

## AGRE Lifestyle

### **Respondent Instructions:**

We are going to ask you some questions about your lifestyle.

### **Section A: Tobacco**

1. Have you ever smoked cigarettes?

- No
- Yes
- Don't Know**

**INSTRUCTIONS:** If you answered "YES" to question 1, go to question 2, otherwise, skip to question 10.

2. Have you ever smoked regularly? By regularly, I mean one or more cigarettes per day on most days for at least six months.

- No
- Yes
- Don't Know**

**INSTRUCTIONS:** If you answered "YES" to question 2, go to question 3, otherwise, skip to question 4.

3. When did you first smoke regularly?

\_\_\_\_\_ yrs. \_\_\_\_\_ mos.

- Don't Know**

4. During the three months before your pregnancy with temp test until now, did you smoke cigarettes?

- No
- Yes
- Don't Know**

**INSTRUCTIONS:** If you answered "YES" to question 4, go to question 5, otherwise, skip to question 7.

5. During which months, starting with three months before pregnancy and extending through birth (and breastfeeding, if applicable), did you smoke?

- 3 months before pregnancy
- 2 months before pregnancy
- 1 month before pregnancy
- 1 month pregnant
- 2 months pregnant
- 3 months pregnant
- 4 months pregnant
- 5 months pregnant
- 6 months pregnant
- 7 months pregnant
- 8 months pregnant
- 9 months pregnant
- Breastfeeding
- Don't Know**

6. During which years of the child's life did you smoke?

- Less than 1 year old
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old or later
- DID NOT SMOKE AFTER CHILD'S BIRTH

7. During the time in which you smoked, about how many cigarettes did you smoke a day?

\_\_\_\_\_ # cigarettes per day

- Don't Know**

8. What brand did you usually smoke?

\_\_\_\_\_

- Don't Know**

9. Did you usually smoke filtered or non-filtered cigarettes?

- Filtered
- Non-filtered
- Both
- Don't Know**

10. Have you ever at any time used other tobacco products such as a pipe, snuff, cigar, or have you ever used a nicotine patch?

- No
- Yes
- Don't Know**

**INSTRUCTIONS:** If you answered "YES" to question 10, go to question 11, otherwise, skip to question 15.

11. What did you use?

\_\_\_\_\_

- Don't Know**

12. During the three months before your pregnancy with temp test and extending through birth (and breastfeeding, if applicable), did you use this product(s)?

- No
- Yes
- Don't Know**

**INSTRUCTIONS:** If you answered "YES" to question 12, go to question 13, otherwise, skip to question 15.

13. During which months did you use the product

- 3 months before pregnancy
- 2 months before pregnancy
- 1 month before pregnancy
- 1 month pregnant
- 2 months pregnant
- 3 months pregnant
- 4 months pregnant
- 5 months pregnant
- 6 months pregnant
- 7 months pregnant
- 8 months pregnant
- 9 months pregnant
- Breastfeeding
- Don't Know**

14. During the months in which you used the product, about how many times a day did you use it?  
\_\_\_\_\_ # times a day

15. During the index time until now, did you live with anyone who smoked cigarettes?
- No
  - Yes
  - Don't Know**

**INSTRUCTIONS:** If you answered "YES" to question 15, go to question 16, otherwise, skip to question 18.

16. How many people living in your home smoked inside your home?  
\_\_\_\_\_ # people

- Don't Know**

17. During which months, starting with three months before pregnancy until now, did you live with that person (or those people - if more than one)?

- 3 months before pregnancy
- 2 months before pregnancy
- 1 month before pregnancy
- 1 month pregnant
- 2 months pregnant
- 3 months pregnant
- 4 months pregnant
- 5 months pregnant
- 6 months pregnant
- 7 months pregnant
- 8 months pregnant
- 9 months pregnant
- Less than 1 year old
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old or later
- Don't Know**

<b>Section B: Alcohol</b>
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18. Have you ever had an alcoholic drink? We define an alcoholic drink as one beer, one glass of wine, one mixed drink, or one shot of liquor.

- No
- Yes
- Don't Know**

**INSTRUCTIONS:** If you answered "YES" to question 18, go to question 19, otherwise, skip to question 25.

19. In the year **before** you became pregnant with temp test, how often did you typically have an alcoholic drink? (i.e. three days a week, once a month, six times a year, etc.)

- Daily
- 3 – 4 times per week
- Once per week
- 2 – 3 times per month (cont.)

- Once per month
- 5 – 6 times per year
- Once per year

20. Number of drinks per occasion?

- \_\_\_\_\_ # drinks
- Don't Know**

21. Starting with three months before pregnancy and extending through birth (and breastfeeding, if applicable), did you drink any wine, beer, mixed drinks or shots of liquor?

