BIRTH OUTCOMES AND WATER

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Information About You

Please answer each question to the best of your ability by marking the bubble next to your answer choice. You do not need to mark your answer completely and you may use any writing utensil you wish.

1. What is your birth date?

☐☐/☐☐/☐☐☐☐ (MM/DD/YYYY)

2. Are you of Hispanic or Latina origin?

- ◯ Yes
- ◯ No

3. Which of the following describes your race? Select all that apply.

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian or Pacific Islander
- ☐ Other, please specify

4. What is the highest level of education you have completed?

- ◯ 1-8 years
- ◯ Some high school
- ◯ High school graduate or GED (high school equivalency)
- ◯ Some college, but no degree
- ◯ Associate's degree
- ◯ Bachelor's degree
- ◯ One or more years of graduate school or professional school
- ◯ Something else, please specify

5. What was your marital/relationship status at the beginning of the pregnancy of interest?

- ◯ Married or living with a partner
- ◯ Divorced or separated
- ◯ Widowed
- ◯ Single

6. What was your approximate total annual household income during the pregnancy of interest?

- ◯ Less than $25,000
- ◯ $25,000 - $50,000
- ◯ $50,001 - $75,000
- ◯ $75,001 - $100,000
- ◯ $100,001 - $150,000
- ◯ $150,001 - $200,000
- ◯ More than $200,000

Health Information

7. How many times have you been pregnant (including live births, stillbirths, miscarriages, and abortions)?

Number of pregnancies

8. Did you use any form of birth control when you conceived (pregnancy of interest)?

- ◯ Yes
- ◯ No → **Go to #10**

9. Were you using the following forms of birth control when you conceived (pregnancy of interest)?

	Yes	No	Don't remember
a. The pill	◯	◯	◯
b. Condom	◯	◯	◯
c. Diaphragm	◯	◯	◯
d. IUD (intrauterine device)	◯	◯	◯
e. Contraceptive implant	◯	◯	◯
f. Natural family planning	◯	◯	◯
g. Other, please specify	◯	◯	◯

10. Has a doctor ever told you that you had any of the following?

	Yes	No
a. Gestational diabetes	○	○
b. Diabetes mellitus	○	○
c. Congenital heart disease	○	○
d. Acquired heart disease	○	○
e. Thyroid problems	○	○
f. Depression	○	○
g. Epilepsy	○	○
h. Lactose intolerance	○	○
i. Birth defect	○	○

Pregnancy History

To the best of your memory, please tell us about the pregnancies you have had, including the pregnancy of interest.

11. Beginning with your first pregnancy, please answer the questions below. If you have been pregnant more than 5 times, please answer for the most recent 5 pregnancies.

	Pregnancy 1	Pregnancy 2	Pregnancy 3	Pregnancy 4	Pregnancy 5
What was the outcome of this pregnancy?					
Live birth	○	○	○	○	○
Stillbirth	○	○	○	○	○
Miscarriage	○	○	○	○	○
Abortion	○	○	○	○	○
What was the gestational age at delivery?					
Less than 20 weeks	○	○	○	○	○
20-23 weeks	○	○	○	○	○
24-29 weeks	○	○	○	○	○
30-34 weeks	○	○	○	○	○
35-40 weeks	○	○	○	○	○
40+ weeks	○	○	○	○	○
Did this child have a birth defect?					
Yes	○	○	○	○	○
No	○	○	○	○	○
N/A or unknown	○	○	○	○	○
If yes, what type of birth defect was diagnosed?					
Was this child born between January 1, 2014 and December 31, 2015?					
Yes	○	○	○	○	○
No	○	○	○	○	○
Did you take fertility drugs before this pregnancy?					
Yes	○	○	○	○	○
No	○	○	○	○	○

Pregnancy Information

Please answer the following questions for the pregnancy of interest.

12. From 3 months before you became pregnant to the end of your pregnancy, did you take prenatal vitamins?

- ◯ Yes
- ◯ No
- ◯ Don't remember

13. From 3 months before you became pregnant to the end of your pregnancy, did you take multivitamins other than prenatal vitamins?

- ◯ Yes
- ◯ No
- ◯ Don't remember

14. Did you take prenatal and/or multivitamins during the following time periods?

	Yes	No	Don't remember
a. Up to 3 months before the pregnancy	◯	◯	◯
b. First 3 months of the pregnancy (first trimester)	◯	◯	◯
c. 4-6 months of the pregnancy (second trimester)	◯	◯	◯
d. 7-9 months of the pregnancy (third trimester)	◯	◯	◯

15. During the months you took prenatal and/or multivitamins, how often did you take them?

- ◯ Less than once a week
- ◯ Once a week
- ◯ 2-3 times a week
- ◯ 4-6 times a week
- ◯ Daily
- ◯ Don't remember
- ◯ N/A or didn't take

16. From 3 months before you became pregnant to the end of your pregnancy, did you take any of the following single vitamins?

