"/>
Shellfish (mariscos)	<input type="radio"/>	<input type="radio"/>
Fish (pescado)	<input type="radio"/>	<input type="radio"/>
Soy (soja)	<input type="radio"/>	<input type="radio"/>
Wheat (Trigo)	<input type="radio"/>	<input type="radio"/>
Cat (Gatos)	<input type="radio"/>	<input type="radio"/>
Dog (perros)	<input type="radio"/>	<input type="radio"/>
Cockroach (cucarachas)	<input type="radio"/>	<input type="radio"/>
Dust mites (Ácaro)	<input type="radio"/>	<input type="radio"/>
Mold (Moho)	<input type="radio"/>	<input type="radio"/>
Other (Otros)	<input type="radio"/>	<input type="radio"/>

If other allergies, specify allergy name 1 \_\_\_\_\_

If other allergies, specify allergy name 2 \_\_\_\_\_

If other allergies, specify allergy name 3

\_\_\_\_\_

If other allergies, specify allergy name 4

\_\_\_\_\_

If other allergies, specify allergy name 5

\_\_\_\_\_

If other allergies, specify allergy name 6

\_\_\_\_\_

**III. Allergy Related Conditions in Baby's Father**

20. Can I ask you some questions about allergies in your baby's father?

- Yes
- No

¿Puedo hacerle preguntas sobre alergias del padre del bebe?

21. Does he or has he ever had eczema?

- No
- Only when he was a child, but has outgrown it
- Yes, he has it now
- Don't know

¿Tiene o tuvo alguna vez eczema?

No, Solo cuando era niño/a, Sí, o no sé

22. Does he or has he ever had any history of asthma?

- No
- Only when he was a child, but has outgrown now
- Yes, he has it now
- Don't know

¿Tiene o tuvo alguna historia de asma?

No, Solo cuando era niño/a, Sí, no sabe, o no sé

23. Does he or has he ever had hay fever or seasonal allergies?

- No
- Only when he was a child, but outgrew it
- Yes, he has them now
- Don't know

¿Tiene o tuvo alguna alergia estacional?

No, Solo cuando era niño/a, Sí, no sabe, o no sé

24. Does he or has he ever had any drug allergies?

- Yes
- No
- Don't know

¿Tiene o tuvo alguna alergia a algún medicamento?

If he has a drug allergy, what is the name(s) of the drugs?

\_\_\_\_\_

(Names of drugs)

¿Cuál es el nombre del medicamento?

25. Does he or has he ever had and food or environmental allergies?

- No
- Only when he was a child, but he outgrew it
- Yes, he has it now
- Don't know

¿Tuvo o tiene alguna alergia alimental o ambiental?

No, Solo cuando era niño/a, Sí, no sabe, o no sé

Yes

No

- Cow's milk, cheese, dairy products (Leche de vaca y derivados)
- Egg (Huevos)
- Peanut (Maní)
- Walnut (Nuez)
- Sesame (Sesamo)
- Shellfish (Mariscos)
- Fish (Pescado)
- Soy (Soja)
- Wheat (Trigo)
- Cat (Gato)
- Dog (Perro)
- Coackroaches (Cucarocha)
- Dust Mites (Ácaro)
- Molds (Moho)
- Other (Otros)

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Name of product 1 baby's father is allergic to \_\_\_\_\_

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Name of product 2 baby's father is allergic to \_\_\_\_\_

---

Name of product 3 baby's father is allergic to \_\_\_\_\_

---

Name of product 4 baby's father is allergic to \_\_\_\_\_

---

Name of product 5 baby's father is allergic to \_\_\_\_\_

---

Name of product 6 baby's father is allergic to \_\_\_\_\_

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26. During this pregnancy, did you have any vaginal bleeding?  Yes  No

¿Durante este embarazo, tuvo algún sangramiento vaginal?

- 
- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| During the first trimester (Primer Trimestre)   | <input type="radio"/> | <input type="radio"/> |
| During the second trimester (Segundo Trimestre) | <input type="radio"/> | <input type="radio"/> |



During the third trimester (Tercer Trimestre)	<input type="radio"/>	<input type="radio"/>
Preceding labor and delivery (Antes de entra en labor y parto)	<input type="radio"/>	<input type="radio"/>

---

27. Did you have any vaginal or genital tract or urinary tract infections during pregnancy (including yeast infections)?  Yes  No

¿Tuvo alguna infección vaginal, genital, o urinaria durante el embarazo?

---

In which trimester did your 1st infection occur?  1  2  3

¿En qué trimestre ocurrió su primera infección?

---

First infection type  Chlamydia  
 Gonorrhea  
 Syphilis  
 Trichomonas  
 GBS  
 BV  
 Yeast  
 Herpes  
 HPV  
 Other GT  
 Unknown GTI  
 Urinary Tract

Clamidia, Gonorrea, Sífilis, Trichomonas, Estreptococo, Vaginosis, Hongos, Herpes, Papiloma, Algún Otra genital, Desconocida genital, infección urinaria.

---

Name of 1st Other Genital Tract Infection \_\_\_\_\_

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What treatment did you take for your infection(S)?  None  Pill  Shot  Cream  Other

1st Infection

¿Qué tratamiento ha tenido para su infección?

Ninguno, Píldoras, Inyección, Crema, Otra

---

How much of the treatment did you take?  None  Some  All

1st infection

¿Cuánto del tratamiento has tenido?  
Nada, Algo, Todo

---

Specify Other treatment \_\_\_\_\_

1st Infection

---

In which trimester did your 2nd infection occur  1  2  3

¿En qué trimestre ocurrió su segundo infección?

---

Second infection type

Clamidia, Gonorrea, Sífilis, Trichomonas, Estreptococo, Vaginosis, Hongos, Herpes, Papiloma, Algún Otra genital, Desconocida genital, infección urinaria.

- Chlamydia  
 Gonorrhea  
 Syphilis  
 Trichomonas  
 GBS  
 BV  
 Yeast  
 Herpes  
 HPV  
 Other GT  
 Unknown GTI  
 Urinary Tract

---

Name of 2nd Other Genital Tract Infection

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What treatment did you take for your infection(S)?  
2nd Infection

- None  
 Pill  
 Shot  
 Cream  
 Other

¿Qué tratamiento ha tenido para su infección?  
Ninguno, Píldoras, Inyección, Crema, Otra

---

How much of the treatment did you take?  
2nd infection

- None  
 Some  
 All

¿Cuánto del tratamiento has tenido?  
Nada, Algo, Todo

---

Specify Other treatment  
2nd Infection

---



---

In which trimester did your 3rd infection occur

- 1    2    3

¿En qué trimestre ocurrió su tercer infección?

---

Third infection type

Clamidia, Gonorrea, Sífilis, Trichomonas, Estreptococo, Vaginosis, Hongos, Herpes, Papiloma, Algún Otra genital, Desconocida genital, infección urinaria.

- Chlamydia  
 Gonorrhea  
 Syphilis  
 Trichomonas  
 GBS  
 BV  
 Yeast  
 Herpes  
 HPV  
 Other GT  
 Unknown GTI  
 Urinary Tract

---

Name of 3rd Other Genital Tract Infection

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What treatment did you take for your infection(S)?  
3rd Infection

- None  
 Pill  
 Shot  
 Cream  
 Other

¿Qué tratamiento ha tenido para su infección?  
Ninguno, Píldoras, Inyección, Crema, Otra

How much of the treatment did you take?  
3rd infection

None  
 Some  
 All

¿Cuánto del tratamiento has tenido?  
Nada, Algo, Todo

Specify Other treatment  
3rd Infection

\_\_\_\_\_

In which trimester did your 4th infection occur

1    2    3

¿En qué trimestre ocurrió su cuarto infección?

Fourth infection type

Chlamydia  
 Gonorrhea  
 Syphilis  
 Trichomonas  
 GBS  
 BV  
 Yeast  
 Herpes  
 HPV  
 Other GT  
 Unknown GTI  
 Urinary Tract

Clamidia, Gonorrea, Sífilis, Trichomonas, Estreptococo, Vaginosis, Hongos, Herpes, Papiloma, Algún Otra genital, Desconocida genital, infección urinaria.

Name of 4th Other Genital Tract Infection

\_\_\_\_\_

What treatment did you take for your infection(S)?  
4th Infection

None  
 Pill  
 Shot  
 Cream  
 Other

¿Qué tratamiento ha tenido para su infección?  
Ninguno, Píldoras, Inyección, Crema, Otra

How much of the treatment did you take?  
4th infection

None  
 Some  
 All

¿Cuánto del tratamiento has tenido?  
Nada, Algo, Todo

Specify Other treatment  
4th Infection

\_\_\_\_\_

28. Thinking back just before you became pregnant, did you want to become pregnant at that time?

Yes  
 No

Pensando en el pasado, antes de embarazarse, quería embarazo

28a. IF NO, did you want to become pregnant in the future?

Yes  
 No

¿Quiere embarazarse en el futuro?

29. How would you characterize the amount of stress in your life in general?

¿Cómo calificaría la cantidad de estrés en su vida en general antes de su embarazo?  
No estresante, Más o menos, Muy Estresante

- not stressful  
 average  
 very stressful

30. How would you characterize the amount of stress in your life during this pregnancy?

¿Cómo calificaría la cantidad de estrés en su vida durante este embarazo?  
No estresante, Más o menos, Muy Estresante

- not stressful  
 average  
 very stressful

31. In the last month, how often have you felt that you were unable to control the important things in your life?

¿En el último mes con qué frecuencia sintió que no podía contrala las cosas importantes de su vida?  
Nunca, Casi Nunca, A veces, Frecuentemente, Muy frecuentemente

- never  
 almost never  
 sometimes  
 fairly often  
 very often

32. In the last month, how often have you felt confident about your ability to handle your personal problems?

¿En el último mes qué tan frecuentemente se sintió segura de manejar sus problemas personales?  
Nunca, Casi Nunca, A veces, Frecuentemente, Muy frecuentemente

- never  
 almost never  
 sometimes  
 fairly often  
 very often

33. In the last month, how often have you felt things were going your way?

¿En el último mes, con qué frecuencia sintió que las cosas iban a tu parecer?  
Nunca, Casi Nunca, A veces, Frecuentemente, Muy frecuentemente

- never  
 almost never  
 sometimes  
 fairly often  
 very often

34. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

En el último mes, con qué frecuencia sintió que las dificultades se amontonaban que no podía superarlas?  
Nunca, Casi Nunca, A veces, Frecuentemente, Muy frecuentemente

- Never  
 Almost Never  
 Sometimes  
 Fairly Often  
 Very Often

35. Did you experience any major stressful events, such as loss of family members, divorce, lost job, severe illness/injury of family member etc.?'  
Mark for each time period.

