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)

Developed by the University of California San Francisco Department of Neurology and University of California Berkeley School of Public Health.
Network of Pediatric Multiple Sclerosis Centers
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Section I: Questions about the Child

CHILD'S DELIVERY AND DEVELOPMENT

1. Was the child born in the United States?
☐ Yes ☐ 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 _____cm ☐ Don't know

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 ☐ No ☐ Don't know

10. Did the child have any other complications in the first two weeks of life?
☐ Yes _____ complication ☐ No ☐ Don't know

11. The child is:
☐ Left handed ☐ Right handed ☐ Don't know
At what age was handedness determined? _____ Years ☐ Don't know

12. What color are the child's eyes?
☐ Brown ☐ Green/hazel
☐ 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

Does the child have freckles?
☐ Yes ☐ No ☐ Don't know

15. How does the child's skin react when going out in the sun, for 1 hour in the middle of the day, for the first time in summer, without sunscreen?
☐ Burn then peel ☐ Burn then tan ☐ Tan only
☐ No color change (very dark pigmented skin) ☐ Don't know

16. At the end of summer, or after a two-week vacation in the sun, what kind of tan does the child typically have?
☐ Practically no tan ☐ A medium tan ☐ Don't know
☐ A light tan ☐ A dark tan

17. How many sunburns has the child ever had?
☐ Birth – 1 year old _____ sunburns ☐ 6-10 years of age _____ sunburns
☐ 1-5 years of age _____ sunburns ☐ 11-15 years of age _____ sunburns

18. Between 1-5 years old, did the child have any of the following habits?					
Did the child suck a pacifier?	Yes, daily	Yes, occasionally		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, occasionally		No	Don't know
19. Between 6-10 years old, did the child have any of the following habits?					
Did the child suck a pacifier?	Yes, daily	Yes, occasionally		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
20. Between 11-15 years old, did the child have any of the following habits?					
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

21. Were any other children, including brothers and sisters, living in the household with the child BEFORE AGE 6?	Yes	No	Don't know
If YES, how many other children were living in the household at this time?	_____children		Don't know

Please provide gender and birth dates for each child living in the household at this time.

☐ Male ☐ Female	Date of birth _____MM/DD/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
☐ Male ☐ Female	Date of birth _____MM/DD/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 child ever regularly (once a week or more) attend for at least 2 months, any kind of day-care, nursery school or pre-school group where other children were present?	Yes	No	Don't know

If YES, please answer the following questions for the two daycare, nursery or preschools the child attended the longest.

First day-care, nursery or preschool	Age began ____months ____years	Age ended ____months ____years	_____hours per week	_____number of other children
Second day-care, nursery or preschool	Age began ____months ____years	Age ended ____months ____years	_____hours per week	_____number of other children

BEFORE THE CHILD ATTENDED THE FIRST DAY-CARE, nursery or preschool, were there ever any other children living in the same household who attended day-care, nursery, preschool or full-time school?	Yes	No	Don't know
If YES, how old was the child when the other children went to day-care, nursery, preschool or full-time school?	____ months ____ years	At birth	Don't know

23. Did the child ever attend kindergarten?	Yes	No	Don't know
If YES, how old was the child when beginning kindergarten?	_____ years		Don't know
How old was the child when ending kindergarten?	_____ years		Don't know
How many hours per week did the child attend kindergarten?	_____ hours		Don't know
How many other children were in the child's class?	_____ number		Don't know
24. Did the child ever attend 1st grade or higher?	Yes	No	Don't know

ENVIRONMENTAL FACTORS

25. Between the time the child WAS BORN AND HIS/HER 1ST BIRTHDAY, did anyone regularly (once a week or more) smoke cigarettes, pipes or cigars in the child's presence at the following places?

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, did anyone regularly (once a week or more) smoke cigarettes, pipes or cigars in the child's presence at the following places?

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 AGE, did anyone regularly (once a week or more) smoke cigarettes, pipes or cigars in the child's presence at the following places?

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 AGE, did anyone regularly (once a week or more) smoke cigarettes, pipes or cigars in the child's presence at the following places?

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 AND OLDER, did anyone regularly (once a week or more) smoke cigarettes, pipes or cigars in the child's presence at the following places?

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
- ☐ 1-5 years old _____ number of smokers
- ☐ 6-10 years old _____ number of smokers
- ☐ 11-15 years old _____ number of smokers
- ☐ 16 and older _____ number of smokers
- ☐ Don't know

31. In **SPRING**, how often would activities take the child OUTSIDE at the following ages? (playing, participating in sports, spectator sports, walking, etc.)

	Not very often	Several times per week for at least 30 minutes	Daily for at least 30 minutes	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					

32. In **SPRING**, during weekends and holidays, how much time would the child normally spend IN THE SUN each day at the following ages?

	Under 30 minutes	30 minutes-1 hour	1-2 hours	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 present or most recent **SPRING**, how much time would the child spend IN THE SUN?

	Under 30 minutes	30 minutes-1 hour	1-2 hours	2-3 hours	More than 3 hours	Don't know
Weekdays						
Weekends						
Holidays						

34. In **SPRING**, how often would the child use sunscreen or be "covered up" when OUTSIDE at the following ages?

	Never/rarely	Occasionally	About half of the time	Most of the time	Always/almost always	Don't know
First year of life						
Ages 1-5						
Ages 6-10						
Ages 11-15						

35. During the present or most recent **SPRING**, how often would the child wear the following items whenever OUTSIDE in the sun?

	Never	Less than 50% of the times	50% of the times or more	All the time	Don't know
Sunglasses					
Hat					
Veil (Muslim custom)					
Sunscreen					
Clothes covering both arms and legs					
Clothes exposing at least half of forearms (T-shirt)					
Clothes exposing at least half of legs, up to knees (skirt of shorts)					

36. In **SUMMER**, how often would activities take the child OUTSIDE at the following ages? (playing, participating in sports, spectator sports, walking, etc.)

	Not very often	Several times per week for at least 30 minutes	Daily for at least 30 minutes	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 **SUMMER**, during weekends and holidays, how much time would the child normally spend IN THE SUN each day at the following ages?

	Under 30 minutes	30 minutes-1 hour	1-2 hours	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 present or most recent **SUMMER**, how much time would the child spend IN THE SUN?

	Under 30 minutes	30 minutes-1 hour	1-2 hours	2-3 hours	More than 3 hours	Don't know
Weekdays						
Weekends						
Holidays						

39. In **SUMMER**, how often would the child use sunscreen or be "covered up" when OUTSIDE at the following ages?

	Never/rarely	Occasionally	About half of the time	Most of the time	Always/almost always	Don't know
First year of life						
Ages 1-5						
Ages 6-10						
Ages 11-15						

40. During the present or most recent **SUMMER**, how often would the child wear the following items whenever OUTSIDE in the sun?

	Never	Less than 50% of the times	50% of the times or more	All the time	Don't know
Sunglasses					
Hat					
Veil (Muslim custom)					
Sunscreen					
Clothes covering both arms and legs					
Clothes exposing at least half of forearms (T-shirt)					
Clothes exposing at least half of legs, up to knees (skirt of shorts)					

41. In **FALL**, how often would activities take the child OUTSIDE at the following ages? (playing, participating in sports, spectator sports, walking, etc.)

	Not very often	Several times per week for at least 30 minutes	Daily for at least 30 minutes	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					

42. In **FALL**, during weekends and holidays, how much time would the child normally spend IN THE SUN each day at the following ages?

	Under 30 minutes	30 minutes-1 hour	1-2 hours	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 present or most recent **FALL**, how much time would the child spend IN THE SUN?

	Under 30 minutes	30 minutes-1 hour	1-2 hours	2-3 hours	More than 3 hours	Don't know
Weekdays						
Weekends						
Holidays						

44. In **FALL**, how often would the child use sunscreen or be "covered up" when OUTSIDE at the following ages?

	Never/rarely	Occasionally	About half of the time	Most of the time	Always/almost always	Don't know
First year of life						
Ages 1-5						
Ages 6-10						
Ages 11-15						

45. During the present or most recent **FALL**, how often would the child wear the following items whenever OUTSIDE in the sun?

