



Follow-up Health Questionnaire for Women (Version A)

May 8, 2001
File name:FA1203.WPD

This questionnaire is intended to be administered utilizing a CATI system. The following specific information will be available electronically prior to the start of the interview:

- Subject Name
- Gender
- Birth Date
- FFHQ=completed
- FFHQ #6 = no or not sure
- Enrollment Year
- Current Date
- Current Time

In this document and when using the CATI system:

LARGE CASE PRINT = instructions to the interviewer; do not read these to the respondent

Shaded Areas = instructions to the programmer (will not appear on CATI screen); do not read to the respondent

Underline = portions of the question to be verbally stressed by interviewer; will appear as bold text on CATI

Bold = = questions and introductory statements to be read to the respondent; will appear on CATI as regular text

(Parenthesis) = clauses that the interviewer can choose to read or not to read, depending on the flow of the interview and the respondent's grasp of the question

< > Interviewer will be reminded that the response is out of normal range and asked to verify.

<< >> = response range. Response edit check. Responses outside this designated range will not be accepted.

WHEN CONDUCTING AN INTERVIEW WITHOUT USING THE CATI SYSTEM, FILL IN:

Respondent ID # _____ **Name of Interviewer** _____

Date of Interview ___/___/___ **Time Interview Started:** _____ **Time Interview Ended** _____

- Call Result (on CATI):** 1. Consent 2. Refuse 3. Applicator is deceased 4. Applicator chronically ill
5. Applicator is unable to participate because of language difficulties 6. Applicator is unable to participate for other reasons 7. Maxed

INTERVIEWER: CTRL F7 TO EXIT AND DO NOT SAVE.

MM DD YY

Follow-up health questionnaire for women in the AHS: Version A

For women who have not gone through menopause at intake
(qq#6 in FFHQ = "No" or "Not Sure")

Now I'm going to ask you some general questions about your health and lifestyle.

1. How tall are you?

A2_HGTFT¹ ENTER # OF FEET _____ DK REF
<5> <<1-7>>

A2_HGTIN ENTER # OF INCHES _____ DK REF
<<0-11>>

2. How much do you weigh now?

A2_WEIGHT _____ (# of pounds) DK REF
<90-300> <<1-997>>

3. How would you describe your use of cigarettes?

A2_SMOKE_STATUS READ ALL RESPONSES
1. Never a smoker DK
2. Currently a smoker REF
3. Former smoker

**4a. During the last year, about how many drinks of beer, wine or liquor did you have on a typical weekend?
(One beer, one glass of wine, or one shot of liquor counts as one drink.)**

A2_DRINK_WKEND _____ (Fill in) DK REF
<0-12> <<0-97>>

4b. About how many drinks altogether did you have during the rest of the week?

A2_DRINK_DURWK _____ (Fill in) **[If Q4a and Q4b=00, Go to Q5a]** DK REF
<0-15> <<0-97>>

¹Variable names are shown in green. Note that when the responses are included in an applicator file, they start with "A2". When they are included in a spouse data file, however, the "A2" is replaced with "S2".

4c. During the last year, about how many times did you have 5 or more drinks on one occasion?

A2_DRINK_FVONE

_____ times _____DK _____REF
<0-26> <<0-365>>

These next questions are about medical conditions you may have:

5a. Has a doctor or other health professional ever told you that you had a heart attack (or myocardial infarction)?

A2_MI

1. yes _____REF [go to Q5b] _____DK [go to Q5b]
2. no [go to Q5b]

5a1. How old were you when the doctor first told you that you had (this /a heart attack)?

A2_MI_AGE

_____ _____DK _____REF
<30-97 & LT or E current age> <<0-97>>

5b. (Has a doctor or other health professional ever told you that you had) an irregular heart beat (or arrhythmia)?

A2_ARRYTH

1. yes _____REF[go to Q5c]
2. no [go to Q5c] _____DK [go to Q5c]

5b1. How old were you when the doctor first told you that you had (this /an irregular heart beat)?

