



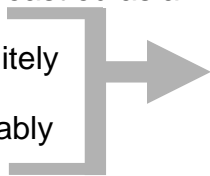
Please feel free to write comments on any of the questions in this questionnaire.

## SECTION A. YOUR EARLY LIFE EXPERIENCES

This section contains questions about YOUR childhood. You are welcome to ask for help from your mother, other relatives, or friends in answering these questions.

**A1.** Were you breastfed as an infant?

- 1 ☐ Definitely
- 2 ☐ Probably
- 3 ☐ Probably not
- 4 ☐ Definitely not
- 8 ☐ Don't know



**A2.** How long were you breastfed?

- 1 ☐ Less than 6 weeks
- 2 ☐ 6 weeks to 3 months
- 3 ☐ 4 to 6 months
- 4 ☐ More than 6 months
- 8 ☐ Don't know



**A3.** Were you fed formula made from soy (not regular formula)?

- 1 ☐ Definitely  
2 ☐ Probably  
3 ☐ Probably not  
4 ☐ Definitely not  
8 ☐ Don't know



**A4.** How long were you fed soy formula?

- 1 ☐ Less than 1 month  
2 ☐ 1 to 3 months  
3 ☐ 4 to 6 months  
4 ☐ 7 to 9 months  
5 ☐ 10 to 12 months  
6 ☐ More than 1 year  
8 ☐ Don't know

**A5.** Were you started on soy formula within the first 2 months of your life?

- 1 ☐ Definitely  
2 ☐ Probably  
3 ☐ Probably not  
4 ☐ Definitely not  
8 ☐ Don't know



**A6.** Were you born before, after, or on your mother's due date?

- 1 ☐ Before  
2 ☐ After  
3 ☐ On the due date  
8 ☐ Don't know

**A7.** How many weeks [before/after] your mother's due date? If less than 1 week please write "0".

WEEKS

- 98 ☐ Don't know

**GO TO A9**

**GO TO A8**

**A8.** If you don't know exactly, do you think you were born...

- 1 ☐ More than 3 weeks before her due date?  
2 ☐ Between 3 weeks before her due date to 2 weeks after her due date?  
3 ☐ More than 2 weeks after her due date?  
8 ☐ Don't know

**A9.** What was your birth weight? If you don't know exactly, please give us your best estimate.

and   
POUNDS OUNCES

- 98 ☐ Don't know

**A10.** Do you think your weight was...

- 1 ☐ Less than 5 pounds?  
2 ☐ More than 5 pounds?  
8 ☐ Don't know



**A11.** Were you a single birth, or one of a multiple birth (please include stillbirths)?

1 ☐ Single

2 ☐ Twins

3 ☐ Triplets

4 ☐ Other



**A11sp.** Please specify: \_\_\_\_\_

**A12.** About how old was your biological mother when she gave birth to you?

--	--

YEARS

**A13.** About how old was your biological father when you were born?

--	--

YEARS



## SECTION B. HEALTH HISTORY

Please fill in dates as completely as possible. For example, if you can only remember month and year, just leave day blank.

**B1.** Have you ever been diagnosed with the blood clotting disorder Leiden Factor V or thrombophilia?

- 1 ☐ Yes
- 2 ☐ No
- 8 ☐ Don't know

**B1a.** Diagnosis date?

MONTH YEAR

**B2.** When was your most recent menstrual period? Please give your best estimate.

MONTH DAY YEAR

**B3.** Have you stopped having menstrual periods because of menopause?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Maybe
- 8 ☐ Don't know

**B3sp.** Please explain \_\_\_\_\_

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**B4.** Have you had surgery to remove your uterus, also known as a hysterectomy?

1 ☐ Yes



2 ☐ No

**B4a.** When was the surgery?

--	--

MONTH

--	--

DAY

--	--	--	--

YEAR

**B5.** Have you had both your ovaries removed?

1 ☐ Yes



2 ☐ No

**B5a.** When was the surgery?

If one ovary was removed at a time,  
please give the date your last ovary was  
removed.

--	--

MONTH

--	--

DAY

--	--	--	--

YEAR

**B6.** Would you say that in general your health is...?

1 ☐ Excellent

2 ☐ Very good

3 ☐ Good

4 ☐ Fair

5 ☐ Poor



## HEALTH HISTORY

**B7.** Have you ever been diagnosed with any of the following?

Please mark Yes, No or Don't Know for each row.

	Yes	No	Don't Know
<b>B7a.</b> Fibromyalgia	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>B7b.</b> Breast cancer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>B7c.</b> Endometriosis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>B7d.</b> Uterine fibroids	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>B7e.</b> Polycystic ovary disease	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>

**B8.** Do you have any grandchildren, including through adoption or by marriage?

1 ☐ Yes

2 ☐ No



## SECTION C. PREGNANCY HISTORY

Please describe all your pregnancies, including any pregnancies conceived before, during or after the Early Pregnancy Study. There are cream colored continuation sheets at the end of this questionnaire for your second, third, etc. pregnancies. Please fill in dates as completely as possible. For example, if you can only remember month and year, just leave day blank.

- C1.** How many times have you been pregnant?  
(Please include all of your pregnancies whether in the Early Pregnancy Study or not)  
Please include live births, stillbirths, miscarriages or other outcomes.

--	--

NUMBER OF PREGNANCIES

- C2.** How did your first pregnancy end?

- 1 ☐ Single live birth
- 2 ☐ Twins or other multiple birth
- 3 ☐ Stillbirth
- 4 ☐ Miscarriage
- 5 ☐ Induced abortion
- 6 ☐ Ectopic/tubal pregnancy
- 7 ☐ Molar pregnancy

- C3.** When did this pregnancy end?

--	--	--	--	--	--

MONTH      DAY      YEAR





**C4.** Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

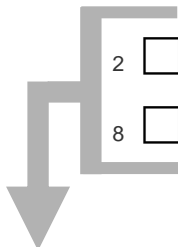
1 ☐ Yes



**GO TO C9**

2 ☐ No

8 ☐ Don't know



Some pregnancies are conceived quickly while others take years to conceive. Still considering this pregnancy, did you become pregnant during...

