Site ID	Subject ID	

# **ENVIRONMENTAL ASSESSMENT**

Thank you for participating in the Environmental and Genetic Risk Factors for Pediatric Multiple Sclerosis Study. This is the Environmental Assessment portion of the study. In the pages that follow, you will be asked to answer questions about the child who is participating in this study and his/her history. You will be asked questions relating to the child's birth, residences, and environmental history. You will also be asked about the child's parents and the biological mother's environmental exposures during pregnancy with the child.

Sometimes you may not know the answer to a question. For example, foster parents and adoptive parents may not know the child's birth history or biological mother's environmental exposures. If this is the case, please select "don't know" or "unknown."

Sometimes you may not remember the answer to a question. Please do your best to remember, and make your "best guess." If you thought about it and just can't remember, please select "don't know" or "unknown".

Some questions may make you feel uncomfortable because they are of a personal or sensitive nature. You may skip any questions that you are uncomfortable answering.

If you have any questions while you are working on the Environmental Assessment, please contact the study Coordinator:

 _ (Study Coordinator Name)
 (Phone)
 (email)

## Section I: Questions about the Child

#### CHILD'S DELIVERY AND DEVELOPMENT 1. Was the child born in the United States? ☐ Yes $\square$ No ☐ Don't know 2. In what city, state and country was the child born? city state country 3. How long did the child measure at birth? inches OR ☐ Don't know cm 4. What was the child's five-minute APGAR well-being score at birth? 1-10 ☐ Don't know 5. Did the child provide cord blood at birth? ☐ Yes □ No ☐ Don't Know 6. Was the child born in a hospital? ☐ Yes □ No ☐ Don't Know If YES, did the child have to stay in the hospital after the mother was discharged (went home)? ☐ Yes □ No ☐ Don't Know If YES, how many weeks did he/she stay in the hospital? \_\_\_\_(weeks) If YES, what was the reason for the child's hospitalization? \_\_\_\_condition ☐ Don't Know 7. Did the child have any of the following conditions during the first two weeks of life? (check all that apply) ☐ Premature birth ☐ Ingested meconium (feces) ☐ Don't know □ Jaundice ☐ Congenital defects/organ ☐ None ☐ Respiratory problem complications 8. Did the child have any condition at birth that required a blood transfusion during the first two weeks of life? ☐ Yes \_\_\_\_\_ condition □ No ☐ Don't know 9. Did the child have any infections in the first two weeks of life? ☐ Yes \_\_\_\_\_\_ infection $\square$ No ☐ Don't know 10. Did the child have any other complications in the first two weeks of life? ☐ Yes \_\_\_\_\_ complication ☐ Don't know 11. The child is: ☐ Right handed ☐ Left handed ☐ Don't know At what age was handedness determined? \_\_\_\_\_ Years ☐ Don't know 12. What color are the child's eyes? ☐ Green/hazel ☐ Brown ☐ Blue ☐ Don't know 13. What is the child's natural hair color? ☐ Light Brown ☐ Black ☐ Red ☐ Dark brown ☐ Blonde □ Don't know 14. What is the child's skin type at an unexposed skin site? (inner upper arm) □ Dark ☐ Olive medium □ Fair □ Olive ☐ Medium fair ☐ Don't know

☐ Yes	□ No		☐ Don't know
15. How does the child's skin react when quantum summer, without sunscreen?	going out in the sun, fo	r 1 hour in the middle	of the day, for the first time in
☐ Burn then peel	□ Burn then tan		☐ Tan only
$\square$ No color change (very dark pigmented s	skin)		☐ Don't know
<ul><li>16. At the end of summer, or after a two-w</li><li>□ Practically no tan</li><li>□ A light tan</li></ul>	reek vacation in the su ☐ A medium tan ☐ A dark tan	n, what kind of tan doe	es the child typically have? ☐ Don't know
<ul> <li>17. How many sunburns has the child eve</li> <li>□ Birth – 1 year old sunburns</li> <li>□ 1-5 years of age sunburns</li> </ul>	r had?	☐ 6-10 years of age ☐ 11-15 years of age	

18. Between 1-5 years old, did the child have any of the follo	wing habits?				
Did the child suck a pacifier?	Yes, daily	Yes, o	ccasionally	No	Don't know
If YES, how long did the child suck a pacifier?	2 years +	1-2 years	Under a year	Never	Don't know
Did the child suck his/her thumb (and/or fingers) or bite his/her nails?	Yes, daily	Yes, occasionally		No	Don't know
If YES, how long did the child suck his/her thumb (and/or fingers) or bite his/her nails?	2 years +	1-2 years	Under a year	Never	Don't know
Did the child put things in his/her mouth?	Yes, daily	Yes, o	Yes, occasionally		Don't know
19. Between 6-10 years old, did the child have any of the foll	owing habits	?			
Did the child suck a pacifier?	Yes, daily	Yes, o	ccasionally	No	Don't know
If YES, how long did the child suck a pacifier?	2 years +	1-2 years	Under a year	Never	Don't know
Did the child suck his/her thumb (and/or fingers) or bite his/her nails?	Yes, daily	Yes, o	ccasionally	No	Don't know
If YES, how long did the child suck his/her thumb (and/or fingers) or bite his/her nails?	2 years +	1-2 years	Under a year	Never	Don't know
20. Between 11-15 years old, did the child have any of the fo	ollowing habit	ts?			
Did the child suck his/her thumb (and/or fingers) or bite his/her nails?	Yes, daily	Yes, o	ccasionally	No	Don't know
If YES, how long did the child suck his/her thumb (and/or fingers) or bite his/her nails?	2 years +	1-2 years	Under a year	Never	Don't know

21. Were any other children, household with the child		sisters, living in the		Yes	١	10	Don't know
If YES, how many other child		childr	en	Don't know			
Please provide gender and birth dates for each child living in the household at this time.							
□ Male □ Female Date of birthMM/DD/YYYY [							
☐ Male ☐ Female	Date of birth	YYYY		Don't know			
☐ Male ☐ Female	Date of birth	Date of birthMM/DD/					Don't know
☐ Male ☐ Female	Date of birth		YYYY			Don't know	
☐ Male ☐ Female	Date of birth		MM/DD/	YYYY			Don't know
☐ Male ☐ Female	Date of birth		MM/DD	YYYY			Don't know
22. BEFORE AGE 6, did the for at least 2 months, any group where other children	y kind of day-care, nurse			Yes	N	lo .	Don't know
If YES, please answer the fo	llowing questions for the	e two daycare, nurse	ery or pres	chools	the child	attended	d the longest.
First day-care, nursery or preschool	Age beganmonthsyears	Age endedmonthsyears	week		rs per	other	_number of children
Second day-care, nursery or preschool	Age beganmonthsyears	Age endedmonthsyears	week		rs per	_number of children	
BEFORE THE CHILD ATTE preschool, were there ever a household who attended day school?	ny other children living i	n the same	Yes	3	No		Don't know
If YES, how old was the child care, nursery, preschool or fu		n went to day-	mo	nths irs	At k	oirth	Don't know
23. Did the child ever attend	kindergarten?		Yes	3	N	lo	Don't know
If YES, how old was the child	d when beginning kinder	garten?			yea	rs	Don't know
How old was the child when	ending kindergarten?				yea	rs	Don't know
How many hours per week d	id the child attend kinde	ergarten?			hou	ırs	Don't know
How many other children we	re in the child's class?				number		Don't know
24. Did the child ever attend	1 <sup>st</sup> grade or higher?			Y	es	No	Don't know

# **ENVIRONMENTAL FACTORS**

ENVIRONMENTAL FACTORS			
25. Between the time the child WAS BORN AND HIS/HI more) smoke cigarettes, pipes or cigars in the child			nce a week or
In the home?	Yes	No	Don't know
In a public place or social setting?	Yes	No	Don't know
In a car or vehicle?	Yes	No	Don't know
In a child care setting?	Yes	No	Don't know
26. Between the time the child was 1-5 YEARS OF AGE cigarettes, pipes or cigars in the child's presence a		a week or mo	ore) smoke
In the home?	Yes	No	Don't know
In a public place or social setting?	Yes	No	Don't know
In a car or vehicle?	Yes	No	Don't know
In a child care setting?	Yes	No	Don't know
27. Between the time the child was 6-10 YEARS OF AG cigarettes, pipes or cigars in the child's presence a		e a week or m	ore) smoke
In the home?	Yes	No	Don't know
In a public place or social setting?	Yes	No	Don't know
In a car or vehicle?	Yes	No	Don't know
In a child care setting?	Yes	No	Don't know
28. Between the time the child was 11-15 YEARS OF A cigarettes, pipes or cigars in the child's presence a		nce a week or	more) smoke
In the home?	Yes	No	Don't know
In a public place or social setting?	Yes	No	Don't know
In a car or vehicle?	Yes	No	Don't know
In a child care setting?	Yes	No	Don't know
29. During the time the child was 16 YEARS OF AGE A smoke cigarettes, pipes or cigars in the child's pre			week or more)
In the home?	Yes	No	Don't know
In a public place or social setting?	Yes	No	Don't know
In a car or vehicle?	Yes	No	Don't know
In a child care setting?	Yes	No	Don't know
30. How many smokers lived with the child during the	following age ranges?		·
Birth - age 1 number of smokers	11-15 years old	number (	of smokers
1-5 years old number of smokers	☐ 16 and older	number of s	mokers
6-10 years old number of smokers	☐ Don't know		

31. In <b>SPRING</b> , he spectator spor			es take the c	hild OUT	ΓSIDE at t	he fo	ollow	ing age	es? (playing, participa	ating ir	sports,
2, 22,200	Not very often	Several	times per w ast 30 minut		Daily for at least 30 minutes		Multiple times per day for methan 30 minutes each time			Don't know	
First year of life											
Ages 1-2											
Ages 3-5											
Ages 6-10											
Ages 11-15											
32. In <b>SPRING</b> , do the following a		ds and ho	olidays, how	much tir	me would	the	child	normal	ly spend IN THE SUI	N each	n day at
	Under 30 m	inutes	30 minutes	-1 hour	1-2 hou	ırs	2-3	hours	More than 3 hours	Don	't know
First year of life											
Ages 1-2											
Ages 3-5											
Ages 6-10											
Ages 11-15											
33. During the pre	sent or most	recent SI	PRING, how	much tir	me would	the	child	spend	IN THE SUN?	1	
	Under 30 m	inutes	30 minutes	-1 hour	1-2 hou	ırs	2-3	hours	More than 3 hours	Don	't know
Weekdays											
Weekends											
Holidays											
34. In <b>SPRING</b> , he	ow often woul	d the chi	ld use sunsc	reen or l	be "covere	ed up	p" wh	nen OU	TSIDE at the following	ng age	s?
	Never/rarely	, Occ	casionally	About the tim	half of ne	Mc tim	ost of ne	the	Always/almost always	Don	't know
First year of life											
Ages 1-5											
Ages 6-10											
Ages 11-15				4.		<u></u>					
35. During the pre the sun?	esent or most	recent SI	PRING, how						owing items whenever	er OU	TSIDE in
		Nev	/er	of the	han 50% times		% of nes o	tne r more	All the time	Don	't know
Sunglasses											
Hat											
Veil (Muslim custo	om)										
Sunscreen											
Clothes covering blegs	ooth arms and	t									
Clothes exposing forearms (T-shirt)	at least half o	f									
Clothes exposing											

36. In <b>SUMMER</b> , I sports, specta				child OL	JTSIDE at	the	follo	wing ag	ges? (playing, particip	ating	in
	Not very often		times per wo		Daily for a		ast	Multiple times per day for more than 30 minutes each time			Don't know
First year of life											
Ages 1-2											
Ages 3-5											
Ages 6-10											
Ages 11-15											
37. In <b>SUMMER</b> , of the following a		nds and I	nolidays, hov	v much t	ime would	d the	e child	d norma	ally spend IN THE SU	JN ea	ch day at
	Under 30 mir	nutes	30 minutes	-1 hour	1-2 hou	ırs	2-3	hours	More than 3 hours	Don	't know
First year of life											
Ages 1-2											
Ages 3-5											
Ages 6-10											
Ages 11-15											
38. During the pre	sent or most r	ecent SI	JMMER, how	w much t	ime would	d the	e child	d spend	IN THE SUN?		
	Under 30 mir	nutes	30 minutes	-1 hour	1-2 hou	ırs	2-3	hours	More than 3 hours	Dor	i't know
Weekdays											
Weekends											
Holidays											
39. In <b>SUMMER</b> ,	how often wou	ıld the ch	nild use suns				•		UTSIDE at the follow	ing ag	jes?
	Never/rarely	Occ	casionally	About the tim		Mo tim	ost of ne	the	Always/almost always	Don	't know
First year of life											
Ages 1-5											
Ages 6-10											
Ages 11-15											
40. During the pre in the sun?	sent or most r	ecent SI	JMMER, hov						ollowing items whene	ver O	UTSIDE
		Nev	/er	Less the	nan 50% times		% of nes or	the r more	All the time	Don	't know
Sunglasses											
Hat											
Veil (Muslim custo	m)										
Sunscreen											
Clothes covering blegs	ooth arms and										
Clothes exposing forearms (T-shirt)	at least half of										
Clothes exposing											

41. In <b>FALL</b> , how spectator spor			ake the child	OUTSI	DE at the	follo	wing	ages?	(playing, participatin	g in sp	oorts,
	Not very often	Several	times per w ast 30 minut		Daily for a		ast		le times per day for r 30 minutes each time	nore	Don't know
First year of life											
Ages 1-2											
Ages 3-5											
Ages 6-10											
Ages 11-15											
42. In <b>FALL</b> , during following ages		and holid	ays, how mu	ıch time	would the	chi	ld no	rmally s	spend IN THE SUN e	ach da	ay at the
	Under 30 m	inutes	30 minutes	-1 hour	1-2 hou	ırs	2-3	hours	More than 3 hours	Don	't know
First year of life											
Ages 1-2											
Ages 3-5											
Ages 6-10											
Ages 11-15											
43. During the pre	esent or most	recent F	ALL, how mu	uch time	would the	chi	ld sp	end IN	THE SUN?		
	Under 30 m	inutes	30 minutes	-1 hour	1-2 hou	ırs	2-3	hours	More than 3 hours	Don	't know
Weekdays											
Weekends											
Holidays											
44. In <b>FALL</b> , how	often would t	he child u	ise sunscree	n or be	"covered i	up" v	when	OUTS	IDE at the following a	iges?	
	Never/rarely	/ Occ	casionally	About the tim	half of ne	Mo tim	ost of ne	the	Always/almost always	Don	't know
First year of life											
Ages 1-5											
Ages 6-10											
Ages 11-15											
45. During the pre the sun?	esent or most	recent FA	<b>ALL</b> , how oft	en would	d the child	l we	ar the	e follow	ing items whenever (	DUTSI	IDE in
		Nev	/er	Less the	han 50% times		% of nes o	the r more	All the time	Don	't know
Sunglasses											
Hat											
Veil (Muslim custo	om)										
Sunscreen											
Clothes covering blegs	ooth arms and	k									
Clothes exposing forearms (T-shirt)	at least half o	f									
Clothes exposing											

