Please complete the following questions about the year since your baby was born. This questionnaire should take about 10-15 minutes to complete. Please try to answer each question. For check boxes with one option, please place an 'X' in the box that best fits your answer. For check boxes with more than one option, please place an 'X' in all the boxes that best fit your answer. If none of the options apply, please leave the question blank. For questions that refer to this pregnancy, please refer to your most recent pregnancy with your child(ren) that are involved in the Upstate KIDS program.

If you have any questions or concerns, please call our toll-free number: 1-888-870-0247.
1. In general, how would you rate your current health status?  (Select one answer using an 'X')

- [ ] Excellent
- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor

2. Since your baby was born, has a doctor or health care provider diagnosed you as having any of the following medical conditions? (Place an 'X' each box that applies)

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Medical history unknown</td>
</tr>
<tr>
<td>b. Hypothyroid disease (under-active thyroid)</td>
</tr>
<tr>
<td>c. Hyperthyroid disease (over-active thyroid)</td>
</tr>
<tr>
<td>d. Diabetes mellitus (high blood sugar) requiring insulin</td>
</tr>
<tr>
<td>e. Diabetes mellitus (high blood sugar) not requiring insulin</td>
</tr>
<tr>
<td>f. Asthma</td>
</tr>
<tr>
<td>g. Hay fever</td>
</tr>
<tr>
<td>h. Eczema</td>
</tr>
<tr>
<td>i. Other allergies, e.g. food allergies</td>
</tr>
<tr>
<td>j. High blood pressure (hypertension, not associated with pregnancy)</td>
</tr>
<tr>
<td>k. Cardiovascular disease</td>
</tr>
<tr>
<td>l. Anemia or other bleeding disorders</td>
</tr>
<tr>
<td>m. Kidney disease (not urinary tract infections)</td>
</tr>
<tr>
<td>n. Liver disease</td>
</tr>
<tr>
<td>o. Fibromyalgia</td>
</tr>
<tr>
<td>p. Chronic fatigue syndrome</td>
</tr>
<tr>
<td>q. Multiple sclerosis</td>
</tr>
<tr>
<td>r. Rheumatoid arthritis</td>
</tr>
<tr>
<td>s. Crohn's disease</td>
</tr>
<tr>
<td>t. Celiac disease</td>
</tr>
<tr>
<td>u. Lupus erythematosus</td>
</tr>
<tr>
<td>v. Irritable bowel syndrome</td>
</tr>
<tr>
<td>w. Cancer (not skin cancer)</td>
</tr>
<tr>
<td>x. Human immunodeficiency virus (HIV)</td>
</tr>
<tr>
<td>y. Eating disorder (anorexia nervosa, bulimia)</td>
</tr>
<tr>
<td>z. Anxiety disorder</td>
</tr>
<tr>
<td>aa. Mood disorder (for example, depression)</td>
</tr>
<tr>
<td>bb. Other Psychiatric/mental health conditions</td>
</tr>
</tbody>
</table>

3. While you were pregnant and/or in the year since your baby was born, has a doctor ever prescribed medication to you for any of the following conditions? (Place an 'X' in each box that applies)

<table>
<thead>
<tr>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Post Partum Depression</td>
</tr>
<tr>
<td>Bipolar Disease</td>
</tr>
<tr>
<td>Anxiety</td>
</tr>
<tr>
<td>Schizophrenia</td>
</tr>
<tr>
<td>Attention Deficit Disorder/Hyperactivity disorder (ADD/ADHD)</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

3b. If yes, please list the medications (s) you were prescribed while pregnant and since your baby was born:

**WHILE PREGNANT**

1. Medication while pregnant

2. Medication while pregnant

**YEAR SINCE YOUR BABY WAS BORN**

1. Medication since baby was born

2. Medication since baby was born

4. Have members of your immediate family ever been diagnosed with any of the following conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mother</th>
<th>Father</th>
<th>Your Brother or sister</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Partum Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bipolar Disease</td>
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<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention Deficit Disorder/Hyperactivity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. In your home, what fuel source was usually used for cooking since the birth of your child and how many times per month was it used? (Place an ‘X’ in each box that applies)

- Natural Gas
- Propane
- Wood
- Electricity

For Electric: Place an ‘X’ for each appliance that applies:
- Stovetop
- Microwave
- Toaster Oven
- Other