**C5a.** Your first menstrual cycle of unprotected intercourse?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5b.** If not your first cycle, in your second?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5c.** If not your first or second cycles, in your third?

1 ☐ Yes



**GO TO C9**

2 ☐ No



## PREGNANCY HISTORY

- C6.** Please estimate the number of months of unprotected intercourse it took you to become pregnant.

MONTHS



**GO TO C8**

<sup>98</sup> ☐ Don't know



- C7.** Can you estimate a range of months? For example, you might remember that it was between 4 and 6 months.

<sup>1</sup> ☐ 1-3 months

<sup>2</sup> ☐ 4-6 months

<sup>3</sup> ☐ 7-12 months

<sup>4</sup> ☐ 13-24 months

<sup>5</sup> ☐ >24 months

<sup>8</sup> ☐ Don't know

- C8.** Menstrual cycles can vary in length and numbers of cycles do not always match up with numbers of months. Please estimate the number of menstrual cycles it took you to become pregnant.

CYCLES

<sup>98</sup> ☐ Don't know

- C9.** How many weeks did this pregnancy last? That is, the time from your last menstrual period until the pregnancy ended. (Your due date would have been 40 weeks)

WEEKS

<sup>98</sup> ☐ Don't know

- C10.** Is this the pregnancy you started trying to conceive in the Early Pregnancy Study?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

<sup>8</sup> ☐ Don't know

**Please use the cream colored continuation pages at the end of this questionnaire for your second, third, etc. pregnancies.**



## SECTION D. LIFE ACTIVITIES WHILE TRYING TO CONCEIVE DURING THE EARLY PREGNANCY STUDY

The next set of questions refers to the **time you were trying to conceive during the Early Pregnancy Study**. Please think back to what you typically did during this time period when answering these questions.

### Water use while trying to conceive in the Early Pregnancy Study

**D1.** At the time you were trying to conceive in the Early Pregnancy Study, did your home tap water come from the city, a private well, or a community well?

- 1 ☐ City
- 2 ☐ Private well
- 3 ☐ Community well
- 4 ☐ Other



**D1sp.** Please describe: \_\_\_\_\_

\_\_\_\_\_

**D2.** How much of the tap water you drank was from home (not from work or a friend's house)?

- 1 ☐ All or nearly all
- 2 ☐ Most (about  $\frac{3}{4}$ )
- 3 ☐ Some (about  $\frac{1}{2}$ )
- 4 ☐ Little (about  $\frac{1}{4}$ )
- 5 ☐ Very little or none



**D3.** At that time, did you filter your tap water? Please consider filters that were attached to your faucet, that were a part of your refrigerator or a pitcher such as a Brita.

1 ☐ Yes

2 ☐ No

**D4.** How much of the tap water you drank at home or elsewhere was filtered, including water used for hot and cold drinks, hot tea, juice from concentrate, etc.? Was it...

1 ☐ All or nearly all

2 ☐ Most (about  $\frac{3}{4}$ )

3 ☐ Some (about  $\frac{1}{2}$ )

4 ☐ Little (about  $\frac{1}{4}$ )

5 ☐ Very little or none

**D5.** How much of the tap water you used for cooking was filtered? Was it...

1 ☐ All or nearly all

2 ☐ Most (about  $\frac{3}{4}$ )

3 ☐ Some (about  $\frac{1}{2}$ )

4 ☐ Little (about  $\frac{1}{4}$ )

5 ☐ Very little or none



**D6.** How much of all the water you drank was bottled water, including water used for hot and cold drinks?

- 1 ☐ All or nearly all
- 2 ☐ Most (about  $\frac{3}{4}$ )
- 3 ☐ Some (about  $\frac{1}{2}$ )
- 4 ☐ Little (about  $\frac{1}{4}$ )
- 5 ☐ Very little or none

### **Diet while trying to conceive in the Early Pregnancy Study**

**D7.** At the time you were trying to conceive in the Early Pregnancy Study, how often did you eat soy foods including tempeh, textured vegetable protein or soy-based meat substitutes?

- 1 ☐ Never
- 2 ☐ Rarely
- 3 ☐ Sometimes
- 4 ☐ Often

**D8.** Were you a vegetarian at that time?

- 1 ☐ Yes and I did not eat milk or egg products
- 2 ☐ Yes and I did eat milk or egg products
- 3 ☐ No



## Physical activity while trying to conceive in the Early Pregnancy Study

**D9.** At the time you were trying to conceive in the Early Pregnancy Study, how much did you enjoy physical activity?

1 ☐ Very much

2 ☐ Somewhat

3 ☐ A little

4 ☐ Not at all

**D10.** About how many times per week did you perform exercise such as walking for exercise, jogging, aerobics, swimming or dancing? If none, write "0".

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TIMES PER WEEK

**D11.** In total, about how many minutes did you spend on exercise each week? If none, write "0".

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MINUTES PER WEEK



## Wood or coal burning while trying to conceive in the Early Pregnancy Study

**D12.** At the time you were trying to conceive in the Early Pregnancy Study, how often did you burn wood in a fireplace or stove?

- 1 ☐ Never  
2 ☐ Rarely  
3 ☐ Sometimes  
4 ☐ Often

**D13.** How often did you burn coal?

- 1 ☐ Never  
2 ☐ Rarely  
3 ☐ Sometimes  
4 ☐ Often

## Height/weight

**D14.** At the time you enrolled in the Early Pregnancy Study, what was your weight in pounds?

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POUNDS

**D15.** At the time you enrolled in the Early Pregnancy Study, what was your height in feet and inches?

--	--

FEET

--	--

INCHES



## SECTION E. EARLY PREGNANCY BEHAVIORS DURING THE EARLY PREGNANCY STUDY

These questions are about the pregnancy you conceived during the Early Pregnancy Study. Researchers often ask women to describe pregnancies that occurred decades earlier however, little is known about how women's descriptions of their pregnancies may change over time. We realize it may be difficult to remember and we appreciate your efforts.