#### 46. Please provide the two residences where the child has lived the longest, FROM BIRTH TO PRESENT.

#### Residence #1 \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_\_/\_\_\_\_ MM/YYYY Date ended \_\_\_\_\_ /\_\_\_\_ MM/YYYY City: How many adults (18 and older) lived at this residence? adults ☐ Don't Know How many children (17 or younger) including the child lived at this residence? children ☐ Don't Know Did this residence have an attached garage? ☐ Yes ☐ No ☐ Don't Know If YES, was a car, boat or motorcycle usually parking in this garage? ☐ Yes ☐ No ☐ Don't Know Did this garage have a door that opened directly into the residence? ☐ Yes ☐ No ☐ Don't Know What kind of cooling system was used at this residence? (check all that apply.) ☐ Central air conditioning ☐ Ceiling or portable fans ☐ Electric window unit ☐ No cooling system ☐ A water or swamp cooler (mounted or portable) ☐ Don't know What kind of heating system was used at this residence? (check all that apply) □ Gas ☐ Kerosene ☐ Fireplace or wood burning stove □ No heat ☐ Don't know ☐ Electric heater ☐ Steam or radiator Not including parks and playgrounds, did the child play in the area immediately outside this residence? □ No ☐ Don't Know If YES, on what type of surfaces did the child play outside this residence? (check all that apply) □ Bare soil ☐ Pavement, stones, gravel or bricks ☐ Grass ☐ Don't know When living at this residence, what kind of water did the child drink at least once a day? (check all that apply) ☐ Filtered or purified water ☐ Water from faucet, boiled prior to drinking ☐ Water or drinks made from cold water direct from ☐ Commercially bottled water faucet, unheated ☐ Don't know In the first three years of the child's life, was this residence ever remodeled? ☐ Yes ☐ No ☐ Don't Know If YES, what type of remodeling was done? (Check all that apply)

☐ Painting done indoors

☐ Weather proofing

□ Carpeting

☐ Reflooring

☐ Construction

☐ Don't know

☐ Something else (specify) \_\_\_\_\_

☐ Roofing

### Residence #2

City:	_ State:	Zip code	e:C	ountry:
City:/	MM/YYYY	Date ended	/	MM/YYYY
How many adults (18 and old How many children (17 or yo				☐ Don't Know children ☐ Don't Know
Did this residence have an at If YES, was a car, boat or mode Did this garage have a door to	torcycle usually par			
What kind of cooling system □  Central air conditioning  Electric window unit  A water or swamp cooler		`	that apply.) Ceiling or portable No cooling system Don't know	
What kind of heating system  ☐ Gas ☐ Fireplace or wood burning ☐ Electric heater ☐ Steam or radiator			that apply) Kerosene No heat Don't know	
Not including parks and plays  ☐ Yes  If YES, on what type of surfact  ☐ Bare soil  ☐ Grass	□ No	o y outside this resid	-	☐ Don't Know at apply)
When living at this residence  ☐ Water from faucet, boiled p ☐ Water or drinks made from faucet, unheated	orior to drinking	om $\square$	at least once a day' Filtered or purified Commercially bottle Don't know	water
In the first three years of the If YES, what type of remodeli □ Painting done indoors □ Carpeting □ Reflooring □ Weather proofing		ck all that apply)	Construction Roofing	□ No □ Don't Know pecify)
What other adults CURRENT  Grandmother  Grandfather  Stepmother  Stepfather  Foster mother	LY live in the same		Foster father Family friend	eck all that apply)

# The next questions are about the child's diet FROM BIRTH UNTIL AGE 2.

47. If the child was breastfed, how old wa		
days	months	□ Not breastfed
weeks	years	☐ Don't know
48. Was the child given milk or formula be	efore his/her 2 <sup>nd</sup> birthday?	
□ Yes	□ No	☐ Don't know
49. How old was the child when milk or fo	ormula was added to or given i	nstead of breast milk?
days	months	☐ Don't know
weeks	years	
50. When you began giving milk or formul ☐ Infant formula with cow's milk (Similac, ☐ Infant formula without cow's milk (Prose	Enfamil, Good Start) obee, Isomil, Alsoy)	<ul><li>☐ Regular cow's milk</li><li>☐ Soy milk (not infant formula)</li><li>☐ Don't know</li></ul>
51. Was the child ever given regular cow's		
☐ Yes	□ No	□ Don' know
If YES, how old was the child when he/she		
days	months	☐ Don't know
weeks	years	
52. Was the child switched to a different k  ☐ Yes ☐ No  If YES, how many times was the child swi	☐ Don' know	nilk because of stomach problems or colic?
☐ Only once	☐ More than once	☐ Don't know
□ Only once	□ More than once	□ Don't know
53. How often did the child drink formula o  ☐ Rarely or never  ☐ 1-3 days per week  ☐ 4-6 times per week	or milk other than breast milk v ☐ Almost every day ☐ Twice a day ☐ 3 or more times per day	when the child was 6 months of age or younger? □ Don't know
54. How often did the child drink formula	or milk other than breast milk y	when the child was 6-12 months of age?
☐ Rarely or never	☐ Almost every day	□ Don't know
☐ 1-3 days per week	☐ Twice a day	□ Don't know
☐ 4-6 times per week	☐ 3 or more times per day	
55. How often did the child drink formula		
☐ Rarely or never	□ Almost every day	☐ Don't know
☐ 1-3 days per week	□ Twice a day	
☐ 4-6 times per week	☐ 3 or more times per day	
56. Did the child eat solid foods in the firs	t 2 years of his/her life?	
□ Yes	□ No	☐ Don' know
If YES, how old was the child when he/she		
☐ 1-3 months	□ 7-12 months	☐ Don't know
☐ 4-6 months	☐ 13+ months	□ Bont Miow
57. What foods did the child particularly N	IOT like during the first 2 years	s of life?
☐ Certain vegetables	☐ Milk or dairy products	□ Other foods
☐ Certain meat items	☐ Sweets	(specify)
☐ Certain fruits or fruit juices	☐ Liked all foods	☐ Don't know

58. How many times did the c	hild eat meals prepared with a ।	nicrowave?			
Age 1-5	Age 6-10	Age 11-15	Age 16+		
□ Daily	□ Daily	□ Daily	□ Daily		
☐ Weekly	☐ Weekly	☐ Weekly	☐ Weekly		
☐ Monthly	☐ Monthly	☐ Monthly	☐ Monthly		
☐ Don't know	☐ Don't know	☐ Don't know	☐ Don't know		
□ None	□ None	□ None	□ None		
	child present or actively involve		vith a microwave?		
Age 1-5	Age 6-10	Age 11-15	Age 16+		
□ Daily	□ Daily	□ Daily	□ Daily		
☐ Weekly	□ Weekly	□ Weekly	☐ Weekly		
☐ Monthly	☐ Monthly	☐ Monthly	☐ Monthly		
☐ Don't know	☐ Don't know	☐ Don't know	☐ Don't know		
□ None	□ None	□ None	□ None		
□ Yes	ect physical contact with animal  No I contact once a week or more?  No	□ Do	on't Know on't Know		
62. What kind of animal(s) did the child have direct physical contact with? (check all that apply)  □ Dog(s) □ Cat(s) □ Don't know □ Bird(s)					
63. Did the animal(s) live or sl Dog(s) ☐ Yes ☐ No ☐ I Cat(s) ☐ Yes ☐ No ☐ I			□ No □ Don't know		
Cat(s) Lifes Lino Life	DOIT CKNOW	Other animal(s) $\Box$ res	□ NO □ DOITE KNOW		
64. What was the child's age	at the time of contact with the a	nimal(s) and how long was exp	osure?		
Dog(s) child's	age □ Don't know	weeks months	years □ Don't know		
Cat(s)child's	age Don't know	weeksmonths			
Bird(s)child's	age   Don't know	weeksmonths			
Other animal(s)child's	age □ Don't know	weeksmonths			
Dog(a)					
	age Den't know	wooka months	voore Don't know		
Dog(s)child's	age ☐ Don't know	weeksmonths	_years ☐ Don't know		
Cat(s) child's	age □ Don't know	weeksmonths	_years □ Don't know		
Cat(s) child's	age □ Don't know	weeksmonths _weeksmonths	_years  □ Don't know _years  □ Don't know		
Cat(s)child's Bird(s)child's Other animal(s)child's	age □ Don't know	weeksmonths	_years  □ Don't know _years  □ Don't know		
Cat(s)child's Bird(s)child's Other animal(s)child's	age □ Don't know age □ Don't know	weeksmonths _weeksmonths _weeksmonths	_years □ Don't know _years □ Don't know _years □ Don't know		
Cat(s)child's Bird(s)child's Other animal(s)child's Dog(s)child's	age □ Don't know  age □ Don't know  age □ Don't know  age □ Don't know	weeksmonthsweeksmonthsweeksmonths	_years □ Don't know _years □ Don't know _years □ Don't know _years □ Don't know		
Cat(s)child's Bird(s)child's Other animal(s)child's  Dog(s)child's Cat(s)child's	age	weeksmonths weeksmonths weeksmonths weeksmonths weeksmonths	_years □ Don't know		
Cat(s)child's Bird(s)child's Other animal(s)child's Dog(s)child's	age	weeksmonthsweeksmonthsweeksmonths	_years □ Don't know		
Cat(s)child's Bird(s)child's Other animal(s)child's  Dog(s)child's Cat(s)child's Bird(s)child's Other animal(s)child's	age	weeks months weeks months weeks months  weeks months weeks months weeks months weeks months weeks months	_years □ Don't know		
Cat(s)child's Bird(s)child's Other animal(s)child's  Dog(s)child's Cat(s)child's Bird(s)child's Other animal(s)child's  Dog(s)child's	age   Don't know	weeks months	_years   Don't know _years		
Cat(s)child's Bird(s)child's Other animal(s)child's  Dog(s)child's Cat(s)child's Bird(s)child's Other animal(s)child's  Dog(s)child's  Cat(s)child's  Cat(s)child's	age   Don't know	weeks months	_years   Don't know		
Cat(s)child's Bird(s)child's Other animal(s)child's  Dog(s)child's Cat(s)child's Bird(s)child's Other animal(s)child's  Dog(s)child's  Cat(s)child's  Cat(s)child's	age   Don't know   Don't know	weeks months	_years   Don't know		

### CHILD'S EARLY HEALTH HISTORY

# The next questions are about any illnesses or infections the child may have had in the first 5 years of life.

65. Did the child have severe diarrhea or vor	miting?		Yes	No	Don't know
If YES, how old was the child when he/she h					
Under 3 months of age		Yes	times	No	Don't know
3-12 months of age		Yes	times	No	Don't know
1-5 years of age		Yes	times	No	Don't know
Did a doctor or nurse prescribe any medication	on for the chi	ld?			
Under 3 months of age	Yes		medication	No	Don't know
3-12 months of age	Yes		medication	No	Don't know
1-5 years of age	Yes	-	medication	No	Don't know

66. Did the child have an ear infection?			Yes	No	Don't know
If YES, how old was the child when he/she h	ad this and h	ow many times	?		
Under 3 months of age		Yes	times	No	Don't know
3-12 months of age		Yes	times	No	Don't know
1-5 years of age		Yes	times	No	Don't know
Did a doctor or nurse prescribe an antibiotic child took the medication)	for the child?	(include how m	nany times and ho	ow many days	or weeks the
Under 3 months of age	Yes	times	days weeks	No	Don't know
3-12 months of age	Yes	times	days weeks	No	Don't know
1-5 years of age	Yes	times	days weeks	No	Don't know
What was the name of the medication? (checomology of the penicillin, Amoxicillin, Ampicillin, Dioxyo of Keflex, Ceptin of Zithromycin, Zithromax, Biaxcin of Bactrin		□ Erythromyd □ Tetracyclin □ Augmentin □ Cipro	e □ Otl (spec	her	

67. Did the child have the flu with a high feve	er?		Yes	No	Don't know
If YES, how old was the child when he/she ha	ad this and h	ow many times?	)		
Under 3 months of age		Yes	times	No	Don't know
3-12 months of age		Yes	times	No	Don't know
1-5 years of age		Yes	times	No	Don't know
Did a doctor or nurse prescribe an antibiotic times and how many days or weeks the child				n fever? (inclu	de how many
Under 3 months of age	Yes	times	days weeks	No	Don't know
3-12 months of age	Yes	times	days weeks	No	Don't know
1-5 years of age	Yes	times	days weeks	No	Don't know
Dioxycillin □ Keflex, Ceptin □	ck all that app Erythromyc Tetracycline Augmentin Cipro	in	□ O (spe		
68. Did the child have any other infections?			Yes	No	Don't know
If YES, what types of infections? (check all th  ☐ Pneumonia ☐ Bronch ☐ Cold ☐ Eye int ☐ Strep throat ☐ Tonsilt ☐ Bladder infection (UTI) ☐ Yeast	nitis fection	□ Sinu □ Stap	piratory syncytial s infection h infection er infection (spec t know		
How old was the child when he/she had this	and how man	y times?			
Under 3 months of age		Yes	times	No	Don't know
3-12 months of age		Yes	times	No	Don't know
1-5 years of age		Yes	times	No	Don't know
Did a doctor or nurse prescribe an antibiotic function include how many times and how many days				n fever?	
Under 3 months of age	Yes	times	days	No	Don't know
3-12 months of age	Yes	times	days weeks	No	Don't know
1-5 years of age	Yes	times	days weeks	No	Don't know
What was the name of the medication? (checonomic Penicillin, Amoxicillin, Ampicillin, Dioxyconomic Keflex, Ceptin ☐ Zithromycin, Zithromax, Biaxcin ☐ Bactrin		ly)  □ Erythromyc □ Tetracycline □ Augmentin □ Cipro	e □ Ot (spec	her	

