

Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

BEFORE PREGNANCY

First, we would like to ask a few questions about you and the time *before* you got pregnant with your new baby.

1. At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things? For each item, circle Y (Yes) if you did it or circle N (No) if you did not.

	No	Yes
a. I was dieting (changing my eating habits) to lose weight	N	Y
b. I was exercising 3 or more days of the week	N	Y
c. I was regularly taking prescription medicines other than birth control . . .	N	Y
d. I visited a health care worker to be checked or treated for diabetes. . . .	N	Y
e. I visited a health care worker to be checked or treated for high blood pressure.	N	Y
f. I visited a health care worker to be checked or treated for depression or anxiety	N	Y
g. I talked to a health care worker about my family medical history	N	Y
h. I had my teeth cleaned by a dentist or dental hygienist.	N	Y

2. During the month before you got pregnant with your new baby, were you covered by any of these health insurance plans?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- Child Health Plus
- Other source(s) —————> Please tell us:

- I did not have any health insurance before I got pregnant

3. During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

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

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

Pounds **OR** Kilos

2

5. How tall are you without shoes?

Feet Inches

OR Meters

6. What is your date of birth?

/ / 19
 Month Day Year

7. Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy.

- No
 Yes

8. Before you got pregnant with your new baby, did you ever have any other babies who were born alive?

- No → **Go to Question 11**
 Yes

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

- No
 Yes

10. Was the baby *just before* your new one born *more than* 3 weeks before his or her due date?

- No
 Yes

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

11. 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

12. When you got pregnant with your new baby, were you trying to get pregnant?

- No
 Yes → **Go to Question 15**

13. 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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes → **Go to Page 4, Question 18**

Go to Question 14

14. What were your reasons 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 Page 4, Question 18.

15. Did you take any fertility drugs or receive any medical procedures 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 → **Go to Page 4, Question 18**
- Yes

Go to Question 16

16. Did you use any of the following fertility treatments *during the month you got pregnant with your new baby*?

Check all that apply

- Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid[®], Serophene[®], Pergonal[®], or other drugs that stimulate ovulation)
- Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman's body)
- Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)
- Other medical treatment → Please tell us:

- I wasn't using fertility treatments during the month that I got pregnant with my new baby

17. How many cycles of fertility treatments (complete or incomplete) did you have before you got pregnant with your *new* baby?

- 1 cycle
- 2 to 3 cycles
- 4 to 6 cycles
- 7 or more cycles

DURING PREGNANCY

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.)

18. 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

19. 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

Go to Question 21

Go to Question 20

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

- No
- Yes

Go to Question 22

21. Did any of these things keep you from getting prenatal care at all or as early as you wanted? For each item, circle **T** (True) if it was a reason that you didn't get prenatal care when you wanted or circle **F** (False) if it was not a reason for you or if something does not apply to you.

	True	False
a. I couldn't get an appointment when I wanted one	T	F
b. I didn't have enough money or insurance to pay for my visits	T	F
c. I had no transportation to get to the clinic or doctor's office	T	F
d. The doctor or my health plan would not start care as early as I wanted	T	F
e. I had too many other things going on	T	F
f. I couldn't take time off from work or school.	T	F
g. I didn't have my Medicaid card	T	F
h. I had no one to take care of my children.	T	F
i. I didn't know that I was pregnant	T	F
j. I didn't want anyone else to know I was pregnant	T	F
k. I didn't want prenatal care	T	F

If you did not go for prenatal care, go to Page 6, Question 25.

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

Check one answer

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

23. Did any of these health insurance plans help you pay for your *prenatal care*?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- PCAP (Prenatal Care Assistance Program)
- Other source(s) _____ → Please tell us:

- I did not have health insurance to help pay for my prenatal care

24. 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. Medicines that are safe to take during my pregnancy	N	Y
f. How using illegal drugs could affect my baby.	N	Y
g. Doing tests to screen for birth defects or diseases that run in my family	N	Y
h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due).	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. What to do if I feel depressed during my pregnancy or after my baby is born	N	Y
l. Physical abuse to women by their husbands or partners	N	Y

25. 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

26. 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

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

- No
- Yes

28. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during this pregnancy)?