- Yes  
 No

¿Experimentó algún evento de gran estrés como la pérdida de un miembro de la familia durante éste embarazo?

a. Prepregnancy (within 1 year of conception)  Yes

No

¿Experimentó algo como eso dentro del año previo a su embarazo?

Prepregnancy stress specify

\_\_\_\_\_

b. First trimester

Yes

No

Primer

first trimester- specify

\_\_\_\_\_

c. Second trimester

Yes

No

Segundo

Second trimester stress specify

\_\_\_\_\_

d. Third Trimester

Yes

No

Tercer

Third trimester- specify

\_\_\_\_\_

36. Did you witness any violence in your pregnancy?

Yes

No

¿Fue testigo de algún acto de violencia durante su embarazo?

IF YES, specify

\_\_\_\_\_

36a. If yes to violence, where did the violence occur?

Inside your home

Outside your home

Both

Donde fue la violencia

Dentro de su casa, Fuera de su casa, Ambos

37. How would you describe the amount of involvement there was during your pregnancy from the father of your baby?

Not involved  A little involved

Mostly involved  Very involved

¿Cómo describiría el monto de participación que hubo por parte del padre de bebe?

No, Un Poco, Bastante, Muy participativo

38. How would you rate the amount of social support you received from the father of your baby?

None  A little  A good amount

An excellent amount

¿Cómo describiría el monto de apoyo social que recibió por parte del padre de bebe?

No, Un Poco, Bastante, Muy participativo

39. How would you rate the amount of social support you received during your pregnancy from other family member and your friends?

- None  A little  A good amount  
 An excellent amount

¿Cómo describiría el monto de apoyo social que recibió por parte de miembros de la familia y amigos?

No, Un Poco, Bastante, Muy participativo

#### IV. Reproductive History

##### Ahora me gustaría preguntar sobre su historia reproductiva

40. How old were you when you had your first period?

¿Qué edad tenía cuando tuvo su primer periodo?

\_\_\_\_\_

a. Does your period come each month?

- Yes  No

¿Su periodo viene cada mes?

b. Does your menstrual period come around the same time each month (+/- 7 days from your last period?)

- Yes  
 No

¿Su period viene alrededor de la misma fecha cada mes?

c. What is your average cycle length in days, that is, how many days are there from one period to the next?

¿Cuál es el promedio de su ciclo menstrual-cuantos días entre el final de su periodo y el comienzo del próximo?

\_\_\_\_\_

d. How long does each period's bleeding last in days?

¿Cuánto dura el sangrado durante su periodo?

\_\_\_\_\_

41. Do you have pelvic or abdominal pain during your menstrual period?

- No  
 Occasionally  
 Almost all of the time

¿Tiene dolor pélvico o abdominal durante su periodo?  
 No, Ocasionalmente, Casi siempre

42a. If you answered "occasionally" or "almost all of the time," how do you rate your menstrual pain?

- Mild  
 Moderate  
 Severe (could not go to work or school)

¿Cómo calificaría el dolor?  
 Bajo, Moderado, Severo

---

42. Prior to this pregnancy, what kind of birth control were you using? (check all that apply)

¿Antes de este embarazo, qué tipo de métodos anticonceptivos usaba?

Ninguno, Abstinencia durante días fértiles, Pastillas, Capuchón cervical, Condones, Cremas, Inyecciones de hormonas, IUD, Parche, Retirada, Otra

- None    Abstinence during fertile day (i.e. natural family planning)    Birth Control Pills  
 Cervical Cap    Condoms    Spermicide Creams    Hormone Shots    IUD    Birth Control Patch  
 Withdrawal    Other

---

If you chose "other" please specify the name.

\_\_\_\_\_

---

43. How many times have you been pregnant? (include miscarriages, abortions, or stillbirths)

¿Cuántas veces ha estado embarazado? (incluyendo abortos, abortos espontáneos, muertes fetales, y este embarazo)

- 0    1    2    3    4    5    6    7    8    9    10    11    12  
 13

---

a. On what date did your first pregnancy end?

¿En qué fecha acabó el embarazo?

\_\_\_\_\_

---

b. A full term pregnancy generally lasts 40 weeks, how many weeks did your first pregnancy last?

¿Cuántas semanas duró el embarazo?

\_\_\_\_\_

---

c. How did the pregnancy end?

¿Cómo acabó el embarazo?

Nacimiento vivo, Muerte fetal, Aborto espontaneo, Aborto, Embarazo Ectopico, Moles

- Live birth    Still birth    Miscarriage    Abortion    Ectopic pregnancy    Moles

---

d. Did you have any of the following pregnancy complications in your first pregnancy? (check all that apply)

¿Complicaciones en el embarazo?

Ninguna, Moderado Preeclampsia, Severa Preeclampsia, eclampsia, desprendimiento prematuro de la placenta, placenta previa, Incompetencia cervical, Diabetes gestacional, Infección intrauterina, otras.

- None    Mild Preeclampsia    Severe Preeclampsia    Eclampsia    Abruptio Placentae  
 Placenta Previa    Incompetent Cervix    Gestational Diabetes    Intrauterine Infection  
 Others

---

If others, specify

\_\_\_\_\_

---

e. If this was a live birth, was your first baby a boy or girl?

¿Sexo del bebe?

Male  Female

---

f. Did you deliver your first baby vaginally or by a C-Section?

¿Tipo de parto?

Vaginal  C-Section

---

g. What was the birthweight of your first child in pounds ?

¿Peso del bebe?

Libras

\_\_\_\_\_

(pounds)

---

How many ounces?

Onzas

\_\_\_\_\_

(ounces)

---

Did your first child have any birth defects? (specify)

Defectos de nacimiento

---

a. On what date did your second pregnancy end?

¿En qué fecha acabó el embarazo?

\_\_\_\_\_

---

b. How many weeks did your second pregnancy last?

¿Cuántas semanas duró el embarazo?

\_\_\_\_\_

---

c. How did your second pregnancy end?

¿Cómo acabó el embarazo?

Nacimiento vivo, Muerte fetal, Aborto espontaneo, Aborto, Embarazo Ectopico, Moles

Live birth  Still birth  Miscarriage  Abortion  Ectopic pregnancy  Moles



---

d. Did you have any complications in your second pregnancy?

¿Complicaciones en el embarazo?

Ninguna, Moderado Preeclampsia, Severa Preeclampsia, eclampsia, desprendimiento prematuro de la placenta, placenta previa, Incompetencia cervical, Diabetes gestacional, Infección intrauterina, otras.

None  Mild Preeclampsia  Severe Preclampsia  Eclampsia  Abruption Placentae  
 Placenta Previa  Incompetent Cervix  Gestational Diabetes  Intrauterine Infection  
 Others

---

If "others," please specify

\_\_\_\_\_

---

e. (If live birth) What was the sex of your second baby?

¿Sexo del bebe?

Male  Female

---

f. Did you deliver your second baby vaginally or by C-section?

¿Tipo de parto?

Vaginal  C-section

---

g. How much did your second baby weigh in pounds?

¿Peso del bebe?

\_\_\_\_\_  
(pounds)

---

How many ounces did your second baby weigh?

\_\_\_\_\_  
(ounces)

---

h. Did your second baby have any birth defects? If yes, specify

Defectos de nacimiento

\_\_\_\_\_

---

a. On what date did your third pregnancy end?

¿En qué fecha acabó el embarazo?

\_\_\_\_\_

---

b. A full term pregnancy usually lasts about 40 weeks, how many weeks did your third pregnancy last?

¿Cuántas semanas duró el embarazo?

\_\_\_\_\_

---

c. How did your third pregnancy end?

¿Cómo acabó el embarazo?

Nacimiento vivo, Muerte fetal, Aborto espontaneo, Aborto, Embarazo Ectopico, Moles

Live birth  Still birth  Miscarriage  Abortion  Ectopic pregnancy  Moles

---

d. Did your third pregnancy have any of the following complications?

¿Complicaciones en el embarazo?

Ninguna, Moderado Preeclampsia, Severa Preeclampsia, eclampsia, desprendimiento prematuro de la placenta, placenta previa, Incompetencia cervical, Diabetes gestacional, Infección intrauterina, otras.

None  Mild Preeclampsia  Severe Preeclampsia  Eclampsia  Abruptio Placentae  
 Placenta Previa  Incompetent Cervix  Gestational Diabetes  Intrauterine Infection  
 Others

---

If Others, specify

\_\_\_\_\_

---

e. (If live birth) What was the sex of your third baby?

¿Sexo del bebe?

Male  Female

---

f. Did you deliver your third baby vaginally or by C-section?

¿Tipo de parto?

Vaginal  C-section

---

g. How much did your third baby weigh in pounds?

¿Peso del bebe?

\_\_\_\_\_  
(pounds)

---

How much did your third baby weigh in ounces?

\_\_\_\_\_  
(ounces)

---

h. Did your 3rd baby have any Birth defects, specify

Defectos de nacimiento

\_\_\_\_\_

---

a. On what date did your fourth pregnancy end?