69. Did the child ever have allergies in the first 5 years of	life?	Yes	No	Don't know
If YES, what was the child allergic to? (check all that apply  ☐ Antibiotics ☐ Pollen/grass/mold/dust ☐ Skin and bath products/wipes/soap ☐ Insects ☐ Eggs/dairy (cow milk based formula)		Wheat Nuts Something else (sp Don't know	pecify)	
How old was the child when he/she had allergies?				
Under 3 months of age		Yes	No	Don't know
3-12 months of age		Yes	No	Don't know
1-5 years of age		Yes	No	Don't know
Was this allergy confirmed with skin or blood testing?				
Under 3 months of age		Yes	No	Don't know
3-12 months of age		Yes	No	Don't know
1-5 years of age		Yes	No	Don't know
70. Did the child ever have allergic reactions in the first 5	years of	Voc	No	Don't know
70. Did the child ever have allergic reactions in the first 5 life?	years of	Yes	No	Don't know
	that apply)  □ Oth □ Ana	Yes ner (specify)aphylactic shock n't know	No	Don't know
life?  If YES, what was the child's allergic reactions? (check all t □ Skin reaction/rash/eczema □ Stuffy or runny nose/swollen or puffy eyes	that apply)  □ Oth □ Ana □ Do	ner (specify) aphylactic shock n't know	No	Don't know
life?  If YES, what was the child's allergic reactions? (check all t ☐ Skin reaction/rash/eczema ☐ Stuffy or runny nose/swollen or puffy eyes ☐ GI reactions/diarrhea/vomiting	that apply)  □ Oth □ Ana □ Do	ner (specify) aphylactic shock n't know	No No	Don't know  Don't know
life?  If YES, what was the child's allergic reactions? (check all t ☐ Skin reaction/rash/eczema ☐ Stuffy or runny nose/swollen or puffy eyes ☐ GI reactions/diarrhea/vomiting  How old was the child when he/she had allergic reactions	that apply)  □ Oth □ And □ Doo	ner (specify)aphylactic shock n't know ny times?		-
life?  If YES, what was the child's allergic reactions? (check all to Skin reaction/rash/eczema  ☐ Stuffy or runny nose/swollen or puffy eyes ☐ GI reactions/diarrhea/vomiting  How old was the child when he/she had allergic reactions Under 3 months of age	that apply)  ☐ Oth ☐ Ana ☐ Dor  and how mar	ner (specify)aphylactic shock n't know ny times?times	No	Don't know
life?  If YES, what was the child's allergic reactions? (check all to Skin reaction/rash/eczema  □ Stuffy or runny nose/swollen or puffy eyes □ GI reactions/diarrhea/vomiting  How old was the child when he/she had allergic reactions  Under 3 months of age  3-12 months of age	that apply)  Oth  Ana Doi  and how mar  Yes  Yes  Yes	ner (specify)aphylactic shock n't know ny times?times	No No	Don't know Don't know
life?  If YES, what was the child's allergic reactions? (check all to Skin reaction/rash/eczema □ Stuffy or runny nose/swollen or puffy eyes □ GI reactions/diarrhea/vomiting  How old was the child when he/she had allergic reactions Under 3 months of age  3-12 months of age  1-5 years of age  Does the child carry an epinephrine autoinjector (EpiPen)	that apply)  Oth  Ana  Doi  and how mar  Yes  Yes  Yes  for allergic	ner (specify)aphylactic shock n't know  ny times?timestimestimes Yes	No No No	Don't know Don't know Don't know
life?  If YES, what was the child's allergic reactions? (check all to Skin reaction/rash/eczema □ Stuffy or runny nose/swollen or puffy eyes □ GI reactions/diarrhea/vomiting  How old was the child when he/she had allergic reactions Under 3 months of age  3-12 months of age  1-5 years of age  Does the child carry an epinephrine autoinjector (EpiPen) reactions?	that apply)  Oth  Ana  Doi  and how mar  Yes  Yes  Yes  for allergic	ner (specify)aphylactic shock n't know  ny times?timestimestimes Yes	No No No	Don't know Don't know Don't know
life?  If YES, what was the child's allergic reactions? (check all to Skin reaction/rash/eczema □ Stuffy or runny nose/swollen or puffy eyes □ GI reactions/diarrhea/vomiting  How old was the child when he/she had allergic reactions Under 3 months of age  3-12 months of age  1-5 years of age  Does the child carry an epinephrine autoinjector (EpiPen) reactions?  If YES, how many times has the child used the epinephrine	that apply)  Oth  Ana Doi  and how mar  Yes  Yes  Yes  for allergic  e autoinjector	ner (specify)aphylactic shock n't know  ny times?timestimestimes Yes ?	No No No	Don't know Don't know Don't know Don't know

<ul><li>71. Did the child take vitamin drops of d</li><li>☐ Yes</li></ul>	newable vitamins when 1-5 years old?  ☐ No	☐ Don't know
If YES, how often did the child take thes  ☐ Rarely or never  ☐ 1-3 days per week  ☐ 4-6 times per week	e?  □ Almost every day □ Twice a day □ 3 or more times per day	□ Don't know
72. Did the child take adult or regular m	ultiple vitamins when 1-5 years old?	
□ Yes	□ No	☐ Don't know
If YES, how often did the child take thes	e?	
☐ Rarely or never	☐ Almost every day	☐ Don't know
☐ 1-3 days per week	☐ Twice a day	
☐ 4-6 times per week	$\square$ 3 or more times per day	
73. Did the child take vitamin D when 1-	5 years old?	
73. Did the child take vitamin b when 1-	□ No	☐ Don't know
_ 100		_ Bon t know
If YES, how often did the child take thes	e?	
☐ Rarely or never	□ Almost every day	☐ Don't know
☐ 1-3 days per week	☐ Twice a day	
☐ 4-6 times per week	$\square$ 3 or more times per day	
74 Did the child take single vitamins no	ot including multiple vitamins, like Vitamin C	when 1-5 years old?
☐ Yes		☐ Don't know
IOVEO		
If YES, which vitamins did the child take		□ O4b
☐ Vitamin C	☐ Vitamin K	☐ Other
☐ Beta-carotene	☐ Iron	(specify)
☐ Vitamin A or cod liver oil☐ Vitamin E	□ Zinc	☐ Don't know

# **CHILD'S MEDICAL HISTORY**

### The next questions are about any specific illnesses, medications or medical procedures the child has ever had.

75. In the child's lifetime, has he/she ever had chest x-rays?	Yes	No	Don't know
If YES, at what age did the child first have this?		_age	Don't know
How many times did the child have this?		_times	Don't know
Why did the child have a chest x-ray?		_condition	Don't know
76. In the child's lifetime, has he/she ever had x-rays to show possible broken bones?	Yes	No	Don't know
If YES, at what age did the child first have this?		_age	Don't know
How many times did the child have this?		_times	Don't know
Why did the child have this?		_condition	Don't know
Where on the child's body was the x-ray taken?			specify location
77. In the child's lifetime, has he/she ever had skull x-rays?	Yes	No	Don't know
If YES, at what age did the child first have this?		_age	Don't know
How many times did the child have this?		_times	Don't know
Why did the child have this?		_condition	Don't know
78. Did a doctor ever say the child had any hereditary or birth defects?	Yes	No	Don't know
If YES, what was the name of the condition?		_condition	Don't know
How old was the child at diagnosis?	age	at birth	Don't know
79. Did a doctor ever say that the child had Down Syndrome?	Yes	No	Don't know
If YES, how old was the child at diagnosis?	age	at birth	Don't know
80. Did a doctor ever say that the child had another serious illnesses?	Yes	No	Don't know
If YES, what was the name of the condition?		_condition	Don't know
How old was the child at diagnosis?	age	at birth	Don't know
81. Did a doctor ever say that the child was overweight?	Yes	No	Don't know
If YES, how old was the child at the time?		_age	Don't know
82. Did a doctor ever say that the child was underweight?	Yes	No	Don't know
If YES, how old was the child at the time?		_age	Don't know
83. Did a doctor ever say that the child was growing too slowly?	Yes	No	Don't know
If YES, how old was the child at the time?		_age	Don't know

84. Did the child ever take thyroid medicine?	Yes	No	Don't know
If YES, how old was the child when he/she first starting this medication?		age	Don't know
85. Did the child ever take Ritalin, Dexedrine, or Cylert?	Yes	No	Don't know
If YES, how old was the child when he/she first starting this medication?		age	Don't know
86. Did the child ever take seizure medicine? (anticonvulsants such as Dilantin)	Yes	No	Don't know
If YES, how old was the child when he/she first starting this medication?		age	Don't know
87. Did the child ever have chemotherapy?	Yes	No	Don't know
If YES, how old was the child when he/she first started chemotherapy?		age	Don't know
If YES, how many times and for how long?	times length of trea	atment	Don't know
88. Did the child ever take steroids? (such as prednisone)	Yes	No	Don't know
If YES, how old was the child when he/she first starting this medication?		age	Don't know
If YES, how many times and how many days or weeks did the child take this medication?	times length of trea	atment	Don't know
89. Did the child take anti-inflammatory agents for a month or longer? (such as Motrin, Advil, and baby aspirin) NOTE: TYLENOL IS NOT AN ANTI-INFLAMMATORY.	Yes	No	Don't know
If YES, how old was the child when he/she first starting this medication?		age	Don't know
If YES, how many months did the child take this medication?	length of tr	eatment	Don't know
90. Did the child ever take other medications? (specify)	Yes	No	Don't know
If YES, how old was the child when he/she first starting this medication?		age	Don't know
91. Was the child ever treated with special products, such as Kwell or NIX, for head lice or scabies?	Yes	No	Don't know
If YES, how many times?		times	Don't know
How old was the child at the time of the first treatment?		age	Don't know
92. If the child is female, does she take oral prescription contraceptives?	Yes	No	Don't know
If YES, contraceptive #1: (specify)	age		Don't know
Contraceptive #2: (specify)	age		Don't know
			•

93. Has the child ever had ar	n accidental <sub>l</sub>	poisoning?				Ye	es	Ν	0	Do	n't know
If YES, please answer the fol	lowing quest	tions for eac	h accidenta	l poison	ing:	•	•				
FIRST TIMEage □ Don't know	apply)  ☐ Househo ☐ Pesticide ☐ Prescrip ☐ Petroleu	tions, OTC in products pecify)	products medications (gas, lighter	or vitan fluid)	nins	☐ Cha ☐ Syr ☐ Pur ☐ No ☐ Oth	ment (charcoal up of Ip nped st treatme er (spe	ecac toma ent cify)	; ch		
SECOND TIMEage  □ Don't know	Product that poisoned the child (check all that apply)  ☐ Household cleaning products ☐ Pesticides ☐ Prescriptions, OTC medications or vitamins ☐ Petroleum products (gas, lighter fluid) ☐ Other (specify) ☐ Don't know					☐ Cha ☐ Syr ☐ Pur ☐ No ☐ Oth	ment (charcoal up of Ip mped st treatme er (spe n't know	ecac tomac ent cify)	; ch		
94. Did the child ever have ar	ny of the follo	owing condit	tions?			Y	es	ا	No	Do	on't know
Worms (specify) Worms (specify) Worms (specify) Worms (specify)		- - -			Yes		_age _age _age _age _age	1	No	Do	on't know
Tonsillectomy					Yes		_age	ı	No	Do	n't know
Adenoidectomy					Yes		_age	ı	No	Do	n't know
Appendectomy					Yes		_age	ı	No	Do	n't know
Concussion					Yes		_age	ı	No	Do	n't know
95. Did the child ever travel o	utside of the	United Stat	tes?			Yes		ı	No	Do	on't know
If YES, list the countries below co ag	untry _	age.		_ counti _ age	у					coun age	try
Did the child ever have any sp	oecial immur	nizations for	this travel?			Yes		No		Dor	ı't know
Has the child had any of the following vaccinations?	Date Shot #1	Date Shot #2	Date Shot #3	Date Shot #		ate not #5	Date Shot #	<del>#</del> 6	No		Don't know
Flu vaccine NASAL										_	
Flu vaccine INJECTION											
Travel Vaccine (specify)											

# **Section II: Questions about the Parents**

CHILD'S FAMILY HISTORY		
1. What is the relationship of the person completing this quality. 2. What is your relationship status?  ☐ Married ☐ Living with someone in a domestic partnership ☐ Separated ☐ Divorced	uestionnaire to the child?	
3. Is the above relationship to the child's biological father of Child's biological father □ Child's biological father □ Someone else (specify)	or someone else?  □ None of the above	
<ul> <li>4. Is the above relationship to the child's biological mother</li> <li>☐ Child's biological mother</li> <li>☐ Someone else (specify)</li> </ul>	or someone else? ☐ None of the above	
5. Is the child's biological mother alive?   If NO, what was her date of death?/  What was her cause of death? (specify)	☐ No ☐ Don't know ☐ Don't know ☐ Don't know ☐ Don't know	
6. Is the child's biological father alive?   If NO, what was his date of death?/  What was his cause of death? (specify)	☐ No ☐ Don't know	
7. How tall is the biological mother?	feetinches OR	meters
8. How much did the biological mother weigh BEFORE PREGNANCY with the child?	pounds ORkilograms	☐ Don't know
9. How much weight did the biological mother gain DURING PREGNANCY with the child?	pounds ORkilograms	☐ Don't know
10. How much did the biological father weigh BEFORE PREGNANCY with the child?	pounds ORkilograms	☐ Don't know
11. How tall was the biological father BEFORE PREGNANCY with the child?	feetinches OR	meters
12. How much does the biological mother currently weigh?	pounds ORkilograms	☐ Don't know
13. If the child does not live with the biological mother full-time, how much does the main mother figure/guardian weigh? (specify relationship)	pounds ORkilograms  □ Lives with biological mother full-time	□ Don't know
14. How tall is the main mother figure/guardian?	feetinches OR Lives with biological mother full-time	meters  □ Don't know
15. How much does the biological father currently weigh?	pounds ORkilograms	☐ Don't know
16. If the child does not live with the biological father full-time, how much does the main father figure/guardian weigh? (specify relationship)	pounds ORkilograms  □ Lives with biological father full-time	□ Don't know
17. How tall is the main father figure/guardian?	feetinches OR Lives with biological father full-time	meters  □ Don't know

Residence #1  City: State: MIV  Date began / MIV  When the biological mother lived at this r  Private well  City water supply  When living at this residence, what kind of water from faucet, boiled prior to drink water or drinks made from cold water faucet, unheated	M/YYYY Date ended residence, where did the house of water did the biological moth king	/ MM/YYYY	apply)
City: State: MN  When the biological mother lived at this r  □ Private well	//YYYY Date ended	/ MM/YYYY  chold water supply come from?	
City: State:	Zip code:	Country:	
Residence #1			
25. Please provide the two residences CHILD WAS BORN.	where the biological mother	r lived the longest in the YEAR BEFORE	THE
24. Did the biological mother live in more  ☐ Yesnumber of residences	than one residence in the YEA		
<ul><li>23. At the end of summer, or after a two-have?</li><li>☐ Practically no tan</li><li>☐ A light tan</li></ul>	week vacation in the sun, what  ☐ A medium tan ☐ A dark tan	t kind of tan does the biological mother typic  ☐ Don't know	ally
time in summer, without sunscreen?  ☐ Burn then peel ☐ No color change (very dark pig	☐ Burn then tan gmented skin)	un, for 1 hour in the middle of the day, for th  ☐ Tan only ☐ Don't know	
21. Does the biological mother have frecl ☐ Yes	kles? □ No	□ Don't know	
20. What is the biological mother's skin ty ☐ Dark ☐ Olive	ype at an unexposed skin site? ☐ Olive medium ☐ Medium fair	? (inner upper arm) □ Fair □ Don't know	
19. What is the biological mother's natura ☐ Light Brown ☐ Dark brown	al hair color? □ Black □ Blonde	□ Red □ Don't know	
	☐ Green/hazel ☐ Don't know		

	cal mother work for til the child's birth			a paid or volu	-	n one YEAR BEI □ Don't know	FORE THE CHILD
	nse provide the tv AS BORN until th			cal mother v	worked the lo	ngest from one	YEAR BEFORE
JOB #1	Begin		_ MM/YYYY	End		MM/YYY	′
<ul><li>☐ Agriculture, F</li><li>☐ Mining</li><li>☐ Construction</li><li>☐ Manufacturing</li></ul>	did the biological forestry, Fisheries g (manufacturer) n, communications ade (wholesaler)			□ Finan □ Servio □ Publio	ce c Administratio · (specify)	r) and real estate on (Government)	
What was the bi Professional Manager or A Sales worker Clerical worke Skilled worke Machine open	Administrator er r or Craftsman	ob or occupa	tion?	□ Farm □ Servi	er or Farm Ma laborer ce worker (specify)	anager	_
JOB #2	Begin	/	_ MM/YYYY	End	/	MM/YYY	′
<ul><li>☐ Agriculture, F</li><li>☐ Mining</li><li>☐ Construction</li><li>☐ Manufacturing</li></ul>	did the biological forestry, Fisheries g (manufacturer) n, communications ade (wholesaler)			☐ Finan ☐ Servio ☐ Publio	ce c Administratio · (specify)	r) and real estate on (Government)	
What was the bi Professional Manager or A Sales worker Clerical worke Skilled worke	Administrator er r or Craftsman	ob or occupa	tion?	□ Farm □ Servi	er or Farm Ma laborer ce worker (specify)	anager	_
formulating, or ☐ Yes, from	the jobs above, h handling pesticide n year to 't know the date	s, insecticides	s, fungicides,		s?	re than a month	mixing, producing
groundskeeper ☐ Yes, from	n the jobs above, he landscaper, gard new year to the know the date	en nursery w	orker or any o		farm or ranch		as a gardener,
☐ Yes, from	ogical mother ever n year to 't know the date			□ No □ Don't	know		

before taxes, ☐ Under \$ ☐ \$7,500 ☐ \$15,00 ☐ \$30,00		usehold salaries and all s ear year year	sources of household \$60,000 \$75,000 More th Don't k	) - \$74,999 per year ) - \$90,000 per year an \$90,000 per year	viur trie Crinc
	y adults and how adults	many children were sup		e? □ Don't know	
		ne YEAR BEFORE AND r the kind of food conside  No		CY when the biological mother d  ☐ Don't know	idn't have
☐ No sch ☐ Elemer ☐ Some I ☐ High sc	ne highest grade tooling (or only kentary school (grachigh school (grachool graduate ocollege, no degre	ndergarten) de 1-8) le 9-11) f GED	□ Bachel □ Post ba □ Technic	he time the child was born? or's degree (4 year college) ccalaureate degree cal or Trade school specify)	_
CHILD WAS  ☐ Yes  35. Please pr	BORN until the	child birth?  □ No  Dbs where the biologic		□ Don't know  Iongest from one YEAR BEFO	
CHILD WAS  ☐ Yes  35. Please pr	BORN until the rovide the two job BORN until the	child birth?  No  bbs where the biologicate child's birth.	al father worked the	□ Don't know	
CHILD WAS  Yes  35. Please pr CHILD WAS  JOB #1  In what indust Agriculture Mining Construction Manufacture Transportar	rovide the two jobs BORN until the BORN until the Begin try did the biolog, Forestry, Fishering (manufacture)	child birth?  No  No  Dobs where the biological child's birth.  MM/Y  ical father work?  ries  er)  tions, public utilities	al father worked the  'YYY End  □ Retail t □ Finance □ Service	Don't know  I longest from one YEAR BEFO  MM/YYYY  Tade (retailer)  In insurance and real estate  Administration (Government)  Specify)	

