“Health status and reproductive outcomes questionnaire”

ID number: ___________ Group: _______

Section A: Demographic and Obstetrical information

1. What is your age: _______
2. What is your educational status: _______
3. What is your husband's occupation? _______
4. How many children do you have? _______ Number of girls: _____ Number of boys: ______
5. How many previous pregnancies do you have? _______
6. How many spontaneous abortions do you have? _______
7. Do you have a history of stillbirths in previous pregnancies? Yes□ No□
8. Do you have a history of abnormal birth in previous pregnancies? Yes□ No□
   If yes, please state the type of abnormality: _______
9. Do you have a history of preterm birth in previous pregnancies? Yes□ No□
10. Do you have a history of post term birth in previous pregnancies? Yes□ No□
11. Do you have a history of infant birth with low weight (<2500gr) in previous pregnancies?
    Yes□ No□
12. Do you have regular menstrual periods? Yes□ No□
13. Did you have a history of infertility? Yes□ No□
   If yes, what kind of infertility do you have? Primary infertility □ Secondary infertility □

Section B: Occupational Status (only for greenhouse workers)

1. How long have you been working in the greenhouse? _______ years _______ months
2. How many hours a day do you work in the greenhouse? _______ hours
3. Have you been exposed to pesticides during previous pregnancies? Yes□ No□
   If yes, state the duration of exposure in pregnancy: _______ months
4. What is the average number of pesticide sprays per month? ______

5. What is the approximate distance of your place of residence from the greenhouse? ______ (km)

6. Do you use personal protective equipment while working in the greenhouse? Yes□ No□

**Section C: Clinical measurements:**
1. Weight: ______ (kg)
2. Height: ______ (cm)
3. Body mass index: ______ kg/m²
4. Systolic blood pressure: ______ (mmHg)
5. Diastolic blood pressure: ______ (mmHg)
6. Number of breaths: ______
7. Number of pulse: ______
8. WBC: ______
9. RBC: ______
10. Hb: ______
11. HCT: ______
12. MCV: ______
13. MCHC: ______
14. PLT: ______