

PARENT/GUARDIAN STUDY ID \_\_\_\_\_

DAUGHTER STUDY ID \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

## The LEGACY Girls Study

### Baseline Female Parent/Guardian Questionnaire

#### Parent and Home Background & Early-life Questions

#### In-person Interview with female participant

- A. Daughter's background
- B. Background of mother / female guardian
- C. Background of father / male guardian
- D. Daughter's home
- E. Pregnancies
- F. Birth and pregnancy with daughter
- G. Daughter's medical history
- H. Interviewer assessment

## SECTION A. DAUGHTER'S BACKGROUND

Thank you again for participating in the LEGACY Girls Study. This section asks questions about your daughter who will participate in the LEGACY Girls Study and the parent's background.

A1. In what country was (DAUGHTER'S NAME) born?

- USA → GO TO INTERVIEWER CHECK ABOVE A2.
- Canada → GO TO INTERVIEWER CHECK ABOVE A2
- Other (SPECIFY) \_\_\_\_\_ AND GO TO QUESTION A1a



A1a. In what year or at what age did (YOUR DAUGHTER) start living in the US/Canada?

\_\_\_\_\_ or AT AGE \_\_\_\_\_ YEARS  
YEAR

### INTERVIEWER CHECK:

- RESPONDENT IS DAUGHTER'S BIOLOGICAL MOTHER → GO TO SECTION B
- RESPONDENT IS NOT DAUGHTER'S BIOLOGICAL MOTHER → GO TO QUESTIONS A2 AND A3

A2. What is the race/ethnicity of (DAUGHTER'S NAME) biological mother (SHOW CARD A, READ CHOICES, CHECK ALL THAT APPLY)

- White Hispanic or Latina
- Black Hispanic or Latina
- White non-Hispanic
- Black, African-American, or African
- Asian-American or Asian
- American Indian or Alaskan Native
- Aboriginal (First Nations, Inuit, or Metis)
- Native Hawaiian or Pacific Islander
- Other race/ethnicity (SPECIFY) \_\_\_\_\_
- REFUSED
- DON'T KNOW

A3. What is the race/ethnicity of (DAUGHTER'S NAME) biological father **(SHOW CARD A, READ CHOICES, CHECK ALL THAT APPLY)**

- White Hispanic or Latino
- Black Hispanic or Latino
- White non-Hispanic
- Black, African-American, or African
- Asian-American or Asian
- American Indian or Alaskan Native
- Aboriginal (First Nations, Inuit, or Metis)
- Native Hawaiian or Pacific Islander
- Other race/ethnicity **(SPECIFY)** \_\_\_\_\_
- REFUSED
- DON'T KNOW

**SECTION B. BACKGROUND OF MOTHER OR FEMALE GUARDIAN**

The next questions are about your background.

B1. What is your date of birth?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

B2. How old are you now?

\_\_\_\_\_ YEARS

B3. What is your race/ethnicity? **(SHOW CARD A, READ CHOICES, CHECK ALL THAT APPLY)**

- White Hispanic or Latina
- Black Hispanic or Latina
- White non-Hispanic
- Black, African-American, or African
- Asian-American or Asian
- American Indian or Alaskan Native
- Aboriginal (First Nations, Inuit, or Metis)
- Native Hawaiian or Pacific Islander
- Other race/ethnicity **(SPECIFY)** \_\_\_\_\_
- REFUSED
- DON'T KNOW

B4. In what country were you born?

- USA → **GO TO QUESTION B5**
- Canada → **GO TO QUESTION B5**
- Other (**SPECIFY**) \_\_\_\_\_ **AND GO TO QUESTION B4a**



B4a. In what year or at what age did you start living in the US/Canada?

\_\_\_\_\_ or AT AGE \_\_\_\_\_ YEARS

YEAR

B5. In what country was your mother born?

- USA
- Canada
- Other (**SPECIFY**) \_\_\_\_\_

B6. In what country was your father born?

- USA
- Canada
- Other (**SPECIFY**) \_\_\_\_\_

B7. What was the first language you learned to speak?

- English
- French → **GO TO B7a**
- Other (**SPECIFY**) \_\_\_\_\_ **AND GO TO QUESTION B7a.**



B7a. When you are speaking with your children, how often do you speak English/  
French?

- Always
- Most of the time
- About half the time
- Occasionally
- Never

B8. What is the highest level of education you have completed? (**SHOW CARD B, READ CHOICES, CHECK ONE ANSWER**)

- None
- Grade 1-8
- Some high school, grade 9-11
- High school graduation or GED or General Equivalency Diploma
- Vocational or technical school
- Some college or university
- Bachelor's degree
- Graduate degree
- Other (**SPECIFY**) \_\_\_\_\_
- REFUSED
- DON'T KNOW

B9. What is your current relationship status?

