

Table 4 Early pregnancy questionnaire

Natural Population Cohort Survey in Southwest China

(birth cohort)

Early Pregnancy Survey

<h1>Personal code:...-...-....-</h1> <input type="checkbox"/> 1 - <input type="checkbox"/> 0 <input type="checkbox"/> 2											
<p>The first 1-2 digits from the left are the survey city (state) code, with a value unit of 0-9;</p>											
<p>The third and fourth digits are the code of the survey agency, with a value range of 0-9;</p>											
<p>The 5th to 9th digits are the serial number of pregnant women surveyed, with a range of 0-9; each institution is numbered from 00001;</p>											
<p>The 10th digit is the identification code of the research subject (1 for mother), 2 for the first child, 3 for the second child (and so on for multiple births); the questionnaire for multiple births should be filled out for each fetus.</p>											
<p>The 11th and 12th digits are the questionnaire number: Baseline Table 01, Early Pregnancy Table 02, Mid-Pregnancy Table 03, Late Pregnancy Table 04, Birth Table 05, Postpartum and Infant Table 06, Six Months Table 07, One Year Table 08.</p>											
<p>Name of pregnant woman: _____ Current gestational age: _____ cell-phone number : _____</p>											
<p>Pregnant ID number: <input type="checkbox"/> <input type="checkbox"/></p>											
<p>Name of the survey institution: _____</p>											
<p>Investigators signature: _____</p>						<p>date : _____ year _____ moon _____ sun</p>					
<p>QC Officer signature: _____</p>						<p>date : _____ year _____ moon _____ sun</p>					

Start time of investigation (24-hour system): time component

Part I: Lifestyle and environmental exposures																				
A. smoke																				
A01	Have you ever smoked frequently (at least one cigarette a day for more than one month)? 0 No (please jump to A05) 1. Yes → A02. When did you start smoking regularly? ____ year ____ Month (fill in the range from 10 years old to no more than age) A03. How many cigarettes do you usually smoke a day when you smoke regularly? ____ Branch/day (fill in the range 1 to 30) A04. Have you stopped smoking ____ 0. No (go to A05) 1. Yes, when did you stop smoking? ____ year ____ Month (fill in the range not exceeding the current date)																			
	Instructions for filling in the form: Exposure to smoking environment: refers to passive inhalation of cigarette smoke in various situations (home, workplace or entertainment place), regardless of the length of time.																			
	A05	Have you been exposed to smoke since becoming pregnant? ____ 0 No (Please jump to B01) 1. Yes → A06. Does your family smoke in front of you? ____ 0 No (please jump to A08) 1 Yes A07. How long does he usually smoke in front of you every day? ____ Hours/day A08. Do people smoke in front of you in your work environment and public places? ____ 0 No (please jump to B01) 1. Yes A09. Average weekly exposure to smoke ____ Hours/week																		
		B. drink																		
B01		Have you ever had alcohol regularly? (meaning at least once a week on average) ____ 0 No (please skip C01) 1. Yes →																		
B02		When did you start drinking regularly? ____ days																		
	<table border="1"> <thead> <tr> <th>Wine varieties</th> <th>Next/Week</th> <th>Two/once (1 tael is about equal to 50ml)</th> </tr> </thead> <tbody> <tr> <td>B03. Beer</td> <td></td> <td></td> </tr> <tr> <td>B04. Foreign wines</td> <td></td> <td></td> </tr> <tr> <td>B05. Spirits</td> <td></td> <td></td> </tr> <tr> <td>B06. Wine</td> <td></td> <td></td> </tr> <tr> <td>B07. Shochu</td> <td></td> <td></td> </tr> </tbody> </table>		Wine varieties	Next/Week	Two/once (1 tael is about equal to 50ml)	B03. Beer			B04. Foreign wines			B05. Spirits			B06. Wine			B07. Shochu		
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	B06. Wine																			
	B07. Shochu																			
B08	Have you stopped drinking regularly ____ 0. Yes he (jump to C01) 1. Is it the time of stopping regular drinking Year Month																			
C. drink tea																				
C01	Do you drink tea regularly (at least 3 times a week)? ____ 0 No (please jump to D01) 1. Yes → C02. When did you start drinking tea regularly? Year Month C03. What kind of tea do you drink? ____ (Choose one) 1. Green tea 2. Black tea 3. Oolong tea 4. Camellia 5. Black tea The amount of green tea is similar to that of black tea 6. The amount of green tea is similar to that of camellia 7. The amount of black tea is similar to that of camellia 8. Others																			

