

St. Charles County Infant Death Questionnaire

NOTE: An introduction for a face-to-face interview will be slightly different from one for a telephone interview.

TELEPHONE: Hello, my name is _____. I'm calling for the Missouri Department of Health. We are gathering information about [fetal and infant deaths?] in the St. Charles area. Have I reached the home of [insert name]? Is this [Mr./Mrs. _____]?

[If no] Is this [insert telephone number]?

[If no] I'm sorry, I must have dialed the wrong number.

[If yes] I'm sorry for any inconvenience; I must have been given the wrong telephone number.

[If yes] We would like to ask both you and [your husband/your wife/your significant other (if couple not married)] some questions. Is this a convenient time for us to talk with you?

[If yes, continue with interview.]

[If no] What would be a more convenient time for me to talk with you?

FACE-TO-FACE: Earlier, I introduced myself. For the record, let me tell you again that my name is _____. I am here on behalf of the Missouri Department of Health. We are gathering information about [fetal and infant deaths?] in the St. Charles area.

[If both parents are present] I would like to ask both of you some questions. In order to make sure that we get as much information as possible and that we ask the same questions of everyone, I will be conducting a structured interview. That is, everyone interviewed will be asked the same questions in the same order. You will also have the opportunity to add additional comments, if there is anything that we don't ask that you think might be relevant. We are interested in obtaining information from each of you, independent of what the other person says, so we would like to interview you separately. Which of you would prefer to be interviewed first?

[Suggest that the other person wait in another room.]

[If only one parent present] I would like to ask you some questions. In order to make sure that we get as much information as possible and that we ask the same questions of everyone, I will be conducting a structured interview. That is, everyone interviewed will be asked the same questions in the same order. You will also have the opportunity to add additional comments, if there is anything that we don't ask that you think might be relevant. We would also like to interview [your husband/your wife/your significant other (if couple not married)]. Some of the questions may seem redundant, if we ask you of you the same questions, but we our experience has been that we can obtain more information if we interview both parents.

[ALL RESPONDENTS]

We realize that asking questions about such a stressful event may bring up painful memories, but we hope you will be willing to answer all our questions. The interview will take [a short time/20 – 30 minutes] and all the information obtained in this study will be confidential.

Date of Interview _____ Name of Interviewer _____

INTERVIEW WITH MOTHER

The first questions ask for a little more information about yourself. First, please confirm your full name (first, middle, last).
What is your maiden name?

NAME _____
(FIRST) (MI) (LAST) (MAIDEN)

MAILING ADDRESS _____

Street Address (if different) _____

Phone Number _____ (home) _____ (work)

Section 1: Demographics

(1) What is your age?

__ __	Code age in years
0 7	Don't know/Not sure
0 9	Refused

[Is this needed?] What is your date of birth? _____ [Enter month/day/year]

(2) Are you Hispanic or Latino?

1	Yes
2	No
7	Don't know/Not sure
9	Refused

(3) Which one or more of the following would you say is your race?

		Please Read
Mark all that apply	1	White
	2	Black or African American
	3	Asian
	4	Native Hawaiian or Other Pacific Islander
	5	American Indian, Alaska Native
		or
	6	Other [specify]
	8	No additional choices
	9	
Do not read these responses	7	Don't know/Not sure
	9	Refused

3a. **[If more than one response] Which one of these groups would you say best represents your race? Would you say:**

Please Read

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other: (specify) _____

Do not read

- 7 Don't know/Not Sure
- 8 No additional choices
- 9 Refused

(4) Are you,

Please Read

- a. Married? 1
- b. Divorced? 2
- c. Widowed? 3
- d. Separated? 4
- e. Never been married? 5

OR

- f. A member of an unmarried couple? 6

Refused 9

(5)How many children live in your household who are...

Please Read

Code 1-6

a. less than 5 years old? _____

7 = 7 or more

b. 5 through 12 years old? _____

8 = None

9 = Refused

c. 13 through 17 years old? _____

(6)What is the highest grade or year of school you completed?

