



Study ID: ____-____-____-____
Date: ____/____/____

CARES Prenatal and Early Life Questionnaire

These questions will help us understand what, if any, environmental factors you and your child were exposed to during pregnancy and your child's early life. All of your responses will be kept **strictly confidential**. Your and your child's name will NOT be connected to your responses. We understand that it may be hard to remember this information, but try to answer the best you can. For these questions, we will refer to the Study Participant as your child. **Remember, these questions are about your pregnancy with _____.**

1. When you were pregnant with your child did you develop hypertension or high blood pressure?
 Yes (0)
 No (1)
 Don't know (2)
2. When you were pregnant with your child did you develop toxemia or pre-eclampsia?
 Yes (0)
 No (1)
 Don't know (2)
3. When you were pregnant with your child did you develop diabetes or high blood sugar?
 Yes (0)
 No (1)
 Don't know (2)
4. When you were pregnant with your child did you develop severe nausea with excessive vomiting?
 Yes (0)
 No (1)
 Don't know (2)
5. When you were pregnant with your child did you have epilepsy or seizures?
 Yes (0)
 No (1)
 Don't know (2)



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6. When you were pregnant with your child did you develop any other pregnancy-related complications or significant illnesses?

- Yes (0)
- No (1)
- Don't know (2)

6A. If yes, what complications or illnesses? _____

7. When you were pregnant with you child, did you take prenatal vitamins?

- Yes (0)
- No (1)
- Don't know (2)

8. Did you smoke cigarettes at any time while pregnant with your child?

- Yes (0)
- No (1)
- Don't know (2)

If you answered "No" please skip to question 9.



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If you smoked while pregnant with your child,

8A.1 Did you smoke during.....	8B.1 During this time period, how many cigarettes per day, week, or month did you usually smoke?	OFFICE USE
a. the first 3 months of your pregnancy? <input type="radio"/> Yes (0) <input type="radio"/> No (1) <input type="radio"/> Don't know (2)	<u> </u> # CIGS <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> per month <input type="radio"/> Don't know1 ...2 ...3 ...4
b. the second 3 months of your pregnancy? <input type="radio"/> Yes (0) <input type="radio"/> No (1) <input type="radio"/> Don't know (2)	<u> </u> # CIGS <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> per month <input type="radio"/> Don't know1 ...2 ...3 ...4
c. the last 3 months of your pregnancy? <input type="radio"/> Yes (0) <input type="radio"/> No (1) <input type="radio"/> Don't know (2)	<u> </u> # CIGS <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> per month <input type="radio"/> Don't know1 ...2 ...3 ...4



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9. Did you drink beer, wine or liquor at any time while pregnant with your child?

- Yes (0)
- No (1)
- Don't know (2)

If you answered "No" please skip to question 10.

If you drank beer, wine or liquor at any time while pregnant with your child,

9A.1 Did you drink beer, wine, or liquor during:	9B.1 During this time period, how many bottles of beer, glasses of wine, or drinks of liquor per day, week or month did you usually drink?	OFFICE USE
d. the first 3 months of your pregnancy? <input type="radio"/> Yes (0) <input type="radio"/> No (1) <input type="radio"/> Don't know (2)	<u> </u> # DRINKS <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> per month <input type="radio"/> Don't know1 ...2 ...3 ...4
e. the second 3 months of your pregnancy? <input type="radio"/> Yes (0) <input type="radio"/> No (1) <input type="radio"/> Don't know (2)	<u> </u> # DRINKS <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> per month <input type="radio"/> Don't know1 ...2 ...3 ...4
f. the last 3 months of your pregnancy? <input type="radio"/> Yes (0) <input type="radio"/> No (1) <input type="radio"/> Don't know (2)	<u> </u> # DRINKS <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> per month <input type="radio"/> Don't know1 ...2 ...3 ...4



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These next questions will refer your delivery and the first year of life for your child.

10. What was your child's birth weight? _____ lbs _____ oz
11. How long did you and your child stay at the hospital after delivery? _____ days
12. Was your child ever in intensive care during the first month after birth?
- Yes (0)
 - No (1)
 - Don't know (2)
- 12A. If yes, please explain why. _____
-
-

13. When your child was an infant, what were they fed?
- All Breast milk _____
- Mostly breast milk, some formula _____
- About half formula, half breast milk _____
- Mostly formula, some breast milk _____
- All formula _____
14. How old was your infant when they completely stopped breastfeeding (including pumped milk)?
- _____ weeks OR _____ Months
15. When making the formula what water was usually used?
- Unfiltered tap water (0)
 - Filtered tap water (1)
 - Cistern (2)
 - Well water (3)
 - Bottled water (4)
 - Don't know (5)



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16. What water system does your home use?

- Marietta City Water (0)
- Warren Water and Sewer Association (1)
- Little Hocking Water Association (2)
- Putnam Community Water Corporation (3)
- Other _____
- None (5)
- Don't know (6)



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17. What type of infant formula did you usually use to feed your infant? (Check all that apply)

	Birth to 4 months	5-8 months	9-12 months
EleCare			
Enfamil			
Enfamil AR LIPIL			
Enfamil Gentlease LIPIL			
Enfamil LactoFree LIPIL			
Enfamil LIPIL			
Enfamil Next Step LIPIL.			
Enfamil Next Step ProSobee LIPIL			
Enfamil ProSobee			
Enfamil ProSobee LIPIL			
Enfamil Nutramigen LIPIL.			
Enfamil Pregestimil			
Horizon Organic			
Isomil			
Isomil Advance			
Isomil 2			
Isomil 2 Advance			
Isomil DF			
Neocate			
Nestlé Good Start Essentials			
Nestlé Good Start 2 Essentials			
Nestlé Good Start Essentials Soy			
Nestlé Good Start 2 Essentials Soy			
Nestlé Good Start Essentials Soy DHA and ARA			
Nestlé Good Start Supreme			
Nestlé Good Start Supreme DHA and ARA			
Nestlé Good Start Supreme 2 DHA and ARA			
Nestlé NAN DHA and ARA			
Similac.			
Similac Advance			
Similac 2			
Similac 2 Advance			
Similac Alimentum Advance			
Similac Lactose Free Advance			
Similac Neosure Advance			
Store brand milk based without DHA and ARA			
Store brand milk based with DHA and ARA			
Store brand soy based without DHA and ARA			
Store brand soy based with DHA and ARA			