- Married
- Living together with a partner
- Widowed
- Divorced
- Separated
- Single and never married
- REFUSED
- DON'T KNOW

B10. How tall are you without shoes?

\_\_\_\_\_ FEET AND \_\_\_\_\_ INCHES or \_\_\_\_\_ CENTIMETERS

- DON'T KNOW

B11. Are you pregnant or nursing now?

- Yes → **GO TO B11a**
- No → **GO TO B11b**

**IF CURRENTLY PREGNANT OR NURSING:**

B11a. Before this pregnancy, what was your usual weight without clothes or shoes?

\_\_\_\_\_ POUNDS OR \_\_\_\_\_ KILOGRAMS

**IF CURRENTLY NOT PREGNANT OR NURSING:**

B11b. How much do you currently weigh without clothes or shoes?

\_\_\_\_\_ POUNDS OR \_\_\_\_\_ KILOGRAMS

B12. Were you pregnant at age 18 years?

- Yes → **GO TO B12a**
- No → **GO TO B12b**
- DON'T KNOW ↓

**IF PREGNANT AT AGE 18 YEARS:**

B12a. What was your weight before that pregnancy?

\_\_\_\_\_ POUNDS OR \_\_\_\_\_ KILOGRAMS

DON'T KNOW

**IF NOT PREGNANT AT AGE 18 YEARS:**

B11b. What was your weight at age 18 years?

\_\_\_\_\_ POUNDS OR \_\_\_\_\_ KILOGRAMS

DON'T KNOW

B13. At what age did you have the first menstrual period? **(RECORD HALF YEARS, IF PARTICIPANT KNOWS)**

\_\_\_\_\_. \_\_\_\_ YEARS

Never had a menstrual period

The next questions are about your work and exercise.

B14. Over the past year, have you had a paid job?

YES, ONE JOB → **GO TO QUESTIONS B14a - B14c**

YES, TWO JOBS → Please answer the next 3 questions (B14a – B14c) about the job that provided the largest proportion of your income in the past year

NO → **GO TO QUESTION B15**



B14a. What is the title of your job? \_\_\_\_\_

\_\_\_\_\_

B14b. In what industry or business is this job? **(SHOW CARD C, READ CHOICES, CHECK ONE ANSWER)**

- Sales and related occupations
- Service occupations
- Office and administrative support occupations
- Installation, maintenance and repair occupations
- Construction and extraction occupations, production occupations
- Transportation and material moving occupations
- Production occupations
- Healthcare practitioners and technical occupations
- Education, legal, community service, arts and media occupations
- Computer, engineering and science occupations
- Management, business and financial occupations
- Farming, fishing and forestry occupations
- Military specific occupations

B14c. How many hours a week did you work in this job? \_\_\_\_\_ HOURS PER WEEK

B15. Are you doing any regular sports or exercise, including walking?

- Yes → **GO TO QUESTION B15a**
- No



B15a. What kind of sport or exercise do you do and how many minutes per week?	
_____	_____ MINUTES PER WEEK
_____	_____ MINUTES PER WEEK
_____	_____ MINUTES PER WEEK

B16. How would you classify your physical activity level at home, including household and yard work? Please don't include time when you sleep. **(SHOW CARD D, READ CHOICES, CHECK ONE ANSWER)**

- Mostly sitting
- Mostly walking and standing, with some sitting
- Active housework most of the time, with little sitting
- Heavy manual work at home
- REFUSED
- DON'T KNOW

B17. How would you classify your physical activity level at work outside the home? **(SHOW CARD E, READ CHOICES, CHECK ONE ANSWER)**

- Not working outside the home
- Mostly sitting and standing
- Mostly walking with some sitting and standing
- Mostly heavy labor with some walking and standing and little sitting
- REFUSED
- DON'T KNOW



**SECTION C. BACKGROUND OF FATHER OR MALE GUARDIAN**

Please answer the following questions for (DAUGHTER'S NAME) father, or for the father figure with whom she lives most of the time.

C1. What is date of birth of (DAUGHTER'S NAME) father?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

C2. How old is he now?

\_\_\_\_\_ YEARS

C3. What is the race/ethnicity of (DAUGHTER'S NAME) father? **(SHOW CARD A, READ CHOICES, CHECK ALL THAT APPLY)**

- White Hispanic or Latino
- Black Hispanic or Latino
- White non-Hispanic
- Black, African-American, or African
- Asian-American or Asian
- American Indian or Alaskan Native
- Aboriginal (First Nations, Inuit, or Metis)
- Native Hawaiian or Pacific Islander
- Other race/ethnicity **(SPECIFY)** \_\_\_\_\_
- REFUSED
- DON'T KNOW

C4. In what country was (DAUGHTER'S NAME) father born?