JOB #2	Begin/NIN/YYYY Er	na// IVIIVI/ Y Y Y
	did the biological father work? orestry, Fisheries	☐ Retail trade (retailer)
☐ Mining ☐ Construction	,	☐ Finance, insurance and real estate ☐ Service
☐ Manufacturing	g (manufacturer)	☐ Public Administration (Government)
☐ Transportation	n, communications, public utilities	☐ Other (specify)
☐ Wholesale tra	de (wholesaler)	☐ Don't know
What was the big	ological father's job or occupation?	
☐ Professional o		☐ Laborer
☐ Manager or A	dministrator	☐ Farmer or Farm Manager
☐ Sales worker		☐ Farm laborer
☐ Clerical worke		☐ Service worker
☐ Skilled worker		☐ Other (specify)
☐ Machine oper	ator	□ Don t know
formulating, or h	handling pesticides, insecticides, fungicides, or h	
	year to year	
☐ Yes, don't	t know the date	☐ Don't know
groundskeeper,  ☐ Yes, from	n the jobs above, has the biological father ever w , landscaper, garden nursery worker or any other year to year t know the date	rorked regularly for more than a month as a gardener, r job on a farm or ranch? □ No □ Don't know
38. Did the biolo	gical father ever live on a farm or ranch?	
	year to year	□ No
☐ Yes, don't	t know the date	☐ Don't know
		during the 3 MONTHS BEFORE PREGNANCY?
☐ Yes, part	of the 3 months before pregnancy	☐ Don't know
	's biological father live with the biological mother f the pregnancy	DURING THE ENTIRE PREGNANCY?
·	of the pregnancy	☐ Don't know
<ul><li>□ No school</li><li>□ Elementa</li><li>□ Some hig</li><li>□ High school</li></ul>	nighest grade in school the biological father compling (or only kindergarten) ry school (grade 1-8) h school (grade 9-11) pol graduate of GED lege, no degree	pleted at the time the child was born?  □ Bachelor's degree (4 year college)  □ Post baccalaureate degree  □ Technical or Trade school  □ Other (specify)  □ Don't know
	logo, no dogree	_ Don trillow

42. Were there ever times of a month or more when the child	I was NOT living with the biological mother from birth to age
6? □ Yes □ No	☐ Don't know
If YES, first longest time the child did NOT live with biological mother:	Second longest time the child did NOT live with biological mother:
Begin:/MM/YYYY           End:/MM/YYYY         □ Don't know	Begin:/ MM/YYYY           End:/ MM/YYYY         □ Don't know
43. During that time did the child live with another mother figure a grandmother, stepmother, girlfriend, foster mother or care, more than one month?	
If YES, first longest time the child lived with another mother figure:	Second longest time the child lived with another mother figure
Begin:/MM/YYYY           End:/MM/YYYY         □ Don't know	Begin:/ MM/YYYY           End:/ MM/YYYY         □ Don't know
44. What is the other mother figure's relationship to the child'	?
☐ Grandmother ☐ Stepmother ☐ Foster mother ☐ Biological father's girlfriend or fiancée ☐ Other relative (specify) ☐ Other non-relative (specify)	☐ Grandmother ☐ Stepmother ☐ Foster mother ☐ Biological father's girlfriend or fiancée ☐ Other relative (specify) ☐ Other non-relative (specify)
45. Was the other mother figure born in the United States?	
☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No ☐ Don't know
46. In what city, state and country was the other mother figure	
City:	City:
State:	State:
□ Don't know	Country:
47. What was the highest grade in school the other mother fig.	
<ul> <li>No schooling (or only kindergarten)</li> <li>□ Elementary school (grade 1-8)</li> <li>□ Some high school (grade 9-11)</li> <li>□ High school graduate of GED</li> <li>□ Some college, no degree</li> <li>□ Bachelor's degree (4 year college)</li> <li>□ Post baccalaureate degree</li> <li>□ Technical or Trade school</li> <li>□ Other (specify)</li> <li>□ Don't know</li> </ul>	<ul> <li>□ No schooling (or only kindergarten)</li> <li>□ Elementary school (grade 1-8)</li> <li>□ Some high school (grade 9-11)</li> <li>□ High school graduate of GED</li> <li>□ Some college, no degree</li> <li>□ Bachelor's degree (4 year college)</li> <li>□ Post baccalaureate degree</li> <li>□ Technical or Trade school</li> <li>□ Other (specify)</li> <li>□ Don't know</li> </ul>
48. Is the other mother figure's ethnicity Latina or Hispanic or	
☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No ☐ Don't know
49. Is the other mother figure Mexican, Mexican-American or	
☐ Yes	☐ Yes
□No	□No
☐ Don't know	☐ Don't know

50. How would you best describe the other mother figure's race or ethnic group?					
□ White     □ Black/African American     □ American Indian/Alaskan Native     □ Asian or Pacific Islander     □ Other (specify)     □ Mixed race (specify)     □ Don't know	□ White     □ Black/African American     □ American Indian/Alaskan Native     □ Asian or Pacific Islander     □ Other (specify)     □ Mixed race (specify)     □ Don't know				
51. What is the other mother figure's job or occupation?					
<ul> <li>Not working</li> <li>Professional or Technical</li> <li>Manager or Administrator</li> <li>Sales worker</li> <li>Clerical worker</li> <li>Skilled worker or Craftsman</li> <li>Machine operator</li> <li>Laborer</li> <li>Farmer or Farm Manager</li> <li>Farm laborer</li> <li>Service worker</li> <li>Other (specify)</li> <li>Don't know</li> </ul>	<ul> <li>Not working</li> <li>Professional or Technical</li> <li>Manager or Administrator</li> <li>Sales worker</li> <li>Clerical worker</li> <li>Skilled worker or Craftsman</li> <li>Machine operator</li> <li>Laborer</li> <li>Farmer or Farm Manager</li> <li>Farm laborer</li> <li>Service worker</li> <li>Other (specify)</li> <li>Don't know</li> </ul>				
52. In what industry does the other mother figure work?					
□ Agriculture, Forestry, Fisheries     □ Mining     □ Construction     □ Manufacturing (manufacturer)     □ Transportation, communications, public utilities     □ Wholesale trade (wholesaler)     □ Retail trade (retailer)     □ Finance, insurance, real estate     □ Service     □ Public Administration (Government)     □ Other (specify)	□ Agriculture, Forestry, Fisheries     □ Mining     □ Construction     □ Manufacturing (manufacturer)     □ Transportation, communications, public utilities     □ Wholesale trade (wholesaler)     □ Retail trade (retailer)     □ Finance, insurance, real estate     □ Service     □ Public Administration (Government)     □ Other (specify)				
53. What is the other mother figure's estimated income?					
□ Under \$7,500 per year □ \$7,500 - \$14,999 per year □ \$15,000 - \$29,999 per year □ \$30,000 - \$44,999 per year □ \$45,000 - \$59,999 per year □ \$60,000 - \$74,999 per year □ \$75,000 - \$90,000 per year □ More than \$90,000 per year □ Don't know □ Do not wish to answer	□ Under \$7,500 per year □ \$7,500 - \$14,999 per year □ \$15,000 - \$29,999 per year □ \$30,000 - \$44,999 per year □ \$45,000 - \$59,999 per year □ \$60,000 - \$74,999 per year □ \$75,000 - \$90,000 per year □ More than \$90,000 per year □ Don't know □ Do not wish to answer				
54. Did the biological mother or main mother figure/guardian from the birth of the child until the child's 15 <sup>th</sup> birthday?  ☐ Yes ☐ No	work for more than one month, at a paid or volunteer job □ Don't know				

#### from the BIRTH OF THE CHILD UNTIL THE CHILD'S 15TH BIRTHDAY. JOB #1 Begin \_\_\_\_\_/\_\_\_MM/YYYY End \_\_\_\_\_/\_\_\_MM/YYYY In what industry did the biological mother or main mother figure/guardian work? ☐ Retail trade (retailer) ☐ Agriculture, Forestry, Fisheries ☐ Mining ☐ Finance, insurance and real estate ☐ Construction ☐ Service ☐ Manufacturing (manufacturer) ☐ Public Administration (Government) ☐ Transportation, communications, public utilities □ Other (specify)\_\_ ☐ Wholesale trade (wholesaler) ☐ Don't know What was the biological mother or main mother figure/guardian's job or occupation? ☐ Professional or technical ☐ Laborer ☐ Manager or Administrator ☐ Farmer or Farm Manager ☐ Sales worker ☐ Farm laborer ☐ Clerical worker ☐ Service worker ☐ Skilled worker or Craftsman ☐ Other (specify) \_\_\_\_\_ ☐ Machine operator ☐ Don't know **JOB #2** In what industry did the biological mother or main mother figure/guardian work? ☐ Retail trade (retailer) ☐ Agriculture, Forestry, Fisheries ☐ Mining ☐ Finance, insurance and real estate ☐ Construction ☐ Service ☐ Manufacturing (manufacturer) ☐ Public Administration (Government) ☐ Transportation, communications, public utilities ☐ Other (specify)\_\_\_\_\_ ☐ Wholesale trade (wholesaler) ☐ Don't know What was the biological mother or main mother figure/quardian's job or occupation? ☐ Professional or technical ☐ Laborer ☐ Manager or Administrator ☐ Farmer or Farm Manager ☐ Sales worker ☐ Farm laborer ☐ Service worker ☐ Clerical worker ☐ Skilled worker or Craftsman ☐ Other (specify) \_\_\_\_\_ ☐ Machine operator ☐ Don't know Begin / MM/YYYY End / MM/YYYY **JOB #3** In what industry did the biological mother or main mother figure/guardian work? ☐ Agriculture, Forestry, Fisheries ☐ Retail trade (retailer) ☐ Mining ☐ Finance, insurance and real estate ☐ Construction □ Service ☐ Manufacturing (manufacturer) ☐ Public Administration (Government) ☐ Transportation, communications, public utilities ☐ Other (specify)\_\_\_\_\_ ☐ Wholesale trade (wholesaler) ☐ Don't know What was the biological mother or main mother figure/guardian's job or occupation? ☐ Professional or technical ☐ Laborer ☐ Manager or Administrator ☐ Farmer or Farm Manager ☐ Sales worker ☐ Farm laborer ☐ Clerical worker ☐ Service worker ☐ Other (specify) \_\_\_\_\_ ☐ Skilled worker or Craftsman ☐ Don't know ☐ Machine operator

