Project on Human Development in Chicago Neighborhoods (PHDCN): Infant Assessment Unit, Wave 1, 1995-1997

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Instrument for ICPSR 13579 - Maternal and Infant Health Survey
I'd like to ask you some questions about your pregnancy with **** and how **** health has been since s/he was born. The first few questions are about prenatal care during your pregnancy with ****. Prenatal care includes things such as seeing a doctor, nurse or midwife for a check-up. Remember at the beginning of our visit, I told you about the special protection to insure your privacy. The Federal Certificate of Confidentiality makes it illegal for anyone to see or find out what your answers are to these questions. Only our research staff will see them.

Note: If necessary, define prenatal care. At these visits you may have been weighed, had your blood pressure checked or received a pelvic exam. You may have had a blood or urine test or a Pap smear. Sometimes the baby is also examined with an ultrasound test, amniocentesis, or a heart rate monitor.

2. How many weeks pregnant were you when you first found out that you were pregnant with ****?

______ months = _______ weeks

95 / 96 / 98
3. Did you get any prenatal care from a doctor or nurse-midwife during this pregnancy?
   1. Yes  Go to Q. 4
   2. No  Go to Q. 9

4. How many weeks pregnant were you when you went for your first prenatal visit?
   _______ months = _______ weeks

5. Where did you go for most of your prenatal care? I need the name, address, and phone number for the doctor, nurse-midwife, health department, HMO, clinic, or hospital you went to for most of your prenatal care.

      5A. Doctor's name
      5B. Clinic or Hospital name
      5C. Street Address
      5D. City
      5E. State
      5F. Zip code
      5G. (area code) ___________ Telephone Number
What kind of place was this? (Read all choices)

1. A private doctor's or nurse-midwife's office,
2. A county or city health department,
3. A community health center,
4. A clinic at work or school,
5. A clinic in a hospital,
6. An emergency room in a hospital, or
7. Something else?

7A. (Specify)

Did you go anywhere else for prenatal care?

1. Yes
2. No

7A. What is the name, address, and phone number for the doctor, nurse-midwife, health department, HMO, clinic, or hospital you went to for this prenatal care.

7A. Doctor's name

7B. Clinic or Hospital name

7C. Street Address

7D. City

7E. State

7F. Zip code

7G. (area code)    Telephone Number

5=DU  6=REF  7=NA  8=DK  9=NA
8. Did you go anywhere else for prenatal care?
   1. Yes  
   2. No  

8A. Please give the name, address, and phone number for the doctor, nurse-midwife, health department, HMO, clinic, or hospital you went to for this prenatal care.

   8A. Doctor's name

   8B. Clinic or Hospital name

   8C. Street Address

   8D. City
   8E. State
   8F. Zip code

   8G. (area code)  
   Telephone Number

9. While you were pregnant, did you have any health insurance, Medicaid or HMO coverage?
   1. Yes  
   2. No  

10. Were there any medical problems during your pregnancy?
    1. Yes  
    2. No  

5=DU  6=REF  7=NAP  8=DK  9=NA
10A. Can you just briefly describe the problems you had?


11. Thinking back, just before you became pregnant...

11A. Did you want to become pregnant at that time?

1. Yes
2. No


11B. Did you want to become pregnant at an earlier time, as well?

1. Yes
2. No


11C. Did you want to become pregnant in the future?

1. Yes
2. No


5=DU  6=REF  7=NAP  8=DK  9=NA
12. During the month you became pregnant, were you using any kind of birth control? This includes: birth control pills, condoms, or any other kind of birth control.

   1. Yes
   2. No

13. How many weeks did this pregnancy last?

   _____ months = _____ weeks

14. In general, what was this pregnancy like for you? For example, how did you feel physically? How did you feel about being pregnant? How did your pregnancy affect other aspects of your life, such as personal relationships or work?

   __________________________________________
   __________________________________________
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   __________________________________________
Now I'd like to ask you some questions about your use of alcohol, tobacco, or other drugs during your pregnancy.