- No
- Yes

Go to Question 30

Go to Question 29

29. During your most recent pregnancy, when you were told that you had gestational diabetes, did a doctor, nurse, or other health care worker do any of the things listed below? For each one, circle Y (Yes) if someone talked to you about it or circle N (No) if no one talked with you about it.

- | | No | Yes |
|--|----|-----|
| a. Refer you to a nutritionist | N | Y |
| b. Talk to you about the importance of exercise | N | Y |
| c. Talk to you about getting to and staying at a healthy weight after delivery | N | Y |
| d. Suggest that you breastfeed your new baby | N | Y |
| e. Talk to you about your risk for Type 2 diabetes | N | Y |

30. Did you have any of the following 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. Vaginal bleeding | N | Y |
| b. Kidney or bladder (urinary tract) infection | N | Y |
| c. <i>Severe</i> nausea, vomiting, or dehydration | N | Y |
| d. Cervix had to be sewn shut (cerclage for incompetent cervix) | N | Y |
| e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia | N | Y |
| f. Problems with the placenta (such as abruptio placentae or placenta previa) | N | Y |
| g. Labor pains more than 3 weeks before my baby was due (preterm or early labor) | N | Y |
| h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) | N | Y |
| i. I had to have a blood transfusion | N | Y |
| j. I was hurt in a car accident | N | Y |

The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

31. Have you smoked any cigarettes in the past 2 years?

- No → **Go to Question 35**
 Yes

32. 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
 I didn't smoke then

33. 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
 I didn't smoke then

34. 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
 I don't smoke now

35. Which of the following statements best describes the rules about smoking inside your home now?

Check one answer

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

The next questions are about drinking alcohol around the time of pregnancy (before, during, and after).

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 Page 8, 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 → **Go to Page 8, Question 38a**

37b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

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

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

Go to Question 39

38b. During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

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

Pregnancy can be a difficult time for some women. The 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 look at the calendar when you answer these questions.)

	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 problem with drinking or drugs	N	Y
m. Someone very close to me died	N	Y

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

- No
- Yes

41. 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

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

42. When was your baby due?

/ / 20
 Month Day Year

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

/ / 20
 Month Day Year

- I didn't have my baby in a hospital

44. When was your baby born?

/ / 20
 Month Day Year

45. Had you planned or scheduled a cesarean delivery (c-section) at least one week before your new baby was born?

- No
 Yes

46. How was your new baby delivered?

- Vaginally —————> **Go to Question 48**
 Cesarean delivery (c-section)

47. What was the reason that your new baby was born by cesarean delivery (c-section)?

Check all that apply

- I had a previous cesarean delivery (c-section)
 My baby was in the wrong position
 I was past my due date
 My health care provider worried that my baby was too big
 I had a medical condition that made labor dangerous for me
 My health care provider tried to induce my labor, but it didn't work
 Labor was taking too long
 The fetal monitor showed that my baby was having problems during labor
 I wanted to schedule my delivery
 I didn't want to have my baby vaginally
 Other reason(s) —————> Please tell us:

48. When were you discharged from the hospital after your baby was born?

/ / 20
 Month Day Year

- I didn't have my baby in a hospital

10

49. Did any of these health insurance plans help you pay for the *delivery* of your new baby?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- PCAP (Prenatal Care Assistance Program)
- Other source(s) —————> Please tell us:

- I did not have health insurance to help pay for my delivery

AFTER PREGNANCY

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

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

- No
- Yes
- I don't know

51. 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 to 5 days
- 6 to 14 days
- More than 14 days
- My baby was not born in a hospital
- My baby is still in the hospital —————>

Go to Question 54

52. Is your baby alive now?

- No —————>
- Yes

Go to Page 12, Question 65

53. Is your baby living with you now?

- No —————>
- Yes

Go to Page 12, Question 65

54. 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

55. Did you ever breastfeed or pump breast milk to feed your new baby after delivery, even for a short period of time?

- No —————>
- Yes

Go to Question 59b

Go to Question 56

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

No
 Yes → **Go to Question 58**

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

Weeks **OR** Months
 Less than 1 week

If your baby was not born in a hospital, go to Question 59a.