55. Please provide the three jobs where the biological mother or main mother figure/guardian worked the longest

	or main mother figure/guardian ever worked regularly for more pesticides, insecticides, fungicides, or herbicides from the birth
of the child UNTIL THE CHILD'S 15 <sup>TH</sup> BIRTHDAY?	pesticides, insecticides, fungicides, of fierbicides from the birth
☐ Yes, from year to year	□ No
☐ Yes, don't know the date	☐ Don't know
	or main mother figure/guardian ever worked regularly for more
than a month as a gardener, groundskeeper, landscaper, the birth of the child UNTIL THE CHILD'S 15 <sup>TH</sup> BIRTHDA	garden nursery worker or any other job on a farm or ranch from
☐ Yes, from year to year	Y ? □ No
☐ Yes, don't know the date	☐ Don't know
58. Did the main mother figure/guardian ever live on a farm	n or ranch?
☐ Yes, from year to year	
☐ Yes, don't know the date	☐ Don't know
59. Were there ever times of one month or more when the	child was NOT living with the biological father from BIRTH TO
AGE 6?	orma was the railing war the biological rather from bitting to
□ Yes □ No	☐ Don't know
If YES, first longest time the child did NOT live with	Second longest time the child did NOT live with
biological father:	biological father:
Begin:/ MM/YYYY	Begin:/ MM/YYYY
End:/MM/YYYY    Don't know	End:/ MM/YYYY
60. During that time did the child live with another father fig grandfather, stepfather, boyfriend, foster father or caregiv	
than one month?	
If YES, first longest time the child lived with another father figure:	Second longest time the child lived with another father figure
Begin:/ MM/YYYY	Begin:/ MM/YYYY
End:/MM/YYYY  Don't know	End:/ MM/YYYY
61. What is the other father figure's relationship to the child	1?
☐ Grandfather	☐ Grandfather
☐ Stepfather ☐ Foster father	☐ Stepfather ☐ Foster father
☐ Biological mother's boyfriend or fiancée	☐ Biological mother's boyfriend or fiancée
☐ Other relative (specify)	☐ Other relative (specify)
Other non-relative (specity)	\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{
	☐ Other non-relative (specify)
□ Don't know	☐ Don't know
<ul><li>□ Don't know</li><li>62. Did the biological father or main father figure/guardian</li></ul>	
<ul> <li>□ Don't know</li> <li>62. Did the biological father or main father figure/guardian the birth of the child until the child's 15<sup>th</sup> birthday?</li> </ul>	□ Don't know  work for more than one month, at a paid or volunteer job from
□ Don't know  62. Did the biological father or main father figure/guardian the birth of the child until the child's 15 <sup>th</sup> birthday?  □ Yes □ No	□ Don't know  work for more than one month, at a paid or volunteer job from  □ Don't know
□ Don't know  62. Did the biological father or main father figure/guardian the birth of the child until the child's 15 <sup>th</sup> birthday?  □ Yes □ No	□ Don't know  work for more than one month, at a paid or volunteer job from □ Don't know  father or main father figure/guardian worked the longest
□ Don't know  62. Did the biological father or main father figure/guardian the birth of the child until the child's 15 <sup>th</sup> birthday? □ Yes □ No  63. Please provide the three jobs where the biological from the BIRTH OF THE CHILD UNTIL THE CHILD'S 1	□ Don't know  work for more than one month, at a paid or volunteer job from □ Don't know  father or main father figure/guardian worked the longest
□ Don't know  62. Did the biological father or main father figure/guardian the birth of the child until the child's 15 <sup>th</sup> birthday? □ Yes □ No  63. Please provide the three jobs where the biological from the BIRTH OF THE CHILD UNTIL THE CHILD'S 1	□ Don't know  work for more than one month, at a paid or volunteer job from  □ Don't know  father or main father figure/guardian worked the longest  5TH BIRTHDAY.  Y End/MM/YYYY
□ Don't know  62. Did the biological father or main father figure/guardian the birth of the child until the child's 15 <sup>th</sup> birthday? □ Yes □ No  63. Please provide the three jobs where the biological from the BIRTH OF THE CHILD UNTIL THE CHILD'S 15  JOB #1 Begin MM/YYYY  In what industry did the biological father or main father figure/guardian the birth of the child's 15 <sup>th</sup> birthday? □ No	□ Don't know  work for more than one month, at a paid or volunteer job from  □ Don't know  father or main father figure/guardian worked the longest  5TH BIRTHDAY.  Y End/MM/YYYY  are/guardian work? □ Retail trade (retailer)
□ Don't know  62. Did the biological father or main father figure/guardian the birth of the child until the child's 15 <sup>th</sup> birthday? □ Yes □ No  63. Please provide the three jobs where the biological from the BIRTH OF THE CHILD UNTIL THE CHILD'S 15  JOB #1 Begin/ MM/YYYY  In what industry did the biological father or main father figure Agriculture, Forestry, Fisheries □ Mining	□ Don't know  work for more than one month, at a paid or volunteer job from  □ Don't know  father or main father figure/guardian worked the longest  5TH BIRTHDAY.  Y End/MM/YYYY  are/guardian work?  □ Retail trade (retailer) □ Finance, insurance and real estate
□ Don't know  62. Did the biological father or main father figure/guardian the birth of the child until the child's 15 <sup>th</sup> birthday? □ Yes □ No  63. Please provide the three jobs where the biological from the BIRTH OF THE CHILD UNTIL THE CHILD'S 15  JOB #1 Begin MM/YYYY  In what industry did the biological father or main father figure Agriculture, Forestry, Fisheries □ Mining □ Construction	□ Don't know  work for more than one month, at a paid or volunteer job from  □ Don't know  father or main father figure/guardian worked the longest  5TH BIRTHDAY.  Y End/MM/YYYY  are/guardian work?  □ Retail trade (retailer) □ Finance, insurance and real estate □ Service
□ Don't know  62. Did the biological father or main father figure/guardian the birth of the child until the child's 15 <sup>th</sup> birthday? □ Yes □ No  63. Please provide the three jobs where the biological from the BIRTH OF THE CHILD UNTIL THE CHILD'S 15  JOB #1 Begin/ MM/YYYY  In what industry did the biological father or main father figure Agriculture, Forestry, Fisheries □ Mining □ Construction □ Manufacturing (manufacturer) □ Transportation, communications, public utilities	□ Don't know  work for more than one month, at a paid or volunteer job from  □ Don't know  father or main father figure/guardian worked the longest  5TH BIRTHDAY.  Y End/MM/YYYY  ure/guardian work? □ Retail trade (retailer) □ Finance, insurance and real estate □ Service □ Public Administration (Government) □ Other (specify)
□ Don't know  62. Did the biological father or main father figure/guardian the birth of the child until the child's 15 <sup>th</sup> birthday? □ Yes □ No  63. Please provide the three jobs where the biological from the BIRTH OF THE CHILD UNTIL THE CHILD'S 15  JOB #1 Begin MM/YYYY  In what industry did the biological father or main father figure Agriculture, Forestry, Fisheries □ Mining □ Construction □ Manufacturing (manufacturer)	□ Don't know  work for more than one month, at a paid or volunteer job from  □ Don't know  father or main father figure/guardian worked the longest  5TH BIRTHDAY.  Y End/MM/YYYY  ure/guardian work? □ Retail trade (retailer) □ Finance, insurance and real estate □ Service □ Public Administration (Government)

□ Professional c □ Manager or A □ Sales worker □ Clerical worker	dministrator	gure/guardiair s	□ Laborer □ Farmer or Far □ Farm laborer □ Service worke	-	
<ul><li>☐ Skilled worker</li><li>☐ Machine oper</li></ul>			<ul><li>☐ Other (specify</li><li>☐ Don't know</li></ul>	/)	
JOB #2	Begin/	MM/YYYY		MM/YYYY	
	did the biological father or mai				
<ul><li>☐ Agriculture, Formula</li><li>☐ Mining</li><li>☐ Construction</li><li>☐ Manufacturing</li></ul>	orestry, Fisheries g (manufacturer) n, communications, public utilit		<ul><li>□ Retail trade (r</li><li>□ Finance, insul</li><li>□ Service</li><li>□ Public Admini</li></ul>	retailer) rance and real estate stration (Government)	
	ological father or main father fi	gure/guardian's			
<ul><li>□ Professional o</li><li>□ Manager or A</li><li>□ Sales worker</li><li>□ Clerical worker</li></ul>	dministrator		<ul><li>□ Laborer</li><li>□ Farmer or Far</li><li>□ Farm laborer</li><li>□ Service worke</li></ul>	<u> </u>	
☐ Skilled worker			<ul><li>☐ Other (specify</li><li>☐ Don't know</li></ul>	/)	
☐ Machine oper		N 4 N 4 N A A A A A A A		N 4 N 4 N 4 N 4 N 4 N 4 N 4 N 4 N 4 N 4	
	Begin/			MIM/ Y Y Y Y	
☐ Agriculture, Fe ☐ Mining ☐ Construction ☐ Manufacturing ☐ Transportation ☐ Wholesale tra ☐ What was the bid ☐ Professional o ☐ Manager or A ☐ Sales worker ☐ Clerical worker ☐ Skilled worker ☐ Machine oper 64. INCLUDING than a month m	n, communications, public utilitide (wholesaler) cological father or main father fire technical dministrator er or Craftsman ator the jobs above, has the biolog	ies gure/guardian's gical father or m	□ Retail trade (r     □ Finance, insured	rance and real estate stration (Government)  /)  rm Manager	
☐ Yes, from	the child's 15" birthday? year to t know the date	year	□ No □ Don't know		
than a month as the birth of the o ☐ Yes, from		landscaper, gar lay?		ardian ever worked regularly for m or any other job on a farm or ranc	
☐ Yes, from	father figure/guardian ever liv year to t know the date		anch? □ No □ Don't know		

# **ENVIRONMENTAL FACTORS**

## The following questions are about exposure to smoke from cigarettes, pipes or cigars.

67. Has the biological mother ever smoked at least one hundred cigarettes, pipes or cigars in her entire life?	Yes	No	Don't know	
If YES, how old was the biological mother when she started smoking?		age		
68. Did the biological mother smoke in the 3 MONTHS BEFORE PREGNANCY with the child?	Yes	No	Don't know	
If YES, approximately how many cigarettes, pipes or cigars per day did the biological mother smoke during that time?		per day	Don't know	
69. Did the biological mother smoke DURING PREGNANCY with the child?	Yes	No	Don't know	
If YES, approximately how many cigarettes, pipes or cigars per day did the biological mother smoke during that time?		per day	Don't know	
70. Did the biological mother stop smoking and NOT resume smoking DURING PREGNANCY with the child?	Yes	No	Don't know	
If YES, in what week of pregnancy did the biological mother stop smoking?		week	Don't know	
71. Did the biological mother smoke WHILE BREASTFEEDING the child?	Yes	Yes No		
If YES, approximately how many cigarettes, pipes or cigars per day did the biological mother smoke during that time?		per day	Don't know	
If YES, where did the biological mother typically smoke during that time?	Mostly in the house	, i ouiside me		
72. NOT INCLUDING BREASTFEEDING, did the biological mother or main mother figure/guardian smoke between the time the child was born and his/her 1st birthday?	Yes	No	Don't know	
If YES, approximately how many cigarettes, pipes or cigars per day did the biological mother or main mother figure/guardian smoke during that time?		per day	Don't know	
If YES, where did the biological mother or main mother figure/guardian typically smoke during that time?	Mostly in the house Mostly outside the house		Don't know	
73. Did the biological mother or main mother figure/guardian smoke from the time the child was 1-5 years of age?	Yes	No	Don't know	
If YES, where did the biological mother or main mother figure/guardian typically smoke during that time?	Mostly in the house	Mostly outside the house	Don't know	
If NO, in what month and year did the biological mother or main mother figure/guardian last smoke?	/	MM/YYYY	Don't know	
74. Did the biological mother or main mother figure/guardian smoke from the time the child was 6-10 years of age?	Yes	No	Don't know	

If YES, where did the biological mother or main mother figure/guardian typically smoke during that time?	Mostly in the house	Mostly outside the house	Don't know
If NO, in what month and year did the biological mother or main mother figure/guardian last smoke?	/	MM/YYYY	Don't know
75. Did the biological mother or main mother figure/guardian smoke from the time the child was 11-15 years of age?	Yes	No	Don't know
If YES, where did the biological mother or main mother figure/guardian typically smoke during that time?	Mostly in the house	Mostly outside the house	Don't know
If NO, in what month and year did the biological mother or main mother figure/guardian last smoke?	/	MM/YYYY	Don't know
76. Did the biological mother or main mother figure/guardian smoke from the time the child was 16 years of age and older?	Yes	No	Don't know
If YES, where did the biological mother or main mother figure/guardian typically smoke?	Mostly in the house	Mostly outside the house	Don't know
If NO, in what month and year did the biological mother or main mother figure/guardian last smoke?	/	MM/YYYY	Don't know
77. Does the biological mother or main mother figure/guardian smoke now?	Yes	No	Don't know
If NO, in what month and year did the biological mother or main mother figure/guardian last smoke?		MM/YYYY	Don't know

78. In the 3 MONTHS BEFORE or DURING PREGNANCY with the child, did anyone regularly (once a week or more) smoke cigarettes, pipes or cigars in the biological mother's presence at the following places?

			~ -
In the home?	Yes	No	Don't know
Within 20 feet of where she worked?	Yes	No	Don't know
In a car or vehicle?	Yes	No	Don't know
In a public place or social setting?	Yes	No	Don't know
79. Has the child's biological father ever smoked at least one hundred cigarettes, pipes or cigars in his entire life?	Yes	No	Don't know

79. Has the child's biological father ever smoked at least one hundred cigarettes, pipes or cigars in his entire life?	Yes	No	Don't know
If YES, how old was the child's biological father when he started smoking?		_ age	Don't know
80. Does the child's biological father or main father figure/guardian smoke now?	Yes	No	Don't know
81. In what month and year did the biological father or main father figure/guardian last smoke?		MM/YYYY	Don't know
82. Did the child's biological father smoke in the 3 MONTHS BEFORE the biological mother's PREGNANCY with the child?	Yes	No	Don't know
If YES, approximately how many cigarettes, pipes or cigars per day did the child's biological father smoke during that time?		per day	Don't know

83. In the 3 MONTHS BEFORE PREGNANCY with the child, did anyone regularly (once a week or more) smoke cigarettes, pipes or cigars in the biological father's presence at the following places?

<u> </u>			
In the home?	Yes	No	Don't know
Within 20 feet of where she worked?	Yes	No	Don't know
In a car or vehicle?	Yes	No	Don't know
In a public place or social setting?	Yes	No	Don't know

### Please answer the following questions about the biological mother's sun exposure DURING PREGNANCY.

84. DURING PREGNANCY	Time usually spent in the sun per day (9am-5pm)						
	Less than 30 minutes	30 minutes – 1 hour	1-2 hours	2-4 hours	More than 4 hours	Never	Don't know
First trimester							
Second trimester							
Third trimester							

85. DURING PREGNANCY	Wore a	re a hat/veil Most common type of clothing usually worn			'n		
	Less than 50% of the time	More than 50% of the time	Fully covered	Part covered	Mostly covered	Bathing suit	Don't know
First trimester							
Second trimester							
Third trimester							

86. <b>DURING</b>	Use of sun block									
PREGNANCY	Never	Never Less than 50% of the time	More than 50% of the time	Don't know						
First trimester										
Second trimester										
Third trimester										

The following questions are about some products that may have been used in the house or yard, beginning with the 3 MONTHS BEFORE PREGNANCY with the child and CONTINUING AS THE CHILD GREW UP.

Don't 87. Did someone in the household ever use mothballs, crystals, bars, or synthetic closet Yes No know fresheners? (e.g Enoz or cedar/pine products) If YES, please provide the names of the products with A. More than 5 times D. Mother the time frame the products were used, see example B. Less than 5 times E. Child provided. Please choose one of the following options C. Don't know F. Father for how often and who used the product and place the G. Don't know letters in the corresponding boxes as shown.

Product or	3 months	ore During pregnancy	Child's age					
brand name	before pregnancy		Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +
Example:								
Enoz or mothballs	B,D				A, E			

88. Did someone in the household ever use antibacterial soap or other antibacterial hand products?

Yes

No

Don't know

If YES, please provide the names of the products with the time frame the products were used. Please choose one of the following options for how often and who used the product and place the letters in the corresponding boxes.

A. More than 5 times B. Less than 5 times

C. Don't know

D. Mother

E. Child F. Father

G. Don't know

Product or	3 months before pregnancy  During pregnancy	Child's age						
brand name			Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +

89. Did someone in the service?	e household e	ver use a prof	essional pest con	trol or exte	rmination	Yes	No	Don't know
If YES, please provide the names of the products with the time frame the products were used. Please choose one of the following options for how often and who used the product and place the letters in the corresponding boxes.  A. More than 5 times B. Less than 5 times C. Don't know							Mother Child Father Don't kno	w
Product or	3 months During		Child's a			ge		
brand name	before pregnancy	pregnancy	Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +

3 months before pregnancy	Child's age						
		Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +
	before	before pregnancy	before pregnancy presented the	before pregnancy pregnancy Breastfeeding First	before pregnancy pregnancy Breastfeeding First 1-5	before pregnancy pregnancy Breastfeeding First 1-5 6-10	before pregnancy pregnancy Breastfeeding First 1-5 6-10 11-15

90. Did someone in the household ever use ant, fly or cockroach control products? (e.g. Raid or Black Flag)	Yes	No	Don't know
---	-----	----	---------------

If YES, please provide the names of the products with the time frame the products were used. Please choose one of the following options for how often and who used the product and place the letters in the corresponding boxes.