	Yes	No	Don't remember
a. Niacin (Vitamin B3)	◯	◯	◯
b. Folic Acid (Vitamin B9)	◯	◯	◯
c. Vitamin A (retinol, retinal, retinoic acid, beta carotene)	◯	◯	◯

17. Did you take niacin during the following time periods?

	Yes	No	Don't remember
a. Up to 3 months before the pregnancy	◯	◯	◯
b. First 3 months of the pregnancy (first trimester)	◯	◯	◯
c. 4-6 months of the pregnancy (second trimester)	◯	◯	◯
d. 7-9 months of the pregnancy (third trimester)	◯	◯	◯

18. During the months you took niacin, how often did you take it?

- ◯ Less than once a week
- ◯ Once a week
- ◯ 2-3 times a week
- ◯ 4-6 times a week
- ◯ Daily
- ◯ Don't remember
- ◯ N/A or didn't take

19. Did you take folic acid during the following time periods?

	Yes	No	Don't remember
a. Up to 3 months before the pregnancy	○	○	○
b. First 3 months of the pregnancy (first trimester)	○	○	○
c. 4-6 months of the pregnancy (second trimester)	○	○	○
d. 7-9 months of the pregnancy (third trimester)	○	○	○

20. During the months you took folic acid, how often did you take it?

- ○ Less than once a week
- ○ Once a week
- ○ 2-3 times a week
- ○ 4-6 times a week
- ○ Daily
- ○ Don't remember
- ○ N/A or didn't take

21. Did you take supplemental vitamin A during the following time periods?

	Yes	No	Don't remember
a. Up to 3 months before the pregnancy	○	○	○
b. First 3 months of the pregnancy (first trimester)	○	○	○
c. 4-6 months of the pregnancy (second trimester)	○	○	○
d. 7-9 months of the pregnancy (third trimester)	○	○	○

22. During the months you took supplemental vitamin A, how often did you take it?

- ○ Less than once a week
- ○ Once a week
- ○ 2-3 times a week
- ○ 4-6 times a week
- ○ Daily
- ○ Don't remember
- ○ N/A or didn't take

23. Did you take supplemental vitamin C (ascorbic acid) during the following time periods?

	Yes	No	Don't remember
a. Up to 3 months before the pregnancy	○	○	○
b. First 3 months of the pregnancy (first trimester)	○	○	○
c. 4-6 months of the pregnancy (second trimester)	○	○	○
d. 7-9 months of the pregnancy (third trimester)	○	○	○

24. During the months you took supplemental vitamin C (ascorbic acid), how often did you take it?

- ○ Less than once a week
- ○ Once a week
- ○ 2-3 times a week
- ○ 4-6 times a week
- ○ Daily
- ○ Don't remember
- ○ N/A or didn't take

25. Did you take supplemental vitamin D during the following time periods?

	Yes	No	Don't remember
a. Up to 3 months before the pregnancy	○	○	○
b. First 3 months of the pregnancy (first trimester)	○	○	○
c. 4-6 months of the pregnancy (second trimester)	○	○	○
d. 7-9 months of the pregnancy (third trimester)	○	○	○

26. During the months you took supplemental vitamin D, how often did you take it?

- ○ Less than once a week
- ○ Once a week
- ○ 2-3 times a week
- ○ 4-6 times a week
- ○ Daily
- ○ Don't remember
- ○ N/A or didn't take

27. Did you take supplemental <u>vitamin E</u> (tocopherol) during the following time periods?

	Yes	No	Don't remember
a. Up to 3 months before the pregnancy	○	○	○
b. First 3 months of the pregnancy (first trimester)	○	○	○
c. 4-6 months of the pregnancy (second trimester)	○	○	○
d. 7-9 months of the pregnancy (third trimester)	○	○	○

28. During the months you took supplemental <u>vitamin E</u> (tocopherol), how often did you take it?

- ○ Less than once a week
- ○ Once a week
- ○ 2-3 times a week
- ○ 4-6 times a week
- ○ Daily
- ○ Don't remember
- ○ N/A or didn't take

29. Did you take <u>prebiotics and/or probiotics</u> during the following time periods?

	Yes	No	Don't remember
a. Up to 3 months before the pregnancy	○	○	○
b. First 3 months of the pregnancy (first trimester)	○	○	○
c. 4-6 months of the pregnancy (second trimester)	○	○	○
d. 7-9 months of the pregnancy (third trimester)	○	○	○

30. During the months you took <u>prebiotics and/or probiotics</u>, how often did you take them?

- ○ Less than once a week
- ○ Once a week
- ○ 2-3 times a week
- ○ 4-6 times a week
- ○ Daily
- ○ Don't remember
- ○ N/A or didn't take

31. From 3 months before you became pregnant to the end of pregnancy, did you take any nutritional supplements (such as calcium, iron, herbals) in addition to prenatal vitamins, multivitamins or other single vitamins just discussed (including pills, powders, liquids, teas)?