A2_MI_AGE

_____ _____DK _____REF
<18-current age> <<0-97>>

5b2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

A2_ARRYTH_MED

1. yes _____REF
2. no _____DK

5c. (Has a doctor or other health professional ever told you that you had) high blood pressure or hypertension?

A2_HBP

1. yes _____REF[go to Q5d]
2. no [go to Q5d] _____DK [go to Q5d]

5c1. How old were you when the doctor first told you that you had (this /high blood pressure or hypertension)?

A2_HBP_AGE

_____ _____DK _____REF
<18-current age> <<0-97>>

5c2. Do you take any medicines for this condition, or did you receive any treatment at the time it was diagnosed?

A2_HBP_MED 1. yes ___REF
2. no ___DK

5d. (Has a doctor or other health professional ever told you that you had) diabetes or high blood sugar, other than when pregnant?

A2_DIABETES 1. yes ___REF[go to Q5e]
2. no [go to Q5e] ___DK [go to Q5e]

5d1. How old were you when the doctor first told you that you had (this/ diabetes or high blood sugar)?

A2_DIABETES_AGE
_____ ___DK ___REF
<0-current age> <<0-97>>

5d2. Do you take any medicines for this condition, or did you receive any treatment at the time it was diagnosed?

A2_DIABETES_MED 1. yes ___REF[go to Q5e]
2. no [go to Q5e] ___DK [go to Q5e]

5d2a. Do you take insulin shots?

A2_INSULIN 1. yes ___REF
2. no ___DK

5e. (Has a doctor or other health professional ever told you that you had) thyroid disease or thyroid problems?

A2_THYROID 1. yes ___REF[go to Q5f]
2. no [go to Q5f] ___DK [Go to Signal Screen, then if DK go to Q5f]

SIGNAL SCREEN:

PLEASE PROBE FOR BETTER ANSWER:

Was it an overactive thyroid or hyperthyroidism problem like Grave’s Disease, or thyrotoxicosis?

IF NO:

Was it an underactive thyroid or hypothyroidism problem like Hashimoto’s Disease, or some other autoimmune disease?

IF NO:

Was it an enlarged thyroid, thyroid nodules or Goiter?

PRESS ENTER IF YES TO ANY OF THE ABOVE AND THEN SELECT YES FOR QUESTION

PRESS ‘S’ IF DK OR NO TO ALL OF ABOVE

5e1. Were you ever told you had an overactive thyroid (also called hyperthyroidism)?

A2_HYPERTHY

- 1. yes REF[go to Q5e2]
- 2. no [go to Q5e2] DK [go to Q5e2]

5e1a. Was it due to Graves disease?

A2_GRAVES

- 1. yes REF[go to Q5e1b]
- 2. no [go to Q5e1b] DK [go to Q5e1b]

5e1a. How old were you when the doctor first told you that you had (this /Graves disease)?

A2_GRAVES_AGE

DK REF
<0-current age> <<0-97>>

5e1a2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

A2_GRAVES_MED

- 1. yes REF
- 2. no DK

[all responses Go to Q5e2]

5e1b. Was it due to thyrotoxicosis?

A2_THYROTOX

- 1. yes REF[go to Q5e1c]
- 2. no [go to Q5e1c] DK [go to Q5e1c]

5e2a1. How old were you when the doctor first told you that you had this condition?

A2_HASHIMOTO_AGE

_____ DK ___ REF
 <<0-current age> <<0-97>>

5f2a2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

A2_HASHIMOTO_MED

1. yes ___ REF
 2. no ___ DK

[all responses Go to Q5e3]

5e2b. Was there some other cause identified?

A2_HYPOTHY_OTH

1. yes ___ REF [go to Q5e3]
 2. no [go to Q5e3] ___ DK [go to Q5e3]

5e2b1. What was this cause?

A2_HYPOTHY_OTH_SPC

_____ _DK ___ REF

5e2b2. How old were you when the doctor first told you that you had this condition?