	C04. Have you stopped drinking tea regularly_____ 0 No (jump to D01) 1 Yes, stop regular tea time Year Month
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D. alima

D01	Did you take vitamin or mineral supplements (such as folic acid, Fosif, calcium tablets, iron supplements, etc.) frequently during the year before pregnancy?____ 0 No (please jump to D03) 1. Yes →
D02	<p>Please write down the name of the vitamin or mineral supplement you take regularly, when you take it and how often you usually take it a week.</p> <p>1. Folic acid (1 Folic acid tablets 2 Ailovee 3 Materna 4 Not known), weekly____ Next, co-servicing____ circumference</p> <p>2. Fukuroto (1_____ 2 (Not clear), weekly____ Next, co-servicing____ circumference</p> <p>3. Calcium tablets (1 calcium carbonate D3 tablet 2 calcium carbonate D3 granules 3 calcium acetate capsules 4 calcium lactate granules 5 calcium gluconate zinc oral solution 6 unknown), weekly____ Next, co-servicing____ circumference</p> <p>4. Iron supplements (1 polysaccharide iron complex capsules 2 dextran iron oral solution 3 ferrous lactate capsules 4 protein succinate iron oral solution 5 ferrous succinate sustained-release tablets 6 unknown), weekly____ Next, co-servicing____ circumference</p> <p>5. Other: Please indicate_____</p>
D03	Have you taken any vitamins or mineral supplements since this pregnancy?____ 0. No (please jump to E01) 1. Yes→
D04	<p>Please write down the name of the vitamin or mineral supplement you take regularly, when you take it and how many times a week.</p> <p>1. Vitamin ____ 1. Ailovee 2. Martina 3. Not sure weekly____ Next, a total of ____ weeks</p> <p>2. Minerals 1. Ailovee 2. Materna 3. Not known weekly____ Next, co-servicing____ circumference</p> <p>3. Other: Please indicate_____</p>

E. Sports activities and electronic product use

Note: Average walking time per session, computer/TV time per day, etc., are estimated values. For example, if the time is about 2-3 hours, fill in 2.5 hours.	
E01	Have you been walking since becoming pregnant?____ 0. No 1.. Yes average weekly walk____ Next time, every time____ 2 hours a day. Yes, but not clear
E02	Since becoming pregnant, have you been physically active (excluding walking, at least 3 times a week for at least 30 minutes each time)?____ 0 No 1 Yes
E03	Since becoming pregnant, you've been using your computer on average every day____ hour
E04	Since becoming pregnant, you watch TV on average every day____ hour
E05	Have you worn a radiation suit since you were pregnant?____ 0 No (please jump to F01) 1 Yes
E06	How often do you wear a radiation suit on average every day? hour

F.occupational exposure

F01	Have you ever worked____ 0. Does it jump to G01 1. Yes (how many times the work has exceeded half a year 1 time 2 times 3 times)
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<p>Please fill in your current and past work information (if you have worked for less than six months, do not fill in, starting from the most recent job)</p>				
Title	question	Job 1	Work 2	Work 3
F02	Name of your work unit			
F03	Address of your work unit	_market_distinguish_street	_market_distinguish_street	_market_distinguish_street
F04	What is your job position?			
F05	Please describe the specific tasks of your work			
F06	When did you start this job?	_year__moon	_year__moon	_year__moon
F07	When will you finish this work? (Unfinished Bundling 99)	_year__moon	_year__moon	_year__moon
F08	Which of the following best describes the intensity of physical activity required for your job?	1. Sitting dominates 2. Small amounts 3. Intermediate 4. High	1. Sitting dominates 2. Small amounts 3. Intermediate 4. High	1. Sitting dominates 2. Small amounts 3. Intermediate 4. High
F09	Whether your work requires an overnight shift	0. No 1 Yes	0. No 1 Yes	0. No 1 Yes
F10	Your daily working hours since pregnancy: _____ Hours (0 for non-working)			
F11	What is your most commonly used transportation for work and travel? (Multiple choices) A. Walking B. Bicycle/electric vehicle C. Bus D. Subway E. Car F. Bicycle			
F12	Time from home to work: On foot _____ Hourly rides _____ hour			
F13	You work in a noisy factory, bar, or are often exposed to loud noise: _____ 0. No (go to F15) 1. Yes →			
F14	How loud is the noise: _____ 1. Most of the time it is not large 2. Can hear the sound of speech, the noise is loud 3. Can not hear the sound of speech, can tolerate 4. Can not hear the sound of speech, the noise is unbearable 5. Uncertain			
F15	Have you been exposed to dust in your work (including field work)? (Dust refers to dust, smoke, smoke, mineral dust, sand dust, powder, etc. in the working environment): _____ 0 No 1 Yes 2. Don't know			
F16	Have you been exposed to harmful gases (e.g., gasoline, pesticides, cooking fumes, ammonia, sulfur dioxide, carbon monoxide, mercury, benzene, hydrogen sulfide, etc.) at work (including in the field)? _____ 0 No 1 Yes 2. Don't know			
<p><u>G. Home-based living</u></p>				
<p>Please provide information about the housing you have lived in from the 12 months prior to pregnancy until now.</p>				
<p>How many places have you lived since 12 months before pregnancy? _____ (1. One 2. Two 3. Three)</p>				
Title	question	(1) Current residence	(2) Last residence	