	Never	Less than 50% of the times	50% of the times or more	All the time	Don't know
Sunglasses					
Hat					
Veil (Muslim custom)					
Sunscreen					
Clothes covering both arms and legs					
Clothes exposing at least half of forearms (T-shirt)					
Clothes exposing at least half of legs, up to knees (skirt of shorts)					

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

Residence #1

City: _____ State: _____ Zip code: _____Country: _____
Date began _____/_____ MM/YYYY Date ended _____/_____ MM/YYYY

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
☐ Electric window unit
☐ A water or swamp cooler (mounted or portable)
☐ Ceiling or portable fans
☐ No cooling system
☐ Don't know

What kind of heating system was used at this residence? (check all that apply)
☐ Gas
☐ Fireplace or wood burning stove
☐ Electric heater
☐ Steam or radiator
☐ Kerosene
☐ No heat
☐ Don't know

Not including parks and playgrounds, did the child play in the area immediately outside this residence?
☐ Yes ☐ No ☐ Don't Know
If YES, on what type of surfaces did the child play outside this residence? (check all that apply)
☐ Bare soil
☐ Grass
☐ Pavement, stones, gravel or bricks
☐ 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)
☐ Water from faucet, boiled prior to drinking
☐ Water or drinks made from cold water direct from faucet, unheated
☐ Filtered or purified water
☐ Commercially bottled water
☐ 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
☐ Carpeting
☐ Reflooring
☐ Weather proofing
☐ Construction
☐ Roofing
☐ Something else (specify) _____
☐ Don't know

Residence #2

City: _____ State: _____ Zip code: _____Country: _____
Date began _____/_____ MM/YYYY Date ended _____/_____ MM/YYYY

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
☐ Electric window unit
☐ A water or swamp cooler (mounted or portable)
☐ Ceiling or portable fans
☐ No cooling system
☐ Don't know

What kind of heating system was used at this residence? (check all that apply)
☐ Gas
☐ Fireplace or wood burning stove
☐ Electric heater
☐ Steam or radiator
☐ Kerosene
☐ No heat
☐ Don't know

Not including parks and playgrounds, did the child play in the area immediately outside this residence?
☐ Yes ☐ No ☐ Don't Know
If YES, on what type of surfaces did the child play outside this residence? (check all that apply)
☐ Bare soil
☐ Grass
☐ Pavement, stones, gravel or bricks
☐ 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)
☐ Water from faucet, boiled prior to drinking
☐ Water or drinks made from cold water direct from faucet, unheated
☐ Filtered or purified water
☐ Commercially bottled water
☐ 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
☐ Carpeting
☐ Reflooring
☐ Weather proofing
☐ Construction
☐ Roofing
☐ Something else (specify) _____
☐ Don't know

What other adults CURRENTLY live in the same household with the child? (please check all that apply)
☐ Grandmother
☐ Grandfather
☐ Stepmother
☐ Stepfather
☐ Foster mother
☐ Foster father
☐ Family friend
☐ Other adult (specify)_____
☐ Don't know

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

47. If the child was breastfed, how old was he/she when breastfeeding stopped?

_____days	_____months	☐ Not breastfed
_____weeks	_____years	☐ Don't know

48. Was the child given milk or formula before his/her 2nd birthday?

☐ Yes	☐ No	☐ Don't know

49. How old was the child when milk or formula was added to or given instead of breast milk?

_____days	_____months	☐ Don't know
_____weeks	_____years	

50. When you began giving milk or formula, what kind was it usually?

☐ Infant formula with cow's milk (Similac, Enfamil, Good Start)	☐ Regular cow's milk
☐ Infant formula without cow's milk (Prosobee, Isomil, Alsoy)	☐ Soy milk (not infant formula)
	☐ Don't know

51. Was the child ever given regular cow's milk?

☐ Yes	☐ No	☐ Don' know

If YES, how old was the child when he/she first started regular cow's milk?

_____days	_____months	☐ Don't know
_____weeks	_____years	

52. Was the child switched to a different kind of milk other than breast milk because of stomach problems or colic?

☐ Yes ☐ No ☐ Don' know

If YES, how many times was the child switched?

☐ Only once	☐ More than once	☐ Don't know

53. How often did the child drink formula or milk other than breast milk when the child was 6 months of age or younger?

☐ 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	

54. How often did the child drink formula or milk other than breast milk 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	
☐ 4-6 times per week	☐ 3 or more times per day	

55. How often did the child drink formula or milk other than breast milk when the child was 1-2 years of age?

☐ 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 first 2 years of his/her life?

☐ Yes	☐ No	☐ Don' know

If YES, how old was the child when he/she started eating solid foods?

☐ 1-3 months	☐ 7-12 months	☐ Don't know
☐ 4-6 months	☐ 13+ months	

57. What foods did the child particularly NOT like during the first 2 years 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 child eat meals prepared with a microwave?			
Age 1-5 ☐ Daily ☐ Weekly ☐ Monthly ☐ Don't know ☐ None	Age 6-10 ☐ Daily ☐ Weekly ☐ Monthly ☐ Don't know ☐ None	Age 11-15 ☐ Daily ☐ Weekly ☐ Monthly ☐ Don't know ☐ None	Age 16+ ☐ Daily ☐ Weekly ☐ Monthly ☐ Don't know ☐ None
59. How many times was the child present or actively involved when meals were prepared with a microwave?			
Age 1-5 ☐ Daily ☐ Weekly ☐ Monthly ☐ Don't know ☐ None	Age 6-10 ☐ Daily ☐ Weekly ☐ Monthly ☐ Don't know ☐ None	Age 11-15 ☐ Daily ☐ Weekly ☐ Monthly ☐ Don't know ☐ None	Age 16+ ☐ Daily ☐ Weekly ☐ Monthly ☐ Don't know ☐ None

60. Did the child have any direct physical contact with animals?
☐ Yes ☐ No ☐ Don't Know
61. If YES, was direct physical contact once a week or more?
☐ Yes ☐ No ☐ Don't Know

62. What kind of animal(s) did the child have direct physical contact with? (check all that apply)
☐ Dog(s)
☐ Cat(s)
☐ Bird(s)
☐ Other animal(s) (specify) ________________
☐ Don't know

63. Did the animal(s) live or sleep in the house on a regular basis?
Dog(s) ☐ Yes ☐ No ☐ Don't Know
Cat(s) ☐ Yes ☐ No ☐ Don't Know
Bird(s) ☐ Yes ☐ No ☐ Don't know
Other animal(s) ☐ Yes ☐ No ☐ Don't know

64. What was the child's age at the time of contact with the animal(s) and how long was exposure?
Dog(s) ______child's age ☐ Don't know ______weeks ______months ______years ☐ Don't know
Cat(s) ______child's age ☐ Don't know ______weeks ______months ______years ☐ Don't know
Bird(s) ______child's age ☐ Don't know ______weeks ______months ______years ☐ Don't know
Other animal(s) ______child's age ☐ Don't know ______weeks ______months ______years ☐ Don't know

Dog(s) ______child's age ☐ Don't know ______weeks ______months ______years ☐ Don't know
Cat(s) ______child's age ☐ Don't know ______weeks ______months ______years ☐ Don't know
Bird(s) ______child's age ☐ Don't know ______weeks ______months ______years ☐ Don't know
Other animal(s) ______child's age ☐ Don't know ______weeks ______months ______years ☐ Don't know

Dog(s) ______child's age ☐ Don't know ______weeks ______months ______years ☐ Don't know
Cat(s) ______child's age ☐ Don't know ______weeks ______months ______years ☐ Don't know
Bird(s) ______child's age ☐ Don't know ______weeks ______months ______years ☐ Don't know
Other animal(s) ______child's age ☐ Don't know ______weeks ______months ______years ☐ Don't know