A2_HYPOTHY_OTH_AGE

_____ ___ DK ___ REF
 <0-current age> <<0-97>>

5e2b3. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

A2_HYPOTHY_OTH_MED

1. yes ___ REF
 2. no ___ DK

[all responses Go to Q5e3]

5e3. (Were you ever told you had) an enlarged thyroid, thyroid nodules or Goiter?

A2_GOITER

1. yes ___ REF [go to Q5e4]
 2. no [go to Q5e4] ___ DK [go to Q5e4]

5e3a. How old were you when the doctor first told you that you had (this /an enlarged thyroid, thyroid nodules or Goiter)?

A2_GOITER_AGE

_____ DK REF
 <0-current age> <<0-97>>

5e3b. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

A2_GOITER_MED

1. yes REF
 2. no DK

[all responses Go to Q5e4]

5e4. (Were you ever told you had) some other thyroid problem?

A2_THYROID_OTH

1. yes REF [go to Q5f]
 2. no DK [go to Q5f]

5e4a. What was this?

A2_THYROID_OTH_SPC

_____ DK [Go to 5f] REF [Go to 5f]

5e4b. How old were you when the doctor first told you that you had this condition?

A2_THYROID_OTH_AGE

_____ DK REF
 <0-current age> <<0-97>>

5e4c. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

A2_THYROID_OTH_MED

1. yes REF
 2. no DK

5f. Has a doctor or other health professional ever told you that you had rheumatoid arthritis?

A2_RHEUMATOID

1. yes REF [go to Q5g]
 2. no DK [go to Q5g]

5f1. How old were you when the doctor first told you that you had (this /rheumatoid arthritis)?

A2_RHEUMATOID_AGE

_____ DK REF
 <0-current age> <<0-97>>

5f2. Do you take any medicines for this condition, or did you receive any treatment at the time it was diagnosed?

A2_RHEUMATOID_MED 1. yes ___REF
2. no ___DK

5f3. Have you ever had a blood test for rheumatoid arthritis?

A2_RHEUMATOID_TEST 1. yes ___REF[go to Q5f4]
2. no [go to Q5f4] ___DK [go to Q5f4]

5f3a. Was the result negative or positive?

A2_RHEUMATOID_RES 1. negative ___DK
2. positive ___REF

5f4. Have you ever had swelling in your wrist, finger, elbow, or knee joints that lasted for six weeks or more?

A2_RHEUMATOID_SWELL 1. yes ___REF
2. no ___DK

5g. (Has a doctor or other health professional ever told you that you had) endometriosis?

A2_ENDOMETRIOSIS 1. yes ___REF[go to Q5h]
2. no [go to Q5h] ___DK [go to Q5h]

5g1. How old were you when the doctor first told you that you had (this /endometriosis)?

A2_ENDOMETRIOSIS_AGE _____ ___DK ___REF
<18-current age> <<0-97>>

5h. (Has a doctor or other health professional ever told you that you had) uterine fibroids?

A2_UT_FIBROIDS 1. yes ___REF[go to Q5i]
2. no [go to Q5i] ___DK [go to Q5i]

5h1. How old were you when the doctor first told you that you had (this /uterine fibroids)?

A2_UT_FIBROIDS_AGE _____ ___DK ___REF
<30-97 & LT or E current age> <<0-97>>

5i. (Has a doctor or other health professional ever told you that you had) benign breast disease (fibroids, cysts, other)?

A2_BREAST_DIS 1. yes ___REF[go to Q5j]
2. no [go to Q5j] ___DK [go to Q5j]

5i1. How old were you when the doctor first told you that you had (this /benign breast disease)?

A2_BREAST_DIS_AGE

_____ DK ___ REF
<18-current age> <<0-97>>

5j. (Has a doctor or other health professional ever told you that you had) kidney stones?

A2_KIDNEYSTONE

1. yes ___ REF **[go to Q5k]**
2. no **[go to Q5k]** ___ DK **[go to Q5k]**

5j1. How old were you when the doctor first told you that you had (this /kidney stones)?

A2_KIDNEYSTONE_AGE

_____ DK ___ REF
<18-current age> <<0-97>>

5k. (Has a doctor or other health professional ever told you that you had) kidney disease or kidney failure?

