

First we would like to ask you a few questions about the time before your new baby was born. Please check the box next to the best answer.

1. Before your new baby, did you ever have any other babies who were born alive? No →Go to Question 4
 Yes

2. Did the baby just before your new one weigh 5 pounds, 8 ounces *or less* at birth? No
 Yes

3. Was the baby just before your new one born *more* than 3 weeks before its due date? No
 Yes

Next are some questions about the time just before and during your pregnancy with your new baby. It may help to look at the calender when you answer these 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. Thinking back to *just before* you got 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

6. *Just before* you got pregnant, did you have health insurance? **Don't count Medicaid.** No
 Yes

7. *Just before* you got pregnant, were you on Medicaid? No
 Yes

8. When you got pregnant with your new baby, were you or your husband or partner using any kind of birth control? **Birth control means the pill, condoms, diaphragm, foam, rhythm, Norplant®, shots (Depo-Provera®), or ANY other way to keep from getting pregnant.**
- No
 Yes → Go to question 10
9. Why were you or your husband or partner not using any birth control? **Check all that apply.**
- I wanted to get pregnant
 I didn't think I could get pregnant
 I had been having side effects from the birth control I used
 I didn't want to use birth control
 I didn't think I was going to have sex
 My husband or partner didn't want to use birth control
 Other → please tell us:
-

The next questions are about the prenatal care you got during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get check-ups and advice about pregnancy. It may help to look at a calender when you answer these questions.

10. How many weeks or months pregnant were you when had you first visit for prenatal care? **Don't count a visit that was only for a pregnancy test or only for WIC (Women, Infants, and Children's Nutrition Program).**
- ___ Weeks or ___ Months
 I did not go for prenatal care
11. Did you get prenatal care as early in your pregnancy as you wanted?
- No
 Yes → Go to Question 13
 I did not want prenatal care → Go to Question 13

12. Did any of these things keep you from getting prenatal care as early as you wanted? **Check all that apply.**

- I couldn't get an appointment earlier in my pregnancy
 - I didn't have enough money or insurance to pay for my visits
 - I didn't know that I was pregnant
 - I had no way to get to the clinic or doctor's office
 - I couldn't find a doctor or nurse to take me as a patient
 - I had no one to take care of my children
 - I had too many other things going on
 - Other → Please tell us:
-

If you did not go for prenatal care, go to Question 17 on Page 4.

13. During each month of your pregnancy, about how many visits for prenatal care did you have? **If you don't know exactly how many, please give us your best guess. Don't count visits for WIC. It may help to use the calendar.**

Month of pregnancy	How many visits?
First month	_____
Second month	_____
Third month	_____
Fourth month	_____
Fifth month	_____
Sixth month	_____
Seventh month	_____
Eighth month	_____
Ninth month	_____

I did not go for prenatal care → **Go to Question 17**

14. Where did you go **most of the time** for your prenatal visits? **Don't include visits for WIC. Check one answer.**

- Hospital clinic
 - Health department clinic
 - Private doctor's office
 - Community Health Center
 - Other → Please tell us:
-

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

- Medicaid
 - Personal income (cash, check or credit card)
 - Health Insurance
 - PCAP (Prenatal Care Assistance Program)
 - I still owe
 - Other → Please tell us:
-

16. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? **For each thing, please circle Y (yes) if someone talked with you about it or N (No) if no one talked with you about it.**

	N	Y
a. What you should eat during your pregnancy.....	N	Y
b. How smoking during pregnancy could effect your baby.....	N	Y
c. Breast-feeding your baby.....	N	Y
d. How drinking alcohol during pregnancy could effect your baby.....	N	Y
e. Using a seat belt during your pregnancy.....	N	Y
f. Birth control methods to use after your pregnancy.....	N	Y
g. The kinds of medicines that were safe to take during your pregnancy.....	N	Y
h. How using illegal drugs could affect your baby.....	N	Y
i. How your baby grows and develops during your pregnancy.....	N	Y
j. What to do if your labor starts early.....	N	Y
k. How to keep from getting HIV (the virus that causes AIDS).....	N	Y
l. Getting your blood tested for HIV (the virus that causes AIDS).....	N	Y
m. Physical abuse to women by their husbands or partner.....	N	Y