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

	No	Yes
a. Hospital staff gave me information about breastfeeding	N	Y
b. My baby stayed in the same room with me at the hospital	N	Y
c. I breastfed my baby in the hospital	N	Y
d. I breastfed in the first hour after my baby was born	N	Y
e. Hospital staff helped me learn how to breastfeed	N	Y
f. My baby was fed only breast milk at the hospital	N	Y
g. Hospital staff told me to breastfeed whenever my baby wanted	N	Y
h. The hospital gave me a breast pump to use	N	Y
i. The hospital gave me a gift pack with formula	N	Y
j. The hospital gave me a telephone number to call for help with breastfeeding	N	Y
k. My baby used a pacifier in the hospital	N	Y

59a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

Weeks **OR** Months
 My baby was less than 1 week old
 My baby has not had any liquids other than breast milk

59b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

Weeks **OR** Months
 My baby was less than 1 week old
 My baby has not eaten any foods

If your baby is still in the hospital, go to Page 12, Question 63.

60. In which *one* position 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. How often does your new baby sleep in the same bed with you or anyone else?

- Always
- Often
- Sometimes
- Rarely
- Never

62. Was your new baby seen by a doctor, nurse, or other health care worker for a *one week check-up* after he or she was born?

- No
- Yes

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

- No → **Go to Question 65**
- Yes

64. What health insurance plan is your new baby covered by?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- Child Health Plus
- Other source(s) → Please tell us:

- I do not have health insurance for my new baby

65. 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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes → **Go to Question 67**

66. What are your reasons 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:

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

(A postpartum checkup is the regular checkup a woman has about 6 weeks after she gives birth.)

- No → **Go to Question 69**
- Yes

68. At that visit, did a doctor, nurse, or other health care worker discuss family planning or birth control with you?

- No
- Yes

69. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way *since your new baby was born*. Use the scale when answering:

1 2 3 4 5
 Never Rarely Sometimes Often Always

- a. I felt down, depressed, or sad.
- b. I felt hopeless
- c. I felt slowed down

OTHER EXPERIENCES

The next questions are on a variety of topics.

If you did not go for prenatal care, go to Question 71.

70. This question is about things that a doctor, nurse, or health care worker might have talked with you about when you went for prenatal care during your 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 |

71. During *your most recent* pregnancy, did a doctor, nurse, or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)?

- No → Go to Question 73
- Yes

72. What infection or disease were you told that you had?

Check all that apply

- Genital warts (HPV)
- Herpes
- Chlamydia
- Gonorrhea
- Pelvic inflammatory disease (PID)
- Syphilis
- Group B Strep (Beta Strep)
- Bacterial vaginosis
- Trichomoniasis (Trich)
- Yeast infections
- Urinary tract infection (UTI)
- Other → Please tell us:

73. 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

If your baby is not alive or is not living with you, go to Question 75.

74. Since your new baby was born, have you used any of these services? For each one, circle **Y** (Yes) if you used the service or circle **N** (No) if you did not use it.

- | | No | Yes |
|---|----|-----|
| a. Parenting classes | N | Y |
| b. Visits to your home by a nurse or other health care worker | N | Y |
| c. Counseling for depression or anxiety | N | Y |

75. 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 healthcare worker talked with me about how to care for my teeth and gums | N | Y |

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

- No → **Go to Question 78**
- Yes

77. Did you have your teeth cleaned by a dentist or dental hygienist during the time periods listed below? For each time period, 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. During my most recent pregnancy | N | Y |
| b. After my most recent pregnancy | N | Y |

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

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

- 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 or more

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

People

80. What is today's date?

/ / 20
 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 State.**

Thanks for answering our questions!

***Your answers will help us work to make New York State
mothers and babies healthier.***

December 8, 2008