

# HARVARD SCHOOL OF PUBLIC HEALTH

# HEALTH PROFESSIONALS FOLLOW-UP STUDY MOTHERS' QUESTIONNAIRE 1994

### HEALTH PROFESSIONALS FOLLOW-UP STUDY MOTHERS' QUESTIONNAIRE

1. What is your date of birth?	month day year	
2. How would you describe y	our ethnic or racial background?	
☐ Caucas ☐ Black ☐ Hispar ☐ Asian	sian (Non-Hispanic)	
□ other,	please specify	Fig.
1/2//		* E
3. How tall were you at about		
€ ***	ft. in.	<i>,</i> *
4. How many live-births have	ran Ludo (T) a	
TOW Many ITVC-DITTIES Have		
· · · · · · · · · · · · · · · · · · ·	□ 4 □ more places energic	jó <del>t</del>
	☐ more, please specify	<u> </u>
5. Did you ever have a miscarr		—⊳ How many?
6. Which child is your son who (count live-births only)	is participating in the <i>Health Profession</i>	onals Follow-up Study?
	☐ 2nd child☐ 3rd child☐ 4th child☐	
	□ other, please specify	
What is the date of birth of collow-up Study?	your son who is participating in the	e Health Professionals
	ear	
		# P
. In which state or country was	this son born?	

## PLEASE NOTE THAT THE FOLLOWING QUESTIONS RELATE TO YOUR PREGNANCY WITH THIS SON!

9. What was the birth weight of available or give your best e	of your son? () estimate if you	Please consult any don't remember ex	records that you kactly.)	might hav
	**s	in eighte our Propriessons and Alberta		
pounds ounces		30 14745 - 52		, e e- e
10. What was your son's length	at birth?		¥ <u>*</u>	. v 5
· inches	international de la company de la company El company de la			
don't remembe	r	26 26 27		
11. Was your son born prematur	ely?	· · ·		
□ No □ Yes—→Ho	ow premature:	□ 2-4 weeks e		
12. Was this a twin pregnancy?	□ No □ Yes —	— → Was the		girl
	1555 *	Were the	y identical twins?	☐ Yes
13. Did you breastfeed this son?	□ No □ Yes —	.□ 3 to 9	ve your best esting han 3 months months than 9 months	nate)
14. Did you ever notice white second (Many babies have this in the	retions from yo first few days	our son's nipples a after birth)	fter he was one m	onth old?
☐ No☐ Yes☐ don't remember  15. What was your usual weight in	net hafara			
15. What was your usual weight jute lbs.	usi octore you	occame pregnant	viin this son?	55 E
□ don't remember		1 <b>4</b> 3	2 2 2	

10. Approximately, now much weight did you gain during the pregnancy?	
☐ less than 10 lbs. ☐ 10 to 14 lbs. ☐ 15 to 19 lbs. ☐ 20 to 29 lbs. ☐ 30 to 40 lbs. ☐ more than 40 lbs. ☐ don't remember	
17. During this pregnancy, did you suffer from any of the following: (Please check all that apply!)	
* edema (swelling of legs)	
* prescribed bed rest ☐ No ☐ Yes — reason:	
* nausea □ No □ Yes> □ mild □ moderate □ severe	
18. Did you receive routine medical care or prenatal care from a physici practitioner during that pregnancy?	ian or other health
□ No □ Yes → When did you first see this care provider? □ during the first 3 months of pregnancy □ during the second 3 months of pregnancy □ during the third 3 months of pregnancy	
19. Did your physician prescribe any medication during this pregnancy?	esti de la companya del companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la com
<ul> <li>□ No</li> <li>□ Yes — □ sleeping medication</li> <li>□ nausea medication</li> </ul>	
any medication to prevent miscarriage  □ other — please specify:  □ don't remember	