Dog(s) ______child's age ☐ Don't know ______weeks ______months ______years ☐ Don't know
Cat(s) ______child's age ☐ Don't know ______weeks ______months ______years ☐ Don't know
Bird(s) ______child's age ☐ Don't know ______weeks ______months ______years ☐ Don't know
Other animal(s) ______child's age ☐ 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 vomiting?		Yes	No	Don't know
If YES, how old was the child when he/she had this and how 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 any medication for the child?				
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 had this and how 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 for the child? (include how many times and how many days or weeks the child took the medication)				
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? (check all that apply)

☐ Penicillin, Amoxicillin, Ampicillin, Dioxycillin
☐ Keflex, Ceptin
☐ Zithromycin, Zithromax, Biaxcin
☐ Bactrin
☐ Erythromycin
☐ Tetracycline
☐ Augmentin
☐ Cipro
☐ Flagyl
☐ Other (specify)_____
☐ Don't know

67. Did the child have the flu with a high fever?			Yes	No	Don't know
If YES, how old was the child when he/she had this and how 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 for the child when he/she had the flu with high fever? (include how many times and how many days or weeks the child took the medication)					
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? (check all that apply)

☐ Penicillin, Amoxicillin, Ampicillin, Dioxycillin
☐ Keflex, Ceptin
☐ Zithromycin, Zithromax, Biaxcin
☐ Bactrin
☐ Erythromycin
☐ Tetracycline
☐ Augmentin
☐ Cipro
☐ Flagyl
☐ Other (specify)_____
☐ Don't know

68. Did the child have any other infections?			Yes	No	Don't know
If YES, what types of infections? (check all that apply) ☐ Pneumonia ☐ Bronchitis ☐ Respiratory syncytial virus ☐ Cold ☐ Eye infection ☐ Sinus infection ☐ Strep throat ☐ Tonsilitis ☐ Staph infection ☐ Bladder infection (UTI) ☐ Yeast infection/thrush ☐ Other infection (specify) _____ ☐ Don't know					
How old was the child when he/she had this and how 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 for the child when he/she had the flu with high fever? (include how many times and how many days or weeks the child took the medication)					
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? (check all that apply)

☐ Penicillin, Amoxicillin, Ampicillin, Dioxycillin
☐ Keflex, Ceptin
☐ Zithromycin, Zithromax, Biaxcin
☐ Bactrin
☐ Erythromycin
☐ Tetracycline
☐ Augmentin
☐ Cipro
☐ Flagyl
☐ Other (specify)_____
☐ Don't know

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 (specify) _____
☐ Don't know

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 life?	Yes	No	Don't know

If YES, what was the child's allergic reactions? (check all that apply)

☐ Skin reaction/rash/eczema
☐ Stuffy or runny nose/swollen or puffy eyes
☐ GI reactions/diarrhea/vomiting
☐ Other (specify)_____
☐ Anaphylactic shock
☐ Don't know

How old was the child when he/she had allergic reactions and how 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
Does the child carry an epinephrine autoinjector (EpiPen) for allergic reactions?		Yes	No	Don't know
If YES, how many times has the child used the epinephrine autoinjector?				
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

71. Did the child take vitamin drops or chewable vitamins when 1-5 years old?

☐ Yes ☐ No ☐ Don't know

If YES, how often did the child take these?

☐ 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

72. Did the child take adult or regular multiple vitamins when 1-5 years old?

☐ Yes ☐ No ☐ Don't know

If YES, how often did the child take these?

☐ 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

73. Did the child take vitamin D when 1-5 years old?

☐ Yes ☐ No ☐ Don't know

If YES, how often did the child take these?

☐ 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

74. Did the child take single vitamins, not including multiple vitamins, like Vitamin C when 1-5 years old?

☐ Yes ☐ No ☐ Don't know

If YES, which vitamins did the child take regularly at least once a week?

☐ Vitamin C ☐ Vitamin K ☐ Other
☐ Beta-carotene ☐ Iron (specify)_____
☐ Vitamin A or cod liver oil ☐ Zinc ☐ Don't know
☐ Vitamin E

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 treatment		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 treatment		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 treatment		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 an accidental poisoning?	Yes	No	Don't know

If YES, please answer the following questions for each accidental poisoning:

FIRST TIME _____age ☐ 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	Treatment (check all that apply) ☐ Charcoal ☐ Syrup of Ipecac ☐ Pumped stomach ☐ No treatment ☐ Other (specify) _____ ☐ Don't know
SECOND TIME _____age ☐ 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	Treatment (check all that apply) ☐ Charcoal ☐ Syrup of Ipecac ☐ Pumped stomach ☐ No treatment ☐ Other (specify) _____ ☐ Don't know

94. Did the child ever have any of the following conditions?		Yes	No	Don't know
Worms (specify) _____ Worms (specify) _____ Worms (specify) _____ Worms (specify) _____ Worms (specify) _____	Yes	_____age _____age _____age _____age _____age	No	Don't know
Tonsillectomy	Yes	_____age	No	Don't know
Adenoidectomy	Yes	_____age	No	Don't know
Appendectomy	Yes	_____age	No	Don't know
Concussion	Yes	_____age	No	Don't know

95. Did the child ever travel outside of the United States?	Yes	No	Don't know

If YES, list the countries below and child's age.

_____ country _____ country _____ country
_____ age _____ age _____ age

Did the child ever have any special immunizations for this travel?	Yes	No	Don't know

Has the child had any of the following vaccinations?	Date Shot #1	Date Shot #2	Date Shot #3	Date Shot #4	Date Shot #5	Date Shot #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 questionnaire to the child? _____
2. What is your relationship status?
   - ☐ Married
   - ☐ Living with someone in a domestic partnership
   - ☐ Separated
   - ☐ Divorced
   - ☐ Widowed
   - ☐ Never married
   - ☐ Other (specify) _____
   - ☐ Don't know

3. Is the above relationship to the child's biological father or someone else?
   - ☐ Child's biological father
   - ☐ Someone else (specify)_____
   - ☐ None of the above

4. Is the above relationship to the child's biological mother or someone else?
   - ☐ Child's biological mother
   - ☐ Someone else (specify) _____
   - ☐ None of the above

5. Is the child's biological mother alive? ☐ Yes ☐ No ☐ Don't know
   If NO, what was her date of death? _____/_____ MM/YYYY ☐ Don't know
   What was her cause of death? (specify) _____ ☐ Don't know

6. Is the child's biological father alive? ☐ Yes ☐ No ☐ Don't know
   If NO, what was his date of death? _____/_____ MM/YYYY ☐ Don't know
   What was his cause of death? (specify) _____ ☐ Don't know

7. How tall is the biological mother?	_____feet _____inches OR _____meters ☐ Don't know
8. How much did the biological mother weigh BEFORE PREGNANCY with the child?	_____pounds OR _____kilograms ☐ Don't know
9. How much weight did the biological mother gain DURING PREGNANCY with the child?	_____pounds OR _____kilograms ☐ Don't know
10. How much did the biological father weigh BEFORE PREGNANCY with the child?	_____pounds OR _____kilograms ☐ Don't know
11. How tall was the biological father BEFORE PREGNANCY with the child?	_____feet _____inches OR _____meters ☐ Don't know
12. How much does the biological mother currently weigh?	_____pounds OR _____kilograms ☐ 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 OR _____kilograms ☐ Lives with biological mother full-time ☐ Don't know
14. How tall is the main mother figure/guardian?	_____feet _____inches OR _____meters ☐ Lives with biological mother full-time ☐ Don't know
15. How much does the biological father currently weigh?	_____pounds OR _____kilograms ☐ 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 OR _____kilograms ☐ Lives with biological father full-time ☐ Don't know
17. How tall is the main father figure/guardian?	_____feet _____inches OR _____meters ☐ Lives with biological father full-time ☐ Don't know

