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## Health Survey of Natural Population in Northeast Region of China

### (Mother in Early Pregnancy)

#### Informed Consent

This health survey was funded by the Key Research and Development Program of the Ministry of Science and Technology of China.

**Purpose and content:** To understand the health status of the natural population in the Northeast region of China. Questionnaires and physical examinations will be conducted at baseline and follow-up visits. The physical examination will mainly include height, weight, abdominal circumference, blood pressure, body composition, biochemical tests and urinary and stool routine. In the meantime, we will establish a population biospecimen bank for future health-related genetic and histological studies at the population level. A portion of the biological sample remaining from your test will need to be retained at the time of the physical examination.

**Possible Risks:** The possible risks associated with this investigation are no greater than those associated with routine medical checkups.

**Benefits and Advantages:** You will receive a free medical report and expert advice that reflects your physical and health status.

**Confidentiality commitment:** We guarantee that under no circumstances will your personal information and examination results in any form of disclosure.

**Voluntary principle:** This survey medical examination is voluntary, you can refuse to participate or withdraw at any time.

**I have communicated in detail with the subject staff and fully understand the purpose, content, possible risks and benefits of this survey, and hereby voluntarily participate in this survey.**

Signature: \_\_\_\_\_ or \_\_\_\_\_ (handprint)

#### Part I Basic Information

A1. Name: \_\_\_\_\_

A2. Ethnicity: \_\_\_\_\_

A3. ID number | | | | | | | | | | | | | | | | | |

A4. Does your actual date of birth match your ID card?

1...Yes 2...No, Actual date of birth \_\_\_\_\_ year \_\_\_\_ month \_\_\_\_ day

A5. Maternal Health Handbook: \_\_\_\_\_

A6. Is your current residential address the same as your registered address?

1 ...Yes (skip to A7)

2 ...No, Your current address: \_\_\_\_\_ Province / Autonomous Region \_\_\_\_ City / League \_\_\_\_ District / County \_\_\_\_ Town / Township \_\_\_\_ Village

A7. Your contact information: 1. Mobile phone number (required) \_\_\_\_\_

2. ☐ Landline phone / ☐ WeChat / ☐ Email / ☐ Other cell phone number \_\_\_\_\_

A8. Your husband's contact information: 1. Mobile phone number (required) \_\_\_\_\_

2. ☐ Fixed-line phone / ☐ WeChat / ☐ Email / ☐ Other cell phone number \_\_\_\_\_

A9. What is your current main occupation?

1. farmer 2. worker 3. organ worker (civil servant) 4. professional and technical staff 5. service, salesman (including driver) 6. retired 7. housework 8. freelance 9. student 10. unemployed

11. other \_\_\_\_\_

A10. **Name of your current workplace?** \_\_\_\_\_

A11. **Your annual household income:** \_\_\_\_\_ 10,000 yuan/year;

**Number of persons in your home:** \_\_\_\_\_ people.

A12. **Your education level is:**

1. uneducated 2. elementary school 3. junior high school 4. high school or junior college 5. college  
6. university 7. graduate and above

A13. **Your current marital status:**

1. unmarried 2. married/cohabiting 3. separated/divorced 4. widowed

A14. **Participation in health insurance (multiple choice) :**

2. urban employees' medical insurance 2. urban residents' medical insurance 3. Agricultural  
Cooperative insurance 4. Commercial Insurance 5. publicly funded health care 6. medical assistance  
7. no medical insurance 8. Other \_\_\_\_\_

## Part II Reproductive History

B1. **How old were you when you had your first menstrual period:** \_\_\_\_\_ Age

B2. **Last menstrual period:** \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

B2A1. **week of gestation:** \_\_\_\_\_ week

B2A2. **expected date of delivery:** \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

B2A3. **pre-pregnancy weight:** \_\_\_\_\_ kg

B2A4. **pre-pregnancy waist circumference:** \_\_\_\_\_ cm or \_\_\_\_\_ ft

B2A5. **height:** \_\_\_\_\_ cm

B3. **Have you ever been pregnant?**

1. Yes B3A1. **live birth** \_\_\_\_\_ times  
2. No (skip to B8)

B4. **number of abnormal pregnancies:** \_\_\_\_\_ times

B4A1. **abortion:** \_\_\_\_\_ times

B4A1a. **Spontaneous abortion:** \_\_\_\_\_ times

B4A1b. **Medication abortion:** \_\_\_\_\_ times

B4A1c. **Induced abortions:** \_\_\_\_\_ times

B4A1d. **Induced abortions(embryonic arrest, before 20 weeks of gestation) :** \_\_\_\_\_ times

