OMB NUMBER 0925-0214
Expires: April, 1985

DATE OF INTERVIEW [ ][ ] [ ][ ] [ ][ ]
MONTH DAY YEAR

INTERVIEWER ID # [ ][ ]

MEDICATIONS SUPPLEMENT
THREE MONTH QUESTIONNAIRE

Card 04

1 *3 - 5* *6-7* *8*
ID # [ ] [ ][ ][ ] FORM [0][9] V [2] *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 [ ][ ][ ][ ] OFFICE CODE	*15-18* [ ][ ][ ][ ] OFFICE CODE	*19* [ ] X DAY *20* [ ] X WEEK	YES.....1 *21* NO.....2	*22- 23* [ ][ ] DAYS *24-25* [ ][ ] WEEKS
26-29 [ ][ ][ ][ ] OFFICE CODE	*30-33* [ ][ ][ ][ ] OFFICE CODE	*34* [ ] X DAY *35* [ ] X WEEK	YES.....1 *36* NO.....2	*37-38* [ ][ ] DAYS *39-40* [ ][ ] WEEKS
41-44 [ ][ ][ ][ ] OFFICE CODE	*45-48* [ ][ ][ ][ ] OFFICE CODE	*49* [ ] X DAY *50* [ ] X WEEK	YES.....1 *51* NO.....2	*52-53* [ ][ ] DAYS *54-55* [ ][ ] WEEKS
56-59 [ ][ ][ ][ ] OFFICE CODE	*60-63* [ ][ ][ ][ ] OFFICE CODE	*64* [ ] X DAY *65* [ ] X WEEK	YES.....1 *66* NO.....2	*67-68* [ ][ ] DAYS *69-70* [ ][ ] WEEKS
71-74 [ ][ ][ ][ ] OFFICE CODE	*75-78* [ ][ ][ ][ ] OFFICE CODE	*79* [ ] X DAY *80* [ ] X WEEK	YES.....1 *81* NO.....2	*82-83* [ ][ ] DAYS *84-85* [ ][ ] WEEKS
86-89 [ ][ ][ ][ ] OFFICE CODE	*90-93* [ ][ ][ ][ ] OFFICE CODE	*94* [ ] X DAY *95* [ ] X WEEK	YES.....1 *96* NO.....2	*97-98* [ ][ ] DAYS *99-100* [ ][ ] WEEKS

OMB NUMBER 0925-0214
Expires: April, 1985

EARLY PREGNANCY STUDY
EIGHT-WEEK PREGNANCY QUESTIONNAIRE

Card 01

ID# [1] [3 - 5] FORM [6 - 7] [1 0] V [8] [2] NAME OF INTERVIEWER _____

INTERVIEWER ID [11-12] DATE OF INTERVIEW [13-14] MONTH [15-16] DAY [17-18] YEAR DATE OF LNMP _____

I would like to ask you some questions about your tobacco exposure, medication dosage and beverage patterns over the last eight weeks. The period of time we will be talking about runs from the first day of your last normal menstrual period to today.

What was the first day of your last normal menstrual period?
COMPARE WITH DATE ABOVE. RESOLVE DISCREPANCY IF NECESSARY. [19-20] MONTH [21-22] DAY [23-24] YEAR

SECTION A. TOBACCO UPDATE

A1. Are you currently smoking cigarettes?

YES.....1 [25]
NO.....(A6).....2

A2. On the average day, how many cigarettes do you smoke? (20 CIGARETTES TO A PACK) [26-27] CIGS

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

YES...(A9).....1
NO.....2 [28]

A4. On what date did you begin to smoke (NUMBER OF CIGARETTES IN A2) cigarettes a day? [29-30] MONTH [31-32] DAY [33-34] YEAR

A5. About how many cigarettes a day did you smoke before (DATE IN A4)? [35-36] CIGS

SKIP TO A9.

A6. Have you smoked any cigarettes during the past eight weeks?

YES.....1 [37]
NO.....(A9).....2

A7. On what date did you quit smoking? [38-39] MONTH [40-41] DAY [42-43] YEAR

A8. About how many cigarettes a day did you smoke before you quit? (20 CIGARETTES TO A PACK) [44-45] CIGS

A9. Did you smoke any marijuana during the last eight weeks?

YES.....1 [46]
NO.....(A11).....2

A10. How many times did you smoke marijuana during the past eight weeks? 47-48 [ ][ ] TIMES

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

YES.....1 4
NO.....2

A12. Do you think you are still pregnant? YES.....(A14).....1 5
NO.....2

A13. On what date do you think this pregnancy ended?

51-52 [ ][ ] MONTH 53-54 [ ][ ] DAY 55-56 [ ][ ] YEAR

A14. In order to provide us with a computer link for all of our documents, would you please tell me your date of birth again?

57-58 [ ][ ] MONTH 59-60 [ ][ ] DAY 61-62 [ ][ ] YEAR

SECTION B. 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.

B1. During the past ~~three months~~ 8 weeks, 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.

BEVERAGE	D1 FREQUENCY				COMMENTS
	NONE	DAILY	WEEKLY	MONTHLY	
cups of brewed caffeinated coffee	63	64 - 65	66 - 67	68 - 69	
cups of instant caffeinated coffee	70	71 - 72	73 - 74	75 - 76	
cups or glasses of non-herbal hot or iced tea	77	78 - 79	80 - 81	82 - 83	
Of the following soft drinks (SHOW CARD)	84	85 - 86	87 - 88	89 - 90	
12 oz. bottles or cans of beer	91	92 - 93	94 - 95	96 - 97	
4 oz. glasses of wine	98	99 -100	101-102	103-104	
1 1/2 oz. of hard liquor	105	106-107	108-109	110-111	

Card 02

SECTION C. MEDICATIONS UPDATE

C1. Have you taken any prescription or non-prescription medications, including aspirin, digestive aids and vitamins during the past eight weeks?

YES.....1
NO.....(END).....2 11

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 THROUGH 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 eight weeks?

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

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

INTERVIEWER REMARKS

Card 0

R1. RESPONDENT'S COOPERATION WAS

VERY GOOD.....1
GOOD.....2
FAIR.....3 11
POOR.....4

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 12
UNSATISFACTORY...4

IF CODE 3 OR 4, CODE REASON, USING INTAKE QUESTIONNAIRE CODES.

	QUALITY				REASON	
SECTION A: TOBACCO.....1	2	3	4		[ ][ ]	13-15
SECTION B: BEVERAGE.....1	2	3	4		[ ][ ]	16-18
SECTION C: MEDICATION.....1	2	3	4		[ ][ ]	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

_____