- ○ Yes
- ○ No → **Go to #33**
- ○ Don't remember → **Go to #33**

32. Please list all nutritional supplements taken.

33. Did you ever have a fever during the pregnancy?

- ○ Yes
- ○ No → **Go to #38**
- ○ Don't remember → **Go to #38**

34. What was the longest duration of any fever during the pregnancy?

- ○ Less than 1 day
- ○ 1-3 days
- ○ 4-6 days
- ○ More than 6 days
- ○ Don't remember

35. Did the fever(s) occur at any of the following times during pregnancy?

	Yes	No	Don't remember
a. 0-3 months	○	○	○
b. 4-6 months	○	○	○
c. 7-9 months	○	○	○

36. How high was the fever?

_____ Degrees Fahrenheit

- ○ Don't remember

37. What was the cause(s) of fever?

- ○ Don't remember

38. Did you take aspirin during the pregnancy of interest?

- ◯ Yes
- ◯ No
- ◯ Don't remember

39. Were you diagnosed with gestational diabetes during the pregnancy?

- ◯ Yes
- ◯ No
- ◯ Don't remember

40. Did you have surgery requiring general anesthesia during the pregnancy?

- ◯ Yes
- ◯ No → **Go to #42**

41. Did you receive anesthesia during the following months of pregnancy?

	Yes	No
a. 0-3 months	◯	◯
b. 4-6 months	◯	◯
c. 7-9 months	◯	◯

42. How often did you use antiseptic mouthwash (the label will say "antiseptic") <u>while</u> pregnant?

- ◯ Never
- ◯ Less than once a week
- ◯ Once a week
- ◯ 2-3 times a week
- ◯ 4-6 times a week
- ◯ Daily
- ◯ More than once daily
- ◯ Not sure

43. Please list any prescription and other nonprescription medications taken during the <u>3 months before</u> pregnancy (such as: hypertension or acid reflux medications, ibuprofen, Tylenol, antacid, decongestant, Sudafed).

44. Please list any prescription and nonprescription medications taken <u>during the first 3 months</u> of pregnancy (such as: hypertension or acid reflux medications, ibuprofen, Tylenol, antacid, decongestant, Sudafed).

45. Did you take fertility drugs to help conceive?

- ◯ Yes
- ◯ No

46. What is the child's date of birth?

☐☐ / ☐☐ / ☐☐☐☐ (MM/DD/YYYY)

47. What is the child's sex?

- ◯ Female
- ◯ Male

48. What was the child's weight at birth?

☐ Pounds ☐ Ounces

- ◯ Don't remember

49. What was the length of the child at birth?

☐ Inches

- ◯ Don't remember

50. What was the child's head circumference at birth?

☐ Inches

- ◯ Don't remember

51. At what week of the pregnancy was the birth? (A typical pregnancy lasts about 40 weeks.)

Week ☐

- ◯ Don't remember

52. How did you go into labor?

- ◯ Planned cesarean
- ◯ Spontaneous
- ◯ Induced

53. What type of delivery was it?

- ◯ Vaginal delivery
- ◯ Cesarean delivery

54. Did the child have any of the following at birth?

	Yes	No	Don't remember
a. Anemia (hematocrit less than 39/hemoglobin less than 13)	○	○	○
b. Fetal alcohol syndrome	○	○	○
c. Hyaline membrane disease	○	○	○
d. Meconium aspiration syndrome	○	○	○
e. Problems breathing	○	○	○
f. Ventilator to help with breathing less than 30 minutes	○	○	○
g. Ventilator to help with breathing more than 30 minutes	○	○	○
h. Seizures	○	○	○
i. Oxygen needed more than 4 hours	○	○	○
j. Positive drug screen	○	○	○

55. Was a birth defect identified at the time of delivery?

- ○ Yes
- ○ No → **Go to #57**
- ○ Don't remember → **Go to #57**

56. What type of birth defect(s) was identified?

	Yes	No
a. Heart	○	○
b. Face or skull	○	○
c. Brain	○	○
d. Spine	○	○
e. Bowel or digestive system	○	○
f. Extremities	○	○
g. Multiple birth defects	○	○
h. Chromosomal	○	○
i. Other, please specify	○	○

57. Was the child stillborn (reached at least 20 weeks of gestation but was not born alive)?

- ○ Yes → **Go to #59**
- ○ No

58. Did the child die within 3 days after birth?

- ○ Yes
- ○ No

59. How many children were you carrying during this pregnancy including the child of interest?

_____ Child/children

→ **If 1, go to #63**

60. How many of the children were born alive and without birth defects including the child of interest?

_____ Child/children

61. How many were born alive with one or more defects including the child of interest?

_____ Child/children

62. How many were stillborn including the child of interest?

_____ Child/children

Pesticide Exposure Information

63. During the 3 years before you became pregnant with the child of interest, did you apply any of the following pesticides or nitrogen fertilizers to your home/property, workplace, or elsewhere?

