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

HCHS/SOL Visit 2- Pregnancy Complications History

ID NUMBER:									FORM CODE: PCE VERSION: 1, 9/5/2014	Contact Occasion	0	2	SEQ #		

ADMINISTRATIVE INFORMATION

0a. 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. PREGNANCY HISTORY QUESTIONS

Now, we would like to ask you some more detailed questions about pregnancies that occurred ***AFTER*** *your visit to our center on [SOL Visit 1* DATE] *and lasted 6 months or longer*.

1. 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.

   a. Pregnancy Number ☐

   b. What was the date of this birth [or when did this pregnancy end]?

   ☐☐/☐☐/☐☐☐☐
   month day year

   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 ☐

   d. Did you have high blood pressure or hypertension during this pregnancy?

   No 0 ☐ Yes 1 ☐ Unsure 9 ☐

   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 ☐ Yes 1 ☐ Unsure 9 ☐

   f. Did you have eclampsia or a seizure during this pregnancy?

   No 0 ☐ Yes 1 ☐ Unsure 9 ☐

   g. Did you have diabetes or high blood sugar during this pregnancy?

   No 0 ☐ Go to Question 1.g2 Yes 1 ☐ Unsure 9 ☐

g.1. Did you take medication for your blood sugar during this pregnancy? [If YES] did you take pills, insulin, or both pills and insulin?

No	0 ☐
Yes, pills only	1 ☐
Yes, insulin only	2 ☐
Yes, pills and insulin	3 ☐
Unsure/don't know	9 ☐

g.2. Did you have diabetes before this pregnancy? [and at a time when you weren't pregnant]?

No 0 ☐ Yes 1 ☐ Unsure 9 ☐

h. During the last 3 months of your pregnancy did you smoke daily, occasionally, or not at all?

Not at all 0 ☐ Occasionally 1 ☐ Daily 2 ☐ Unsure 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?

Not at all 0 ☐ Occasionally 1 ☐ Daily 2 ☐ Unsure 9 ☐

j. How much weight did you gain during this pregnancy?

☐☐☐.☐ Weight (on paper form enter "999" if unsure)

j.1. lbs 1 ☐

kgs 2 ☐

2. How many months or weeks had you been pregnant when [the baby was born/the babies were born/the pregnancy ended]?

2a. ☐☐ number OF
(on paper form enter "99" if Unsure/don't know)

a.1. Weeks 2 ☐
Month 3 ☐

I completely understand that the following question may be very sensitive.

3. Was the baby or were the babies born alive, or was this a miscarriage, an ectopic pregnancy or stillbirth?

Miscarriage	0 ☐	**End of form**
Live birth (or at least one live birth if multiples)	1 ☐	
Stillbirth (s)	2 ☐	**Go to Question 4 &5; Then End**
Tubal or Ectopic pregnancy	3 ☐	**End of form**
Other	4 ☐	**End of form**
Refuse	7 ☐	**End of form**
Unsure/don't know	9 ☐	**End of form**

3.a. [If at least one live birth] How many babies were born from this pregnancy? ☐☐

4. Was this birth by C-section or vaginal delivery?

Vaginal Delivery ☐
C-section ☐
Unsure or refused ☐

5. Where did you give birth (check one)?

In a hospital 1 ☐
In a birthing center 2 ☐
In your home or other place 3 ☐
Unsure 9 ☐

If this birth happened in a hospital or birthing center, ask:

a. What was the name of the facility where 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. Second name: _____

c.3. Last Name: _____

c.4. Maternal Last Name: _____

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6. ☐ Babies → For each baby born in this birth, complete a column in **Table below.**

