

First, we would like to ask a few questions about you and the time before you got 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. *During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?* These are pills that contain many different vitamins and minerals.

- I didn't take a multivitamin or a prenatal vitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

4. What is your date of birth?

19
 Month Day Year

5. *Just before you got pregnant with your new baby, how much did you weigh?*

Pounds OR Kilos

6. How tall are you without shoes?

Feet Inches

OR Centimeters

7. *Before you got pregnant with 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

The next questions are about the time when you got pregnant with your new baby.

10. *Thinking back to just before you got pregnant with your new baby, 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 didn't 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 get 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] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes

→ **Go to Question 16**

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 didn't want to use anything
 Other → Please tell us:

If you were not trying to get pregnant when you got pregnant with your new baby, go to Question 16.

14. Did you receive treatment from a doctor, nurse, or other health care worker to help you get pregnant with your new baby?

(This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

- No
 Yes

15. How many months had you been trying to get pregnant?

- 0 to 3 months
 4 to 6 months
 7 to 12 months
 13 to 24 months
 More than 24 months

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 the calendar when you answer these questions.)

16. 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

17. 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 didn't go for prenatal care

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

- No
- Yes
- I didn't want prenatal care →

Go to Question 20

19. Here is a list of problems some women can have getting prenatal care. For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

	No	Yes
a. I couldn't get an appointment when I wanted one	N	Y
b. I didn't have enough money or insurance to pay for my visits.	N	Y
c. I had no way to get to the clinic or doctor's office	N	Y
d. I couldn't take time off from work . . .	N	Y
e. The doctor or my health plan would not start care as early as I wanted . . .	N	Y
f. I didn't have my Medicaid card	N	Y
g. I had no one to take care of my children	N	Y
h. I had too many other things going on	N	Y
i. I didn't want anyone to know I was pregnant.	N	Y
j. Other	N	Y
Please tell us:		

If you did not go for prenatal care, go to Page 4, Question 23.

20. Where did you go *most of the time* for your prenatal visits? Do not include visits for WIC.

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community health center
- Other → Please tell us:

21. How was your prenatal care paid for?

Check all that apply

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

22. 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 my baby.	N	Y
b. Breastfeeding my baby.	N	Y
c. How drinking alcohol during pregnancy could affect my baby.	N	Y
d. Using a seat belt during my pregnancy	N	Y
e. Birth control methods to use after my pregnancy	N	Y
f. Medicines that are safe to take during my pregnancy	N	Y
g. How using illegal drugs could affect my baby.	N	Y
h. Doing tests to screen for birth defects or diseases that run in my family	N	Y
i. What to do if my labor starts early	N	Y
j. Getting tested for HIV (the virus that causes AIDS).	N	Y
k. Physical abuse to women by their husbands or partners	N	Y

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

- No
 Yes
 I don't know

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 most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- No → Go to Question 27
 Yes

26. When you went for WIC visits during your most recent pregnancy, did you receive information on breastfeeding?

- No
 Yes

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

- | | No | Yes |
|---|----|-----|
| a. High blood sugar (diabetes) that started <i>before</i> this pregnancy | N | Y |
| b. High blood sugar (diabetes) that started <i>during</i> this pregnancy | N | Y |
| c. Vaginal bleeding | N | Y |
| d. Kidney or bladder (urinary tract) infection | N | Y |
| e. Severe nausea, vomiting, or dehydration | N | Y |
| f. Cervix had to be sewn shut (incompetent cervix) | N | Y |
| g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia | N | Y |
| h. Problems with the placenta (such as abruptio placentae or placenta previa) | N | Y |
| i. Labor pains more than 3 weeks before my baby was due (preterm or early labor) | N | Y |
| j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) | N | Y |
| k. I had to have a blood transfusion | N | Y |
| l. I was hurt in a car accident | N | Y |

If you did not have any of these problems, go to Question 29.

