

First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

1. ***Just before*** you got pregnant, did you have health insurance? (Do not count Medicaid.)

- No
 Yes

2. ***Just before*** you got pregnant, were you on Medicaid?

- No
 Yes

3. In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin? (a pill that contains many different vitamins and minerals)?

- I did not take a multivitamin at all
 I took a multivitamin 1 to 3 times a week
 I took a multivitamin 4 to 6 times a week
 I took a multivitamin every day of the week

4. What is ***your*** date of birth?

____ / ____ / ____
month day year

5. ***Just before*** you got pregnant, how much did you weigh?

_____ Pounds **OR** _____ Kilos

6. How tall are you without shoes?

_____ Feet _____ Inches
OR _____ Centimeters

7. ***Before*** your new baby, did you ever have any other babies who were born alive?

- No → **Go to Question #10**
 Yes

8. Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos.) *or less* at birth?

- No
 Yes

9. Was the baby just before your new one born *more* than 3 weeks before its due date?

- No
 Yes

10. Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?

Check one answer

- I wanted to be pregnant sooner
 I wanted to be pregnant later
 I wanted to be pregnant then
 I did not want to be pregnant then or at any time in the future

11. When you got pregnant with your new baby, were you trying to become pregnant?

- No
 Yes → **Go to Question #14**

12. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times (rhythm), and using birth control methods such as the pill, Norplant®, shots (Depo-Provera®), condoms, diaphragms, foam, IUD, having their tubes tied, or their partner having a vasectomy.

- No
 Yes → **Go to Question #14**

13. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check all that apply

- I didn't mind if I got pregnant
 I thought I could not get pregnant at that time
 I had side effects from the birth control method I was using
 I had problems getting birth control when I needed it
 I thought my husband or partner or I was sterile (could not get pregnant at all)
 My husband or partner did not want to use anything
 Other → Please tell us:

The next questions are about the prenatal care you received 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 checkups and advice about pregnancy. (It may help to look at a calendar when you answer these questions.)

14. 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 that you were pregnant.)

_____ Weeks **OR** _____ Months

I don't remember

15. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

_____ Weeks **OR** _____ Months

I don't remember

16. Did you get prenatal care as early in your pregnancy as you wanted?

- No
 Yes → **Go to Question # 18**
 I did not want prenatal care → **Go to Question #18**

17. Did any of these things keep you from getting prenatal care as early as they 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
 - The doctor or my health plan would not start care earlier
 - I did not have my Medicaid card
 - 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 Page 4, Question 22.

18. Where did you go, **most of the time** for your prenatal care visits. (Don't include visits for WIC.)

Check one answer

- A hospital clinic
 - A health department clinic
 - A private doctor's office or HMO clinic
 - A community health center
 - Other → Please tell us:
-

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

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

20. 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? (Please count only discussions, not reading materials or videos.) For each item, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

	No	Yes
a. How smoking during pregnancy could affect your baby	N	Y
b. Breastfeeding your baby	N	Y
c. How drinking alcohol during pregnancy could affect your baby	N	Y
d. Using a seat belt during your pregnancy	N	Y
e. Birth control methods to use after your pregnancy	N	Y
f. Medicines that are safe to take during your pregnancy	N	Y
g. How using illegal drugs could affect your baby	N	Y
h. Doing tests to screen for birth defects or diseases that run in your family	N	Y
i. What to do if your labor starts early	N	Y
j. Getting your blood tested for HIV (the virus that causes AIDS)	N	Y
k. Physical abuse to women by their husbands or partners	N	Y

21. We would like to know how you felt about the prenatal care you got during your most recent pregnancy. If you went to more than one place for prenatal care, answer for the place where you got **most** of your care. For each thing, circle **Y** (Yes) if you were satisfied or circle **N** (No) if you were not satisfied.