For the following questions, please consider **your typical behavior in the first two months after your last menstrual period for the pregnancy you conceived during the Early Pregnancy Study**. You can also let us know how sure you are about each answer on a scale of 1 to 4, 1 being very unsure and 4 being quite sure.

During the first two months after your last menstrual period...	<b>a.</b> Number (If none, write "0" and go to <b>c.</b> )	<b>b.</b> Is the number in <b>a</b> , per day, per week, or per month? (Check one)	<b>c.</b> How sure are you? Check one. 1 = unsure 4 = quite sure (Check one)
<b>E1.</b> How many cups of brewed caffeinated coffee did you drink?	<div><div></div><div></div></div> cups per...	1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month	<div><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div> <div>1 2 3 4</div>
<b>E2.</b> How many cups of instant caffeinated coffee did you drink?	<div><div></div><div></div></div> cups per...	1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month	<div><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div> <div>1 2 3 4</div>





During the first two months after your last menstrual period...	<b>a.</b> Number (If none, write "0" and go to c.)	<b>b.</b> Is the number in a, per day, per week, or per month? (Check one)	<b>c.</b> How sure are you? Check one. 1 = unsure 4 = quite sure (Check one)
<b>E3.</b> How many cups of non-herbal hot or iced tea did you drink?	cups per... <div><div></div><div></div></div>	1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month	<div><div></div><div></div><div></div><div></div></div> <div>1 2 3 4</div>
<b>E4.</b> How many caffeinated colas did you drink? Cola would include Coke, Diet Coke, Tab, Pepsi, Diet Pepsi, Pepsi Light, Shasta Cola, Diet Shasta, or Chek Cola	caffeinated soft drinks per... <div><div></div><div></div></div>	1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month	<div><div></div><div></div><div></div><div></div></div> <div>1 2 3 4</div>
<b>E5.</b> How many other caffeinated soft drinks did you drink? These include: Dr. Pepper, Sugar-Free Dr. Pepper, Mello Yello, Mountain Dew, Sun Drop, Cheerwine, Barq's Root Beer, Barq's Sugar-Free Root Beer	caffeinated soft drinks per... <div><div></div><div></div></div>	1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month	<div><div></div><div></div><div></div><div></div></div> <div>1 2 3 4</div>



	<b>a.</b> Number (If none, write "0" and go to c.)	<b>b.</b> Is the number in <b>a</b> , per day, per week, or per month? (Check one)	<b>c.</b> How sure are you? Check one. 1 = unsure 4 = quite sure (Check one)
During the first two months after your last menstrual period...			
<b>E6.</b> How many 12oz bottles or cans of beer did you drink?	<div><div></div><div></div></div> 12oz servings per...	1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month	<div><div></div><div></div><div></div><div></div></div> 1 2 3 4
<b>E7.</b> How many 4oz glasses of wine did you drink?	<div><div></div><div></div></div> 4oz servings per...	1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month	<div><div></div><div></div><div></div><div></div></div> 1 2 3 4
<b>E8.</b> How many 1 1/2oz servings of hard liquor did you drink?	<div><div></div><div></div></div> 1 ½ oz servings per...	1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month	<div><div></div><div></div><div></div><div></div></div> 1 2 3 4



**E9.** Did you take any antibiotics during those first two months after your last menstrual period?

1 ☐ Yes

2 ☐ No

**E9a.** How sure are you? Please check one.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4
unsure		quite sure	

**E10.** Did you take vitamins during those first two months after your last menstrual period?

1 ☐ Yes

2 ☐ No

**E10a.** How sure are you? Please check one.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4
unsure		quite sure	



**IF YOU ANSWERED YES TO E10, ANSWER E11, E11a, AND E12, E12a.  
IF YOU ANSWERED NO TO E10 GO TO E13.**

**E11.** Of the first two months after your last menstrual period, for how many weeks did you take vitamins?

WEEKS

**E11a.** How sure are you? Please check one.

☐

1

unsure

☐

2

☐

3

☐

4

quite sure

**E12.** How many times per week did you take vitamins during the first two months after your last menstrual period?

TIMES PER WEEK

**E12a.** How sure are you? Please check one.

☐

1

unsure

☐

2

☐

3

☐

4

quite sure



**E13.** When did you know you were pregnant, counting from your last menstrual period?

- 1 ☐ 5 weeks or less
- 2 ☐ 6 weeks
- 3 ☐ 7 weeks
- 4 ☐ 8 weeks
- 5 ☐ 9 weeks or more

**E14.** How many weeks pregnant were you (counting from your last menstrual period) when you started having symptoms of pregnancy?

- 1 ☐ 6 weeks or less
- 2 ☐ 7 to 8 weeks
- 3 ☐ 9 weeks or more



## SECTION F. THE PREGNANCY YOU CONCEIVED DURING THE EARLY PREGNANCY STUDY

Please consider the pregnancy you conceived during the Early Pregnancy Study when answering the following questions. Please fill in dates as completely as possible rather than leaving the entire date blank. For example, if you can only remember month and year, just leave day blank.

**F1.** During the pregnancy you conceived in the Early Pregnancy Study, did you have any pregnancy-related medical treatments during the pregnancy or birth including...

Please mark Yes, No, or Don't Know for each row.	Yes	No	Don't Know
<b>F1a.</b> Taking female hormones to prevent a miscarriage or preterm birth?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F1b.</b> Cervical cerclage, stitches in the cervix to hold it closed?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F1c.</b> Toxemia, preeclampsia or eclampsia?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F1d.</b> Anemia?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F1e.</b> Pregnancy induced high blood pressure or gestational hypertension?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F1f.</b> Gestational diabetes, that is, diabetes beginning during pregnancy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F1g.</b> Vaginal bleeding, not just spotting?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F1h.</b> Severe nausea and vomiting lasting at least one week also called hyperemesis?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F1i.</b> Prescribed bed rest for more than 10 days?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F1j.</b> Problems with the placenta during pregnancy, such as placenta previa or placental abruption?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>



Please mark Yes, No or Don't Know for each row.