6. When you cook, do you turn on a stove fan that vents to the outside?
- No
- Yes

7. In your home, what fuel was usually used for heating since the birth of your child? (Select one answer using an ‘X’)
- Electricity
- Natural gas heating system
- Wood burning stove
- Pellet stove
- Wood fireplace
- Gas fireplace
- Coal
- Kerosene
- Paraffin
- Propane
- Corn (corn furnace)
- Oil
- Solar

8. Since the birth of your child, were there any visible mold spots on the walls or ceiling or floor in your home? (Select one answer using an ‘X’)
- No; Skip to question 10
- Yes

9. In which room(s) did you see the mold spots? (Place an ‘X’ in each box that applies)
- Basement
- Your bedroom
- Baby’s bedroom
- Kitchen
- Living room
- Bathroom
- Other room

10. Since your child was 8 months of age, were pesticides applied by you, a family member, a neighbor or a professional at or near where you work? (Place an ‘X’ in the box that applies)
- No
- Yes; Where?

11. IF PESTICIDES WERE APPLIED INSIDE YOUR HOME: What were you trying to control and how many times per month were the pesticides applied?

- Rodents (mice, rats)
- Flying insects (flies, mosquitoes, moths, bees)
- Crawling insects (ants, fleas, roaches, spiders, termites)
12. FOR PESTICIDES APPLIED IN THE AREA SURROUNDING YOUR HOME (for example, the lawn): what was the area treated for and how many times per month were the pesticides applied?

Times per month:
- [ ] Weeds
- [ ] Insects
- [ ] Moles
- [ ] Plant/Tree disease

13. Since the birth of your child, did you work or live on a farm? (Place an 'X' in each box below that applies)

- [ ] No
- [ ] Yes; Did you do any of the following?
  - [ ] Worked inside the barn or enclosed area
  - [ ] Worked with livestock in a barn or enclosed area
    If yes, which livestock? (Place an 'X' in each box that applies)
    - [ ] Horses
    - [ ] Llamas/Alpacas
    - [ ] Cattle
    - [ ] Pigs
    - [ ] Goats
    - [ ] Sheep
    - [ ] Chickens, birds or other poultry

14. On average, how many days per month do you usually open the windows in your home? (Days per month)

15. How do you usually cool your home? (Place an 'X' in each box that applies)

- [ ] Open windows
- [ ] Central Air Conditioner
- [ ] Window Air Conditioner(s)
- [ ] Window Fan(s)

- [ ] Floor Fan(s)
- [ ] Ceiling Fan(s)

16. When you use your air conditioner(s) or fan(s) do you also keep some windows in your house open?

- [ ] No
- [ ] Yes

17. Since your child was 8 months of age, have any cats or dogs lived inside your home? (Place an 'X' in the box that applies)

- [ ] No; Skip to question 20
- [ ] Yes; Which pet(s)? (Place an 'X' in each box that applies)
  - Cat(s): How many?
    - [ ] 1
    - [ ] 2-3
    - [ ] More than 4
  - Dog(s): How many?
    - [ ] 1
    - [ ] 2-3
    - [ ] More than 4

18. If you have had one or more dogs living in your home since your child was 8 months of age, what breed(s) have you had? (Please indicate "mutt" if the dog was an unknown mixed breed. If the dog was a known mix or a purebred, please note this for us. For example, you might have a "Labrador/Shepherd mix" or you might have a purebred "Golden Retriever.") Please also note whether, the dog(s) you list are non-shedding or "hypo-allergenic."

<table>
<thead>
<tr>
<th>Type 1</th>
<th>To your knowledge, is this breed a non-shedding or &quot;hypo-allergenic&quot; breed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] No</td>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type 2</th>
<th>To your knowledge, is this breed a non-shedding or &quot;hypo-allergenic&quot; breed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] No</td>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type 3</th>
<th>To your knowledge, is this breed a non-shedding or &quot;hypo-allergenic&quot; breed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] No</td>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>
19. For dogs and/or cats that have lived in your home since your child was 8 months old, have you treated them for fleas, ticks or mites?

☐ No  If no, skip to question 20
☐ Yes

19b. How were the flea, tick or mite treatments applied?