A2_KIDNEYFAIL

1. yes ___ REF **[go to Q5l]**
2. no **[go to Q5l]** ___ DK **[go to Q5l]**

5k1. How old were you when the doctor first told you that you had (this /kidney disease or kidney failure)?

A2_KIDNEYFAIL_AGE

_____ DK ___ REF
<0-current age> <<0-97>>

5l. (Has a doctor or other health professional ever told you that you had) scleroderma or systemic sclerosis?

A2_SCLERODERMA

1. yes ___ REF **[go to Q5m]**
2. no **[go to Q5m]** ___ DK **[go to Q5m]**

5l1. How old were you when the doctor first told you that you had (this /scleroderma or systemic sclerosis)?

A2_SCLERODERMA_AGE

_____ DK ___ REF
<0-current age> <<0-97>>

5l2. Have you ever had thickening or tightening of the skin on your arms, legs, face, neck or trunk?

A2_SCLERODERMA_LGSKN

1. yes ___ REF
2. no ___ DK

5l3. Have you ever had thickening or tightening of the skin on your fingers or toes?

A2_SCLERODERMA_TOSKN 1. yes ___REF
2. no ___DK

5m. (Has a doctor or other health professional ever told you that you had) lupus (SLE)?

A2_LUPUS 1. yes ___REF[go to Q5n]
2. no [go to Q5n] ___DK [go to Q5n]

5m1. How old were you when the doctor first told you that you had (this /lupus)?

A2_LUPUS_AGE _____ ___DK ___REF
<0-current age> <<0-97>>

5m2. Have you had an antinuclear antibody, ANA, FANA, or LE prep blood test for lupus?

A2_LUPUS_TEST 1. yes ___REF
2. no ___DK

5m3. Have you ever had a rash on your cheeks for more than a month?

A2_LUPUS_RASH 1. yes ___REF
2. no ___DK

5n. (Has a doctor or other health professional ever told you that you had) sjogren's disease?

A2_SJOGREN 1. yes ___REF[go to Q5o]
2. no [go to Q5o] ___DK [go to Q5o]

5n1. How old were you when the doctor first told you that you had (this /sjogren's disease)?

A2_SJOGREN_AGE _____ ___DK ___REF
<18-current age> <<0-97>>

5o. (Has a doctor or other health professional ever told you that you had) inflammatory bowel disease such as Crohn's disease or ulcerative colitis?

A2_CROHN 1. yes ___REF[go to Q5p]
2. no [go to Q5p] ___DK [go to Q5p]

5o1. How old were you when the doctor first told you that you had (this /inflammatory bowel disease such as Crohn's disease or ulcerative colitis)?

A2_CROHN_AGE

_____ DK REF
<18-current age> <<0-97>>

5p. (Has a doctor or other health professional ever told you that you had) myasthenia gravis?

A2_MYASTHENIA

1. yes REF[go to Q5q]
2. no [go to Q5q] DK [go to Q5q]

5p1. How old were you when the doctor first told you that you had (this /myasthenia gravis)?

A2_MYASTHENIA_AGE

_____ DK REF
<18-current age> <<0-97>>

5q. (Has a doctor or other health professional ever told you that you had) vitiligo resulting in a loss of pigment on the skin?

A2_VITILIGO

1. yes REF[go to Q5r]
2. no [go to Q5r] DK [go to Q5r]

5q1. How old were you when the doctor first told you that you had(this / vitiligo)?

A2_VITILIGO_AGE

_____ DK REF
<0-current age> <<0-97>>

5r. (Has a doctor or other health professional ever told you that you had) eczema?

A2_ECZEMA

1. yes REF[go to Q5s]
2. no [go to Q5s] DK [go to Q5s]

5r1. How old were you when the doctor first told you that you had (this /eczema)?

A2_ECZEMA_AGE

_____ DK REF
<0-current age> <<0-97>>

5s. (Has a doctor or other health professional ever told you that you had) psoriasis?