18. What color are the biological mother's eyes?
☐ Brown ☐ Green/hazel
☐ Blue ☐ Don't know

19. What is the biological mother's natural hair color?
☐ Light Brown ☐ Black ☐ Red
☐ Dark brown ☐ Blonde ☐ Don't know

20. What is the biological mother's skin type at an unexposed skin site? (inner upper arm)
☐ Dark ☐ Olive medium ☐ Fair
☐ Olive ☐ Medium fair ☐ Don't know

21. Does the biological mother have freckles?
☐ Yes ☐ No ☐ Don't know

22. How does the biological mother's skin react when going out in the sun, for 1 hour in the middle of the day, for the first time in summer, without sunscreen?
☐ Burn then peel ☐ Burn then tan ☐ Tan only
☐ No color change (very dark pigmented skin) ☐ Don't know

23. At the end of summer, or after a two-week vacation in the sun, what kind of tan does the biological mother typically have?
☐ Practically no tan ☐ A medium tan ☐ Don't know
☐ A light tan ☐ A dark tan

24. Did the biological mother live in more than one residence in the YEAR BEFORE THE CHILD WAS BORN?
☐ Yes _____number of residences ☐ No ☐ Don't know

25. ***Please provide the two residences where the biological mother lived the longest in the YEAR BEFORE THE CHILD WAS BORN.***

Residence #1

City: _____ State: _____ Zip code: _____Country: _____
Date began _____/_____ MM/YYYY Date ended _____/_____ MM/YYYY

When the biological mother lived at this residence, where did the household water supply come from?
☐ Private well ☐ Don't know
☐ City water supply

When living at this residence, what kind of water did the biological mother drink at least once a day? (check all that apply)
☐ Water from faucet, boiled prior to drinking ☐ Filtered or purified water
☐ Water or drinks made from cold water direct from faucet, unheated ☐ Commercially bottled water
☐ Don't know

Residence #2

City: _____ State: _____ Zip code: _____Country: _____
Date began _____/_____ MM/YYYY Date ended _____/_____ MM/YYYY

When the biological mother lived at this residence, where did the household water supply come from?
☐ Private well ☐ Don't know
☐ City water supply

When living at this residence, what kind of water did the biological mother drink at least once a day? (check all that apply)
☐ Water from faucet, boiled prior to drinking ☐ Filtered or purified water
☐ Water or drinks made from cold water direct from faucet, unheated ☐ Commercially bottled water
☐ Don't know

Did the biological mother work for more than one month, at a paid or volunteer job from one YEAR BEFORE THE CHILD WAS BORN until the child's birth?

☐ Yes ☐ No ☐ Don't know

26. ***If YES, please provide the two jobs where the biological mother worked the longest from one YEAR BEFORE THE CHILD WAS BORN until the child's birth.***

JOB #1 Begin _____/_____ MM/YYYY End _____/_____ MM/YYYY

In what industry did the biological mother work?

☐ Agriculture, Forestry, Fisheries
☐ Mining
☐ Construction
☐ Manufacturing (manufacturer)
☐ Transportation, communications, public utilities
☐ Wholesale trade (wholesaler)
☐ Retail trade (retailer)
☐ Finance, insurance and real estate
☐ Service
☐ Public Administration (Government)
☐ Other (specify)_____
☐ Don't know

What was the biological mother's job or occupation?

☐ Professional or technical
☐ Manager or Administrator
☐ Sales worker
☐ Clerical worker
☐ Skilled worker or Craftsman
☐ Machine operator
☐ Laborer
☐ Farmer or Farm Manager
☐ Farm laborer
☐ Service worker
☐ Other (specify) _____
☐ Don't know

JOB #2 Begin _____/_____ MM/YYYY End _____/_____ MM/YYYY

In what industry did the biological mother work?

☐ Agriculture, Forestry, Fisheries
☐ Mining
☐ Construction
☐ Manufacturing (manufacturer)
☐ Transportation, communications, public utilities
☐ Wholesale trade (wholesaler)
☐ Retail trade (retailer)
☐ Finance, insurance and real estate
☐ Service
☐ Public Administration (Government)
☐ Other (specify)_____
☐ Don't know

What was the biological mother's job or occupation?

☐ Professional or technical
☐ Manager or Administrator
☐ Sales worker
☐ Clerical worker
☐ Skilled worker or Craftsman
☐ Machine operator
☐ Laborer
☐ Farmer or Farm Manager
☐ Farm laborer
☐ Service worker
☐ Other (specify) _____
☐ Don't know

27. INCLUDING the jobs above, has the biological mother ever worked regularly for more than a month mixing, producing, formulating, or handling pesticides, insecticides, fungicides, or herbicides?

☐ Yes, from _____ year to _____ year ☐ No
☐ Yes, don't know the date ☐ Don't know

28. OTHER than the jobs above, has the biological mother ever worked regularly for more than a month as a gardener, groundskeeper, landscaper, garden nursery worker or any other job on a farm or ranch?

☐ Yes, from _____ year to _____ year ☐ No
☐ Yes, don't know the date ☐ Don't know

29. Did the biological mother ever live on a farm or ranch?

☐ Yes, from _____ year to _____ year ☐ No
☐ Yes, don't know the date ☐ Don't know

30. Which number best describes the biological mother's entire household income DURING PREGNANCY with the child, before taxes, including all household salaries and all sources of household 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

31. How many adults and how many children were supported by that income?

_____ adults _____children ☐ Don't know

32. Was there ever a time in the YEAR BEFORE AND DURING PREGNANCY when the biological mother didn't have enough money to buy food, or the kind of food considered healthy?

☐ Yes ☐ No ☐ Don't know

33. What is the highest grade in school the biological mother completed at the time the child was born?

☐ No schooling (or only kindergarten)
☐ Elementary school (grade 1-8)
☐ Some high school (grade 9-11)
☐ High school graduate of GED
☐ Some college, no degree
☐ Bachelor's degree (4 year college)
☐ Post baccalaureate degree
☐ Technical or Trade school
☐ Other (specify) _____
☐ Don't know

34. Did the biological father work for more than one month, at a paid or volunteer job from one YEAR BEFORE THE CHILD WAS BORN until the child birth?

☐ Yes ☐ No ☐ Don't know

35. ***Please provide the two jobs where the biological father worked the longest from one YEAR BEFORE THE CHILD WAS BORN until the child's birth.***

JOB #1 Begin _____/_____ MM/YYYY End _____/_____ MM/YYYY

In what industry did the biological father work?

☐ Agriculture, Forestry, Fisheries
☐ Mining
☐ Construction
☐ Manufacturing (manufacturer)
☐ Transportation, communications, public utilities
☐ Wholesale trade (wholesaler)
☐ Retail trade (retailer)
☐ Finance, insurance and real estate
☐ Service
☐ Public Administration (Government)
☐ Other (specify)_____
☐ Don't know

What was the biological father's job or occupation?

☐ Professional or technical
☐ Manager or Administrator
☐ Sales worker
☐ Clerical worker
☐ Skilled worker or Craftsman
☐ Machine operator
☐ Laborer
☐ Farmer or Farm Manager
☐ Farm laborer
☐ Service worker
☐ Other (specify) _____
☐ Don't know

JOB #2 Begin _____/_____ MM/YYYY End _____/_____ MM/YYYY

In what industry did the biological father work?

☐ Agriculture, Forestry, Fisheries
☐ Mining
☐ Construction
☐ Manufacturing (manufacturer)
☐ Transportation, communications, public utilities
☐ Wholesale trade (wholesaler)
☐ Retail trade (retailer)
☐ Finance, insurance and real estate
☐ Service
☐ Public Administration (Government)
☐ Other (specify)_____
☐ Don't know

What was the biological father's job or occupation?

☐ Professional or technical
☐ Manager or Administrator
☐ Sales worker
☐ Clerical worker
☐ Skilled worker or Craftsman
☐ Machine operator
☐ Laborer
☐ Farmer or Farm Manager
☐ Farm laborer
☐ Service worker
☐ Other (specify) _____
☐ Don't know

36. INCLUDING the jobs above, has the biological father ever worked regularly for more than a month mixing, producing, formulating, or handling pesticides, insecticides, fungicides, or herbicides?

