Enrollment Form

A. Eligibility confirmation

A1. Date of randomization __ __-__ __-__ __ __ __
Mon Day Year

A2. Age __ __

A3. First day of last menstrual period (LMP) __ __-__ __-__ __ __ __ ☐Estimated
Mon Day Year

A4. Expected date of delivery (EDD) __ __-__ __-__ __ __ __
Mon Day Year

Original EDD: MM/DD/YYYY

A4.1 EDD based on: ☐Ultrasound ☐LMP ☐ART

A5. Has the participant signed the informed consent form for the NICHD B-WELL-Mom Study? (1)Yes (2)No

A6a. Date of signed consent __ __-__ __-__ __ __ __
Mon Day Year

A6. Did the participant consent to have her biologic samples stored in a specimen repository?

(1)Yes (2)No→If no, SKIP to A8

A6a. Did the participant consent to use of her stored biologic samples in future genetic research?

(1)Yes (2)No→If no, SKIP to A8

A6i. Under which of the following conditions did the participant consent to use her stored biologic samples in future genetic research? (Choose one)

Consent to genetic research **only related** to the study aims (1)

Consent to genetic research **related or unrelated** to the study aims (2)

A7. Did the participant consent to have her baby's biologic samples stored in a specimen repository?

(1)Yes (2)No→If no, SKIP to A9

A7a. Did the participant consent to use of her baby's stored biologic samples in future genetic research?

(1)Yes (2)No→If no, SKIP to A9

A7i. Under which of the following conditions did the participant consent to use her baby's stored biologic samples in future genetic research? (Choose one)

Consent to genetic research **only related** to the study aims (1)

Consent to genetic research **related or unrelated** to the study aims (2)

A8. Did the participant consent to future contact to ask about their health, baby's health, or to ask about participating in more research?

(1)Yes (2)No

A9. Did the participant consent to having an additional 5 cc of blood collected at enrollment for the purposes of a TSH (thyroid-stimulating hormone) test:

(1)Yes (2)No

A10. Did the participant consent at baseline to allow investigators to record local mobility for a total of four weeks using a GPS tracker in the tablet device provided?

(1)Yes (2)No

A11. Study issued Mobile device # __ __ __ __

A12. Language preference for questionnaire (1) English (2) Spanish

A13. Flow Cytometry protocol (1) Standard (2) Alternate

B. Asthma control group assignment

B1. Is the participant in the "no asthma group"? (Did she answer NO to questions 4a i and ii on the study eligibility form?)

(1)Yes → SKIP to end of form and indicate woman is in the **No Asthma Group.**
(2)No →continue to questions B2-B7 to determine asthma group assignment

B2. In the past 4 weeks, how much of the time did the participant's asthma keep her from getting as much done at work, school or at home?	(1)	All of the time
	(2)	Most of the time
	(3)	Some of the time
	(4)	A little of the time
	(5)	None of the time
B3. During the past 4 weeks, how often has the participant had shortness of breath?	(1)	More than once a day
	(2)	Once a day
	(3)	3 to 6 times a week
	(4)	Once or twice a week
	(5)	Not at all
B4. During the past 4 weeks, how often did the participant's asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?	(1)	4 or more nights a week
	(2)	2 or 3 nights a week
	(3)	Once a week
	(4)	Once or twice
	(5)	Not at all
B5. During the past 4 weeks, how often has the participant used a rescue inhaler or nebulizer medication (such as albuterol)?	(1)	3 or more times per day
	(2)	1 or 2 times per day
	(3)	2 or 3 times per week
	(4)	Once a week or less
	(5)	Not at all
B6. How would the participant rate her asthma control during the past 4 weeks?	(1)	Not controlled at all
	(2)	Poorly controlled
	(3)	Somewhat controlled
	(4)	Well controlled
	(5)	Completely controlled
TOTAL SCORE (sum B2-B6):	___	

➔ Women who score >=20 in the scale above are in the **Well controlled** group.
Women who score <20 are in the **Poorly Controlled** group.

B7. In the past year, has the participant had an asthma attack or symptoms that required (choose all that apply):

(1) Office sick visit
(1) ER/ED visit

➔ Women who enrolled prior to June 10, 2015 were asked the next set of questions if their total score (sum B2 – B6) above was >=20 and they did not have an office sick visit or ER/ED visit, otherwise they were assigned to the **Poorly Controlled** group.

B8. How often does the participant experience symptoms of asthma?

(1) ≤ 2 days/wk
(2) >2 days/wk
(3) Throughout the day

B9. How often does the participant experience nighttime awakening because of her asthma?

(1) ≤ 2x/mo
(2) 1-3x/wk
(3) ≥4x/wk

B10. To what extent does the participant's asthma interfere with or limit her normal daily activities?

(1) None
(2) Some limitation
(3) Extremely limited

B11. How often does the participant use an inhaler to control symptoms of asthma? (Do not count exercise induced asthma).

(1) ≤ 2 days/wk
(2) > 2 days/wk
(3) Several times per day

B12. What is your typical FEV1 or peak flow (percent predicted value):

(1) >80%
(2) 60-80
(3) <60%
(4) Don't know

➔ Women who answered option (1) to all questions B8-B12 were eligible for the **Well-Controlled** group.

Women who answered option (2) or (3) to ANY question B8-B12 were eligible for the **Poorly Controlled** group.