(Place an 'X' in each box that applies)

☐ Pet shampoo  ☐ Spray  ☐ Pills
☐ Dip  ☐ Powder  ☐ Liquid drops
☐ Collar

20. Since your child was 8 months of age, have any of the following types of pets lived inside your home?

(Place an 'X' in each box that applies)

☐ Small mammals (gerbils, hamsters, mice, rats, guinea pigs)
☐ Other mammals (ferrets, rabbits)
☐ Birds
☐ Amphibians or reptiles (frogs, snakes, iguanas)
☐ Fish
☐ Turtles

21. Since the birth of your child, have you given up a pet because a family member was allergic to the animal?

☐ No
☐ Yes

22. Since the birth of your child, did you participate in any of the activities or hobbies listed below? If yes, indicate how many times per week you do each activity.

(Place an 'X' in each box that applies)

☐ Fishing
☐ Gardening  ☐ Non-organic  ☐ Organic
☐ Farming
☐ Using paints, enamels, stains, sealers or glazes for hobbies
☐ Using paints, enamels, stains, sealers or glazes for work around the house
☐ Welding, soldering or metal work
☐ Other hobbies or activities that use lead
☐ Other hobbies or activities that use solvents
☐ Other hobbies that use other chemicals
23. During pregnancy or since the birth of your child, did you or do you now have a part time or full time job?

☐ No; If no, skip to question 26
☐ Yes; If yes, what was your job title and start and end dates?

<table>
<thead>
<tr>
<th>Job Title 1</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Title 2</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Title 3</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24. In your job(s) did you make or work with: (Place an ‘X’ in each box that applies)

☐ Paints, enamels, sealers, glazes, stains
☐ Heavy metals (lead, mercury, nickel)
☐ Pesticides (insecticides, herbicides fungicides or rat poison)
☐ Solvents (paint thinners, auto fluids, toleune, carbon tetrachloride)
☐ Glues, adhesives, rubber cement
☐ Solder (for welding or metal work)
☐ Automotive or farm equipment

25. Are the work clothes that are worn while you're working washed together with your baby's clothes?

☐ No ☐ Yes

26. Do you eat fish caught in New York State waterways?

☐ No; If no, skip to question 30
☐ Yes

27. If yes, do you usually trim the skin and fat prior to cooking?

☐ No ☐ Yes

28. Since you gave birth to your baby, on average, how many servings of fish from NYS waterways did you consume each week?

Times per week

29. During pregnancy, on average, how many servings of fish from NYS waterways did you consume each week?

Times per week

30. Do you eat any of the following types of fish not caught in NYS waterways? (Place an ‘X’ in each box that applies)

☐ Tuna steaks ☐ Swordfish ☐ Shark ☐ Tilefish
☐ Canned tuna ☐ Sushi with tuna ☐ Wild salmon ☐ Shrimp
☐ Farm raised salmon ☐ Other shellfish

31. During pregnancy, on average, how many servings of fish not caught in NYS waterways, did you consume each week?

Times per week

32. Have you ever been told by a doctor or health practitioner that you are allergic to any food, medication or other things?

☐ No

☐ Yes; If yes; check each box below that applies:

☐ Food → What are the specific food allergies?

☐ Nuts ☐ Cow's milk ☐ Wheat ☐ Soy
☐ Peanuts ☐ Dairy ☐ Gluten ☐ Eggs
☐ Fish ☐ Shellfish

☐ Dust

☐ Medicines: If checked, please list below:

☐ Animals

☐ Pollen

☐ Ragweed

☐ Don't know

Medications/Allergies

Medications/Allergies

Medications/Allergies
33. Since the birth of your child, how often have you eaten products that came from organic farming (food produced without the use of pesticides and synthetic fertilizers)?

- Never
- Less than once in 2 weeks
- About once in 2 weeks
- About once a week
- 2-3 times a week
- 4 or more times a week

34. Since the birth of your child, about how many cigarettes have you smoked per day, on average? (Place an 'X' in the box that applies)

- Did not smoke during this time
- 1-10 cigarettes per day (less than half a pack)
- 11-20 cigarettes per day (about a pack)
- 21-40 cigarettes per day (1-2 packs)
- 41 or more (3 or more packs)

35. Since the birth of your child, when you or others smoke in your home, is it in the same room as your child? (Place an 'X' in each box that applies)

- No, don't smoke inside my home
- Yes, I smoke in the same room
- Yes, friends or family members smoke in the same room

36. Since the birth of your child, when you smoke, do you or others, smoke in the car when your child is with you? (Place an 'X' in each box that applies)

- No
- Yes, I smoke in the car
- Yes, the passengers smoke in the car

37. What was the total number of cigarettes, cigars and pipes smoked in your house on a typical day during the past month?

