

INTAKE QUESTIONNAIRE

Card 01

ID#

FORM 0 4 V 2

1-8

NAME OF INTERVIEWER _____

INTERVIEWER ID

11-12

DATE OF INTERVIEW

13-18

MONTH

DAY

YEAR

EARLY PREGNANCY STUDY

AT THE DOOR:

Hello, my name is (YOUR NAME). I am from Survey Research Associates and I'm here to talk with (NAME OF RESPONDENT).

ARRANGE PRIVATE SETTING FOR INTERVIEW.

OBTAIN CONSENT FORM. GIVE RESPONDENT A COPY OF THE CONSENT FORM FOR HER FILES.

TIME INTERVIEW BEGAN _____ am
pm

LENGTH OF INTERVIEW 19-20
MINUTES

SECTION A - DEMOGRAPHIC INFORMATION

A1. What is your date of birth?

21-26
MONTH DAY YEAR

A2. What is your current marital status?

MARRIED..... 1 27
LIVING WITH SOMEONE AS THOUGH MARRIED.....(A4)..... 2

A3. In what month and year were you married to your present husband?

28-31
MONTH YEAR

SKIP TO A5.

A4. In what month and year did you begin living with your present partner?

32-35
MONTH YEAR

A5. What is your (husband's/partner's) date of birth?

36-41
MONTH DAY YEAR

A6. What is your current height?

42-44
FT INCHES

A7. What is your current weight?

45-47
POUNDS

Section B - PREGNANCY HISTORY

Card 02

- B1. Have you ever been pregnant, including live births, stillbirths, miscarriages, tubal pregnancies or induced abortions?
 YES.....1
 NO....(SECTION C)....2
 DK....(SECTION C)....8
- B2. How many times have you been pregnant, including live births, stillbirths, miscarriages or other terminations? RECORD RESPONSE AND ENTER EACH PREGNANCY BY NUMBER ON THE PREGNANCY TABLE IN THE # BOX IN THE UPPER LEFT HAND CORNER. READ TO R: Now I'm going to ask you some questions about your pregnancies. ENTER RESPONSES TO Qs. B3-B9 ON PREGNANCY TABLE.
- B3. How did your (first/second, etc.) pregnancy end?
- B4. Did this child have any birth defects?
- B5. Can you tell me exactly what the birth defect was?
 RECORD VERBATIM. LEAVE OFFICE CODE BLANK.

X	PG

12-13

PREGNANCY

QB2	B3 PREGNANCY OUTCOME	B4 BIRTH DEFECT	B5 DEFECT TYPE	
# 14	15	16	17-20	
LIVEBIRTH...1 STILLBIRTH...2	MISCARRIAGE....(B6)....3 ECTOPIC/TUBAL..(B6)....4 INDUC. ABORTN..(B6)....5	YES.....1 NO..(B6)....2 DK..(B6)....8		OFFICE CODE
# 21	22	23	24-27	
LIVEBIRTH...1 STILLBIRTH...2	MISCARRIAGE....(B6)....3 ECTOPIC/TUBAL..(B6)....4 INDUC. ABORTN..(B6)....5	YES.....1 NO..(B6)....2 DK..(B6)....8		OFFICE CODE
# 28	29	30	31-34	
LIVEBIRTH...1 STILLBIRTH...2	MISCARRIAGE....(B6)....3 ECTOPIC/TUBAL..(B6)....4 INDUC. ABORTN..(B6)....5	YES.....1 NO..(B6)....2 DK..(B6)....8		OFFICE CODE
# 35	36	37	38-41	
LIVEBIRTH...1 STILLBIRTH...2	MISCARRIAGE....(B6)....3 ECTOPIC/TUBAL..(B6)....4 INDUC. ABORTN..(B6)....5	YES.....1 NO..(B6)....2 DK..(B6)....8		OFFICE CODE
# 42	43	44	45-48	
LIVEBIRTH...1 STILLBIRTH...2	MISCARRIAGE....(B6)....3 ECTOPIC/TUBAL..(B6)....4 INDUC. ABORTN..(B6)....5	YES.....1 NO..(B6)....2 DK..(B6)....8		OFFICE CODE

86. In what month and year did this (livebirth/stillbirth/miscarriage, etc.) occur?
87. Was this a planned pregnancy?
88. How many months was it from the time you first began trying to become pregnant until you conceived this pregnancy?
89. How many weeks did this pregnancy last?
WEEKS FROM LAST PERIOD TO TERMINATION.
CONSIDER 40 WEEKS AS FULL TERM. CALCULATE WHEN NECESSARY.