	Yes	No	Don't Know
<b>F1k.</b> Water broke early or premature rupture of membranes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F1l.</b> Being given antibiotics around the time of delivery?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F1m.</b> Heavy bleeding at delivery requiring blood transfusion?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F1n.</b> Chorioamnionitis, infection of the membranes that surround the fetus?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F1o.</b> Anything else? <b>F1osp.</b> If yes, please specify: _____ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>

**F2.** Did you have a fetal ultrasound before 20 weeks of gestation?

- 1 ☐ Yes  
2 ☐ No

**F3.** Did you give birth before, after or on your due date? (Your due date would be 40 weeks)

- 1 ☐ Before  
2 ☐ After  
3 ☐ On  
8 ☐ Don't know

**F4.** How many days before or after your due date?

DAYS

98 ☐ Don't know



**F5.** What was the month, day and year of this birth?

MONTH		DAY		YEAR			

**F6.** Did you give birth at home or in a hospital or birth center?

1 ☐ At home



**GO TO F11**

2 ☐ Hospital or birth center



**F7.** What type of delivery was it?

1 ☐ Cesarean section



2 ☐ Vaginal

**F7sp.** Reason for Cesarean section:

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**F8.** Was the Cesarean section performed before you went into labor?

1 ☐ Yes

2 ☐ No

8 ☐ Don't know

**F9.** Did you have regular contractions before you entered the hospital or birth center?

1 ☐ Yes

2 ☐ No

8 ☐ Don't know

**F10.** Did your water break before you entered the hospital or birth center?

1 ☐ Yes

2 ☐ No

8 ☐ Don't know





**F11.** Were you given any treatment that started contractions *before* they began spontaneously, that is, was your labor induced?

1 ☐ Yes

2 ☐ No

8 ☐ Don't know

**GO TO F14**

**F12.** What was the treatment used to start contractions?

Please mark Yes, No or Don't Know for each row.

	Yes	No	Don't Know
<b>F12a.</b> Mechanical dilation of the cervix?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F12b.</b> Oxytocin also called pitocin or syntocinon?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F12c.</b> Medical personnel "broke your water" or "stripped your membranes"?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F12d.</b> Other? <b>F12sp.</b> If yes please specify _____ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>

**F13.** What was the reason for inducing contractions?

1 ☐ You passed your due date and labor did not begin

2 ☐ There was a medical emergency

3 ☐ Other

**F13sp.** Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**F14.** Once contractions had started, were you given any treatment to increase the frequency or strength of your contractions?

1 ☐ Yes  
2 ☐ No  
8 ☐ Don't know

**GO TO F16**

**F15.** What treatment?

Please mark Yes, No or Don't Know for each row.

	Yes	No	Don't Know
<b>F15a.</b> Oxytocin (also known as pitocin or syntocinon)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F15b.</b> Medical personnel "broke your water" or "stripped your membranes"	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>F15c.</b> Other? <b>F15sp.</b> If yes please specify _____ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>

[illegible]

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**F18.** Was your baby a boy or a girl?

- 1 ☐ Boy  
2 ☐ Girl  
3 ☐ Twins



**F19.** How much did he/she weigh at birth?

POUNDS OUNCES

<sub>98</sub> ☐ Don't know

**GO TO F23**

**F20.** How many boys and/or girls?

- 1 ☐ 2 boys  
2 ☐ 2 girls  
3 ☐ 1 boy and 1 girl

**F21.** Were your twins identical or fraternal?

- 1 ☐ Identical (monozygotic)  
2 ☐ Fraternal (dizygotic)  
8 ☐ Don't know

**F22.** How much did he/she weigh at birth?

**F22a.** Baby #1

POUNDS OUNCES  
<sub>98</sub> ☐ Don't know

**F22b.** (Baby #1) Is this baby a boy or girl?

- 1 ☐ Boy  
2 ☐ Girl

**F22c.** Baby #2

POUNDS OUNCES  
<sub>98</sub> ☐ Don't know

**F22d.** (Baby #2) Is this baby a boy or girl?

- 1 ☐ Boy  
2 ☐ Girl



**F23.** Was this child or children diagnosed with any health problems in the first month of life?

1 ☐ Yes

2 ☐ No

**F23sp.** What was the diagnosis? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F24.** Has the child or children you conceived during the Early Pregnancy Study given birth to, or fathered any children?

1 ☐ Yes

2 ☐ No

**F25.** Please give the age and sex of each grandchild that was born to the child or children conceived in the Early Pregnancy Study.

AGE	SEX
<b>F25a.</b> <input type="text"/> <input type="text"/>	<b>F26a.</b> 1 <input type="checkbox"/> male 2 <input type="checkbox"/> female
<b>F25b.</b> <input type="text"/> <input type="text"/>	<b>F26b.</b> 1 <input type="checkbox"/> male 2 <input type="checkbox"/> female
<b>F25c.</b> <input type="text"/> <input type="text"/>	<b>F26c.</b> 1 <input type="checkbox"/> male 2 <input type="checkbox"/> female
<b>F25d.</b> <input type="text"/> <input type="text"/>	<b>F26d.</b> 1 <input type="checkbox"/> male 2 <input type="checkbox"/> female
<b>F25e.</b> <input type="text"/> <input type="text"/>	<b>F26e.</b> 1 <input type="checkbox"/> male 2 <input type="checkbox"/> female
<b>F25f.</b> <input type="text"/> <input type="text"/>	<b>F26f.</b> 1 <input type="checkbox"/> male 2 <input type="checkbox"/> female



**DNA.** We may be interested in examining whether genes are associated with reproductive health among Early Pregnancy Study participants. Would you be willing, at some future date, to provide a saliva sample that would be used to study your genes through DNA analysis? Answering “yes” now does not obligate you to contribute a sample in the future.

1 ☐ Yes

2 ☐ No

This is the end of the questionnaire, thank you for your responses!

Please return the questionnaire and pregnancy continuation sheets to the study office using the postage-paid envelope provided. If you don't have the envelope please contact our study manager, Elizabeth O'Connell, 1-800-948-7552, extension 4335, and she will be glad to send you another.

