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OMB#: 0925-0584 Exp. 8/31/2017

HCHS/SOL Visit 2- Pregnancy Complications History						
ID NUMBER: FORM CODE: PCE Contact VERSION: 1, 9/5/2014 Occasion 0 2 SEQ #						
ADMINISTRATIVE INFORMATION						
Da. Completion Date: 0b. Staff ID:						
Instructions: Enter the answer given by the participant for each response. Complete one form for each pregnancy of 6 or more months in duration. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc for those questions that do not list these values as possible answer choices.						
A. <u>PREGNANCY HISTORY QUESTIONS</u> Now, we would like to ask you some more detailed questions about pregnancies that occurred <u>AFTER</u> your visit to our center on [SOL Visit 1 DATE] and lasted 6 months or longer.						
<ol> <li>We will start with the first of all the pregnancies that happened since your visit to our center on [SOL Visit 1 date of examination] and lasted 6 months or longer.</li> </ol>						
a. Pregnancy Number						
b. What was the date of this birth [or when did this pregnancy end]?						
<ul> <li>c. For this pregnancy, did you receive prenatal care, and if so was care received both inside and outside of the United States, in the United States only, or outside the United States only?  No prenatal care 0   Both in and out of US 1   Only in the US 2   Only outside of the US 3   Unsure/don't know 9   </li> </ul>						
d. Did you have high blood pressure or hypertension during this pregnancy?						
No 0 Yes 1 Unsure 9 U						
d.1. Did you have high blood pressure or hypertension before this pregnancy [and at a time when you weren't pregnant]?						
No 0 Yes 1 Unsure 9						
e. Did you have preeclampsia or toxemia during this pregnancy?  No 0						
f. Did you have eclampsia or a seizure during this pregnancy?						
No 0						
g. Did you have diabetes or high blood sugar during this pregnancy?						
No 0 Go to Question 1 d2 Yes 1 Unsure 9 G						

ID NUMBER:								/I CODE: F ON: 1, 9/5/		Contact Occasion	0	2	SEQ#	
•	Sulin No Ye Ye Ye	, or b s, pil s, ins s, pil		ls and nly insul	d insuli 0 [ 1 [ 2 [ in 3 [	in?	ood sugar	during t	his pre	gnancy? [If	YES	S] dic	l you take	pills
· ·	•		_	etes	before	-	regnancy?	[and at		when you		n't p	regnant]?	•
No	)	0 [				Yes	1 🗌		l	Jnsure	9 [			
h. Duri	ng tl	ne la	st 3 mo	onths	of you	r preg	nancy did	you sm	oke da	ily, occasio	nally	, or r	not at all?	
No	t at a	all	0 [	] (	Occasio	onally	1 🗌	Daily	2 [	Uns	sure		9 🗌	
i. In the three months before your pregnancy, or before you realized you were pregnant, did you smoke daily, occasionally, or not at all?														
No	t at a	all	0 [	] (	Occasio	onally	1 🗌	Daily	2 [	Uns	sure		9 🗌	
j. How	/ mu	ch w	eight d	lid yo	u gain	during	g this pregn	ancy?						
	j.1	. Ib			Weight 1 2	nt (on	paper form (	enter "99	99" if un:	sure)				
	•				ad you	been	pregnant v	when [th	ne baby	/ was born/	the b	abies	s were	
born/the p 2a (on pap		n	umber	OF	nsure/d	on't kn		.1.	eeks onth	2 🗌				
I completely understand that the following question may be very sensitive.														
<ol> <li>Was t stillbir</li> </ol>		aby (	or were	e the	babies	born	alive, or wa	as this a	a misca	arriage, an e	ectop	oic pr	egnancy	or
						M	liscarriage	0 🗌	End	of form				
Liv	e bir	th (o	r at lea	st on	e live b	oirth if	multiples)	1 🗌						
						S	Stillbirth (s)	2 🗌	Go to	Question	4 &	5; Th	nen End	
				Tuba	l or Ec	topic	pregnancy	_		of form				
							Other	4 📙		of form				
					Hn	eura/c	Refuse don't know	7 ∐ 9 □		of form of form				
					OH	Sui C/C	JOH CRITOW	<i>□</i>	LIIU		_		_	
3.a. [If a	t lea	st on	e live l	birth1	How m	nany b	abies were	born fr	om this	s pregnanc	v?			

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4. Was t	4. Was this birth by C-section or vaginal delivery?								
	Vaginal De	elivery 🗌							
	C-se	ection 🗌							
ι	Jnsure or re	fused 🗌							
5. Where	e did you giv	e birth (c	heck one)?						
	In a hospital 1 🗆								
	In a birthing center 2								
In you	ir home or of	ther place	e 3 🗌						
		Unsur	e 9 🗌						
If this birt	h happened	in a hosp	oital or birth	ing center, ask:					
a. Wha	at was the na	ame of the	e facility wh	nere you gave birth?					
b. What was the address of the facility?									
c. Just to be clear, under what name is this in the records?									
c.1. First name:									
c.2. Se	econd name:								
c.3. Last Name:									
c.4. Ma	c.4. Maternal Last Name:								