- No
- Yes
- Don't Know**

**INSTRUCTIONS:** If you answered "YES" to question 21, go to question 22, otherwise, skip to question 25.

Which months did you drink alcoholic beverages? And during the months in which you drank alcoholic beverages, about how many drinks did you have a day or on occasion?

22. Month (please check all that apply)	23. Number of drinks per occasion?
<input type="checkbox"/> 3 months before pregnancy	
<input type="checkbox"/> 2 months before pregnancy	
<input type="checkbox"/> 1 month before pregnancy	
<input type="checkbox"/> 1 month pregnant	
<input type="checkbox"/> 2 months pregnant	
<input type="checkbox"/> 3 months pregnant	
<input type="checkbox"/> 4 months pregnant	
<input type="checkbox"/> 5 months pregnant	
<input type="checkbox"/> 6 months pregnant	
<input type="checkbox"/> 7 months pregnant	
<input type="checkbox"/> 8 months pregnant	
<input type="checkbox"/> 9 months pregnant	
<input type="checkbox"/> Breastfeeding	
<input type="checkbox"/> Don't Know	

What was the greatest number of drinks you had on one occasion?

24. Month (please check all that apply)	Number of drinks per occasion?
<input type="checkbox"/> 3 months before pregnancy	
<input type="checkbox"/> 2 months before pregnancy	
<input type="checkbox"/> 1 month before pregnancy	
<input type="checkbox"/> 1 month pregnant	
<input type="checkbox"/> 2 months pregnant	
<input type="checkbox"/> 3 months pregnant	
<input type="checkbox"/> 4 months pregnant	
<input type="checkbox"/> 5 months pregnant	
<input type="checkbox"/> 6 months pregnant	
<input type="checkbox"/> 7 months pregnant	
<input type="checkbox"/> 8 months pregnant	
<input type="checkbox"/> 9 months pregnant	
<input type="checkbox"/> Breastfeeding	
<input type="checkbox"/> Don't Know	

**Section C: Recreational Drugs**

25. During the three months before your pregnancy with the child up until breastfeeding (if applicable), did you use any recreational or street drugs?

- No
- Yes
- Don't Know

**INSTRUCTIONS:** If you answered "YES" to question 25, go to question 26, otherwise, skip to question 27.

26.

Drug	During which months did you take/use it?	How often did you use it? (i.e. once a day, three times per week, once a month, etc.)
_____	<input type="checkbox"/> 3 months before pregnancy <input type="checkbox"/> 2 months before pregnancy <input type="checkbox"/> 1 month before pregnancy <input type="checkbox"/> 1 month pregnant <input type="checkbox"/> 2 months pregnant <input type="checkbox"/> 3 months pregnant <input type="checkbox"/> 4 months pregnant <input type="checkbox"/> 5 months pregnant <input type="checkbox"/> 6 months pregnant <input type="checkbox"/> 7 months pregnant <input type="checkbox"/> 8 months pregnant <input type="checkbox"/> 9 months pregnant <input type="checkbox"/> Don't know	_____
_____	<input type="checkbox"/> 3 months before pregnancy <input type="checkbox"/> 2 months before pregnancy <input type="checkbox"/> 1 month before pregnancy <input type="checkbox"/> 1 month pregnant <input type="checkbox"/> 2 months pregnant <input type="checkbox"/> 3 months pregnant <input type="checkbox"/> 4 months pregnant <input type="checkbox"/> 5 months pregnant <input type="checkbox"/> 6 months pregnant <input type="checkbox"/> 7 months pregnant <input type="checkbox"/> 8 months pregnant <input type="checkbox"/> 9 months pregnant <input type="checkbox"/> Don't know	_____
_____	<input type="checkbox"/> 3 months before pregnancy <input type="checkbox"/> 2 months before pregnancy <input type="checkbox"/> 1 month before pregnancy <input type="checkbox"/> 1 month pregnant <input type="checkbox"/> 2 months pregnant <input type="checkbox"/> 3 months pregnant <input type="checkbox"/> 4 months pregnant <input type="checkbox"/> 5 months pregnant <input type="checkbox"/> 6 months pregnant <input type="checkbox"/> 7 months pregnant <input type="checkbox"/> 8 months pregnant <input type="checkbox"/> 9 months pregnant <input type="checkbox"/> Don't know	_____
	<input type="checkbox"/> 3 months before pregnancy	(cont.)