Thank you again for your time!

Mailing address:

Early Pregnancy Study – Follow up  
Social & Scientific Systems, Inc.  
1009 Slater Road, Suite 120  
Durham, NC 27703



## CONTINUATION FOR ADDITIONAL PREGNANCIES

Please use these continuation pages if you have had more than one pregnancy, you described your first pregnancy in section C. Complete one continuation page for your second pregnancy, another for your third, and so on. Please fill in dates as completely as possible rather than leaving the entire date blank. For example, if you can only remember month and year, just leave day blank. If you need more continuation sheets please contact our study manager, Elizabeth O'Connell, 1-800-948-7552, extension 4335, and she will be glad to send you more.



## SECOND PREGNANCY

**C2.** How did your second pregnancy end?

- 1 ☐ Single live birth
- 2 ☐ Twins or other multiple birth
- 3 ☐ Stillbirth
- 4 ☐ Miscarriage
- 5 ☐ Induced abortion
- 6 ☐ Ectopic/tubal pregnancy
- 7 ☐ Molar pregnancy

**C3.** When did this pregnancy end?

MONTH		DAY		YEAR			





**C4.** Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

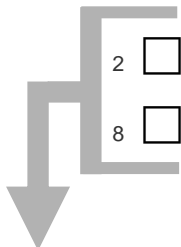
1 ☐ Yes



**GO TO C9**

2 ☐ No

8 ☐ Don't know



Some pregnancies are conceived quickly while others take years to conceive. Still considering this pregnancy, did you become pregnant during...

**C5a.** Your first menstrual cycle of unprotected intercourse?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5b.** If not your first cycle, in your second?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5c.** If not your first or second cycles, in your third?

1 ☐ Yes



**GO TO C9**

2 ☐ No



- C6.** Please estimate the number of months of unprotected intercourse it took you to become pregnant.

--	--

**GO TO C8**

MONTHS

98 ☐ Don't know

- C7.** Can you estimate a range of months?  
For example, you might remember that it was between 4 and 6 months.

- 1 ☐ 1-3 months  
2 ☐ 4-6 months  
3 ☐ 7-12 months  
4 ☐ 13-24 months  
5 ☐ >24 months  
8 ☐ Don't know

- C8.** Menstrual cycles can vary in length and numbers of cycles do not always match up with numbers of months. Please estimate the number of menstrual cycles it took you to become pregnant.

--	--

CYCLES

98 ☐ Don't know



- C9.** How many weeks did this pregnancy last? That is, the time from your last menstrual period until the pregnancy ended. (Your due date would have been 40 weeks)

--	--

WEEKS

<sup>98</sup> ☐ Don't know

- C10.** Is this the pregnancy you started trying to conceive in the Early Pregnancy Study?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

<sup>8</sup> ☐ Don't know

**IF THIS IS YOUR LAST PREGNANCY,  
PLEASE RETURN TO SECTION D, PAGE 12,  
AND CONTINUE ANSWERING THE REST OF THE QUESTIONNAIRE.**

**IF THIS IS NOT YOUR LAST PREGNANCY,  
PLEASE CONTINUE TO YOUR THIRD PREGNANCY ON THE NEXT PAGE.**



## THIRD PREGNANCY

**C2.** How did your third pregnancy end?

- 1 ☐ Single live birth
- 2 ☐ Twins or other multiple birth
- 3 ☐ Stillbirth
- 4 ☐ Miscarriage
- 5 ☐ Induced abortion
- 6 ☐ Ectopic/tubal pregnancy
- 7 ☐ Molar pregnancy

**C3.** When did this pregnancy end?

MONTH			DAY		YEAR				



**C4.** Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

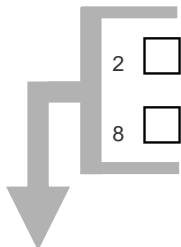
1 ☐ Yes



**GO TO C9**

2 ☐ No

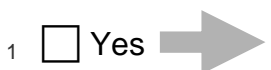
8 ☐ Don't know



Some pregnancies are conceived quickly while others take years to conceive. Still considering this pregnancy, did you become pregnant during...

**C5a.** Your first menstrual cycle of unprotected intercourse?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5b.** If not your first cycle, in your second?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5c.** If not your first or second cycles, in your third?

1 ☐ Yes



**GO TO C9**

2 ☐ No



- C6.** Please estimate the number of months of unprotected intercourse it took you to become pregnant.

--	--

MONTHS

**GO TO C8**98 ☐ Don't know

- C7.** Can you estimate a range of months? For example, you might remember that it was between 4 and 6 months.

1 ☐ 1-3 months2 ☐ 4-6 months3 ☐ 7-12 months4 ☐ 13-24 months5 ☐ >24 months8 ☐ Don't know

- C8.** Menstrual cycles can vary in length and numbers of cycles do not always match up with numbers of months. Please estimate the number of menstrual cycles it took you to become pregnant.

--	--

CYCLES

98 ☐ Don't know



- C9.** How many weeks did this pregnancy last? That is, the time from your last menstrual period until the pregnancy ended. (Your due date would have been 40 weeks)

--	--

WEEKS

<sup>98</sup> ☐ Don't know

- C10.** Is this the pregnancy you started trying to conceive in the Early Pregnancy Study?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

<sup>8</sup> ☐ Don't know

**IF THIS IS YOUR LAST PREGNANCY,  
PLEASE RETURN TO SECTION D, PAGE 12,  
AND CONTINUE ANSWERING THE REST OF THE QUESTIONNAIRE.**

**IF THIS IS NOT YOUR LAST PREGNANCY,  
PLEASE CONTINUE TO YOUR FOURTH PREGNANCY ON THE NEXT PAGE.**



## FOURTH PREGNANCY

**C2.** How did your fourth pregnancy end?

- 1 ☐ Single live birth
- 2 ☐ Twins or other multiple birth
- 3 ☐ Stillbirth
- 4 ☐ Miscarriage
- 5 ☐ Induced abortion
- 6 ☐ Ectopic/tubal pregnancy
- 7 ☐ Molar pregnancy

**C3.** When did this pregnancy end?

<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
MONTH		DAY		YEAR			





**C4.** Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

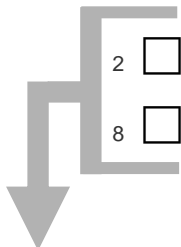
1 ☐ Yes



**GO TO C9**

2 ☐ No

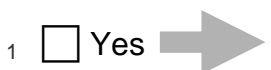
8 ☐ Don't know



Some pregnancies are conceived quickly while others take years to conceive. Still considering this pregnancy, did you become pregnant during...