¿En qué fecha acabó el embarazo?

\_\_\_\_\_

---

b. A full-term pregnancy usually lasts about 40 weeks, how many weeks did your fourth pregnancy last?

¿Cuántas semanas duró el embarazo?

---

---

c. How did your fourth pregnancy end?

¿Cómo acabó el embarazo?

Nacimiento vivo, Muerte fetal, Aborto espontaneo, Aborto, Embarazo Ectopico, Moles

Live birth  Still birth  Miscarriage  Abortion  Ectopic pregnancy  Moles

---

d. Did your fourth pregnancy have any of the following complications?

¿Complicaciones en el embarazo?

Ninguna, Moderado Preeclampsia, Severa Preeclampsia, eclampsia, desprendimiento prematuro de la placenta, placenta previa, Incompetencia cervical, Diabetes gestacional, Infección intrauterina, otras.

None  Mild Preeclampsia  Severe Preeclampsia  Eclampsia  Abruptio Placentae  
 Placenta Previa  Incompetent Cervix  Gestational Diabetes  Intrauterine Infection  
 Others

---

If others, specify:

---

---

e. (If live birth) What was the sex of your fourth baby?

¿Sexo del bebe?

Male  Female

---

f. Did you deliver your fourth baby vaginally or by C-section?

¿Tipo de parto?

Vaginal  C-section

---

g. How much did your fourth baby weigh in pounds?

¿Peso del bebe?

---

(pounds)

---

How much did your fourth baby weigh in ounces?

---

---

h. Did your fourth baby have any birth defects? If yes, specify

Defectos de nacimiento

---

---

On what date did your fifth pregnancy end?

---

---

A full-term pregnancy usually lasts about 40 weeks, how many weeks did your fifth pregnancy last?

---

---

How did your fifth pregnancy end?

Live birth    Still birth    Miscarriage    Abortion    Ectopic pregnancy    Moles

---

Did your fifth pregnancy have any of the following complications?

None    Mild Preeclampsia    Severe Preeclampsia    Eclampsia    Abruption Placentae  
 Placenta Previa    Incompetent Cervix    Gestational Diabetes    Intrauterine Infection  
 Others

---

If others, specify:

---

---

(If live birth) What was the sex of your fifth baby?

Male    Female

---

Did you deliver your fifth baby vaginally or by C-section?

Vaginal    C-section

---

How much did your fifth baby weigh in pounds?

---

(pounds)

---

How much did your fifth baby weigh in ounces?

---

(ounces)

---

Did your fifth child have any birth defects? If yes, specify

---

---

On what date did your 6th pregnancy end?

---

---

How many weeks did your 6th pregnancy last?

---

---

How did the 6th pregnancy end?

Live Birth  
 Still Birth  
 Miscarriage  
 Abortion  
 Ectopic Pregnancy  
 Moles

---

Complications during 6th pregnancy

None  
 Mild Preeclampsia  
 Severe Preeclampsia  
 Eclampsia  
 Abruptio Placentae  
 Placenta Previa  
 Incompetent Cervix  
 Gestational Diabetes  
 Intrauterine Infection  
 Others

---

If others, specify

\_\_\_\_\_

---

(If live Birth) What was the sex of your 6th baby?

Male  
 Female

---

Did you deliver your 6th baby vaginally or by C-Section?

Vaginal  
 C-section

---

How much did your 6th baby weigh?  
pounds

\_\_\_\_\_  
(pounds)

---

How much did your 6th baby weigh?  
Ounces

\_\_\_\_\_  
(ounces)

---

Did your 6th baby have any birth defects? If yes, specify:

\_\_\_\_\_

---

On what date did your 7th pregnancy end?

\_\_\_\_\_

---

How many weeks did your 7th pregnancy last?

\_\_\_\_\_

---

How did the 7th pregnancy end?

Live Birth  
 Still Birth  
 Miscarriage  
 Abortion  
 Ectopic Pregnancy  
 Moles

---

Complications during 7th pregnancy

- None  
 Mild Preeclampsia  
 Severe Preeclampsia  
 Eclampsia  
 Abruptio Placentae  
 Placenta Previa  
 Incompetent Cervix  
 Gestational Diabetes  
 Intrauterine Infection  
 Others

---

If others, specify

---



---

(If live Birth) What was the sex of your 7th baby?

- Male  
 Female

---

Did you deliver your 7th baby vaginally or by C-Section?

- Vaginal  
 C-section

---

How much did your 7th baby weigh?  
pounds

---

(pounds)

---

How much did your 7th baby weigh?  
Ounces

---

(ounces)

---

Did your 7th baby have any birth defects? If yes, specify:

---



---

On what date did your 8th pregnancy end?

---



---

How many weeks did your 8th pregnancy last?

---



---

How did the 8th pregnancy end?

- Live Birth  
 Still Birth  
 Miscarriage  
 Abortion  
 Ectopic Pregnancy  
 Moles

---

Complications during 8th pregnancy

- None  
 Mild Preeclampsia  
 Severe Preeclampsia  
 Eclampsia  
 Abruptio Placentae  
 Placenta Previa  
 Incompetent Cervix  
 Gestational Diabetes  
 Intrauterine Infection  
 Others

---

If others, specify

---

---

(If live Birth) What was the sex of your 8th baby?

- Male  
 Female
- 

Did you deliver your 8th baby vaginally or by C-Section?

- Vaginal  
 C-section
- 

How much did your 8th baby weigh?  
pounds

\_\_\_\_\_

(pounds)

---

How much did your 8th baby weigh?  
Ounces

\_\_\_\_\_

(ounces)

---

Did your 8th baby have any birth defects? If yes, specify:

\_\_\_\_\_

---

On what date did your 9th pregnancy end?

\_\_\_\_\_

---

How many weeks did your 9th pregnancy last?

\_\_\_\_\_

---

How did the 9th pregnancy end?

- Live Birth  
 Still Birth  
 Miscarriage  
 Abortion  
 Ectopic Pregnancy  
 Moles
- 

Complications during 9th pregnancy

- None  
 Mild Preeclampsia  
 Severe Preeclampsia  
 Eclampsia  
 Abruptio Placentae  
 Placenta Previa  
 Incompetent Cervix  
 Gestational Diabetes  
 Intrauterine Infection  
 Others
- 

If others, specify

\_\_\_\_\_

---

(If live Birth) What was the sex of your 9th baby?

- Male  
 Female
- 

Did you deliver your 9th baby vaginally or by C-Section?

- Vaginal  
 C-section
- 

How much did your 9th baby weigh?  
pounds

\_\_\_\_\_

(pounds)

---

How much did your 9th baby weigh?  
Ounces

\_\_\_\_\_

(ounces)

---

---

Did your 9th baby have any birth defects? If yes, specify:

---

---

On what date did your 10th pregnancy end?

---

---

How many weeks did your 10th pregnancy last?

---

---

How did the 10th pregnancy end?

- Live Birth
- Still Birth
- Miscarriage
- Abortion
- Ectopic Pregnancy
- Moles

---

Complications during 10th pregnancy

- None
- Mild Preeclampsia
- Severe Preeclampsia
- Eclampsia
- Abruptio Placentae
- Placenta Previa
- Incompetent Cervix
- Gestational Diabetes
- Intrauterine Infection
- Others

---

If others, specify

---

---

(If live Birth) What was the sex of your 10th baby?

- Male
- Female

---

Did you deliver your 10th baby vaginally or by C-Section?

- Vaginal
- C-section

---

How much did your 10th baby weigh?  
pounds

---

(pounds)

---

How much did your 10th baby weigh?  
Ounces

---

(ounces)

---

Did your 10th baby have any birth defects? If yes, specify:

---

---

On what date did your 11th pregnancy end?

---

---

How many weeks did your 11th pregnancy last?

---



---

How did the 11th pregnancy end?

- Live Birth
- Still Birth
- Miscarriage
- Abortion
- Ectopic Pregnancy
- Moles

---

Complications during 11th pregnancy

- None
- Mild Preeclampsia
- Severe Preeclampsia
- Eclampsia
- Abruptio Placentae
- Placenta Previa
- Incompetent Cervix
- Gestational Diabetes
- Intrauterine Infection
- Others

---

If others, specify

---

---

(If live Birth) What was the sex of your 11th baby?

- Male
- Female

---

Did you deliver your 11th baby vaginally or by C-Section?

- Vaginal
- C-section

---

How much did your 11th baby weigh?  
pounds

---

(pounds)

---

How much did your 11th baby weigh?  
Ounces

---

(ounces)

---

Did your 11th baby have any birth defects? If yes,  
specify:

---

---

On what date did your 12th pregnancy end?

---

---

How many weeks did your 12th pregnancy last?

---

---

How did the 12th pregnancy end?

- Live Birth
- Still Birth
- Miscarriage
- Abortion
- Ectopic Pregnancy
- Moles

Complications during 12th pregnancy

- None  
 Mild Preeclampsia  
 Severe Preeclampsia  
 Eclampsia  
 Abruption Placentae  
 Placenta Previa  
 Incompetent Cervix  
 Gestational Diabetes  
 Intrauterine Infection  
 Others

If others, specify

\_\_\_\_\_

(If live Birth) What was the sex of your 12th baby?

- Male  
 Female

Did you deliver your 12th baby vaginally or by C-Section?

- Vaginal  
 C-section

How much did your 12th baby weigh?  
pounds

\_\_\_\_\_ (pounds)

How much did your 12th baby weigh?  
Ounces

\_\_\_\_\_ (ounces)

Did your 12th baby have any birth defects? If yes, specify:

\_\_\_\_\_

Did you have sexual intercourse during this pregnancy in the 1st trimester (0-12 weeks pregnant)

¿Tuvo relaciones sexuales durante este embarazo? ¿Primer Trimestre?

- Yes    No

If yes, did you used condoms?

¿Usó condón?

- Yes    No

Approximately how many times per month did you have sexual intercourse in your first trimester?