TABLE

B6 MONTH & YEAR OF PREGNANCY		B7 PREGNANCY PLANNED	B8 MONTHS TO GET PG	B9 LENGTH OF PREGNANCY
49-50 MONTH	51-52 YEAR	53 YES.....1 NO...(B9)...2 DK...(B9)...8	54-55 MONTHS	40 - ____ = weeks early= 56-57 40 + ____ = weeks late= WEEKS
58-59 MONTH	60-61 YEAR	62 YES.....1 NO...(B9)...2 DK...(B9)...8	63-64 MONTHS	40 - ____ = weeks early= 65-66 40 + ____ = weeks late= WEEKS
67-68 MONTH	69-70 YEAR	71 YES.....1 NO...(B9)...2 DK...(B9)...8	72-73 MONTHS	40 - ____ = weeks early= 74-75 40 + ____ = weeks late= WEEKS
<i>Card 03</i>				
11-12 MONTH	13-14 YEAR	15 YES.....1 NO...(B9)...2 DK...(B9)...8	16-17 MONTHS	40 - ____ = weeks early= 18-19 40 + ____ = weeks late= WEEKS
20-21 MONTH	22-23 YEAR	24 YES.....1 NO...(B9)...2 DK...(B9)...8	25-26 MONTHS	40 - ____ = weeks early= 27-28 40 + ____ = weeks late= WEEKS

SECTION C: MENSTRUAL AND CONTRACEPTIVE HISTORY

C1. How old were you when you had your first menstrual period?

AGE	

11-12

C2. Generally speaking, are your periods regular or irregular? That is, is the length of time between your periods about the same each cycle?

REGULAR.....	1
IRREGULAR.....	2
DK.....	8

13

C3. What was the first day of your last normal menstrual period?

MONTH	DAY	YEAR	

14-19

C4. What is your usual cycle length? That is, how many days is it from the first day of one menstrual period to the first day of your next menstrual period?

--	--

20-21

C5. We would now like to ask about the two most recent periods of time that you have used birth control. Are you currently using any method of birth control, including rhythm?

YES.....	1
NO.....(C7).....	2
NEVER USED.....(C18).....	7

22

C6. On what day do you plan to stop using birth control?

MONTH	DAY	YEAR	

SKIP TO C8.

23-28

C7. When did you discontinue using birth control?

MONTH	DAY	YEAR	

29-34

C8. What (is your current method/was that method) of birth control?

RECORD VERBATIM.
IF BIRTH CONTROL PILL OR IUD, HAND R APPROPRIATE CARD AND SAY: Please look at these photographs and show me the (pill/type of IUD) you (are now using/last used). ENTER PILL OR IUD CODE AT RIGHT.

BC CODE	

35-36

C9. In what month and year did you begin using (METHOD IN C8)?

MONTH		YEAR	

37-40

C10. Did you use birth control before (DATE IN C9)?

YES.....1
NO.....(C14).....2

41

C11. What was this method of birth control?

RECORD VERBATIM. IF BIRTH CONTROL PILL OR IUD, HAND R APPROPRIATE CARD AND SAY: Please look at these photographs and show me the pill/type of IUD) you used. ENTER PILL OR IUD CODE AT RIGHT.

BC CODE	

42-43

C12. In what month and year did you begin using (METHOD IN C11)?

MONTH		YEAR	

44-47

C13. In what month and year did you stop using this method of birth control?

MONTH		YEAR	

48-51

C14. IF R HAS NOT SPECIFIED USE OF BIRTH CONTROL PILLS, ASK: Have you ever used birth control pills?

YES.....1
NO.....(C16).....2

52

- C15. Altogether, for how many years have you used birth control pills?
(INCLUDE ANY USE SPECIFIED IN C8 AND/OR C11).

BC CODE	

53-54

- C16. IF R HAS NOT SPECIFIED USE OF IUDS, ASK: Have you ever used an IUD?

YES.....	1
NO.....(C18).....	2

55

- C17. Altogether, for how many years have you used IUDs?
(INCLUDE ANY USE SPECIFIED IN C8 AND/OR C11).

YEARS	

56-57

- C18. On the average, how many times a week do you have intercourse?

ONCE OR LESS.....	01
ONCE.....	02
ONCE OR TWICE.....	03
TWICE.....	04
TWO OR THREE.....	05
THREE.....	06
THREE OR FOUR.....	07
FOUR.....	08
FOUR OR FIVE.....	09
FIVE.....	10
MORE THAN FIVE.....	11

58-59

- C19. Are you planning to keep a record of your basal body temperature while you are trying to become pregnant?

YES.....	1
NO.....(C21).....	2
DK.....	8

60

- C20. If you keep these records, may we have a copy of them?

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

61

- C21. Did your mother take DES (diethylstilbestrol) while she was pregnant with you?

YES.....	1
NO.....	2
DK.....	8

62

SECTION D. BEVERAGE INFORMATION

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.