B4A2. **Fetal death in utero after 20 weeks of gestation:** \_\_\_\_\_ times

B4A3. **Fetal death during delivery:** \_\_\_\_\_ times

B4A4. **Neonatal death:** \_\_\_\_\_ times

B4A5. **Children born with birth defects:** \_\_\_\_\_ times Defect type: \_\_\_\_\_

B4A6. **Premature birth:** \_\_\_\_\_ times

B4A7. **low birth weight babies:** \_\_\_\_\_ times

B4A8. **huge babies:** \_\_\_\_\_ times

B4A9. **less than gestational age:** \_\_\_\_\_ times

B4A10. **greater than gestational age:** \_\_\_\_\_ times

B5A1. **Your age at the time of your first child birth (i.e. live birth):** \_\_\_\_\_ years old

B5A2. **Your age at the time of your last child birth (i.e. live birth):** \_\_\_\_\_ years old

B6. **Have you ever breastfed your child?**

1. Yes  
2. No (skip to B8)

B7. **What is your age (age at delivery) and duration of breastfeeding for each live birth?**

B7A1. **Live births**

B7A2. **Fertility age**

B7A3. **Length of breastfeeding**

**First child**

\_\_\_\_\_ years old

\_\_\_\_\_ month

**Second child**

\_\_\_\_\_ years old

\_\_\_\_\_ month

**Third child**

\_\_\_\_\_ years old

\_\_\_\_\_ month

B8. **Your level of pregnancy vomiting:**

1. no vomiting 2. mild vomiting 3. frequent vomiting 4. severe vomiting of pregnancy

B9. **Have you ever undergone assisted reproductive technology?**

1. Yes, **B9A1. what kind of assisted reproductive technology:** 1. artificial insemination 2. in vitro fertilization  
2. No

**B10. Have you ever had an IUD in place?**

1. Yes, **B10A1. Age of IUD insertion:** \_\_\_\_ years old; **B10A2. Age of IUD removal:** \_\_\_\_ years old  
2. No

**B11. Have you ever used oral contraceptives?**

1. Yes, **B11A1. You** were \_\_\_\_ years old at the time of the first dose;  
**B11A2. You** were \_\_\_\_ years old **at the time of the last dose;**  
**B11A3. It took a total of** \_\_\_\_ month(s)  
2. No

**Part III Disease and Surgical History**

**C1. Frequency of your weekly bowel movements:**

1. >1 time/day 2. 1 time/day 3. 1 time/2-3 days 4. <3 times/week

**C2. How often your gums bleed when you brush your teeth:**

1. rarely or not at all 2. occasionally 3. often 4. rarely or never brush

**C3. Have you ever been diagnosed by a doctor with any of the following conditions (prior to this pregnancy) ?**

| Name of disease                                      | Whether suffering from the disease | Age of first diagnosis |
|------------------------------------------------------|------------------------------------|------------------------|
| C4. Type I diabetes                                  | 1. yes 2. No                       | C4A1 _____ years old   |
| C5. Type II diabetes                                 | 1. yes 2. No                       | C5A1 _____ years old   |
| C6. Hypertension                                     | 1. yes 2. No                       | C6A1 _____ years old   |
| C7. Cardiovascular disease                           | 1. yes 2. No                       | C7A1 _____ years old   |
| C8. Polycystic ovary syndrome                        | 1. yes 2. No                       | C8A1 _____ years old   |
| C9. Depression                                       | 1. yes 2. No                       | C9A1 _____ years old   |
| C10. Anxiety                                         | 1. yes 2. No                       | C10A1 _____ years old  |
| C11. Other disease (chronic disease)<br>C11A1. _____ | 1. yes 2. No                       | C11A2 _____ years old  |