A2_PSORIASIS

1. yes REF[go to Q5t]
2. no [go to Q5t] DK [go to Q5t]

5s1. How old were you when the doctor first told you that you had (this / psoriasis)?

A2_PSORIASIS_AGE

_____ DK REF
 <0-current age> <<0-97>>

5t. (Has a doctor or other health professional ever told you that you had) an allergy to bees, wasps or other insects?

A2_ALLERGY_BEE

1. yes REF [\[go to Q5u\]](#)
 2. no [\[go to Q5u\]](#) DK [\[go to Q5u\]](#)

5t1. How old were you when the doctor first told you that you had (this / an allergy to bees, wasps or other insects)?

A2_ALLERGY_BEE_AGE

_____ DK REF
 <0-current age> <<0-97>>

5u. (Has a doctor or other health professional ever told you that you had) Parkinson's disease?

A2_PARKINSON

1. yes REF [\[go to Q5v\]](#)
 2. no [\[go to Q5v\]](#) DK [\[go to Q5v\]](#)

5u1. How old were you when the doctor first told you that you had (this / Parkinson's disease)?

A2_PARKINSON_AGE

_____ DK REF
 <40-current age> <<0-97>>

5u2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

A2_PARKINSON_MED

1. yes REF
 2. no DK

5v. (Has a doctor or other health professional ever told you that you had) epilepsy?

A2_EPILEPSY

1. yes REF [\[go to Q5w\]](#)
 2. no [\[go to Q5w\]](#) DK [\[go to Q5w\]](#)

5v1. How old were you when the doctor first told you that you had (this /epilepsy)?

A2_EPILEPSY_AGE

_____ DK REF
 <0-current age> <<0-97>>

5v2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

A2_EPILEPSY_TRT

1. yes REF
 2. no DK

5w. (Has a doctor or other health professional ever told you that you had) multiple sclerosis?

A2_MS

1. yes REF [\[go to Q5x\]](#)
 2. no [\[go to Q5x\]](#) DK [\[go to Q5x\]](#)

5w1. How old were you when the doctor first told you that you had (this /multiple sclerosis)?

A2_MS_AGE

- DK REF
 <18-current age> <<0-97>>

5x. (Has a doctor or other health professional ever told you that you had) ALS (amyotrophic lateral sclerosis), motor neuron disease, or Lou Gehrig's disease?

A2_ALS

1. yes REF [\[go to Q6\]](#)
 2. no [\[go to Q6\]](#) DK [\[go to Q6\]](#)

5x1. How old were you when the doctor first told you that you had (this /ALS)?

A2_ALS_AGE

- DK REF
 <40-current age> <<0-97>>

Now I am going to ask you some questions about your vision.

6. Are you blind in either eye or in both eyes?

A2_BLIND

1. Yes, one eye
 2. Yes, both eyes <CHECK TO MAKE SURE INTERVIEWER DIDN'T MEAN TO ENTER NO> [\[Go to Q6b\]](#)
 3. No
 DK
 REF

6a. Do you wear glasses to help correct nearsightedness (difficulty with distance vision) or farsightedness (difficulty with reading or other close vision) or both?

A2_GLASSES

- | | |
|---|--------|
| 1. No | ___DK |
| 2. Yes, for nearsightedness [Go to Q6a2] | ___REF |
| 3. Yes, for farsightedness [Go to Q6b] | |
| 4. Yes, for both [Go to Q6a2] | |
| 5. Yes, for other reasons [Go to Q6a2] | |

6a1. Do you wear reading glasses?

A2_GLASSES_READING

- | | |
|--------|--------|
| 1. yes | ___REF |
| 2. no | ___DK |

[all responses Go to Q6b]

6a2. Do you wear bifocals?

A2_GLASSES_BIFOCAL

- | | |
|--------|--------|
| 1. yes | ___REF |
| 2. no | ___DK |

6b. Has an eye doctor or other health practitioner ever told you that you have cataracts?