Read Only if Necessary

MOTHER

- | | |
|---|---|
| a. Never attended school or only attended kindergarten | 1 |
| b. Grades 1 through 8 (Elementary) | 2 |
| c. Grades 9 through 11 (Some high school) | 3 |
| d. Grade 12 or GED (High school graduate) | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate) | 6 |
| Refused | 9 |

(7)Are you currently,

Please Read

MOTHER

- | | |
|--------------------------------------|---|
| a. Employed for wages? | 1 |
| b. Self-employed? | 2 |
| c. Out of work for more than 1 year? | 3 |
| d. Out of work for less than 1 year? | 4 |
| e. A homemaker? | 5 |
| f. A student? | 6 |
| g. Retired? | 7 |
| h. Unable to work? | 8 |
| Refused | 9 |

(8)Is your annual household income from all sources,

Read as Appropriate

a. Less than \$10,000?	0 1
b. Less than \$15,000? (\$10,000 to less than \$15,000)	0 2
c. Less than \$20,000? (\$15,000 to less than \$20,000)	0 3
d. Less than \$25,000? (\$20,000 to less than \$25,000)	0 4
e. Less than \$35,000? (\$25,000 to less than \$35,000)	0 5
f. Less than \$50,000? (\$35,000 to less than \$50,000)	0 6
g. Less than \$75,000? (\$50,000 to \$75,000)	0 7
h. \$75,000 or more?	0 8
Don't know/Not sure	7 7
Refused	9 9

Section 8: Health Care Access:

(28) Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

	MOTHER
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Now, think back to the time when you were pregnant with your deceased infant;

(29) Did you have any kind of health care coverage while you were pregnant?

	MOTHER
a. Yes	1
b. No (Go to Q31)	2
Don't know/Not sure	7
Refused	9

(30) What type of health care coverage did you use to pay for most of your medical care for this period?

Was it coverage through:	(Coverage Code)	MOTHER
Please Read		— —
a. Your employer?		0 1
b. Someone else's employer?		0 2
c. A plan that you or someone else buys on your own?		0 3
d. Medicare?		0 4
e. Medicaid or Medical Assistance?		0 5
f. The military, CHAMPUS, TriCare, or the VA?		0 6
g. The Indian Health Service?		0 7
h. Some other source?		0 8
None	(Go to Q32)	8 8
Don't know/Not sure	(Go to Q32)	7 7
Refused	(Go to Q32)	9 9

(31) There are some types of coverage you may not have considered. Please tell me if you had any of the following:

MOTHER

Coverage through: (Coverage Code)

Please Read

a. Your employer?	0 1
b. Someone else's employer?	0 2
c. A plan that you or someone else buys on your own?	0 3
d. Medicare?	0 4
e. Medicaid or Medical Assistance?	0 5
f. The military, CHAMPUS, TriCare, or the VA?	0 6
g. The Indian Health Service?	0 7
h. Some other source?	0 8
None (Go to Q 33)	8 8
Don't know/Not sure (Go to Q 33)	7 7
Refused (Go to Q 33)	9 9

(32) During the period of the pregnancy, was there any time that you did not have any health insurance or coverage?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

(33) Was there a time during the pregnancy when you needed to see a doctor, but could not because of the cost?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

34. Was there a time during the pregnancy when you needed to see a doctor, but could not for any of the following reasons:

Please read each reason and record one response for each reason.

	Yes	No		DK/NS	Ref
Lack of transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>	
Couldn't get appointment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>	
Doctor wouldn't accept Medicaid	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>	
Doctor wouldn't accept Medicare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>	
Limited hours or days service is available	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>	
Couldn't take time off work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>	
Child care/Adult care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>	
Long wait	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>	
Clinic workers are disrespectful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>	
Fear of doctors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>	
Other (specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>	

(35) Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

MOTHER

- a. Yes 1
- b. No (**Go to Q. 37**) 2
- Don't know/Not sure (**Go to Q. 37**) 7
- Refused (**Go to Q. 37**) 9

(36) Which of the following best describes your current military status?

Are you: **Please Read**

MOTHER

- a. Currently on active duty 1
- b. Currently in reserves 2
- c. No longer in military service 3
- Don't know/Not sure 7
- Refused 9

(37) In the last 12 months have you received some or all of your health care from VA facilities?

- a. Yes, all of my health care 1
- b. Yes, some of my health care 2
- c. No, no VA health care received 3

- Don't know/Not sure 7
- Refused 9

RESIDENTIAL HISTORY: Mother

The next questions are about places you have lived.

(38) Please tell me about all the places you have lived since 1 January 1990? For each place that you have lived, I'd like you to give me the street address, the city and the ZIP code. For each place that you have lived, I also need to know the month and year you moved to that address and the month and year you moved from that address. Let's start with where you were living in January 1990. What was the address and when did you move there?

Street Address

Moved IN
(Month/Year)

Moved OUT
(Month/Year)

1) _____

If address is not the same as current address, ask: When did you move out?

