

First we would like to ask you about your pregnancies. Please check the box next to the best answer.

1. Not counting your most recent birth, did you have any other babies who were born alive? No →Go to Question 4
 Yes

2. Of these babies, did the one just before your new baby weigh *less* than 5 pounds, 8 ounces at birth? No
 Yes

3. Was that baby born *more* than 3 weeks before its due date? No
 Yes

Next are some questions about the pregnancy related to your most recent birth. You may want to use the calendar to help you answer the questions.

4. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.) Weeks or Months
 I don't remember

5. How many weeks or months pregnant were you when you first thought you *might* be pregnant? Weeks or Months
 I don't remember

6. When you were sure you were pregnant, were you on Medicaid? No
 Yes

7. Thinking back to just before you were pregnant, how did you feel about becoming pregnant? **Check the best answer.**
 I wanted to be pregnant sooner
 I wanted to be pregnant later
 I wanted to be pregnant then
 I didn't want to be pregnant then or at any time in the future
 I don't know

The next questions are about prenatal care you got during the pregnancy that ended with your most recent birth. Prenatal care includes visits to a doctor or nurse before your baby was born to check your blood pressure or the baby's heart beat, tests of your blood and urine, examinations such as sonogram or ultrasound, and advice. It does not include WIC (Supplemental Food Program for Women, Infants, and Children), or delivery of the baby. You may want to use the calendar to help you answer the questions

8. How many weeks or months pregnant were you when you had your first visit for prenatal care? **Don't count a visit that was only for a pregnancy test or a visit only for WIC.** Weeks or Months
 I didn't go for prenatal care

9. Did you get prenatal care as early in your pregnancy as you wanted?
- No
 - Yes → **Go to Question 11**
 - I did not want prenatal care → **Go to Question 11**
10. Did any of these things keep you from getting care as early as you wanted? **Check all that apply.**
- I had no one to take care of my children
 - I had no way to get to the clinic or office
 - I couldn't get a doctor or nurse to take me as a patient
 - I couldn't get an appointment earlier in my pregnancy
 - I didn't think that I was pregnant
 - I didn't have enough money or insurance to pay for my visits
 - I didn't know where to go
 - Other → Please tell us:
11. How many visits for prenatal care did you have? **Don't count visits for WIC.**
- Visits
 - I did not go for prenatal care → **Go to Question 22**
12. Did you have as many visits for prenatal care as you wanted?
- Yes → **Go to Question 14**
 - I did not want prenatal care → **Go to Question 14**
 - I wanted to go for fewer visits → **Go to Question 14**
 - I wanted to go for more visits
13. Did any of these things keep you from having as many visits as you wanted? **Check all that apply.**
- I had no one to take care of my children
 - I had no way to get to the clinic or office
 - I didn't have enough money or insurance to pay for my visits
 - I didn't know where to go
 - Other → Please tell us:

If you did not go for prenatal care, go to Question 22 on Page 4.

14. Where did you go **most of the time** for your prenatal visits? Don't include visits for WIC. **Check one answer.**
- Hospital clinic
 - County health department
 - Community Health Center
 - Private doctor's office or HMO (like HIP, PHP, of Independent Health)
 - Military facility
 - Indian Health Service or Tribal Health Department
 - I did not go for prenatal care
 - Other → Please tell us:

15 How satisfied were you with the prenatal care you got? **For each of the things listed below, circle the best answer. If you went to more than one place for prenatal care, answer for the place where you got most of your care.**

How satisfied were you with.....	Satisfied	Dissatisfied
a. The amount of time you had to wait after you arrived for your visits.....	S	D
b. The amount of time the doctor or nurse spent with you during your visits.....	S	D
c. The advice you got on how to take care of yourself.....	S	D
d. The hours the office or clinic was open.....	S	D
e. The understanding and respect that the staff showed toward you as a person...	S	D

15. When you went for prenatal care, did a doctor, nurse or other health worker ask you if you were smoking? ___ No
___ Yes

17. Did a doctor or nurse talk with you about how smoking during pregnancy could affect your baby? ___ No
___ Yes

18. When you went for prenatal care did a doctor, nurse or other health worker ask you if you were drinking alcoholic beverages (beer, wine, wine cooler, or liquor)? ___ No
___ Yes

19. Did a doctor or nurse talk with you about how drinking during pregnancy could affect your baby? ___ No
___ Yes

20. Did a doctor, nurse or other health worker talk with you about what you should eat during your pregnancy? ___ No
___ Yes

