

Baseline Questionnaire

Record ID

Subject ID ([consent_arm_1][subjectid])

Date

CRC Initials

Address

Latitude

Longitude

Census Tract ID number

Deprivation Index Score

Demographic Information

What is your date of birth?

(mother's date of birth, not her infant's)

Do you currently have health insurance?

- No
 Yes
 Unsure/Unknown
 Refused/No Response

What kind of insurance do you have?

- Public
 Private
 Both
 Unsure if public or private/Unknown
 Refused/No Response

Are you of Hispanic, Latina, or Spanish origin?

- No
 Yes
 Unsure/Unknown
 Refused/No Response

Are you: (check all that apply)

- White
- Black, African American
- American Indian/ Alaskan Native
- Asian
- Native Hawaiian/ Pacific Islander
- None
- Unsure/ Unknown
- Refused/ No Response

What is your marital status?

- Married
- Divorced
- Widowed
- Separated
- Never Married
- A Member of an Unmarried Couple
- Unsure/ Unknown
- Refused/ No Response

Social History

Including yourself, how many people live in your household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- More than 7 people
- Unsure/Unknown
- Refused/No Response

Please list all household members:

(Including the study participant/mother)

Household member 1

(1) Household member's relation to child

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other
- Grandmother
- Grandfather
- Great Grandmother
- Great Grandfather

(1) If relation is "other", please describe:

(1) Age

(Age in years)

(1) Sex

- Male
- Female

Household member 2

(2) Household member's relation to child

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other
- Grandmother
- Grandfather
- Great Grandmother
- Great Grandfather

(2) If relation is "other", please describe:

(2) Age

(Age in years)

(2) Sex

- Male
- Female

Household member 3

(3) Household member's relation to child

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other
- Grandmother
- Grandfather
- Great Grandmother
- Great Grandfather

(3) If relation is "other", please describe:

(3) Age

(Age in years)

(3) Sex

- Male
- Female

Household member 4

(4) Household member's relation to child

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other
- Grandmother
- Grandfather
- Great Grandmother
- Great Grandfather

(4) If relation is "other", please describe:

(4) Age

(Age in years)

(4) Sex

- Male
- Female

Household member 5

(5) Household member's relation to child

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other
- Grandmother
- Grandfather
- Great Grandmother
- Great Grandfather

(5) If relation is "other", please describe:

(5) Age

(Age in years)

(5) Sex

- Male
- Female

Household member 6

(6) Household member's relation to child

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other
- Grandmother
- Grandfather
- Great Grandmother
- Great Grandfather

(6) If relation is "other", please describe:

(6) Age

(Age in years)

(6) Sex

- Male
- Female

Household member 7

(7) Household member's relation to child

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other
- Grandmother
- Grandfather
- Great Grandmother
- Great Grandfather

(7) If relation is "other", please describe:

(7) Age

(Age in years)

(7) Sex

- Male
- Female

If there are more than 7 people living in your household, please describe their relationship to the child, their age in years and their sex here:

(8) Household member's relation to child

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other
- Grandmother
- Grandfather
- Great Grandmother
- Great Grandfather

(9) Household member's relation to child

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other
- Grandmother
- Grandfather
- Great Grandmother
- Great Grandfather

(10) Household member's relation to child

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other
- Grandmother
- Grandfather
- Great Grandmother
- Great Grandfather

(11) Household member's relation to child

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other
- Grandmother
- Grandfather
- Great Grandmother
- Great Grandfather

Total number of people that live in the household?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 88 Unknown

Total number of people under 5 years of age that live in the household?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 88 Unknown

Total number of people between 5-17 years that live in the household?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 88 Unknown

Including the study mother, total number of people
between 18-64 that live in the household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 88 Unknown

Total number of people 65 years and older that live in the household?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 88 Unknown

What is the highest degree or diploma you have completed?