	Yes	No	Don't remember
a. Termite control	○	○	○
b. Rodent control	○	○	○
c. Lawn pesticides (weed, insect, and/or fungus killers)	○	○	○
d. Garden pesticides (weed, insect, and/or fungus killers)	○	○	○
e. Greenhouse	○	○	○
f. Pest control to grain/agricultural product storage facility	○	○	○
g. Roadway weed control	○	○	○
h. Forestry applications	○	○	○
i. Herbicide (weed killers) applications to farm crops	○	○	○
j. Insecticide applications to farm crops	○	○	○
k. Insecticide applications to farm animals/animal shelters	○	○	○
l. Insecticide applications to pets	○	○	○
m. Insecticide applications in homes	○	○	○
n. Insecticide applications in commercial buildings	○	○	○
o. Fungicides (chemicals for controlling disease on crops)	○	○	○
p. Fumigants (gases or liquids that turn into gas when released)	○	○	○
q. Nitrogen fertilizer to crops	○	○	○
r. Nitrogen fertilizer to garden	○	○	○
s. Nitrogen fertilizer to lawn	○	○	○
t. Manure to crops	○	○	○
u. Manure to garden	○	○	○
v. Other, please specify	○	○	○

64. During the 3 years before you became pregnant with the child of interest, did someone else apply any of the following pesticides or nitrogen fertilizers in or around your home/property or workplace?

	Yes	No	Don't remember
a. Termite control	○	○	○
b. Rodent control	○	○	○
c. Lawn pesticides (weed, insect, and/or fungus killers)	○	○	○
d. Garden pesticides (weed, insect, and/or fungus killers)	○	○	○
e. Greenhouse	○	○	○
f. Pest control to grain/agricultural product storage facility	○	○	○
g. Roadway weed control	○	○	○
h. Forestry applications	○	○	○
i. Herbicide (weed killers) applications to farm crops	○	○	○
j. Insecticide applications to farm crops	○	○	○
k. Insecticide applications to farm animals/animal shelters	○	○	○
l. Insecticide applications to pets	○	○	○
m. Insecticide applications in homes	○	○	○
n. Insecticide applications in commercial buildings	○	○	○
o. Fungicides (chemicals for controlling disease on crops)	○	○	○
p. Fumigants (gases or liquids that turn into gas when released)	○	○	○
q. Nitrogen fertilizer to crops	○	○	○
r. Nitrogen fertilizer to garden	○	○	○
s. Nitrogen fertilizer to lawn	○	○	○
t. Manure to crops	○	○	○
u. Manure to garden	○	○	○
v. Other, please specify	○	○	○

Food Frequency Information

Please answer the following questions for the pregnancy of interest.

65. In the 3 months <u>before</u> you became pregnant, approximately how many servings of each of these foods did you eat per day?

	Fewer than 1 serving per day	1 serving per day	2 servings per day	3 servings per day	4 servings per day	5 servings or more per day	Don't remember
a. Dark green vegetables (such as spinach, broccoli, kale)	○	○	○	○	○	○	○
b. Red/orange vegetables (such as carrots, tomatoes, sweet potatoes)	○	○	○	○	○	○	○
c. Beans/peas (such as kidney beans, black-eyed peas, garbanzo beans)	○	○	○	○	○	○	○
d. Starchy vegetables (such as corn, green peas, white potatoes)	○	○	○	○	○	○	○
e. Other vegetables (such as onions, cucumbers, lettuce)	○	○	○	○	○	○	○
f. Fruits	○	○	○	○	○	○	○

66. In the 3 months <u>before</u> you became pregnant, what kind of produce did you eat?

- ○ Organic
- ○ Conventionally grown
- ○ Mix of organic and conventionally grown
- ○ Don't remember

67. In the 3 months <u>before</u> you became pregnant, how often did you wash your produce before eating it?

- ○ Always
- ○ Most of the time
- ○ Sometimes
- ○ Never

68. In the 3 months before you became pregnant, approximately how many servings of each of these foods did you eat per day?

