

DATE OF INTERVIEW        
MONTH DAY YEAR

INTERVIEWER ID #

MEDICATIONS SUPPLEMENT  
SIX MONTH QUESTIONNAIRE

Card 04

ID # <sup>1</sup> <sup>3-5</sup> FORM <sup>6-7</sup> V <sup>8</sup>

9-10

ENTER RESPONSES TO C2 THROUGH C6 ON MEDICATION TABLE BELOW.

- C2. Please tell me the names of all these medications. SPECIFY BRAND NAME FOR ASPIRIN AND OTHER ANALGESICS. ASK C3 THRU C6 FOR A MEDICATION BEFORE ASKING ABOUT THE NEXT MEDICATION.
- C3. What was your usual dosage for (MEDICATION NAME)?
- C4. How often did you take this medication?
- C5. Is this a prescription medication?
- C6. How many days or weeks did you take this medication during the last three months?

WHEN TABLE IS COMPLETED, PROBE: Is there any other medication you took during the past three months? IF YES, ENTER ON TABLE; IF NO, END QUESTIONNAIRE.

| C2 MEDICATION NAME   | C3 DOSAGE  | C4 SCHEDULE   | C5 PRESCRIPTION?            | C6 TIME TAKEN  |
|--|--|---|-----------------------------|--|
| 11-14 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>OFFICE CODE | 15-18 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>OFFICE CODE | 19 <input type="text"/> X DAY<br>20 <input type="text"/> X WEEK | YES.....1<br>21<br>NO.....2 | 22-23 <input type="text"/> <input type="text"/> DAYS<br>24-25 <input type="text"/> <input type="text"/> WEEKS  |
| 26-29 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>OFFICE CODE | 30-33 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>OFFICE CODE | 34 <input type="text"/> X DAY<br>35 <input type="text"/> X WEEK | YES.....1<br>36<br>NO.....2 | 37-38 <input type="text"/> <input type="text"/> DAYS<br>39-40 <input type="text"/> <input type="text"/> WEEKS  |
| 41-44 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>OFFICE CODE | 45-48 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>OFFICE CODE | 49 <input type="text"/> X DAY<br>50 <input type="text"/> X WEEK | YES.....1<br>51<br>NO.....2 | 52-53 <input type="text"/> <input type="text"/> DAYS<br>54-55 <input type="text"/> <input type="text"/> WEEKS  |
| 56-59 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>OFFICE CODE | 60-63 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>OFFICE CODE | 64 <input type="text"/> X DAY<br>65 <input type="text"/> X WEEK | YES.....1<br>66<br>NO.....2 | 67-68 <input type="text"/> <input type="text"/> DAYS<br>69-70 <input type="text"/> <input type="text"/> WEEKS  |
| 71-74 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>OFFICE CODE | 75-78 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>OFFICE CODE | 79 <input type="text"/> X DAY<br>80 <input type="text"/> X WEEK | YES.....1<br>81<br>NO.....2 | 82-83 <input type="text"/> <input type="text"/> DAYS<br>84-85 <input type="text"/> <input type="text"/> WEEKS  |
| 86-89 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>OFFICE CODE | 90-93 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>OFFICE CODE | 94 <input type="text"/> X DAY<br>95 <input type="text"/> X WEEK | YES.....1<br>96<br>NO.....2 | 97-98 <input type="text"/> <input type="text"/> DAYS<br>99-100 <input type="text"/> <input type="text"/> WEEKS |

EARLY PREGNANCY STUDY  
SIX-MONTH QUESTIONNAIRE

Card 01

ID# <sup>1</sup>  <sup>3-5</sup>  FORM <sup>6-7</sup>  V <sup>8</sup>

NAME OF INTERVIEWER \_\_\_\_\_

INTERVIEWER ID <sup>11-12</sup>

DATE OF INTERVIEW <sup>13-14</sup>  <sup>15-16</sup>  <sup>17-18</sup>   
MONTH DAY YEAR

SECTION A. TOBACCO UPDATE

A1. Are you currently smoking cigarettes?

YES.....1 19  
NO.....(A6).....2

A2. On the average day, how many cigarettes do you smoke?  
(20 CIGARETTES TO A PACK)

<sup>20-21</sup>  
  
CIGS

A3. Did you smoke about (NUMBER OF CIGARETTES IN A2) cigarettes a day during the entire three month period?

YES.....(A9).....1 22  
NO.....2

A4. On what date did you begin to smoke (NUMBER OF CIGARETTES IN A2) cigarettes a day?