21. How was your prenatal care paid for?
Check all that apply.

- Medicaid or PCAP
- Personal income (cash, check or credit card)
- Insurance or HMO (like HIP, PHP, or Independent Health)
- Military facility or Campus
- Indian Health Service or Tribal Health Department
- I still owe
- Other → Please tell us:

22. During your pregnancy were you on WIC? ___ No
___ Yes

23. How much did you weigh during the **3 months before** you became pregnant? ___ Pounds
___ I don't know

24. How tall are you without shoes? ___ feet ___ inches

25. How much did *you* weigh *when you were born*?
 Less than 5 pounds, 8 ounces
 5 pounds, 8 ounces, or more
 I don't know
26. a. Not counting your hospital stay for delivery, did you have to stay overnight in a hospital for any kind of problem during your pregnancy?
 No → **Go to Question 27**
 Yes, I stayed ___ nights
- b. What was the date during your pregnancy when you went into the hospital?
 ___/___/___
 month day year
- c. Why did you stay in the hospital?
Check all that apply.
 Vaginal bleeding or placenta problems
 Diabetes (high blood sugar)
 High blood pressure or toxemia
 Kidney infection
 Nausea, vomiting, or dehydration
 Premature labor or contractions more than 3 weeks before my due date
 Other → Please tell us:

The next questions are about cigarette smoking and alcohol drinking.

27. Have you smoked at least 100 cigarettes in your entire life?
 No → **Go to question 31**
 Yes
28. In the **3 months before** you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? A pack has 20 cigarettes.
 ___ Cigarettes or ___ packs
 Less than 1 cigarette a day
 I didn't smoke
 I don't know
29. In the **last 3 months** of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? A pack has 20 cigarettes.
 ___ Cigarettes or ___ packs
 Less than 1 cigarette a day
 I don't smoke
 I don't know
30. How many cigarettes or packs of cigarettes do you smoke on an average day **now**?
 ___ Cigarettes or ___ packs
 Less than 1 cigarette a day
 I don't smoke
 I don't know

31. In the **3 months before** you got pregnant, how many alcoholic drinks did you have in an average week?
(A drink is: One glass of wine.
One wine cooler.
One can or bottle of beer.
One shot of liquor.
One mixed drink.)
- ___ Number of drinks a week
___ Less than 1 drink a week
___ I didn't drink then
___ I don't know
32. In the **last 3 months** of your pregnancy, how many alcoholic drinks did you have in an average week?
- ___ Number of drinks a week
___ Less than 1 drink a week
___ I didn't drink then
___ I don't know
33. This question is about things that may have happened during the 12 months before your delivery. This includes the months before you got pregnant. **For each thing listed below, circle Y (Yes) if it happened to you or N (No) if it didn't. It may help to use the calendar.**
- | | No | Yes |
|--|----|-----|
| a. A close family member was very sick and had to see a doctor..... | N | Y |
| b. Another close relative was very sick and had to see a doctor..... | N | Y |
| c. You got separated from your husband or partner..... | N | Y |
| d. You got divorced..... | N | Y |
| e. You were homeless..... | N | Y |
| f. You were involved in a physical fight..... | N | Y |
| g. Your husband or partner physically hurt you..... | N | Y |
| h. You were arrested..... | N | Y |
| i. You were charged or convicted of an offense..... | N | Y |
| j. Your husband or partner was sent to jail..... | N | Y |
| k. Your husband or partner lost his job..... | N | Y |
| l. You got into debt over your head..... | N | Y |
| m. You lost your job even though you wanted to go on working..... | N | Y |
| n. Someone very close to you had a bad problem with drinking or drugs..... | N | Y |
| o. Your husband or partner died..... | N | Y |
| p. A close family member (other than your husband) died..... | N | Y |
| q. A close friend died..... | N | Y |
| r. A close family member tried to commit suicide..... | N | Y |

The next questions are about your labor and delivery and the time right after you went home from the hospital after your baby was born.