¿Con qué frecuencia tuvo relaciones sexuales por mes?

\_\_\_\_\_

Did you have sexual intercourse in your second trimester? (weeks 13-27)

¿Tuvo relaciones sexuales durante este embarazo? ¿Segundo trimestre?

- Yes    No

---

If yes, did you use condoms?

¿Usó condón?

Yes  No

---

Approximately how many times per month did you have sexual intercourse in your second trimester?

¿Con qué frecuencia tuvo relaciones sexuales por mes?

\_\_\_\_\_

---

Did you have sexual intercourse in your third trimester? (weeks 28 and over)

¿Tuvo relaciones sexuales durante este embarazo? ¿Tercer trimestre?

Yes  No

---

If yes, did you use condoms?

¿Usó condón?

Yes  No

---

Approximately how many times per month did you have sexual intercourse in your third trimester?

¿Con qué frecuencia tuvo relaciones sexuales por mes?

\_\_\_\_\_

---

Did you have more than one sexual partner during this pregnancy?

¿Tuvo más de una pareja sexual durante este embarazo?

Yes  No

---

Gravidity (total # of pregnancies including index case)

\_\_\_\_\_

---

(FIELD DATA ENTRY ONLY)

---

Parity (#of live births NOT INCLUDING index case)

\_\_\_\_\_

---

Number of prior preterm births (< 37 weeks)

\_\_\_\_\_

---

Number of prior LBW births (< 2500g)

\_\_\_\_\_

---

---

Number of prior stillbirths

---



---

Number of spontaneous abortions

---



---

Number of induced abortions

---

### V. Daily Physical Activity Before and During the Index Pregnancy

47a. Were you working 3 months prior to your pregnancy?  Yes  No

Fue trabajando en los 3 meses del pre embarazo

47b. Industry

\_\_\_\_\_  
(3 mo. prior)

47c. Job Title

Título del trabajo

\_\_\_\_\_  
(3 mo. prior)

47d. Duties

\_\_\_\_\_  
(3 mo. prior)

47e. Work schedule

Su horario de trabajo  
Diario  
Tarde  
Noches

- Not working  
 Regular day shift  
 Regular evening shift  
 Regular night shift  
 Irregular shift

47f. How many hours did you work each week?

¿Cuántas horas trabajaba a la semana?

\_\_\_\_\_  
(hours/wk)

47g. How long did it take you to get to work? (one way in minutes?)

¿Cuánto tiempo necesitaba para llegar a su trabajo?

\_\_\_\_\_  
(minutes)

47h. How physically demanding is your job?

¿Qué tan físicamente difícil es su trabajo?

- Slight  
 Moderate  
 Very Much

---

47i. How much job-related mental stress did you experience?

- Slight  
 Moderate  
 Very Much

¿Qué cantidad de estrés mental relacionado a su trabajo experimento?

---

Were you working in your 1st trimester?

- Yes  
 No

---

Industry

\_\_\_\_\_ (1st trimester)

---

Job Title

\_\_\_\_\_ (1st trimester)

---

Duties

\_\_\_\_\_ (1st trimester)

---

Work schedule

- Not working  
 Regular day shift  
 Regular evening shift  
 Regular night shift  
 Irregular shift

---

How many hours did you work each week?

\_\_\_\_\_ (hours/wk)

---

How long did it take you to get to work? (one way in minutes)

\_\_\_\_\_ (minutes)

---

How physically demanding is your job?

- Slight  
 Moderate  
 Very Much

---

How much job-related mental stress did you experience?

- Slight  
 Moderate  
 Very Much

---

Were you working in the 2nd trimester?

- Yes  
 No

---

Industry

\_\_\_\_\_ (2nd trimester)

---

Job Title

\_\_\_\_\_ (2nd trimester)

---

Duties

\_\_\_\_\_ (2nd trimester)

---

Work schedule

- Not working  
 Regular day shift  
 Regular evening shift  
 Regular night shift  
 Irregular shift
- 

How many hours did you work each week?

\_\_\_\_\_ (hours/wk)

---

How long did it take you to get to work? (one way in minutes)

\_\_\_\_\_ (minutes)

---

How physically demanding is your job?

- Slight  
 Moderate  
 Very Much
- 

How much job-related mental stress did you experience?

- Slight  
 Moderate  
 Very Much
- 

Were you working in the 3rd trimester

- Yes  
 No
- 

Industry

\_\_\_\_\_ (3rd trimester)

---

Job Title

\_\_\_\_\_ (3rd trimester)

---

Duties

\_\_\_\_\_ (3rd trimester)

---

Work schedule

- Not working  
 Regular day shift  
 Regular evening shift  
 Regular night shift  
 Irregular shift
- 

How many hours did you work each week?

\_\_\_\_\_ (hours/wk)

---

How long did it take you to get to work? (one way in minutes)

\_\_\_\_\_ (minutes)

---

How physically demanding is your job?

- Slight  
 Moderate  
 Very Much

How much job-related mental stress did you experience?  Slight  
 Moderate  
 Very Much

## VI. Home Environment

### Ambiente del Hogar

48. Did you Live outside the U.S. during this (index) pregnancy  Yes  
 No

¿Vivió fuera de los Estados Unidos durante este embarazo?

If Yes, what country(s) did you live in?

¿En qué país vivió?

Country Code

For how long did you live outside the U.S.?

¿Por cuánto tiempo vivió fuera de los Estado Unidos? (weeks)

(Calculate, do not ask) Most of pregnancy was:  Inside U.S.  
 Outside U.S.

49. a. If Lived Most of Pregnancy in the U.S. What is the zip code of the place you lived the longest?

¿Cuál es el código postal del lugar donde vivió durante la mayoría del embarazo?

b. If lived most of pregnancy in U.S. If Don't know zip code: What town was it?

¿o el nombre de la ciudad?

50. How Long have you lived in your current home?

¿Cuánto ha vivido en su casa actual? (years)

How long have you lived in your current home?

(months)

How long have you lived in your current home?

(day)

51. Did you live in a shelter for any part of this pregnancy?  Yes  
 No

¿Vivió en algún refugio durante cualquier parte de este embarazo?

How long?

¿Cuánto tiempo? \_\_\_\_\_ (months)

How long?

¿Cuánto tiempo? \_\_\_\_\_ (week)

How long?

¿Cuánto tiempo? \_\_\_\_\_ (day)

## 52. All questions below refer to the home mother lived the longest

# of bedrooms

¿Cuántas habitaciones tiene el hogar? \_\_\_\_\_ (longest home during preg)

# of bathrooms

¿Cuántos baños? \_\_\_\_\_ (longest home during preg)

# of people who permanently live in your home

¿Cuántas personas residen permanente amenté en su casa? \_\_\_\_\_ (longest home during preg)

What type of fuel do you use for heating your home?

¿Qué usa Ud. para calentar la casa?

Aceite

Electricidad

Gas

- Oil  
 Electricity  
 Gas  
 Other  
(longest home during preg)

Specify other type of fuel

\_\_\_\_\_ (longest home during preg)

What type of stove do you use for cooking?

¿Y para cocinar?

Gas

Electricidad

- Gas  
 Electric  
 Other

Specify other stove

\_\_\_\_\_ (longest home during preg)

Do you have any wall to wall carpet?

¿Hay alfombra de pared a pared en alguna parte de la casa?

- Yes  
 No



Specify Location

Sala  
Sala de estar  
Comendar  
Cocina  
Habitaciones  
Sótano  
Baño

- Living Room  
 Family Room  
 Dinning Room  
 Kitchen  
 Bedroom  
 Basement  
 Bathroom  
 Hallways  
 Other  
(longest home during preg)

If other, specify

\_\_\_\_\_

(longest home during preg)

Do/did you have any pets at the place you lived the longest?

- Yes  
 No

¿Tiene Ud. mascotas o animales en la casa?

	Yes	No
Cat / Gato	<input type="radio"/>	<input type="radio"/>
Dog / Pero	<input type="radio"/>	<input type="radio"/>
Fish / Pez	<input type="radio"/>	<input type="radio"/>
Bird / Pájaro	<input type="radio"/>	<input type="radio"/>
Reptile / Reptiles	<input type="radio"/>	<input type="radio"/>
Rabbit / Conejo	<input type="radio"/>	<input type="radio"/>
Guinea Pig / Conejillo de indias	<input type="radio"/>	<input type="radio"/>
Other / otro	<input type="radio"/>	<input type="radio"/>

If other pet, specify:

\_\_\_\_\_

Does the place you lived in the longest have any cockroaches?

- Yes  
 No

¿Ha visto cucarachas en la casa?

Does the house you lived in the longest have any mice/rats?

- Yes  
 No

¿Ha visto ratones o ratas en las casa?

Does the house you lived in the longest have any visible mold, mildew, water damage, leakage, or seepage?

- Yes  
 No

¿Hay moho o daños por agua en la casa?

Was the place you lived in the longest a farming environment?

- Yes  
 No

¿Ud. no vive en una granja, verdad?

**VII. CIGARETTE SMOKING****Uso del Tabaco/ cigarrillos**

53. Have you ever smoked cigarettes, cigars, or pipe tobacco, or used chewing tobacco or snuff?  
(Even once)

- Yes  
 No

¿Ha fumado cigarrillos, cigarros, pipas, o usado tabaco masticable alguna vez en su vida?

54. Have you ever smoked or used tobacco regularly for at least a month?

- Yes  
 No

¿Ha fumado regularmente por lo menos un mes?

55. How old were you when you began to smoke or use tobacco regularly?

\_\_\_\_\_

¿Cuál era su edad cuando comienzo a usar tabaco regularmente?

56. Altogether, over your entire life, how long have you smoked or used tobacco regularly?

\_\_\_\_\_

(years)

¿Durante toda su vida, cuánto tiempo ha fumando regularmente?

