OMB NUMBER 0925-0214
Expires: April, 1985

# EARLY PREGNANCY STUDY
# SCREENING QUESTIONNAIRE

ID#: [ ] - [ ][ ][ ] FORM: [0][1] V: [2] DATE: [ ][ ] - [ ][ ] - [ ][ ] **
MONTH DAY YEAR

1. How did you hear about the Early Pregnancy Study?
   RECORD UP TO TWO RESPONSES, IF APPLICABLE.

   Newspaper ad (SPECIFY): _____ ..... 1
   Physician's office (SPECIFY): _____ ..... 2
   Brochure (WHERE OBTAINED): _____ ..... 3
   Word of Mouth ..... 4
   Other (SPECIFY): _____ ..... 5

2. Have you read our brochure?

   YES..... 1
   NO.....(BELOW Q.2)..... 2

   IF ANSWER IS "NO" READ "PURPOSE OF STUDY", "WHO IS ELIGIBLE", AND "YOUR" INVOLVEMENT" FROM BROCHURE BEFORE GOING ON.

3. Do you have any questions about the study? I would like to determine whether we can use you as a volunteer at this time. These questions are confidential as are all aspects of this study.

   Are you presently doing anything to prevent pregnancy, including abstinence, withdrawal, rhythm, condom, douche, jelly, cream, suppository, diaphragm, IUD or birth control pills? **

   YES.....(Q5).....1
   NO.....2

4. When did you discontinue your method of preventing pregnancy? **

   WITHIN THE PAST 14 DAYS.....1
   MORE THAN 14 DAYS AGO...(BELOW Q4).....2

   IF "MORE THAN 14 DAYS AGO", READ: Only women who have been using some method of birth control in the last two weeks are eligible for our study. We cannot include you at the present time. GO TO INSTRUCTION BOX, BACK PAGE.

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

   [ ][ ] [ ][ ] [ ][ ]
   MONTH DAY YEAR

   FOR CODE 1, Q4: IF DAY 1 OF LNMP NOT WITHIN ONE WEEK, READ:
   If you are not currently using some method of birth control and have not begun a normal menstrual period within the past seven days, we cannot include you in our study. GO TO INSTRUCTION BOX, BACK PAGE.

6. Is it feasible for you to collect daily urine samples for up to six months and to freeze the samples for weekly pick-up?

YES.....1
NO.....(BELOW Q.7).....2

** 7. Do you plan to move away from the Triangle area within six months after you discontinue your contraception, or are you planning frequent or extended vacations when you would be unable to collect and freeze daily urines?

COMMENTS:

YES.....(BELOW Q.7).....1
NO.....2
lives outside study area.....3

IF NO TO Q6 OR YES TO Q7, READ: Only women who can freeze daily urine samples for up to six months are to be included in this study. Since that is not your present situation, we cannot include you. GO TO INSTRUCTION BOX, BACK PAGE.

8. What is your date of birth? IF AFTER TODAY'S DATE, 1965, READ: Only women 18 years or older are to be included in the study. Since that is not your present situation, we cannot include you. GO TO INSTRUCTION BOX, BACK PAGE.

| | | |
|---|---|---|
| MONTH | DAY | YEAR |

9. Have you ever had difficulty becoming pregnant in the past?

YES.....1
NO.....(Q.11).....2
NEVER TRIED/NA...(Q.11).....7

10. Would you briefly describe this difficulty? _____

CHANGE CODE TO 7 ON Q9 IF THE PROBLEM WAS THAT OF A FORMER PARTNER.

OFFICE CODE

11. Have you ever been told by a physician that you have any chronic diseases?

YES.....1
NO.....(Q.13).....2

12. What are the names of the diseases?

_____

_____

OFFICE CODE

** 13. Are you now taking any prescription medications? EXCLUDE BIRTH CONTROL PILLS.

YES.....1
NO.....(Q16).....2

14. What is the name of the medication? _____

15. What illness is being treated? _____ [ ][ ][ ][ ] OFFICE CODE

IF VOLUNTEER IS TAKING MEDICATION FOR HIGH BLOOD PRESSURE, DIABETES, OR EPILEPSY, READ: Women who are taking medication for (high blood pressure/diabetes/epilepsy) are not eligible for our study. GO TO INSTRUCTION BOX, BACK PAGE.