<sup>23-24</sup> <sup>25-26</sup> <sup>27-28</sup>  
    
MONTH DAY YEAR

A5. About how many cigarettes a day did you smoke before (DATE IN A4)?

SKIP TO A9.

<sup>29-30</sup>  
  
CIGS

A6. Have you smoked any cigarettes during the past three months?

YES.....1 31  
NO.....(A9).....2

A7. When did you quit smoking?

<sup>32-33</sup> <sup>34-35</sup> <sup>36-37</sup>  
    
MONTH DAY YEAR

A8. About how many cigarettes a day did you smoke during the last three months?  
(20 CIGARETTES TO A PACK)

<sup>38-39</sup>  
  
CIGS

A9. Did you smoke any marijuana during the last three months?

YES.....1  
 NO.....(All).....2 40

A10. How many times did you smoke marijuana during the last three months?

41-42  

|  |  |
|--|--|
|  |  |
|--|--|

  
 TIMES

A11. Did your (husband/partner) smoke any cigarettes during the past three months?

YES.....1  
 NO.....2 43

A12. In order to provide us with a computer link for all of our documents, would you please tell me your date of birth again?

44-45      46-47      48-49  

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

  
 MONTH      DAY      YEAR

SECTION B. BEVERAGE UPDATE

Now I'm going to ask you some questions about the beverages you drink. RECORD RESPONSES ON BEVERAGE TABLE BELOW. RECORD ALL INFORMATION ON EACH BEVERAGE BEFORE GOING ON TO THE NEXT BEVERAGE.

B1. During the past three months, how many (READ BEVERAGE AS SPECIFIED ON CHART) did you drink on a daily, weekly or monthly basis? IF "NONE" OR "NEVER DRINK", CODE ZERO IN NONE-FREQUENCY COLUMN ON BEVERAGE TABLE AND ASK FOR NEXT BEVERAGE. USE THE COMMENTS COLUMN FOR RESPONSES THAT DO NOT FIT THE PRECODED TABLE.

BEVERAGE TABLE

| BEVERAGE                                      | B1 FREQUENCY |         |         |         |  | COMMENTS |
|---|--------------|---------|---------|---------|--|----------|
|   | NONE         | DAILY   | WEEKLY  | MONTHLY |  |          |
| cups of brewed caffeinated coffee             | 50           | 51 - 52 | 53 - 54 | 55 - 56 |  |          |
| cups of instant caffeinated coffee            | 57           | 58 - 59 | 60 - 61 | 62 - 63 |  |          |
| cups or glasses of non-herbal hot or iced tea | 64           | 65 - 66 | 67 - 68 | 69 - 70 |  |          |
| Of the following soft drinks (SHOW CARD)      | 71           | 72 - 73 | 74 - 75 | 76 - 77 |  |          |
| 12 oz. bottles or cans of beer                | 78           | 79 - 80 | 81 - 82 | 83 - 84 |  |          |
| 4 oz. glasses of wine                         | 85           | 86 - 87 | 88 - 89 | 90 - 91 |  |          |
| 1½ oz. shots of hard liquor                   | 92           | 93 - 94 | 95 - 96 | 97 - 98 |  |          |

SECTION C. MEDICATIONS UPDATE

Card 02

- C1. Have you taken any prescription or non-prescription medications, including aspirin, digestive aids, vitamins or injections during the past three months?

YES.....1  
 NO.....(END).....2

ENTER RESPONSES TO C2 THRU C6 ON MEDICATION TABLE BELOW.

- C2. Please tell me the names of all these medications. SPECIFY BRAND NAME FOR ASPIRIN AND OTHER ANALGESICS. ASK C3 THRU C6 FOR A MEDICATION BEFORE ASKING ABOUT THE NEXT MEDICATION.
- C3. What was your usual dosage for (MEDICATION NAME)?
- C4. How often did you take this medication?
- C5. Is this a prescription medication?
- C6. How many days or weeks did you take this medication during the last three months?