**C5a.** Your first menstrual cycle of unprotected intercourse?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5b.** If not your first cycle, in your second?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5c.** If not your first or second cycles, in your third?

1 ☐ Yes



**GO TO C9**

2 ☐ No



- C6.** Please estimate the number of months of unprotected intercourse it took you to become pregnant.

--	--

MONTHS

**GO TO C8**98 ☐ Don't know

- C7.** Can you estimate a range of months? For example, you might remember that it was between 4 and 6 months.

1 ☐ 1-3 months2 ☐ 4-6 months3 ☐ 7-12 months4 ☐ 13-24 months5 ☐ >24 months8 ☐ Don't know

- C8.** Menstrual cycles can vary in length and numbers of cycles do not always match up with numbers of months. Please estimate the number of menstrual cycles it took you to become pregnant.

--	--

CYCLES

98 ☐ Don't know



- C9.** How many weeks did this pregnancy last? That is, the time from your last menstrual period until the pregnancy ended. (Your due date would have been 40 weeks)

--	--

WEEKS

<sup>98</sup> ☐ Don't know

- C10.** Is this the pregnancy you started trying to conceive in the Early Pregnancy Study?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

<sup>8</sup> ☐ Don't know

**IF THIS IS YOUR LAST PREGNANCY,  
PLEASE RETURN TO SECTION D, PAGE 12,  
AND CONTINUE ANSWERING THE REST OF THE QUESTIONNAIRE.**

**IF THIS IS NOT YOUR LAST PREGNANCY,  
PLEASE CONTINUE TO YOUR FIFTH PREGNANCY ON THE NEXT PAGE.**



## FIFTH PREGNANCY

**C2.** How did your fifth pregnancy end?

- 1 ☐ Single live birth
- 2 ☐ Twins or other multiple birth
- 3 ☐ Stillbirth
- 4 ☐ Miscarriage
- 5 ☐ Induced abortion
- 6 ☐ Ectopic/tubal pregnancy
- 7 ☐ Molar pregnancy

**C3.** When did this pregnancy end?

MONTH			DAY		YEAR				



**C4.** Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

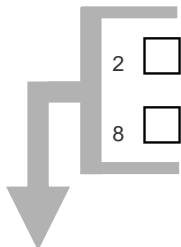
1 ☐ Yes



**GO TO C9**

2 ☐ No

8 ☐ Don't know



Some pregnancies are conceived quickly while others take years to conceive. Still considering this pregnancy, did you become pregnant during...

**C5a.** Your first menstrual cycle of unprotected intercourse?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5b.** If not your first cycle, in your second?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5c.** If not your first or second cycles, in your third?

1 ☐ Yes



**GO TO C9**

2 ☐ No



- C6.** Please estimate the number of months of unprotected intercourse it took you to become pregnant.

--	--

MONTHS

**GO TO C8**98 ☐ Don't know

- C7.** Can you estimate a range of months? For example, you might remember that it was between 4 and 6 months.

1 ☐ 1-3 months2 ☐ 4-6 months3 ☐ 7-12 months4 ☐ 13-24 months5 ☐ >24 months8 ☐ Don't know

- C8.** Menstrual cycles can vary in length and numbers of cycles do not always match up with numbers of months. Please estimate the number of menstrual cycles it took you to become pregnant.

--	--

CYCLES

98 ☐ Don't know



- C9.** How many weeks did this pregnancy last? That is, the time from your last menstrual period until the pregnancy ended. (Your due date would have been 40 weeks)

--	--

WEEKS

<sup>98</sup> ☐ Don't know

- C10.** Is this the pregnancy you started trying to conceive in the Early Pregnancy Study?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

<sup>8</sup> ☐ Don't know

**IF THIS IS YOUR LAST PREGNANCY,  
PLEASE RETURN TO SECTION D, PAGE 12,  
AND CONTINUE ANSWERING THE REST OF THE QUESTIONNAIRE.**

**IF THIS IS NOT YOUR LAST PREGNANCY,  
PLEASE CONTINUE TO YOUR SIXTH PREGNANCY ON THE NEXT PAGE.**



## SIXTH PREGNANCY

**C2.** How did your sixth pregnancy end?

- 1 ☐ Single live birth
- 2 ☐ Twins or other multiple birth
- 3 ☐ Stillbirth
- 4 ☐ Miscarriage
- 5 ☐ Induced abortion
- 6 ☐ Ectopic/tubal pregnancy
- 7 ☐ Molar pregnancy

**C3.** When did this pregnancy end?

MONTH		DAY		YEAR			





**C4.** Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

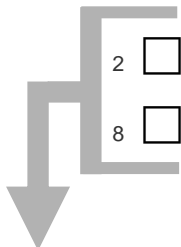
1 ☐ Yes



**GO TO C9**

2 ☐ No

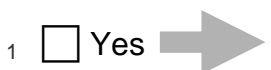
8 ☐ Don't know



Some pregnancies are conceived quickly while others take years to conceive. Still considering this pregnancy, did you become pregnant during...

**C5a.** Your first menstrual cycle of unprotected intercourse?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5b.** If not your first cycle, in your second?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5c.** If not your first or second cycles, in your third?

1 ☐ Yes



**GO TO C9**

2 ☐ No



- C6.** Please estimate the number of months of unprotected intercourse it took you to become pregnant.

--	--

MONTHS

**GO TO C8**98 ☐ Don't know

- C7.** Can you estimate a range of months? For example, you might remember that it was between 4 and 6 months.