5 2

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20.	. Did you ever take diethylstilbestrol (DES) during the pregnancy with this son?	a
	☐ No ☐ Yes — During which months? Approximate number of days ☐ between 1st and 3rd ☐ between 4th and 6th ☐ between 7th and 9th	
	□ don't remember	progression.
21.	During this pregnancy, did your physician or health practitioner diagnose you with any of the following illnesses: (Please check all that apply!)	
*	* pregnancy-related high blood pressure? □ No □ Yes	
*	* proteinuria? □ No □ Yes	83
	* pregnancy-related diabetes? ☐ No ☐ Yes — ➤ Treated with insulin? ☐ No ☐ Yes	#8 #3
	* pre-eclampsia or toxemia without convulsions?   No  Yes   moderate  mild	
	* eclampsia or toxemia with convulsions?  □ Yes—— □ severe □ moderate □ mild	
22.	Did your doctor ever tell you that you had diabetes (sugar in the urine) before this pregnancy (not pregnancy-related)?	
	☐ No☐ Yes —— > How old were you when it was first diagnosed? years of age	æ
**	Were you treated with insulin during this pregnancy? ☐ No ☐ Yes	88 <b>4</b> 73
\$F\$		34
50°	4	*

23. During this pregnancy, did you suffer from	m any other health	problems (e.g.	tuberculosis)	?
□ No		86	22	
☐ Yes — Please, specify:			g e a de e	
		# - g	', cecie ,	
		162	2.	
		940	3 -	
	38	12		
24. If you were diagnosed with pre-eclampsi	ia, eclampsia or to	oxemia, did yo	u receive any	7
treatment?	A3		•	SA
	75			
$\square$ No	omer med (), any med (), and a constitution of the med (), and med (), and med (), and the property of the constitution of the		(3, 5 = 5 = 5 = 5 = 1 = 1 = 1 = 1 = 1 = 1 =	CONTRACTOR CONTRACTOR
☐ Yes — Please, specify:		27 <del>- 14</del>	83	
☐ don't remember				
			30 30	
	*	**************************************	85	
	TO TO		HTK.	
os mid ven co c	Special St. Advisor			
25. Did you suffer from pre-eclampsia or toxe	mia during a prior	or subsequent	pregnancy?	
2 <u>2424</u>	<b>₹</b>			
□ No □ Vos dunis		92		
Yes, during a prior pregnancy		55		
☐ Yes, during a subsequent pregnancy ☐ don't remember		5.	10	
aou i lemembel		**		
		15 ©	9€	
Signal Control of the				
26. Did you suffer from eclampsia or toxemia pregnancy?	with convulsion of	during a prior	or subsequent	7.5 st
			25	
Yes, during a prior pregnancy				
Yes, during a subsequent pregnancy	**************************************		45	
☐ don't remember			£.*	
		24		
	\$83	¥3		
	H GARE			
		%	24	
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	12 (5) (5) (5) (5) (5) (5) (5) (5) (5) (5)			
		est at	<b>19</b>	整
er st 65		*	65	

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12 \*\*

13 25

27	7. How much caffeinate	ed coffee did you drink during th	nis pregnancy?	
	First 3 months	<ul> <li>□ none</li> <li>□ less than 1 cup per day</li> <li>□ 1-2 cups per day</li> <li>□ 3-4 cups per day</li> <li>□ 5 or more cups per day</li> <li>□ don't remember</li> </ul>		
	Second 3 months	<ul> <li>□ none</li> <li>□ less than 1 cup per day</li> <li>□ 1-2 cups per day</li> <li>□ 3-4 cups per day</li> <li>□ 5 or more cups per day</li> <li>□ don't remember</li> </ul>		
	Third 3 months	<ul> <li>□ none</li> <li>□ less than 1 cup per day</li> <li>□ 1-2 cups per day</li> <li>□ 3-4 cups per day</li> <li>□ 5 or more cups per day</li> <li>□ don't remember</li> </ul>		
28	How much tea did yo First 3 months	□ none □ less than 1 cup per day □ 1-2 cups per day □ 3 or more cups per day □ don't remember	(Do not include herbal teas)	
	Second 3 months	<ul> <li>□ none</li> <li>□ less than 1 cup per day</li> <li>□ 1-2 cups per day</li> <li>□ 3 or more cups per day</li> <li>□ don't remember</li> </ul>		\$\text{2}\$
	Third 3 months	<ul> <li>□ none</li> <li>□ less than 1 cup per day</li> <li>□ 1-2 cups per day</li> <li>□ 3 or more cups per day</li> <li>□ don't remember</li> </ul>		70
		6		

