OMB NUMBER 0925-0214
Expires: April, 1985

DATE OF INTERVIEW ☐☐ MONTH ☐☐ DAY ☐☐ YEAR

INTERVIEWER ID # ☐☐

MEDICATIONS SUPPLEMENT
SIX MONTH QUESTIONNAIRE

Card 04

ID # (1) ☐ (3 - 5) ☐☐☐ FORM (6-7) 1 2 V (8) 2 (9-10)

ENTER RESPONSES TO C2 THROUGH C6 ON MEDICATION TABLE BELOW.

C2. Please tell me the names of all these medications. SPECIFY BRAND NAME FOR ASPIRIN AND OTHER ANALGESICS. ASK C3 THRU C6 FOR A MEDICATION BEFORE ASKING ABOUT THE NEXT MEDICATION.

C3. What was your usual dosage for (MEDICATION NAME)?

C4. How often did you take this medication?

C5. Is this a prescription medication?

C6. How many days or weeks did you take this medication during the last three months?

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

C2 MEDICATION NAME	C3 DOSAGE	C4 SCHEDULE	C5 PRESCRIPTION?	C6 TIME TAKEN
11-14 ☐☐☐☐ OFFICE CODE	15-18 ☐☐☐☐ OFFICE CODE	19 ☐ X DAY 20 ☐ X WEEK	YES.....1 NO.....2 (21)	22-23 ☐☐ DAYS 24-25 ☐☐ WEEKS
26-29 ☐☐☐☐ OFFICE CODE	30-33 ☐☐☐☐ OFFICE CODE	34 ☐ X DAY 35 ☐ X WEEK	YES.....1 NO.....2 (36)	37-38 ☐☐ DAYS 39-40 ☐☐ WEEKS
41-44 ☐☐☐☐ OFFICE CODE	45-48 ☐☐☐☐ OFFICE CODE	49 ☐ X DAY 50 ☐ X WEEK	YES.....1 NO.....2 (51)	52-53 ☐☐ DAYS 54-55 ☐☐ WEEKS
56-59 ☐☐☐☐ OFFICE CODE	60-63 ☐☐☐☐ OFFICE CODE	64 ☐ X DAY 65 ☐ X WEEK	YES.....1 NO.....2 (66)	67-68 ☐☐ DAYS 69-70 ☐☐ WEEKS
71-74 ☐☐☐☐ OFFICE CODE	75-78 ☐☐☐☐ OFFICE CODE	79 ☐ X DAY 80 ☐ X WEEK	YES.....1 NO.....2 (81)	82-83 ☐☐ DAYS 84-85 ☐☐ WEEKS
86-89 ☐☐☐☐ OFFICE CODE	90-93 ☐☐☐☐ OFFICE CODE	94 ☐ X DAY 95 ☐ X WEEK	YES.....1 NO.....2 (96)	97-98 ☐☐ DAYS 99-100 ☐☐ WEEKS

OMB NUMBER 0925-021
Expires: April, 198

EARLY PREGNANCY STUDY
SIX-MONTH QUESTIONNAIRE

Card 01

ID# [1] [3-5] FORM [6-7] [1][2] V [8] [2]

NAME OF INTERVIEWER _____

INTERVIEWER ID [11-12]

DATE OF INTERVIEW [13-14] MONTH [15-16] DAY [17-18] YEAR

SECTION A. TOBACCO UPDATE

A1. Are you currently smoking cigarettes?

YES.....1
NO.....(A6).....2 [19]

A2. On the average day, how many cigarettes do you smoke?
(20 CIGARETTES TO A PACK)

[20-21] CIGS

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

YES.....(A9).....1
NO.....2 [22]

A4. On what date did you begin to smoke (NUMBER OF CIGARETTES IN A2) cigarettes a day?

[23-24] MONTH [25-26] DAY [27-28] YEAR

A5. About how many cigarettes a day did you smoke before (DATE IN A4)?

SKIP TO A9.

[29-30] CIGS

A6. Have you smoked any cigarettes during the past three months?

YES.....1
NO.....(A9).....2 [31]

A7. When did you quit smoking?

[32-33] MONTH [34-35] DAY [36-37] YEAR

A8. About how many cigarettes a day did you smoke during the last three months?
(20 CIGARETTES TO A PACK)

[38-39] CIGS

A9. Did you smoke any marijuana during the last three months?

YES.....1
NO.....(All).....2 *40*

A10. How many times did you smoke marijuana during the last three months?

41-42
☐☐
TIMES

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

YES.....1
NO.....2 *43*

A12. In order to provide us with a computer link for all of our documents, would you please tell me your date of birth again?