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6. Babies → For each baby born in this birth, complete a column in <b>Table below.</b>										
7. Baby 1	8. Baby 2	9. Baby 3	10. Baby 4							
a. Birth: Stillbirth=0 Live=1 Unsure=9	a. Birth: Stillbirth=0 Live=1 Unsure=9	a. Birth: Stillbirth=0 Live=1 Unsure=9	a. Birth: Stillbirth=0 Live=1 Unsure=9							
b. Gender:	b. Gender:	b. Gender:	b. Gender:							
<b>M</b> =1 ☐ <b>F</b> =2 ☐ Unsure=9 ☐	<b>M</b> =1 ☐ <b>F</b> =2 ☐ Unsure=9 ☐	<b>M</b> =1	<b>M</b> =1 ☐ <b>F</b> =2 ☐ Unsure=9 ☐							
c. Weight: Ibs	c. Weight: Ibs	c. Weight:. Ibs	c. Weight: lbs							
c.1. oz OR	c.1. oz OR	c.1. oz OR	c.1oz OR							
c.2. g	c.2. g	c.2. g	c.2. g							
d. If uncertain in Weight:	d. If uncertain in Weight:	d. If uncertain in Weight:	d. If uncertain in Weight:							
Less than 5 ½ lbs (2500g)? 1 🗌	Less than 5 ½ lbs (2500g)? 1	Less than 5 ½ lbs (2500g)? 1	Less than 5 ½ lbs (2500g)? 1							
Between 5 ½ and 9 lbs? 2	Between 5 ½ and 9 lbs? 2	Between 5 ½ and 9 lbs? 2	Between 5 ½ and 9 lbs? 2							
More than 9 lbs (4000g)? 3	More than 9 lbs (4000g)? 3 □	More than 9 lbs (4000g)? 3	More than 9 lbs (4000g)? 3 □							
Unsure 9 🗌	Unsure 9 □	Unsure 9 ☐	Unsure 9 ☐							
e. If Live Birth:	e. If Live Birth:	e. If Live Birth:	e. If Live Birth:							
Are you currently breastfeeding this baby or pumping milk?	Are you currently breastfeeding this baby or pumping milk?	Are you currently breastfeeding this baby or pumping milk?	Are you currently breastfeeding this baby or pumping milk?							
0 No, never breastfed this baby (Go to e3 then to 8)	0 No, never breastfed this baby (Go to e3 then to 9)	0 No, never breastfed this baby (Go to e3 then to 10)	0 No, never breastfed this baby (Go to e3 then End)							
No, I stopped breastfeeding this baby	1 No, I stopped breastfeeding this baby	No, I stopped breastfeeding this baby	1 No, I stopped breastfeeding this baby							
2 Yes, I am still breastfeeding this baby ( <b>Go to e4</b> )	2 Yes, I am still breastfeeding this baby ( <b>Go to e4</b> )	2 Yes, I am still breastfeeding this baby ( <b>Go to e4</b> )	2 Yes, I am still breastfeeding this baby ( <b>Go to e4</b> )							
9 Unsure/don't know (Go to Question 8)	9 Unsure/don't know (Go to Question 9)	9 Unsure/don't know (Go to Question 10)	9 Unsure/don't know (End Questionnaire)							

FORM CODE: PCE

Contact

ID NUMBER:	VERSION: 1, 9/5/2014 Oct	casion 0 2 SEQ#			
7. Baby 1	8. Baby 2	9. Baby 3	10. Baby 4		
e.1. How old was the baby when you completely stopped breastfeeding? (on paper form enter "99" if unsure)	e.1. How old was the baby when you completely stopped breastfeeding? (on paper form enter "99" if unsure)	e.1. How old was the baby when you completely stopped breastfeeding? (on paper form enter "99" if unsure)	e.1. How old was the baby when you completely stopped breastfeeding? (on paper form enter "99" if unsure)		
age of baby	age of baby	age of baby	age of baby		
e.2. Days 1 🗌					
Weeks 2 🗌	Weeks 2 🗌	Weeks 2 □	Weeks 2 🗌		
Months 3 🗌	Months 3	Months 3 🗌	Months 3 🗌		
e.3. Did you breastfeed as long as you wanted to?  No=0  Yes=1 Unsure=9	e.3. Did you breastfeed as long as you wanted to?  No=0  Yes=1  Unsure=9	e.3. Did you breastfeed as long as you wanted to?  No=0  Yes=1  Unsure=9	e.3. Did you breastfeed as long as you wanted to?  No=0  Yes=1 Unsure=9		
e.4. How old was this baby when first fed formula or solid foods?  age of baby (on paper form enter "99" if unsure,  Go to Question 8)	e.4. How old was this baby when first fed formula or solid foods?  age of baby (on paper form enter "99" if unsure,  Go to Question 9)	e.4. How old was this baby when first fed formula or solid foods?  age of baby (on paper form enter "99" if unsure, Go to Question 10)	e.4. How old was this baby when first fed formula or solid foods?  age of baby (on paper form enter "99" if unsure, End Questionnaire)		
e.5. Days 1 🗌	e.5. Days 1 🗌	e.5. Days 1 □	e.5. Days 1 🗌		
Weeks 2	Weeks 2 🗌	Weeks 2 □	Weeks 2 🗌		
Months 3	Months 3	Months 3	Months 3		

If there is another baby then continue to answer questions for each baby, otherwise this is the end of the form.