17. During your pregnancy, were you on WIC? No
 Yes

18. **Just before** you got pregnant, how much did you weigh? ____ Pounds
 I don't know

19. How tall are you without shoes? ____ Feet ____ Inches

20. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects? No
 Yes

The next questions are about smoking cigarettes and drinking alcohol.

21. Have you smoked at least 100 cigarettes in your entire life? No → **Go to Question 25**
 Yes
22. 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
23. In the **last three 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 didn't smoke
 I don't know
24. 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
25. a. During 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.) I didn't drink then
 Less than 1 drink a week
 1 to 3 drinks a week
 4 to 6 drinks a week
 7 to 13 drinks a week
 14 or more drinks a week
 I don't know
- b. During the **3 months before** you got pregnant, how many times did you drink 5 or more alcoholic drinks at one sitting? _____ Times
 I didn't drink then
 I don't know

26. a. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?
- I didn't drink then
 Less than 1 drink a week
 1-3 drinks a week
 4-6 drinks a week
 7-13 drinks a week
 14 or more drinks a week
 I don't know
- b. During the *last 3 months* of your pregnancy, how many times did you drink 5 or more alcoholic drinks at one sitting?
- ___ Times
 I didn't drink then
 I don't know

The next questions are about times you may have had to stay in the hospital while you were pregnant. Please DO NOT COUNT the time you went to the hospital to have your baby.

27. *Not counting* the time you went to the hospital to have your baby, how many *other* times during your pregnancy did you go to into a hospital and stay *at least one night*?
- None → **Go to Question 30**
 1 time
 2 times
 3 times
 4 times or more

28. What problems caused you to stay in the hospital?
Check all of the problems that you had.
- Labor pains more than 3 weeks before my due date (premature labor)
 High blood pressure (preeclampsia or toxemia)
 Vaginal bleeding or placenta problems
 Nausea, vomiting, or dehydration
 Kidney or bladder infection
 High blood sugar (diabetes)
 Other → Please tell us: _____

29. How many months pregnant were you the *first* time you had to go into a hospital and stay at least one night?
- ___ Months

Pregnancy can be a difficult time for some women. The next questions are about some things that may have happened to you before and during your most recent pregnancy.

30. This question is about things that may have happened during the *12 months before you delivered your new baby*. This includes the months before you got pregnant. **For each thing, circle Y (Yes) if it happened to you or N (No) if it did not. It may help to use the calendar.**

	No	Yes
a. A close family member was very sick and had to go into the hospital.....	N	Y
b. You got separated or divorced from your husband or partner.....	N	Y
c. You moved to a new address.....	N	Y
d. You were homeless	N	Y
e. Your husband or partner lost his job	N	Y
f. You lost your job even though you wanted to go on working	N	Y
g. You and your husband or partner argued more than usual	N	Y
h. Your husband or partner said he did not want you to be pregnant.....	N	Y
i. You had a lot of bills you couldn't pay	N	Y
j. You were involved in a physical fight.....	N	Y
k. You or your husband or partner went to jail.....	N	Y
l. Someone very close to you had a bad problem with drinking or drugs.....	N	Y
m. Someone very close to you died.....	N	Y

The next questions are about physical abuse. Physical abuse means pushing, hitting, slapping, kicking, or any other way of physically hurting someone.