- USA → **GO TO QUESTION C5**
- Canada → **GO TO QUESTION C5**
- Other **(SPECIFY)** \_\_\_\_\_ **AND GO TO QUESTION C4a**



C4a. In what year or at what age did he start living in the US?  
\_\_\_\_ or AT AGE \_\_\_\_ YEARS  
YEAR

C5. In what country was (DAUGHTER'S NAME) father's mother born?

- USA
- Canada
- Other (**SPECIFY**) \_\_\_\_\_

C6. In what country was (DAUGHTER'S NAME) father's father born?

- USA
- Canada
- Other (**SPECIFY**) \_\_\_\_\_

C7. What was the first language (DAUGHTER'S NAME) father learned to speak?

- English
- French → **GO TO C7a**
- Other (**SPECIFY**) \_\_\_\_\_ **AND GO TO QUESTION C7a**



C7a. When he speaks with (DAUGHTER'S NAME), how often does he speak English/  
French?

- Always
- Most of the time
- About half the time
- Occasionally
- Never

C8. What is (DAUGHTER'S NAME) father's highest level of education? **(SHOW CARD B, READ OPTIONS, CHECK ONE ANSWER)**

- None
- Grade 1-8
- Some high school, grade 9-11
- High school graduation or GED or General Equivalency Diploma
- Vocational or technical school
- Some college or university
- Bachelor's degree
- Graduate degree
- Other **(SPECIFY)** \_\_\_\_\_
- REFUSED
- DON'T KNOW

C9. How tall is (DAUGHTER'S NAME) father without shoes?

\_\_\_\_\_ FEET AND \_\_\_\_\_ INCHES      or      \_\_\_\_\_ CENTIMETERS

- DON'T KNOW

C10. How much does he currently weigh without clothes or shoes?

\_\_\_\_\_ POUNDS      OR      \_\_\_\_\_ KILOGRAMS

- DON'T KNOW

C11. Over the past year, has (DAUGHTER'S NAME) father worked at a job for pay?

- YES, ONE JOB → **GO TO QUESTIONS C11a – C11c**
- YES, TWO JOBS → Please answer the next 3 questions (C11a – C11c) about the job that provided the largest proportion of your income in the past year
- NO → **GO TO C12**



C11a. What is the title of his job? \_\_\_\_\_

\_\_\_\_\_

C11b. In what industry or business is this job? **(SHOW CARD C, READ CHOICES, CHECK ONE ANSWER)**

- Sales and related occupations
- Service occupations
- Office and administrative support occupations
- Installation, maintenance and repair occupations
- Construction and extraction occupations, production occupations
- Transportation and material moving occupations
- Production occupations
- Healthcare practitioners and technical occupations
- Education, legal, community service, arts and media occupations
- Computer, engineering and science occupations
- Management, business and financial occupations
- Farming, fishing and forestry occupations
- Military specific occupations

C11c. How many hours a week did he work in this job? \_\_\_\_\_ HOURS PER WEEK

C12. Is (DAUGHTER'S NAME) father currently doing any regular sports or exercise, including walking?

- YES → **GO TO QUESTION C12a**
- NO
- DON'T KNOW



C12a. What kind of sport or exercise does he do and how many minutes per week?

\_\_\_\_\_ MINUTES PER WEEK

\_\_\_\_\_ MINUTES PER WEEK

\_\_\_\_\_ MINUTES PER WEEK

C13. How would you classify (YOUR DAUGHTER'S) father's physical activity level at home, including household and yard work? **(SHOW CARD D, READ CHOICES, CHECK ONE ANSWER)**

- Mostly sitting
- Mostly walking and standing, with some sitting
- Active housework most of the time, with little sitting
- Heavy manual work at home
- REFUSED
- DON'T KNOW

C14. How would you classify the father's physical activity level at work or outside the home? **(SHOW CARD E, READ CHOICES, CHECK ONE ANSWER)**

- Not working outside the home
- Mostly sitting and standing
- Mostly walking with some sitting and standing
- Mostly heavy labor with some walking and standing and little sitting
- REFUSED
- DON'T KNOW

**SECTION D: DAUGHTER'S HOME**

**INTERVIEWER CHECK:**

- DAUGHTER LIVES IN ONE HOME
- DAUGHTER LIVES IN TWO HOMES: **REFER TO PRIMARY AND SECONDARY HOME**

Now I have some questions about (DAUGHTER'S NAME)'s home environment. The first set asks about the people who live in (DAUGHTER'S NAME)'s household.