	56 126		*
□ Yes——	— ► Please try to i	remember the number of cigarettes you sm	oked:
	First 3 months	<ul> <li>☐ less than 15 cigarettes per day</li> <li>☐ 15 to 25 cigarettes per day</li> <li>☐ more than 25 cigarettes per day</li> <li>☐ don't remember</li> </ul>	
	Second 3 months	<ul> <li>□ less than 15 cigarettes per day</li> <li>□ 15 to 25 cigarettes per day</li> <li>□ more than 25 cigarettes per day</li> <li>□ don't remember</li> </ul>	
	Third 3 months	<ul> <li>□ less than 15 cigarettes per day</li> <li>□ 15 to 25 cigarettes per day</li> <li>□ more than 25 cigarettes per day</li> <li>□ don't remember</li> </ul>	
	<b>%</b>		, <b>A</b>
20 51			
30. Did you drink a	dcohol during this pr	egnancy?	क्र <sup>ह</sup> ें,
□ No			
□ Yes——	— ▶ Please give yo	our best estimate of the amount:	
	First 3 months	none, or less than 1 drink per week	
	- 39 - 29	☐ 1-2 drinks per week	
		☐ 3-6 drinks per week	
	2002	☐ 1 drink per day	
	9%		
		more than 1 drink per day	
*	87	☐ don't remember	
	Second 3 months	<ul> <li>□ none, less than 1 drink per week</li> <li>□ 1-2 drinks per week</li> </ul>	
	*	The state of the s	
SE	49 89	☐ 3-6 drinks per week	
N 048	100 m	☐ 1 drink per day	
\$348 54	¥	more than 1 drink per day	
	¥8	☐ don't remember	
	Third 3 months	☐ none, less than 1 drink per week☐ 1-2 drinks per week	
		☐ 3-6 drinks per week	
	66 69	☐ 1 drink per day	
		more than 1 drink per day	· · · · · · · · · · · · · · · · · · ·
	59	don't remember	
	94 œ	Li don t remember	
79 XS			3% 32 32
539	at the state of th		
			W E
	60 60		123 223
) 图			39

29. Did you smoke during this pregnancy?

of beef,	pour pregnancy with this son, how often did you c pork, or lamb as a main dish (e.g., steak or roas	onsume an averaged-size serving
	□ lose #	
	less than once per week	
	once per week	e de la contra della contra del
*	2 to 4 times per week	
ta ta	□ 5 to 6 times per week	5g
	once per day or more	
	don't remember	
*	A TO A THOUGH A THOUGH A COMPANY OF THE PARTY OF THE PART	
32. During th	ic promoner. 1. 11.1	
During in	is pregnancy, how did you usually cook your me	at?
	A 200 (200 (200 (200 (200 (200 (200 (200	
34 20	□ rare	
	□ medium	₹d
	□ well done	
20 20 20	☐ charbroiled ',	$\mathcal{J}^{a}$
	□ don't remember	
	*	
33. During you meat drippi	ir pregnancy with this son, how often did you conings?	sume brown gravy made from
100		· · · · · · · · · · · · · · · · · · ·
*	never	
	less than once per week	
15 To	once per week	
540	2 to 4 times per week	
	5 to 6 times per week	
₩ <b>5</b>	Once nor de-	
20	once per day or more	25
	don't remember	
	** *** *** *** *** *** *** *** *** ***	
		***
\$4.		
	343	

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34. Please think about often did he eat that this is difficulties.	out the time when your son was of pre- or drink an average serving of each of cult, but please make your best estima	eschool age (3 to 5 years) the following foods?	ars old). How We understand
Whole milk:	never 1-3 glasses per month		
Skim or lowfat milk:	□ never □ 1-3 glasses per month □ 2-4 glasses per week □ 5-6 glasses per week □ 1 glass per day □ 2-3 glasses per day □ 4 glasses per,day or more □ don't remember		
Ice cream:	never 1-3 times per month once per week 2-4 times per week 5 or more times per week don't remember		
Cheese:	□ never □ 1-3 slices per month □ 1 slice per week □ 2-4 slices per week □ 5-6 slices per week □ 1 slice per day □ 2 or more slices per day □ don't remember		