56. Altogether, over your entire life, how long have you smoked or used tobacco regularly?

\_\_\_\_\_

(months)

¿Durante toda su vida, cuánto tiempo ha fumando regularmente?

57a. When you used tobacco regularly, did you use cigarettes?

- Yes  
 No

¿Cuándo usó el tabaco regularmente, usó cigarrillos?

Did you use cigarettes or E-Cigarettes?  
Check all that apply:

- Cigarette  
 E-Cigarette

57a. If yes: When you smoked cigarettes, on average how many cigarettes would you smoke per day?

\_\_\_\_\_

(cigarettes)

57b. When you used tobacco regularly, did you use cigars?

- Yes  
 No

¿Cuándo usó el tabaco regularmente, usó cigarros?

If yes; When you smoked cigars, on average how many cigars would you smoke per day?

\_\_\_\_\_

(cigars)

57c. When you used tobacco regularly, did you use pipes?

- Yes  
 No

¿Cuándo usó el tabaco regularmente, usó pipas?

If yes: When you smoked pipes, on average how many pipes would you smoke per day?

\_\_\_\_\_ (pipes)

57d. When you used tobacco regularly, did you use chewing tobacco?

- Yes  
 No

¿Cuándo usó el tabaco regularmente, usó usado tabaco masticable?

If yes: When you chewed tobacco, on average how much would you use per day?

\_\_\_\_\_ (chaws)

57e. When you used tobacco regularly, did you use snuff?

- Yes  
 No

¿Cuándo usó el tabaco regularmente, usó usado en polvo?

If yes: When you used snuff, on average how much would you use per day?

\_\_\_\_\_ (dips)

58. I would now like to ask you some questions about your (smoking/tobacco use) during the time in your life when you were using tobacco the most heavily. How old were you at the that time? (IF OVER A PERIOD OF TIME RECORD AGE AT WHICH BEGAN USING HEAVILY)

\_\_\_\_\_ (years)

Me gustaría hacerle unas preguntas sobre el tiempo en el que hizo uso del tabaco con más frecuencia. ¿Qué edad tenía en este periodo?

59a. During the time when you were(smoking/using tobacco) most heavily, on average, how many cigarettes would you have per day?

\_\_\_\_\_ (cigarettes)

¿Durante el tiempo en el que usó el tabaco más pesadamente en promedio cuántos cigarrillos al día?

59b. During the time when you were(smoking/using tobacco) most heavily, on average, how many cigars would you have per day?

\_\_\_\_\_ (cigars)

¿Durante el tiempo en el que usó el tabaco más pesadamente en promedio cuántos cigarros al día?

59c. During the time when you were(smoking/using tobacco) most heavily, on average, how many pipes would you have per day?

\_\_\_\_\_ (pipes)

¿Durante el tiempo en el que usó el tabaco más pesadamente en promedio cuántos pipas al día?

59d. During the time when you were(smoking/using tobacco) most heavily, on average, how many dips would you have per day?

\_\_\_\_\_ (dips)

¿Durante el tiempo en el que usó el tabaco más pesadamente en promedio cuántos Tabaco masticable al día?

59e. During the time when you were(smoking/using tobacco) most heavily, on average, how many chaws would you have per day?

\_\_\_\_\_ (chaws)

¿Durante el tiempo en el que usó el tabaco más pesadamente en promedio cuántos en polvo al día?

60. During this time when you (smoked/used tobacco) most heavily, how soon after you awoke did you (smoke/use tobacco)

\_\_\_\_\_ (hours)

Igualmente durante este tiempo. ¿Con cuánto tiempo después de se despertaba hacia uso del tabaco?

60b. During this time when you (smoked/used tobacco) most heavily, how soon after you awoke did you (smoke/use tobacco)

\_\_\_\_\_ (minutes)

Igualmente durante este tiempo. ¿Con cuánto tiempo después de se despertaba hacia uso del tabaco?

61. During this when you (smoked/used tobacco) most heavily, how would you check to make sure that you had (cigarettes/cigars/tobacco) around to (smoke/use)?

- Often  
 Sometimes  
 Rarely  
 Never

¿Durante este tiempo con que frecuencia checaba que hubieren alrededor para usar?

Frecuentemente  
A veces  
Raramente  
Nunca

62. During this time when you (smoked/used tobacco) most heavily,, if you didn't (smoke/use tobacco) for a period of time, how strong would your cravings get for another (cigarette/cigar/pip/dip/chaw)?

- Very Strong  
 Strong  
 Moderate  
 Hardly any

¿Durante este tiempo si no fumaba por un periodo de tiempo que tan grande era su necesidad de obtener otro?

Muy Fuerte  
Fuerte  
Moderada  
Muy Baja

63. During this time when you (smoked/used tobacco) most heavily, how difficult was it for you to not (smoke/use) it in places where it was forbidden? Would you say...

- Very difficult  
 Somewhat difficult  
 A little difficult  
 Not difficult at all

¿Durante este tiempo qué tan difícil era para usted no fumar en lugares donde era prohibido?

Muy difícil  
 Difícil  
 Poco difícil  
 Nada difícil

64. During this time when you (smoked/used tobacco) most heavily, would you (smoke/use tobacco) when you were so ill that you were in bed most of the day?

- Yes  
 No

¿Durante este tiempo fumaría cuando estuviese muy enferma?

65. During this time when you (smoked/used tobacco) most heavily, would you (smoke/use tobacco) more during the morning than during the rest of the day?

- Yes  
 No

¿Durante este tiempo fumaría más durante la mañana que durante el resto del día?

66. During this time when you (smoked/used tobacco) most heavily, which (cigarette/cigar/pipe/dip/chaw) of the day would be the most satisfying? Was it the first?

- First  
 Other  
 Not sure

¿Durante este tiempo que cigarrillo era el más satisfactorio? ¿Era el primero?

67. IF SMOKED IN HEAVIEST USE PERIOD: During that time when you smoked most heavily, how often did you inhale? would you say:

- Always  
 Sometimes  
 Never

¿Con que frecuencia inhalaba?

67a. IF ALWAYS OR SOMETIMES: How often did you inhale deep into your lungs: would you say:

- Always  
 Sometimes  
 Never

¿Con que frecuencia inhalaba profundamente has sus pulmones?

68. Have you ever seriously attempted to stop (smoking/using tobacco)?

- Yes  
 No

¿Ha intentado parar de fumar seriamente?

69. How many times in your life have you seriously tried to stop (smoking/using tobacco)?

\_\_\_\_\_ (times)

¿Cuántas veces?

70. How depressed did you get when you tried to quit (smoking/using tobacco)?

- Very  
 Somewhat  
 A little  
 Hardly at all

¿Qué tan deprimida se sentía cuando intentaba para?

72. How nervous, jittery, or irritable did you get when you tried to quit (smoking/using tobacco)?

- Very  
 Somewhat  
 A little  
 Hardly at all

¿Qué tan nerviosa, irritable, o ansiosa se ponía cuando intentaba parar?

71. Have you ever gone to a professional to help you stop (smoking/using tobacco)?

- Yes  
 No

¿Ha buscado ayuda profesional para ayudarla a parar?

IF YES: Whom did you see? Check all that apply

¿Quién?

Doctor

Profesional de la salud mental

Clínica

Hipnotista

- Regular doctor  
 Mental health professional  
 Stop smoking clinic/workshop  
 Hypnotist  
 Other

If other, specify \_\_\_\_\_

73. Have you ever used nicotine gum or patches to help you stop (smoking/using tobacco)?

- Yes  
 No

¿Ha usado alguna vez parches o chicle de nicotina para ayudarla a parar?

74. a. In the first six months before you found out you were pregnant, did you (smoke/use tobacco)?

- Yes  
 No

En los seis meses antes de embarazarse, ¿hizo uso del tabaco?

If yes, on average, how many cigarettes did you use per day?

\_\_\_\_\_ (cigarettes)

What type of cigarette?

- Cigarette  
 E-Cigarette

If yes, on average, how many cigars did you use per day?

\_\_\_\_\_ (cigars)

If yes, on average, how many pipes did you use per day?

\_\_\_\_\_ (pipes)

If yes, on average, how many dips did you use per day?

\_\_\_\_\_ (dips)

If yes, on average, how many chaws did you use per day?

\_\_\_\_\_ (chaws)

---

74b. In the first three months of your pregnancy, did you (smoke/use tobacco)?

- Yes  
 No

En los primeros tres meses del embarazo, ¿hizo uso del tabaco?

---

If yes, On average, how many cigarettes did you have?

\_\_\_\_\_ (cigarettes)

---

What type of cigarette?

- Cigarette  
 E-Cigarette

---

If yes, On average, how many cigars did you have?

\_\_\_\_\_ (cigars)

---

If yes, On average, how many pipes did you have?

\_\_\_\_\_ (pipes)

---

If yes, On average, how many dips did you have?

\_\_\_\_\_ (dips)

---

If yes, On average, how many chaws did you have?

\_\_\_\_\_ (chaws)

---

74c. In the middle three months of your pregnancy, did you (smoke/use tobacco)?

- Yes  
 No

En los mediados tres meses ¿hizo uso del tabaco?

---

If yes, On average, how many cigarettes did you have per day?

\_\_\_\_\_ (cigarettes)

---

What type of cigarette?

- Cigarette  
 E-Cigarette

---

If yes, On average, how many cigars did you have per day?

\_\_\_\_\_ (cigars)

---

If yes, On average, how many pipes did you have per day?

\_\_\_\_\_ (pipes)

---

If yes, On average, how many dips did you have per day?

\_\_\_\_\_ (dips)

---

If yes, On average, how many chaws did you have per day?

\_\_\_\_\_ (chaws)

74d. In the last three months of your pregnancy, did you (smoke/use tobacco)?

- Yes  
 No

En los últimos tres meses ¿hizo uso del tabaco?

If yes, On average, how many cigarettes did you have you have per day?

\_\_\_\_\_ (cigarettes)

What type of cigarette?