- A. More than 5 times
- B. Less than 5 times
- C. Don't know
- D. Mother
- E. Child F. Father
- G. Don't know

Product or	3 months During		Child's age							
brand name	before pregnancy	pregnancy	Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +		

91. Did someone in t (e.g. D-Con or Warf		ever use rat, r	mouse, gopher or	mole control p	roducts?	Yes	No	Don't know
the time frame the pone of the following used the product as	If YES, please provide the names of the products with the time frame the products were used. Please choose one of the following options for how often and who used the product and place the letters in the corresponding boxes.				than 5 than 5 than 5 s t know		E. Child F. Father	
Product or brand name	3 months before pregnancy	During pregnancy	Breastfeeding	First year	Child's ac	ge 6 - 10	11 - 15	16 +
	1 13 11 1					D. Mother E. Child F. Father G. Don't k  Je  6 - 10		
92. Did someone in t	he household	ever use inse	ct repellent for tick	s or mosquito	es? (e.g.	Yes	No	Don't know
If YES, please provi the time frame the p one of the following used the product ar corresponding box	products were g options for h and place the le	used. Please now often and	e choose	A. More times B. Less times C. Don'	s than 5 s		E. Child F. Father	•
Product or	3 months before	During		1	Child's ag	је	I	
brand name	pregnancy	pregnancy	Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +
	+	<b>-</b>	†		1	1	+	<b>†</b>

f YES, please provide the names of the products with the time frame the products were used. Please choose one of the following options for how often and who used the product and place the letters in the corresponding boxes.			A. More times B. Less times C. Don't		D. Mother E. Child F. Father G. Don't know				
Product or	3 months	During			Child's a	ge			
brand name	before pregnancy	pregnancy	Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +	
			<u>l</u>			L		l	
94. Did someone in crabgrass killers)	the household	ever use weed	d control products	? (e.g. dandeli	on or	Yes	No	Don't know	
If YES, please provide the names of the products the time frame the products were used. Please cone of the following options for how often and wused the product and place the letters in the corresponding boxes.			e choose	choose times			. Mother . Child . Father . Don't kr	now	
Product or	3 months	During			Child's ag	ge			
brand name	before pregnancy	pregnancy	Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +	
				i	1	1	1	1	

Don't

know

Yes

No

93. Did someone in the household ever use slug or snail bait?

95. Did someone in the household ever use plant/tree insect or disease control products? (e.g. Sevin, Malathion, Rose or Tomato Dust)  Yes								Don't know
If YES, please provide the names of the products with the time frame the products were used. Please choos one of the following options for how often and who used the product and place the letters in the corresponding boxes.			choose B	. More tha . Less tha . Don't kr		E. F.	Mother Child Father Don't kno	w
Product or	3 months	During			Child's a	ge		
brand name	before programa		Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +

brand name	3 months	During	Child's age					
	before pregnancy	pregnancy	Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +

96. Did someone in the household ever use paint, stains or lacquers?	Yes	No	Don't know
--	-----	----	---------------

If YES, please provide the names of the products with the time frame the products were used. Please choose one of the following options for how often and who used the product and place the letters in the corresponding boxes.

A. More than 5 times B. Less than 5 times

C. Don't know

D. Mother

E. Child

F. Father

G. Don't know

Product or 3 months before		During	Child's age								
brand name	DEIDTE	pregnancy	Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +			

	Did someone in the household ever use adhesives or petroleum products? (such as int thinner, spot remover, paint remover, glue, solvent, gasoline, kerosene, or pricating oil)							Don't know
f YES, please proving the time frame the point of the following used the product and corresponding boxes	roducts were options for he d place the le	used. Please ow often and	choose B		an 5 times an 5 times now	E. F.	Mother Child Father Don't kno	w
Product or	3 months	During			Child's a	ige		
brand name	before pregnancy	pregnancy	Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +
3. Did someone in the	ne household e	ver use indoo	r foggers for insec	t control?		Yes	No	Don' know
YES, please province time frame the properties of the following sed the product an orresponding boxes	roducts were options for he d place the le	used. Please ow often and	choose B		an 5 times an 5 times now	E. F.	Mother Child Father Don't kno	w
Product or	3 months before	During	5 11 11	First	Child's a	ige		

Product or	3 months	During			Child's a	ge					
brand name	before pregnancy	pregnancy	Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +			

99. Did someone in the (such as Frontline or A					plications	Yes	No	Don't know	
If YES, please provid the time frame the pr one of the following oused the product and corresponding boxes	e the names oducts were options for he d place the le	of the produc used. Please ow often and	cts with A. choose B.	More th	an 5 times an 5 times now	E. F.	Mother Child Father Don't kno	w	
Product or	3 months	During		Child's age					
brand name	before pregnancy	pregnancy	Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +	
100. In the YEAR BEF0 □ Vegan □ Lacto-ovo vegeta		☐ Lacto	biological mother o vegetarian o-ovo pescatarian	ever restri		ng animal p None of the Don't know	above	her diet?	
101. In the YEAR BEFO ☐ Never ☐ Less than 1 per v ☐ Once per week		NCY, how oft	□ 2 □ N	cal mother 2-4 times p learly daily Don't know	er week /	a food?			
102. DURING PREGNA ☐ Vegan ☐ Lacto-ovo vegeta		☐ Lacto	ther ever restrict c o vegetarian o-ovo pescatarian	_	_ N	ducts? None of the Don't know			
103. DURING PREGNA  ☐ Never ☐ Less than 1 per v ☐ Once per week	•		imes per week ly daily	fish/sea fo	ood?				
104. How many times d	lid the biologic	al mother use	the microwave to	prepare n	neals DURI	NG PREG	NANCY wit	h the	
□ Daily	□ W	eekly		/lonthly			Don't know		

☐ Yes	al mother have any direct p □ N	•	WILLI ALIIITIAIS DUR	□ Don't Kn	
If YES, was dired ☐ Yes	et physical contact once a v			□ Don't Kn	ow
106. What kind of an (check all that ap ☐ Dog(s) ☐ Cat(s) ☐ Bird(s)	imal(s) did the biological m ply)	other have dired	ct physical contact  Contact  Other animal(  Don't know		
Dog(s) ☐ Yes	s) live or sleep in the house  No Don't Know  No Don't Know	on a regular ba	Bird(s)	☐ Yes ☐ No	☐ Don't know ☐ Don't know
Dog(s) Cat(s) Bird(s) Other animal(s)  Dog(s) Cat(s) Bird(s)	xposure DURING PREGN          weeksmon          weeksmon          weeksmon          weeksmon          weeksmon          weeksmon          weeksmon          weeksmon	ths Don't kn	ow low low		
Cat(s) Bird(s) Other animal(s)  Dog(s) Cat(s) Bird(s) Other animal(s)  Dog(s)	weeks mon	ths	oow oow oow oow oow		
Cat(s) Bird(s)	weeksmon_ weeksmon_ weeksmon	ths $\square$ Don't kn ths $\square$ Don't kn	ow ow		

The next set of questions list stressful things that can happen to people. Please answer whether or not each of these events happened to the biological mother DURING THE ENTIRE PREGNANCY WITH THE CHILD and provide the month and year in which it happened.

109. Serious illness, injury or operation that required hospitalization	Yes	/MM/YYYY	No	Don't know
110. Serious illness, injury or operation of a parent or sibling	Yes	/MM/YYYY	No	Don't know
111. Serious illness, injury or operation of a child	Yes	/MM/YYYY	No	Don't know
112. Serious illness, injury or operation of spouse	Yes	/MM/YYYY	No	Don't know
113. Marital separation/divorce	Yes	/MM/YYYY	No	Don't know
114. Death of a parent or sibling	Yes	/MM/YYYY	No	Don't know
115. Death of a child	Yes	/MM/YYYY	No	Don't know
116. Death of spouse	Yes	/MM/YYYY	No	Don't know
117. Serious illness or death of another child	Yes	/MM/YYYY	No	Don't know
118. A victim of a violent crime	Yes	/MM/YYYY	No	Don't know
119. Experienced a natural or manmade disaster (such as hurricane, fire, earthquake, tsunami)	Yes	/MM/YYYY	No	Don't know
120. Moving/relocation	Yes	/MM/YYYY	No	Don't know
121. Very stressful work situation (including being fired or laid off)	Yes	/MM/YYYY	No	Don't know
122. Suffered a severe financial loss	Yes	/MM/YYYY	No	Don't know
123. Immediate family member convicted of a crime or a serious legal problem	Yes	/MM/YYYY	No	Don't know

## BIOLOGICAL MOTHER'S HEALTH HISTORY - BEFORE AND DURING PREGNANCY WITH THE CHILD

124. How many times was the biological m  ☐ None	other pregnant BEFORE  ☐ Number 1-10	PREGNANCY wi	th the child? ☐ More than 10
PREGNANCY #1			
What was the date the pregnancy How many weeks did the pregnand	ended? cy last?	DD/MM/YYYY weeks	<ul><li>□ Don't know</li><li>□ Don't know</li></ul>
What was the outcome of this preg Single live birth  Multiple live births How many babies? How many were born alive?  PREGNANCY #2	•		regnancy
What was the date the pregnancy How many weeks did the pregnance	ended? cy last?	DD/MM/YYYY weeks	☐ Don't know☐ Don't know
What was the outcome of this preg Single live birth  Multiple live births How many babies? How many were born alive?  PREGNANCY #3	•		regnancy
What was the date the pregnancy How many weeks did the pregnance			
What was the outcome of this preg ☐ Single live birth ☐ Multiple live births How many babies? How many were born alive?	•		regnancy
PREGNANCY #4			
What was the date the pregnancy How many weeks did the pregnand		DD/MM/YYYY weeks	☐ Don't know ☐ Don't know
What was the outcome of this preg ☐ Single live birth ☐ Multiple live births How many babies? How many were born alive?	gnancy?		regnancy

125. At any time in the biological mother's following conditions? (check all that apply)	life, did a doctor or other medical practitions )	er ever say she had any of the
☐ Diabetes ☐ Insulin resistance	□ High blood pressure □ None of the above	☐ Don't know
	NCY with the child, did the biological mothe  ☐ Blood pressure ☐ Diabetes	r take any medication for the  ☐ Inflammation (specifically steroids)
□ Pain □ Sleep □ Seizures	□ Nausea □ Asthma □ Infection	☐ None of the above ☐ Don't know
127. In the YEAR BEFORE PREGNANCY or as part of a multi-vitamin? (check all tha ☐ Vitamin B ☐ Vitamin C	with the child, did the biological mother take at apply) Vitamin E  None of the above	e any of the following vitamins alone  □ Don't know
128. In the YEAR BEFORE PREGNANCY  ☐ Yes  If YES, how often?  ☐ Every day	with the child, did the biological mother take ☐ No ☐ 1-3 days a week	e Vitamin D? □ Don't know □ Don't know
☐ 4-6 days a week	☐ A few days a month	
129. How much was the IU dosage of Vitar  ☐ 0-400 ☐ 400-800	min D? □ 800-2000 □ more than 2000	□ Don't know
130. In the 3 MONTHS BEFORE PREGNA immunization, such as hepatitis, influenza	ANCY with the child, did the biological mother. or tetanus?	er have any kind of vaccination or
☐ Yes	□ No	☐ Don't know
If YES, what was the vaccinatioon or ☐ Tetanus ☐ Hepatitis B	immunization for? □ Influenza □ Varicella	☐ Other (specify)
	ANCY with the child, did the biological mother in the hormones such as estrogen or progester $\square$ No	

## Did the biological mother have any of the following BEFORE AND DURING PREGNANCY with the child OR WHILE BREASTFEEDING the child?

132. Flu with high fever and chills?	Yes	No	Don't know		
If YES, when and how often did this happen?					
☐ 3 MONTHS BEFORE PREGNANCY	Once	2-3 times	4+ times	Constantly	Don't know
☐ 1st trimester	Once	2-3 times	4+ times	Constantly	Don't know
☐ 2nd or 3 <sup>rd</sup> trimester	Once	2-3 times	4+ times	Constantly	Don't know
☐ WHILE BREASTFEEDING	Once	2-3 times	4+ times	Constantly	Don't know
□ DURING PREGNANCY, don't know trimester	Once	2-3 times	4+ times	Constantly	Don't know
☐ Don't know	Once	2-3 times	4+ times	Constantly	Don't know
133. Spotting, cramping or abnormal vaginal ble	Yes	No	Don't know		
If YES, when and how often did this happen?				1	
3 MONTHS BEFORE PREGNANCY	Once	2-3 times	4+ times	Constantly	Don't know
☐ 1st trimester	Once	2-3 times	4+ times	Constantly	Don't know
☐ 2nd or 3 <sup>rd</sup> trimester	Once	2-3 times	4+ times	Constantly	Don't know
☐ WHILE BREASTFEEDING	Once	2-3 times	4+ times	Constantly	Don't know
□ DURING PREGNANCY, don't know trimester	Once	2-3 times	4+ times	Constantly	Don't know
☐ Don't know	Once	2-3 times	4+ times	Constantly	Don't know
134. Severe nausea and/or vomiting?			Yes	No	Don't know
If YES, when and how often did this happen?				1	
☐ 3 MONTHS BEFORE PREGNANCY	Once	2-3 times	4+ times	Constantly	Don't know
☐ 1st trimester	Once	2-3 times	4+ times	Constantly	Don't know
☐ 2nd or 3 <sup>rd</sup> trimester	Once	2-3 times	4+ times	Constantly	Don't know
☐ WHILE BREASTFEEDING	Once	2-3 times	4+ times	Constantly	Don't know
☐ DURING PREGNANCY, don't know trimester	Once	2-3 times	4+ times	Constantly	Don't know
☐ Don't know	Once	2-3 times	4+ times	Constantly	Don't know
135. Severe swelling of the face or hands?			Yes	No	Don't know
If YES, when and how often did this happen?				ı	1
3 MONTHS BEFORE PREGNANCY	Once	2-3 times	4+ times	Constantly	Don't know
☐ 1st trimester	Once	2-3 times	4+ times	Constantly	Don't know
☐ 2nd or 3 <sup>rd</sup> trimester	Once	2-3 times	4+ times	Constantly	Don't know
☐ WHILE BREASTFEEDING	Once	2-3 times	4+ times	Constantly	Don't know
□ DURING PREGNANCY, don't know trimester	Once	2-3 times	4+ times	Constantly	Don't know
□ Don't know	Once	2-3 times	4+ times	Constantly	Don't know