- D1. During the past month, 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.

Card 05

BEVERAGE TABLE

BEVERAGE	D1 FREQUENCY				COMMENTS
	NONE	DAILY	WEEKLY	MONTHLY	
cups of brewed caffeinated coffee	11	12 - 13	14 - 15	16 - 17	
cups of instant caffeinated coffee	18	19 - 20	21 - 22	23 - 24	
cups or glasses of non- herbal hot or iced tea	25	26 - 27	28 - 29	30 - 31	
8 oz. glasses of cola soft drinks	32	33 - 34	35 - 36	37 - 38	
12 oz. bottles or cans of beer	39	40 - 41	42 - 43	44 - 45	
4 oz. glasses of wine	46	47 - 48	49 - 50	51 - 52	
1½ oz. shots of hard liquor	53	54 - 55	56 - 57	58 - 59	

Section E. TOBACCO HISTORY

E1. Have you ever smoked a total of 100 cigarettes in your lifetime?

YES.....1
 NO.....(E7).....2 11
 DK.....(E7).....8

E2. At what age did you start smoking cigarettes?

12-13
 AGE

E3. Are you currently smoking?

YES.....(E5).....1
 NO.....2 14

E4. How old were you when you stopped smoking?

15-16
 AGE

E5. Altogether, how many years have you smoked, subtracting out times when you were not smoking?

17-18
 YRS

E6. On an average day, how many cigarettes a day (do/did) you smoke? (20 CIGARETTES TO A PACK)

19-20
 CIGS

E7. Did you smoke any marijuana during the last three months?

YES.....1
 NO.....(E9).....2 21

E8. How many times did you smoke marijuana during the last three months?

22-23
 TIMES

E9. Did your mother smoke when she was pregnant with you?

YES.....1
 NO.....2 24
 DK.....8

E10. When you were younger than 10 years old, did your mother smoke in your home on a regular basis?

YES.....1
NO.....2 25
DK.....8

E11. When you were younger than 10 years old, did your father smoke in your home on a regular basis?

YES.....1
NO.....2 26
DK.....8

E12. When you were younger than 10 years old, did anyone else in your household smoke on a regular basis?

YES.....1
NO.....2 27
DK.....8

E13. Has your (husband/partner) ever smoked a total of 100 or more cigarettes in his lifetime?

YES.....1
NO.....(SECTION F).....2 28
DK.....(SECTION F).....8

E14. At what age did he start smoking cigarettes?

29-30
AGE

E15. Is he currently smoking cigarettes?

YES.....(E17).....1
NO.....2 31

E16. How old was he when he stopped smoking?

32-33
AGE

E17. Altogether, how many years has he smoked, subtracting out times when he was not smoking?

34-35
YRS

E18. On an average day, how many cigarettes a day (does/did) he smoke? (20 CIGARETTES TO A PACK)

36-37
CIGS

SECTION F. MEDICATIONS

- F1. Have you taken any prescription or non-prescription medications, including aspirin, digestive aids and vitamins during the past three months?

YES.....1
 NO.....(SECTION G).....2 11

ENTER RESPONSES TO F2 THRU F6 ON MEDICATION TABLE BELOW.

- F2. Please tell me the names of all these medications. SPECIFY BRAND NAME FOR ASPIRIN AND OTHER ANALGESICS. ASK F3 THRU F6 FOR A MEDICATION BEFORE ASKING ABOUT THE NEXT MEDICATION.
- F3. What was your usual dosage for (MEDICATION NAME)?
- F4. How often did you take this medication?
- F5. Is this a prescription medication?
- F6. 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, GO TO SECTION G.

F2 MEDICATION NAME	F3 DOSAGE	F4 SCHEDULE	F5 PRESCRIPTION?	F6 TIME TAKEN
12-15 OFFICE CODE	16-19 OFFICE CODE	20 <input type="checkbox"/> X DAY 21 <input type="checkbox"/> X WEEK	22 YES.....1 NO.....2	23-24 <input type="checkbox"/> DAYS 25-26 <input type="checkbox"/> WEEKS
27-30 OFFICE CODE	31-34 OFFICE CODE	35 <input type="checkbox"/> X DAY 36 <input type="checkbox"/> X WEEK	37 YES.....1 NO.....2	38-39 <input type="checkbox"/> DAYS 40-41 <input type="checkbox"/> WEEKS
42-45 OFFICE CODE	46-49 OFFICE CODE	50 <input type="checkbox"/> X DAY 51 <input type="checkbox"/> X WEEK	52 YES.....1 NO.....2	53-54 <input type="checkbox"/> DAYS 55-56 <input type="checkbox"/> WEEKS
57-60 OFFICE CODE	61-64 OFFICE CODE	65 <input type="checkbox"/> X DAY 66 <input type="checkbox"/> X WEEK	67 YES.....1 NO.....2	68-69 <input type="checkbox"/> DAYS 70-71 <input type="checkbox"/> WEEKS
11-14 OFFICE CODE	15-18 OFFICE CODE	19 <input type="checkbox"/> X DAY 20 <input type="checkbox"/> X WEEK	21 YES.....1 NO.....2	22-23 <input type="checkbox"/> DAYS 24-25 <input type="checkbox"/> WEEKS
26-29 OFFICE CODE	30-33 OFFICE CODE	34 <input type="checkbox"/> X DAY 35 <input type="checkbox"/> X WEEK	36 YES.....1 NO.....2	37-38 <input type="checkbox"/> DAYS 39-40 <input type="checkbox"/> WEEKS

