

MOTHER QUESTIONNAIRE

1 – Your date of birth: _____ 2 – Your birth weight: _____

3 – Country where you were born: _____

4 – Please select your gestational age at your time of birth:

- Full Term weeks: _____
 Pre-Term weeks: _____
 Unknown

5 – Weight prior to pregnancy: _____ 5a. Weight 1 years ago _____ 5b. Weight 5 years ago _____

6 – Current Height _____

7 – Please select any medical conditions you have had and/or currently experiencing:

- High blood pressure
 Diabetes
 Thyroid
 Heart Problems
 Asthma
 Genetic/Congenital Abnormality
 Skin Conditions
 Allergies
 Irritable Bowel
 Migraines
 Stress/ Anxiety
 Depression
 Mental Illness
 Alcohol or Drug Abuse
 Nutrition disorders
 Cancer Type: _____
 Previous pregnancies resulting in pre-term birth
 Previous pregnancy(ies) resulting in birth of a small baby(ies) (less than 5 lbs)
 Previous pregnancy(ies) resulting in birth of a large baby(ies) (more than 9 lbs)
 Other problems Describe: _____
 None

8 – Have you been “sick” over the past few months -

- No Virus Congestion Flu like symptoms gastric
 other-_____

9 – Please list any medications that you take regularly: None

10- Please list any previous procedures or surgeries -
 (Please include Artificial Reproductive Technologies- such as ovulation induction / IVF):

11- Nutrition/Exercise:

11 a - Are you taking Prenatal Vitamins? No Yes start date (/)
 Please select any of the following that you take and describe:

- None
 Other Vitamins: _____
 Herbs: _____
 Nutritional Supplements: _____
 Other dietary factors: _____

11 b – If you follow a special diet, please select one of the following:

- Vegetarian Vegan Ethnic Specialty Diet

11 c - Can you tell me what and how much you usually eat?

Food	Common serving size	I Ate:
Dairy Milk or yogurt Cheese	1 cup 1-1/2 to 2 oz	____ Servings ____ Servings
Grains: Bread, slice Bagel, bun Ready-to-eat cereal Cooked cereal Rice, pasta	1 1/2 1 oz 1/2 cup 1/2 cup	____ Servings ____ Servings ____ Servings ____ Servings ____ Servings
Meats/Proteins Lean meat, poultry, fish Nuts, seeds Beans, peas Egg	1 oz 1/2 oz 1/4 cup 1	____ Servings ____ Servings ____ Servings ____ Servings

Fruit		
Raw or cooked fresh fruit	1 cup	____ Servings
100% fruit juice	1 cup	____ Servings
Dried fruits	1/2 cup	____ Servings
Vegetable		
Raw or cooked, fresh	1 cup	____ Servings
Vegetable Juice	1 cup	____ Servings
Leafy salad greens	2 cups	____ Servings
Fats and Sodium		
Oils	4 tsp	____ Servings
Sodium	2000 milligrams	____ Servings

Modified from 2012 Academy of Nutrition and Dietetics

11 d - Do you exercise regularly? Yes No

If yes, can you tell me what type and how much you usually exercise?

- Stretching or strengthening, such as using weights or range of motion
- Walking, swimming or biking
- Aerobic exercise such as running, stair climbing, rowing, skiing, including machines
- Other: Please describe: _____

Duration of exercise
 (total minutes per day)

- Less than 6 minutes
- 6 to 15 minutes
- 15 to 30 minutes
- More than 30 minutes

Frequency of exercise

- Daily
- 3-5 times a week
- 1-2 times a week
- Less than once a week

Social History

1 – Current Marital Status: (select one)

- Married Single Legally Separated Divorced Significant Other
- Widowed Other

2 – Do you currently live with the baby's father? Yes No

3 – Current Zip Code: _____

3 – Smoking Status

- Never Smoked
- Quit smoking due to pregnancy
- Quit smoking prior to pregnancy
- Current _____ Packs per day
- Persistent exposure to second hand smoke (includes at home or work)

4. Alcohol Consumption

- Do not consume alcohol
- Quit drinking alcohol due to pregnancy
- Quit drinking alcohol prior to pregnancy
- Current Drinks per week _____

5 – To your knowledge have you been exposed to any hazardous chemicals? Yes No

5a. If yes, please indicate the date of exposure: _____

5b. If yes, please indicate the chemical(s) that you were exposed to: _____

Family History

1 – Your mother's country of birth: _____ 2 – Your father's country of birth: _____

3 – What country(ies) did you grow up in (ages birth to twelve)? USA

Other(s):_____

4 – Select any medical conditions that your parents or siblings have had and/or currently experiencing:

- High blood pressure
- Diabetes
- Thyroid
- Heart Problems
- Asthma
- Genetic/Congenital Abnormality
- Skin Conditions
- Allergies
- Irritable Bowel
- Migraines
- Stress/ Anxiety
- Depression
- Mental Illness
- Alcohol or Drug Abuse
- Nutrition disorders
- Cancer Type: _____
- Previous pregnancies resulting in pre-term birth
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- Previous pregnancy(ies) resulting in birth of a large baby(ies) (more than 9 lbs)
- Other problems Describe: _____
- None

5. Did you and your baby's father grow up in the same country? Yes or No

If No, what country was the baby's father born?

Life Events Evaluation

Please select any events that have occurred in your life over the past 12 months:

- Complications with your current pregnancy
- Personal health problems
- Personal social problems
- Problems with current partner
- Family disruption
- Problems with your finances
- Problems with your own children
- Problems with your in-laws
- Problems within your close family
- Serious illness in your close family
- Death within your close family
- Loss of job (you or your partner)
- Problems within your work environment
- Work transfer (you or your partner)
- Change in residence
- Current partner is away often
- Accidents, robberies, or similar events

Email_____

Participant's Initials_____

S O C I O E C O N O M I C A L S T A T U S

1- Education Level

- Completed less than the 11 grade
- High School Graduate/GED
- Some College
- Associates Degree
- Bachelors Degree
- Masters Degree
- Doctorate/Highest Level of Education

2- Household Income

- Less than \$25,000
- \$25,000 - \$49,999
- \$50,000 – \$74,999
- \$75,000 - \$99,999
- 100,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000 - \$249,999
- Greater than \$250,000

3- Occupation

- Management, Professional, and Related Occupations
- Service Occupations
- Construction, Maintenance, Repair Occupations
- Production, Transportation, Material Moving Occupations
- Agricultural Occupations
- Sales, Office Occupations
- Homemaker

R A C E , E T H N I C I T Y , G E N D E R

1- Mother:

2- Race:

- Black or African American
- White or Caucasian
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- More than one Race
- Other _____

3- Other:

4- Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Father of the Baby:

5- Race:

- Black or African American
- White or Caucasian
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- More than one Race
- Other _____

6- Other:

7- Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

I decline to provide the information listed above.