

SECTION PG: MENARCHE, PREGNANCY AND INFERTILITY

This ends the questions about your work history. Now I'd like to ask you about your reproductive history. Specifically, about your menstrual cycles, any planned or unplanned pregnancies, and your use of different birth control methods. The purpose of this section is to gain a better understanding of health issues that may be related to reproduction.

PG1. How old were you when you had your first menstrual period?
<SOFT EDIT IF LESS THAN 10 YEARS OLD OR MORE THAN 17 YEARS OLD>

 YEARS MONTHS

[IF R HAS NEVER HAD A PERIOD, ENTER '96' FOR YEARS]

<IF PG1-YEARS = 96 GO TO PG4>

<ASK ONLY IF PG1 = DK>

PG2. What grade were you in when you had your first menstrual period? [HIGH SCHOOL FRESHMAN = 09, SOPHOMORE = 10, JUNIOR = 11, SENIOR = 12]

GRADE IN SCHOOL

<SOFT EDIT IF BEFORE 5TH GRADE OR LATER THAN 12TH GRADE>

<ASK ONLY IF PG2 = DK>

PG3. Do you think your period started before, after, or around the same time as other girls your age?

BEFORE 1
 AFTER..... 2
 SAME TIME..... 3

PG4a. Are you currently pregnant?

YES 1
 NO [PG4b] 2

<ASK ONLY IF PG4a = YES:>

PG4a1. What is your due date?

/ /
 MONTH DAY YEAR

The next questions are about any pregnancies you may have had. When thinking about these questions, please include ectopic and molar pregnancies as well as any pregnancies which may have ended in miscarriage or abortion.

<FILL BASED ON R'S CURRENT PREGNANCY STATUS>

PG4b. Have you [*ever been pregnant/had any other pregnancies before this one*]?

YES 1
 NO [PG29] 2
 REF [PG29] 7
 DK [PG29] 8

<FILL IF R IS CURRENTLY PREGNANT>

PG5. How many times have you been pregnant? [*Please count only past pregnancies.*]

PREGNANCIES

I'd like to ask you about [*this pregnancy/each of these pregnancies starting with your first pregnancy*].

<BEGIN REPEATING RECORD – PREGNANCY>

PG6. How did your [*first/second/etc.*] pregnancy end? Was it a...
[WE ARE LOOKING FOR THE FINAL OUTCOME OF THE PREGNANCY. THAT IS, HOW MANY BABIES WERE DELIVERED, OR IF THERE WAS NO DELIVERY, WE WANT TO KNOW HOW THE PREGNANCY ENDED.]

- single live birth..... [PG9] 01
- multiple birth..... [PG9] 02
- single stillbirth..... [PG9] 03
- miscarriage (including spontaneous abortion)..... 04
- elective or therapeutic abortion..... 05
- tubal or ectopic pregnancy 06
- molar pregnancy..... 07

PG7. How many months and/or weeks did this pregnancy last? [PROBE:] Beginning with the last normal menstrual period before this pregnancy, how far along were you when this pregnancy ended?

 # MONTHS # WEEKS

PG8. How old were you when this pregnancy ended?

AGE
<GO TO PG26>

PG9. What was the month and year that this pregnancy ended? [IF R SAYS DK, PROBE: Is it the month you don't know, the year, or both?]

 MONTH YEAR

REF [*] 7

<IF PG9 MONTH AND PG9 YEAR = DK AND PG6 = 01 OR 03, GO TO PG17; IF PG6 = 02, GO TO PG11.>

<* IF PG6 = 01 OR 03, GO TO PG17; IF PG6 = 02, GO TO PG11.>

<ASK ONLY IF PG9 MONTH = DK AND PG9 YEAR IS ANSWERED>

- PG10. In what season did your [*first/second/etc.*] pregnancy end?
- WINTER..... 01
 - SPRING 04
 - SUMMER 07
 - FALL..... 10

<IF PG6 = 01 OR 03, GO TO PG17; IF PG6 = 02, CONTINUE.>

<ASK ONLY IF PG6 = 02:>

PG11. Were any of these babies stillborn?
YES 1
NO..... 2

PG12. How many babies did you deliver [*including stillbirths*]?