	Fewer than 1 serving per day	1 serving per day	2 servings per day	3 servings per day	4 servings per day	5 servings or more per day	Don't remember
a. Cured or smoked meats (such as bacon, ham, jerky, corned beef)	○	○	○	○	○	○	○
b. Hot dogs/bologna or other deli/lunch meat	○	○	○	○	○	○	○
c. Pickled or fermented foods (such as pickles, sauerkraut, pickled fish)	○	○	○	○	○	○	○
d. Tomato juice or tomato-vegetable blend juices (1 serving = 8 ounces)	○	○	○	○	○	○	○
e. Fresh yogurt	○	○	○	○	○	○	○
f. Processed (store bought) yogurt	○	○	○	○	○	○	○

69. In the 3 months before you became pregnant, how many servings of cow's milk did you drink per day? (1 serving = 8 ounces)

- ○ None → **Go to #71**
- ○ Fewer than 1 serving on average per day
- ○ 1-2 servings
- ○ 3-6 servings
- ○ 7-10 servings
- ○ More than 10 servings

70. What kind of cow's milk did you drink?

- ○ Whole milk
- ○ 2% milkfat
- ○ 1% milkfat
- ○ Skim/fat free milk
- ○ Fresh/raw milk

71. In the 3 months before you became pregnant, on average, how many beverages containing caffeine did you drink per day? (One beverage is equal to a 12 oz. can of soda or one 8 oz. cup of tea or coffee.)

- ○ None
- ○ Fewer than 1 per day
- ○ 1-2
- ○ 3-6
- ○ 7-10
- ○ More than 10

72. In the 3 months before you became pregnant, on average, how many 8 oz. cups of coffee did you drink per day?

- ○ None
- ○ Fewer than 1 per day
- ○ 1-2
- ○ 3-6
- ○ 7-10
- ○ More than 10

73. In the <u>first 3 months</u> of your pregnancy, approximately how many servings of each of these foods did you eat per day?

	Fewer than 1 serving per day	1 serving per day	2 servings per day	3 servings per day	4 servings per day	5 servings or more per day	Don't remember
a. Dark green vegetables (such as spinach, broccoli, kale)	○	○	○	○	○	○	○
b. Red/orange vegetables (such as carrots, tomatoes, sweet potatoes)	○	○	○	○	○	○	○
c. Beans/peas (such as kidney beans, black-eyed peas, garbanzo beans)	○	○	○	○	○	○	○
d. Starchy vegetables (such as corn, green peas, white potatoes)	○	○	○	○	○	○	○
e. Other vegetables (such as onions, cucumbers, lettuce)	○	○	○	○	○	○	○
f. Fruits	○	○	○	○	○	○	○

74. In the <u>first 3 months</u> of your pregnancy, what kind of produce did you eat?

- ○ Organic
- ○ Conventionally grown
- ○ Mix of organic and conventionally grown
- ○ Don't remember

75. In the <u>first 3 months</u> of your pregnancy, how often did you wash your produce before eating it?

- ○ Always
- ○ Most of the time
- ○ Sometimes
- ○ Never

76. In the <u>first 3 months</u> of your pregnancy, approximately how many servings of each of these foods did you eat per day?

	Fewer than 1 serving per day	1 serving per day	2 servings per day	3 servings per day	4 servings per day	5 servings or more per day	Don't remember
a. Cured or smoked meats (such as bacon, ham, jerky, corned beef)	○	○	○	○	○	○	○
b. Hot dogs/bologna or other deli/lunch meat	○	○	○	○	○	○	○
c. Pickled or fermented foods (such as pickles, sauerkraut, pickled fish)	○	○	○	○	○	○	○
d. Tomato juice or tomato-vegetable blend juices (1 serving = 8 ounces)	○	○	○	○	○	○	○
e. Fresh yogurt	○	○	○	○	○	○	○
f. Processed (store bought) yogurt	○	○	○	○	○	○	○

77. In the <u>first 3 months</u> of your pregnancy, on average, how many servings of cow's milk did you drink per day? (1 serving = 8 ounces)

- ○ None → **Go to #79**
- ○ Fewer than 1 serving per day
- ○ 1-2 servings
- ○ 3-6 servings
- ○ 7-10 servings
- ○ More than 10 servings

78. What kind of cow's milk did you drink?

- ○ Whole milk
- ○ 2% milkfat
- ○ 1% milkfat
- ○ Skim/fat free milk
- ○ Fresh/raw milk

79. In the <u>first 3 months</u> of your pregnancy, on average, how many beverages containing caffeine did you drink per day? (One beverage is equal to a 12 oz. can of soda or one 8 oz. cup of tea or coffee.)

- ○ None
- ○ Fewer than 1 per day
- ○ 1-2
- ○ 3-6
- ○ 7-10
- ○ More than 10

80. In the <u>first 3 months</u> of your pregnancy, on average, how many 8 oz. cups of coffee did you drink per day?

- ○ None
- ○ Fewer than 1 per day
- ○ 1-2
- ○ 3-6
- ○ 7-10
- ○ More than 10

81. While you were pregnant, did you drink beverages containing caffeine (such as soda, coffee, tea)?

- ◯ Yes
- ◯ No → **Go to #83**

82. While you were pregnant, about how many beverages containing caffeine did you drink per day? (One beverage is equal to one 12 oz. can of soda or one 8 oz. cup of tea or coffee.)