□ 3 MONTHS BEFORE PREGNANCY Once 2.3 times 4+ times Constantly Don't know □ 1st trimester Once 2.3 times 4+ times Constantly Don't know □ 2.3 times 4+ times Constantly Don't know □ During Pregnancy, don't know trimester Once 2.3 times 4+ times Constantly Don't know □ During Pregnancy, don't know trimester Once 2.3 times 4+ times Constantly Don't know □	136. Pneumonia or chest infection?			Yes	No	Don't know
□ 1st trimester	If YES, when and how often did this happen?					
□ 2nd or 3 <sup>rd</sup> trimester  □ Once  □ 2-3 times  □ 4+ times  □ Constantity  □ Don't know  □ DURING PREGNANCY, don't know trimester  □ Once  □ 2-3 times  □ 4+ times  □ Constantity  □ Don't know  □ Don	☐ 3 MONTHS BEFORE PREGNANCY	Once	2-3 times	4+ times	Constantly	Don't know
WHILE BREASTFEEDING	☐ 1st trimester	Once	2-3 times	4+ times	Constantly	Don't know
DURING PREGNANCY, don't know trimester	☐ 2nd or 3 <sup>rd</sup> trimester	Once	2-3 times	4+ times	Constantly	Don't know
□ Don't know □ Once □ 2-3 times □ Ves □ No □ Don't know □ 137. Urinary tract or bladder infection? □ Yes □ No □ Don't know □ Mon't know □ Same □ Mon't know □ Mon't know □ Same □ Mon't know □ Mon't	☐ WHILE BREASTFEEDING	Once	2-3 times	4+ times	Constantly	Don't know
137. Urinary tract or bladder infection?   Yes   No   Don't know   If YES, when and how often did this happen?     3 MONTHS BEFORE PREGNANCY   Once   2-3 times   4+ times   Constantly   Don't know   Dun't know	☐ DURING PREGNANCY, don't know trimester	Once	2-3 times	4+ times	Constantly	Don't know
If YES, when and how often did this happen?    3 MONTHS BEFORE PREGNANCY   Once   2-3 times   4+ times   Constantly   Don't know     1st trimester   Once   2-3 times   4+ times   Constantly   Don't know     2nd or 3 <sup>rd</sup> trimester   Once   2-3 times   4+ times   Constantly   Don't know     WHILE BREASTFEEDING   Once   2-3 times   4+ times   Constantly   Don't know     DURING PREGNANCY, don't know trimester   Once   2-3 times   4+ times   Constantly   Don't know     Don't know   Once   2-3 times   4+ times   Constantly   Don't know     38. Anemia?   Yes   No   Don't know     138. Anemia?   Yes   No   Don't know     14 timester   Once   2-3 times   4+ times   Constantly   Don't know     15 trimester   Once   2-3 times   4+ times   Constantly   Don't know     2nd or 3 <sup>rd</sup> trimester   Once   2-3 times   4+ times   Constantly   Don't know     WHILE BREASTFEEDING   Once   2-3 times   4+ times   Constantly   Don't know     DURING PREGNANCY, don't know trimester   Once   2-3 times   4+ times   Constantly   Don't know     Don't know   Once   2-3 times   4+ times   Constantly   Don't know     39. Fever?   Yes   No   Don't know     139. Fever?   Yes   No   Don't know     14 timester   Once   2-3 times   4+ times   Constantly   Don't know     15 trimester   Once   2-3 times   4+ times   Constantly   Don't know     15 trimester   Once   2-3 times   4+ times   Constantly   Don't know     15 trimester   Once   2-3 times   4+ times   Constantly   Don't know     15 trimester   Once   2-3 times   4+ times   Constantly   Don't know     15 trimester   Once   2-3 times   4+ times   Constantly   Don't know     15 trimester   Once   2-3 times   4+ times   Constantly   Don't know     15 trimester   Once   2-3 times   4+ times   Constantly   Don't know     15 trimester   Once   2-3 times   4+ times   Constantly   Don't know     15 trimester   Once   2-3 times   4+ times   Constantly   Don't know     15 trimester   Once   2-3 times   4+ times   Constantly   Don't know	□ Don't know	Once	2-3 times	4+ times	Constantly	Don't know
□ 3 MONTHS BEFORE PREGNANCY □ 1st trimester □ 2-3 times	137. Urinary tract or bladder infection?			Yes	No	Don't know
□ 1st trimester	If YES, when and how often did this happen?		_			_
□ 2nd or 3 <sup>rd</sup> trimester	☐ 3 MONTHS BEFORE PREGNANCY	Once	2-3 times	4+ times	Constantly	Don't know
□ WHILE BREASTFEEDING       Once       2-3 times       4+ times       Constantly       Don't know         □ DURING PREGNANCY, don't know trimester       Once       2-3 times       4+ times       Constantly       Don't know         □ Don't know       Once       2-3 times       4+ times       Constantly       Don't know         □ 3 MONTHS BEFORE PREGNANCY       Once       2-3 times       4+ times       Constantly       Don't know         □ 1 st trimester       Once       2-3 times       4+ times       Constantly       Don't know         □ 2nd or 3 <sup>rd</sup> trimester       Once       2-3 times       4+ times       Constantly       Don't know         □ WHILE BREASTFEEDING       Once       2-3 times       4+ times       Constantly       Don't know         □ DURING PREGNANCY, don't know trimester       Once       2-3 times       4+ times       Constantly       Don't know         □ Don't know       Once       2-3 times       4+ times       Constantly       Don't know         □ 3 MONTHS BEFORE PREGNANCY       Once       2-3 times       4+ times       Constantly       Don't know         □ Don't know       Once       2-3 times       4+ times       Constantly       Don't know         □ 2-3 times       4+ times	☐ 1st trimester	Once	2-3 times	4+ times	Constantly	Don't know
□ DURING PREGNANCY, don't know trimester □ Don't know □ Once □ 2-3 times □ 4+ times □ Constantly □ Don't know □ A H times □ Constantly □ Don't know □ Don't know □ Server □ DURING PREGNANCY □ DON't know □ DURING PREGNANCY □ DON't know trimester □ DON'T know □ Server □ Server □ DON'T know □ Server □ Server □ DON'T know □ DON'T know □ Server □ Server □ Server □ Server □ DON'T know □ DON'T know □ Server □ Se	☐ 2nd or 3 <sup>rd</sup> trimester	Once	2-3 times	4+ times	Constantly	Don't know
□ Don't know	☐ WHILE BREASTFEEDING	Once	2-3 times	4+ times	Constantly	Don't know
138. Anemia?  Yes No Don't know  If YES, when and how often did this happen?  □ 3 MONTHS BEFORE PREGNANCY  □ 1st trimester  □ 2-3 times  4+ times  □ 2-3 times  2-3 times  4+ times  □ 2-3 times  3 Hon't know  □ 2-3 times  4- times  1 Don't know  □ DURING PREGNANCY, don't know trimester  □ 2-3 times  3 times  3 times  4+ times  1 Don't know  □ 2-3 times  4+ times  1 Don't know  □ 2-3 times  3 times  4+ times  1 Don't know  □ 2-3 times  3 times  4+ times  1 Don't know  □ 3 MONTHS BEFORE PREGNANCY  1 Don't know  □ 3 MONTHS BEFORE PREGNANCY  □ 2-3 times  3 times  4+ times  1 Don't know  □ 2-3 times  2 Don't know  □ 2-3 times  3 Hon't know  □ 2-3 times  4+ times  1 Don't know  □ 2-3 times  2 Don't know  □ 2-3 times  3 Hon't know  □ 2-3 times  3 Hon't know  □ 2-3 times  3 Hon't know  □ 2-3 times  4-times  1 Don't know  □ 2-3 times  2 Don't know  □ 2-3 times  3 Hon't know  □ 2-3 times  3 times  4-times  1 Don't know  □ 2-3 times  2 Don't know  □ 2-3 times  3 Hon't know  □ 2-3 times  3 Hon't know  □ 2-3 times  3 Hon't know  □ 2-3 times  4-times  1 Don't know  □ 2-3 times  2 Don't know  □ 2-3 times  3 Hon't know  □ 2-3 times  4-times  1 Don't know  □ 2-3 times  2 Don't know  □ 2-3 times  3 Hon't know  □ 2-3 times  4-times  1 Don't know  □ 2-3 times  2 Don't know  □ 2-3 times  3 Hon't know  □ 2-3 times  4-times  1 Don't know  □ 2-3 times  2 Don't know  □ 2-3 times  3 Hon't know  □ 2-3 times  4-times  1 Don't know  □ 2-3 times  2 Don't know  □ 2-3 times  3 Hon't know  □ 2-3 times  4-times  1 Don't know  □ 2-3 times  2 D	☐ DURING PREGNANCY, don't know trimester	Once	2-3 times	4+ times	Constantly	Don't know
If YES, when and how often did this happen?  □ 3 MONTHS BEFORE PREGNANCY □ 1st trimester □ 2-3 times □ 4+ times □ Constantly □ Don't know □ 2nd or 3 <sup>rd</sup> trimester □ Once □ 2-3 times □ 4+ times □ Constantly □ Don't know □ DURING PREGNANCY, don't know trimester □ Don't know □ Once □ 2-3 times □ 4+ times □ Constantly □ Don't know □ Don't know □ Don't know □ Don't know □ Once □ 2-3 times □ 4+ times □ Constantly □ Don't know □ Don't know □ Server? □ 3 MONTHS BEFORE PREGNANCY □ Once □ 2-3 times □ 4+ times □ Constantly □ Don't know □ 1st trimester □ Once □ 2-3 times □ 4+ times □ Constantly □ Don't know □ 2nd or 3 <sup>rd</sup> trimester □ Once □ 2-3 times □ 4+ times □ Constantly □ Don't know □ During Pregnancy, don't know trimester □ Once □ 2-3 times □ 4+ times □ Constantly □ Don't know □ During Pregnancy, don't know trimester □ Once □ 2-3 times □ 4+ times □ Constantly □ Don't know □ During Pregnancy, don't know trimester □ Once □ During Pregnancy □ Don't know □ Don'	□ Don't know	Once	2-3 times	4+ times	Constantly	Don't know
□ 3 MONTHS BEFORE PREGNANCY □ 1st trimester □ 1st trimester □ 2-3 times	400 Anomio 2			Man		5 1/1
□ 1st trimester	138. Anemia?			Yes	No	Don't know
□ 2nd or 3 <sup>rd</sup> trimester □ 2nd or 3 <sup>rd</sup> trimester □ WHILE BREASTFEEDING □ DURING PREGNANCY, don't know trimester □ Don't know □ A+ times □ Constantly □ Don't know □ Don't know □ Don't know □ 39. Fever? □ Yes □ No □ Don't know □ Yes □ No □ Don't know □ Strimester □ Once □ 2-3 times □ 4+ times □ Constantly □ Don't know □ Don't know □ 1st trimester □ Once □ 2-3 times □ 4+ times □ Constantly □ Don't know □ Don't know □ Strimester □ Once □ 2-3 times □ Strimester □ Once □ 2-3 times □ Strimester □ Once □ 2-3 times □ Strimester □ Once □ Constantly □ Don't know	If YES, when and how often did this happen?		_	Yes	No	Don't know
□ WHILE BREASTFEEDING □ DURING PREGNANCY, don't know trimester □ Don't know □ Once □ 2-3 times □ 4+ times □ Constantly □ Don't know □ Sever? □ 3 MONTHS BEFORE PREGNANCY □ Don't know □ 1st trimester □ Once □ 2-3 times □ 4+ times □ Constantly □ Don't know		Once	2-3 times			
□ DURING PREGNANCY, don't know trimester  □ Don't know  □ Don't know  □ Don't know  Once  2-3 times  4+ times  Constantly  Don't know  139. Fever?  Yes  No  Don't know  If YES, when and how often did this happen?  □ 3 MONTHS BEFORE PREGNANCY  □ 1st trimester  Once  2-3 times  4+ times  Constantly  Don't know  Don't know  □ 2-3 times  4+ times  Constantly  Don't know  □ 2nd or 3 <sup>rd</sup> trimester  Once  2-3 times  4+ times  Constantly  Don't know  □ 2nd or 3 <sup>rd</sup> trimester  Once  2-3 times  4+ times  Constantly  Don't know  □ 2nd or 3 <sup>rd</sup> trimester  Once  2-3 times  4+ times  Constantly  Don't know  □ Don't know  □ DURING PREGNANCY, don't know trimester  Once  2-3 times  4+ times  Constantly  Don't know	If YES, when and how often did this happen?  ☐ 3 MONTHS BEFORE PREGNANCY			4+ times	Constantly	Don't know
□ Don't know  139. Fever?  Yes  No  Don't know  139. Fever?  Yes  No  Don't know  If YES, when and how often did this happen?  □ 3 MONTHS BEFORE PREGNANCY  Once  2-3 times  4+ times  Constantly  Don't know  □ 1st trimester  Once  2-3 times  4+ times  Constantly  Don't know  □ 2nd or 3 <sup>rd</sup> trimester  Once  2-3 times  4+ times  Constantly  Don't know  □ 2nd or 3 <sup>rd</sup> trimester  Once  2-3 times  4+ times  Constantly  Don't know  □ WHILE BREASTFEEDING  Once  2-3 times  4+ times  Constantly  Don't know  □ DURING PREGNANCY, don't know trimester  Once  2-3 times  4+ times  Constantly  Don't know	If YES, when and how often did this happen?  ☐ 3 MONTHS BEFORE PREGNANCY	Once	2-3 times	4+ times 4+ times	Constantly Constantly	Don't know  Don't know
139. Fever?  If YES, when and how often did this happen?  If Secondary Secon	If YES, when and how often did this happen?  ☐ 3 MONTHS BEFORE PREGNANCY  ☐ 1st trimester  ☐ 2nd or 3 <sup>rd</sup> trimester	Once Once	2-3 times 2-3 times	4+ times 4+ times 4+ times	Constantly Constantly Constantly	Don't know  Don't know  Don't know
If YES, when and how often did this happen?  3 MONTHS BEFORE PREGNANCY Once 2-3 times 4+ times Constantly Don't know Once 2-3 times 4+ times Constantly Don't know Once 2-3 times 4+ times Constantly Don't know Once WHILE BREASTFEEDING Once 2-3 times 4+ times Constantly Don't know Once DURING PREGNANCY, don't know trimester Once 2-3 times 4+ times Constantly Don't know Once DURING PREGNANCY, don't know trimester Once 2-3 times 4+ times Constantly Don't know	If YES, when and how often did this happen?  ☐ 3 MONTHS BEFORE PREGNANCY  ☐ 1st trimester  ☐ 2nd or 3 <sup>rd</sup> trimester  ☐ WHILE BREASTFEEDING	Once Once Once	2-3 times 2-3 times 2-3 times	4+ times 4+ times 4+ times 4+ times	Constantly Constantly Constantly Constantly	Don't know  Don't know  Don't know  Don't know
□ 3 MONTHS BEFORE PREGNANCY Once 2-3 times 4+ times Constantly Don't know □ 1st trimester Once 2-3 times 4+ times Constantly Don't know □ 2nd or 3 <sup>rd</sup> trimester Once 2-3 times 4+ times Constantly Don't know □ WHILE BREASTFEEDING Once 2-3 times 4+ times Constantly Don't know □ DURING PREGNANCY, don't know trimester Once 2-3 times 4+ times Constantly Don't know	If YES, when and how often did this happen?  ☐ 3 MONTHS BEFORE PREGNANCY  ☐ 1st trimester  ☐ 2nd or 3 <sup>rd</sup> trimester  ☐ WHILE BREASTFEEDING  ☐ DURING PREGNANCY, don't know trimester	Once Once Once Once	2-3 times 2-3 times 2-3 times 2-3 times	4+ times 4+ times 4+ times 4+ times 4+ times	Constantly Constantly Constantly Constantly Constantly	Don't know  Don't know  Don't know  Don't know  Don't know
□ 1st trimester  Once 2-3 times 4+ times Constantly Don't know  □ 2nd or 3 <sup>rd</sup> trimester Once 2-3 times 4+ times Constantly Don't know  □ WHILE BREASTFEEDING Once 2-3 times 4+ times Constantly Don't know  □ DURING PREGNANCY, don't know trimester Once 2-3 times 4+ times Constantly Don't know	If YES, when and how often did this happen?  ☐ 3 MONTHS BEFORE PREGNANCY  ☐ 1st trimester  ☐ 2nd or 3 <sup>rd</sup> trimester  ☐ WHILE BREASTFEEDING  ☐ DURING PREGNANCY, don't know trimester	Once Once Once Once	2-3 times 2-3 times 2-3 times 2-3 times	4+ times	Constantly Constantly Constantly Constantly Constantly Constantly Constantly	Don't know Don't know Don't know Don't know Don't know Don't know
□ 2nd or 3 <sup>rd</sup> trimester  Once 2-3 times 4+ times Constantly Don't know  UNHILE BREASTFEEDING Once 2-3 times 4+ times Constantly Don't know  DURING PREGNANCY, don't know trimester Once 2-3 times 4+ times Constantly Don't know	If YES, when and how often did this happen?  3 MONTHS BEFORE PREGNANCY  1st trimester  2nd or 3 <sup>rd</sup> trimester  WHILE BREASTFEEDING  DURING PREGNANCY, don't know trimester  Don't know	Once Once Once Once	2-3 times 2-3 times 2-3 times 2-3 times	4+ times	Constantly Constantly Constantly Constantly Constantly Constantly Constantly	Don't know Don't know Don't know Don't know Don't know Don't know
<ul> <li>□ WHILE BREASTFEEDING</li> <li>□ DURING PREGNANCY, don't know trimester</li> </ul>	If YES, when and how often did this happen?  3 MONTHS BEFORE PREGNANCY  1st trimester  2nd or 3 <sup>rd</sup> trimester  WHILE BREASTFEEDING  DURING PREGNANCY, don't know trimester  Don't know  139. Fever?	Once Once Once Once Once	2-3 times 2-3 times 2-3 times 2-3 times 2-3 times	4+ times 4+ times 4+ times 4+ times 4+ times 4+ times Yes	Constantly Constantly Constantly Constantly Constantly Constantly No	Don't know
□ DURING PREGNANCY, don't know trimester Once 2-3 times 4+ times Constantly Don't know	If YES, when and how often did this happen?  3 MONTHS BEFORE PREGNANCY  1st trimester  2nd or 3 <sup>rd</sup> trimester  WHILE BREASTFEEDING  DURING PREGNANCY, don't know trimester  Don't know  139. Fever?  If YES, when and how often did this happen?	Once Once Once Once Once Once Once	2-3 times 2-3 times 2-3 times 2-3 times 2-3 times 2-3 times	4+ times	Constantly Constantly Constantly Constantly Constantly Constantly No Constantly	Don't know
	If YES, when and how often did this happen?  3 MONTHS BEFORE PREGNANCY  1st trimester  2nd or 3 <sup>rd</sup> trimester  WHILE BREASTFEEDING  DURING PREGNANCY, don't know trimester  Don't know  139. Fever?  If YES, when and how often did this happen?  3 MONTHS BEFORE PREGNANCY	Once Once Once Once Once Once Once Once	2-3 times	4+ times	Constantly Constantly Constantly Constantly Constantly Constantly No Constantly Constantly Constantly	Don't know
□ Don't know Once 2-3 times 4+ times Constantly Don't know	If YES, when and how often did this happen?  3 MONTHS BEFORE PREGNANCY  1st trimester  2nd or 3 <sup>rd</sup> trimester  WHILE BREASTFEEDING  DURING PREGNANCY, don't know trimester  Don't know  139. Fever?  If YES, when and how often did this happen?  3 MONTHS BEFORE PREGNANCY  1st trimester  2nd or 3 <sup>rd</sup> trimester	Once Once Once Once Once Once Once Once	2-3 times	4+ times 4+ times 4+ times 4+ times 4+ times 4+ times Yes 4+ times 4+ times 4+ times 4+ times 4+ times	Constantly Constantly Constantly Constantly Constantly Constantly No  Constantly Constantly Constantly Constantly Constantly Constantly	Don't know
	If YES, when and how often did this happen?  3 MONTHS BEFORE PREGNANCY  1st trimester  2nd or 3 <sup>rd</sup> trimester  WHILE BREASTFEEDING  DURING PREGNANCY, don't know trimester  Don't know  139. Fever?  If YES, when and how often did this happen?  3 MONTHS BEFORE PREGNANCY  1st trimester  2nd or 3 <sup>rd</sup> trimester  WHILE BREASTFEEDING	Once Once Once Once Once Once Once Once	2-3 times	4+ times 4+ times 4+ times 4+ times 4+ times 4+ times Yes 4+ times 4+ times 4+ times 4+ times 4+ times 4+ times	Constantly Constantly Constantly Constantly Constantly Constantly No Constantly Constantly Constantly Constantly Constantly Constantly Constantly Constantly	Don't know