☐ Yes, from _____ year to _____ year
☐ Yes, don't know the date
☐ No
☐ Don't know

37. OTHER than the jobs above, has the biological father ever worked regularly for more than a month as a gardener, groundskeeper, landscaper, garden nursery worker or any other job on a farm or ranch?

☐ Yes, from _____ year to _____ year
☐ Yes, don't know the date
☐ No
☐ Don't know

38. Did the biological father ever live on a farm or ranch?

☐ Yes, from _____ year to _____ year
☐ Yes, don't know the date
☐ No
☐ Don't know

39. Did the child's biological father live with the biological mother during the 3 MONTHS BEFORE PREGNANCY?

☐ Yes, all 3 months before pregnancy
☐ Yes, part of the 3 months before pregnancy
☐ No
☐ Don't know

40. Did the child's biological father live with the biological mother DURING THE ENTIRE PREGNANCY?

☐ Yes, all of the pregnancy
☐ Yes, part of the pregnancy
☐ No
☐ Don't know

41. What is the highest grade in school the biological father completed at the time the child was born?

☐ No schooling (or only kindergarten)
☐ Elementary school (grade 1-8)
☐ Some high school (grade 9-11)
☐ High school graduate of GED
☐ Some college, no degree
☐ Bachelor's degree (4 year college)
☐ Post baccalaureate degree
☐ Technical or Trade school
☐ Other (specify) _____
☐ Don't know

42. Were there ever times of a month or more when the child 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 such as a grandmother, stepmother, girlfriend, foster mother or caregiver for more than one month?	Yes	No	Don't know

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) _____ ☐ Don't know	☐ Grandmother ☐ Stepmother ☐ Foster mother ☐ Biological father's girlfriend or fiancée ☐ Other relative (specify) _____ ☐ Other non-relative (specify) _____ ☐ Don't know
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 born?	
City: _____ State: _____ Country: _____ ☐ Don't know	City: _____ State: _____ Country: _____ ☐ Don't know
47. What was the highest grade in school the other mother figure completed?	
☐ No schooling (or only kindergarten) ☐ Elementary school (grade 1-8) ☐ Some high school (grade 9-11) ☐ High school graduate of GED ☐ Some college, no degree ☐ Bachelor's degree (4 year college) ☐ Post baccalaureate degree ☐ Technical or Trade school ☐ Other (specify) _____ ☐ Don't know	☐ No schooling (or only kindergarten) ☐ Elementary school (grade 1-8) ☐ Some high school (grade 9-11) ☐ High school graduate of GED ☐ Some college, no degree ☐ Bachelor's degree (4 year college) ☐ Post baccalaureate degree ☐ Technical or Trade school ☐ Other (specify) _____ ☐ Don't know
48. Is the other mother figure's ethnicity Latina or Hispanic or of some other Spanish origin?	
☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No ☐ Don't know
49. Is the other mother figure Mexican, Mexican-American or Chicana?	
☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No ☐ 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?	
☐ Not working ☐ Professional or Technical ☐ Manager or Administrator ☐ Sales worker ☐ Clerical worker ☐ Skilled worker or Craftsman ☐ Machine operator ☐ Laborer ☐ Farmer or Farm Manager ☐ Farm laborer ☐ Service worker ☐ Other (specify) _____ ☐ Don't know	☐ Not working ☐ Professional or Technical ☐ Manager or Administrator ☐ Sales worker ☐ Clerical worker ☐ Skilled worker or Craftsman ☐ Machine operator ☐ Laborer ☐ Farmer or Farm Manager ☐ Farm laborer ☐ Service worker ☐ Other (specify) _____ ☐ Don't know
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)_____ ☐ Don't know	☐ 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)_____ ☐ Don't know
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 work for more than one month, at a paid or volunteer job from the birth of the child until the child's 15th birthday?

☐ Yes ☐ No ☐ Don't know

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

☐ Agriculture, Forestry, Fisheries
☐ Mining
☐ Construction
☐ Manufacturing (manufacturer)
☐ Transportation, communications, public utilities
☐ Wholesale trade (wholesaler)
☐ Retail trade (retailer)
☐ Finance, insurance and real estate
☐ Service
☐ Public Administration (Government)
☐ Other (specify)_____
☐ Don't know

What was the biological mother or main mother figure/guardian's job or occupation?

☐ Professional or technical
☐ Manager or Administrator
☐ Sales worker
☐ Clerical worker
☐ Skilled worker or Craftsman
☐ Machine operator
☐ Laborer
☐ Farmer or Farm Manager
☐ Farm laborer
☐ Service worker
☐ Other (specify) _____
☐ Don't know

JOB #2 Begin _____/_____ MM/YYYY End _____/_____ MM/YYYY

In what industry did the biological mother or main mother figure/guardian work?

☐ Agriculture, Forestry, Fisheries
☐ Mining
☐ Construction
☐ Manufacturing (manufacturer)
☐ Transportation, communications, public utilities
☐ Wholesale trade (wholesaler)
☐ Retail trade (retailer)
☐ Finance, insurance and real estate
☐ Service
☐ Public Administration (Government)
☐ Other (specify)_____
☐ Don't know

What was the biological mother or main mother figure/guardian's job or occupation?

☐ Professional or technical
☐ Manager or Administrator
☐ Sales worker
☐ Clerical worker
☐ Skilled worker or Craftsman
☐ Machine operator
☐ Laborer
☐ Farmer or Farm Manager
☐ Farm laborer
☐ Service worker
☐ Other (specify) _____
☐ Don't know

JOB #3 Begin _____/_____ MM/YYYY End _____/_____ MM/YYYY

In what industry did the biological mother or main mother figure/guardian work?

☐ Agriculture, Forestry, Fisheries
☐ Mining
☐ Construction
☐ Manufacturing (manufacturer)
☐ Transportation, communications, public utilities
☐ Wholesale trade (wholesaler)
☐ Retail trade (retailer)
☐ Finance, insurance and real estate
☐ Service
☐ Public Administration (Government)
☐ Other (specify)_____
☐ Don't know

What was the biological mother or main mother figure/guardian's job or occupation?

☐ Professional or technical
☐ Manager or Administrator
☐ Sales worker
☐ Clerical worker
☐ Skilled worker or Craftsman
☐ Machine operator
☐ Laborer
☐ Farmer or Farm Manager
☐ Farm laborer
☐ Service worker
☐ Other (specify) _____
☐ Don't know

56. INCLUDING the jobs above, has the biological mother or main mother figure/guardian ever worked regularly for more than a month mixing, producing, formulating, or handling pesticides, insecticides, fungicides, or herbicides from the birth of the child UNTIL THE CHILD'S 15TH BIRTHDAY?

☐ Yes, from _____ year to _____ year ☐ No
☐ Yes, don't know the date ☐ Don't know

57. OTHER than the jobs above, has the biological mother or main mother figure/guardian ever worked regularly for more than a month as a gardener, groundskeeper, landscaper, garden nursery worker or any other job on a farm or ranch from the birth of the child UNTIL THE CHILD'S 15TH BIRTHDAY?

☐ Yes, from _____ year to _____ year ☐ No
☐ Yes, don't know the date ☐ Don't know

58. Did the main mother figure/guardian ever live on a farm or ranch?

☐ Yes, from _____ year to _____ year ☐ No
☐ 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?