- None
- GED
- High School Diploma
- 2-Year College Degree (Associate's or Technical Degree)
- 4-Year College Degree (Bachelor's Degree)
- Graduate Degree (Master's, Doctorate, Medical, etc.)
- Unsure/ Unknown
- Refused/ No Response

Please choose the range that best represents your household income last year (before taxes):

- Less than or equal \$25,000
- Between \$25 and 50 thousand (\$25,001-\$50,000)
- Between \$50 and 75 thousand (\$50,001-\$75,000)
- Between \$75 and 100 thousand (\$75,001-\$100,000)
- Between \$100 and 125 thousand (\$100,001-\$125,000)
- Between \$125 and \$150 thousand (\$125,001-\$150,000)
- Over \$150,000
- Unsure, Unknown
- Refused/ No Response

Recent Health History

Are you currently or were you ever enrolled in the ADORE Trial?

- Yes
 No

What was your weight at the time you became pregnant with this child?

_____ (lbs.)

During this pregnancy have you had symptoms of a respiratory illness such as a cough, earache, nasal congestion, running nose, shortness of breath, rapid or shallow breathing, sore throat, vomiting after cough or wheezing?

- No
 Yes
 Unsure/ Unknown
 Refused/ No Response

If yes, how many times during this pregnancy did you experience one or more of those symptoms listed?

- 1
 2
 3
 4 or more times
 Unsure/ Unknown
 Refused/ No Response

(1) Date you began to feel sick with an illness

(1) Date Description:

- Exact
 Approximate
 Unknown
 No Response/Refused

(2) Second date you began to feel sick with an illness

(2) Date Description:

- Exact
 Approximate
 Unknown
 No Response/Refused

(3) Third date you began to feel sick with an illness

(3) Date Description:

- Exact
 Approximate
 Unknown
 No Response/Refused

If you felt sick 4 or more times, please list the dates here and provide the date description:

If yes, did any of these illnesses result in a doctor's visit or hospital stay?

- No
 Yes, doctor's visit
 Yes, hospitalization
 Unsure/ Unknown
 Refused/ No Response

Did you take oseltamivir (Tamiflu or generic version) or a similar specific prescription antiviral medication as treatment for your illness?

- No
 Yes
 Unsure/ Unknown
 Refused/ No Response

If yes, what medication did you take?

- Oseltamivir (generic version or Tamiflu)
 Zanamivir (Relenza)
 Unsure/ Unknown
 Refused/ No Response

During this pregnancy have you had any diarrhea or vomiting requiring medical attention?

- No
 Yes
 Unsure/ Unknown
 Refused/ No Response

If yes, what was the date of the most recent symptoms?

Date Description:

- Exact
 Approximate
 Unknown
 No Response/Refused

During this pregnancy have you visited an emergency room or been hospitalized?

- No
 Yes
 Unsure/ Unknown
 Refused/ No Response

What was the date of the most recent event?

Date Description:

- Exact
 Approximate
 Unknown
 No Response/Refused

What was the diagnosis?

- Contractions
 Leaking Fluids
 Vaginal Bleeding
 High Blood Pressure
 GI Disturbance (Nausea, Vomiting, Diarrhea or Dehydration)
 Abdominal Pain
 Other
 Unknown/ Unsure
 Refused/ No Response

If the diagnosis was "other", please describe:

During this pregnancy have you taken any prenatal vitamins, probiotics, DHA (docosahexaenoic acid), or other supplements?

- No
 Yes
 Unsure/ Unknown
 Refused/ No Response

If yes, what have you taken during this pregnancy?

- Prenatal Vitamins
 Probiotics
 DHA (docosahexaenoic acid)
 Other Supplements

Have you received any antibiotics by mouth, IV or injection during this pregnancy?

- No
 Yes
 Unknown/ Unsure
 Refused/ No Response

If yes, how many times during your pregnancy did you receive either antibiotics by mouth, IV or injection?

- 1
 2
 3
 4 or more times
 Unsure/ Unknown
 Refused/ No Response

(1) Date first antibiotic was prescribed

(1) Date Description:

- Exact
 Approximate
 Unknown
 No Response/Refused

(2) Date second antibiotic was prescribed

(2) Date Description:

- Exact
 Approximate
 Unknown
 No Response/Refused

(3) Date third antibiotic was prescribed

(3) Date Description:

- Exact
 Approximate
 Unknown
 No Response/Refused

If you were prescribed antibiotics four or more times, please list the dates here and provide the date description:

If yes, what were the antibiotics prescribed for?