Were you satisfied with---

	No	Yes
a. The amount of time you had to wait after you arrived for your visits	N	Y
b. The amount of time the doctor or nurse spent with you during your visits	N	Y
c. The advice you got on how to take care of yourself	N	Y
d. The understanding and respect that the staff showed toward you as a person	N	Y

22. 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 → **Go to Question #24**
- I don't know

23. What were your reasons for not having an HIV test during your most recent pregnancy?

Check all that apply

- I wasn't offered the test
 - I didn't think I was at risk for HIV
 - I agreed to be tested but had difficulty getting the test done
 - I was afraid of getting the result
 - I had already been tested and did not think I needed to be tested again
- Other → Please tell us:
-

24. Some health experts recommend taking folic acid for which **one** of the following reasons?

Check one answer

- To make strong bones
- To prevent birth defects
- To prevent high blood pressure
- I don't know

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

25. During your pregnancy, were you on WIC,(the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- No
- Yes

26. Did you have any of these problems during your pregnancy? For each thing, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

No Yes

- | | | |
|---|---|---|
| a. Labor pains more than 3 weeks before your baby was due (preterm or early labor) | N | Y |
| b. High blood pressure (including preeclampsia or toxemia) or retained water (edema) | N | Y |
| c. Vaginal bleeding | N | Y |
| d. Problems with the placenta (such as abruptio placentae, placenta previa) | N | Y |
| e. Severe nausea, vomiting, or dehydration | N | Y |
| f. High blood sugar (diabetes) | N | Y |
| g. A kidney or bladder (urinary tract) infection | N | Y |
| h. Water broke more than 3 weeks before your baby was due
(premature rupture of membranes, PROM) | N | Y |
| i. Cervix sewn shut (incompetent cervix, cerclage) | N | Y |
| j. You were hurt in a car accident | N | Y |

If you did not have any of these problems, go to page 6, Question 28.

27. Did you do any of the following things because of these problem(s)?

Check all that apply

- I went to the hospital or emergency room and stayed less than 1 day
- I went to the hospital and stayed 1 to 7 days
- I went to the hospital and stayed more than 7 days
- I stayed in bed at home more than 2 days because of my doctor's or nurse's advice

28. At any time during your most recent pregnancy, were you told to stay in bed for at least one week?

- No → **Go to Question #32**
- Yes

29. How many weeks or months pregnant were you when you were told to stay in bed?

_____ Weeks **OR** _____ Months

30. How often were you able to follow your provider's instruction to stay in bed?

- Always → **Go to Question #32**
- Almost always → **Go to Question #32**
- Sometimes
- Rarely
- Never

31. What type of support would have helped you to stay in bed for the recommended time?

Check all that apply

- Help with child care
- Help with housework
- Knowing I wouldn't lose my job
- Money to make up for not working
- Other → Please tell us:

The next questions are about smoking cigarettes and drinking alcohol.

32. Have you smoked at least 100 cigarettes in the past two years? (A pack has 20 cigarettes.)

- No → **Go to Question #36**
 Yes

33. 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

34. In the **last 3 months** of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

- _____ Cigarettes **OR** _____ Packs
 less than 1 cigarette a day
 I didn't smoke
 I don't know

35. 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 didn't smoke
 I don't know

36. Have you had any alcoholic drinks in the past two years? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- No → **Go to Page 8, Question 39**
 Yes

37. a. During the **3 months before** you got pregnant, how many alcoholic drinks did you have in an average week?

- 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 drinks or more a week
- I don't know

b. During the **3 months before** you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

_____ Times

- I didn't drink then
- I don't know

38. 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 to 3 drinks a week
- 4 to 6 drinks a week
- 7 to 13 drinks a week
- 14 drinks or more a week
- I don't know

b. During the **last 3 months** of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

_____ Times

- I didn't drink then
- I don't know

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

39. This question is about things that may have happened during the *12 months before your new baby was born*. For each item, circle **Y** (Yes) if it happened to you or circle **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 argued with your husband or partner more than usual	N	Y
h. Your husband or partner said he did not want you to be pregnant	N	Y
g. You had a lot of bills you couldn't pay	N	Y
h. You were in a physical fight		N Y
i. You or your husband or partner went to jail	N	Y
j. Someone very close to you had a bad problem with drinking or drugs	N	Y
k. Someone very close to you died	N	Y

40. a. *During the 12 months before you got pregnant*, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

b. *During the 12 months before you got pregnant*, did anyone else physically hurt you in any way?