<CODE LIST BEGINS WITH 02 TO REDUCE KEYING ERRORS>

- 2/TWINS..... 02
- 3/TRIPLETS 03
- 4/QUADRUPLETS..... 04
- 5/QUINTUPLETS 05
- 6/SEXTUPLETS 06
- 7 OR MORE..... 07

<BEGIN REPEATING RECORD – MULTIPLE BIRTH PREGNANCY>

<ASK ONLY IF PG11 = YES; ELSE GO TO PG14>

PG13. Was the [first/next] baby delivered a live birth? YES 1
NO 2

PG14. Was the [first/next] baby a girl or boy? [IF R SAYS THE BABY WAS A HERMAPHRODITE, OR WAS BORN WITH BOTH SEXES, ENTER AS “DON’T KNOW” AND REMARK.] GIRL 1
BOY 2

PG15. How much did that baby weigh at delivery? [IF R REPORTS WEIGHT IN GRAMS, ENTER ‘96’ FOR POUNDS AND RECORD WEIGHT IN GRAMS.] [VERIFY POUNDS OR GRAMS]

 POUNDS OUNCES

GRAMS

**<GO TO NEXT
BABY OR PG20>**

<IF PG15 = DK, ASK>

PG16. Was this baby’s birth weight less than five pounds, or was it five pounds or more? < 5 POUNDS (<2268 GRAMS) 1
5 OR MORE POUNDS (2268 GRAMS OR MORE) 2

<END REPEATING RECORD – MULTIPLE BIRTH PREGNANCY>

<ASK ONLY IF PG6 = 01 OR 03>

PG17. Was this baby a girl or a boy? [IF R SAYS THE BABY WAS A HERMAPHRODITE, OR WAS BORN WITH BOTH SEXES, ENTER AS “DON’T KNOW” AND REMARK.] GIRL 1
BOY 2

PG18. How much did the baby weigh at delivery? [IF R REPORTS WEIGHT IN GRAMS, ENTER ‘96’ FOR POUNDS AND RECORD WEIGHT IN GRAMS.] [VERIFY POUNDS OR GRAMS]

 POUNDS OUNCES

GRAMS

<IF PG18 = DK, ASK>

PG19. Was this baby’s birth weight less than five pounds, or was it five pounds or more? < 5 POUNDS (<2268 GRAMS) 1
5 OR MORE POUNDS (2268 GRAMS OR MORE) 2

<ASK FOR ALL MULTIPLE BIRTHS, SINGLE LIVE BIRTHS AND SINGLE STILLBIRTHS>

PG20. Did you deliver [this baby/these babies] within one week of your due date, more than one week before your due date, or more than one week after your due date? WITHIN ONE WEEK OF DUE DATE [*] 1
MORE THAN ONE WEEK BEFORE DUE DATE 2
MORE THAN ONE WEEK AFTER DUE DATE 3

<* IF PG6 = 01 OR 02, GO TO PG23; IF PG6 = 03, GO TO PG24a.>

<ASK ONLY IF PG20 = 2 OR 3:>

PG21. How many months, weeks, and/or days [before/after] your due date [was this baby/were these babies] delivered?

MONTHS WEEKS DAYS

<ASK ONLY IF PG21 = DK>

PG22. How many months and/or weeks were you pregnant?

MONTHS WEEKS

<ASK ONLY IF PG6 = 01 OR IF PG6 = 02 AND PG13 = 1>

PG23. Did you breastfeed and/or pump your breast milk for [this baby/these babies]?

YES 1
NO [PG24a] 2

PG24. For how many years, months, and/or weeks in all did you do this at least twice in a 24-hour period? [IF LESS THAN 1 WEEK, ENTER '00' FOR YEARS, MONTHS AND WEEKS] [IF R IS STILL BREASTFEEDING, ENTER '96' FOR YEARS.]

YEARS MONTHS WEEKS

PG24a. Were you given a hormone shot or pills to stop milk production after this pregnancy?

YES 1
NO 2

PG25. How many pounds (or kilograms) did you gain during this pregnancy? Would you say you gained...

less than 20 pounds (less than 9 kilograms) 1
20 to 35 pounds (9 to 16 kilograms) ... 2
more than 35 pounds (more than 16 kilograms) 3

<IF PG7 < 20 WEEKS, GO TO PG27>

PG26. Did you have any of the following special medical problems during this pregnancy?

Y N
a. pre-eclampsia or toxemia 1 2
b. eclampsia 1 2
c. abnormal vaginal bleeding 1 2
d. nausea with vomiting 1 2

PG26e. Did you have pregnancy-related high blood pressure, or were you told that you were borderline during this pregnancy? [IF R HAD HIGH BLOOD PRESSURE PRIOR TO HER PREGNANCY, THE RESPONSE SHOULD BE "NO."]

YES 1
NO 2
BORDERLINE 3

PG26f. Did you have pregnancy-related diabetes, an abnormal glucose tolerance test, or were you told that you were borderline during this pregnancy? [IF R HAD DIABETES PRIOR TO HER PREGNANCY, THE RESPONSE SHOULD BE "NO."]