1 ☐ 1-3 months2 ☐ 4-6 months3 ☐ 7-12 months4 ☐ 13-24 months5 ☐ >24 months8 ☐ Don't know

- C8.** Menstrual cycles can vary in length and numbers of cycles do not always match up with numbers of months. Please estimate the number of menstrual cycles it took you to become pregnant.

--	--

CYCLES

98 ☐ Don't know



- C9.** How many weeks did this pregnancy last? That is, the time from your last menstrual period until the pregnancy ended. (Your due date would have been 40 weeks)

--	--

WEEKS

<sup>98</sup> ☐ Don't know

- C10.** Is this the pregnancy you started trying to conceive in the Early Pregnancy Study?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

<sup>8</sup> ☐ Don't know

**IF THIS IS YOUR LAST PREGNANCY,  
PLEASE RETURN TO SECTION D, PAGE 12,  
AND CONTINUE ANSWERING THE REST OF THE QUESTIONNAIRE.**

**IF THIS IS NOT YOUR LAST PREGNANCY,  
PLEASE CONTINUE TO YOUR SEVENTH PREGNANCY  
ON THE NEXT PAGE.**



## SEVENTH PREGNANCY

**C2.** How did your seventh pregnancy end?

- 1 ☐ Single live birth
- 2 ☐ Twins or other multiple birth
- 3 ☐ Stillbirth
- 4 ☐ Miscarriage
- 5 ☐ Induced abortion
- 6 ☐ Ectopic/tubal pregnancy
- 7 ☐ Molar pregnancy

**C3.** When did this pregnancy end?

MONTH		DAY		YEAR			



**C4.** Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

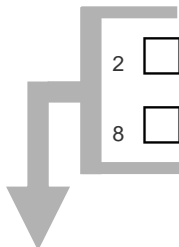
1 ☐ Yes



**GO TO C9**

2 ☐ No

8 ☐ Don't know



Some pregnancies are conceived quickly while others take years to conceive. Still considering this pregnancy, did you become pregnant during...

**C5a.** Your first menstrual cycle of unprotected intercourse?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5b.** If not your first cycle, in your second?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5c.** If not your first or second cycles, in your third?

1 ☐ Yes



**GO TO C9**

2 ☐ No



## SEVENTH PREGNANCY

- C6.** Please estimate the number of months of unprotected intercourse it took you to become pregnant.

--	--

MONTHS



**GO TO C8**

<sup>98</sup> ☐ Don't know



- C7.** Can you estimate a range of months? For example, you might remember that it was between 4 and 6 months.

- 1 ☐ 1-3 months
- 2 ☐ 4-6 months
- 3 ☐ 7-12 months
- 4 ☐ 13-24 months
- 5 ☐ >24 months
- 8 ☐ Don't know

- C8.** Menstrual cycles can vary in length and numbers of cycles do not always match up with numbers of months. Please estimate the number of menstrual cycles it took you to become pregnant.

--	--

CYCLES

<sup>98</sup> ☐ Don't know



- C9.** How many weeks did this pregnancy last? That is, the time from your last menstrual period until the pregnancy ended. (Your due date would have been 40 weeks)

--	--

WEEKS

<sup>98</sup> ☐ Don't know

- C10.** Is this the pregnancy you started trying to conceive in the Early Pregnancy Study?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

<sup>8</sup> ☐ Don't know

**IF THIS IS YOUR LAST PREGNANCY,  
PLEASE RETURN TO SECTION D, PAGE 12,  
AND CONTINUE ANSWERING THE REST OF THE QUESTIONNAIRE.**

**IF THIS IS NOT YOUR LAST PREGNANCY,  
PLEASE CONTINUE TO YOUR EIGHTH PREGNANCY ON THE NEXT PAGE.**



## EIGHTH PREGNANCY

**C2.** How did your eighth pregnancy end?

- 1 ☐ Single live birth
- 2 ☐ Twins or other multiple birth
- 3 ☐ Stillbirth
- 4 ☐ Miscarriage
- 5 ☐ Induced abortion
- 6 ☐ Ectopic/tubal pregnancy
- 7 ☐ Molar pregnancy

**C3.** When did this pregnancy end?

MONTH		DAY		YEAR			





**C4.** Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

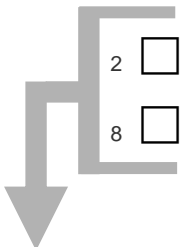
1 ☐ Yes



**GO TO C9**

2 ☐ No

8 ☐ Don't know



Some pregnancies are conceived quickly while others take years to conceive. Still considering this pregnancy, did you become pregnant during...

**C5a.** Your first menstrual cycle of unprotected intercourse?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5b.** If not your first cycle, in your second?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5c.** If not your first or second cycles, in your third?

1 ☐ Yes



**GO TO C9**

2 ☐ No



- C6.** Please estimate the number of months of unprotected intercourse it took you to become pregnant.

--	--

MONTHS

**GO TO C8**98 ☐ Don't know

- C7.** Can you estimate a range of months? For example, you might remember that it was between 4 and 6 months.

1 ☐ 1-3 months2 ☐ 4-6 months3 ☐ 7-12 months4 ☐ 13-24 months5 ☐ >24 months8 ☐ Don't know

- C8.** Menstrual cycles can vary in length and numbers of cycles do not always match up with numbers of months. Please estimate the number of menstrual cycles it took you to become pregnant.