- Cigarette  
 E-Cigarette

If yes, On average, how many cigars did you have you have per day?

\_\_\_\_\_ (cigars)

If yes, On average, how many pipes did you have you have per day?

\_\_\_\_\_ (pipes)

If yes, On average, how many dips did you have you have per day?

\_\_\_\_\_ (dips)

If yes, On average, how many chaws did you have you have per day?

\_\_\_\_\_ (chaws)

75. How many people who live in you home smoke cigarettes (NOT counting yourself)?

\_\_\_\_\_

¿Cuántas otras personas que viven en su casa fuman?

76. How many of them smoke inside the home?

¿Cuántas fuman dentro de su casa?

\_\_\_\_\_

77. Total number of cigarettes smoking inside your home per day (not including amount subject smoked)

\_\_\_\_\_ (cigs/day)

¿Qué es el número total de cigarrillos fumados dentro de su casa por día?

## VIII. Alcohol and Drug Use

### Alcohol y uso de drogas

I'd like to ask you some questions about alcohol and drinking.

Me gustaría hacerle algunas preguntas sobre el alcohol y drogas



78. In the six months before you found out you were pregnant, how often did you drink?

- Never  
 Occasionally (special occasions/holidays)  
 Regularly

En los 6 meses antes de embarazarse, ¿con que regularidad bebía?

Nunca  
 Ocasionalmente  
 Regularmente

How many drinks did you have in a typical week?

¿Cuántas bebidas tomaba a lo largo de una semana típica?

What type drinks were they?

Beers or wine coolers

\_\_\_\_\_ (beers or wine coolers)

Cervezas

What type of drinks were they?

Glasses of wine

\_\_\_\_\_ (glasses of wine)

Tazas de vino

what type of drinks were they?

Shots of liquor

\_\_\_\_\_ (shots of liquor)

Shots de licor

What type of drinks were they?

Mixed drinks

\_\_\_\_\_ (Mixed drinks)

Mezcladas

IF MIXED DRINKS: How much alcohol was in each drink?

Cuánto alcohol había en cada bebida

79. In the first three months of your pregnancy, how often did you drink?

- Never  
 Occasionally (special occasions/holidays)  
 Regularly

En los primeros tres meses, ¿con que regularidad bebía?

How many drinks did you have in a typical week?

\_\_\_\_\_ (drinks)

What type drinks were they?

Beers or wine coolers

\_\_\_\_\_ (beers or wine coolers)

What type of drinks were they?

Glasses of wine

\_\_\_\_\_ (glasses of wine)

---

what type of drinks were they?

Shots of liquor

\_\_\_\_\_

(shots of liquor)

---

What type of drinks were they?

Mixed drinks

\_\_\_\_\_

(Mixed drinks)

---

IF MIXED DRINKS: How much alcohol was in each drink?

\_\_\_\_\_

---

80. In the middle three months of your pregnancy, how often did you drink?

En los promedios tres meses, ¿con que regularidad bebía?

- Never  
 Occasionally(special occasions/holidays)  
 Regularly
- 

How many drinks did you have in a typical week?

\_\_\_\_\_

(drinks)

---

What type drinks were they?

Beers or wine coolers

\_\_\_\_\_

(beers or wine coolers)

---

What type of drinks were they?

Glasses of wine

\_\_\_\_\_

(glasses of wine)

---

what type of drinks were they?

Shots of liquor

\_\_\_\_\_

(shots of liquor)

---

What type of drinks were they?

Mixed drinks

\_\_\_\_\_

(Mixed drinks)

---

IF MIXED DRINKS: How much alcohol was in each drink?

\_\_\_\_\_

---

81. In the last three months of your pregnancy, how often did you drink?

En los últimos tres meses, ¿con que regularidad bebía?

- Never  
 Occasionally(special occasions/holidays)  
 Regularly
- 

How many drinks did you have in a typical week?

\_\_\_\_\_

(drinks)

---

What type drinks were they?

Beers or wine coolers

\_\_\_\_\_

(beers or wine coolers)

---

What type of drinks were they?

Glasses of wine

\_\_\_\_\_

(glasses of wine)

---

---

 what type of drinks were they?

Shots of liquor

---

 (shots of liquor)
 

---



---

 What type of drinks were they?

Mixed drinks

---

 (Mixed drinks)
 

---



---

 IF MIXED DRINKS: How much alcohol was in each drink?
 

---



---

**82. Now I'd like to ask you some questions about drug use. Have you ever used..(read each one)**
**Ahora me gustaría hacerle algunas preguntas sobre el uso de drogas. ¿Ha usado alguna vez ...?**

	Yes	No
Marijuana	<input type="radio"/>	<input type="radio"/>
Heroin / Heroína	<input type="radio"/>	<input type="radio"/>
If yes, have you ever been on methadone treatment? / ¿Ha usado el tratamiento de metadona?	<input type="radio"/>	<input type="radio"/>
Cocaine / Cocaino	<input type="radio"/>	<input type="radio"/>
Crack	<input type="radio"/>	<input type="radio"/>
Speed/Amphetamines / Amfetamina	<input type="radio"/>	<input type="radio"/>
Paint/Glue Inhalant	<input type="radio"/>	<input type="radio"/>
PCP	<input type="radio"/>	<input type="radio"/>
Barbituates	<input type="radio"/>	<input type="radio"/>
Benzo's/Valium	<input type="radio"/>	<input type="radio"/>
Ecstasy	<input type="radio"/>	<input type="radio"/>
LSD/Hallucinogens / Halucinogenas	<input type="radio"/>	<input type="radio"/>
Oxycodone	<input type="radio"/>	<input type="radio"/>
Others	<input type="radio"/>	<input type="radio"/>

---

 If others, specify drug
 

---

**83. If any drug WITHIN 6 months pre-pregnancy and during CURRENT (index) pregnancy, fill out the chart below:**

**CODE: 1=occasional; 2=Regular; IF regular, write in amount X/week**

**¿Ha usado en los 6 meses antes de embarazarse?**

**Veces por semana**

Marijuana use 6 months pre-pregnancy

- Occasional  
 Regular  
 (6 mo pre-pregnancy)

Number of times used

\_\_\_\_\_ (x/wk)

Marijuana use 1st trimester

- Occasional  
 Regular  
 (1st trimester)

Times used

\_\_\_\_\_ (x/wk)

Marijuana use 2nd trimester

- Occasional  
 Regular  
 (2nd trimester)

Times used

\_\_\_\_\_ (x/wk)

Marijuana use 3rd trimester

- Occasional  
 Regular  
 (3rd trimester)

Times used

\_\_\_\_\_ (x/wk)

Heroin use 6 months pre-pregnancy

- Occasional  
 Regular  
 (6 mo pre-pregnancy)

Times used per week

\_\_\_\_\_ (x/wk)

Heroin use 1st trimester

- Occasional  
 Regular  
 (1st trimester)

Times used per week

\_\_\_\_\_ (x/wk)

---

Heroin use 2nd trimester

- Occasional  
 Regular  
(2nd trimester)

---

Times used per week

\_\_\_\_\_ (x/wk)

---

Heroin use 3rd trimester

- Occasional  
 Regular  
(3rd trimester)

---

Times used per week

\_\_\_\_\_ (x/wk)

---

Methadone use 6 months pre-pregnancy

- Occasional  
 Regular  
(6 mo pre-pregnancy)

---

Methadone times per week

\_\_\_\_\_ (x/wk)

---

Methadone use 1st trimester

- Occasional  
 Regular  
(1st Trimester)

---

Methadone times per week

\_\_\_\_\_ (x/wk)

---

Methadone use 2nd trimester

- Occasional  
 Regular  
(2nd trimester)

---

Methadone times per week

\_\_\_\_\_ (x/wk)

---

Methadone use 3rd trimester

- Occasional  
 Regular  
(3rd trimester)

---

Methadone times per week

\_\_\_\_\_ (x/wk)

---

Cocaine use 6 months pre-pregnancy

- Occasional  
 Regular  
(6 mo pre-pregnancy)

---

Cocaine times used per week

\_\_\_\_\_ (x/wk)

---

Cocaine use 1st trimester

- Occasional  
 Regular  
(1st trimester)

---

Cocaine times used per week

\_\_\_\_\_ (x/wk)

---

Cocaine use 2nd trimester

- Occasional  
 Regular  
(2nd trimester)

---

Cocaine times used per week

\_\_\_\_\_ (x/wk)

---

Cocaine use 3rd trimester

- Occasional  
 Regular  
(3rd trimester)

---

Cocaine times used per week

\_\_\_\_\_ (x/wk)

---

Crack use 6 months pre-pregnancy

- Occasional  
 Regular  
(6 mo pre-pregnancy)

---

Crack Times used per week

\_\_\_\_\_ (x/wk)

---

Crack use 1st trimester

- Occasional  
 Regular  
(1st trimester)

---

Crack Times used per week

\_\_\_\_\_ (x/wk)

---

Crack use 2nd trimester

- Occasional  
 Regular  
(2nd trimester)

---

Crack Times used per week

\_\_\_\_\_ (x/wk)

---

Crack use 3rd trimester

- Occasional  
 Regular  
(3rd trimester)

---

Crack Times used per week

\_\_\_\_\_ (x/wk)

---

Speed/Amphetamine use 6 months pre-pregnancy

- Occasional  
 Regular  
(6 mo pre-pregnancy)
- 

Speed/Amphetamine use per week

\_\_\_\_\_ (x/wk)

---

Speed/Amphetamine use 1st trimester

- Occasional  
 Regular  
(1st trimester)
- 

Speed/Amphetamine use per week

\_\_\_\_\_ (x/wk)

---

Speed/Amphetamine use 2nd trimester

- Occasional  
 Regular  
(2nd trimester)
- 

Speed/Amphetamine use per week

\_\_\_\_\_ (x/wk)

