

ATTACHMENT 2

CONTROL PREGNANCY FORM

Subjects matched for maternal age at conception (± 2.5 years) and gravidity

CENTER _____ CONTROL CASE of _____ (Patient's initials)

CONTROL SUBJECT INITIALS _____ DATE OF BIRTH _____

GRAVITY _____ (n[^] pregnancy)

Age at beginning of pregnancy _____

Cigarette smoking N 1. never 2. quit since _____
 Y n[^] cigarettes/day _____

Alcohol N 1. never 2. quit since _____
 Y gr/day _____

OUTCOME OF PREGNANCY AND MODE OF DELIVERY

(month _____ year _____)

- | | | | |
|----------------------------------|-----|------------------------------|------------------------|
| 1. Spontaneous abortion | N Y | week of gestation _____ | cause _____ |
| 2. Therapeutic abortion | N Y | week of gestation _____ | cause _____ |
| 3. Tubal pregnancy | N Y | week of gestation _____ | cause _____ |
| 4. Infant death <i>in utero</i> | N Y | week of gestation _____ | cause _____ |
| 5. Pre-term delivery (<37 weeks) | N Y | week of gestation _____ | cause _____ |
| 6. At term delivery | N Y | 6 a. spontaneous vaginal | 6 b. induced vaginal |
| section | | 6 c. operative vaginal | 6 d. elective cesarean |
| | | 6 e. urgent cesarean section | |

NEWBORN:

Live birth Y N date of death _____ cause _____

Birth weight grams _____ Sex M F

Congenital abnormalities N Y type _____