



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 your ethnic or racial background?

- Caucasian (Non-Hispanic)
- Black
- Hispanic
- Asian
- other, please specify _____

3. How tall were you at about age 20 to 30?
ft. in.

4. How many live-births have you had? 1
 2
 3
 4
 more, please specify _____

5. Did you ever have a miscarriage or abortion? No
 Yes _____ ▶ How many? _____

6. Which child is your son who is participating in the *Health Professionals Follow-up Study*?
(count live-births only) 1st child
 2nd child
 3rd child
 4th child
 other, please specify _____

7. What is the date of birth of your son who is participating in the *Health Professionals Follow-up Study*?

month day year

8. In which state or country was this son born? _____

16. Approximately, how 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) No
 Yes

* prescribed bed rest No
 Yes —————▶ reason: _____

* nausea No
 Yes —————▶ mild
 moderate
 severe

18. Did you receive routine medical care or prenatal care from a physician or other health practitioner during that pregnancy?

- 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?

- No
- Yes —————▶ sleeping medication
 nausea medication
 any medication to prevent miscarriage
 other —————▶ please specify: _____
- don't remember

23. During this pregnancy, did you suffer from any other health problems (e.g. tuberculosis)?

- No
- Yes ———▶ Please, specify: _____

24. If you were diagnosed with pre-eclampsia, eclampsia or toxemia, did you receive any treatment?

- No
- Yes ———▶ Please, specify: _____
- don't remember

25. Did you suffer from pre-eclampsia or toxemia during a prior or subsequent pregnancy?

- No
- Yes, during a prior pregnancy
- Yes, during a subsequent pregnancy
- don't remember

26. Did you suffer from eclampsia or toxemia with convulsion during a prior or subsequent pregnancy?

- No
- Yes, during a prior pregnancy
- Yes, during a subsequent pregnancy
- don't remember

27. How much caffeinated coffee did you drink during this pregnancy?

First 3 months

- none
- less than 1 cup per day
- 1-2 cups per day
- 3-4 cups per day
- 5 or more cups per day
- don't remember

Second 3 months

- none
- less than 1 cup per day
- 1-2 cups per day
- 3-4 cups per day
- 5 or more cups per day
- don't remember

Third 3 months

- none
- less than 1 cup per day
- 1-2 cups per day
- 3-4 cups per day
- 5 or more cups per day
- don't remember

28. How much tea did you drink during this pregnancy? (Do not include herbal teas)

First 3 months

- none
- less than 1 cup per day
- 1-2 cups per day
- 3 or more cups per day
- don't remember

Second 3 months

- none
- less than 1 cup per day
- 1-2 cups per day
- 3 or more cups per day
- don't remember

Third 3 months

- none
- less than 1 cup per day
- 1-2 cups per day
- 3 or more cups per day
- don't remember

29. Did you smoke during this pregnancy?

- No
 Yes —————▶ Please try to remember the number of cigarettes you smoked:

First 3 months

- less than 15 cigarettes per day
 15 to 25 cigarettes per day
 more than 25 cigarettes per day
 don't remember

Second 3 months

- less than 15 cigarettes per day
 15 to 25 cigarettes per day
 more than 25 cigarettes per day
 don't remember

Third 3 months

- less than 15 cigarettes per day
 15 to 25 cigarettes per day
 more than 25 cigarettes per day
 don't remember

30. Did you drink alcohol during this pregnancy?

- No
 Yes —————▶ Please give your best estimate of the amount:

First 3 months

- none, or less than 1 drink per week
 1-2 drinks per week
 3-6 drinks per week
 1 drink per day
 more than 1 drink per day
 don't remember

Second 3 months

- none, less than 1 drink per week
 1-2 drinks per week
 3-6 drinks per week
 1 drink per day
 more than 1 drink per day
 don't remember

Third 3 months

- none, less than 1 drink per week
 1-2 drinks per week
 3-6 drinks per week
 1 drink per day
 more than 1 drink per day
 don't remember

31. During your pregnancy with this son, how often did you consume an averaged-size serving of beef, pork, or lamb as a main dish (e.g., steak or roast)?