44-45 ☐☐ MONTH *46-47* ☐☐ DAY *48-49* ☐☐ YEAR

SECTION B. BEVERAGE UPDATE

Now I'm going to ask you some questions about the beverages you drink. RECORD RESPONSES ON BEVERAGE TABLE BELOW. RECORD ALL INFORMATION ON EACH BEVERAGE BEFORE GOING ON TO THE NEXT BEVERAGE.

B1. During the past three months, how many (READ BEVERAGE AS SPECIFIED ON CHART) did you drink on a daily, weekly or monthly basis? IF "NONE" OR "NEVER DRINK", CODE ZERO IN NONE-FREQUENCY COLUMN ON BEVERAGE TABLE AND ASK FOR NEXT BEVERAGE. USE THE COMMENTS COLUMN FOR RESPONSES THAT DO NOT FIT THE PRECODED TABLE.

BEVERAGE TABLE

BEVERAGE	B1 FREQUENCY				COMMENTS
	NONE	DAILY	WEEKLY	MONTHLY	
cups of brewed caffeinated coffee	*50*	*51 - 52* ☐☐	*53 - 54* ☐☐	*55 - 56* ☐☐	
cups of instant caffeinated coffee	*57*	*58 - 59* ☐☐	*60 - 61* ☐☐	*62 - 63* ☐☐	
cups or glasses of non-herbal hot or iced tea	*64*	*65 - 66* ☐☐	*67 - 68* ☐☐	*69 - 70* ☐☐	
Of the following soft drinks (SHOW CARD)	*71*	*72 - 73* ☐☐	*74 - 75* ☐☐	*76 - 77* ☐☐	
12 oz. bottles or cans of beer	*78*	*79 - 80* ☐☐	*81 - 82* ☐☐	*83 - 84* ☐☐	
4 oz. glasses of wine	*85*	*86 - 87* ☐☐	*88 - 89* ☐☐	*90 - 91* ☐☐	
1½ oz. shots of hard liquor	*92*	*93 - 94* ☐☐	*95 - 96* ☐☐	*97 - 98* ☐☐	

Card 02

SECTION C. MEDICATIONS UPDATE

C1. Have you taken any prescription or non-prescription medications, including aspirin, digestive aids, vitamins or injections during the past three months?

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

ENTER RESPONSES TO C2 THRU C6 ON MEDICATION TABLE BELOW.

C2. Please tell me the names of all these medications. SPECIFY BRAND NAME FOR ASPIRIN AND OTHER ANALGESICS. ASK C3 THRU C6 FOR A MEDICATION BEFORE ASKING ABOUT THE NEXT MEDICATION.

C3. What was your usual dosage for (MEDICATION NAME)?

C4. How often did you take this medication?

C5. Is this a prescription medication?

C6. How many days or weeks did you take this medication during the last three months?

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

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

03
Card 04

INTERVIEWER REMARKS

R1. RESPONDENT'S COOPERATION WAS

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

R2. THE QUALITY OF EACH SECTION OF THE INTERVIEW IS: (COMPLETE FOR EACH SECTION CIRCLING THE FOLLOWING CODES).

HIGH QUALITY.....1 GENERALLY RELIABLE...2 QUESTIONABLE...3 12
UNSATISFACTORY...4

IF CODE 3 OR 4, CODE REASON, USING CODES BELOW.

	QUALITY			REASON	
SECTION A: TOBACCO.....1	2	3	4	☐☐	13-15
SECTION B: BEVERAGE.....1	2	3	4	☐☐	16-18
SECTION C: MEDICATION.....1	2	3	4	☐☐	19-21

REASON CODES FOR QUESTIONABLE OR UNSATISFACTORY INFORMATION (ENTER CODE ABOVE):

THE MAIN REASON FOR UNSATISFACTORY OR QUESTIONABLE QUALITY OF INFORMATION WAS BECAUSE THE RESPONDENT:

DID NOT KNOW OR REMEMBER ENOUGH ABOUT THE TOPIC.....01

DID NOT WANT TO BE MORE SPECIFIC.....02

DID NOT UNDERSTAND OR SPEAK ENGLISH WELL.....03

WAS BORED OR UNINTERESTED.....04

WAS UPSET, DEPRESSED OR ANGRY.....05

HAD POOR HEARING OR SPEECH.....06

WAS CONFUSED OR DISTRACTED BY FREQUENT INTERRUPTIONS.....07

WAS INHIBITED BY OTHERS AROUND HER.....08

WAS EMBARRASSED BY THE SUBJECT MATTER.....09

WAS EMOTIONALLY UNSTABLE.....10

WAS PHYSICALLY ILL.....11

OTHER (SPECIFY) _____...12

_____