Then, ask: What was your next address? When did you move in? Move out?

2) _____

Continue until you get to the present address.

3) _____

4) _____

5) _____

6) _____

7) _____

Code 7 7 7 for Don't know/Not sure; code 9 9 9 for Refused

WORK HISTORY - MOTHER

The next questions are about your work history.

(39) Please tell about every job you have had since 1 January 1990. For each job, I am going to ask you to tell me the name of your employer, your employer’s address, the month and year you started, the month and year you left that job, the type of work you did and whether you were exposed to any chemicals or other environmental hazards while you were working at that location. Include all employment, both full-time and part-time. Sometimes people forget to include part-time jobs, second jobs, or temporary employment, such as summer or holiday seasonal work You should also include any volunteer work you did. If you spent a lot of time at a particular hobby, I’d also like to know that.

We’ll start with where you were working in January 1990. What was the name of the firm or business? Where was it located? When did you start? How long did you work there/what was the date you left? What type of work did you do? Were you exposed to any chemicals or other environmental Hazards?

Did you have another job at the same time? If so, what was it? **[Go through the same list of questions. Be sure to ask about part-time, seasonal and volunteer work. Be sure to ask if the person had hobbies that might have led to chemical/environmental exposures.]**

Continue asking about jobs until you get up to the present.

Job 1

Job 2

Job 3

Employer?

(Name) _____

Location?

(Street, city) _____

Start Date?

(Month/Year) _____

End Date?

(Month/Year) _____

Work Type ?

(Clerical, Line, etc.) _____

Chem. or other

Env. expoure? _____

(Paint, solvent, etc.)

Job 4

Job 5

Job 6

Employer?

(Name)

Location?

(Street, city)

Start Date?

(Month/Year)

End Date?

(Month/Year)

Work Type ?

(Clerical, Line, etc.)

Chem. or other

Env. expoure?

(Paint, solvent, etc.)

Job 7

Job 8

Job 9

Employer?

(Name) _____

Location?

(Street, city) _____

Start Date?

(Month/Year) _____

End Date?

(Month/Year) _____

Work Type ?

(Clerical, Line, etc.) _____

Chem. or other

Env. Exposure? _____

(Paint, solvent, etc.)

REPRODUCTIVE HISTORY - MOTHER-

The next questions are about your pregnancies.

40. To the best of your knowledge, please tell me how many times you have been pregnant.

_____ # of pregnancies

I am now going to ask you a series of questions about each pregnancy.

We'll start with your earliest pregnancy.

41. Please tell me the month and year of conception for your first pregnancy.

a. [Enter month/year _____]

Don't know/Not sure

7

Refused

9

42. How soon after conceiving did you think you were pregnant?
- | | |
|--|---|
| a. Less than one month | 1 |
| b. More than one month but less than two months | 2 |
| c. More than two months but less than three months | 3 |
| d. Three months or more | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |
43. How soon after conceiving did you see a doctor to have your pregnancy confirmed?
- | | |
|--|---|
| a. Less than one month | 1 |
| b. More than one month but less than two months | 2 |
| c. More than two months but less than three months | 3 |
| d. Three months or more | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |
44. Throughout the remainder of your pregnancy, did you visit a doctor or clinic for prenatal care:
- | | |
|---|---|
| a. Regularly, as scheduled by the doctor/clinic | 1 |
| b. Sometimes, but not as often as the doctor/clinic recommended | 2 |
| c. Only a few times | 3 |
| OR | |
| d. Almost never | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |
45. Please tell me the name and address of the physician or clinic where you obtained prenatal care.
 (name of physician/clinic) _____
 (address) _____

46. What was the outcome of your first pregnancy? Was it a:
- a. Miscarriage 1
 - b. Fetal death 2
 - c. Abortion 3
 - d. Live birth 4
- OR
- e. Some other outcome 5
(specify) _____
- Don't know/Not sure 7
- Refused 9

47. Please tell me the date of your [miscarriage/fetal death/abortion/live birth/other outcome].
 _____ [day/month/year]

48. Where did the event occur? Was it:
- a. At home 1
 - b. In a clinic or hospital 2
- OR
- c. Some other place 3
- Don't know/Not sure 7
- Refused 9

49. (If clinic/hospital or other place, please give name and address of the facility)

50. **[If miscarriage or fetal death]** Was the miscarriage/fetal death due to a:
- a. Birth defect 1
- OR
- b. Other cause 2
(Please specify) _____
- Don't know/Not sure 7
- Refused 9

51. **[If abortion]** Was the abortion performed:
- a. because of a known birth defect 1
 - OR
 - b. for personal reasons 2
 - Don't know/Not sure 7
 - Refused 9

52. **[If live birth]** What is the child's name?

