

Module 8

For YOUNG WOMEN only:

We would like to know about your reproductive health. These questions are confidential and will not be shared with your parent/guardian.

1. Have you had your first period? {menstrua_heaq}

Yes →

How old were you when you had your first period? years Don't know

No

Don't know

2. Has a doctor ever told you that you have polycystic ovaries (PCO, PCOS)? {hxpolyov_heaq}

Yes

No

Don't know

3. Has your doctor talked to you about diabetes and pregnancy, and how diabetes can affect you during pregnancy and the developing baby before birth and around the time of birth? {diabpreg}

Yes

No

Don't know

4. Have you ever been pregnant? This includes pregnancies that did not end in a live birth. {everPregnant_splq}

Yes →

How many times have you been pregnant? {everpregnum}

For each option below, please indicate the number of pregnancies that ended in that way. If no pregnancies ended that way, please enter "0."

	Number of Pregnancies
Healthy live birth {livebirth_healthy}	<input type="text"/> <input type="text"/>
Live birth with health problems or birth defects {livebirth_prob}	<input type="text"/> <input type="text"/>
Abortion {abortion}	<input type="text"/> <input type="text"/>
Miscarriage {miscarriage}	<input type="text"/> <input type="text"/>
Stillbirth {stillbirth}	<input type="text"/> <input type="text"/>
Ectopic or tubal pregnancy {ectopic}	<input type="text"/> <input type="text"/>

Don't know {pregend_dk}

Prefer not to answer {pregend_prefnoans}

No

Don't know

Prefer not to answer