#### Your Son's Diet at Ages 3-5 (cont.)

Margarine:	☐ never ☐ 1-3 pats per month ☐ 1 pat per week ☐ 2-4 pats per week ☐ 5-6 pats per week ☐ 1 pat per day ☐ 2-4 pats per day ☐ 5 or more pats per day ☐ don't remember
Butter:	never
	☐ 1-3 pats per month☐ 1 pat per week☐ 2-4 pats per week☐ 5-6 pats per week☐ 1 pat per day☐ 2-4 pats per day☐ 5 or more pats per day☐ don't remember☐ ☐ 1-3 pats per month☐ ☐ 1-3 pats per day☐
Apples (1):	<ul> <li>□ never</li> <li>□ 1-3 per month</li> <li>□ 1 per week</li> <li>□ 2-4 per week</li> <li>□ 5-6 per week</li> <li>□ 1 or more per day</li> <li>□ don't remember</li> </ul>
Oranges (1):	<ul> <li>□ never</li> <li>□ 1-3 per month</li> <li>□ 1 per week</li> <li>□ 2-4 per week</li> <li>□ 5-6 per week</li> <li>□ 1 or more per day</li> <li>□ don't remember</li> </ul>
Orange juice:	<ul> <li>□ never</li> <li>□ 1-3 glasses per month</li> <li>□ 2-4 glasses per week</li> <li>□ 5-6 glasses per week</li> <li>□ 1 glass per day</li> <li>□ 2 or more glasses per day</li> <li>□ don't remember</li> </ul>

#### Your Son's Diet at Ages 3-5 (cont.) Cabbage and coleslaw: never 1-3 times per month once per week 2 or more times per week don't remember Broccoli: never 1-3 times per month once per week ☐ 2 or more times per week □ don't remember Carrots, raw: never 1-3 times per month once per week 2-4 times per week 5 or more times per week don't remember Carrots, cooked: never 1-3 times per month once per week ☐ 2-4 times per week 5 or more times per week don't remember Spinach, cooked: never 1-3 times per month once per week 2-4 times per week ☐ 5 or more times per week ☐ don't remember Eggs: never 1-3 eggs per month 1 egg per week 2-4 eggs per week 5 or more eggs per week don't remember Hot dogs: never 1-3 per month 1 per week 2-4 per week 5 or more per week

don't remember

#### Your Son's Diet at Ages 3-5 (cont.)

Ground beef (e.g., hamburgers, mea	never  1-3 per month  1 per week  2-4 per week  5 or more per week  don't remember
Beef, pork, lamb as a m (e.g., steak, roast)	☐ 1-3 times per month☐ once per week
	□ 2-4 times per week □ 5 or more times per week □ don't remember
Beef, pork, lamb as a sar (e.g., stew, meat sauce)	ndwich or mixed dish: never  1-3 times per more  once per week  2-4 times per wee  5 or more times p  don't remember
Chicken:	<ul> <li>□ never</li> <li>□ 1-3 times per month</li> <li>□ once per week</li> <li>□ 2-4 times per week</li> <li>□ 5 or more times per week</li> <li>□ don't remember</li> </ul>
Fish or tuna fish (3-5 oz):	<ul> <li>□ never</li> <li>□ 1-3 times per month</li> <li>□ once per week</li> <li>□ 2-4 times per week</li> <li>□ 5 or more times per week</li> <li>□ don't remember</li> </ul>
iver:	<ul> <li>□ never</li> <li>□ less than once per month</li> <li>□ once per month</li> <li>□ 2-3 times per month</li> <li>□ once per week or more</li> <li>□ don't remember</li> </ul>

#### Your Son's Diet at Ages 3-5 (cont.) Bread: never 1 slice per week or less 2-4 slices per week 5-7 slices per week 2-3 slices per day 4 slices per day or more don't remember Rice: never ☐ 1-3 times per month once per week 2-4 times per week 5 or more times per week don't remember Potatoes, baked, boiled, mashed: never 1-3 times per month once per week 2-4 times per week 5 or more times per week don't remember French fried potatoes: never 1-3 times per month once per week 2-4 times per week 5 or more times per week don't remember Cold breakfast cereal: never 1-3 bowls per month 1 bowl per week 2-4 bowls per week 5-7 bowls per week