--	--

CYCLES

98 ☐ Don't know



- C9.** How many weeks did this pregnancy last? That is, the time from your last menstrual period until the pregnancy ended. (Your due date would have been 40 weeks)

--	--

WEEKS

<sup>98</sup> ☐ Don't know

- C10.** Is this the pregnancy you started trying to conceive in the Early Pregnancy Study?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

<sup>8</sup> ☐ Don't know

**IF THIS IS YOUR LAST PREGNANCY,  
PLEASE RETURN TO SECTION D, PAGE 12,  
AND CONTINUE ANSWERING THE REST OF THE QUESTIONNAIRE.**

**IF THIS IS NOT YOUR LAST PREGNANCY,  
PLEASE CONTINUE TO YOUR NINTH PREGNANCY ON THE NEXT PAGE.**



## NINTH PREGNANCY

**C2.** How did your ninth pregnancy end?

- 1 ☐ Single live birth
- 2 ☐ Twins or other multiple birth
- 3 ☐ Stillbirth
- 4 ☐ Miscarriage
- 5 ☐ Induced abortion
- 6 ☐ Ectopic/tubal pregnancy
- 7 ☐ Molar pregnancy

**C3.** When did this pregnancy end?

MONTH		DAY		YEAR			



**C4.** Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

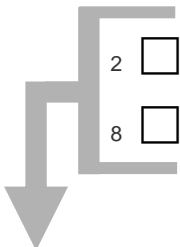
1 ☐ Yes



**GO TO C9**

2 ☐ No

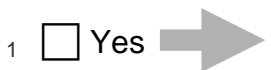
8 ☐ Don't know



Some pregnancies are conceived quickly while others take years to conceive. Still considering this pregnancy, did you become pregnant during...

**C5a.** Your first menstrual cycle of unprotected intercourse?

1 ☐ Yes



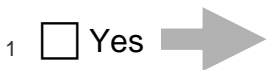
**GO TO C9**

2 ☐ No



**C5b.** If not your first cycle, in your second?

1 ☐ Yes



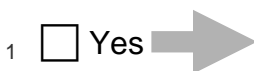
**GO TO C9**

2 ☐ No



**C5c.** If not your first or second cycles, in your third?

1 ☐ Yes



**GO TO C9**

2 ☐ No



- C6.** Please estimate the number of months of unprotected intercourse it took you to become pregnant.

--	--

MONTHS

**GO TO C8**98 ☐ Don't know

- C7.** Can you estimate a range of months? For example, you might remember that it was between 4 and 6 months.

1 ☐ 1-3 months2 ☐ 4-6 months3 ☐ 7-12 months4 ☐ 13-24 months5 ☐ >24 months8 ☐ Don't know

- C8.** Menstrual cycles can vary in length and numbers of cycles do not always match up with numbers of months. Please estimate the number of menstrual cycles it took you to become pregnant.

--	--

CYCLES

98 ☐ Don't know



- C9.** How many weeks did this pregnancy last? That is, the time from your last menstrual period until the pregnancy ended. (Your due date would have been 40 weeks)

--	--

WEEKS

<sup>98</sup> ☐ Don't know

- C10.** Is this the pregnancy you started trying to conceive in the Early Pregnancy Study?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

<sup>8</sup> ☐ Don't know

**IF THIS IS YOUR LAST PREGNANCY,  
PLEASE RETURN TO SECTION D, PAGE 12,  
AND CONTINUE ANSWERING THE REST OF THE QUESTIONNAIRE.**

**IF THIS IS NOT YOUR LAST PREGNANCY,  
PLEASE CONTINUE TO YOUR TENTH PREGNANCY ON THE NEXT PAGE.**



## TENTH PREGNANCY

**C2.** How did your tenth pregnancy end?

- 1 ☐ Single live birth
- 2 ☐ Twins or other multiple birth
- 3 ☐ Stillbirth
- 4 ☐ Miscarriage
- 5 ☐ Induced abortion
- 6 ☐ Ectopic/tubal pregnancy
- 7 ☐ Molar pregnancy

**C3.** When did this pregnancy end?

MONTH		DAY		YEAR			





**C4.** Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

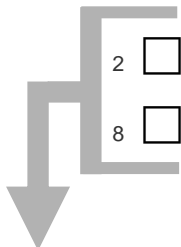
1 ☐ Yes



**GO TO C9**

2 ☐ No

8 ☐ Don't know



Some pregnancies are conceived quickly while others take years to conceive. Still considering this pregnancy, did you become pregnant during...

**C5a.** Your first menstrual cycle of unprotected intercourse?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5b.** If not your first cycle, in your second?

1 ☐ Yes



**GO TO C9**

2 ☐ No



**C5c.** If not your first or second cycles, in your third?

1 ☐ Yes



**GO TO C9**

2 ☐ No



- C6.** Please estimate the number of months of unprotected intercourse it took you to become pregnant.

--	--

MONTHS

**GO TO C8**98 ☐ Don't know

- C7.** Can you estimate a range of months? For example, you might remember that it was between 4 and 6 months.

- 1 ☐ 1-3 months
- 2 ☐ 4-6 months
- 3 ☐ 7-12 months
- 4 ☐ 13-24 months
- 5 ☐ >24 months
- 8 ☐ Don't know

- C8.** Menstrual cycles can vary in length and numbers of cycles do not always match up with numbers of months. Please estimate the number of menstrual cycles it took you to become pregnant.

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CYCLES

98 ☐ Don't know



- C9.** How many weeks did this pregnancy last? That is, the time from your last menstrual period until the pregnancy ended. (Your due date would have been 40 weeks)

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WEEKS

<sup>98</sup> ☐ Don't know

- C10.** Is this the pregnancy you started trying to conceive in the Early Pregnancy Study?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

<sup>8</sup> ☐ Don't know

**PLEASE RETURN TO SECTION D, PAGE 12,  
AND CONTINUE ANSWERING THE REST OF THE QUESTIONNAIRE.**

**IF YOU NEED ADDITIONAL PREGNANCY CONTINUATION SHEETS,  
PLEASE CONTACT OUR STUDY MANAGER,  
ELIZABETH O'CONNELL, 1-800-948-7552, EXTENSION 4335.**



This is the end of the questionnaire, thank you for your responses!

Please return the questionnaire and pregnancy continuation sheets to the study office using the postage-paid envelope provided. If you don't have the envelope please contact our study manager, Elizabeth O'Connell, 1-800-948-7552, extension 4335, and she will be glad to send you another.

Thank you again for your time!

Mailing address:

Early Pregnancy Study – Follow up  
Social & Scientific Systems, Inc.  
1009 Slater Road, Suite 120  
Durham, NC 27703