34. When you went in the hospital to have your baby, how many nights did you stay?
- ___ Nights
___ I did not stay in a hospital
35. When your baby was born, how many nights did he or she stay in the hospital?
- ___ Nights
___ My baby did not stay in a hospital
___ I don't know
36. When your baby was born, was he or she put in an intensive care unit or premature nursery?
- ___ No
___ Yes
___ I don't know

37. Including the hospital costs, how was your delivery paid for? **Check all that apply.**

- Medicaid or PCAP
- Personal income (cash, check, or credit card)
- Insurance or HMO (like HIP, PHP, or Independent Health)
- Military facility or Champus
- Indian Health Service or Tribal Health Department
- I still owe
- Other → Please tell us:

38. For how many weeks or months did you breastfeed your baby before feeding him or her any other milk, formula, or food? **Check all that apply.**

- ___ Weeks or ___ Months
- I didn't breastfeed
- I breastfed less than 1 week
- I'm still breastfeeding and have started some formula or food, too (put number of weeks or months you fed breast milk only, then **Go to Question 40**)
- I'm still breastfeeding and haven't fed my baby any other milk, formula or food yet → **Go to Question 40**

39. Did any of these things stop you from breastfeeding? **Check all that apply.**

- I didn't want to
- I was planning to go to work or school
- I tried but my baby didn't breastfeed very well
- My baby was not with me
- I think it's better for my baby to be bottle fed
- I was taking medicine
- I felt it was the right time to stop
- Other → Please tell us:

40. In the **week after** you went home from the the hospital, did you see a doctor or nurse for yourself?

- No → **Go to Question 42**
- Yes

41. Why did you see a doctor or nurse?

- Vaginal bleeding
- Fever or infection
- Other → Please tell us:

42. Is your baby alive now?

No → When did your baby die?

_____/_____/_____
month day year

Yes → Is your baby living with you now?

- No
- Yes

If your baby is not alive or not living with you now, go to Question 48 on Page 10.

43. Before you took your new baby home from the hospital, did you know where you would take your baby if he or she got sick? No
 Yes
44. Have you ever had a problem paying for medical care when your baby was sick? My baby has not been sick
 No
 Yes
45. How many times has your baby been to a doctor or nurse for baby shots or ***routine*** well baby care? Times
 None
46. a. Has your baby gone as many times as you wanted for ***routine*** well baby care? No
 Yes → **Go to Question 47**
- b. Did any of these things keep your baby from having ***routine*** well baby care? ***Check all that apply.***
- I didn't have enough money or insurance to pay for it.
 I couldn't get an appointment
 I had no way to get the baby to the clinic or office
 I didn't have anyone to take care of my other children
 Other → Please tell us:
47. When your baby goes for baby shots or other routine well baby care, where do you take him or her most of the time? ***Check all that apply.***
- Hospital clinic
 County health department
 Community Health Center
 Private doctor's office of HMO (like HIP, PHP, or Independent Health)
 Military facility
 Indian Health Service or Tribal Health Department
 My baby has not had a visit for shots or routine care.
 Other → Please tell us:

The next questions are about your family and the place where you live.

48. Which rooms are in the house, trailer, or apartment where you live? ***Check all that you have.***
- Bedrooms → how many?
 Living room
 Separate dining room
 Kitchen
 Bathroom(s)
 Recreation room, den, or family room
 Finished basement

49. a. How many babies, children, or teens who are 17 years or younger live with you? **Count your new baby. Don't count yourself.** Person(s)
 None
- b. How many people who are 18 years or older live with you? **Don't count yourself.** Person(s)
 None
50. What were the sources of your family income during the past 12 months? **Check all that apply.**
 Wages or pay from a job
 Aid such as AFDC, Welfare, Public Assistance, General Assistance, Food Stamps, or SSI
 Unemployment benefits
 Fees, rental income, commissions, interest, dividends, or income from a business or farm
 Social Security, Workers' Compensation, Veterans benefits, or pensions
 Other → Please tell us:
51. What is today's date? _____/_____/_____
month day year
52. When were **you** born? _____/_____/_____
month day year
53. What was your due date? _____/_____/_____
month day year
 I don't know
54. When was your baby born? _____/_____/_____
month day year
55. How much weight did you gain during your pregnancy? _____ Pounds
 I don't know

56. During your most recent pregnancy or since your new baby was born, have you used any of these services? **For each service, circle Y (Yes) if you used the service or circle N (No) if you did not use the service.**

	No	Yes
a. Childbirth education classes.....	N	Y
b. Parenting classes.....	N	Y
c. Counseling about stress, family problems, or mental problems.....	N	Y
d. Advice about what fluids to give your baby incase of diarrhea.....	N	Y

57. Before you were admitted to the hospital for the delivery of your new baby, were you given a copy of the hospital's "Maternity Information" booklet? (This booklet tells you how many C-sections and normal births were done at the hospital each year.)
- No
 Yes
 I don't know

If you did not get prenatal care go to Question 59.