53. Was your child born with a birth defect of any kind?
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

(If yes, specify type of defect) _____

54. How would you describe the current health status of your first child? Would you say:
- a. Alive and well 1
 - b. Alive, but with continuing health problems 2
 - OR
 - c. No longer alive 3
 - Don't know/Not sure 7
 - Refused 9

(If no longer alive, give date of death) _____

(If alive but with health problems, describe) _____

[Repeat questions 41 through 54 for each pregnancy.]

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Conception Date?</u> (Month/Year)	_____	_____	_____	_____	_____	_____
<u>Outcome Date?</u> (Month/Year)	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

[This question does not need to be asked of the mother. The answers can be determined from Question 38 (Mother's Residential History) and the answers to the above Mother's Reproductive History questions.] Will you please tell me each place you lived when you became pregnant (starting with 1 January 1990)?

Address
At Conception

At Delivery or
Time of Miscarriage

Duration of
Pregnancy

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____

Code 7 7 7 for Don't know/Not sure; code 9 9 9 for Refused

REPRODUCTIVE HISTORY OF INTERVIEWEE'S (Mother) FAMILY: HER MOTHER, SISTERS AND BROTHERS

The next questions are about your family's reproductive history, that is, all pregnancies that other members of your family have had.

The first questions are about your mother's pregnancies.

55. How many pregnancies did your mother have? If she was only pregnant with you, that would be one pregnancy. If you were adopted and she had no stillbirths, fetal deaths, abortions or live births, that would be zero pregnancies.

____ # of pregnancies.

[If interviewee's mother had more than one pregnancy, ask the following questions. Use the same format as used in questions 41-54 but start by asking the interviewee's mother's name and date of birth, followed by each baby's name, if live birth or name given to a child born dead.]

56. Interviewee's mother's name and date of birth.

_____ (first, middle, last and maiden)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of fetal death, live birth, etc.</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

INTERVIEWEE'S MOTHER'S REPRODUCTIVE HISTORY (continued)

	<u>Pregnancy 7</u>	<u>Pregnancy 8</u>	<u>Pregnancy 9</u>	<u>Pregnancy 10</u>	<u>Pregnancy 11</u>	<u>Pregnancy 12</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of fetal death, Live birth, etc.</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

[The next questions should be asked only if the interviewee has one or more sisters.]

The next questions are about your oldest sister and any pregnancies she has had.

57. Interviewee's oldest sister's name and date of birth.

_____ (first, middle, last and maiden)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of fetal death/ Live birth, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

The next questions are about your next oldest sister and any pregnancies she has had.
 58. Interviewee's oldest sister's name and date of birth.

_____ (first, middle, last and maiden)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth, Fetal death, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

[Continue asking questions about each sister. Insert additional sheets if more than four sisters.]

59. Interviewee's next sister's name and date of birth.

_____ (first, middle, last and maiden)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth/ Fetal death, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

Continue asking questions about each sister. Insert additional sheets if more than four sisters.

60. Interviewee's youngest sister's name and date of birth.

_____ (first, middle, last and maiden)
_____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth/ Fetal death, etc.</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

The next questions should only be asked if the interviewee has one or more brothers. Insert additional sheets if more than four brothers.

60. Interviewee's oldest brothers's name and date of birth.

_____ (first, middle and last)
 _____ (date of birth)

Please tell me about your oldest brother's Reproductive History?

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
Date of live birth/ Fetal death, etc.?	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
Birth <u>Defect?</u>	_____	_____	_____	_____	_____	_____
Infant <u>Death?</u>	_____	_____	_____	_____	_____	_____
Cause of <u>Death?</u>	_____	_____	_____	_____	_____	_____
Prenatal care <u>Provider?</u>	_____	_____	_____	_____	_____	_____
Date Prenatal Care began?	_____	_____	_____	_____	_____	_____
Hospital of <u>Delivery?</u>	_____	_____	_____	_____	_____	_____

Continue asking questions about each brother. Insert additional sheets if more than four brothers.

61. Interviewee's second oldest brother's name and date of birth.

_____ (first, middle and last)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth/ Fetal death, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

Continue asking questions about each brother. Insert additional sheets if more than four brothers.

62. Interviewee's next brother's name and date of birth.

_____ (first, middle, last and maiden)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth, Fetal death, etc.</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

Continue asking questions about each brother. Insert additional sheets if more than four brothers.