---

Speed/Amphetamine use 3rd trimester

- Occasional  
 Regular  
(3rd trimester)
- 

Speed/Amphetamine use per week

\_\_\_\_\_ (x/wk)

---

Paint/Glue use 6 months pre-pregnancy

- Occasionally  
 Regular  
(6 mo pre-pregnancy)
- 

Paint/Glue use per week

\_\_\_\_\_ (x/wk)

---

Paint/Glue use 1st trimester

- Occasionally  
 Regular  
(1st trimester)
- 

Paint/Glue use per week

\_\_\_\_\_ (x/wk)

---

Paint/Glue use 2nd trimester

- Occasionally  
 Regular  
(2nd trimester)
- 

Paint/Glue use per week

\_\_\_\_\_ (x/wk)

---

---

Paint/Glue use 3rd trimester

- Occasionally  
 Regular  
(3rd trimester)
- 

Paint/Glue use per week

\_\_\_\_\_  
(x/wk)

---

PCP use 6 months pre-pregnancy

- Occasionally  
 Regular  
(6 mo pre-pregnancy)
- 

PCP use per week

\_\_\_\_\_  
(X/week)

---

PCP use 1st trimester

- Occasionally  
 Regular  
(1st trimester)
- 

PCP use per week

\_\_\_\_\_  
(X/week)

---

PCP use 2nd trimester

- Occasionally  
 Regular  
(2nd trimester)
- 

PCP use per week

\_\_\_\_\_  
(X/week)

---

PCP use 3rd trimester

- Occasionally  
 Regular  
(3rd trimester)
- 

PCP use per week

\_\_\_\_\_  
(X/week)

---

Barbituates use 6 months pre-pregnancy

- Occasional  
 Regular  
(6 mo pre-pregnancy)
- 

Barbituates use per week

\_\_\_\_\_  
(X/wk)

---

Barbituates use 1st trimester

- Occasional  
 Regular  
(1st trimester)
- 

Barituates use per week

\_\_\_\_\_  
(X/wk)

---



---

Barbituates use 2nd trimester

- Occasional  
 Regular  
(2nd trimester)

---

Barituates use per week

\_\_\_\_\_  
(X/wk)

---

Barbituates use 3rd trimester

- Occasional  
 Regular  
(3rd trimester)

---

Barituates use per week

\_\_\_\_\_  
(X/wk)

---

Benzo's/Valium use 6 months pre-pregnancy

- Occasional  
 Regular  
(6 mo pre-pregnancy)

---

Benzo's/Valium use per week

\_\_\_\_\_  
(X/wk)

---

Benzo's/Valium use 1st trimester

- Occasional  
 Regular  
(1st trimester)

---

Benzo's/Valium use per week

\_\_\_\_\_  
(X/wk)

---

Benzo's/Valium use 2nd trimester

- Occasional  
 Regular  
(2nd trimester)

---

Benzo's/Valium use per week

\_\_\_\_\_  
(X/wk)

---

Benzo's/Valium use 3rd trimester

- Occasional  
 Regular  
(3rd trimester)

---

Benzo's/Valium use per week

\_\_\_\_\_  
(X/wk)

---

Ecstasy use 6 months pre-pregnancy

- Occasional  
 Regular  
(6 mo pre-pregnancy)

---

Ecstasy use per week

\_\_\_\_\_  
(x/wk)

---

Ecstasy use 1st trimester

- Occasional  
 Regular  
(1st trimester)

---

Ecstasy use per week

\_\_\_\_\_

(x/wk)

---

Ecstasy use 2nd trimester

- Occasional  
 Regular  
(2nd trimester)

---

Ecstasy use per week

\_\_\_\_\_

(x/wk)

---

Ecstasy use 3rd trimester

- Occasional  
 Regular  
(3rd trimester)

---

Ecstasy use per week

\_\_\_\_\_

(x/wk)

---

LSD/Hallucinogen use during 6 months pre-pregnancy

- Occasional  
 Regular  
(6 mo pre-pregnancy)

---

LSD/Hallucinogen use per week

\_\_\_\_\_

(X/wk)

---

LSD/Hallucinogen use during 1st trimester

- Occasional  
 Regular  
(1st trimester)

---

LSD/Hallucinogen use per week

\_\_\_\_\_

(X/wk)

---

LSD/Hallucinogen use during 2nd trimester

- Occasional  
 Regular  
(2nd trimester)

---

LSD/Hallucinogen use per week

\_\_\_\_\_

(X/wk)

---

LSD/Hallucinogen use during 3rd trimester

- Occasional  
 Regular  
(3rd trimester)

---

LSD/Hallucinogen use per week

\_\_\_\_\_

(X/wk)

---

Other drug used during 6 months pre-pregnancy

- Occasional  
 Regular  
 (6 mo pre-pregnancy)

---

Other drug use per week

\_\_\_\_\_

(X/wk)

---

Other drug used during 1st trimester

- Occasional  
 Regular  
 (1st trimester)

---

Other drug use per week

\_\_\_\_\_

(X/wk)

---

Other drug used during 2nd trimester

- Occasional  
 Regular  
 (2nd trimester)

---

Other drug use per week

\_\_\_\_\_

(X/wk)

---

Other drug used during 3rd trimester

- Occasional  
 Regular  
 (3rd trimester)

---

Other drug use per week

\_\_\_\_\_

(X/wk)

---

If other, please specify drug:

\_\_\_\_\_

## IX: General Information

### Información General

84. How much did you weigh when you were born?

Pounds

\_\_\_\_\_

(pounds)

¿Cuál fue su peso al nacer?

---

How much did you weigh when you were born?

Ounces

\_\_\_\_\_

(Ounces)

¿Cuál fue su peso al nacer?

---

How much did you weigh when you were born?

Grams

\_\_\_\_\_

(grams)

¿Cuál fue su peso al nacer?

85. Were you born Prematurely? ¿Nació prematuramente?	<input type="radio"/> Yes <input type="radio"/> No
85a. If yes, at what gestation? ¿En qué semana?	_____ (weeks)
86. What is the highest grade of school you have completed? ¿Cuál es su mayor nivel de escolaridad?	<input type="radio"/> No school/Elementary School <input type="radio"/> Some secondary school (9th grade and above) <input type="radio"/> High school graduate or GED <input type="radio"/> Some College <input type="radio"/> College Degree and above
87. Which one of these groups best describes your racial background? ¿Qué grupo describe su grupo racial? Negro Blanco Hispánico Asiático Haitiano Cabo Verdiano Orto	<input type="radio"/> Black/African American <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Haitian <input type="radio"/> Cape Verdian <input type="radio"/> Pacific Islander <input type="radio"/> Other
88. Where were you born? ¿Dónde nació?	<input type="radio"/> U.S. <input type="radio"/> Foreign country
If born in other country, specify:	_____ (Place of Birth)
Mother Country Code	_____ (Determine when able)
88a. IF FOREIGN BORN: How long have you lived in the U.S. ¿Cuánto tiempo ha vivido en los Estados Unidos?	_____ (years)
88a. IF FOREIGN BORN: How long have you lived in the U.S. ¿Cuánto tiempo ha vivido en los Estados Unidos?	_____ (Months)
IF FOREIGN BORN: How long have you lived in the U.S.	_____ (days)
89. Where was your Mother Born? ¿Dónde nació su madre?	<input type="radio"/> U.S. <input type="radio"/> Foreign Country (specify)

---

Mother's mother Other country

---

(Mother's mother)

---

Mother's mother country code

---

90. Where was your Father born?

- U.S.  
 Foreign Country (Specify)

¿Dónde nació su padre?

---

Mother's father other country

---

Mother's father Country Code

---

91. What is your native language?

- English  
 Spanish  
 Haitian Creole  
 French  
 Portuguese  
 Other

¿Cuál es su idioma nativo?

---

If not English: How would you rate your ability to speak English?

- Very Well  
 Well  
 Not Very Well  
 Not at all
- 

92. Will you answer some questions about your child's biological father?

- Yes  
 No

¿Va a contestar algunas preguntas sobre el padre biológico de su hijo?

---

93. What is the highest grade of school the baby's father has completed?

- No school/Elementary School  
 Some Secondary School (9th grade and above)  
 High School Graduate or GED  
 Some College  
 College Degree and Above

¿Cuál es el mayor nivel de escolaridad que ha completada el padre del bebe?

---

94. Which on of these groups best describes the racial background of the baby's father?

- Black/African American  
 White  
 Hispanic  
 Asian  
 Haitian  
 Cape Verdian  
 Pacific Island  
 Other

¿Cuál de estos grupos describe mejor el grupo racial de padre?

Negro  
Blanco  
Hispánico  
Asiático  
Haitiano  
Cabo Verdiano  
Orto

---

95. Where was the baby's father born?

- U.S.  
 Foreign Country (specify)

¿Dónde nació el padre de bebe?

Baby's father other country

---

Baby's Father Country Code

---

96. What is your present marital status?

¿Cuál es su estado marital?

Casa  
Viuda  
Divorciada  
Separada  
Soltera

- Married  
 Widowed  
 Divorced  
 Separated  
 Single

97. What was your total household income last year, before taxes? (Includes public assistance)

¿Cuál fue su ganancia financiero el último año antes de los impuestos?

- < \$5,000  
 \$5000-9,999  
 \$10,000-14,999  
 \$15,000-19,999  
 \$20,000-24,999  
 \$25,000-29,999  
 \$30,000-34,999  
 \$35,000-39,999  
 \$40,000-49,999  
 \$50,000-59,000  
 \$60,000 and over  
 Don't Know

Please ask if mother does not know annual income only:  
What is your weekly income?

---

¿O salario semanal?

