

### 1st Phase-Core Variables Inventory

Basic Information	
Name of Birth Cohort	
Abbreviation	
Country/ City	
Website	
Principal investigator	
Institute	
Email	
Telephone	
Fax	
Co-Principal investigator	
Institute	
Email	
Telephone	
Contact person	
Institute	
Email	
Telephone	
Fax	

## Basic Description

Main aim of cohort

Recruited number of:

Children    No:                       Mother    No:                       Father    No:

Grandparents    No:                       Other family members    No:

Source population                      [Hospital/Community based/other](#)

Approximate proportion of source population included                      %

Dates of enrollment                      Start:    End:

Enrollment period

Enrollment criteria, please specify

Exclusion criteria, please specify

Planned age of children at end of follow-up

Key reference, introduction about the birth cohort

## Questionnaire or registry data and biological samples

Children		
<b>Birth Outcome</b>		
Birth weight	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Birth length	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Birth order	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Gestational age at birth	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Apgar score	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Congenital malformations	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Stillbirth (> = 22 Weeks)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Preterm birth	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Intrauterine growth retardation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Low birth weight	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Small for gestational age	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Child sex	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Please add an item		
<b>Child exposure</b>		
Passive smoking	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Breast feeding	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Diet (complementary foods)	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Physical activity	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Medicine intake	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Vaccinations	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Outdoor air pollution	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Indoor contaminants	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Please add an item</b>		
<b>Child's growth and development</b>		
Weight	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Height	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Head circumference	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Chest circumference	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Cognitive measures	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Language	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Neurodevelopment	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Behavior	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Sexual maturation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Please add an item</b>		
<b>Social factors</b>		
<b>Please add an item</b>		

Diet and nutrition	
Please add an item	

Child biological sample	
Umbilical cord blood	<input type="checkbox"/> No <input type="checkbox"/> Yes
Whole blood	<input type="checkbox"/> No <input type="checkbox"/> Yes
Serum/ plasma	<input type="checkbox"/> No <input type="checkbox"/> Yes
Urine	<input type="checkbox"/> No <input type="checkbox"/> Yes
Hair	<input type="checkbox"/> No <input type="checkbox"/> Yes
Teeth	<input type="checkbox"/> No <input type="checkbox"/> Yes
Nails	<input type="checkbox"/> No <input type="checkbox"/> Yes
Saliva	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please add an item	

Child's outcome assessment			
Outcome	Biomarker	Maternal	Child
Atopic disease	IgE, IgA	<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )
Endocrine system disruption	Thyroid gland function (T3, T4 and TSH)	<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )
	Sex hormones	<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )

Infectious disease	IgM of toxoplasma and cytomegalovirus	<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )
Please add an item		<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )

### Mothers

#### Maternal characteristics related to the index pregnancy

Ethnicity	<input type="checkbox"/> No <input type="checkbox"/> Yes
Mode of delivery	<input type="checkbox"/> No <input type="checkbox"/> Yes
Age at birth	<input type="checkbox"/> No <input type="checkbox"/> Yes
Weight gain during pregnancy	<input type="checkbox"/> No <input type="checkbox"/> Yes
Spontaneous abortions (<22 w.)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Weight	<input type="checkbox"/> No <input type="checkbox"/> Yes
Height	<input type="checkbox"/> No <input type="checkbox"/> Yes
Education	<input type="checkbox"/> No <input type="checkbox"/> Yes
Family income	<input type="checkbox"/> No <input type="checkbox"/> Yes
Occupation	<input type="checkbox"/> No <input type="checkbox"/> Yes
Single parenthood	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please add an item	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Maternal Exposures		
Physical activity	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Tobacco smoking	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Passive smoking	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Alcohol consumption	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Substance abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Medicine intake	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Diet	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Stress	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Occupational hazards	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Outdoor air pollution	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Indoor contaminants	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Please add an item		
Maternal biological samples		
Breast milk	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Placenta	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Serum/ plasma	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Urine	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Hair	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Nails	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Saliva	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Please add an item		

Environmental Exposures Measurement			
Exposure	Contaminant		
Air pollution	PM <sub>2.5</sub> , PM <sub>10</sub> , NO <sub>2</sub> , HCHO, VOCs	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Indoors
	Please add an item		
Exposure	Contaminant	Maternal specimen	Child's specimen
Phenol	Bisphenol A	<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )
Heavy metals		<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )
Pesticides	Organophosphates,	<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )
	organochlorine	<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )
Nutrients	Folate	<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )
Organohalogenes	Perfluorinated compounds (PFCs)	<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )
	Chlorinated hydrocarbons	<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )
	brominated hydrocarbones	<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )
Organochlorine	Dioxins	<input type="checkbox"/> blood <input type="checkbox"/> urine	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood



Environmental Exposures Measurement			
Exposure	Contaminant		
compounds		<input type="checkbox"/> others( )	<input type="checkbox"/> urine <input type="checkbox"/> others( )
	PCBs, OH-PCBs	<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )
Plasticizers	Phthalate	<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )
Tobacco smoke	cotinine	<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )
Please add an item		<input type="checkbox"/> blood <input type="checkbox"/> urine <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> urine <input type="checkbox"/> others( )

Genetic and epigenetic factors	Maternal specimen	Child's specimen
Polymorphism	<input type="checkbox"/> blood <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> others( )
DNA Methylation	<input type="checkbox"/> blood <input type="checkbox"/> others( )	<input type="checkbox"/> cord blood <input type="checkbox"/> peripheral blood <input type="checkbox"/> others( )

Outcome assessment		
Outcome	Measurement tools	Participants
Allergic disease	ISAAC questionnaires	<input type="checkbox"/> Child <input type="checkbox"/> others (    )
Behavior	CBCL	<input type="checkbox"/> Child <input type="checkbox"/> others (    )
	SNAP-IV	<input type="checkbox"/> Child <input type="checkbox"/> others (    )
Neurodevelopment	NNE-C	<input type="checkbox"/> Child <input type="checkbox"/> others (    )
	CDIIT	<input type="checkbox"/> Child <input type="checkbox"/> others (    )
	Bayley II	<input type="checkbox"/> Child <input type="checkbox"/> others (    )
	IQ	<input type="checkbox"/> Child <input type="checkbox"/> others (    )
	Movement ABC	<input type="checkbox"/> Child <input type="checkbox"/> others (    )
	Parenting Stress Index/short form	<input type="checkbox"/> Child <input type="checkbox"/> others (    )
Stress		
Temperament	The Toddler Temperament Scale	<input type="checkbox"/> Child <input type="checkbox"/> others (    )
Please add an item		

## Comments and ideas