D1. What language is mainly spoken in (DAUGHTER'S NAME)'s (primary) home?

- English
- Other (**SPECIFY**) \_\_\_\_\_
- REFUSED
- DON'T KNOW

D2. How many rooms are there in your daughter's (primary) home? Please include the kitchen, living room, dining room, bedrooms, dens and family rooms).

- \_\_\_\_\_ NUMBER OF ROOMS       REFUSED  
 DON'T KNOW

D3. As of today, how many people, including your (DAUGHTER'S NAME), live in her (primary) home?

- \_\_\_\_\_ NUMBER OF PEOPLE       REFUSED  
 DON'T KNOW

Questionnaire #6 for female participants: final version 12-18-12

D4. Please tell us about each person who lives with (DAUGHTER'S NAME) in her primary home. This may include her birth parents or parent figures; brothers and sisters, including adopted siblings; grandparents and other relatives, family friends and others. We would also like to know if these individuals are blood relatives of (DAUGHTER'S NAME). **(SHOW CARD F)**

<b>Relationship to (DAUGHTER'S NAME)</b>		
Birth mother	Full sister	Other female person
Birth father	Full brother	Other male person
Adoptive mother	Half-sister	
Adoptive father	Half-brother	
Step-mother	Step-sister	
Step-father	Step-brother	
Foster mother or female guardian	Grandmother	
Foster father or male guardian	Grandfather	

	<b>Age</b>	<b>Blood relative</b>
#1 _____	___ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#2. _____	___ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#3 _____	___ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#4 _____	___ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#5 _____	___ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#6 _____	___ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#7 _____	___ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW

#8 _____ _____	___ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#9 _____ _____	___ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#10 _____ _____	___ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW

**INTERVIEWER CHECK:**

- DAUGHTER LIVES IN ONE HOME → GO TO SECTION E.
- DAUGHTER LIVES IN TWO HOMES → GO TO QUESTIONS D5 – D8 FOR THE SECONDARY HOME.

Now I will ask you the same questions about the second home where (DAUGHTER'S NAME) spends some of her time on a regular basis.

D5. What language is mainly spoken in (DAUGHTER'S NAME)'s secondary home?

- English
- Other (**SPECIFY**) \_\_\_\_\_
- REFUSED
- DON'T KNOW

D6. How many rooms are there in (DAUGHTER'S NAME)'s secondary home? Please include the kitchen, living room, dining room, bedrooms, dens and family rooms.

- \_\_\_\_\_ NUMBER OF ROOMS       REFUSED  
 DON'T KNOW

D7. As of today, how many people, including your (DAUGHTER'S NAME), live in her secondary home?

- \_\_\_\_\_ NUMBER OF PEOPLE       REFUSED  
 DON'T KNOW



D8. Please tell us about each person who lives with (DAUGHTER'S NAME) in her secondary home. This may include her birth parents or parent figures; brothers and sisters, including adopted siblings; grandparents and other relatives, family friends and others. We would also like to know if these individuals are blood relatives of (DAUGHTER'S NAME). **(SHOW CARD F)**

Relationship to (DAUGHTER'S NAME)		
Birth mother	Full sister	Other female person
Birth father	Full brother	Other male person
Adoptive mother	Half-sister	
Adoptive father	Half-brother	
Step-mother	Step-sister	
Step-father	Step-brother	
Foster mother or female guardian	Grandmother	
Foster father or male guardian	Grandfather	
	Age	Blood relative
#1 _____	____ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#2. _____	____ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#3 _____	____ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#4 _____	____ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#5 _____	____ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#6 _____	____ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW

	Age	Blood relative
#7 _____	____ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#8 _____	____ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#9 _____	____ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW
#10 _____	____ YEARS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW

## SECTION E. YOUR PREGNANCIES

**INTERVIEWER CHECK:**

- IF THE PARTICIPANT IS THE BIOLOGICAL MOTHER → GO TO QUESTION E1
- IF THE PARTICIPANT IS **NOT** THE BIOLOGICAL MOTHER BUT CAN ANSWER PREGNANCY AND DELIVERY QUESTIONS → GO TO QUESTION E1
- IF THE PARTICIPANT IS **NOT** THE BIOLOGICAL MOTHER → GO TO SECTION G

The next questions are about your pregnancies and, if you have any daughters, the age when they had their first menstrual periods.

E1. How many times have you been pregnant for 6 months or longer?

\_\_\_\_\_ PREGNANCIES

E1a. Are you currently pregnant?

- YES       NO

Questionnaire #6 for female participants: final version 12-18-12

I will now ask some questions about each completed pregnancy that lasted 6 months or longer.