SECTION G - BACKGROUND QUESTIONS

Card 09

G1. What is the highest grade in school or year in college that you completed?

ELEMENTARY	01	02	03	04
SCHOOL	05	06	07	08
HIGH SCHOOL	09	10	11	12
COLLEGE:	13	14	15	16
GRAD. SCHOOL:	17	18	19	20
	21	22	23	24

11-12

G2. How many years of vocational or technical training have you had?

NONE.....	0
LESS THAN ONE YEAR.....	1
1 YEAR.....	2
2 YEARS.....	3
3 YEARS.....	4
FOUR OR MORE YEARS.....	5

13

G3. Are you currently employed?

YES.....	1
NO.....(G6).....	2

14

G4. Please describe your present job and tell me your complete job title and your duties on this job. _____

--	--	--	--

OFFICE
CODE

15-18

G5. What is the name of the company you work for and what does this company make or do? _____

PROBE FOR WHOLESALE OR RETAIL AND CIRCLE CODE W R
SKIP TO G9.

--	--	--	--

OFFICE
CODE

19-22

G6. Have you ever been employed?

YES.....	1
NO.....(G9).....	2

23

G7. Please describe your most recent job and tell me your complete job title and your duties on this job. _____

--	--	--	--

OFFICE
CODE

24-27

- G8. What is the name of the company you worked for and what does this company make or do? _____

PROBE FOR WHOLESALE OR RETAIL AND CIRCLE CODE W R

--	--	--	--

OFFICE
CODE

28-31

- G9. Which of these categories best describes your race? HAND CARD A.

AMERICAN INDIAN OR ALASKAN NATIVE.....1
 ASIAN OR PACIFIC ISLANDER.....2
 BLACK, NOT OF HISPANIC ORIGIN.....3
 HISPANIC.....4
 WHITE, NOT OF HISPANIC ORIGIN.....5
 OTHER (SPECIFY).....6

32

- G10. Were you born in the United States?

YES.....(G13).....1
 NO.....2

33

- G11. In what country were you born? _____

--	--

OFFICE
CODE

34-35

- G12. In what year did you first enter the U. S.?

--	--

YEAR

36-37

- G13. Which letter represents your total family income last year before taxes or deductions of any kind? Include the income of all family members who live in the household. HAND CARD B.

\$ under 5,000 A ... 01
 5,000- 9,999 B ... 02
 10,000- 14,999 C ... 03
 15,000- 19,999 D ... 04
 20,000- 24,999 E ... 05
 25,000- 29,999 F ... 06
 30,000- 49,999 G ... 07
 50,000 or more H ... 08
 RF ... 96
 DK ... 98

38-39

- G14. How many people, including yourself, were supported mainly by this income?

--	--

SUPT

40-41

THANK RESPONDENT FOR PARTICIPATING. TELL RESPONDENT: We will be asking about your medication usage throughout the study. Will you please save the containers of any medications you use for our review? COMPLETE FOLLOW-UP INFORMATION FORM.

VOLUNTEER INFORMATION FORM COMPLETED.....

42

CONSENT FORM COMPLETED.....

43

TIME INTERVIEW ENDED _____
 am
 pm

R1. RESPONDENT'S COOPERATION WAS

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

11

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

HIGH QUALITY...1 GENERALLY RELIABLE...2 QUESTIONABLE...3
 UNSATISFACTORY...4

IF CODE 3 OR 4, CODE REASON.

QUALITY REASON

SECTION A: DEMOGRAPHIC INFORMATION.....1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	12-14
SECTION B: PREGNANCY HISTORY.....1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	15-17
SECTION C: MENSTRUAL AND CONTRACEPTIVE HISTORY....1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	18-20
SECTION D: BEVERAGE INFORMATION.....1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	21-23
SECTION E: TOBACCO HISTORY.....1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	24-26
SECTION F: MEDICATION INFORMATION.....1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	27-29
SECTION G: BACKGROUND INFORMATION.....1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	30-32

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