58. This question is about things that a doctor, nurse or other health worker might have talked with you about when you went for prenatal care during your most recent pregnancy. **For each thing listed, circle Y (Yes) if someone talked with you about it or circle N (No) if they did not.**

	No	Yes
a. Diseases or birth defects that can run in families.....	N	Y
b. Breastfeeding your baby.....	N	Y
c. Getting tested for HIV, the virus that causes AIDS.....	N	Y
d. How to avoid getting AIDS.....	N	Y
e. Signs and symptoms of premature labor.....	N	Y
f. Medications or drugs that could affect your pregnancy.....	N	Y
g. Taking vitamins or iron during pregnancy.....	N	Y
h. How long to wait before having another baby.....	N	Y
i. Finding a doctor or nurse practitioner to care for your new baby.....	N	Y
j. When your baby should go in for a health checkup.....	N	Y
k. Using a care safety seat for your baby.....	N	Y
l. Having a working smoke alarm in your home.....	N	Y

59. During your most recent pregnancy, did any of these things make it hard for you to get prenatal care? **Check all that apply.**
- It wasn't hard for me to get prenatal care → **Go to Question 60**
 I applied for Medicaid but did not get on it
 I was a little afraid of some of the tests and examinations
 It was hard for me to understand some of the things the staff told me
 I had too many other personal problems to worry about getting prenatal care
 Other → Please tell us:

60. During the 12 months before your baby was born, who would have helped you if a problem had come up? (For example, if you needed a ride to the clinic or needed to borrow \$20.) **Check all that apply.**
- My husband or partner
 My mother, father, or in-laws
 Other family member or relative
 A friend
 Other → Please tell us:

 No one would have helped me

61. During the last 12 months did any of these things happen to you? **For each thing, circle Y (Yes) if it happened to you or N (No) if it did not.**

	No	Yes
a. Your household income went down at least 25 percent.....	N	Y
b. Your husband or partner verbally abused you.....	N	Y
c. Your husband or partner threatened to physically hurt you.....	N	Y

62. During the **3 months before** your baby was born, did you do any of these things **4 or more times per week**?

	No	Yes
a. Exercise for at least 20 minutes at a time.....	N	Y
b. Stand for more than two hours at a time.....	N	Y
c. Climb two or more flights of stairs at a time.....	N	Y
d. Carry 20 pounds or more at a time.....	N	Y

The next questions are about ways of preventing pregnancy. In these questions, birth control means the pill, Condoms, diaphragm, and other ways to keep from getting pregnant.

63. During the 3 months before you got pregnant, were you using any kind of birth control? No → **Go to Question 65**
 Yes

64. What kind of birth control were you using during the 3 months before you got pregnant? **Check all that apply, then go to Question 66.**

- Pill
- Condom (rubbers)
- Foam, jelly, or cream
- Diaphragm
- Withdrawal (pulling out)
- Other → Please tell us:

65. Why were you not using birth control during the 3 months before you got pregnant? **Check all that apply.**

- I wanted to get pregnant
- I didn't think I could get pregnant
- I had trouble getting birth control
- I didn't think I was going to have sex
- I didn't like using birth control
- I was having side effects from the birth control I was using
- Other → Please tell us:

66. Are you using any kind of birth control **now**? No
 Yes → **Go to Question 68**

67. Why are you not using birth control **now**? **Check all that apply.**

- I want to get pregnant
- I'm not having sex
- I can't afford birth control
- I don't know where to find out about birth control
- My partner doesn't want me to use birth control
- Other → Please tell us:

68. In the 12 months before your most recent delivery, what was your total family income *before taxes? Include your income, your husband or partner's income, or any other income you may have had.*
- \$ 7,999 or less
 - \$ 8,000 - \$11,999
 - \$12,000 - \$15,999
 - \$16,000 - \$19,999
 - \$20,000 - \$24,999
 - \$25,000 - \$29,999
 - \$30,000 - \$39,999
 - \$40,000 or more
 - I don't know

Please use this space for any additional comments you would like to make about the health of mothers and babies in New York.

*Thanks for answering our questions!
Your answers will help us work to make New York mothers and babies healthier.*