SUBJECT ID

PREGNANCY AND CONCEPTION FORM

For Females

Final Version 1.1, 11/28/2017

This form asks questions about pregnancies you have had.

1. Have you ever been pregnant?

   ☐ No → **SKIP TO QUESTION 13 ON THE BACK OF THIS FORM**
   ☐ Yes

2. How many times have you been pregnant? Please be sure to include any pregnancies that ended in a live birth, miscarriage, stillbirth, or abortion. Enter the total number on the line below.

   _____ total number of pregnancies in your lifetime

INSTRUCTIONS FOR PAGES 2-3:

As you answer the questions on the following 2 pages, please think about each of the pregnancies that you have had. Start with the earliest pregnancy, listing it in the first column labeled "1st pregnancy". From there, work forward until you have provided information about all of the pregnancies you listed in question 2 above. Then go to the back page and answer the remaining questions. Tell the study coordinator if you have had more than 6 pregnancies.

		1st pregnancy	2nd pregnancy	3rd pregnancy
3.	In what month and year did this pregnancy end (enter due date if currently pregnant)?	_____ / _____ Month / Year	_____ / _____ Month / Year	_____ / _____ Month / Year
4.	What was the outcome of this pregnancy?	☐ Live birth ☐ Still birth ☐ Miscarriage ☐ Abortion ☐ Currently pregnant	☐ Live birth ☐ Still birth ☐ Miscarriage ☐ Abortion ☐ Currently pregnant	☐ Live birth ☐ Still birth ☐ Miscarriage ☐ Abortion ☐ Currently pregnant
5.	Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	☐ No ☐ Yes ☐ Don't remember	☐ No ☐ Yes ☐ Don't remember	☐ No ☐ Yes ☐ Don't remember
6.	During this pregnancy were you taking hydroxyurea? *If yes, check all trimesters that apply or that you can remember.*	☐ No, did not take HU ☐ Yes, during 1st trimester ☐ Yes, during 2st trimester ☐ Yes, during 3rd trimester ☐ Don't remember	☐ No, did not take HU ☐ Yes, during 1st trimester ☐ Yes, during 2st trimester ☐ Yes, during 3rd trimester ☐ Don't remember	☐ No, did not take HU ☐ Yes, during 1st trimester ☐ Yes, during 2st trimester ☐ Yes, during 3rd trimester ☐ Don't remember
7.	Did you take any fertility drugs or receive any procedure from a health care worker to help you get pregnant with this pregnancy?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes

**** Answer Questions 8 – 12 below only if the pregnancy ended in a live birth**

		1st pregnancy	2nd pregnancy	3rd pregnancy
8.	How many babies were born with this pregnancy?	_____ # of babies	_____ # of babies	_____ # of babies
9.	Was the baby (or babies) born prematurely?	☐ No, not born prematurely ☐ Yes → enter how many weeks of gestation _____	☐ No, not born prematurely ☐ Yes → enter how many weeks of gestation _____	☐ No, not born prematurely ☐ Yes → enter how many weeks of gestation _____
10.	Did any of the babies in this pregnancy weigh **less than 5.5 pounds** at the time of birth?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
11.	Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	☐ No ☐ Yes → What condition?	☐ No ☐ Yes→ What condition?	☐ No ☐ Yes→ What condition?
12.	Did you have any significant medical complications during this pregnancy? *Check all that apply*	☐ No complications ☐ Pain crisis ☐ Acute chest syndrome ☐ Preeclampsia ☐ Maternal diabetes ☐ Transfusion required ☐ Blood clots ☐ Other specify _____	☐ No complications ☐ Pain crisis ☐ Acute chest syndrome ☐ Preeclampsia ☐ Maternal diabetes ☐ Transfusion required ☐ Blood clots ☐ Other specify _____	☐ No complications ☐ Pain crisis ☐ Acute chest syndrome ☐ Preeclampsia ☐ Maternal diabetes ☐ Transfusion required ☐ Blood clots ☐ Other specify _____