28. Did you do any of the following things because of these problems? For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

- | | No | Yes |
|--|----|-----|
| a. I went to the hospital or emergency room and stayed less than 1 day | N | Y |
| b. I went to the hospital and stayed 1 to 7 days | N | Y |
| c. I went to the hospital and stayed more than 7 days | N | Y |
| d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice | N | Y |

29. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker tell you to stay in bed for at least 1 week?

- No —→ **Go to Page 6, Question 32**
 Yes

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

Weeks **OR** Months

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

- Always
- Often
- Sometimes
- Rarely
- Never

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The next questions are about smoking cigarettes and drinking alcohol.

32. Have you smoked at least 100 cigarettes in the *past 2 years*? (A pack has 20 cigarettes.)

- No —————> **Go to Question 36**
- Yes

33. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

34. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

35. How many cigarettes do you smoke on an average day *now*? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

36. Have you had any alcoholic drinks in the *past 2 years*? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- No —————> **Go to Question 39**
- Yes

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

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

37b. During the *3 months before* you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

38a. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

38b. During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

Pregnancy can be a difficult time for some women. The next question is 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. I got separated or divorced from my husband or partner	N	Y
c. I moved to a new address	N	Y
d. I was homeless	N	Y
e. My husband or partner lost his job . . .	N	Y
f. I lost my job even though I wanted to go on working	N	Y
g. I argued with my husband or partner more than usual	N	Y
h. My husband or partner said he didn't want me to be pregnant	N	Y
i. I had a lot of bills I couldn't pay	N	Y
j. I was in a physical fight	N	Y
k. My husband or partner or I went to jail	N	Y
l. Someone very close to me had a bad problem with drinking or drugs	N	Y
m. Someone very close to me died	N	Y

The next questions are about the time during the *12 months before you got pregnant with your new baby*.

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

- No
- Yes

40b. During the *12 months before you got pregnant*, were you physically hurt in any way by your husband or partner?

- No
- Yes

The next questions are about the time during your most recent pregnancy.

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

- No
- Yes

41b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- No
- Yes

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42. How would you describe the time during your most recent 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. When was your baby due?

Month Day Year

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

Month Day Year

- I didn't have my baby in a hospital

45. When was your baby born?

Month Day Year

46. When were you discharged from the hospital after your baby was born? (It may help to use the calendar.)

Month Day Year

- I didn't have my baby in a hospital

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

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- PCAP (Prenatal Care Assistance Program)
- I still owe
- Other \longrightarrow Please tell us:

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

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

- No
- Yes
- I don't know

49. 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 days or more
- My baby was not born in a hospital
- My baby is still in the hospital \longrightarrow **Go to Question 52**

50. Is your baby alive now?

- No \longrightarrow **Go to Page 11, Question 67**
- Yes

51. Is your baby living with you now?

- No —→ **Go to Page 11, Question 67**
- Yes

52. During your most recent pregnancy, what did you think about breastfeeding your new baby?**Check one answer**

- I knew I would breastfeed
- I thought I might breastfeed
- I knew I would *not* breastfeed
- I didn't know what to do about breastfeeding

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

- No
- Yes —→ **Go to Question 55**

54. What were your reasons for not breastfeeding your new baby?**Check all that apply**

- My baby was sick and could not breastfeed
- I was sick or on medicine
- 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
- I wanted my body back to myself
- Other —→ Please tell us:

**If you did not breastfeed your new baby,
go to Page 10, Question 59.**

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

- No
- Yes —→ **Go to Page 10, Question 58**

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

- Weeks **OR** Months
- Less than 1 week

57. 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 got 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 got sick and could not breastfeed
- I went back to work or school
- I wanted or needed someone else to feed the baby
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other —→ Please tell us:

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58. 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 1 week old
 I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Question 65.

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

_____ Hours

- Less than 1 hour a day
 My baby is never in the same room with someone who is smoking

60. 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

61. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?

