

## SECTION M. PREGNANCY RELATED PROBLEMS

Next, I have a question about your mother's pregnancy with you.

M1. Did your mother take DES while she was pregnant with you?

YES ..... 1  
YES, UNKNOWN DRUG USED ..... 3  
NO ..... 2  
DON'T KNOW ..... 8

M1a. Did your mother breastfeed you?

YES ..... 1  
NO ..... 2  
DON'T KNOW ..... 8

Now I have some questions about the times that you have been or have tried to become pregnant.

M2. Did you ever try to become pregnant for at least 12 consecutive months?

YES ..... 1  
NO ..... 2

M3. Before (REFERENCE DATE), did you ever visit a doctor, clinic, or hospital because of a problem becoming pregnant or to seek help in becoming pregnant?

YES ..... 1  
NO ..... 2 (BOX M-1)

M4. Before (REFERENCE DATE), did you or your partner ever have tests done for infertility or because you were having a problem becoming pregnant?

YES ..... 1  
NO ..... 2 (M8)

M5. Who was tested?

RESPONDENT ..... 1  
PARTNER ..... 2  
BOTH ..... 3

ASK M6-M7 FOR ONE CAUSE BEFORE ASKING ABOUT NEXT CAUSE.

	<b>M6.</b> What was found to be the cause or causes? CODE AS MANY AS APPLY.  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                         SHOW CARD M6                     </div>	<b>M7.</b> IF M6=03-96, ASK: How old were you when it was <u>first</u> diagnosed?
1ST CAUSE	_ _  OTHER (SPECIFY) _____	_ _  AGE
2ND CAUSE	_ _  OTHER (SPECIFY) _____	_ _  AGE
3RD CAUSE	_ _  OTHER (SPECIFY) _____	_ _  AGE
4TH CAUSE	_ _  OTHER (SPECIFY) _____	_ _  AGE
5TH CAUSE	_ _  OTHER (SPECIFY) _____	_ _  AGE

- A. NOTHING FOUND ..... 01
- B. PARTNER HAD PROBLEM(S), SUCH AS LOW SPERM COUNT  
OR OTHER PROBLEM WITH SPERM ..... 02
- C. PROBLEM WITH CERVICAL MUCOUS ..... 03
- D. PROBLEM WITH TUBES, SUCH AS BLOCKED TUBES ..... 04
- E. PROBLEM WITH OVARY(IES), SUCH AS CYSTS OR  
DID NOT PRODUCE EGGS ..... 05
- F. ENDOCRINE PROBLEM OR PROBLEM WITH HORMONES,  
SUCH AS LUTEAL PHASE DEFECT ..... 06
- G. PROBLEM WITH WOMB OR UTERUS ..... 07
- H. ENDOMETRIOSIS ..... 08
- I. ANOVULATION (ABSENCE OF OVULATION) ..... 09
- J. OTHER (SPECIFY) ..... 96
- DON'T KNOW ..... 98

M8. Before (REFERENCE DATE), were you prescribed any medications to help you become pregnant?

SHOW  
CARD  
M8

YES ..... 1  
 NO ..... 2 (BOX M-1)  
 DK ..... 9 (BOX M-1)

ASK M9-M12 FOR ONE DRUG USE BEFORE ASKING ABOUT NEXT DRUG.

	M9. What was the name of the medication?  <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 80px;">SHOW CARD M8</div>	M10. In what month and year did you <u>start</u> taking (DRUG)?   _ _ / _ _  MONTH YEAR	M11. In what month and year did you <u>stop</u> taking (DRUG)?   _ _ / _ _  MONTH YEAR  CURRENTLY TAKING .....9595	M12. For how many cycles did you take (DRUG)?   _ _  CYCLES
1ST DRUG	_ _ _	_ _ / _ _  MONTH YEAR	_ _ / _ _  MONTH YEAR  CURRENTLY TAKING .....9595	_ _  CYCLES
2ND DRUG	_ _ _	_ _ / _ _  MONTH YEAR	_ _ / _ _  MONTH YEAR  CURRENTLY TAKING .....9595	_ _  CYCLES
3RD DRUG	_ _ _	_ _ / _ _  MONTH YEAR	_ _ / _ _  MONTH YEAR  CURRENTLY TAKING .....9595	_ _  CYCLES
4TH DRUG	_ _ _	_ _ / _ _  MONTH YEAR	_ _ / _ _  MONTH YEAR  CURRENTLY TAKING .....9595	_ _  CYCLES

**BOX M-1**

**IF SUBJECT HAS NEVER BEEN PREGNANT (A3 = NONE), SKIP TO M19. OTHERWISE, CONTINUE.**

**M13. Have you ever visited a doctor, clinic, or hospital because of difficulty maintaining a pregnancy?**

YES ..... 1  
 NO ..... 2 (M19)

**M14. Did you ever use any prescription medications to help you maintain a pregnancy?**

YES ..... 1  
 NO ..... 2 (M19)

**ASK M15-M18 FOR ONE DRUG USE BEFORE ASKING ABOUT NEXT DRUG.**

	M15. What was the name of the medication?  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">SHOW CARD M8</div>	M16. In what month and year did you <u>start</u> taking (DRUG)?	M17. In what month and year did you <u>stop</u> taking (DRUG)?	M18. For how many cycles did you take (DRUG)?
1ST DRUG	_ _ _	_ _ / _ _  MONTH YEAR	_ _ / _ _  MONTH YEAR  CURRENTLY TAKING .....9595	_ _  CYCLES
2ND DRUG	_ _ _	_ _ / _ _  MONTH YEAR	_ _ / _ _  MONTH YEAR  CURRENTLY TAKING .....9595	_ _  CYCLES
3RD DRUG	_ _ _	_ _ / _ _  MONTH YEAR	_ _ / _ _  MONTH YEAR  CURRENTLY TAKING .....9595	_ _  CYCLES
4TH DRUG	_ _ _	_ _ / _ _  MONTH YEAR	_ _ / _ _  MONTH YEAR  CURRENTLY TAKING .....9595	_ _  CYCLES

	M19. Have you ever taken DES? Common reasons for taking DES were for prevention of miscarriages, or for the prevention of lactation or as a morning-after pill.	M20. In what month and year did you <u>start</u> taking DES?	M21. In what month and year did you <u>stop</u> taking DES?	M22. For how many cycles did you take DES?
1ST TIME	YES ..... 1 NO ..... 2 (SECTION N)	<input type="text"/> / <input type="text"/> MONTH YEAR	<input type="text"/> / <input type="text"/> MONTH YEAR  CURRENTLY TAKING ..... 9595	<input type="text"/> CYCLES
2ND TIME	YES ..... 1 NO ..... 2 (SECTION N)	<input type="text"/> / <input type="text"/> MONTH YEAR	<input type="text"/> / <input type="text"/> MONTH YEAR  CURRENTLY TAKING ..... 9595	<input type="text"/> CYCLES