		4th pregnancy	5th pregnancy	6th pregnancy
3.	In what month and year did this pregnancy end (enter due date if currently pregnant)?	_____ / _____ Month / Year	_____ / _____ Month / Year	_____ / _____ Month / Year
4.	What was the outcome of this pregnancy?	☐ Live birth ☐ Still birth ☐ Miscarriage ☐ Abortion ☐ Currently pregnant	☐ Live birth ☐ Still birth ☐ Miscarriage ☐ Abortion ☐ Currently pregnant	☐ Live birth ☐ Still birth ☐ Miscarriage ☐ Abortion ☐ Currently pregnant
5.	Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	☐ No ☐ Yes ☐ Don't remember	☐ No ☐ Yes ☐ Don't remember	☐ No ☐ Yes ☐ Don't remember
6.	During this pregnancy were you taking hydroxyurea? *If yes, check all trimesters that apply or that you can remember.*	☐ No, did not take HU ☐ Yes, during 1st trimester ☐ Yes, during 2st trimester ☐ Yes, during 3rd trimester ☐ Don't remember	☐ No, did not take HU ☐ Yes, during 1st trimester ☐ Yes, during 2st trimester ☐ Yes, during 3rd trimester ☐ Don't remember	☐ No, did not take HU ☐ Yes, during 1st trimester ☐ Yes, during 2st trimester ☐ Yes, during 3rd trimester ☐ Don't remember
7.	Did you take any fertility drugs or receive any procedure from a health care worker to help you get pregnant with this pregnancy?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes

**** Answer Questions 8 – 12 below only if the pregnancy ended in a live birth**

		4th pregnancy	5th pregnancy	6th pregnancy
8.	How many babies were born with this pregnancy?	_____ # of babies	_____ # of babies	_____ # of babies
9.	Was the baby (or babies) born prematurely?	☐ No, not born prematurely ☐ Yes → enter how many weeks of gestation _____	☐ No, not born prematurely ☐ Yes → enter how many weeks of gestation _____	☐ No, not born prematurely ☐ Yes → enter how many weeks of gestation _____
10.	Did any of the babies in this pregnancy weigh **less than 5.5 pounds** at the time of birth?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
11.	Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	☐ No ☐ Yes → What condition?	☐ No ☐ Yes→ What condition?	☐ No ☐ Yes→ What condition?
12.	Did you have any significant medical complications during this pregnancy? *Check all that apply*	☐ No complications ☐ Pain crisis ☐ Acute chest syndrome ☐ Preeclampsia ☐ Maternal diabetes ☐ Transfusion required ☐ Blood clots ☐ Other specify _____	☐ No complications ☐ Pain crisis ☐ Acute chest syndrome ☐ Preeclampsia ☐ Maternal diabetes ☐ Transfusion required ☐ Blood clots ☐ Other specify _____	☐ No complications ☐ Pain crisis ☐ Acute chest syndrome ☐ Preeclampsia ☐ Maternal diabetes ☐ Transfusion required ☐ Blood clots ☐ Other specify _____

13. Has there ever been a time in your life during which you didn't become pregnant despite 12 or more months of regular unprotected intercourse?

    - ☐ No → **SKIP TO END**
    - ☐ Yes

14. Did you ever go to a doctor or other medical care provider to talk about ways to help you have a baby?

    - ☐ Yes
    - ☐ No → **GO TO QUESTION 16**

15. Which of the services did you have to help you have a baby? Check all the apply.

    - ☐ Advice
    - ☐ Infertility testing
    - ☐ Drugs to improve ovulation
    - ☐ Surgery to correct blocked tubes
    - ☐ Artificial insemination
    - ☐ Other types of medical help

16. Has a doctor or other medical care provider ever told you that you had fibroid tumors or myomas in your uterus?

    - ☐ Yes
    - ☐ No

17. Has a doctor or other medical care provider ever told you that you had endometriosis?

    - ☐ Yes
    - ☐ No

THIS IS THE END OF THE FORM. THANK YOU FOR YOUR PARTICIPATION.

PLEASE RETURN THE FORM TO THE STUDY COORDINATOR.