- ◯ Fewer than 1 per day
- ◯ 1-2
- ◯ 3-6
- ◯ 7-10
- ◯ More than 10

83. While you were pregnant, did you drink coffee?

- ◯ Yes
- ◯ No → **Go to #85**

84. While you were pregnant, about how many cups of coffee did you drink per day?

- ◯ Fewer than 1
- ◯ 1-2
- ◯ 3-6
- ◯ 7-10
- ◯ More than 10

85. During the first 3 months of pregnancy, did you begin to avoid some types of foods either because you did not think that you should eat them or because you did not want to eat them?

- ◯ Yes
- ◯ No → **Go to #87**

86. Why did you begin to avoid some types of food during the first 3 months of your pregnancy?

Lifestyle Information

When answering this set of questions, please only think about the pregnancy of interest.

87. In the 3 months before you became pregnant, how often did you drink any kind of alcoholic beverage?

- ◯ Never
- ◯ Less than once a month
- ◯ 1-2 times a month
- ◯ 3-4 times a month
- ◯ 1-2 times a week
- ◯ 3-4 times a week
- ◯ 5-6 times a week
- ◯ Daily

88. In the 3 months before you became pregnant, how many alcoholic beverages did you have per day? (1 drink is equal to 12 oz. of beer or wine cooler, 5 oz. of wine, or 1 oz. of liquor.)

- ◯ I didn't drink alcohol
- ◯ Less than 1 drink
- ◯ 1-2 drinks
- ◯ 3-4 drinks
- ◯ 5-8 drinks
- ◯ 9 or more drinks

89. In the 3 months before you became pregnant, how often did you drink beer?

- ◯ Never
- ◯ Less than once a month
- ◯ 1-2 times a month
- ◯ 3-4 times a month
- ◯ 1-2 times a week
- ◯ 3-4 times a week
- ◯ 5-6 times a week
- ◯ Daily

90. In the 3 months before you became pregnant, about how many 12 oz. beers did you have per day?

- ◯ I didn't drink beer
- ◯ Less than 1 beer
- ◯ 1-2 beers
- ◯ 3-4 beers
- ◯ 5-8 beers
- ◯ 9 or more beers

91. In the 3 months before you became pregnant, what is the largest number of alcoholic beverages you drank per day?

_____ Drinks

92. While you were pregnant, how often did you drink any kind of alcoholic beverage?

- ◯ Never
- ◯ Less than once a month
- ◯ 1-2 times a month
- ◯ 3-4 times a month
- ◯ 1-2 times a week
- ◯ 3-4 times a week
- ◯ 5-6 times a week
- ◯ Daily

93. While you were pregnant, how many alcoholic drinks did you have per day? (1 drink is equal to 12 oz. of beer or wine cooler, 5 oz. of wine, or 1 oz. of liquor.)

- ◯ I didn't drink
- ◯ Less than 1 drink
- ◯ 1-2 drinks
- ◯ 3-4 drinks
- ◯ 5-8 drinks
- ◯ 9 or more drinks

94. While you were pregnant, how often did you drink beer?

- ◯ Never
- ◯ Less than once a month
- ◯ 1-2 times a month
- ◯ 3-4 times a month
- ◯ 1-2 times a week
- ◯ 3-4 times a week
- ◯ 5-6 times a week
- ◯ Daily

95. While you were pregnant, about how many 12 oz. beers did you have per day?

- ◯ I didn't drink beer
- ◯ Less than 1 beer
- ◯ 1-2 beers
- ◯ 3-4 beers
- ◯ 5-8 beers
- ◯ 9 or more beers

96. While you were pregnant, what is the largest number of alcoholic beverages you consumed in one day?

_____ Drinks

97. Have you ever smoked tobacco (such as cigarettes, cigars, pipe tobacco)?

- ◯ Yes
- ◯ No → **Go to #104**

98. Have you smoked 100 cigarettes or more in your lifetime?

- ◯ Yes
- ◯ No

99. On average, how many cigarettes did you smoke each day in the 3 months before you became pregnant until you learned you were pregnant?

- ◯ I did not smoke cigarettes
- ◯ 1-10 cigarettes
- ◯ 11-20 cigarettes
- ◯ 21-30 cigarettes
- ◯ 31-40 cigarettes
- ◯ More than 40 cigarettes

100. On average, how many cigarettes did you smoke each day during the pregnancy of interest?

- ◯ I did not smoke cigarettes
- ◯ 1-10 cigarettes
- ◯ 11-20 cigarettes
- ◯ 21-30 cigarettes
- ◯ 31-40 cigarettes
- ◯ More than 40 cigarettes

101. Have you smoked 50 or more cigars, cigarillos, or pipe bowls in your lifetime?

- ◯ Yes
- ◯ No

102. On average, how many cigars, cigarillos, or pipe bowls did you smoke each day in the 3 months before you became pregnant until you learned you were pregnant?