Check all that apply

- Sore Throat
 Respiratory Infection
 Ear Infection
 Diarrhea and/or Vomiting
 Fever
 Skin Infection
 Urinary Tract Infection
 Sexually Transmitted Disease
 Other
 Unsure/ Unknown
 Refused/ No Response

If other, please specify:

If STI, please specify:

- Chlamydia
- Gonorrhea
- Syphilis
- Trichomiasis
- Unknown/ Unsure
- No Response/ Refused

During this pregnancy, did you travel or live outside the United States? (Including Mexico, Canada and the Caribbean)

- No
- Yes
- Unsure/ Unknown
- Refused/ No Response

If yes, how many countries did you travel to during this pregnancy?

- 1
- 2
- 3
- 4 or more countries
- Unsure/ Unknown
- Refused/ No Response

(1) Country 1

(1) What is the name of the first country?

(1) What date did you travel to this country?

(1) Date Description:

- Exact
- Approximate
- Unknown
- No Response/Refused

(2) Country 2

(2) What is the name of the second country?

(2) What date did you travel to this country?

(2) Date Description:

- Exact
- Approximate
- Unknown
- No Response/Refused

(3) Country 3

(3) What is the name of the third country?

(3) What date did you travel to this country?

(3) Date Description:

- Exact
- Approximate
- Unknown
- No Response/Refused

If you traveled to four or more countries during your pregnancy, please specify the remaining countries, dates of travel, and date descriptions:

Have you smoked any cigarettes before or during this pregnancy?

- No
 Yes
 Unsure/ Unknown
 Refused/ No Response

If yes, which time periods during your pregnancy did you smoke?

- Three months before pregnancy
 First three months of pregnancy
 Second three months of pregnancy
 Third trimester of pregnancy

During the three months before pregnancy, what's the average number of cigarettes you smoked per day?

During the first three months of pregnancy, what's the average number of cigarettes you smoked per day?

During the second three months of pregnancy, what's the average number of cigarettes you smoked per day?

During the third trimester of pregnancy, what's the average number of cigarettes you smoked per day?

How many people, not including yourself, smoke inside your home most days? (Include family members, friends and anyone else)

During any of your visits to a doctor, nurse or other medical professional, did any of these medical professionals recommend that you get a flu shot or tell you that you need a flu shot?

- No
 Yes
 Unsure/ Unknown
 Refused/ No Response

During any of your visits to a doctor, nurse or other medical professional, did any of these medical professionals offer to give you a flu shot or tell you that you needed a flu shot?

- No
 Yes
 Unsure/ Unknown
 Refused/ No Response

Did you get a flu shot during this pregnancy?

- No
 Yes
 Unsure/ Unknown
 Refused/ No Response

If yes, what was the date of the shot?

Date Description:

- Exact
 Approximate
 Unknown
 No Response/Refused

At what kind of place did you receive the flu vaccination?

- My OB/GYN's office
- My midwife's office
- My family doctor or other doctor's office
- Health department clinic
- Other clinic or health center
- Hospital
- Other medically-related place
- A pharmacy or drug store (like a Walgreens or CVS)
- A supermarket, grocery store, or superstore (like a Wal-Mart or Target)
- Workplace
- Elementary/Middle/High School
- Other non-medically related place
- Unsure/Unknown

Please specify "other medically-related place":

Please specify "other non-medically related place":

Please provide the name and location of the vaccination provider:

Did you get a flu shot in the past year, before you became pregnant with this current pregnancy?

- No
- Yes
- Unsure/Unknown
- Refused/ No Response

If yes, what was the date of the shot?

Date Description:

- Exact
- Approximate
- Unknown
- No Response/Refused

If yes, which of the following is the ONE main reason why you decided to be vaccinated for the flu during this pregnancy?

- To protect myself from the flu
- To protect my baby from the flu
- To protect my friends and family from the flu
- A doctor, nurse, or other medical professional recommended the flu shot
- To avoid missing work or because I had to for work
- Because the flu might be bad this season
- It was easy or convenient to get the flu shot
- Unknown, Unsure
- Refused/ No Response

Were any of the other options reasons why you decided to be vaccinated for the flu during your pregnancy?