15. On the average, how many drinks of alcohol, per week did you have during the 3 months before you found out that you were pregnant? A drink is 12 ounces of beer, 4 ounces of wine, or 1½ ounces of hard liquor. (Let PC respond first and then offer choices closest to her response.)

1. 21 or more drinks a week
2. 14 to 20 drinks a week
3. 9 to 13 drinks a week
4. 6 to 8 drinks a week
5. 3 to 5 drinks a week
6. 2 drinks a week
7. 1 drink a week
8. 2 to 3 drinks a month
9. 1 drink a month
10. Less than one drink a month
11. Did not drink at all before you found out that you were pregnant

16. On the average, how many drinks of alcohol did you have per week after you found out that you were pregnant?

1. 21 or more drinks a week
2. 14 to 20 drinks a week
3. 9 to 13 drinks a week
4. 6 to 8 drinks a week
5. 3 to 5 drinks a week
6. 2 drinks a week
7. 1 drink a week
8. 2 to 3 drinks a month
9. 1 drink a month
10. Less than one drink a month
11. Did not drink at all after you found out that you were pregnant
17. During the past 30 days, on about how many days did you have one or more drinks of any kind of alcohol?

18. On those days that you did drink in the past 30 days, about how many drinks did you have each day?

Usual number of drinks per day:

19. On the average, how many cigarettes did you smoke per day during the 3 months before you found out that you were pregnant?

Average number of cigarettes per day, before:

20. On the average, how many cigarettes did you smoke per day after you found out that you were pregnant?

Average number of cigarettes per day, after:

21. Do you smoke cigarettes now?

1. Yes Go to Q. 22
2. No Go to Q. 23

22. On the average, how many cigarettes do you now smoke per day?

Average number of cigarettes per day now:
Who lived with you during most of your pregnancy?
(Let PC respond and then offer choices that best describe her responses.)

23A. No-one, you lived alone?
   1. Yes       Go to Q. 25
   2. No

23B. The baby's father?  1. Yes  2. No

23C. Your mother?  1. Yes  2. No

23D. Your father?  1. Yes  2. No

23E. The baby's father's mother?  1. Yes  2. No

23F. The baby's father's father?  1. Yes  2. No

23G. Your children?
   1. Yes       Go to Q. 23H
   2. No       Go to Q. 23I

23H. How many?

5=DU  6=REF  7=NAP  8=DK  9=NA
231. Other children?
   1. Yes  Go to Q. 23J
   2. No  Go to Q. 23K

23J. How many?

23K. Other relatives?
   1. Yes  Go to Q. 23L
   2. No  Go to Q. 23M

23L. How many?

23M. Other people?
   1. Yes  Go to Q. 23N
   2. No  Go to Q. 24

23N. How many?

24. (Other than yourself) How many of these people smoked at home during most of your pregnancy?

25. Did you smoke marijuana or hash at all during the 12 months before your delivery? (Note the word used by PC and check to be sure it means marijuana.)
   1. Yes  Go to Q. 26
   2. No  Go to Q. 28
26. How often did you smoke marijuana or hash during the 3 months before you found out that you were pregnant? (Let PC respond, then offer choices that best describe her responses.)

1. 3 or more times a week
2. 1 or 2 times a week
3. 2 or 3 times a month
4. 1 time a month
5. Less than one time a month
6. Did not smoke marijuana or hash during those 3 months.

27. How often did you smoke marijuana or hash after you found out that you were pregnant?

1. 3 or more times a week
2. 1 or 2 times a week
3. 2 or 3 times a month
4. 1 time a month
5. Less than one time a month
6. Did not smoke marijuana or hash after you found out that you were pregnant.