63. Interviewee's youngest brother's name and date of birth.

_____ (first, middle and last)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth/ Fetal death, etc?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

64. Did your father have any other children than the ones identified above, that is, do you have any half-brothers or half-sisters? If yes, ask additional questions.

Insert additional sheets as needed.

_____ (first, middle, last and maiden name of oldest half sister)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth or fetal death, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

Insert additional sheets as needed.

_____ (first, middle, last and maiden name of youngest half sister)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth or fetal death, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

Insert additional sheets as needed.

_____ (first, middle and last and name of oldest half brother)
_____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth or fetal death, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

Insert additional sheets as needed.

_____ (first, middle and last and name of youngest half brother)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth or fetal death, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

REPRODUCTIVE HISTORY OF INTERVIEWEE'S (Father) FAMILY: HER MOTHER, SISTERS AND BROTHERS

The next questions are about your family's reproductive history, that is, all pregnancies that other members of your family have had.

The first questions are about your mother's pregnancies.

55. How many pregnancies did your mother have? If she was only pregnant with you, that would be one pregnancy. If you were adopted and she had no stillbirths, fetal deaths, abortions or live births, that would be zero pregnancies.

_____ # of pregnancies.

[If interviewee's mother had more than one pregnancy, ask the following questions. Use the same format as used in questions 41-54 but start by asking the interviewee's mother's name and date of birth, followed by each baby's name, if live birth or name given to a child born dead.]

56. Interviewee's mother's name and date of birth.

_____ (first, middle, last and maiden)

_____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of fetal death, live birth, etc.</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

INTERVIEWEE'S MOTHER'S REPRODUCTIVE HISTORY (continued)

	<u>Pregnancy 7</u>	<u>Pregnancy 8</u>	<u>Pregnancy 9</u>	<u>Pregnancy 10</u>	<u>Pregnancy 11</u>	<u>Pregnancy 12</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of fetal death, Live birth, etc.</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

[The next questions should be asked only if the interviewee has one or more sisters.]

The next questions are about your oldest sister and any pregnancies she has had.

57. Interviewee's oldest sister's name and date of birth.

_____ (first, middle, last and maiden)
_____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of fetal death/ Live birth, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

The next questions are about your next oldest sister and any pregnancies she has had.
 58. Interviewee's oldest sister's name and date of birth.

_____ (first, middle, last and maiden)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth, Fetal death, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

[Continue asking questions about each sister. Insert additional sheets if more than four sisters.]

59. Interviewee's next sister's name and date of birth.

_____ (first, middle, last and maiden)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth/ Fetal death, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

Continue asking questions about each sister. Insert additional sheets if more than four sisters.

60. Interviewee's youngest sister's name and date of birth.

_____ (first, middle, last and maiden)
_____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth/ Fetal death, etc.</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

The next questions should only be asked if the interviewee has one or more brothers. Insert additional sheets if more than four brothers.

60. Interviewee's oldest brothers's name and date of birth.

_____ (first, middle and last)
_____ (date of birth)

Please tell me about your oldest brother's Reproductive History?

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth/ Fetal death, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

Continue asking questions about each brother. Insert additional sheets if more than four brothers.

61. Interviewee's second oldest brother's name and date of birth.

_____ (first, middle and last)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth/ Fetal death, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

Continue asking questions about each brother. Insert additional sheets if more than four brothers.

62. Interviewee's next brother's name and date of birth.

_____ (first, middle, last and maiden)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth, Fetal death, etc.</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

Continue asking questions about each brother. Insert additional sheets if more than four brothers.

63. Interviewee's youngest brother's name and date of birth.

_____ (first, middle and last)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth/ Fetal death, etc?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

65. Did your father have any other children than the ones identified above, that is, do you have any half-brothers or half-sisters? If yes, ask additional questions.

Insert additional sheets as needed.

_____ (first, middle, last and maiden name of oldest half sister)
 _____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth or fetal death, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

Insert additional sheets as needed.

_____ (first, middle, last and maiden name of youngest half sister)
_____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth or fetal death, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

Insert additional sheets as needed.

_____ (first, middle and last and name of oldest half brother)
_____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth or fetal death, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

Insert additional sheets as needed.