G01	Name of city, district and street	market : __ distinguish : __ street : __	market : __ distinguish : __ street : __
G02	Start time of residence	__year __moon __sun	__year __moon __sun
G03	floor space	2 __m	2 _____m
G04	Residential floor	_____layer	_____layer
G05	The residence is close to the main traffic road (four lanes in both directions)	1. <50m 2.50-100m 3. 101-150m 4. >150m	1. <50m 2.50-100m 3. 101-150m 4. >150m
G06	Do you cook at your residence? __ 0. No (go to G09) 1. Yes → What fuel do you mainly use for cooking at this residence?	1. Gas or natural gas 2. Coal briquettes or coal balls 3. Electric or induction cooker 4. Other	1. Gas or natural gas 2. Coal briquettes or coal balls 3. Electric or induction cooker 4. Others
G07	What is the cooking oil you use most often at home?	1. Vegetable oil 2. Lard 3. Peanut oil 4. Soybean oil 5. Molting oil 6. Other oils	1. Vegetable oil 2. Lard 3. Peanut oil 4. Soybean oil 5. Molting oil 6. Other oils
G08	Do you use a range hood when cooking?	0. No 1 Yes	0. No 1 Yes
G09	Last renovation completed (can be filled in with month and day if you don't know the date 99)	__year __moon __sun	__year __moon __sun
G10	The decoration materials used in your home (multiple choices)	A paint B wallpaper C artificial board D glue E solid wood F paint G marble H granite I others (please make a <u>footnote</u>)	A paint B wallpaper C artificial board D glue E solid wood F paint G marble H granite I others (please make a <u>footnote</u>)
G11	Can you smell the decoration when you move in after decorating your house?	Mild refers to the smell of decoration, moderate refers to the irritation, and severe refers to the occurrence of dizziness and other symptoms 0. No 1. Mild 2. Moderate 3. Severe	0. No 1. Mild 2. Moderate 3. Severe
G12	The last time I bought furniture	__year __moon __sun	__year __moon __sun
G13	Materials of your furniture (multiple choices)	A artificial board B solid wood C glass D others	A artificial board B solid wood C glass D others
G14	How long your house has its Windows open	Working days: __ hours/day; Non-working day: __ hours/day	Working days: __ hours/day; Non-working day: __ hours/day
G15	Does your home use air purification facilities	0. No (please jump to G17) 1. Yes	0. No (please jump to G15) 1. Yes
G16	When you use air purification facilities at home	Working days: __ hours/day;	Working days: __ hours/day;

	Be- tween	Non-working day: ___ hours/day	Non-working day: ___ hours/day
G17	Does your home have heating (including air conditioning, electric heaters, coal stoves, etc.)	0. No (please jump to G21) 1. Yes	0. No (please jump to G21) 1. Yes
G18	When your home heating started (if you can't remember answer 99) (Form instructions: Residence starts 12 months before pregnancy)	___year ___moon ___sun	___year ___moon ___sun
G19	When did you finish heating your house (I can't remember answer 99)	___year ___moon ___sun	___year ___moon ___sun
G20	Please choose your home heating method: (multiple choices)	A coal stove, with chimney B coal stove, without chimney C electric heater D air conditioner E others	A coal stove, with chimney B coal stove, without chimney C electric heater D air conditioner E others
G21	Do you have pets at home	0. No 1. Yes please explain	0. No 1. Yes please explain___
G22	Since you became pregnant, the average time your family spends cooking (breakfast, lunch, dinner) is: ___ Hours (total time) Since you became pregnant, your average daily time spent cooking (breakfast, lunch, dinner) is: ___ Hours (total time)		
G23	Since you became pregnant, what is your average daily time spent at home (including sleep and other activities)? Workdays ___ Hours of rest ___ hour		
G24	Have you ever dyed or permed your hair since you were pregnant? ___ 0 No 1 Yes		
G25	Since you were pregnant, have you been wearing makeup regularly? ___ (Including contact lipsticks, nail polish, cosmetics, etc.) 0. No 1. Yes		