- ◯ I did not smoke cigars, cigarillos, or bowls
- ◯ 1-5 cigars, cigarillos, or bowls
- ◯ 6-10 cigars, cigarillos, or bowls
- ◯ 11-15 cigars, cigarillos, or bowls
- ◯ 16-20 cigars, cigarillos, or bowls
- ◯ More than 20 cigars, cigarillos, or bowls

103. On average, how many cigars, cigarillos, or pipe bowls did you smoke each day during the pregnancy of interest?

- ◯ I did not smoke cigars, cigarillos, or bowls
- ◯ 1-5 cigars, cigarillos, or bowls
- ◯ 6-10 cigars, cigarillos, or bowls
- ◯ 11-15 cigars, cigarillos, or bowls
- ◯ 16-20 cigars, cigarillos, or bowls
- ◯ More than 20 cigars, cigarillos, or bowls

104. Did anyone in your household smoke tobacco inside your home in the 3 months before you became pregnant?

- ◯ Yes
- ◯ No

105. Did anyone in your household smoke tobacco inside your home during the pregnancy of interest?

- ◯ Yes
- ◯ No

106. Did you smoke marijuana before you became pregnant?

- ◯ Yes
- ◯ No

107. Did you smoke marijuana while you were pregnant?

- ◯ Yes
- ◯ No

108. Did you use cocaine before you became pregnant?

- ◯ Yes
- ◯ No

109. Did you use cocaine while you were pregnant?

- ◯ Yes
- ◯ No

110. Did you use meth (methamphetamine) before you became pregnant?

- ◯ Yes
- ◯ No

111. Did you use meth (methamphetamine) while you were pregnant?

- ◯ Yes
- ◯ No

Mother's Family History

112. Do you know your biological mother?

- ◯ Yes
- ◯ No → **Go to #120**

113. Did your biological mother have any children diagnosed with birth defects?

- ◯ Yes
- ◯ No → **Go to #116**
- ◯ Don't remember → **Go to #116**

114. How many of your biological mother's children were diagnosed with a birth defect(s)?

_____ Child/children

115. Please answer the following questions for each child with a birth defect. If there are more than 2, please answer for the oldest 2 children.

	Child #1	Child #2
Sex of the child		
Female	◯	◯
Male	◯	◯
What was the birth defect(s)?		

116. Did your biological mother have any miscarriages?

- ◯ Yes
- ◯ No → **Go to #118**
- ◯ Don't remember → **Go to #118**

117. How many miscarriages did your biological mother have?

_____ Child/children

118. Did your biological mother have any stillborn children (died after 20th week of pregnancy)?

- ◯ Yes
- ◯ No → **Go to #120**
- ◯ Don't remember → **Go to #120**

119. How many stillborn children did your biological mother have?

_____ Child/children

120. Do you have any biological sisters?

- ◯ Yes
- ◯ No → **Go to #122**
- ◯ Don't remember → **Go to #122**

121. Have any of your biological sisters given birth to children diagnosed with birth defects?

- ◯ Yes
- ◯ No → **Go to #123**
- ◯ Don't remember → **Go to #123**

122. Please answer the following questions for each child with a birth defect. If there are more than 2, please answer for the oldest 2 children.

	Child #1	Child #2
Sex of the child		
Female	◯	◯
Male	◯	◯
What was the birth defect(s)?		

Father's Family History

123. Do you know the identity of the child of interest's biological father?

- ◯ Yes
- ◯ No → **Go to #142**

124. Is the child's father of Hispanic or Latino origin?

- ◯ Yes
- ◯ No
- ◯ Don't remember

125. Which of the following describes the child's father's race? Select all that apply.

- ☐ White/Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian or Pacific Islander
- ☐ Other, please specify

☐ Don't remember

126. What is the highest level of education the child's father has completed?

- ◯ 1-8 years
- ◯ Some high school
- ◯ High school graduate or GED (high school equivalency)
- ◯ Some college, but no degree
- ◯ Associate's degree
- ◯ Bachelor's degree
- ◯ One or more years of graduate school or professional school
- ◯ Something else, please specify

◯ Don't remember

127. In the 3 months <u>before</u> the pregnancy of interest, on average, how often did the child's father drink any kind of alcoholic beverage?

- ◯ Never
- ◯ Less than once a month
- ◯ 1-2 times a month
- ◯ 3-4 times a month
- ◯ 1-2 times a week
- ◯ 3-4 times a week
- ◯ 5-6 times a week
- ◯ Daily
- ◯ Don't remember

128. In the 3 months <u>before</u> the pregnancy of interest, on average, about how many alcoholic beverages would the child's father have on a day when he drank?