## 98. Are you getting any public assistance?

### ¿Tiene algún tipo de asistencia publica?

Are you getting: WIC

- Yes  
 No

Are you getting: Food Stamps

- Yes  
 No

Are you getting: AFDC

- Yes  
 No

Are you getting: Housing Assistance

- Yes  
 No

Are you getting: Fuel Assistance

- Yes  
 No

Are you getting: any other public assistance

- Yes  
 No

if other specify

---

---

99. Did you take prenatal vitamins prescribed by your doctor?

- Yes  
 No

¿Tomó vitaminas prenatales prescritas por su doctor?

---

a. Pre-pregnancy

- No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost Daily  
(pre-pregnancy)

---

b. 1st Trimester

- No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost Daily  
(1st trimester)

---

c. 2nd Trimester

- No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost Daily  
(2nd trimester)

---

d. 3rd Trimester

- No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost Daily  
(3rd trimester)

---

100. Did you take iron?

- Yes  
 No

¿Tomó hierro?

---

a. Pre-pregnancy

- No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost Daily  
(Pre-pregnancy)

---

b. 1st trimester

- No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost Daily  
(1st trimester)

---

c. 2nd trimester

- No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost Daily  
(2nd trimester)

---

d. 3rd trimester

No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost Daily  
(3rd trimester)

---

101. Did you take any over the counter vitamins?  
 Yes  
 No

¿Tomó otras vitaminas sin prescripción?

---

a. Pre-pregnancy

No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost Daily  
(pre-pregnancy)

---

b. 1st trimester

No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost Daily  
(1st trimester)

---

c. 2nd trimester

No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost Daily  
(2nd trimester)

---

d. 3rd trimester

No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost Daily  
(3rd trimester)

---

Name of over the counter vitamin

\_\_\_\_\_

---

102. Did you take any herbal supplements?  
 Yes  
 No

¿Tomó algún suplemento herbal?

---

a. Pre-pregnancy

No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost daily  
(pre-pregnancy)

---

b. 1st trimester

No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost daily  
(1st trimester)



c. 2nd trimester

- No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost daily  
 (2nd trimester)

d. 3rd trimester

- No  
 < 1x/wk  
 1-2x/wk  
 3-5x/wk  
 Almost daily  
 (3rd trimester)

Name of herbal supplement

\_\_\_\_\_

Name of herbal supplement

\_\_\_\_\_

Name of herbal supplement

\_\_\_\_\_

**103. During this pregnancy, on average, how often do you eat or drink following foods per week?**

**¿Durante este embarazo en promedio con qué frecuencia comió los siguientes alimentos?**

During this pregnancy, on average, how often do you eat or drink following foods per week?

a. Green Vegetables

Vegetales verdes

- None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

During this pregnancy, on average, how often do you eat or drink following foods per week?

b. Orange Vegetables(carrots, squash, etc)

Vegetales naranjas

- None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

During this pregnancy, on average, how often do you eat or drink following foods per week?

c. Fruits

Frutas

- None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

During this pregnancy, on average, how often do you eat or drink following foods per week?

d. Meat

Carnes

- None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

---

During this pregnancy, on average, how often do you eat or drink following foods per week?  
e. Shellfish  
Mariscos

None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

---

During this pregnancy, on average, how often do you eat or drink following foods per week?  
f. Fish  
Pescado

None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

---

During this pregnancy, on average, how often do you eat or drink following foods per week?  
g. Eggs  
Huevos

None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

---

During this pregnancy, on average, how often do you eat or drink following foods per week?  
h. Cow's Milk/Dairy Products/Cheese  
Productos lácteos (Leche/queso)

None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

---

During this pregnancy, on average, how often do you eat or drink following foods per week?  
i. beans  
Frijoles

None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

---

During this pregnancy, on average, how often do you eat or drink following foods per week?  
j. Rice  
Arroz

None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

---

During this pregnancy, on average, how often do you eat or drink following foods per week?  
k. Wheat(pasta, bread, cereal)  
Trigo (pan/pasta)

None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

---

During this pregnancy, on average, how often do you eat or drink following foods per week?  
l. Soy/Tofu  
Soya/Tofu

None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

During this pregnancy, on average, how often do you eat or drink following foods per week?  
m. Seeds(Sesame, Sunflower, Pumpkin)  
Semillas

None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

During this pregnancy, on average, how often do you eat or drink following foods per week?  
n. Calcium Fortified Juice  
Jugo fortificado con calcio

None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

During this pregnancy, on average, how often do you eat or drink following foods per week?  
o. Peanut  
Maní

None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

During this pregnancy, on average, how often do you eat or drink following foods per week?  
p. Tree nuts  
Nuezes

None  
 < 1 days  
 1-2 days  
 3-5 days  
 6-7 days  
 don't know

104. Did you drink coffee before or during the index pregnancy?

Yes  
 No

¿Tomó café antes o durante el embarazo?

If yes, was it regular or decaffeinated?  
¿Era regular o descafeinado?  
¿Ambos?

Regular  
 Decaffeinated  
 Both

Number of regular cups per week: Pre-pregnancy

¿Cuántas tazas bebía a la semana?  
Pre-emarazo

\_\_\_\_\_

Number of regular cups per week: 1st Trimester

¿Cuántas tazas bebía a la semana?  
Primer Trimestre

\_\_\_\_\_

Number of regular cups per week: 2nd Trimester

¿Cuántas tazas bebía a la semana?  
Segundo Trimestre

\_\_\_\_\_

Number of regular cups per week: 3rd Trimester

¿Cuántas tazas bebía a la semana?  
Tercer Trimestre

\_\_\_\_\_

---

Number of decaf cups per week: Pre-pregnancy

¿Cuántas tazas bebía a la semana?  
Pre-embarazo

---

Number of decaf cups per week: 1st trimester

¿Cuántas tazas bebía a la semana?  
Primer Trimestre

---

Number of decaf cups per week: 2nd trimester

¿Cuántas tazas bebía a la semana?  
Segundo Trimestre

---

Number of decaf cups per week: 3rd trimester

¿Cuántas tazas bebía a la semana?  
Tercer Trimestre

---

105. Did you drink tea before or during the index pregnancy?

- Yes  
 No

¿Bebió té antes o durante el embarazo?

---

If yes, was it regular tea or herbal tea?

- Regular  
 Herbal  
 Both

---

Number of regular cups per week: Pre-pregnancy

¿Cuántas tazas bebía a la semana?  
Pre-embarazo

\_\_\_\_\_ (cups/wk)

---

Number of regular cups per week: 1st trimester

¿Cuántas tazas bebía a la semana?  
Primer Trimestre

\_\_\_\_\_ (cups/wk)

---

Number of regular cups per week: 2nd trimester

¿Cuántas tazas bebía a la semana?  
Segundo Trimestre

\_\_\_\_\_ (cups/wk)

---

Number of regular cups per week: 3rd trimester

¿Cuántas tazas bebía a la semana?  
Tercer Trimestre

\_\_\_\_\_ (cups/wk)

---

Number of herbal cups per week: Pre-pregnancy

¿Cuántas tazas bebía a la semana?  
Pre-embarazo

\_\_\_\_\_ (cups/wk)

---

Number of herbal cups per week: 1st trimester

¿Cuántas tazas bebía a la semana?  
Primer Trimestre

\_\_\_\_\_ (cups/wk)

---

Number of herbal cups per week: 2nd trimester

¿Cuántas tazas bebía a la semana?  
Segundo Trimestre

\_\_\_\_\_  
(cups/wk)

---

Number of herbal cups per week: 3rd trimester

¿Cuántas tazas bebía a la semana?  
Tercer Trimestre

\_\_\_\_\_  
(cups/wk)

---

106. Did you drink soft drinks during the index pregnancy?

- Yes  
 No

¿Bebió sodas o refrescos antes o durante el embarazo?

If yes, what kinds?

- Caffeinated  
 Decaf  
 Both

¿Cafeinado o Descafeinado? ¿Ambos?

---

Number of cups of soda per week: Pre-pregnancy

¿Cuántas tazas bebía a la semana?  
Pre-embarazo

\_\_\_\_\_  
(cups/wk)

---

Number of cups of soda per week: 1st trimester

¿Cuántas tazas bebía a la semana?  
Primer Trimestre

\_\_\_\_\_  
(cups/wk)

---

Number of cups of soda per week: 2nd trimester

¿Cuántas tazas bebía a la semana?  
Segundo Trimestre

\_\_\_\_\_  
(cups/wk)

---

Number of cups of soda per week: 3rd trimester

¿Cuántas tazas bebía a la semana?  
Tercer Trimestre

\_\_\_\_\_  
(cups/wk)

---

107. How do you plan to feed your baby?

¿Cómo planea alimentar al bebé?  
Pecho solamente  
Formula solamente  
Ambos pecho y formula  
No lo sé aún

- Breast Feed Only  
 Formula Feed Only  
 Both Breast Feed and Formula Feed  
 Don't Know Yet

**XI. Medical History****108. What medicines did you take during your pregnancy excluding vitamins?****¿Qué medicamentos tomó durante su embarazo excluyendo vitaminas?**

a. Medication name 1

---

Used in first trimester

- Yes  
 No  
 Unsure

Used in second trimester

- Yes  
 No  
 Unsure

Used in third trimester

- Yes  
 No  
 Unsure

b. Medication name 2

---

Used in first trimester

- Yes  
 No  
 Unsure

Used in second trimester

- Yes  
 No  
 Unsure

Used in third trimester

- Yes  
 No  
 Unsure

c. Medication name 3

---

Used in first trimester

- Yes  
 No  
 Unsure

Used in second trimester

- Yes  
 No  
 Unsure

Used in third trimester

- Yes  
 No  
 Unsure

d. Medication name 4

---

---

Used in first trimester

Yes  
 No  
 Unsure

---

Used in second trimester

Yes  
 No  
 Unsure

---

Used in third trimester

Yes  
 No  
 Unsure

---

e. Medication name 5

---

Used in first trimester

Yes  
 No  
 Unsure

---

Used in second trimester

Yes  
 No  
 Unsure

---

Used in third trimester

Yes  
 No  
 Unsure