_____ (first, middle and last and name of youngest half brother)
_____ (date of birth)

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Baby's Name?</u>	_____	_____	_____	_____	_____	_____
<u>Date of live birth or fetal death, etc.?</u>	_____	_____	_____	_____	_____	_____
<u>Outcome Type?</u> (Live birth, Fetal death, miscarriage, abortion)	_____	_____	_____	_____	_____	_____
<u>Illnesses?</u> (During pregnancy)	_____	_____	_____	_____	_____	_____
<u>Birth Defect?</u>	_____	_____	_____	_____	_____	_____
<u>Infant Death?</u>	_____	_____	_____	_____	_____	_____
<u>Cause of Death?</u>	_____	_____	_____	_____	_____	_____
<u>Prenatal care Provider?</u>	_____	_____	_____	_____	_____	_____
<u>Date Prenatal Care began?</u>	_____	_____	_____	_____	_____	_____
<u>Hospital of Delivery?</u>	_____	_____	_____	_____	_____	_____

MOTHER ONLY

66. The next questions will be about any drugs you may have taken or alcohol you may have consumed during each of your pregnancies. I am interested in all drugs that you may have taken, including prescription drugs, over the counter drugs and illegal drugs. First, I'd like you to tell me about all prescription drugs. Include those prescribed by your own doctor and any you may have been given by a family member or friend.

DRUG EXPOSURE

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Prescription drugs?</u>	_____	_____	_____	_____	_____	_____
List each drug and dosage, if known.	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

Next, please tell me about any over-the-counter drugs.

Aspirin	_____	_____	_____	_____	_____	_____
Cough syrup	_____	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____

Next, please tell me about any alcohol or caffeine you may have consumed and any recreational drugs you may have taken.

Alcohol (yes/no)	_____	_____	_____	_____	_____	_____
If yes, avg. # of drinks daily	_____	_____	_____	_____	_____	_____
How many times during your pregnancy did you consume 5 or more drinks at a time?	_____	_____	_____	_____	_____	_____

Coffee or other caffeine? (yes/no)	_____	_____	_____	_____	_____	_____
If yes, avg. # of cups/cans daily	_____	_____	_____	_____	_____	_____
Recreational drugs (marijuana, cocaine, crack, etc.) (yes/no)	_____	_____	_____	_____	_____	_____
If yes, how much/how often	_____	_____	_____	_____	_____	_____

If respondent answered 'yes' to question 20 "Have you smoked at least 100 cigarettes in your entire life?" then ask if she smoked during pregnancy.

How long did you continue after learning you were pregnant?	_____	_____	_____	_____	_____	_____
How many cigarettes/day, on average?	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

NUTRITIONAL STATUS

Where did you get your drinking/cooking water during the time you were pregnant with the child/fetus that died? _____

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
<u>Were you on a special diet?</u> (yes/no)	_____	_____	_____	_____	_____	_____
If yes, describe.	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

Did you take

Supplements? (yes/no)

(vitamins, minerals, etc.)

If yes, identify.

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Did you eat any

special foods? (yes/no)

(herbs, health foods, etc.)

If yes, identify.

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Did you have any

food or drink

cravings? (yes/no)

If yes, describe.

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

HEALTH STATUS during Pregnancy

Now, I want you to think back to each of your pregnancies. We'll start with your first pregnancy, then continue with each subsequent pregnancy. How would you describe your general health during your first pregnancy. Would you say that in general your health was:

Please Read

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

Do not read

- 7 Don't know/Not Sure
- 9 Refused

Next, I am going to ask you about some diseases or conditions. Did you have:

	<u>Pregnancy 1</u>	<u>Pregnancy 2</u>	<u>Pregnancy 3</u>	<u>Pregnancy 4</u>	<u>Pregnancy 5</u>	<u>Pregnancy 6</u>
Diabetes?	_____	_____	_____	_____	_____	_____
High blood pressure?	_____	_____	_____	_____	_____	_____
<u>Acute Illnesses?</u> (y/n)	_____	_____	_____	_____	_____	_____
If yes, list.	_____	_____	_____	_____	_____	_____
<u>Any pre-existing illnesses?</u> (y/n)	_____	_____	_____	_____	_____	_____
If yes, list.	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
<u>Any pregnancy-related illnesses?</u> (y/n)	_____	_____	_____	_____	_____	_____
(gestational diabetes, etc.)						
If yes, list.	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

That is the last of my structured interview questions. Do you have any questions you would like to ask me or any additional comments that you would like to make that might shed some light on fetal deaths in the St. Charles area?

If the answer is yes, record questions and/or comments.

Please remember that the information you have given me will remain confidential. Everyone's answers will be combined to give us information about fetal deaths in this area. Your time and cooperation are very much appreciated.