- ◯ None
- ◯ 1-2 drinks
- ◯ 3-4 drinks
- ◯ 5-8 drinks
- ◯ 9 or more drinks
- ◯ Don't remember

129. Has the child's father ever smoked tobacco in his lifetime (cigarettes, cigars, pipe tobacco)?

- ◯ Yes
- ◯ No → **Go to #131**
- ◯ Don't remember

130. Has the child's father smoked at least 100 cigarettes or 50 cigars, cigarillos, small cigars, or pipe bowls in his lifetime?

- ◯ Yes
- ◯ No
- ◯ Don't remember

131. Do you know the father's biological mother?

- ○ Yes
- ○ No → **Go to #139**

132. Did his biological mother have any children diagnosed with birth defects?

- ○ Yes
- ○ No → **Go to #135**
- ○ Don't remember → **Go to #135**

133. How many children diagnosed with a birth defect(s) did his biological mother have?

_____ Child/children

134. Please answer the following questions for each child with a birth defect. If there are more than 2, please answer for the oldest 2 children.

	Child #1	Child #2
Sex of the child		
Female	○	○
Male	○	○
What was the birth defect(s)?		

135. Did his biological mother have any miscarriages?

- ○ Yes
- ○ No → **Go to #137**
- ○ Don't remember → **Go to #137**

136. How many miscarriages did his biological mother have?

_____ Miscarriages

137. Did his biological mother have any stillborn children (died after 20th week of pregnancy)?

- ○ Yes
- ○ No → **Go to #139**
- ○ Don't remember → **Go to #139**

138. How many stillborn children did his biological mother have?

_____ Child/children

139. Does he have any biological sisters?

- ○ Yes
- ○ No → **Go to #142**
- ○ Don't remember → **Go to #142**

140. Have any of his biological sisters given birth to children diagnosed with a birth defect(s)?

- ○ Yes
- ○ No → **Go to #142**
- ○ Don't remember → **Go to #142**

141. Please answer the following questions for each child with a birth defect. If there are more than 2, please answer for the oldest 2 children.

	Child #1	Child #2
Sex of the child		
Female	○	○
Male	○	○
What was the birth defect(s)?		

Residential and Water Supply History

142. Starting with the residence at the time of delivery, please provide the information requested for each of your residences prior to delivery.

	Residence at delivery	Previous Residence 1	Previous Residence 2
Residence address (street address, city, state, and zip code)			
Dates residing at this residence (mo/yr) If you are not sure please make your best guess.	From: To:	From: To:	From: To:
Primary source of drinking water			
Bottled water	○	○	○
Private well	○	○	○
Public water system	○	○	○
Don't remember	○	○	○
Other, please specify			
If your drinking water came from a private well, about how deep was the well?			
Less than 50 feet	○	○	○
50-150 feet	○	○	○
151-250 feet	○	○	○
251-500 feet	○	○	○
501 feet or more	○	○	○
Don't remember	○	○	○
What type of water treatment was used inside your home? Select all that apply.			
None	☐	☐	☐
Sediment filtration	☐	☐	☐
Activated carbon filtration	☐	☐	☐
Water softener (ion exchange)	☐	☐	☐
Reverse osmosis	☐	☐	☐
Distillation	☐	☐	☐
Commercial-type filter	☐	☐	☐
Other, please specify			
Don't remember	☐	☐	☐

Please answer the remaining questions for your residence during the pregnancy of interest.

143. During your pregnancy, was your main drinking water source a private well?

- ◯ Yes
- ◯ No → **Go to #150**
- ◯ Don't remember

144. Did your waste water go directly to a lagoon or holding pond of some kind?

- ◯ Yes
- ◯ No → **Go to #146**
- ◯ Don't remember

145. What was the distance from this lagoon to your well?

- ◯ 0-50 feet
- ◯ 51-100 feet
- ◯ Greater than 100 feet
- ◯ Don't know

146. Did your waste water drain into a septic tank?

- ◯ Yes
- ◯ No → **Go to #148**
- ◯ Don't remember

147. What was the distance from the septic tank to your well?

- ◯ 0-50 feet
- ◯ 51-100 feet
- ◯ Greater than 100 feet
- ◯ Don't remember

148. Did your waste water drain onto the ground?

- ◯ Yes
- ◯ No → **Go to #150**
- ◯ Don't remember

149. What was the distance from this drain to your well?

- ◯ 0-50 feet
- ◯ 51-100 feet
- ◯ Greater than 100 feet
- ◯ Don't remember

150. If we have further questions, can we contact you?

- ◯ Yes
- ◯ No

Thank you!

We greatly appreciate the time you took to complete this survey. For your convenience, please use the postage-paid return envelope included in your survey packet to return your questionnaire.

Questions or requests about this survey can be directed to:

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