

EPS ID

FORM 2

NORTH CAROLINA
EARLY
PREGNANCY
STUDY



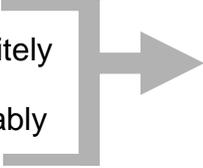
Please feel free to write comments on any of the questions in this questionnaire.

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



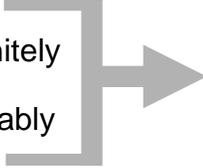
A2. How long were you breastfed?

- 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?

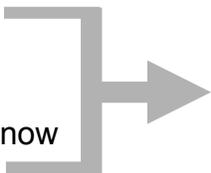
MONTH			YEAR				

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 _____



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



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
B7a. Fibromyalgia	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
B7b. Breast cancer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
B7c. Endometriosis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
B7d. Uterine fibroids	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
B7e. 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.

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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			



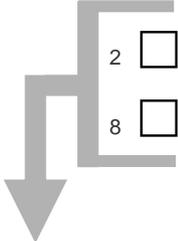
C4. Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

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

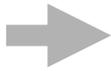


PREGNANCY HISTORY

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

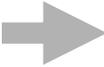
□ □

MONTHS



GO TO C8

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

⁹⁸ Don't know

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

¹ Yes

² No

⁸ 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?

--	--	--	--

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...	a. Number (If none, write "0" and go to c.)	b. Is the number in a , per day, per week, or per month? (Check one)	c. How sure are you? Check one. 1 = unsure 4 = quite sure (Check one)										
E1. How many cups of brewed caffeinated coffee did you drink?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> cups per...			1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
1	2	3	4										
E2. How many cups of instant caffeinated coffee did you drink?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> cups per...			1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
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1	2	3	4										



<p>During the first two months after your last menstrual period...</p>	<p>a. Number (If none, write "0" and go to c.)</p>	<p>b. Is the number in a, per day, per week, or per month? (Check one)</p>	<p>c. How sure are you? Check one. 1 = unsure 4 = quite sure (Check one)</p>										
<p>E3. How many cups of non-herbal hot or iced tea did you drink?</p>	<p>cups per...</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			<p>1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
1	2	3	4										
<p>E4. 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</p>	<p>caffeinated soft drinks per...</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			<p>1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
1	2	3	4										
<p>E5. 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</p>	<p>caffeinated soft drinks per...</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			<p>1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
1	2	3	4										



During the first two months after your last menstrual period...	a. Number (If none, write "0" and go to c.)	b. Is the number in a, per day, per week, or per month? (Check one)	c. How sure are you? Check one. 1 = unsure 4 = quite sure (Check one)
E6. How many 12oz bottles or cans of beer did you drink?	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> </div> 12oz servings per...	1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 0 5px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> 1 2 3 4 </div>
E7. How many 4oz glasses of wine did you drink?	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> </div> 4oz servings per...	1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 0 5px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> 1 2 3 4 </div>
E8. How many 1 1/2oz servings of hard liquor did you drink?	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> </div> 1 ½ oz servings per...	1 <input type="checkbox"/> day 2 <input type="checkbox"/> week 3 <input type="checkbox"/> month	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 0 5px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> 1 2 3 4 </div>



**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.

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4
unsure			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
F1a. Taking female hormones to prevent a miscarriage or preterm birth?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
F1b. Cervical cerclage, stitches in the cervix to hold it closed?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
F1c. Toxemia, preeclampsia or eclampsia?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
F1d. Anemia?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
F1e. Pregnancy induced high blood pressure or gestational hypertension?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
F1f. Gestational diabetes, that is, diabetes beginning during pregnancy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
F1g. Vaginal bleeding, not just spotting?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
F1h. Severe nausea and vomiting lasting at least one week also called hyperemesis?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
F1i. Prescribed bed rest for more than 10 days?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
F1j. 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**

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

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
F12a. Mechanical dilation of the cervix?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
F12b. Oxytocin also called pitocin or syntocinon?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
F12c. Medical personnel "broke your water" or "stripped your membranes"?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
F12d. Other? F12sp. 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
F15a. Oxytocin (also known as pitocin or syntocinon)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
F15b. Medical personnel "broke your water" or "stripped your membranes"	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
F15c. Other? F15sp. If yes please specify _____ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>



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 27709



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?

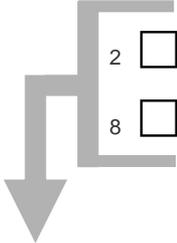
1 Yes



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.

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.

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

⁹⁸ Don't know

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

¹ Yes

² No

⁸ 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			



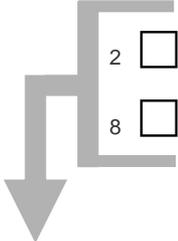
C4. Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

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.

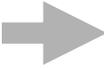
□ □

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 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

⁹⁸ Don't know

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

¹ Yes

² No

⁸ 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?

MONTH		DAY		YEAR			



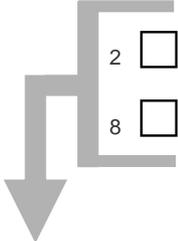
C4. Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

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.

□ □

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

⁹⁸ Don't know

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

¹ Yes

² No

⁸ 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

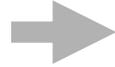
C3. When did this pregnancy end?

MONTH		DAY		YEAR			



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

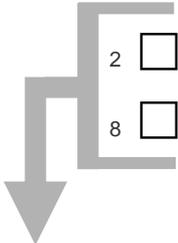
1 Yes



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.

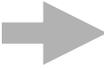
□ □

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 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

⁹⁸ Don't know

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

¹ Yes

² No

⁸ 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			



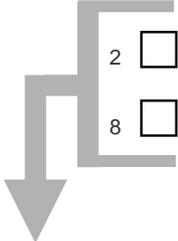
C4. Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

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.

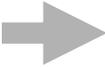
□ □

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 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

⁹⁸ Don't know

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

¹ Yes

² No

⁸ 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			



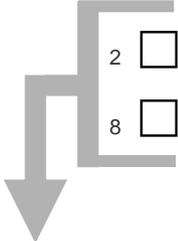
C4. Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

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



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

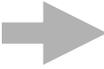
□ □

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.

□ □

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

⁹⁸ Don't know

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

¹ Yes

² No

⁸ 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?

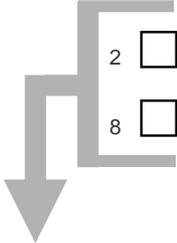
1 Yes



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.

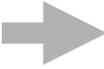
--	--

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 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

⁹⁸ Don't know

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

¹ Yes

² No

⁸ 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			



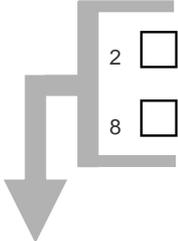
C4. Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

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.

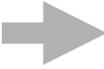
□ □

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 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

⁹⁸ Don't know

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

¹ Yes

² No

⁸ 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			



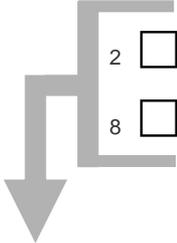
C4. Were you using contraception or trying to prevent pregnancy when you conceived this pregnancy?

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.

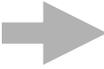
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MONTHS



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.

--	--

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

⁹⁸ Don't know

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

¹ Yes

² No

⁸ 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