<p>_____</p>	<input type="checkbox"/> 2 months before pregnancy <input type="checkbox"/> 1 month before pregnancy <input type="checkbox"/> 1 month pregnant <input type="checkbox"/> 2 months pregnant <input type="checkbox"/> 3 months pregnant <input type="checkbox"/> 4 months pregnant <input type="checkbox"/> 5 months pregnant <input type="checkbox"/> 6 months pregnant <input type="checkbox"/> 7 months pregnant <input type="checkbox"/> 8 months pregnant <input type="checkbox"/> 9 months pregnant <input type="checkbox"/> Don't know	<p>_____</p>
<p>_____</p>	<input type="checkbox"/> 3 months before pregnancy <input type="checkbox"/> 2 months before pregnancy <input type="checkbox"/> 1 month before pregnancy <input type="checkbox"/> 1 month pregnant <input type="checkbox"/> 2 months pregnant <input type="checkbox"/> 3 months pregnant <input type="checkbox"/> 4 months pregnant <input type="checkbox"/> 5 months pregnant <input type="checkbox"/> 6 months pregnant <input type="checkbox"/> 7 months pregnant <input type="checkbox"/> 8 months pregnant <input type="checkbox"/> 9 months pregnant <input type="checkbox"/> Don't know	<p>_____</p>
<p>_____</p>	<input type="checkbox"/> 3 months before pregnancy <input type="checkbox"/> 2 months before pregnancy <input type="checkbox"/> 1 month before pregnancy <input type="checkbox"/> 1 month pregnant <input type="checkbox"/> 2 months pregnant <input type="checkbox"/> 3 months pregnant <input type="checkbox"/> 4 months pregnant <input type="checkbox"/> 5 months pregnant <input type="checkbox"/> 6 months pregnant <input type="checkbox"/> 7 months pregnant <input type="checkbox"/> 8 months pregnant <input type="checkbox"/> 9 months pregnant <input type="checkbox"/> Don't know	<p>_____</p>

**Section D: Hot Water**

27. Starting with three months before the pregnancy with temp test and extending through birth (and breastfeeding, if applicable), did you use a hot tub or Jacuzzi?

- No
- Yes
- Don't Know**

**INSTRUCTIONS:** If you answered "YES" to question 27, go to question 28, otherwise, skip to question 31.

28. During which month(s) did you use the hot tub/Jacuzzi?

- 3 months before pregnancy
- 2 months before pregnancy
- 1 month before pregnancy
- 1 month pregnant
- 2 months pregnant
- 3 months pregnant
- 4 months pregnant (cont.)

- 5 months pregnant
- 6 months pregnant
- 7 months pregnant
- 8 months pregnant
- 9 months pregnant
- Breastfeeding
- Don't know**

29. On average, how many times a month did you use the hot tub/Jacuzzi?  
\_\_\_\_\_ # times per month  
 **Don't know**

30. How hot was the water?  
 Extremely hot  
 Very hot  
 Hot  
 Warm / lukewarm  
 **Don't know**

31. Starting with three months before the pregnancy with temp test and extending through birth (and breastfeeding, if applicable), did you use a hot bath?  
 No  
 Yes  
 **Don't Know**

**INSTRUCTIONS:** If you answered "YES" to question 31, go to question 32, otherwise, skip to question 35.

32. During which month(s) did you use the hot bath?  
 3 months before pregnancy  
 2 months before pregnancy  
 1 month before pregnancy  
 1 month pregnant  
 2 months pregnant  
 3 months pregnant  
 4 months pregnant  
 5 months pregnant  
 6 months pregnant  
 7 months pregnant  
 8 months pregnant  
 9 months pregnant  
 Breastfeeding  
 **Don't know**

33. On average, how many times a month did you use the hot bath?  
\_\_\_\_\_ # times per month  
 **Don't know**

34. How hot was the water?  
 Extremely hot  
 Very hot  
 Hot  
 Warm / lukewarm  
 **Don't know**

35. Starting with three months before the pregnancy with temp test and extending through birth (and breastfeeding, if applicable), did you use a sauna?  
 No  
 Yes  
 **Don't Know**

**INSTRUCTIONS:** If you answered “YES” to question 35, go to question 36, otherwise, you have completed the form. Thank you.

36. During which month(s) did you use a sauna?

- 3 months before pregnancy
- 2 months before pregnancy
- 1 month before pregnancy
- 1 month pregnant (cont.)
- 2 months pregnant
- 3 months pregnant
- 4 months pregnant
- 5 months pregnant
- 6 months pregnant
- 7 months pregnant
- 8 months pregnant
- 9 months pregnant
- Breastfeeding
- Don't know**

33. On average, how many times a month did you use a sauna?

\_\_\_\_\_ # times per month

- Don't know**

34. How hot was the water?

- Extremely hot
- Very hot
- Hot
- Warm / lukewarm
- Don't know**

**Thank you for completing the AGRE Lifestyle form.**