☐ Yes ☐ No ☐ Don't know

If YES, first longest time the child did NOT live with biological father:	Second longest time the child did NOT live with biological father:
Begin: _____/_____ MM/YYYY End: _____/_____ MM/YYYY ☐ Don't know	Begin: _____/_____ MM/YYYY End: _____/_____ MM/YYYY ☐ Don't know

60. During that time did the child live with another father figure such as a grandfather, stepfather, boyfriend, foster father or caregiver for more than one month?	Yes	No	Don't know

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 End: _____/_____ MM/YYYY ☐ Don't know	Begin: _____/_____ MM/YYYY End: _____/_____ MM/YYYY ☐ Don't know
61. What is the other father figure's relationship to the child?	
☐ Grandfather ☐ Stepfather ☐ Foster father ☐ Biological mother's boyfriend or fiancée ☐ Other relative (specify) _____ ☐ Other non-relative (specify) _____ ☐ Don't know	☐ Grandfather ☐ Stepfather ☐ Foster father ☐ Biological mother's boyfriend or fiancée ☐ Other relative (specify) _____ ☐ Other non-relative (specify) _____ ☐ Don't know

62. Did the biological father or main father figure/guardian work for more than one month, at a paid or volunteer job from the birth of the child until the child's 15th birthday?

☐ Yes ☐ No ☐ Don't know

63. ***Please provide the three jobs where the biological father or main father figure/guardian worked the longest 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 father or main father figure/guardian work?

☐ Agriculture, Forestry, Fisheries
☐ Mining
☐ Construction
☐ Manufacturing (manufacturer)
☐ Transportation, communications, public utilities
☐ Wholesale trade (wholesaler)
☐ Retail trade (retailer)
☐ Finance, insurance and real estate
☐ Service
☐ Public Administration (Government)
☐ Other (specify)_____
☐ Don't know

What was the biological father or main father figure/guardian's job or occupation?

☐ Professional or technical
☐ Manager or Administrator
☐ Sales worker
☐ Clerical worker
☐ Skilled worker or Craftsman
☐ Machine operator
☐ Laborer
☐ Farmer or Farm Manager
☐ Farm laborer
☐ Service worker
☐ Other (specify) _____
☐ Don't know

JOB #2 Begin _____/_____ MM/YYYY End _____/_____ MM/YYYY

In what industry did the biological father or main father figure/guardian job work?

☐ Agriculture, Forestry, Fisheries
☐ Mining
☐ Construction
☐ Manufacturing (manufacturer)
☐ Transportation, communications, public utilities
☐ Wholesale trade (wholesaler)
☐ Retail trade (retailer)
☐ Finance, insurance and real estate
☐ Service
☐ Public Administration (Government)
☐ Other (specify)_____
☐ Don't know

What was the biological father or main father figure/guardian**'s** job or occupation?

☐ Professional or technical
☐ Manager or Administrator
☐ Sales worker
☐ Clerical worker
☐ Skilled worker or Craftsman
☐ Machine operator
☐ Laborer
☐ Farmer or Farm Manager
☐ Farm laborer
☐ Service worker
☐ Other (specify) _____
☐ Don't know

JOB #3 Begin _____/_____ MM/YYYY End _____/_____ MM/YYYY

In what industry did the biological father or main father figure/guardian work?

☐ Agriculture, Forestry, Fisheries
☐ Mining
☐ Construction
☐ Manufacturing (manufacturer)
☐ Transportation, communications, public utilities
☐ Wholesale trade (wholesaler)
☐ Retail trade (retailer)
☐ Finance, insurance and real estate
☐ Service
☐ Public Administration (Government)
☐ Other (specify)_____
☐ Don't know

What was the biological father or main father figure/guardian's job or occupation?

☐ Professional or technical
☐ Manager or Administrator
☐ Sales worker
☐ Clerical worker
☐ Skilled worker or Craftsman
☐ Machine operator
☐ Laborer
☐ Farmer or Farm Manager
☐ Farm laborer
☐ Service worker
☐ Other (specify) _____
☐ Don't know

64. INCLUDING the jobs above, has the biological father or main father figure/guardian ever worked regularly for more than a month mixing, producing, formulating, or handling pesticides, insecticides, fungicides, or herbicides from the birth of the child until the child's 15th birthday?

☐ Yes, from _____ year to _____ year
☐ Yes, don't know the date
☐ No
☐ Don't know

65. OTHER than the jobs above, has the biological father or main father figure/guardian ever worked regularly for more than a month as a gardener, groundskeeper, landscaper, garden nursery worker or any other job on a farm or ranch from the birth of the child until the child's 15th birthday?

☐ Yes, from _____ year to _____ year
☐ Yes, don't know the date
☐ No
☐ Don't know

66. Did the main father figure/guardian ever live on a farm or ranch?

☐ Yes, from _____ year to _____ year
☐ Yes, don't know the date
☐ 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		Don't know
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	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
If YES, where did the biological mother typically smoke during that time?	Mostly in the house	Mostly outside the house	Don't know
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
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?**

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 hat/veil**		**Most common type of clothing usually worn**				
	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. **DURING PREGNANCY**	**Use of sun block**			
	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.

87. Did someone in the household ever use mothballs, crystals, bars, or synthetic closet fresheners? (e.g Enoz or cedar/pine products)	Yes	No	Don't know

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

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

89. Did someone in the household ever use a professional pest control or extermination service?	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 brand name	3 months before pregnancy	During pregnancy	Child's age					
			Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +

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

91. Did someone in the household ever use rat, mouse, gopher or mole control products? (e.g. D-Con or Warfarin)	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 brand name	3 months before pregnancy	During pregnancy	Child's age					
			Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +

92. Did someone in the household ever use insect repellent for ticks or mosquitoes? (e.g. Off)	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 brand name	3 months before pregnancy	During pregnancy	Child's age					
			Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +

93. Did someone in the household ever use slug or snail bait?	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 brand name	3 months before pregnancy	During pregnancy	Child's age					
			Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +

94. Did someone in the household ever use weed control products? (e.g. dandelion or crabgrass killers)	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 brand name	3 months before pregnancy	During pregnancy	Child's age					
			Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +

95. Did someone in the household ever use plant/tree insect or disease control products? (e.g. Sevin, Malathion, Rose or Tomato Dust)	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 brand name	3 months before pregnancy	During pregnancy	Child's age					
			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 brand name	3 months before pregnancy	During pregnancy	Child's age					
			Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +

97. Did someone in the household ever use adhesives or petroleum products? (such as paint thinner, spot remover, paint remover, glue, solvent, gasoline, kerosene, or lubricating oil)	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 brand name	3 months before pregnancy	During pregnancy	Child's age					
			Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +

98. Did someone in the household ever use indoor foggers for insect control?	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 brand name	3 months before pregnancy	During pregnancy	Child's age					
			Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +

99. Did someone in the household ever use sprays, dusts, powders or skin applications (such as Frontline or Advantage) for fleas or ticks, or flea or tick collars?	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 brand name	3 months before pregnancy	During pregnancy	Child's age					
			Breastfeeding	First year	1- 5	6 - 10	11 - 15	16 +

100. In the YEAR BEFORE PREGNANCY, did the biological mother ever restrict consuming animal products in her diet?
☐ Vegan ☐ Lacto vegetarian ☐ None of the above
☐ Lacto-ovo vegetarian ☐ Lacto-ovo pescatarian ☐ Don't know

101. In the YEAR BEFORE PREGNANCY, how often did the biological mother eat fish/sea food?
☐ Never ☐ 2-4 times per week
☐ Less than 1 per week ☐ Nearly daily
☐ Once per week ☐ Don't know

102. DURING PREGNANCY, did the biological mother ever restrict consuming animal products?
☐ Vegan ☐ Lacto vegetarian ☐ None of the above
☐ Lacto-ovo vegetarian ☐ Lacto-ovo pescatarian ☐ Don't know

103. DURING PREGNANCY, how often did the biological mother eat fish/sea food?
☐ Never ☐ 2-4 times per week
☐ Less than 1 per week ☐ Nearly daily
☐ Once per week ☐ Don't know

104. How many times did the biological mother use the microwave to prepare meals DURING PREGNANCY with the child?
☐ Daily ☐ Weekly ☐ Monthly ☐ Don't know

105. Did the biological mother have any direct physical contact with animals DURING PREGNANCY with the child?
☐ Yes ☐ No ☐ Don't Know