- No
- Yes

- 41 a. ***During your most recent pregnancy***, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

No
 Yes

- b. ***During your most recent pregnancy***, did anyone else physically hurt you in any way?

No
 Yes

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

Check one 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

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

43. On what date was your baby due?

____ / ____ / ____
 month day year

44. On what date did you go into the hospital to have your baby?

____ / ____ / ____
 month day year

I didn't have my baby in a hospital

45. On what date was your baby born?

____ / ____ / ____
 month day year

46. On what date were you discharged from the hospital after your baby was born? It may help to use a

calendar.

____ / ____ / ____
month day year

__ I did not have my baby in a hospital

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

__ No

__ Yes

__ I don't know

48. After your baby was born, how long did he or she stay in the hospital?

__ Less than 24 hours (less than 1 day)

__ 24 to 48 hours (1 to 2 days)

__ 3 days

__ 4 days

__ 5 days

__ 6 or more days

__ My baby was not born in a hospital

__ My baby is still in the hospital

49. How was your delivery paid for?

Check all that apply

__ Medicaid

__ Personal income (cash, check, or credit card)

__ Health insurance or HMO

__ PCAP (Prenatal Care Assistance Program)

__ I still owe

__ Other → Please tell us:

The next questions are about the time since your new baby was born.

50. What is today's date?

Month ____ Day ____ Year _____

51. Is your baby alive now?

No

Yes → **Go to Page 10, Question #53**

52. When did your baby die?

____ / ____ / ____ → **Go to Question #69**
month day year

53. Is your baby living with you now?

No → **Go to Page 12, Question #69**

Yes

54. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

No

Yes → **Go to Question #56**

55. What were your reasons for not breastfeeding your new baby?

Check all that apply then go to Question 60

- I had other children to take care of
 - I had too many household duties
 - I didn't like breastfeeding
 - I didn't want to be tied down
 - I was embarrassed to breastfeed
 - I went back to work or school
 - My husband or partner did not want me to breastfeed
 - I wanted my body back to myself
 - Other → Please tell us:
-

56. Are you still breastfeeding or feeding pumped milk to your new baby?

- No
- Yes → **Go to Question #59**

57. How many weeks or months did you breastfeed or pump milk to feed your new baby?

- _____ Weeks **OR** _____ Months
- less than 1 week

58. What were your reasons for stopping breastfeeding?

Check all that apply

- My baby had difficulty nursing
 - Breast milk alone did not satisfy my baby
 - I thought my baby was not gaining enough weight
 - My baby became sick and could not breastfeed
 - My nipples were sore, cracked, or bleeding
 - I thought I was not producing enough milk
 - I had too many other household duties
 - I felt it was the right time to stop breastfeeding
 - I became sick and could not breastfeed
 - I went back to work or school
 - My husband or partner wanted me to stop breastfeeding
 - I wanted or needed someone else to feed the baby
 - Other → Please tell us:
-

59. How old was your baby the first time you fed him or her anything besides breast milk? (Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.)

_____ Weeks **OR** _____ Months

___ My baby was less than one week old

___ I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Question 67.

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

_____ Hours

___ Less than one hour a day

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

61. How do you **most often** lay your baby down to sleep **now**?

Check one answer

___ On his or her side

___ On his or her back

___ On his or her stomach

62. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

- No → **Go to Question #64**
- Yes

63. Was your new baby seen at home or at a health care facility, such as a doctor's office, clinic, or other health care facility?