16. Has your husband ever been told by a physician that he has any chronic disease or fertility problem? **

YES.....1
NO.....(Q.18).....2

17. What is the (name of the disease/type of fertility problem)? _____

_____ [ ][ ][ ][ ] OFFICE CODE

18. Is your husband now taking any prescription medication?

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

19. What is the name of the medication? _____

20. What illness is being treated? _____ [ ][ ][ ][ ] OFFICE

21. When do you plan to discontinue use of all birth control methods?

already has.....0
WITHIN 1 WEEK.....1 **
WITHIN 1 MONTH.....2
WITHIN 3 MONTHS.....3
3-12 MONTHS....(BELOW Q.21).....4
MORE THAN 12 MONTHS..(BELOW Q.21)..5
Don't Know.....8

IF "3-12 MONTHS" OR "MORE THAN 12 MONTHS": We are only setting appointments with women who plan to start a pregnancy within the next three months. GO TO INSTRUCTION BOX, BACK PAGE.

22. REVIEW Q.9-20. IF YES TO ANY Q. 9-20, READ: We need to discuss your eligibility with the medical director and we will be in touch with you about your participation. SKIP TO VOLUNTEER INFORMATION CARD.

23. We would like to schedule an hour appointment with you the week before you discontinue birth control methods so that your involvement in the study can be reviewed and supplies delivered. At that time we would like to conduct an interview which should last less than half an hour. COMPLETE VOLUNTEER INFORMATION CARD AND INFORM VOLUNTEER THAT (NAME OF FIELD WORKER) WILL CONTACT HER TO SET APPOINTMENT.

IF R INDICATES THAT SHE HAS NOT DECIDED ABOUT HER PARTICIPATION IN THE STUDY AND IS NOT YET READY TO MAKE AN APPOINTMENT, GO TO INSTRUCTION BOX, BACK PAGE.

INSTRUCTION BOX

Thank you very much for calling. Let me take down your name and address so we will have this information on file if you should be (interested/eligible) at a later date: END OF SCREENER. COMPLETE VOLUNTEER INFORMATION CARD.

EDIT SCREENER. CODE ELIGIBILITY AND PARTICIPATION BELOW.

YOUR ID CODE [ ][ ]

ELIGIBILITY INFORMATION

CODE ELIGIBILITY FROM SCREENER

ELIGIBLE.....
INELIGIBLE.....
DON'T KNOW.....

1. IF RESPONDENT'S ELIGIBILITY IS IN DOUBT (YES TO ANY SCREENER Q 9-20), THANK R AND SAY We'll be in touch with you soon. CONTACT A. WILCOX TO DETERMINE ELIGIBILITY.

2. ELIGIBLE? YES.....1
NO.....2

3. DATE DETERMINED [ ][ ] MO [ ][ ] DA [ ][ ] YR

4. RECONTACT ELIGIBLE RESPONDENT. COMPLETE Q5 BELOW. THEN SET APPT BELOW

5. DATE RECONTACTED MO [ ][ ] DA [ ][ ] YR [ ][ ]

YOUR ID CODE [ ][ ]

COMMENTS:

PARTICIPATION INFORMATION

CODE PARTICIPATION INFORMATION FROM SCREENER

PARTICIPATING.....
NOT PARTICIPATING.....
UNDECIDED.....
PENDING.....

IF NOT PARTICIPATING, SPECIFY REASON: _____

_____ OFFICE CODE

FIRST APPOINTMENT

We would like to meet with you at your home the week before you plan to start your pregna
Let's set a date and time for that meeting now.

DATE _____ DAY _____ TIME _____ am pm

I will contact you a day or two before this to verify our appointment. If you should decide to start your pregnancy at a different time, please call me and we will reschedule your appointment.

OFFICE USE ONLY

[ ][ ][ ][ ][ ][ ]

1. Enter
2. Coding
3. Editing
4. Enter
5. Error Correct
6. Misc.

MONDAY OF WEEK 1

[ ][ ] MONTH [ ][ ] DAY [ ][ ] YEAR

ORDER LABELS BEGINNING

WEEK [ ][ ]

DATE B.C. DISCONTINUE

| 92-93 | 94-95 | 96-97 |
|---|---|---|
| [ ][ ] | [ ][ ] | [ ][ ] |