If YES, was direct physical contact once a week or more?
☐ Yes ☐ No ☐ Don't Know

106. What kind of animal(s) did the biological mother have direct physical contact with DURING PREGNANCY? (check all that apply)
☐ Dog(s)
☐ Cat(s)
☐ Bird(s)
☐ Other animal(s) (specify) ________________
☐ Don't know

107. Did the animal(s) live or sleep in the house on a regular basis DURING PREGNANCY?
Dog(s) ☐ Yes ☐ No ☐ Don't Know
Cat(s) ☐ Yes ☐ No ☐ Don't Know
Bird(s) ☐ Yes ☐ No ☐ Don't know
Other animal(s) ☐ Yes ☐ No ☐ Don't know

108. How long was exposure DURING PREGNANCY?
Dog(s) ______weeks ______months ☐ Don't know
Cat(s) ______weeks ______months ☐ Don't know
Bird(s) ______weeks ______months ☐ Don't know
Other animal(s) ______weeks ______months ☐ Don't know

Dog(s) ______weeks ______months ☐ Don't know
Cat(s) ______weeks ______months ☐ Don't know
Bird(s) ______weeks ______months ☐ Don't know
Other animal(s) ______weeks ______months ☐ Don't know

Dog(s) ______weeks ______months ☐ Don't know
Cat(s) ______weeks ______months ☐ Don't know
Bird(s) ______weeks ______months ☐ Don't know
Other animal(s) ______weeks ______months ☐ Don't know

Dog(s) ______weeks ______months ☐ Don't know
Cat(s) ______weeks ______months ☐ Don't know
Bird(s) ______weeks ______months ☐ Don't know
Other animal(s) ______weeks ______months ☐ Don't know

Dog(s) ______weeks ______months ☐ Don't know
Cat(s) ______weeks ______months ☐ Don't know
Bird(s) ______weeks ______months ☐ Don't know
Other animal(s) ______weeks ______months ☐ Don't know

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 mother pregnant BEFORE PREGNANCY with the child?
☐ None ☐ Number 1-10 ☐ More than 10

PREGNANCY #1

What was the date the pregnancy ended? _____ DD/MM/YYYY ☐ Don't know
How many weeks did the pregnancy last? _____ weeks ☐ Don't know

What was the outcome of this pregnancy?
☐ Single live birth
☐ Multiple live births
How many babies? _____
How many were born alive? _____
☐ Stillbirth (> 20 weeks)
☐ Miscarriage (<20 weeks)
☐ Termination/Abortion
☐ Ectopic pregnancy
☐ Don't know

PREGNANCY #2

What was the date the pregnancy ended? _____ DD/MM/YYYY ☐ Don't know
How many weeks did the pregnancy last? _____ weeks ☐ Don't know

What was the outcome of this pregnancy?
☐ Single live birth
☐ Multiple live births
How many babies? _____
How many were born alive? _____
☐ Stillbirth (> 20 weeks)
☐ Miscarriage (<20 weeks)
☐ Termination/Abortion
☐ Ectopic pregnancy
☐ Don't know

PREGNANCY #3

What was the date the pregnancy ended? _____ DD/MM/YYYY ☐ Don't know
How many weeks did the pregnancy last? _____ weeks ☐ Don't know

What was the outcome of this pregnancy?
☐ Single live birth
☐ Multiple live births
How many babies? _____
How many were born alive? _____
☐ Stillbirth (> 20 weeks)
☐ Miscarriage (<20 weeks)
☐ Termination/Abortion
☐ Ectopic pregnancy
☐ Don't know

PREGNANCY #4

What was the date the pregnancy ended? _____ DD/MM/YYYY ☐ Don't know
How many weeks did the pregnancy last? _____ weeks ☐ Don't know

What was the outcome of this pregnancy?
☐ Single live birth
☐ Multiple live births
How many babies? _____
How many were born alive? _____
☐ Stillbirth (> 20 weeks)
☐ Miscarriage (<20 weeks)
☐ Termination/Abortion
☐ Ectopic pregnancy
☐ Don't know

125. At any time in the biological mother's life, did a doctor or other medical practitioner ever say she had any of the following conditions? (check all that apply)

☐ Diabetes ☐ High blood pressure ☐ Don't know
☐ Insulin resistance ☐ None of the above

126. During the YEAR BEFORE PREGNANCY with the child, did the biological mother take any medication for the following? (check all that apply)

☐ Depression ☐ Blood pressure ☐ Inflammation (specifically steroids)
☐ Anxiety ☐ Diabetes
☐ Pain ☐ Nausea ☐ None of the above
☐ Sleep ☐ Asthma ☐ Don't know
☐ Seizures ☐ Infection

127. In the YEAR BEFORE PREGNANCY with the child, did the biological mother take any of the following vitamins alone or as part of a multi-vitamin? (check all that apply)

☐ Vitamin B ☐ Vitamin E ☐ Don't know
☐ Vitamin C ☐ None of the above

128. In the YEAR BEFORE PREGNANCY with the child, did the biological mother take Vitamin D?

☐ 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

129. How much was the IU dosage of Vitamin D?

☐ 0-400 ☐ 800-2000 ☐ Don't know
☐ 400-800 ☐ more than 2000

130. In the 3 MONTHS BEFORE PREGNANCY with the child, did the biological mother have any kind of vaccination or immunization, such as hepatitis, influenza, or tetanus?

☐ Yes ☐ No ☐ Don't know

If YES, what was the vaccinatioon or immunization for?

☐ Tetanus ☐ Influenza ☐ Other
☐ Hepatitis B ☐ Varicella (specify)_____

131. In the 3 MONTHS BEFORE PREGNANCY with the child, did the biological mother take birth control pills, use birth control patches, shots, or implants containing hormones such as estrogen or progesterone?

☐ Yes ☐ No ☐ Don't know

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 3rd 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 bleeding?**			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 3rd 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?					
☐ 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 3rd 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?					
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 3rd 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

136. **Pneumonia or chest 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
☐ 1st trimester	Once	2-3 times	4+ times	Constantly	Don't know
☐ 2nd or 3rd 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
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
☐ 1st trimester	Once	2-3 times	4+ times	Constantly	Don't know
☐ 2nd or 3rd 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
138. **Anemia?**			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 3rd 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
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 3rd 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

140. **Mono? (infectious mononucleosis diagnosed by a doctor)**			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 3rd 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

141. **Any other illnesses? (check all that apply)** ☐ Diabetes (including gestational diabetes) ☐ Asthma ☐ Breast infection (mastitis) ☐ Sinus infection ☐ Other (specify) _____ ☐ Preeclampsia			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 3rd 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

143. In the first 3 months DURING PREGNANCY with the child, did the biological mother do any of the following? (check all that apply)
- ☐ Diet to lose weight
- ☐ Have an eating disorder like anorexia or bulimia
- ☐ Fasting
- ☐ None of the above
- ☐ Don't know

144. DURING PREGNANCY with the child, did the biological mother have any of the following conditions? (check all that apply)
- ☐ Sore throat or tonsillitis
- ☐ Bronchitis
- ☐ Chronic earache
- ☐ Diarrhea/gastroenteritis
- ☐ Rash
- ☐ Skin infection
- ☐ Kidney infection
- ☐ Other infection
- ☐ Yellow skin (jaundice)
- ☐ High blood pressure
- ☐ Severe morning sickness
- ☐ Incompetent cervix, abruptio placenta or premature rupture of membranes
- ☐ Premature or prolonged labor
- ☐ Pinched nerve
- ☐ None of the above
- ☐ Don't know

145. DURING PREGNANCY with the child, did the biological mother take medication for nausea? (such as morning sickness tablets)

☐ Yes ☐ No ☐ Don't know

If YES, what was the name of the drug? (specify)_____ ☐ Don't know

146. Did the biological mother take multiple vitamins with or without folic acid DURING PREGNANCY with the child? (prenatal vitamins)

☐ 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

147. Did the biological mother take additional vitamins (B, C, E or other antioxidants) DURING PREGNANCY with the child?

☐ 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 Vitamin D DURING PREGNANCY with the child?