- never
- less than once per week
- once per week
- 2 to 4 times per week
- 5 to 6 times per week
- once per day or more
- don't remember

32. During this pregnancy, how did you usually cook your meat?

- rare
- medium
- well done
- charbroiled
- don't remember

33. During your pregnancy with this son, how often did you consume brown gravy made from meat drippings?

- never
- less than once per week
- once per week
- 2 to 4 times per week
- 5 to 6 times per week
- once per day or more
- don't remember

34. Please think about the time when your son was of preschool age (3 to 5 years old). How often did he eat or drink an average serving of each of the following foods? We understand that this is difficult, but please make your best estimate:

Whole 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

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

Apples (1):

- never
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 or more per day
- don't remember

Oranges (1):

- never
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 or more per day
- don't remember

Orange juice:

- never
- 1-3 glasses per month
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day
- don't remember

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, meat loaf)
- 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 main dish:
(e.g., steak, roast)
- never
 - 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 sandwich or mixed dish:
(e.g., stew, meat sauce)
- never
 - 1-3 times per month
 - once per week
 - 2-4 times per week
 - 5 or more times per week
 - don't remember

- Chicken:
- never
 - 1-3 times per month
 - once per week
 - 2-4 times per week
 - 5 or more times per week
 - don't remember

- Fish or tuna fish (3-5 oz):
- never
 - 1-3 times per month
 - once per week
 - 2-4 times per week
 - 5 or more times per week
 - don't remember

- Liver:
- never
 - less than once per month
 - once per month
 - 2-3 times per month
 - once per week or more
 - don't remember

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:

- never
- 1-3 cookies per month
- 1 cookie per week
- 2-6 cookies per week
- 1-3 cookies per day
- 4 or more cookies per day
- don't remember

Multiple Vitamins:

- never
- 2 tablets per week or less
- 3-5 tablets per week
- 6 or more tablets per week
- don't remember

Cod Liver Oil:

- never
- 2 tablespoons per week or less
- 3-5 tablespoons per week
- 6 or more tablespoons per week
- don't remember

THE FOLLOWING QUESTIONS RELATE TO YOUR FAMILY HISTORY:

35. Did you ever have:

Hypertension (high blood pressure)?

- No
 Yes

High blood cholesterol?

- No
 Yes

36. Did your husband (your son's father) ever have:

Prostate cancer?

No

Yes ———▶ At what age was he diagnosed with prostate cancer? _____

Hypertension (high blood pressure)?

- No
 Yes

High blood cholesterol?

- No
 Yes

When answering the following questions, please include only full brothers (exclude half-brothers).

37. How many biological brothers do you have? (include even if deceased)

- none
 1
 2
 3
 more, please specify _____

If you have biological brothers, do/did any of them have prostate cancer?

No

Yes ———▶ How many? _____
What was the age at diagnosis of this cancer?

brother 1: age at diagnosis: _____

brother 2: age at diagnosis: _____

brother 3: age at diagnosis: _____

Don't know

38. Did your husband's (or this son's father, if by other marriage) father have prostate cancer?

- No
- Yes
- Don't know

39. How many full biological brothers does/did your husband have?

- none
- 1
- 2
- 3
- more, please specify _____

If he has/had biological brothers, do/did any of them have prostate cancer?

- No
- Yes —> How many? _____

What was the age at diagnosis of this cancer?

brother 1: age at diagnosis: _____
brother 2: age at diagnosis: _____
brother 3: age at diagnosis: _____

- Don't know

40. How many years of education had you and your husband completed at the time of your son's birth?

	Your education	Husband's education
Less than 8 years of School	<input type="checkbox"/>	<input type="checkbox"/>
8 years of School	<input type="checkbox"/>	<input type="checkbox"/>
1 - 3 years of High School	<input type="checkbox"/>	<input type="checkbox"/>
4 years of High School	<input type="checkbox"/>	<input type="checkbox"/>
1 - 3 years of College	<input type="checkbox"/>	<input type="checkbox"/>
4 or more years of College	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on next page.

41. At the time of your son's birth, what was your occupation and your husband's occupation?

	Your occupation	Husband's occupation
Professional Specialist/technician	<input type="checkbox"/>	<input type="checkbox"/>
Executive, manager, administrator	<input type="checkbox"/>	<input type="checkbox"/>
Sales or clerical worker	<input type="checkbox"/>	<input type="checkbox"/>
Mechanic, electrician, repairer, or craft worker (e.g., carpenter)	<input type="checkbox"/>	<input type="checkbox"/>
Machine operator, assembler, inspector, transport operator (e.g., bus/cab driver)	<input type="checkbox"/>	<input type="checkbox"/>
Service worker (e.g., housekeeper, janitor waitress, guard)	<input type="checkbox"/>	<input type="checkbox"/>
Laborer, handler, equipment cleaner, helper	<input type="checkbox"/>	<input type="checkbox"/>
Farm manager or worker	<input type="checkbox"/>	<input type="checkbox"/>
Home-maker	<input type="checkbox"/>	<input type="checkbox"/>

42. At the time of your son's birth, what was your employment status and your husband's employment status?

	Your employment status	Your husband's employment status
Full time	<input type="checkbox"/>	<input type="checkbox"/>
Part time	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____

Please continue on next page.

43. Did you fill out this questionnaire alone or did somebody help you?

- alone
- with the help of my son
- with the help of somebody else

Thank you for your participation!

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**