	E2. What was the date when the first (next) pregnancy ended?	E3. Was this a stillbirth or a live birth of a single baby or multiple births	E4. If it was a live birth, how many girls or boys?	E5. If you had a girl/girls, at what age did she/they have her/their first menstrual period?
#1	_____/_____/_____ MONTH DAY YEAR	<input type="checkbox"/> STILLBIRTH <input type="checkbox"/> SINGLE LIVE BIRTH <input type="checkbox"/> MULTIPLE BIRTHS	<input type="checkbox"/> # GIRLS <input type="checkbox"/> # BOYS	AGE _____ <input type="checkbox"/> NO PERIOD YET AGE _____ <input type="checkbox"/> NO PERIOD YET
#2	_____/_____/_____ MONTH DAY YEAR	<input type="checkbox"/> STILLBIRTH <input type="checkbox"/> SINGLE LIVE BIRTH <input type="checkbox"/> MULTIPLE BIRTHS	<input type="checkbox"/> # GIRLS <input type="checkbox"/> # BOYS	AGE _____ <input type="checkbox"/> NO PERIOD YET AGE _____ <input type="checkbox"/> NO PERIOD YET
#3	_____/_____/_____ MONTH DAY YEAR	<input type="checkbox"/> STILLBIRTH <input type="checkbox"/> SINGLE LIVE BIRTH <input type="checkbox"/> MULTIPLE BIRTHS	<input type="checkbox"/> # GIRLS <input type="checkbox"/> # BOYS	AGE _____ <input type="checkbox"/> NO PERIOD YET AGE _____ <input type="checkbox"/> NO PERIOD YET
#4	_____/_____/_____ MONTH DAY YEAR	<input type="checkbox"/> STILLBIRTH <input type="checkbox"/> SINGLE LIVE BIRTH <input type="checkbox"/> MULTIPLE BIRTHS	<input type="checkbox"/> # GIRLS <input type="checkbox"/> # BOYS	AGE _____ <input type="checkbox"/> NO PERIOD YET AGE _____ <input type="checkbox"/> NO PERIOD YET
#5	_____/_____/_____ MONTH DAY YEAR	<input type="checkbox"/> STILLBIRTH <input type="checkbox"/> SINGLE LIVE BIRTH <input type="checkbox"/> MULTIPLE BIRTHS	<input type="checkbox"/> # GIRLS <input type="checkbox"/> # BOYS	AGE _____ <input type="checkbox"/> NO PERIOD YET AGE _____ <input type="checkbox"/> NO PERIOD YET
#6	_____/_____/_____ MONTH DAY YEAR	<input type="checkbox"/> STILLBIRTH <input type="checkbox"/> SINGLE LIVE BIRTH <input type="checkbox"/> MULTIPLE BIRTHS	<input type="checkbox"/> # GIRLS <input type="checkbox"/> # BOYS	AGE _____ <input type="checkbox"/> NO PERIOD YET AGE _____ <input type="checkbox"/> NO PERIOD YET
#7	_____/_____/_____ MONTH DAY YEAR	<input type="checkbox"/> STILLBIRTH <input type="checkbox"/> SINGLE LIVE BIRTH <input type="checkbox"/> MULTIPLE BIRTHS	<input type="checkbox"/> # GIRLS <input type="checkbox"/> # BOYS	AGE _____ <input type="checkbox"/> NO PERIOD YET AGE _____ <input type="checkbox"/> NO PERIOD YET
#8	_____/_____/_____ MONTH DAY YEAR	<input type="checkbox"/> STILLBIRTH <input type="checkbox"/> SINGLE LIVE BIRTH <input type="checkbox"/> MULTIPLE BIRTHS	<input type="checkbox"/> # GIRLS <input type="checkbox"/> # BOYS	AGE _____ <input type="checkbox"/> NO PERIOD YET AGE _____ <input type="checkbox"/> NO PERIOD YET

Questionnaire #6 for female participants: final version 12-18-12

				<input type="checkbox"/> NO PERIOD YET
#9	_____/_____/_____ MONTH DAY YEAR	<input type="checkbox"/> STILLBIRTH <input type="checkbox"/> SINGLE LIVE BIRTH <input type="checkbox"/> MULTIPLE BIRTHS	<input type="checkbox"/> # GIRLS <input type="checkbox"/> # BOYS	AGE _____ <input type="checkbox"/> NO PERIOD YET AGE _____ <input type="checkbox"/> NO PERIOD YET
#10	_____/_____/_____ MONTH DAY YEAR	<input type="checkbox"/> STILLBIRTH <input type="checkbox"/> SINGLE LIVE BIRTH <input type="checkbox"/> MULTIPLE BIRTHS	<input type="checkbox"/> # GIRLS <input type="checkbox"/> # BOYS	AGE _____ <input type="checkbox"/> NO PERIOD YET AGE _____ <input type="checkbox"/> NO PERIOD YET