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: **M**=1 ☐ **F**=2 ☐ Unsure=9 ☐	**b. Gender:** **M**=1 ☐ **F**=2 ☐ Unsure=9 ☐	**b. Gender:** **M**=1 ☐ **F**=2 ☐ Unsure=9 ☐	**b. Gender:** **M**=1 ☐ **F**=2 ☐ Unsure=9 ☐
c. Weight: ☐☐ lbs c.1. ☐☐ oz OR c.2. ☐☐☐☐ g	**c. Weight:** ☐☐ lbs c.1. ☐☐ oz OR c.2. ☐☐☐☐ g	**c. Weight:**. ☐☐ lbs c.1. ☐☐ oz OR c.2. ☐☐☐☐ g	**c. Weight:** ☐☐ lbs c.1. ☐☐ oz OR c.2. ☐☐☐☐ g
d. If uncertain in Weight: Less than 5 ½ lbs (2500g)? 1 ☐ Between 5 ½ and 9 lbs? 2 ☐ More than 9 lbs (4000g)? 3 ☐ Unsure 9 ☐	**d. If uncertain in Weight:** Less than 5 ½ lbs (2500g)? 1 ☐ Between 5 ½ and 9 lbs? 2 ☐ More than 9 lbs (4000g)? 3 ☐ Unsure 9 ☐	**d. If uncertain in Weight:** Less than 5 ½ lbs (2500g)? 1 ☐ Between 5 ½ and 9 lbs? 2 ☐ More than 9 lbs (4000g)? 3 ☐ Unsure 9 ☐	**d. If uncertain in Weight:** Less than 5 ½ lbs (2500g)? 1 ☐ Between 5 ½ and 9 lbs? 2 ☐ More than 9 lbs (4000g)? 3 ☐ Unsure 9 ☐
e. If Live Birth: Are you currently breastfeeding this baby or pumping milk? 0 ☐ No, never breastfed this baby (**Go to e3 then to 8**) 1 ☐ No, I stopped breastfeeding this baby 2 ☐ Yes, I am still breastfeeding this baby (**Go to e4**) 9 ☐ Unsure/don't know (**Go to Question 8**)	**e. If Live Birth:** Are you currently breastfeeding this baby or pumping milk? 0 ☐ No, never breastfed this baby (**Go to e3 then to 9**) 1 ☐ No, I stopped breastfeeding this baby 2 ☐ Yes, I am still breastfeeding this baby (**Go to e4**) 9 ☐ Unsure/don't know (**Go to Question 9**)	**e. If Live Birth:** Are you currently breastfeeding this baby or pumping milk? 0 ☐ No, never breastfed this baby (**Go to e3 then to 10**) 1 ☐ No, I stopped breastfeeding this baby 2 ☐ Yes, I am still breastfeeding this baby (**Go to e4**) 9 ☐ Unsure/don't know (**Go to Question 10**)	**e. If Live Birth:** Are you currently breastfeeding this baby or pumping milk? 0 ☐ No, never breastfed this baby (**Go to e3 then End**) 1 ☐ No, I stopped breastfeeding this baby 2 ☐ Yes, I am still breastfeeding this baby (**Go to e4**) 9 ☐ Unsure/don't know (**End Questionnaire**)

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) ☐☐.☐ age of baby	e.1. How old was the baby when you completely stopped breastfeeding? (on paper form enter “99” if unsure) ☐☐.☐ age of baby	e.1. How old was the baby when you completely stopped breastfeeding? (on paper form enter “99” if unsure) ☐☐.☐ age of baby	e.1. How old was the baby when you completely stopped breastfeeding? (on paper form enter “99” if unsure) ☐☐.☐ age of baby
e.2. Days 1 ☐ Weeks 2 ☐ Months 3 ☐	e.2. Days 1 ☐ Weeks 2 ☐ Months 3 ☐	e.2. Days 1 ☐ Weeks 2 ☐ Months 3 ☐	e.2. Days 1 ☐ Weeks 2 ☐ 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 ☐ Weeks 2 ☐ Months 3 ☐	e.5. Days 1 ☐ Weeks 2 ☐ Months 3 ☐	e.5. Days 1 ☐ Weeks 2 ☐ Months 3 ☐	e.5. Days 1 ☐ Weeks 2 ☐ Months 3 ☐

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