WHEN TABLE IS COMPLETED, PROBE: Is there any other medication you took during the past three months? IF YES, ENTER ON TABLE; IF NO, END QUESTIONNAIRE.

| C2 MEDICATION NAME   | C3 DOSAGE            | C4 SCHEDULE   | C5 PRESCRIPTION?            | C6 TIME TAKEN   |
|----------------------|----------------------|---|-----------------------------|---|
| 12-15<br>OFFICE CODE | 16-19<br>OFFICE CODE | 20<br><input type="checkbox"/> X DAY<br>21<br><input type="checkbox"/> X WEEK | YES.....1<br>22<br>NO.....2 | 23-24<br><input type="checkbox"/> DAYS<br>25-26<br><input type="checkbox"/> WEEKS   |
| 27-30<br>OFFICE CODE | 31-34<br>OFFICE CODE | 35<br><input type="checkbox"/> X DAY<br>36<br><input type="checkbox"/> X WEEK | YES.....1<br>37<br>NO.....2 | 38-39<br><input type="checkbox"/> DAYS<br>40-41<br><input type="checkbox"/> WEEKS   |
| 42-45<br>OFFICE CODE | 46-49<br>OFFICE CODE | 50<br><input type="checkbox"/> X DAY<br>51<br><input type="checkbox"/> X WEEK | YES.....1<br>52<br>NO.....2 | 53-54<br><input type="checkbox"/> DAYS<br>55-56<br><input type="checkbox"/> WEEKS   |
| 57-60<br>OFFICE CODE | 61-64<br>OFFICE CODE | 65<br><input type="checkbox"/> X DAY<br>66<br><input type="checkbox"/> X WEEK | YES.....1<br>67<br>NO.....2 | 68-69<br><input type="checkbox"/> DAYS<br>70-71<br><input type="checkbox"/> WEEKS   |
| 72-75<br>OFFICE CODE | 76-79<br>OFFICE CODE | 80<br><input type="checkbox"/> X DAY<br>81<br><input type="checkbox"/> X WEEK | YES.....1<br>82<br>NO.....2 | 83-84<br><input type="checkbox"/> DAYS<br>85-86<br><input type="checkbox"/> WEEKS   |
| 87-90<br>OFFICE CODE | 91-94<br>OFFICE CODE | 95<br><input type="checkbox"/> X DAY<br>96<br><input type="checkbox"/> X WEEK | YES.....1<br>97<br>NO.....2 | 98-99<br><input type="checkbox"/> DAYS<br>100-101<br><input type="checkbox"/> WEEKS |

INTERVIEWER REMARKS

R1. RESPONDENT'S COOPERATION WAS

|                |   |
|----------------|---|
| VERY GOOD..... | 1 |
| GOOD.....      | 2 |
| FAIR.....      | 3 |
| POOR.....      | 4 |

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R2. THE QUALITY OF EACH SECTION OF THE INTERVIEW IS: (COMPLETE FOR EACH SECTION CIRCILING THE FOLLOWING CODES).

|                    |                        |                  |    |
|--------------------|------------------------|------------------|----|
| HIGH QUALITY.....1 | GENERALLY RELIABLE...2 | QUESTIONABLE...3 | 12 |
| UNSATISFACTORY...4 |                        |                  |    |

IF CODE 3 OR 4, CODE REASON, USING CODES BELOW.

|                             | QUALITY | REASON |   |   |       |
|-----------------------------|---------|--------|---|---|-------|
|                             | 2       | 3      | 4 |   |       |
| SECTION A: TOBACCO.....1    | 2       | 3      | 4 | <input type="checkbox"/> <input type="checkbox"/> | 13-15 |
| SECTION B: BEVERAGE.....1   | 2       | 3      | 4 | <input type="checkbox"/> <input type="checkbox"/> | 16-18 |
| SECTION C: MEDICATION.....1 | 2       | 3      | 4 | <input type="checkbox"/> <input type="checkbox"/> | 19-21 |

REASON CODES FOR QUESTIONABLE OR UNSATISFACTORY INFORMATION (ENTER CODE ABOVE):

THE MAIN REASON FOR UNSATISFACTORY OR QUESTIONABLE QUALITY OF INFORMATION WAS BECAUSE THE RESPONDENT:

- DID NOT KNOW OR REMEMBER ENOUGH ABOUT THE TOPIC.....01
- DID NOT WANT TO BE MORE SPECIFIC.....02
- DID NOT UNDERSTAND OR SPEAK ENGLISH WELL.....03
- WAS BORED OR UNINTERESTED.....04
- WAS UPSET, DEPRESSED OR ANGRY.....05
- HAD POOR HEARING OR SPEECH.....06
- WAS CONFUSED OR DISTRACTED BY FREQUENT INTERRUPTIONS.....07
- WAS INHIBITED BY OTHERS AROUND HER.....08
- WAS EMBARRASSED BY THE SUBJECT MATTER.....09
- WAS EMOTIONALLY UNSTABLE.....10
- WAS PHYSICALLY ILL.....11
- OTHER (SPECIFY) \_\_\_\_\_...12