## SECTION F. BIRTH AND PREGNACY OF LEGACY DAUGHTER

### INTERVIEWER CHECK:

- IF THE PARTICIPANT IS THE BIOLOGICAL MOTHER → GO TO QUESTION F1
- IF THE PARTICIPANT IS **NOT** THE BIOLOGICAL MOTHER BUT CAN ANSWER PREGNANCY AND DELIVERY QUESTIONS → GO TO QUESTION F1
- IF THE PARTICIPANT IS **NOT** THE BIOLOGICAL MOTHER → GO TO SECTION G

The next questions are about the birth and your pregnancy with (DAUGHTER'S NAME).

F1. How many weeks or months did your pregnancy with (DAUGHTER'S NAME) last?

- \_\_\_\_\_  DAYS  
\_\_\_\_\_  WEEKS  
  
 MONTHS  
 REFUSED  
 DON'T KNOW → GO TO QUESTION F1a



F1a. How many days before or after the due date was (YOUR DAUGHTER) born?

\_\_\_\_\_ DAYS EARLY

\_\_\_\_\_ DAYS LATE

\_\_\_\_\_ DON'T KNOW

F2. In what hospital was (YOUR DAUGHTER) born?

HOSPITAL NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_

F3. What was (DAUGHTER'S NAME) birth weight:

- \_\_\_\_\_ lbs \_\_\_\_\_ oz. or \_\_\_\_\_ grams  **RECORDED FROM MAILED/COMPLETED FORM**  
 **SELF-REPORT**  
 **DON'T KNOW**

F4. What was (DAUGHTER'S NAME) birth length:

\_\_\_\_\_ inches or \_\_\_\_\_ cm

- RECORDED FROM MAILED/COMPLETED FORM
- SELF-REPORT
- DON'T KNOW

F5. Was (DAUGHTER'S NAME) ever breastfed or fed breast milk?

- YES → GO TO QUESTION F5a
- NO
- REFUSED
- DON'T KNOW



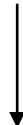
F5a. How old was (DAUGHTER'S NAME) when you stopped breastfeeding or feeding breast milk?

\_\_\_\_\_

- DAYS
- WEEKS
- MONTHS
- YEARS
- REFUSED
- DON'T KNOW

F6. Was (DAUGHTER'S NAME) ever fed formula every day for one month or more?

- YES → GO TO QUESTION F6a
- NO
- REFUSED
- DON'T KNOW



F6a. How old was (DAUGHTER'S NAME) when you stopped feeding formula?

\_\_\_\_\_

- WEEKS
- MONTHS
- YEARS
- REFUSED
- DON'T KNOW

F7. What was your usual weight before you became pregnant with (DAUGHTER'S NAME)?

- \_\_\_\_\_
- POUNDS
  - KILOGRAMS
  - REFUSED
  - DON'T KNOW

F8. How much weight did you gain when you were pregnant with (DAUGHTER'S NAME)? **(SHOW CARD G, READ CHOICES, CHECK ONE ANSWER)**

- Less than 10 pounds
- 10-14 pounds
- 15-19 pounds
- 20-29 pounds
- 30-39 pounds
- 40-49 pounds
- 50 or more pounds
- REFUSED
- DON'T KNOW

F9. During your pregnancy with (DAUGHTER'S NAME), did you take a multiple or prenatal vitamin?

- YES → **GO TO QUESTION F9a**
- NO



F9a. Did you take this vitamin regularly?  <input type="checkbox"/> YES <input type="checkbox"/> NO
--

F10. When you were pregnant with (DAUGHTER'S NAME), how would you classify your physical activity patterns at work outside the home? **(SHOW CARD H, READ CHOICES, CHECK ONE ANSWER)**

- Not working
- Mostly sitting and standing
- Mostly walking with some sitting and standing
- Mostly heavy labor with some walking and standing and little sitting
- REFUSED
- DON'T KNOW

F11. When you were pregnant with (DAUGHTER'S NAME), how would you classify your physical activity patterns at home? **(SHOW CARD J, READ CHOICES, CHECK ONE ANSWER)**

- Mostly sitting
- Mostly walking and standing with some sitting
- Active housework most of the time with little sitting
- Heavy manual work at home
- REFUSED
- DON'T KNOW

F12. When you were pregnant with (DAUGHTER'S NAME), aside from housework and any job-related activities, how would you classify your recreational physical activity, including walking for exercise? **(SHOW CARD K, READ CHOICES, CHECK ONE ANSWER)**