- At home
- At a doctor's office, clinic, or other health care facility

64. Has your baby had a well-baby checkup?

- No → **Go to Question #67**
- Yes

65. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

_____ Times

66. Where do you **usually** take your baby for well-baby checkups.
Check one answer

- A hospital clinic
- A health department clinic
- A private doctor's office or HMO clinic
- A community health center
- Other → Please tell us:

67. Do you have health insurance or Medicaid for your new baby?

- No → **Go to Page 12, Question #69**
- Yes

68. What type of insurance is your new baby covered by?)

- Medicaid
 - Private insurance or HMO
 - Child Health Plus
 - Other → Please tell us
-

69. Are you or your husband or partner doing anything **now** to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots (Depo-Provera®), condoms, diaphragms, foam, IUD, and not having sex at certain times (rhythm).

- No
- Yes → **Go to Question #71**

70. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant? **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 to use anything
 - I don't think I can get pregnant (sterile)
 - I can't pay for birth control
 - I am pregnant now
 - Other → Please tell us:
-

71. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

Check all that apply

- Tubes tied (sterilization)
- Vasectomy (sterilization)
- Pill
- Condoms
- Foam, jelly, or cream
- Norplant®
- Shots (Depo-Provera®)
- Withdrawal
- Other → Please tell us: _____

72. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?

- No
- Yes

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

Check one answer

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

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

74. Which rooms are in the house, apartment, or trailer where you live?

Check all that apply

- Living room
- Separate dining room
- Kitchen
- Bathrooms
- Recreation room, den, or family room
- Finished basement
- Bedrooms → How many? _____

75. Counting yourself, how many people live in your house, apartment, or trailer?

Adults (people aged 18 years or older)

Babies, children, or teenagers (people aged 17 years or younger)

76. What were the sources of your household's income during the past 12 months?

Check all that apply

Paycheck or money from a job

Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income

Unemployment benefits

Child support or alimony

Social security, worker's compensation, veteran benefits, or pensions

Money from a business, fees, dividends, or rental income

Money from family or friends

Other → Please tell us:

77. When you got pregnant, how old was your new baby's father?

years old

I don't know

If you did not go for prenatal care, go to Page 14 Question 79.

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

	No	Yes
a. How much vitamin A is safe to take during pregnancy	N	Y
b. How long to wait before having another baby	N	Y
c. Finding a doctor or nurse practitioner to care for your new baby	N	Y
d. About the "baby blues" (postpartum depression)	N	Y
e. When your baby should go in for a health checkup	N	Y
f. Using a car safety seat for your baby	N	Y
g. Having a working smoke alarm in your home	N	Y

If your baby is not alive or is not living with you, go to Question 81.

79. 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.

- | | No | Yes |
|---|-----------|------------|
| a. My infant was brought home from the hospital in an infant car seat | N | Y |
| b. My baby always or almost always rides in an infant car seat | N | Y |
| c. My home has a working smoke alarm | N | Y |
| d. There are guns, rifles, or other firearms in my home | N | Y |

80. Since your new baby was born, have you used WIC services for your new baby?

- No
 Yes

81. Between the time you became pregnant and now, have you applied for TANF (Temporary Assistance to Needy Families)?

- No → **Go to Question #84**
 Yes

82. Did you get TANF?

- No
 Yes → **Go to Question #84**

83. Why didn't you get TANF?

Check all that apply

- You were ineligible because of your income
 - You had reached your time limit
 - You had to fulfill work or other requirements
 - You had to return on another day to apply
 - You had previously lost TANF for another reason (administrative reasons, sanctions, etc.)
 - You are not a U.S. citizen
 - Other → Please tell us:
-

In the **12 months before** your most recent delivery, what was your total family income before taxes?

Include your income, your husband's or partner's income, and any other income you may have had. All information you give us will be kept private.

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 or more
- Do not know/Not sure
- Refused