[Exclude the answer given above; the study participant may choose as many additional answers as applicable]

- To protect myself from the flu
- To protect my baby from the flu
- To protect my friends and family from the flu
- A doctor, nurse, or other medical professional recommended the flu shot
- To avoid missing work or because I had to for work
- Because the flu might be bad this season
- It was easy or convenient to get the flu shot
- Unknown, Unsure
- Refused/ No Response

How effective do you think the flu shot is in preventing you from getting the flu?

- Very effective
- Somewhat effective
- Not too effective
- Not at all effective
- Unknown/ Unsure
- Refused/ No Response

When a pregnant woman receives the flu vaccination, how effective do you think it is in protecting her baby from the flu?

- Very effective
- Somewhat effective
- Not too effective
- Not at all effective
- Unknown/ Unsure
- Refused/ No Response

Based on what you know or have heard, how safe are flu shots for most adult women?

- Completely safe
- Very safe
- Somewhat safe
- Somewhat unsafe
- Very unsafe
- Completely unsafe
- Unknown/ Unsure
- Refused/ No Response

How safe do you think flu vaccinations are for pregnant women?

- Completely safe
- Very safe
- Somewhat safe
- Somewhat unsafe
- Very unsafe
- Completely unsafe
- Unknown/ Unsure
- Refused/ No Response

When a pregnant woman receives the flu vaccination, how safe do you think that vaccination is for her baby?

- Completely safe
- Very safe
- Somewhat safe
- Somewhat unsafe
- Very unsafe
- Completely unsafe
- Unknown/ Unsure
- Refused/ No Response

During this pregnancy, did a doctor, nurse or health care worker offer you a Tdap shot or tell you to get one?

- No
- Yes
- Unsure/ Unknown
- Refused/ No Response

Did you get a Tdap shot during this pregnancy?

- No
- Yes
- Unsure/ Unknown
- Refused/ No Response

If yes, what was the date when you received the tdap shot?

Date Description:

- Exact
- Approximate
- Unknown
- No Response/Refused

Have you ever refused a vaccination for yourself?

- No
 Yes
 Unsure/ Unknown
 Refused/ No Response

If you have a previous child, have you ever refused a vaccination for a child of yours?

- No
 Yes
 Unsure/ Unknown
 Refused/ No Response

Please choose the answer that most closely matches your opinion:

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I trust the information I receive about shots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is better for my child to develop immunity by getting sick than to get a shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is better for children to get fewer shots at the same time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children get more shots than are good for them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please choose the answer that most closely matches your opinion

	Not at all hesitant	Not too hesitant	Not sure	Somewhat hesitant	Very hesitant
Overall, how hesitant about childhood shots would you consider yourself to be?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the past 30 days, on average how many hours per day did you spend out of doors for work, school or recreationally? Would you say...?

- Less than 1 hour a day
 1 hour a day
 2 hours a day
 3 hours a day
 4 hours a day
 5 hours a day
 Unknown/ Unsure
 Refused/ No Response

You may not know exactly what your plans are for feeding your baby, but you may have ideas about what you would like or are planning to do. I am going to read you statements about feeding your baby and I would like you to please choose the answer that most closely matches your opinion, considering both your current feeding plans and the likelihood you will carry out those plans.

Very much agree	Somewhat agree	Unsure	Somewhat disagree	Very much disagree
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- I am planning to only formula feed my baby (I will not breastfeed at all)
- I am planning to breastfeed my baby or at least try.
- When my baby is one month old, I will be breastfeeding my baby without any formula or other milk.
- When my baby is three months old, I will be breastfeeding my baby without using any formula or other milk.
- When my baby is six months old, I will be breastfeeding my baby without using any formula or other milk.

How old do you think your baby will be when you completely stop breastfeeding?

_____ (months)

How comfortable are you with the idea of breastfeeding your baby?

- Very comfortable
 Somewhat comfortable
 Somewhat uncomfortable
 Very uncomfortable
 Unknown/ Unsure
 Refused/ No Response

During this pregnancy, have you received any counseling on how best to feed your infant?

- No
 Yes
 Unknown/ Unsure
 Refused/ No Response

If yes, what best describes the advice you received.

- Breastfeeding is recommended
 Formula is recommended
 Both breastfeeding and formula are recommended
 Unknown, Unsure
 Refused/ No Response