YES 1
NO 2
BORDERLINE 3

<FILL PARENTHESES ONLY FOR PREGNANCIES AFTER THE FIRST>

<USE THE FILL “this time” ONLY FOR PREGNANCIES AFTER THE FIRST>

[(/]We are interested in how easy or difficult it was for you to get pregnant [*this time*]. This next question is about how many months in a row you had sexual intercourse without using any method of birth control before this pregnancy, whether or not you were trying to get pregnant. For our purposes, birth control includes condoms, diaphragms, pills, patches, injections, implants like Norplant, IUDs, the rhythm method, withdrawal, vasectomy, and tubal ligation.[/)]

<FILL “with a man” IF SE11 = 2 OR 3>

PG27. Before this pregnancy, did you have sexual intercourse *[with a man]* at least once per month without using birth control for at least 12 months in a row? (Birth control includes condoms, diaphragms, pills, patches, injections, IUDs, the rhythm method, withdrawal, vasectomy, and tubal ligation.) YES.....1
NO.....2

<END REPEATING RECORD – PREGNANCY>

PG28. I have recorded a total of [# OF PREGNANCIES] pregnancies. Have you had any other pregnancies that I have not recorded? YES.....[PG5].....1
NO.....2

<IF PG28 = YES, AMEND PG5 AND COMPLETE APPROPRIATE QUESTIONS PG6–PG27>

<FILL PARENTHESES ONLY IF PG5 = 1>

Next, I will ask about your fertility. Please think about times in your life, if any, when you regularly had sexual intercourse without using any method of birth control and without getting pregnant. [(/]For our purposes, birth control includes condoms, diaphragms, pills, patches, injections, implants like Norplant, IUDs, the rhythm method, withdrawal, vasectomy, and tubal ligation.[/)]

<FIRST FILL ONLY IF PG27 = YES>

<SECOND FILL “with a man” IF SE11 = 2 OR 3>

<THIRD FILL FOR WOMEN ≥40 YEARS OF AGE>

PG29. [*Aside from the time[s] when it took a year or more for you to become pregnant, has/Has*] there ever been a period of time lasting 12 months in a row or longer when you were having sexual intercourse [*with a man*] at least once per month without using birth control, yet you did not become pregnant? [*If you have gone through menopause, please think only about the time before menopause.*] YES.....1
NO..... [PG31]2
NEVER HAD SEXUAL INTER-COURSE W/ A MAN [PG31].....3

PG30. How old were you when this first happened?

AGE

PG31. Did you ever visit a doctor, clinic or hospital to seek help for you to become pregnant?

YES.....1
NO..... [PG34]2

PG32. How old were you when you first visited a doctor to seek help for you to become pregnant?

AGE

PG33. Did you ever receive X-rays on your pelvic area to treat infertility?

YES.....1
NO.....2

Now I'd like to ask about fertility medications. These are drugs that are used to help women become pregnant, or to stimulate the release of eggs for donation. Fertility drugs are often taken by injection, but may be taken in pill form or as a nasal spray.

<BEGIN REPEATING RECORD – FERTILITY DRUGS>

PG34. **<FIRST OCCURRENCE>** Have you ever taken any medications to help you become pregnant, or for egg donation? Please do not include medications you may have taken to prevent miscarriages. YES [PG35] 1
NO [NEXT SECTION] 2

PG34a. **<ALL OTHER OCCURRENCES>** Have you ever taken any other medications to help you become pregnant? Please do not include any medications you may have taken to prevent miscarriages. YES [PG36] 1
NO [PG42] 2

<IF INT16, INT19 OR INT20 = NO, GO TO PG36>

PG35. Please find the medications booklet from your Sister Study kit. [WAIT FOR R TO BRING TO THE PHONE.] Do you have the medications booklet in front of you? YES 1
NO 2

<FILL IF PG35 = YES>

PG36. [Please look at List A on page 1 of your medications booklet.] What is the [code or] name of the [first/next] medication you took? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.] _____ MEDICATION NAME

PG37. What was your age when you first started taking [FERTILITY DRUG]? AGE

PG38. For how many months or menstrual cycles in all did you take this medication? [IF R OFFERS BOTH MONTHS AND CYCLES, REPORT NUMBER OF CYCLES.] # OF
MONTHS 1
MENSTRUAL CYCLES 2

PG39. Did any of the cycles of this medication result in a pregnancy that lasted 10 or more weeks? YES 1
NO [NEXT MED OR PG42] 2

PG40. How many times did this occur? # OF PREGNANCIES

<BEGIN REPEATING RECORD – FERTILITY DRUG PREGNANCIES>

PG41. How old were you when [this/the first/the next] pregnancy (that lasted 10 or more weeks) occurred? AGE

<END REPEATING RECORD – FERTILITY DRUG PREGNANCIES>

<END REPEATING RECORD – FERTILITY DRUGS>

PG42. Did a doctor or medical professional ever tell you that you had Ovarian Hyperstimulation Syndrome (OHSS), a complication of fertility drugs?

YES 1
NO.....[NEXT SECTION] 2

PG43. How old were you when you were first diagnosed with OHSS?

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AGE