

Study Specific Number- _____

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- _____

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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	1 cup	____ Servings
Cheese	1-1/2 to 2 oz	____ Servings
Grains:		
Bread, slice	1	____ Servings
Bagel, bun	1/2	____ Servings
Ready-to-eat cereal	1 oz	____ Servings
Cooked cereal	1/2 cup	____ Servings
Rice, pasta	1/2 cup	____ Servings
Meats/Proteins		
Lean meat, poultry, fish	1 oz	____ Servings
Nuts, seeds	1/2 oz	____ Servings
Beans, peas	1/4 cup	____ Servings
Egg	1	____ Servings

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

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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
- ☐ 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

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?

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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/Higher 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.