A2_CATARACTS

- | | |
|--------------------------|---------------------------|
| 1. yes | ___REF [go to Q6c] |
| 2. no [go to Q6c] | ___DK [go to Q6c] |

6b1. How old were you when this condition was first diagnosed?

A2_CATARACTS_AGE

_____	___DK ___REF
<18-current age> <<0-97>>	

6b2. Were you given any treatment for this condition?

A2_CATARACTS_MED

- | | |
|--------|--------|
| 1. yes | ___REF |
| 2. no | ___DK |

6c. (Has an eye doctor or other health practitioner ever told you that you have) glaucoma?

A2_GLAUCOMA

- | | |
|--------------------------|---------------------------|
| 1. yes | ___REF [go to Q6d] |
| 2. no [go to Q6d] | ___DK [go to Q6d] |

6c1. How old were you when this condition was first diagnosed?

A2_GLAUCOMA_AGE

_____	___DK ___REF
<18-current age> <<0-97>>	

7. Have you gone through menopause (the change of life) or had surgery that caused you to completely stop having menstrual periods?

A2_MENOPAUSE

1. yes [go to Q8] ___REF
2. no ___DK

7a. What date did your most recent menstrual period begin?

A2_LMPDATE

- ___/___/___ ___DK ___REF
MM DD YYYY
<verify if more than 42 days prior to today's date>

IF MORE THAN 2 DAYS AGO:

7a1. Are you pretty sure of this date, or is it an estimate?

A2_LMPSURE

1. Sure ___REF
2. Estimate ___DK

[If answer to Q7a is more than six weeks, Go to Q7c]

7b. During the past 12 months, did you ever go for 6 weeks or more without a menstrual period?

(Do not count times when you were pregnant, breast feeding, or using birth control pills.)

A2_LMP_6MO

1. yes ___REF
2. no ___DK

7c. Have you ever had hot flashes or night sweats that you think might be related to menopause?

A2_HOT_FLASH

1. yes ___REF [go to Q7d]
2. no [go to Q7d] ___DK [go to Q7d]

7c1. How old were you when they first occurred?

A2_HOT_FLASH_AGE

- ___ years old ___DK ___REF
<30-97 & LT or E current age> <<0-97>>

7c2. How often have you had hot flashes or night sweats in the last month?

A2_HOT_FLASH OftEN

- ___ times ___DK ___REF
<<0-97>>

9a. Did you have:

A2_MENO_TREAT READ RESPONSES

1. Hysterectomy with uterus and both ovaries removed?[go to Q10] ___REF [go to Q10]
2. Uterus and only one ovary removed?[go to Q10] ___DK [go to Q10]
3. Just uterus removed?[go to Q10]
4. Only ovaries removed?[go to Q10]
5. Surgery but don't know what type?[go to Q10]
6. Radiation or chemotherapy?[go to Q10]
7. Or some other treatment?

9a1. Please specify what treatment you received? _____ ___DK ___REF

A2_MENO_TREAT_SPC

10. Since (year of enrollment) have you taken birth control pills for any reason?

A2_BC_PILLS_SE

1. yes ___REF[go to Q11]
2. no [go to Q11] ___DK [go to Q11]

10a. How many years altogether, since (year of enrollment), have you taken birth control pills?

A2_BC_PILLS_YRS_SE

_____ years ___DK ___REF
 <current year minus enrollment year> <<1-97>>

11. Since (year of enrollment), have you taken Premarin, estrogen or other hormone replacement therapy like Provera? Include pills and patches.

A2_HRT_SE

1. yes ___REF[go to Q12]
2. no [go to Q12] ___DK [go to Q12]

11a. How many years altogether, since (year of enrollment), have you taken hormone replacement therapy?

A2_HRT_YRS_SE

_____ years ___DK ___REF
 <current year minus enrollment year> <<0-97>>

11b. During any of those years were you taking estrogen and progesterone together for all or part of the month?

A2_HRT_EP_SE

1. yes ___REF
2. no ___DK

12. Were you taking birth control pills or estrogen replacement therapy at the time of your last menstrual period?

A2_BC_HRT_LMP 1. yes ___REF
2. no ___DK

The following questions are about pregnancy.