- Inactive, no walking or other regular exercise
- Mostly inactive, equivalent to walking about half a mile or less every day
- Somewhat active, equivalent to walking about 1 mile every day
- Active, equivalent to walking about 2 miles every day
- Highly active, equivalent to walking about 3 or more miles every day
- REFUSED
- DON'T KNOW


F13. During the second half of your pregnancy, did your overall physical activity **(READ CHOICES)**

- Stay about the same
- Substantially increase
- Substantially decrease
- REFUSED
- DON'T KNOW



The next questions are about certain conditions you may have had during your pregnancy with (DAUGHTER'S NAME). **(SHOW CARD L FOR QUESTIONS F14 – F15)**. I will ask about morning sickness or nausea, hypertension or high blood pressure, toxemia or pre-eclampsia, and diabetes or high blood sugar.

F14. During your pregnancy with (DAUGHTER'S NAME), did you have morning sickness or nausea?

- YES → **GO TO QUESTION F14a – F14c**
  - NO → **GO TO F15**
  - REFUSED → **GO TO F15**
  - DON'T KNOW → **GO TO F15**
- 

F14a. Was your nausea? **(READ CHOICES)**

- Mild, without vomiting
- Moderate, with some vomiting
- Severe, with excessive vomiting
- REFUSED
- DON'T KNOW

F14b. When did you experience nausea? **(READ CHOICES AND MARK ALL THAT APPLY)**

- During the first three months of pregnancy
- During the second three months of pregnancy
- During the last three months of pregnancy
- REFUSED
- DON'T KNOW

F14c. Were you treated for the nausea?

- YES → **SPECIFY TREATMENT** \_\_\_\_\_
- NO
- REFUSED
- DON'T KNOW

F15. When you were pregnant with (DAUGHTER'S NAME) did you develop any of the following conditions?  
**(READ CONDITIONS)**

<p>F15a.</p>	<p><b>IF YES:</b></p> <p>F15b. Were you treated for this condition?</p>
<p>Hypertension or high blood pressure? <input type="checkbox"/> YES →</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> REFUSED</p> <p><input type="checkbox"/> DON'T KNOW</p>	<p><input type="checkbox"/> YES → <b>SPECIFY TREATMENT</b></p> <p>_____</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> REFUSED</p> <p><input type="checkbox"/> DON'T KNOW</p>
<p>Toxemia or pre-eclampsia? <input type="checkbox"/> YES →</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> REFUSED</p> <p><input type="checkbox"/> DON'T KNOW</p>	<p><input type="checkbox"/> YES → <b>SPECIFY TREATMENT</b></p> <p>_____</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> REFUSED</p> <p><input type="checkbox"/> DON'T KNOW</p>
<p>Diabetes or high blood sugar? <input type="checkbox"/> YES →</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> REFUSED</p> <p><input type="checkbox"/> DON'T KNOW</p>	<p><input type="checkbox"/> YES → <b>SPECIFY TREATMENT</b></p> <p>_____</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> REFUSED</p> <p><input type="checkbox"/> DON'T KNOW</p>

F16. During your pregnancy with (DAUGHTER'S NAME), did you smoke cigarettes?

- YES → GO TO QUESTIONS F16a – F16b
- NO
- REFUSED
- DON'T KNOW



<p>F16a. Did you smoke during the (<i>first, second, last</i>) three months of your pregnancy with (DAUGHTER'S NAME)?</p>		<p><b>IF YES:</b></p> <p>F16b. During this time period, how many cigarettes per day, week, or month did you usually smoke?</p>
<p>FIRST 3 MONTHS (FIRST TRIMESTER)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> YES →</li> <li><input type="checkbox"/> NO</li> <li><input type="checkbox"/> REFUSED</li> <li><input type="checkbox"/> DON'T KNOW</li> </ul>	<p>_____ # CIGARETTES</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PER DAY</li> <li><input type="checkbox"/> PER WEEK</li> <li><input type="checkbox"/> PER MONTH</li> <li><input type="checkbox"/> REFUSED</li> <li><input type="checkbox"/> DON'T KNOW</li> </ul>
<p>SECOND 3 MONTHS (SECOND TRIMESTER)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> YES →</li> <li><input type="checkbox"/> NO</li> <li><input type="checkbox"/> REFUSED</li> <li><input type="checkbox"/> DON'T KNOW</li> </ul>	<p>_____ # CIGARETTES</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PER DAY</li> <li><input type="checkbox"/> PER WEEK</li> <li><input type="checkbox"/> PER MONTH</li> <li><input type="checkbox"/> REFUSED</li> <li><input type="checkbox"/> DON'T KNOW</li> </ul>
<p>LAST 3 MONTHS (THIRD TRIMESTER)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> YES →</li> <li><input type="checkbox"/> NO</li> <li><input type="checkbox"/> REFUSED</li> <li><input type="checkbox"/> DON'T KNOW</li> </ul>	<p>_____ # CIGARETTES</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PER DAY</li> <li><input type="checkbox"/> PER WEEK</li> <li><input type="checkbox"/> PER MONTH</li> <li><input type="checkbox"/> REFUSED</li> <li><input type="checkbox"/> DON'T KNOW</li> </ul>

F17. During your pregnancy with (DAUGHTER'S NAME), did you drink beer, wine or liquor?