☐ 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

149. How much was the IU dosage of Vitamin D?

☐ 0-400 ☐ 800-2000 ☐ Don't know

☐ 400-800 ☐ more than 2000

150. DURING PREGNANCY with the child, did the biological mother take any vitamins or minerals other than those listed above?

☐ Yes ☐ No ☐ Don't know

(specify)_____

151. Did the biological mother ever take herbal medicine or natural remedies DURING PREGNANCY with the child?	Yes	No	Don't know

If YES, what was the name of the drug? (check all that apply)

☐ Echinacea
☐ Chamomile
☐ Ginseng
☐ Peppermint/mint
☐ Fenugreek
☐ Ginger
☐ Manzanilla
☐ Yerba Buena
☐ St. John's Wort
☐ Oregano
☐ Linasa Cebada
☐ Papaya enzymes
☐ Valerian root
☐ Multi-herbal supplements/teas
☐ Other (specify)_____
☐ Don't know

Why did the biological mother take this medication? (check all that apply)

☐ 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
☐ Enhance immune system
☐ Depression and other mental illness
☐ Sleep disorders
☐ Other preventive reason
☐ Other (specify) _____
☐ Don't know

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 the medication taken?	_____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
☐ Augmentin
☐ Cipro
☐ Flagyl
☐ Other (specify)_____
☐ Don't know

Why did the biological mother take this medication? (check all that apply)

☐ 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)
☐ Dental treatment
☐ Cesarean section
☐ Other infections
☐ Other prophylactic reasons
☐ Other (specify)_____
☐ Don't know

153. Did the biological mother ever use recreational drugs DURING PREGNANCY with the child?	Yes	No	Don't know

If YES, what was the name of the drug? (check all that apply)

☐ Alcohol
☐ Marijuana
☐ Cocaine
☐ Methamphetamines
☐ LSD
☐ Other (specify)_____
☐ Don't know

How often did the biological mother use recreation drugs DURING PREGNANCY with the child?

☐ Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐ Don't know

154. Did the biological mother take any other medications DURING PREGNANCY with the child?

☐ Yes ☐ No ☐ Don't know

If YES, what kind of drug was it? (check all that apply)

☐ Over the counter pain medicine
☐ Prescription pain medicine
☐ Antihistamine/cold or allergy medicine or spray
☐ Steroids
☐ Hormones/insulin/thyroid medication
☐ Gastrointestinal medicine
☐ Blood pressure medication
☐ Antidepressant
☐ Sleep medication
☐ Vaginal suppositories/Monistat
☐ Bronchodilator/Albuterol
☐ Diet pills
☐ Other (specify) _____
☐ Don't know

Why did the biological mother take this medication? (check all that apply)

☐ Allergies, Hay Fever, hives, rash
☐ Headaches, migraines
☐ Pain menstrual cramps
☐ Arthritis
☐ Asthma
☐ Upper respiratory conditions (i.e. ear infection, strep throat, cold, cough, nasal congestion)
☐ Lower respiratory conditions (flue, bronchitis, pneumonia, chest congestion)
☐ Labor & delivery
☐ High blood pressure
☐ Thyroid disorders
☐ Sinus infections
☐ Bladder infection/UTI
☐ 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 was the child breastfed?
- ☐ 1-31 days (specify) _____days or _____weeks
- ☐ 1-3 months
- ☐ 4-12 months
- ☐ More than 12 months
- ☐ Did not breastfeed the child
- ☐ Don't know

156. In what years was the child breastfed? _____ year to _____ year ☐ Don't know

157. WHILE BREASTFEEDING, did the biological mother ever restrict consuming animal products?
- ☐ Vegan
- ☐ Lacto vegetarian
- ☐ None of the above
- ☐ Lacto-ovo vegetarian
- ☐ Lacto-ovo pescatarian
- ☐ Don't know

158. WHILE BREASTFEEDING, how often did the biological mother eat fish/sea food?
- ☐ Never
- ☐ Less than 1 per week
- ☐ Once per week
- ☐ 2-4 times per week
- ☐ Nearly daily
- ☐ Don't know

159. How many times was a microwave used to prepare the meals WHILE the biological mother was BREASTFEEDING?
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Don't know

160. Did the biological mother take Vitamin B, C or E WHILE BREASTFEEDING the child?
- ☐ Yes
- ☐ No
- ☐ Don't know

If YES, how often?
- ☐ Every day
- ☐ 4-6 days a week
- ☐ 1-3 days a week
- ☐ A few days a month
- ☐ Don't know

161. Did the biological mother take Vitamin D WHILE BREASTFEEDING the child?
- ☐ Yes
- ☐ No
- ☐ Don't know

If YES, how often?
- ☐ Every day
- ☐ 4-6 days a week
- ☐ 1-3 days a week
- ☐ A few days a month
- ☐ Don't know

162. How much was the IU dosage of Vitamin D?
- ☐ 0-400
- ☐ 400-800
- ☐ 800-2000
- ☐ More than 2000
- ☐ Don't know

163. Did the biological mother ever take herbal medicine or natural remedies WHILE BREASTFEEDING the child?	Yes	No	Don't know

If YES, what was the name of the drug? (check all that apply)

☐ Echinacea
☐ Chamomile
☐ Ginseng
☐ Peppermint/mint
☐ Fenugreek
☐ Ginger
☐ Manzanilla
☐ Yerba Buena
☐ St. John's Wort
☐ Oregano
☐ Linasa Cebada
☐ Papaya enzymes
☐ Valerian root
☐ Multi-herbal supplements/teas
☐ Other (specify)_____
☐ Don't know

Why did the biological mother take this medication? (check all that apply)

☐ 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
☐ Enhance immune system
☐ Depression and other mental illness
☐ Sleep disorders
☐ Other preventive reason
☐ Other (specify) _____
☐ Don't know

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 medication taken?	_____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
☐ Augmentin
☐ Cipro
☐ Flagyl
☐ Other (specify)_____
☐ Don't know

Why did the biological mother take this medication? (check all that apply)

☐ 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)
☐ Dental treatment
☐ Cesarean section
☐ Other infections
☐ Other prophylactic reasons
☐ Other (specify)_____
☐ Don't know

165. Did the biological mother ever use recreational drugs WHILE BREASTFEEDING the child?	Yes	No	Don't know

If YES, what was the name of the drug? (check all that apply)

☐ Alcohol
☐ Marijuana
☐ Cocaine
☐ Methamphetamines
☐ LSD
☐ Other (specify)_____
☐ Don't know

How often did the biological use recreation drugs DURING PREGNANCY with the child?

☐ Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐ Don't know

166. Did the biological mother take any other medications WHILE BREASTFEEDING the child?

☐ Yes ☐ No ☐ Don't know

If YES, what kind of drug was it? (check all that apply)

☐ Over the counter pain medicine
☐ Prescription pain medicine
☐ Antihistamine/cold or allergy medicine or spray
☐ Steroids
☐ Hormones/insulin/thyroid medication
☐ Gastrointestinal medicine
☐ Blood pressure medication
☐ Antidepressant
☐ Sleep medication
☐ Vaginal suppositories/Monistat
☐ Bronchodilator/Albuterol
☐ Diet pills
☐ Other (specify) _____
☐ Don't know

Why did the biological mother take this medication? (check all that apply)

☐ Allergies, Hay Fever, hives, rash
☐ Headaches, migraines
☐ Pain menstrual cramps
☐ Arthritis
☐ Asthma
☐ Upper respiratory conditions (i.e. ear infection, strep throat, cold, cough, nasal congestion)
☐ Lower respiratory conditions (flue, bronchitis, pneumonia, chest congestion)
☐ Labor & delivery
☐ High blood pressure
☐ Thyroid disorders
☐ Sinus infections
☐ Bladder infection/UTI
☐ 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