**Have you ever been diagnosed by a doctor with any of the following pregnancy-related conditions? (First time pregnancy is not required, skip to C18)**

| Name of disease                                                           | Whether suffering from the disease | Age of first diagnosis                         |
|---------------------------------------------------------------------------|------------------------------------|------------------------------------------------|
| C12. Gestational diabetes                                                 | 1. yes 2. No                       | C12A1 _____ years old                          |
| C13. Hypertension in pregnancy                                            | 1. yes 2. No                       | C13A1 _____ years old                          |
| C14. Pre-eclampsia                                                        | 1. yes 2. No                       | C14A1 _____ years old                          |
| Depression<br>C15A1. Antenatal depression<br>C15B1. Postpartum depression | 1. yes 2. No                       | C15A2 _____ years old<br>C15B2 _____ years old |
| Anxiety<br>C16A1. Antenatal anxiety<br>C16B1. Postpartum anxiety          | 1. yes 2. No                       | C16A2 _____ years old<br>C16B2 _____ years old |
| C17. Other diseases                                                       | 1. yes 2. No                       | C17A2 _____ years old                          |

| C17A1. _____                           |                        |                             |               |
|----------------------------------------|------------------------|-----------------------------|---------------|
| <b>C18. Have you ever had surgery?</b> |                        |                             |               |
| 1. Yes    2. No (skip to next section) |                        |                             |               |
| Name of surgery                        | Age of surgery         | Whether it has been excised | Excision site |
| C19A1. _____                           | C19A2. _____ years old | C19A3. _____ years old      | C19A4. _____  |
| C20A1. _____                           | C20A2. _____ years old | C20A3. _____ years old      | C20A4. _____  |
| C21A1. _____                           | C21A2. _____ years old | C21A3. _____ years old      | C21A4. _____  |
| C22A1. _____                           | C22A2. _____ years old | C22A3. _____ years old      | C22A4. _____  |

| <b>Part V. History of health care product consumption</b>                                                                         |                    |                                         |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------|-----------------------------------------------|
| Have you taken any of the following medications or supplements regularly <u>in the past one year and since you were pregnant?</u> |                    |                                         |                                               |
| Health products<br>(※ At least 3 times a week)                                                                                    | Whether have taken | How many months taken before pregnancy? | How many months taken during early pregnancy? |
| E1. vitamin A                                                                                                                     | 1. Yes    2. No    | E1A1 _____                              | E1A2 _____                                    |
| E2. vitamin B                                                                                                                     | 1. Yes    2. No    | E2A1 _____                              | E2A2 _____                                    |
| E3. vitamin C                                                                                                                     | 1. Yes    2. No    | E3A1 _____                              | E3A2 _____                                    |
| E4. vitamin D                                                                                                                     | 1. Yes    2. No    | E4A1 _____                              | E4A2 _____                                    |
| E5. vitamin E                                                                                                                     | 1. Yes    2. No    | E5A1 _____                              | E5A2 _____                                    |
| E6. vitamin complex                                                                                                               | 1. Yes    2. No    | E6A1 _____                              | E6A2 _____                                    |
| E7. Calcium                                                                                                                       | 1. Yes    2. No    | E7A1 _____                              | E7A2 _____                                    |
| E8. Iron                                                                                                                          | 1. Yes    2. No    | E8A1 _____                              | E8A2 _____                                    |
| E9. Zinc                                                                                                                          | 1. Yes    2. No    | E9A1 _____                              | E9A2 _____                                    |
| E10. Iodine preparations                                                                                                          | 1. Yes    2. No    | E10A1 _____                             | E10A2 _____                                   |
| E11. Cod liver oil/ DHA                                                                                                           | 1. Yes    2. No    | E11A1 _____                             | E11A2 _____                                   |
| E12. Folic acid                                                                                                                   | 1. Yes    2. No    | E12A1 _____                             | E12A2 _____                                   |
| E13. Elevit                                                                                                                       | 1. Yes    2. No    | E13A1 _____                             | E13A2 _____                                   |
| E14. Other: _____                                                                                                                 | 1. Yes    2. No    | E14A1 _____                             | E14A2 _____                                   |

| <b>Part VI Personal habits</b>                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|
| F1. Did you smoke <u>before you became pregnant</u> (at least 1 cigarette per day for more than 6 months)                      |  |
| 1. yes    2. No (skip to F4)                                                                                                   |  |
| F2 At what age did you start smoking daily? _____ years old                                                                    |  |
| F3 In general, how many cigarettes do you smoke per day? _____ Sticks/day                                                      |  |
| F4. Did you smoke <u>during your pregnancy?</u> (At least 1 cigarette per day)                                                 |  |
| 1. yes                                                                                                                         |  |
| 2. No (skip to F7 if never smoked; skip to F5 if less than 1 cigarette per day; answer F4A1 and F4A2 if you have quit smoking) |  |
| F4A1 The age at which you quit smoking: _____ years old                                                                        |  |
| F4A2. What is the most important reason that motivated you to quit smoking? (Skip to F7)                                       |  |