13. Have you ever been pregnant? (Please consider all pregnancies, including a current pregnancy and those that were lost).

A2_PREGNANT_EVER 1. yes ___REF[go to Q26]
2. no [go to Q26] ___DK [go to Q26]

14. How many times have you been pregnant (including a current pregnancy)?

A2_PREGNANT_TIMES
_____ times ___DK ___REF
<1-5> <<1-97>>

15. Have you been pregnant since January 1st, (year of enrollment)?

A2_PREGNANT_SE 1. yes [If Q7 = Yes, go to Q16a] ___REF[go to Q22]
2. no [go to Q22] ___DK [go to Q22]

15a. Are you currently pregnant?

A2_PREGNANT_NOW 1. yes ___REF
2. no ___DK

[If Q14=1 and Q15a is Yes, Go to Q26]

16a. Thinking about your most recent completed pregnancy (the pregnancy before this one if currently pregnant) were you diagnosed with pregnancy induced high blood pressure, pre-eclampsia, toxemia, or eclampsia?

A2_ECLAMPSIA 1. yes ___REF
2. no ___DK

16b. (Thinking about your most recent completed pregnancy were you diagnosed with) Gestational diabetes (diabetes just during pregnancy)?

A2_GEST_DIABETES 1. yes ___REF
2. no ___DK

17. Did this pregnancy result in a live birth after which the baby survived for at least one month?

A2_LIVE_BIRTH 1. yes [go to Q18] ___REF[go to Q18]
2. no ___DK

17a. How did this pregnancy end?

A2_PREG_HOW_END

READ RESPONSES

1. A baby who died within a month after birth
2. A stillbirth
3. A miscarriage (spontaneous abortion)
4. An induced abortion
5. An ectopic or tubal pregnancy
6. A molar pregnancy

___ REF

___ DK

18. What was the date (of birth/delivery/that the pregnancy ended)?

A2_PREG_END_DATE

_____/_____/_____
MM DD YYYY

<less than or equal to date of current interview>

___ DK ___ REF

[If Q17a= 3, 4, 5, or 6, Go to Q21]

19a. Did you go into labor naturally, was it induced, or did you have a scheduled C-section?

A2_LABOR

1. Natural
2. Induced
3. Scheduled C-section

___ REF

___ DK

19b. Was the delivery before, after or within a few days of the due date?

A2_DELIVER_ON_TIME

1. before
2. after **[Go to Q19b2]**
3. on time **[Go to Q20]**

___ REF

___ DK

19b1. How many weeks early?

A2_WEEKS_EARLY

<1-6> <<1-40>>

___ DK ___ REF

19b2. How many weeks late?

A2_WEEKS_LATE

<1-2> <<1-12>>

___ DK ___ REF

[If Q17a = 2, Go to Q22]

20. Was this pregnancy with multiple babies (twins, triplets, or higher)?

A2_MULTIPLE_BIRTH

1. yes **[go to Q20c]**
2. no

___REF**[go to Q22]**
___DK**[go to Q22]**

20a. What was the baby's sex?

A2_BABY_GENDER

1. Male
2. Female

___REF
___DK

20b. How much did he/she weigh at birth?

A2_BABY_LBS

ENTER # lbs _____
<5-10> <<1-20>>

___DK ___REF

A2_BABY_OZS

ENTER # oz _____
<<0-15>>

___DK ___REF

[If Q20 = No, Go to Q22]

20c. Was this:

A2_MULTIPLE_NUMBER

READ RESPONSES

- 1.twins
2.triplets
3.more

___REF
___DK

21. Approximately how many weeks did the pregnancy last?

A2_PREG_DURATION

_____ weeks
<20-42> <<0-52>>

___DK ___REF

22. How many children, altogether, have you given (live and stillbirth) birth to?

A2_TOTAL_BIRTHS

_____ # births

___DK ___REF

[If Q22=0, DK or Ref, Go to Q26]

22a. How old were you when you first delivered a baby (live and stillbirth)?