31. During the *12 months before you got pregnant* with your new baby, did any of these people physically abuse you?
Check all that apply

- My husband or partner
- A family or household member *other than* my husband or partner
- A friend
- Someone else → Please tell us:

No one physically abused me during the 12 months before I got pregnant

32. *During during your most recent pregnancy*, did any of these people physically abuse you?
Check all that apply

- My husband or partner
- A family or household member *other than* my husband or partner
- A friend
- Someone else → Please tell us:

No one physically abused me during my pregnancy → **Go to Question 34**

33. During your most recent pregnancy, would you say that you were physically abused more often, less often, or about the same compared with the **12 months before** you got pregnant?
Check only one

- I was physically abuse **more often** during my pregnancy
- I was physically abused **less often** during my pregnancy
- I was physically abused **about the same** during my pregnancy.
- No one physically abused me during the **12 months before I got pregnant**

The next questions are about your labor and delivery.

34. When was your baby due?

____/____/____
month day year

35. When was your baby born?

____/____/____
month day year

36. When did you go into the hospital to have your baby?

____/____/____
month day year

I did not have my baby in a hospital.

37. When you had your baby, how many nights did you stay in the hospital?

____ Nights

- I did not stay overnight in the hospital
- I did not have my baby in a hospital

38. When your baby was born, how many nights did he or she stay in the hospital?

____ Nights

- My baby did not stay overnight in the hospital
- My baby was not born in a hospital

39. When your baby was born, was he or she put in an intensive care unit?

- No
- Yes
- I don't know

40. How was your delivery paid for?
Check all that apply.

- Medicaid
- Personal income (cash, check, or credit card)
- Health Insurance
- PCAP (Prenatal Care Assistance Program)
- I still owe
- Other → Please tell us:

41. 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 is not living with you now, go to Question 48 on Page 10.

42. For how many weeks did you breast-feed your new baby?

___ Weeks

- I didn't breast-feed my baby → **Go to question 44**
- I breast-fed less than 1 week → **Go to Questions 44**
- I'm still breast-feeding

43. How many weeks old was your baby the first time you fed him or her anything besides breast milk?
Include formula, baby food, juice, cow's milk, or anything else.

___ Weeks

- My baby was less than 1 week old
- I haven't fed my baby anything besides breast milk.

44. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

___ Hours

- My baby is never in the same room with someone who is smoking.

45. How do you put your new baby down to sleep **most** of the time?
Check one answer.

- On his or her side
- On his or her back
- On his or her stomach

46. How many times has your baby been to a doctor or nurse for **routine** well baby care?
Don't count the times you took your baby for care when he or she was sick. It may help to use the calendar.

- ____ Times
- My baby hasn't been for routine well baby care → **Go to Question 48**

47. When your baby goes for **routine** well baby care, where do you take him or her?
Check all the places that you use.

- Hospital Clinic
 - Health Department Clinic
 - Private doctor's office
 - Community Health Center
 - 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. How many people live in your house, apartment or trailer? **Count yourself**

How many?

Babies, children, or teens aged 17 years or younger

Adults aged 18 years or older

50. What were the sources of your family income during the past 12 months?
Check all that apply.
- Money from a job or business
 - Aid such as FA (formerly AFDC), Welfare, Public Assistance, General Assistance, Food Stamps, or SSI
 - Unemployment benefits
 - Child support or alimony
 - Fees, rental income, commissions, interest, dividends
 - Social Security, Workers' Compensation, Veterans benefits, or pensions
 - Other → Please tell us: _____

51. What is today's date? _____/_____/_____
month day year

52. What is *your* date of birth? _____/_____/_____
month day year

If you did not go for prenatal care go to Question 54.

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

	No	Yes
a. Diseases or birth defects that can run in families.....	N	Y
b. How long to wait before having another baby.....	N	Y
c. Finding a doctor or nurse practitioner to care for your baby.....	N	Y
d. When your baby should go in for a health checkup.....	N	Y
e. Using a car safety seat for your baby.....	N	Y
f. Having a working smoke alarm in your home.....	N	Y

54. At any time during your most recent pregnancy *or* delivery, did you have a blood test for HIV (the virus that causes AIDS)?