140. Mono? (infectious mononucleosis diagnosed by a doctor)  Yes  No  Don't known					Don't know
If YES, when and how often did this happen?					
☐ 3 MONTHS BEFORE PREGNANCY	Once	2-3 times	4+ times	Constantly	Don't know
☐ 1st trimester	Once	2-3 times	4+ times	Constantly	Don't know
☐ 2nd or 3 <sup>rd</sup> trimester	Once	2-3 times	4+ times	Constantly	Don't know
□ WHILE BREASTFEEDING	Once	2-3 times	4+ times	Constantly	Don't know
□ DURING PREGNANCY, don't know trimester	Once	2-3 times	4+ times	Constantly	Don't know
□ Don't know	Once	2-3 times	4+ times	Constantly	Don't know
☐ Breast infection (mastitis) ☐	Asthma Sinus infe Preeclamp		Yes	No	Don't know
If YES, when and how often did this happen?	T	T	T	T	T
☐ 3 MONTHS BEFORE PREGNANCY	Once	2-3 times	4+ times	Constantly	Don't know
☐ 1st trimester	Once	2-3 times	4+ times	Constantly	Don't know
☐ 2nd or 3 <sup>rd</sup> trimester	Once	2-3 times	4+ times	Constantly	Don't know
□ WHILE BREASTFEEDING	Once	2-3 times	4+ times	Constantly	Don't know
☐ DURING PREGNANCY, don't know trimester	Once	2-3 times	4+ times	Constantly	Don't know
□ Don't know	Once	2-3 times	4+ times	Constantly	Don't know
142. How did the biological mother become pregnant with the child?  Natural/spontaneous Induced with agent such as Clomid Obtained with in vitro fertilization alone Obtained with in vitro fertilization and agents such as Clomid Obtained with in vitro fertilization with egg donor Don't know					
			gical mother do he above ow	any of the follo	owing? (check
□ Bronchitis □ Stornic earache   □ Diarrhea/gastroenteritis □ Pash   □ Skin infection □ Stidney infection		☐ High bloc ☐ Severe m ☐ Incompete	od pressure norning sickness tent cervix, abru nembranes re or prolonged nerve he above	s uptio placenta d	

145. DURING PREGNANCY with sickness tablets)	the child, did the biological mother take me	dication for nausea? (such as morning
□ Yes	□ No	☐ Don't know
If YES, what was the name	e of the drug? (specify)	□ Don't know
146. Did the biological mother take (prenatal vitamins)	e multiple vitamins with or without folic acid	DURING PREGNANCY with the child?
☐ Yes If YES, how often?	□ No	☐ Don't know
□ Every day	☐ 1-3 days a week	☐ Don't know
☐ 4-6 days a week	☐ A few days a month	
147. Did the biological mother take child?	e additional vitamins (B, C, E or other antiox	idants) DURING PREGNANCY with the
□ Yes	□ No	☐ Don't know
If YES, how often?		
☐ Every day	☐ 1-3 days a week	☐ Don't know
☐ 4-6 days a week	☐ A few days a month	
148. Did the biological mother take	e Vitamin D DURING PREGNANCY with the	e child?
☐ Yes If YES, how often?	□ No	☐ Don't know
☐ Every day	☐ 1-3 days a week	☐ Don't know
☐ 4-6 days a week	☐ A few days a month	
149. How much was the IU dosage	e of Vitamin D?	
□ 0-400	□ 800-2000	☐ Don't know
□ 400-800	☐ more than 2000	
150. DURING PREGNANCY with above?	the child, did the biological mother take any	vitamins or minerals other than those listed
□ Yes	□ No	☐ Don't know
(specify)	- -	

151. Did the biological mother ever take herbal medicine or remedies DURING PREGNANCY with the child?	natural	Yes	No	Don't know
If YES, what was the name of the drug? (check all that apply  ☐ Echinacea ☐ Ginger ☐ Chamomile ☐ Manzanilla ☐ Ginseng ☐ Yerba Buena ☐ Peppermint/mint ☐ St. John's Wort ☐ Fenugreek ☐ Oregano		□ Valeria	a enzymes an root nerbal suppleme (specify)	ents/teas
Why did the biological mother take this medication? (check a Overall well-being/general health Gl conditions, gastritis, constipation, diarrhea, vomiting nausea, or heartburn Increase lactation/breast milk supply Headaches and migraines General reproductive health including increase fertility	<ul><li>□ Enhance</li><li>□ Depressio</li><li>□ Sleep disc</li><li>□ Other pre</li></ul>	ventive reason ecify)		
152. Did the biological mother ever take antibiotics DURING PREGNANCY with the child?		Yes	No	Don't know
If YES, how many times and how many days or weeks was to taken?	he medication	times	days weeks	Don't know
What was the name of the drug? (check all that apply)  Penicillin, Amoxicillin, Ampicillin, Dioxycillin  Keflex, Ceptin Zithromycin, Zithromax, Biaxcin Bactrin Erythromycin Tetracycline  Why did the biological mother take this medication? (check a	☐ Augmentii☐ Cipro☐ Flagyl☐ Other (spe☐ Don't know	ecify)		
<ul> <li>□ Bladder infection/UTI</li> <li>□ Sinus infection</li> <li>□ Breast infection (mastitis)</li> <li>□ Kidney infection</li> <li>□ Vaginal/yeast infection, STDs, PID</li> <li>□ Upper respiratory conditions (i.e. ear infection, □ strep throat, chest condition)</li> </ul>	<ul><li>□ Dental tre</li><li>□ Cesarean</li><li>□ Other infe</li></ul>	section ctions ohylactic reasons ecify)		
153. Did the biological mother ever use recreational drugs DI PREGNANCY with the child?	URING	Yes	No	Don't know
If YES, what was the name of the drug? (check all that apply ☐ Alcohol ☐ Marijuana ☐ Cocaine	D)  ☐ Methamph ☐ LSD ☐ Other (spe	ecify)		
How often did the biological mother use recreation drugs DU  ☐ Daily ☐ Weekly ☐ Monthly		ANCY with the chasionally	nild? □ Don't	know

154. Did the biological mother take	any other medications D	OURING PREGNANCY with the child?
□ Yes	□No	☐ Don't know
If YES, what kind of drug was over the counter pain in Prescription pain medical Antihistamine/cold or all spray Steroids Hormones/insulin/thyroial Gastrointestinal medicing Blood pressure medicate	nedicine ine lergy medicine or d medication ne	oly)  ☐ Antidepressant ☐ Sleep medication ☐ Vaginal suppositories/Monistat ☐ Bronchodilator/Albuterol ☐ Diet pills ☐ Other (specify) ☐ Don't know
Why did the biological mot Allergies, Hay Fever, hi Headaches, migraines Pain menstrual cramps Arthritis Asthma Upper respiratory condiction, strep throat, colocongestion) Lower respiratory condiction pneumonia, chest congest Labor & delivery High blood pressure Thyroid disorders Sinus infections	ves, rash tions (i.e. ear l, cough, nasal tions (flue, bronchitis,	P (check all that apply)  □ Vaginal/yeast infections, STDs, PID □ Seizures □ Depression, other mental illness □ Sleep disorders □ Eating disorder, weight control □ Diabetes, including gestational □ GI conditions, gastritis, constipation, diarrhea, vomiting nausea, heartburn □ Heart conditions □ Surgery □ Other viral infections, shingles, roseola □ Other non-viral infections, skin, mastitis, thrush □ Other (specify) □ Don't know

## BIOLOGICAL MOTHER'S HEALTH HISTORY – WHILE BREASTFEEDING THE CHILD

## If the biological mother did not breastfeed the child, please skip this section.

155. How many days or months  ☐ 1-31 days (specify)  ☐ 1-3 months  ☐ 4-12 months		☐ More	than 12 months ot breastfeed the know	
156. In what years was the child	breastfed?	year to	year	☐ Don't know
157. WHILE BREASTFEEDING ☐ Vegan ☐ Lacto-ovo vegetarian	☐ Lacto ve			products? None of the above Don't know
158. WHILE BREASTFEEDING  ☐ Never ☐ Less than 1 per week ☐ Once per week	, how often did the biol		nes per week y daily	
159. How many times was a mid ☐ Daily	crowave used to prepa ☐ Weekly	re the meals WHILI □ Month		mother was BREASTFEEDING ☐ Don't know
160. Did the biological mother ta  ☐ Yes If YES, how often? ☐ Every day ☐ 4-6 days a week	□ No □ 1-3 days			? □ Don't know Don't know
161. Did the biological mother ta  ☐ Yes If YES, how often? ☐ Every day ☐ 4-6 days a week	□ No □ 1-3 days			□ Don't know  Don't know
162. How much was the IU dosa ☐ 0-400 ☐ 400-800	age of Vitamin D? □ 800-200 □ More tha			Don't know

163. Did the biological mother ever take herbal medicine or no remedies WHILE BREASTFEEDING the child?	atural	Yes	No	Don't know
If YES, what was the name of the drug? (check all that apply)  □ Echinacea □ Chamomile □ Ginseng □ Peppermint/mint □ Fenugreek □ Check all that apply) □ Ginger □ Manzanilla □ Yerba Buena □ St. John's Wort □ Oregano	)	☐ Pap ☐ Vale ☐ Mul: ☐ Oth	asa Cebada aya enzymes erian root ti-herbal suppleme er (specify) 't know	ents/teas
Why did the biological mother take this medication? (check al   Overall well-being/general health  GI conditions, gastritis, constipation, diarrhea, vomiting nausea, or heartburn  Increase lactation/breast milk supply  Headaches and migraines  General reproductive health including increase fertility	☐ Enhan ☐ Depres ☐ Sleep ☐ Other	ce immune syster ssion and other m disorders preventive reason (specify)	ental illness	
164. Did the biological mother ever take antibiotics WHILE BREASTFEEDING the child?		Yes	No	Don't know
If YES, how many times how many days or weeks was the maken?	edication	times	days weeks	Don't know
What was the name of the drug? (check all that apply)  Penicillin, Amoxicillin, Ampicillin, Dioxycillin  Keflex, Ceptin Zithromycin, Zithromax, Biaxcin Bactrin Erythromycin Tetracycline  Why did the biological mother take this medication? (check all	☐ Augme ☐ Cipro ☐ Flagyl ☐ Other ( ☐ Don't k	(specify) know		-
□ Bladder infection/UTI     □ Sinus infection     □ Breast infection (mastitis)     □ Kidney infection     □ Vaginal/yeast infection, STDs, PID     □ Upper respiratory conditions (i.e. ear infection, □ strep throat, chest condition)	<ul><li>□ Dental</li><li>□ Cesare</li><li>□ Other i</li></ul>	treatment ean section infections prophylactic reaso (specify)	ns	-
165. Did the biological mother ever use recreational drugs WI BREASTFEEDING the child?	HILE	Yes	No	Don't know
If YES, what was the name of the drug? (check all that apply)  ☐ Alcohol ☐ Marijuana ☐ Cocaine				-
How often did the biological use recreation drugs DURING PI  ☐ Daily ☐ Weekly ☐ Monthly		Y with the child? Occasionally	□ Don't	know

166. Did the biological mother take any other medications WH	ILE BREASTFEEDING the child?
L 103	□ Bon ( know
If YES, what kind of drug was it? (check all that apply)	
☐ Over the counter pain medicine	☐ Antidepressant
☐ Prescription pain medicine	☐ Sleep medication
☐ Antihistamine/cold or allergy medicine or	☐ Vaginal suppositories/Monistat
spray	☐ Bronchodilator/Albuterol
☐ Steroids	☐ Diet pills
☐ Hormones/insulin/thyroid medication	☐ Other (specify)
☐ Gastrointestinal medicine	□ Don't know
☐ Blood pressure medication	
— = p	
Why did the biological mother take this medication? (c	heck all that apply)
☐ Állergies, Hay Fever, hives, rash	☐ Vaginal/yeast infections, STDs, PID
☐ Headaches, migraines	□ Seizures
☐ Pain menstrual cramps	☐ Depression, other mental illness
☐ Arthritis	☐ Sleep disorders
☐ Asthma	☐ Eating disorder, weight control
☐ Upper respiratory conditions (i.e. ear	☐ Diabetes, including gestational
infection, strep throat, cold, cough, nasal	☐ GI conditions, gastritis, constipation, diarrhea,
congestion)	vomiting nausea, heartburn
☐ Lower respiratory conditions (flue, bronchitis,	☐ Heart conditions
pneumonia, chest congestion)	☐ Surgery
☐ Labor & delivery	☐ Other viral infections, shingles, roseola
☐ High blood pressure	☐ Other non-viral infections, skin, mastitis, thrush
☐ Thyroid disorders	☐ Other (specify)
☐ Sinus infections	☐ Don't know
☐ Bladder infection/UTI	