- No
 Yes

62. Has your new baby had a well-baby checkup? (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- No —————> **Go to Question 65**
 Yes

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

_____ Times

64. Where do you usually take your new baby for well-baby checkups?

Check one answer

- Hospital clinic
 Health department clinic
 Private doctor's office or HMO clinic
 Community health center
 Other —————> Please tell us:

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

- No —————> **Go to Question 67**
 Yes

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

Check all that apply

- Medicaid
 Private insurance or HMO (including insurance from your work or your husband's or partner's work)
 Child Health Plus
 Other —————> Please tell us:

67. 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 not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

No

Yes → **Go to Question 69**

68. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *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 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:

If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 70.

69. 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 or closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Shot once a month (Lunelle®)
- Shot once every 3 months (Depo-Provera®)
- Contraceptive patch (OrthoEvra®)
- Diaphragm, cervical cap, or sponge
- Cervical ring (NuvaRing® or others)
- IUD (including Mirena®)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other → Please tell us:

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

- No
- Yes

71. *Since your new baby was born*, have you had a postpartum checkup for yourself?

(A postpartum checkup is the regular checkup a woman has after she gives birth.)

- No
- Yes

The next few questions are about the time during the 12 months before your new baby was born.

72. During the 12 months before your new baby was born, what were the sources of your household's income?

Check all that apply

- Paycheck or money from a job
- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other _____ → Please tell us:

73. During the 12 months before your new baby was born, what was your total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)

Check one answer

- 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

74. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?

_____ People

The next few questions are on a variety of topics.

If you did not go for prenatal care, go to Question 77.

75. 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 circle **N** (No) if they did not.

- | | No | Yes |
|--|----|-----|
| a. How long to wait before having another baby | N | Y |
| b. The "baby blues" (postpartum depression) | N | Y |

If you did not smoke during the 3 months before you got pregnant, go to Question 77.

76. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to stop smoking?

- No
- Yes
- I had quit smoking before my first prenatal care visit

77. During your most recent pregnancy, about how many hours a day, on average, were you in the same room with another person who was smoking?

Hours

- Less than 1 hour a day
- I was never in the same room with someone who was smoking

78. Which of the following statements best describes the rules about smoking *inside* your home during your most recent pregnancy?

Check one answer

- No one was allowed to smoke anywhere inside my home
- Smoking was allowed in some rooms or at some times
- Smoking was permitted anywhere inside my home

79. How many cigarette smokers, not including yourself, lived in your home during your most recent pregnancy?

Number of smokers

80. How many cigarette smokers, not including yourself, live in your home *now*?

Number of smokers

81. During your most recent pregnancy, did you get any of these services? For each one, circle **Y** (Yes) if you got the service or circle **N** (No) if you did not get it.

	No	Yes
a. Childbirth classes	N	Y
b. Parenting classes	N	Y
c. Classes on how to stop smoking	N	Y
d. Visits to your home by a nurse or other health care worker	N	Y
e. Food stamps	N	Y
f. TANF (welfare)	N	Y

If your new baby is not alive or is not living with you, go to Page 14, Question 84a.

82. How did you learn to install and use your infant car seat(s)?

Check all that apply

- I read the instructions
- A friend or family member showed me
- Someone from a loaner program showed me
- A health or safety professional showed me
- I figured it out myself
- Some other way —> Please tell us:

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

- No
- Yes

84a. Since your new baby was born, how often have you felt down, depressed, or hopeless?

- Always
- Often
- Sometimes
- Rarely
- Never

84b. Since your new baby was born, how often have you had little interest or little pleasure in doing things?

- Always
- Often
- Sometimes
- Rarely
- Never

85. This question is about the care of your teeth during your most recent pregnancy. For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

- | | No | Yes |
|--|----|-----|
| a. I needed to see a dentist for a problem | N | Y |
| b. I went to a dentist or dental clinic | N | Y |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums | N | Y |

86. Have you ever had your teeth cleaned by a dentist or dental hygienist?

- No → Go to Question 88
- Yes

87. When did you have your teeth cleaned by a dentist or dental hygienist? For each of the three time periods, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

- | | No | Yes |
|--|----|-----|
| a. Before my most recent pregnancy | N | Y |
| b. During my most recent pregnancy | N | Y |
| c. After my most recent pregnancy | N | Y |

88. What is today's date?

<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Month	Day	Year

**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.***