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

9. What was the birth weight of your son? (Please consult any records that you might have available or give your best estimate if you don’t remember exactly.)

   ___________ pounds
   ___________ ounces

10. What was your son’s length at birth?

   ___________ inches

   □ don’t remember

11. Was your son born prematurely?

   □ No
   □ Yes ———> How premature:

   □ less than 2 weeks early
   □ 2-4 weeks early
   □ more than 4 weeks early

12. Was this a twin pregnancy? □ No

   □ Yes ———> Was the other twin a □ girl

   □ boy

   Were they identical twins? □ Yes

   □ No

13. Did you breastfeed this son? □ No

   □ Yes ———> How long? (Give your best estimate)

   □ less than 3 months
   □ 3 to 9 months
   □ more than 9 months

14. Did you ever notice white secretions from your son’s nipples after he was one month old? (Many babies have this in the first few days after birth)

   □ No
   □ Yes
   □ don’t remember

15. What was your usual weight just before you became pregnant with this son?

   ___________ lbs.

   □ don’t remember
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
20. Did you ever take diethylstilbestrol (DES) during the pregnancy with this son?

☐ No
☐ Yes ——— ► During which months? Approximate number of days
  ☐ between 1st and 3rd
  ☐ between 4th and 6th
  ☐ between 7th and 9th

☐ don’t remember

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? (protein in urine)  ☐ No
  ☐ Yes

* pregnancy-related diabetes?  ☐ No
  ☐ Yes ——— ► Treated with insulin?  ☐ No
  ☐ Yes

* pre-eclampsia or toxemia without convulsions?  ☐ No
  ☐ Yes ——— ► ☐ severe
  ☐ moderate
  ☐ mild

* eclampsia or toxemia with convulsions?  ☐ No
  ☐ 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

  Were you treated with insulin during this pregnancy?  ☐ No
  ☐ Yes
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:

<table>
<thead>
<tr>
<th>First 3 months</th>
<th>less than 15 cigarettes per day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15 to 25 cigarettes per day</td>
</tr>
<tr>
<td></td>
<td>more than 25 cigarettes per day</td>
</tr>
<tr>
<td></td>
<td>don’t remember</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second 3 months</th>
<th>less than 15 cigarettes per day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15 to 25 cigarettes per day</td>
</tr>
<tr>
<td></td>
<td>more than 25 cigarettes per day</td>
</tr>
<tr>
<td></td>
<td>don’t remember</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Third 3 months</th>
<th>less than 15 cigarettes per day</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tr>
<tr>
<td></td>
<td>more than 25 cigarettes per day</td>
</tr>
<tr>
<td></td>
<td>don’t remember</td>
</tr>
</tbody>
</table>

30. Did you drink alcohol during this pregnancy?

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

<table>
<thead>
<tr>
<th>First 3 months</th>
<th>none, or less than 1 drink per week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-2 drinks per week</td>
</tr>
<tr>
<td></td>
<td>3-6 drinks per week</td>
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<tr>
<td></td>
<td>1 drink per day</td>
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<tr>
<td></td>
<td>more than 1 drink per day</td>
</tr>
<tr>
<td></td>
<td>don’t remember</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second 3 months</th>
<th>none, less than 1 drink per week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
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</tr>
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<tr>
<td></td>
<td>more than 1 drink per day</td>
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<tr>
<td></td>
<td>don’t remember</td>
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<table>
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<tr>
<th>Third 3 months</th>
<th>none, less than 1 drink per week</th>
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</thead>
<tbody>
<tr>
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<td></td>
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</tr>
<tr>
<td></td>
<td>1 drink per day</td>
</tr>
<tr>
<td></td>
<td>more than 1 drink per day</td>
</tr>
<tr>
<td></td>
<td>don’t remember</td>
</tr>
</tbody>
</table>
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.)

<table>
<thead>
<tr>
<th>Food Type</th>
<th>Frequency Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground beef (e.g., hamburgers, meat loaf)</td>
<td>□ never □ 1-3 per month □ 1 per week □ 2-4 per week □ 5 or more per week □ don't remember</td>
</tr>
<tr>
<td>Beef, pork, lamb as a main dish: (e.g., steak, roast)</td>
<td>□ never □ 1-3 times per month □ once per week □ 2-4 times per week □ 5 or more times per week □ don't remember</td>
</tr>
<tr>
<td>Beef, pork, lamb as a sandwich or mixed dish: (e.g., stew, meat sauce)</td>
<td>□ never □ 1-3 times per month □ once per week □ 2-4 times per week □ 5 or more times per week □ don't remember</td>
</tr>
<tr>
<td>Chicken</td>
<td>□ never □ 1-3 times per month □ once per week □ 2-4 times per week □ 5 or more times per week □ don't remember</td>
</tr>
<tr>
<td>Fish or tuna fish (3-5 oz)</td>
<td>□ never □ 1-3 times per month □ once per week □ 2-4 times per week □ 5 or more times per week □ don't remember</td>
</tr>
<tr>
<td>Liver</td>
<td>□ never □ less than once per month □ once per month □ 2-3 times per month □ once per week or more □ don't remember</td>
</tr>
</tbody>
</table>
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?

<table>
<thead>
<tr>
<th>Your education</th>
<th>Husband’s education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 8 years of School</td>
<td>☐</td>
</tr>
<tr>
<td>8 years of School</td>
<td>☐</td>
</tr>
<tr>
<td>1 - 3 years of High School</td>
<td>☐</td>
</tr>
<tr>
<td>4 years of High School</td>
<td>☐</td>
</tr>
<tr>
<td>1 - 3 years of College</td>
<td>☐</td>
</tr>
<tr>
<td>4 or more years of College</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please continue on next page.
41. At the time of your son's birth, what was your occupation and your husband's occupation?

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

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

<table>
<thead>
<tr>
<th>Your employment status</th>
<th>Your husband's employment status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td></td>
</tr>
<tr>
<td>Part time</td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

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