



Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

The next questions are about your pregnancy history.

1. Have you ever been pregnant? Please include current pregnancy, live births, miscarriages, abortions, ectopic or tubal pregnancies and stillbirths.

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED

2. Have any of your pregnancies ended in the following? Choose all that apply.

1 Miscarriage

2 Abortion

3 Ectopic or tubal pregnancy

4 Stillbirth

5 None of the above

-8 DON'T KNOW

-7 REFUSED

3. How many of your pregnancies have resulted in a live birth?

1 |___|___|

-8 DON'T KNOW

-7 REFUSED

4. For [that birth/those FILL # of births from Q3], did any of the following occur? Choose all that apply.

1 [] Preterm birth (birth of baby less than 37 weeks gestational age)

2 [] Baby with low birth weight (less than 5 pounds 8 ounces)

3 [] Baby with birth defects

4 [] Placenta Previa

5 [] Placenta Abruption

6 [] Pre-eclampsia

7 [] None of the above

-8 [] DON'T KNOW

-7 [] REFUSED

5. In the past 12 months, have you been pregnant? Please include a current pregnancy, live births, miscarriages, abortions, ectopic or tubal pregnancies, and stillbirths.

1 [] Yes

2 [] No

-8 [] DON'T KNOW

-7 [] REFUSED

6. Are you pregnant now?

1 [] Yes

2 [] No

-8 [] DON'T KNOW

-7 [] REFUSED

7. How many months or weeks pregnant are you? Please enter the number of months or weeks.

1 [] |__|__| Months

2 [] |__|__| Weeks

-8 [] DON'T KNOW

-7 [] REFUSED

8. What was the outcome of your last pregnancy?

1 [] Live birth

2 [] Miscarriage

- 3 [] Abortion
- 4 [] Ectopic or tubal pregnancy
- 5 [] Stillbirth
- 6 [] None of the above
- 8 [] DON'T KNOW
- 7 [] REFUSED

9. For your last pregnancy, did any of the following occur? Choose all that apply.

- 1 [] Preterm birth (birth of baby less than 37 weeks gestational age)
- 2 [] Baby with low birth weight (less than 5 pounds 8 ounces)
- 3 [] Baby with birth defects
- 4 [] Placenta Previa
- 5 [] Placenta Abruption
- 6 [] Pre-eclampsia
- 7 [] None of the above
- 8 [] DON'T KNOW
- 7 [] REFUSED

10. During the 3 months before your [most recent / current] pregnancy, how many cigarettes did you smoke on an average day? A pack usually has 20 cigarettes in it.

- 1 [] Less than 1 cigarette a day
- 2 [] 1 to 5 cigarettes a day
- 3 [] 6 to 10 cigarettes a day
- 4 [] 11 to 20 cigarettes a day
- 5 [] 21 to 40 cigarettes a day
- 6 [] 41 cigarettes or more a day
- 7 [] None (0 cigarettes)
- 8 [] DON'T KNOW
- 7 [] REFUSED

11. During the last 3 months of your [most recent / current] pregnancy, how many cigarettes did

you smoke on an average day? A pack usually has 20 cigarettes in it.

1 [] Less than 1 cigarette a day

2 [] 1 to 5 cigarettes a day

3 [] 6 to 10 cigarettes a day

4 [] 11 to 20 cigarettes a day

5 [] 21 to 40 cigarettes a day

6 [] 41 cigarettes or more a day

7 [] None (0 cigarettes)

-8 [] DON'T KNOW

-7 [] REFUSED

12. During the 3 months before your [most recent/current] pregnancy, how often did you use e-cigarettes or other electronic nicotine products?

1 [] Everyday

2 [] A few days a week

3 [] Once a week

4 [] Two or three days a month

5 [] Once a month or less

6 [] I did not use electronic nicotine products then

-8 [] DON'T KNOW

-7 [] REFUSED

13. During the last 3 months of your [most recent/current] pregnancy, how often [did you use/have you used] e-cigarettes or other electronic nicotine products?

1 [] Everyday

2 [] A few days a week

3 [] Once a week

4 [] Two or three days a month

5 [] Once a month or less

6 [] I did not use electronic nicotine products then

7 [] I have not yet reached the last 3 months of my pregnancy

-8 [] DON'T KNOW

-7 [] REFUSED

14. During the 3 months before your [most recent/current] pregnancy, how often did you smoke traditional cigars?

1 [] Everyday

2 [] A few days a week

3 [] Once a week

4 [] Two or three days a month

5 [] Once a month or less

6 [] I did not smoke traditional cigars then

-8 [] DON'T KNOW

-7 [] REFUSED

15. During the last 3 months of your [most recent/current] pregnancy, how often [did you smoke/have you smoked] traditional cigars?

1 [] Everyday

2 [] A few days a week

3 [] Once a week

4 [] Two or three days a month

5 [] Once a month or less

6 [] I did not smoke traditional cigars then

7 [] I have not yet reached the last 3 months of my pregnancy

-8 [] DON'T KNOW

-7 [] REFUSED

16. During the 3 months before your [most recent/current] pregnancy, how often did you smoke cigarillos?

1 [] Everyday

2 [] A few days a week

3 [] Once a week

- 4 [] Two or three days a month
- 5 [] Once a month or less
- 6 [] I did not smoke cigarillos then
- 8 [] DON'T KNOW
- 7 [] REFUSED

17. During the last 3 months of your [most recent/current] pregnancy, how often [did you smoke/have you smoked] cigarillos?