- YES → **GO TO QUESTIONS F17a - F17b**
- NO
- REFUSED
- DON'T KNOW



<p>F17a. Did you drink beer, wine or liquor during the (<i>first, second, last</i>) three months of your pregnancy with (DAUGHTER'S NAME)</p>		<p><b>IF YES:</b></p> <p>F17b. During this time period, how many bottles of beer, glasses of wine, or drinks with liquor did you usually drink per day, week or month?</p>
<p>FIRST 3 MONTHS (FRIST TRIMESTER)</p>	<p><input type="checkbox"/> YES →</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> REFUSED</p> <p><input type="checkbox"/> DON'T KNOW</p>	<p>_____ # OF DRINKS</p> <p><input type="checkbox"/> PER DAY</p> <p><input type="checkbox"/> PER WEEK</p> <p><input type="checkbox"/> PER MONTH</p> <p><input type="checkbox"/> REFUSED</p> <p><input type="checkbox"/> DON'T KNOW</p>
<p>SECOND 3 MONTHS (SECOND TRIMESTER)</p>	<p><input type="checkbox"/> YES →</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> REFUSED</p> <p><input type="checkbox"/> DON'T KNOW</p>	<p>_____ # OF DRINKS</p> <p><input type="checkbox"/> PER DAY</p> <p><input type="checkbox"/> PER WEEK</p> <p><input type="checkbox"/> PER MONTH</p> <p><input type="checkbox"/> REFUSED</p> <p><input type="checkbox"/> DON'T KNOW</p>
<p>LAST 3 MONTHS (THIRD TRIMESTER)</p>	<p><input type="checkbox"/> YES →</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> REFUSED</p> <p><input type="checkbox"/> DON'T KNOW</p>	<p>_____ # OF DRINKS</p> <p><input type="checkbox"/> PER DAY</p> <p><input type="checkbox"/> PER WEEK</p> <p><input type="checkbox"/> PER MONTH</p> <p><input type="checkbox"/> REFUSED</p> <p><input type="checkbox"/> DON'T KNOW</p>

**SECTION G. DAUGHTER'S MEDICAL HISTORY**

G1. Has (DAUGHTER'S NAME) ever taken a prescription or non-prescription medication for 6 months or longer?

- YES → GO TO QUESTIONS G1a – G1d
- NO
- REFUSED
- DON'T KNOW



G1a. What was the name of the {first/next} medication she took?	G1b. Why did she take this medicine?	G1c. At what age did she start taking this medicine?	G1d. At what age did she stop taking this medicine or is she still taking it?
#1			___ AGE STOPPED <input type="checkbox"/> STILL TAKING
#2			___ AGE STOPPED <input type="checkbox"/> STILL TAKING
#3			___ AGE STOPPED <input type="checkbox"/> STILL TAKING

G2. Has (DAUGHTER'S NAME) had other conditions that required medical attention?

- YES → GO TO QUESTIONS G2a - G2b
- NO
- REFUSED
- DON'T KNOW



G2a. What kind of condition(s) did (DAUGHTER'S NAME) have?	G2b. How old was (DAUGHTER'S NAME) when you first learned about the condition(s)?
1.	
2.	
3.	

This completes the first set of questions I have for you.  
Thank you for your participation in this part of the study.

## SECTION H: INTERVIEWER ASSESSMENT

### INTERVIEWER ASSESSMENT (to be completed after the baseline visit)

H1. PARTICIPANT'S COOPERATION WAS

- VERY GOOD
- GOOD
- FAIR
- POOR

H2. WAS DAUGHTER PRESENT AT THE INTERVIEW

- YES, THE WHOLE TIME
- YES, PART OF THE TIME
- NO

H3. THE OVERALL QUALITY OF THIS INTERVIEW IS

- HIGH QUALITY
- GENERALLY RELIABLE
- QUESTIONABLE
- UNSATISFACTORY

H4. WERE THERE ANY DISTRACTIONS DURING THE INTERVIEW

- YES → DESCRIBE \_\_\_\_\_  
\_\_\_\_\_
- NO