A2_FIRST_BIRTH_AGE

_____ (fill in)
<12-current age> <<1-97>>

___DK ___REF

[If Q15=No, Go to Q26; If Q17=Yes, Go to Q23a; If Q17a= 1, Go to Q23a]

23. Have you given birth to a baby since January 1st, (year of enrollment) ?

A2_BIRTH_SE

- 1. yes
- 2. no [go to Q26]

___REF[go to Q26]
___DK

23a. How many children (live births) have you had since January 1st, (year of enrollment)?

A2_KIDS_SE

_____ live births
<0-3> <<0-10>>

___DK ___REF

[If = 0 then go to Q26]

Now I have just a few questions about your children who were born since January 1st, (year of enrollment);

[Allow as many spaces for names as number of children in Q23a]

Q24. What are the names of these children (first, middle and last name):

___DK ___REF

[Ask for each name in Q24]

Q25. What is (auto fill in of name) date of birth?

A2_CBDATE01

_____/_____/_____
MM DD YYYY
<<date type>>

___DK ___REF

26. Last year, how many children did you have living with you that were under the age of 18 (include stepchildren, adopted children, grandchildren and those who have died)?

A2_KIDS_LAST_YR16 (version 1 only used age 16 instead of age 18)

A2_KIDS_LAST_YR18 (later versions)

_____ (fill in)
<0-97>

___DK ___REF

[If Q26=0, DK, or Ref, GO TO END OF MODULE]

27. Since **(year of enrollment)**, have any of **THOSE** children, under the age of 18 that were living in your household **LAST YEAR**, had any incidents with fertilizers, herbicides, or other pesticides that caused them an unusually high personal exposure (include stepchildren, adopted children, grandchildren and those who have died)?

A2_KIDS_EXPOSE16 (version 1 only used age 16 instead of age 18)

A2_KIDS_EXPOSE18 (later versions)

- | | | |
|--------|--------|------------------------------|
| 1. yes | ___REF | [GO TO END OF MODULE] |
| 2. no | ___DK | [GO TO END OF MODULE] |

27a. How many of these exposure incidents were there altogether?

A2_KIDS_EXPOTH

_____ (fill in)	___DK	___REF
<<1-97>>		

27b. How many children were involved?

A2_KIDS_INVOLVED

_____ (fill in)	___DK	___REF
<<1-97>>		

27c. Were any of the incidents during the last 12 months?

A2_KIDS_EXP1YR

- | | | |
|--------|--------|------------------------------|
| 1. yes | ___REF | [GO TO END OF MODULE] |
| 2. no | ___DK | [GO TO END OF MODULE] |

Thinking about the most recent incident that occurred this year:

28. Did this incident occur:

A2_KIDS_INCIDENT READ RESPONSES

- | | | |
|------------------|--------------------|--------|
| 1. In the fields | [GO TO Q29] | ___REF |
| 2. In the home | [GO TO Q29] | ___DK |
| 3. Another place | | |

28a. Where was this?

A2_KIDS_EXPPLACE

_____ (specify)	___DK	___REF
-----------------	-------	--------

29. What was the name of the chemical the child (children) was (were) exposed to?

A2_KIDS_EXPCHEM

TYPE PESTICIDE NAME, THEN CHOOSE FROM LIST BY ENTERING. SELECT ONLY ONE PESTICIDE. IF MORE THAN ONE, MAKE REMARK. IF FERTILIZER, SELECT "OTHER".

___DK ___REF

[Insert pesticide list]

[At Q29, if "Other" is NOT selected, GO to Q 29b]

29a. What was this? _____

___DK ___REF

A2_KIDS_EXPOTH

29b. What is the name of the child involved(or the child that had the most symptoms)?

_____ (fill in first, middle and last name) _____

___DK ___REF

30. Was (were) the child (children) performing farming activities when the incident occurred?

A2_KIDS_EXPFARM

1. yes
2. no

___REF
___DK

[Go to DECISION BOX before Q12 in Pesticide Module]