Part II. Medication history during pregnancy

H01	Have you had any vaginal bleeding since becoming pregnant: ___ 0. No---Transition to H02 1. Yes Whether medication is used ___ , 0 No 1 Yes, ___ Use of drugs 2. Unclear	
	2 Yes, severe (from the first trimester of pregnancy ___ Zhouji to the 1st ___ circumference) Whether medication is used ___ , 0 No (jump to H02) 1 Yes, ___ Use of drugs 2. Unclear	
Drug name (1 specific name 2 unknown)	Dosage and frequency of medication (how many tablets/bags, how often per day)	Number of days actually used in first medication (gestational week)
		be pregnant ___ circumference
	3. If so, reason: ___ (1 Threatened abortion 2 placenta previa 3 placental abruption 4. Others)	

H02	Have you had any vomiting since you became pregnant ____ 0. F---jump to H03		
	1. Yes, mild (from the first trimester of pregnancy____ Zhouji to the 1st____ Week) whether medication was used____, 0. No (go to H03) 1. Yes,____ Drugs		
	2. Yes, severe (from the first trimester of pregnancy____ Zhouji to the 1st____ Week) whether medication was used____, 0. No (go to H03) 1. Yes,____ Use of drugs 2. Unclear		
Drug name (1 specific name 2 unknown)	Dosage and frequency of medication (how many tablets/bags, how often per day)	Number of days actually used in first medication (gestational week)	
		be pregnant ____ circumference ____	
		be pregnant ____ circumference ____	
		be pregnant ____ circumference ____	

Instructions for filling in the form: Fever refers to a regulatory increase in body temperature (more than 0.5°C) caused by the action of pyrogens on the temperature set point

H03	Have you had a fever since becoming pregnant ____ 0. No (please jump to H04) 1. Yes, the highest temperature is____, last ____ Heaven; Whether to use medication____ 0 No 1 Yes____ Species, 2. Not clear		
	Drug name (1 specific name 2 unknown)	Dosage and frequency of medication (how many tablets/bags, how often per day)	Number of days actually used in first medication (gestational week)
		be pregnant ____ circumference ____	
		be pregnant ____ circumference ____	
		be pregnant ____ circumference ____	
		be pregnant ____ circumference ____	

H04	Have you been infected since pregnancy____ 0. Does it jump to I01 1. Yes, what kind of infection____ (1 Rubella 2 Measles 3 Cytomegalovirus infection 4 Others, please explain____). Have used drugs____ Yes Please complete the form below: 2. Not sure		
	Drug name (1 specific name 2 unknown)	Dosage and frequency of medication (how many tablets/bags, how often per day)	Number of days actually used in first medication (gestational week)
		be pregnant ____ circumference ____	
		be pregnant ____ circumference ____	
		be pregnant ____ circumference ____	
		be pregnant ____ circumference ____	

Part three: The father of the fetus

I. The health of the father of the fetus		
I01	How much does he weigh:____ kg (kilograms) (Note: If over 150kg, fill in 150kg) How tall is he in centimeters:____ cm (father's weight and height to one decimal place)	
	J. Fetal father's behavior	

J01	<p>Did he ever smoke regularly? _____ (At least one cigarette per day, continuous smoking for more than one month) 0. No 1. Yes→</p> <p>J02. When did he start smoking regularly? _____ year _____ moon</p> <p>J03. How many cigarettes do you usually smoke a day when you often smoke? _____ Days/month</p> <p>J04. Has he stopped smoking regularly? 0. No (jump to J05) 1. Yes, stop time _____ year _____ moon</p>
J05	<p>Did he drink alcohol regularly (at least once a week on average)? _____ 0. No (end) 1. Yes→</p> <p>J06. When did he start drinking regularly? _____ year _____ moon</p> <p>J07. How many times a month does he usually drink alcohol? How many ounces each time _____ Next/ month; _____ Two per session</p> <p>J08 What kind of wine does he drink most when he often drinks? (You can choose more than one) _____ A. Beer B. White wine C. Shochu D. Wine E. Spirits J09. Did he stop drinking regularly? 0 No, 1 Yes, How long did he stop drinking _____ year _____ moon</p>

End time of investigation (24-hour system): time component