No
 Yes
 I don't know

55. Are you or your husband or partner using any kind of birth control *now*?
Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-Provera), or ANY other way to keep from getting pregnant.

No
 Yes → **Go to Question 57**

56. What are your reasons for not using any birth control now?
Check all that apply.
- I am not having sex
 - I want to get pregnant
 - I don't want to use birth control
 - My husband or partner doesn't want me to use birth control
 - I don't think I can get pregnant
 - I can't pay for birth control
 - I am pregnant now
 - Other → Please tell us:
-

57. 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 N (No) if you did not use it.**

	No	Yes
a. Parenting Classes.....	N	Y
b. Classes on how to stop smoking.....	N	Y
c. Visits to your home by a nurse or other health care worker.....	N	Y
d. Advice on how to obtain food (such as food pantries, soup kitchens).....	N	Y
e. Counseling about stress, family problems, or mental problems.....	N	Y
f. Help in obtaining transportation.....	N	Y
g. Help in getting housing.....	N	Y

If your baby is not alive or is not living with you now, go to Question 64 on Page 14.

58. After you delivered your baby and went home from the hospital, did you have to go back and stay at least one night for any kind of problem?
- No → **Go to Question 61**
 - Yes

59. Why did you have to go back into the hospital?
- Vaginal bleeding
 - Fever or infection
 - Other → Please tell us:
-

60. How many weeks old was your baby the **first** time you had to go back to the hospital after your delivery and stay at least one night?
- __ Weeks old
 - Less than 1 week old

If you breast-fed your new baby, go to Question 62.

61. What were your reasons for *not* breast-feeding?
Check all that apply.

- I didn't want to breast-fed
 - I had to go to work or school
 - I think it's better for my baby to be bottle-fed
 - It takes too much time to breast-feed
 - I was taking medicine
 - My baby was not with me
 - Other → Please tell us:
-

If your baby was not born in a hospital, go to Question 63.

62. This question asks about things that may have happened at the hospital where your new baby was born.
For each thing, circle Y (Yes) if it happened or N (No) if it did not happen.

- | | | |
|--|---|---|
| | N | Y |
| a. Hospital staff gave me information about breast-feeding..... | N | Y |
| b. My baby stayed in the same room with me at the hospital..... | N | Y |
| c. I breast-fed my baby at the hospital..... | N | Y |
| d. Hospital staff helped me learn how to breast-fed..... | N | Y |
| e. My baby was fed <i>only</i> breast milk at the hospital..... | N | Y |
| f. Hospital staff told me to breast-feed whenever my baby wanted..... | N | Y |
| g. The hospital gave me a gift pack with formula..... | N | Y |
| h. The hospital gave me a telephone number to call for help
about breast-feeding..... | N | Y |

63. Listed below are some things about safety. **For each thing, circle Y (Yes) if it applies to you or N (No) if it does not apply to you.**

- | | | |
|---|---|---|
| | N | Y |
| a. My infant was brought home from the hospital in an infant care seat..... | N | Y |
| b. My baby always rides in an infant car seat..... | N | Y |
| c. My home has a working smoke alarm. | N | Y |
| d. There are loaded guns, rifles, or other firearms in my home..... | N | Y |

64. 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

65. How would you describe the time during your pregnancy?

Check the best answer.

- One of the happiest times of my life
- A happy time with few problems
- A moderately hard time
- A very hard time
- One of the worst times of my life

66. In the months after your delivery, would you say that that you were----

Check the best answer.

- Not depressed at all
- A little depressed
- Moderately depressed
- Very depressed
- Very depressed and had to get help

67. During the 12 months before your delivery, 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.

	N	Y
a. Your husband or partner verbally abused you.....	N	Y
b. Your husband or partner threatened to physically hurt you.....	N	Y

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. All information you give us will be kept private.

- \$ 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

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.*