- Times per day
- Don't Know

38. When someone smokes in your home, do you open windows?

- No
- Yes

39. How many children under the age of 18 currently live in your home?

- Total children

40. How many adults aged 18 or older, live in your home?

- Total adults

41. Does your child(ren) who participates in Upstate KIDS (USK) live with you? (Place an 'X' in the box that applies)

- Yes, all the time
- Yes, part of the time
- No

42. Are either you or the baby's biological father one of a set of twins or triplets or higher order multiple?

<table>
<thead>
<tr>
<th>Baby's Mother</th>
<th>Baby's Biological Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Twin</td>
<td>A. Twin</td>
</tr>
<tr>
<td>Fraternal</td>
<td>Fraternal</td>
</tr>
<tr>
<td>Identical</td>
<td>Identical</td>
</tr>
<tr>
<td>B. Triplet</td>
<td>B. Triplet</td>
</tr>
<tr>
<td>Fraternal</td>
<td>Fraternal</td>
</tr>
<tr>
<td>Identical</td>
<td>Identical</td>
</tr>
<tr>
<td>C. Higher order multiple</td>
<td>C. Higher order multiple</td>
</tr>
<tr>
<td>Fraternal</td>
<td>Fraternal</td>
</tr>
<tr>
<td>Identical</td>
<td>Identical</td>
</tr>
</tbody>
</table>
43. Have you been pregnant again since your child was enrolled in USK?  

- [ ] No  
- [ ] Yes

- [ ] Currently Pregnant

- [ ] I had a live birth on

- [ ] Ended in spontaneous abortion (miscarriage) at less than 3 months

- [ ] Ended as stillbirth

- [ ] Other (ectopic pregnancy or termination)

**Due Date**

- [ ]

44. Over the past 7 days, how often have you had any of the following feelings? (Select one answer for each item below using an 'X')

- [ ] I feel sad or miserable
- [ ] I have been anxious or worried for no good reason
- [ ] I have been so unhappy that I had difficulty sleeping
- [ ] I have blamed myself unnecessarily when things went wrong
- [ ] I have looked forward with enjoyment to things

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Yes, most of the time</th>
<th>Yes, sometimes</th>
<th>Not very often</th>
<th>No, never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I feel sad or miserable</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b. I have been anxious or worried</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c. I have been so unhappy</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>d. I have blamed myself</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>e. I have looked forward</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Income**

45. What is the total annual income for your household? (Place an 'X' in the box that applies)

- [ ] $10,000-$24,999
- [ ] $25,000-$49,999
- [ ] $50,000-$74,999
- [ ] $75,000-$99,999
- [ ] $100,000 and over
46. Did you move during your pregnancy or in the year since your baby was born? □ No; If no, skip to question 47 □ Yes

If yes, please record the street address(es) where you lived while you were pregnant and in the year since your baby was born, beginning with most recent and working backwards.

<table>
<thead>
<tr>
<th>1. Property Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>□ PLEASE CHECK HERE IF THIS PROPERTY WAS A FARM</td>
</tr>
</tbody>
</table>

Property Type
- □ Apartment
- □ Townhouse or condominium (attached to another residence)
- □ Mobile home
- □ House (single family)

Length at Residence

A. What month and year did you start living there?

B. What month and year did you stop living there?

Apartment
Townhouse or condominium (attached to another residence)
Mobile home
House (single family)
PHYSICAL ACTIVITY

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

47. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

__________ days per week

☐ No vigorous physical activities  ➔ Skip to question 49

48. How much time did you usually spend doing vigorous physical activities on of those days?

__________ hours per day

__________ minutes per day

☐ Don't know/Not Sure

49. Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes time.

During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

__________ days per week

☐ No moderate physical activities  ➔ Skip to question 51

50. How much time did you usually spend doing moderate physical activities on one of those days?

__________ hours per day

__________ minutes per day

☐ Don't know/Not Sure
Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

51. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

_________ days per week

☐ No walking  →  Skip to question 53

52. How much time did you usually spend walking on one of those days?

_________ hours per day

_________ minutes per day

☐ Don’t know/Not Sure

53. The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the last 7 days, how much time did you spend sitting on a week day?

_________ hours per day

_________ minutes per day

☐ Don’t know/Not Sure

This is the end of the questionnaire, thank you for participating.

Please return this form to us in the envelope provided.