1. preparing for pregnancy
2. suffering from illness
3. financial reasons
4. worried about future health
5. family members' opposition
6. other

**F5. Have you smoked today?**

1. Yes F5A1. total \_\_\_\_\_ branches, F5A2. \_\_\_\_\_ branches one hour before the blood draw
2. No

**F6. Has your smoking status changed significantly during your pregnancy compared to before?**

1. little change
2. significantly more than before
3. significantly less than before

**F7. Did you drink alcohol before your pregnancy (at least 1 time per week for more than 6 months)**

1. Yes
2. No (skip to F11)

**F8. At what age did you start drinking alcohol regularly? \_\_\_\_\_ years old**

**F9. Do you blush after drinking?**

1. Yes, after the first sip of wine
2. Yes, after a small amount of wine
3. Yes, only after a large amount of wine
4. None

**F10. Do you get dizzy after drinking?**

1. Yes, after the first sip of wine
2. Yes, after a small amount of wine
3. Yes, only after a large amount of wine
4. None

**F11 Do you still drink alcohol during pregnancy?**

1. Yes
2. No (skip to F13 if never drink; skip to F12 if less than once a week; answer F11A1 and F11A2 if quit drinking)

**F11A1. The age at which you quit drinking is \_\_\_\_\_ years old**

**F11A2. What was the most important reason that motivated you to quit drinking? (Skip to F13)**

1. preparing for pregnancy
2. suffering from illness
3. financial reasons
4. fear of future health
5. family members' opposition
6. other

**F12. Has your alcohol consumption during pregnancy changed significantly from what it was before?**

1. little change
2. significantly more than before
3. significantly less than before

**F13. Did you drink tea before you got pregnant (at least 1 time per week for more than 6 months)**

1. Yes
2. No (skip to F16)

**F14. At what age did you start drinking tea regularly? \_\_\_\_\_ years old**

**F15. How many times a day do you change your tea leaves? \_\_\_\_\_ times**

**F16. Do you still drink tea during your pregnancy?**

1. Yes
2. No (If you never drink tea, skip to F18; if you drink tea less than once a week, skip to F17; if you quit tea, answer F16A1)

**F16A1. The age at which you stopped drinking tea is \_\_\_\_\_ years old (skip to F18)**

**F17. Has your tea drinking changed significantly during your pregnancy compared to a few years ago?**

1. Not much change
2. Significantly more than before
3. Significantly less than before

### Carbonated beverage consumption

**F18. Did you drink carbonated beverages before your pregnancy?** (at least 1 time per week for more than 6 months)

1. Yes      2. No (**Skip to F20**)

**F19. At what age did you start drinking carbonated beverages regularly?** \_\_\_\_\_ years old

**F20. do you still drink carbonated drinks during your pregnancy?**

1. Yes  
2. No (**skip to F22 if you never drink carbonated drinks; skip to F21 if you drink carbonated drinks less than once a week; answer F20A1 if you quit drinking carbonated drinks**)

**F20A1. The age at which you stopped drinking carbonated beverages is \_\_\_\_\_ years old**  
(**Skip to F22**)

**F21. Has your consumption of carbonated beverages during pregnancy changed significantly compared to a few years ago?**

1. Not much change    2. Significantly more than before    3. Significantly less than before

### Coffee consumption

**F22. Did you drink coffee before you became pregnant?** (at least 1 time per week for more than 6 months)

1. Yes      2. No (**Skip to F24**)

**F23. At what age did you start drinking coffee regularly?** \_\_\_\_\_ years old

**F24. Do you still drink coffee during your pregnancy?**

1. Yes  
2. No (If you never drink coffee, **skip to the next section; if you drink coffee less than once a week, skip to F25; if you quit coffee, answer F24A1**)

**F25. Has your coffee drinking changed significantly during your pregnancy compared to a few years ago?**

1. Not much change    2. Significantly more than before    3. Significantly less than before