28. Did you use cocaine or crack at all during the 12 months before your delivery?

1. Yes  Go to Q:29
2. No  Go to Q:31

29. How often did you use cocaine or crack during the 3 months before you found out that you were pregnant?

1. 3 or more times a week
2. 1 or 2 times a week
3. 2 or 3 times a month
4. 1 time a month
5. Less than one time a month
6. Did not use cocaine or crack during those 3 months

5=DU  6=REF  7=NAP  8=DK  9=NA
30. How often did you use cocaine or crack after you found out you were pregnant?
   1. 3 or more times a week
   2. 1 or 2 times a week
   3. 2 or 3 times a month
   4. 1 time a month
   5. Less than one time a month
   6. Did not use cocaine or crack after you found out you were pregnant

31. Did you use heroin at all during the 12 months before your delivery?
   1. Yes  Go to Q.32
   2. No   Go to Q.34

32. How often did you use heroin during the 3 months before you found out you were pregnant?
   1. 3 or more times a week
   2. 1 or 2 times a week
   3. 2 or 3 times a month
   4. 1 time a month
   5. Less than one time a month
   6. Did not use heroin during those 3 months

33. How often did you use heroin after you found out you were pregnant?
   1. 3 or more times a week
   2. 1 or 2 times a week
   3. 2 or 3 times a month
   4. 1 time a month
   5. Less than one time a month
   6. Did not use heroin after you found out you were pregnant

5=DU  6=REF  7=NAP  8=DK  9=NA
Now I'd like to ask you some questions about your health during the pregnancy and health since s/he came home.

34. Where was **** born?

1. Delivered at home Go to Q.36
2. Hospital, clinic, birthing center, or other medical facility Go to Q.35
3. Other Go to Q.35

35. What is the name and address of the place **** was born?

35A. Clinic's or Hospital's name

35B. Street Address

35C. City

35D. State

35E. Zip Code

36. How was the delivery (birth)?

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

5=DU 6=REF 7=NAP 8=DK 9=NA
36A. Did you have any serious problems with the delivery?

1. Yes    Go to Q.36B
2. No     Go to Q.37

36B. What kind of problems did you have?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

37. How many times were you hospitalized while you were pregnant with ****? Would you say...

Do not include hospitalization for the delivery.

0. None,
1. Once, or
2. Two or more times

38. What was your weight just before you became pregnant with ****?

39. What was your weight just before your delivery?
What was the date when **** first came home from the hospital?

mm / dd / yyyy

95 / 96 / 98
95 / 96 / 98
9995 / 9996 / 9998

Now I am going to ask you about some illnesses or problems **** may have had since s/he was born.

Has **** had an ear infection?
1. Yes Go to Q. 41A
2. No Go to Q. 42

During which months did s/he have this?

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th


Has **** had pneumonia?

1. Yes Go to Q. 42A
2. No Go to Q. 43

During which months did s/he have this?

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th


5=DU 6=REF 7=NAP 8=DK 9=NA
43. Has ***** had any seizures or convulsions?
   1. Yes Go to Q. 43A
   2. No Go to Q. 44

43A. During which months did these occur?

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44. Has ***** had an injury from a bad fall or accident?
   1. Yes Go to Q. 44A
   2. No Go to Q. 45

44A. During which months did this occur?

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5=DU   6=REF   7=NAP   8=DK   9=NA
45. Has **** had colic? What I mean by colic is a time when **** is not sick but cries for 3 hours or more and nothing you do seems to help. Have there been times when **** has cried like this 3 or more times a week?

1. Yes  Go to Q. 45A
2. No  Go to Q. 46

45A. During which months did this occur?

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45A. 45B. 45C. 45D. 45E. 45F. 45G. 45H. 45I. 45J. 45K. 45L.

46. Has **** been given any vaccines or vaccinations by mouth or by shot?

1. Yes
2. No

47. After **** first came home from the hospital, did s/he have to go back into the hospital overnight for any reason?

1. Yes  Go to Q. 47A
2. No  End interview and record time

47A. How many times was **** hospitalized?

47A.  # of times 95 / 96 / 98

5=DU  6=REF  7=NAP  8=DK  9=NA
48. Why was ***** hospitalized the 1st time?


48A. How long did s/he stay in the hospital for that?


49. Why was ***** hospitalized the 2nd time?


49A. How long was s/he hospitalized for that?


50. Why was ***** hospitalized the 3rd time?

50A. How long was s/he hospitalized for that?

Thank you very much for your help.

Time Stopped: _____ : _____ AM PM

hh mm

5=DU 6=REF 7=NAP 8=DK 9=NA