- 1 [] Everyday
- 2 [] A few days a week
- 3 [] Once a week
- 4 [] Two or three days a month
- 5 [] Once a month or less
- 6 [] I did not smoke cigarillos then
- 7 [] I have not yet reached the last 3 months of my pregnancy
- 8 [] DON'T KNOW
- 7 [] REFUSED

18. During the 3 months before your [most recent/current] pregnancy, how often did you smoke filtered cigars?

- 1 [] Everyday
- 2 [] A few days a week
- 3 [] Once a week
- 4 [] Two or three days a month
- 5 [] Once a month or less
- 6 [] I did not smoke filtered cigars then
- 8 [] DON'T KNOW
- 7 [] REFUSED

19. During the last 3 months of your [most recent/current] pregnancy, how often [did you smoke/have you smoked] filtered cigars?

- 1 [] Everyday

- 2 [] A few days a week
- 3 [] Once a week
- 4 [] Two or three days a month
- 5 [] Once a month or less
- 6 [] I did not smoke filtered cigars then
- 7 [] I have not yet reached the last 3 months of my pregnancy
- 8 [] DON'T KNOW
- 7 [] REFUSED

20. During the 3 months before your [most recent/current] pregnancy, how often did you smoke a pipe filled with tobacco?

- 1 [] Everyday
- 2 [] A few days a week
- 3 [] Once a week
- 4 [] Two or three days a month
- 5 [] Once a month or less
- 6 [] I did not smoke a pipe then
- 8 [] DON'T KNOW
- 7 [] REFUSED

21. During the last 3 months of your [most recent/current] pregnancy, how often [did you smoke/have you smoked] a pipe filled with tobacco?

- 1 [] Everyday
- 2 [] A few days a week
- 3 [] Once a week
- 4 [] Two or three days a month
- 5 [] Once a month or less
- 6 [] I did not smoke a pipe then
- 7 [] I have not yet reached the last 3 months of my pregnancy
- 8 [] DON'T KNOW

-7 [] REFUSED

22. During the 3 months before your [most recent/current] pregnancy, how often did you smoke hookah?

1 [] Everyday

2 [] A few days a week

3 [] Once a week

4 [] Two or three days a month

5 [] Once a month or less

6 [] I did not smoke hookah then

-8 [] DON'T KNOW

-7 [] REFUSED

23. During the last 3 months of your [most recent/current] pregnancy, how often [did you smoke/have you smoked] hookah?

1 [] Everyday

2 [] A few days a week

3 [] Once a week

4 [] Two or three days a month

5 [] Once a month or less

6 [] I did not smoke hookah then

7 [] I have not yet reached the last 3 months of my pregnancy

-8 [] DON'T KNOW

-7 [] REFUSED

24. During the 3 months before your [most recent/current] pregnancy, how often did you use snus?

1 [] Everyday

2 [] A few days a week

3 [] Once a week

4 [] Two or three days a month

5 [] Once a month or less

6 [] I did not use snus then

-8 [] DON'T KNOW

-7 [] REFUSED

25. During the last 3 months of your [most recent/current] pregnancy, how often [did you/have you used] use snus?

1 [] Everyday

2 [] A few days a week

3 [] Once a week

4 [] Two or three days a month

5 [] Once a month or less

6 [] I did not use snus then

7 [] I have not yet reached the last 3 months of my pregnancy

-8 [] DON'T KNOW

-7 [] REFUSED

26. During the 3 months before your [most recent/current] pregnancy, how often did you use [other types of] smokeless tobacco (such as moist snuff, dip, spit, or chew)?

1 [] Everyday

2 [] A few days a week

3 [] Once a week

4 [] Two or three days a month

5 [] Once a month or less

6 [] I did not use smokeless tobacco then

-8 [] DON'T KNOW

-7 [] REFUSED

27. During the last 3 months of your [most recent/current] pregnancy, how often [did you use/have you used] smokeless tobacco?

1 [] Everyday

2 [] A few days a week

3 [] Once a week

- 4 [] Two or three days a month
- 5 [] Once a month or less
- 6 [] I did not use smokeless tobacco then
- 7 [] I have not yet reached the last 3 months of my pregnancy
- 8 [] DON'T KNOW
- 7 [] REFUSED

28. During the 3 months before your [most recent/current] pregnancy, how often did you use IQOS?

- 1 [] Everyday
- 2 [] A few days a week
- 3 [] Once a week
- 4 [] Two or three days a month
- 5 [] Once a month or less
- 6 [] I did not use IQOS then
- 8 [] DON'T KNOW
- 7 [] REFUSED

29. During the last 3 months of your [most recent/current] pregnancy, how often [did you use/have you used] IQOS?

- 1 [] Everyday
- 2 [] A few days a week
- 3 [] Once a week
- 4 [] Two or three days a month
- 5 [] Once a month or less
- 6 [] I did not use IQOS then
- 7 [] I have not yet reached the last 3 months of my pregnancy
- 8 [] DON'T KNOW
- 7 [] REFUSED