2 or more bowls per day

don't remember

#### Your Son's Diet at Ages 3-5 (cont.)

Cookies:	<ul> <li>□ never</li> <li>□ 1-3 cookies per month</li> <li>□ 1 cookie per week</li> <li>□ 2-6 cookies per week</li> <li>□ 1-3 cookies per day</li> <li>□ 4 or more cookies per day</li> <li>□ don't remember</li> </ul>
Multiple Vitamins:	<ul> <li>□ never</li> <li>□ 2 tablets per week or less</li> <li>□ 3-5 tablets per week</li> <li>□ 6 or more tablets per week</li> <li>□ don't remember</li> </ul>
Cod Liver Oil:	<ul> <li>□ never</li> <li>□ 2 tablespoons per week or less</li> <li>□ 3-5 tablespoons per week</li> </ul>
ET NEW SE	<ul> <li>☐ 6 or more tablespoons per week</li> <li>☐ don't remember</li> </ul>

# THE FOLLOWING QUESTIONS RELATE TO YOUR FAMILY HISTORY:

33. Did you ever have:	<b>2</b>	38 247	ES .
Hypertensie U No U Yes	on (high blood pressure)	64 64	- 5
High blood  No Yes	cholesterol?	6) ·	
36. Did your husband (your son'	s father) ever have:		
Prostate can  No  Yes		he diagnosed with	* *
Hypertension  No  Yes	(high blood pressure)?		
High blood c  No Yes	holesterol?		
When answering the following quebrothers).	estions, please include	only full brothers (e	xclude half-
37. How many biological brothers	do you have? (include e	# # # # # # # # # # # # # # # # # # #	50 ES
☐ none ☐ 1 ☐ 2 ☐ 3	se specify		
If you have biological brothers,	do/did any of them have	e prostate cancer?	
□ No	How many? What was the age at did brother 1: age at brother 2: age at	iagnosis of this cancer diagnosis:	•
□ Don't know	OTORIEL 1, 305 of	diagnosis:	₩

38. Did your husband	's (or this son's fa	ther, if by other	r marriage) father	have prostate	cancer?	
39. How many full bid	☐ No☐ Yes☐ Don't know	loog/did wown b				
JJ. 110W Many lun Ul	ological brothers (	ioes/did your n	iusband nave?			
	none 1 2		T. THE STREET STREET, THE THE STREET,			HINGE WESTSPEER FRESE
,	omore, please sp	ecify		2		
2	- more, preuse sp	,con y	€2 	Į.		
If he has/had biolo	gical brothers, do	did any of the	m have prostate	cancer?	£5	29 55
	No Yes—→ How Wh	w many? at was the age	at diagnosis of the	his cancer?		
		brother 2: a	ige at diagnosis: lige at diagnosis: lige at diagnosis:			
	Don't know		154 204			14
40. How many years of education had you and your husband completed at the time of your son's birth?						
er en	Your	education	Husband's edu	cation		
Less than 8 years of 8 years of School 1 - 3 years of High 4 years of High School 1 - 3 years of Colle 4 or more years of	School nool ge					

Please continue on next page.

41. At the time of your son'	s birth, what was you	ir occupation and yo	our husband's occupation?
83 83	90 90	Your occupation	Husband's occupation
Professional Specialist/t	echnician		
Executive, manager, add	ministrator		
Sales or clerical worker			
Mechanic, electrician, reworker (e.g., carpenter)	epairer, or craft		
Machine operator, assentransport operator (e.g.,	ibler, inspector, bus/cab driver)		
Service worker (e.g., ho waitress, guard)	usekeeper, janitor		
Laborer, handler, equipn	nent cleaner, helper		
Farm manager or worker			
Home-maker			
42. At the time of your son employment status?	's birth, what was y	our employment st	atus and your husband's
	our employment sta	atus Your husba	nd's employment status
Full time			
Part time			
Retired			
Unemployed		£.	
Unknown		ES 2	
Other (please specify)			
	75 93 7007 14		
Please continue on next page.			

43.	Did you fill out this questionnaire alone or did somebody help yo	u?
	<ul> <li>□ alone</li> <li>□ with the help of my son</li> <li>□ with the help of somebody else</li> </ul>	
	Thank you for your participation!  The information you provided will be kept strictly confi	dential and

The information you provided will be kept strictly confidential and used for scientific purposes only.

Please return this questionnaire in the enclosed prepaid envelope, or mail to: Walter Willett, M.D., Health Professionals Follow-up Study, Harvard School of Public Health, 677 Huntington Ave., Boston, MA 02115