The first questions are about you.

1. How tall are you without shoes?
   - Feet
   - Inches
   OR
   - Centimeters

2. Just before you got pregnant with your new baby, how much did you weigh?
   - Pounds
   OR
   - Kilos

3. What is your date of birth?
   - / / Year

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

4. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.
   a. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy) .................
   b. High blood pressure or hypertension ......
   c. Depression ........................................
   d. Asthma ...........................................
   e. Anemia (poor blood, low iron) ............
   f. Heart problems ..................................
   g. Epilepsy (seizures) .........................
   h. Thyroid problems ...............................
   i. PCOS (polycystic ovarian syndrome) ....
   j. Anxiety ...........................................
   k. Allergies ...........................................

5. During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, prenatal vitamin, or a folic acid vitamin?
   - I didn’t take a multivitamin, prenatal vitamin, or folic acid vitamin in the month before I got pregnant
   - 1 to 3 times a week
   - 4 to 6 times a week
   - Every day of the week

6. In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?
   - No
   - Yes
       Go to Page 2, Question 9

       Go to Page 2, Question 7
7. What type of health care visit did you have in the 12 months before you got pregnant with your new baby?  

- Regular checkup at my family doctor's office
- Regular checkup at my OB/GYN's office
- Visit for an illness or chronic condition
- Visit for an injury
- Visit for family planning or birth control
- Visit for depression or anxiety
- Visit to have my teeth cleaned by a dentist or dental hygienist
- Other —— Please tell us: ____________________________

Check ALL that apply

8. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not or Yes if they did.

- Tell me to take a vitamin with folic acid... □ □
- Talk to me about maintaining a healthy weight.................................................. □ □
- Talk to me about controlling any medical conditions such as diabetes or high blood pressure ........................................... □ □
- Talk to me about my desire to have or not have children........................................... □ □
- Talk to me about using birth control to prevent pregnancy........................................... □ □
- Talk to me about how I could improve my health before a pregnancy ....................... □ □
- Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis........................................... □ □
- Ask me if I was smoking cigarettes......... □ □
- Ask me if someone was hurting me emotionally or physically ................................. □ □
- Ask me if I was feeling down or depressed............................................................... □ □
- Ask me about the kind of work I do ......... □ □
- Test me for HIV (the virus that causes AIDS)........................................................... □ □

Check ALL that apply

The next questions are about your health insurance coverage before, during, and after your pregnancy with your new baby.

9. During the month before you got pregnant with your new baby, what kind of health insurance did you have?  

- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the New York State Health Insurance Marketplace (nystateofhealth.ny.gov) or HealthCare.gov
- Medicaid
- Family Health Plus
- Family Planning Benefit Program (FPBP)
- Child Health Plus
- TRICARE or other military health care
- Other health insurance —— Please tell us: ____________________________

Check ALL that apply

- I did not have any health insurance during the month before I got pregnant
10. During your most recent pregnancy, what kind of health insurance did you have for your prenatal care?  
Check ALL that apply

- I did not go for prenatal care  
- Private health insurance from my job or the job of my husband or partner  
- Private health insurance from my parents  
- Private health insurance from the New York State Health Insurance Marketplace (nystateofhealth.ny.gov) or HealthCare.gov  
- Medicaid  
- Family Health Plus  
- Child Health Plus  
- TRICARE or other military health care  
- Other health insurance  
- I did not have any health insurance for my prenatal care

11. What kind of health insurance do you have now?  
Check ALL that apply

- Private health insurance from my job or the job of my husband or partner  
- Private health insurance from my parents  
- Private health insurance from the New York State Health Insurance Marketplace (nystateofhealth.ny.gov) or HealthCare.gov  
- Medicaid  
- Family Health Plus  
- Family Planning Benefit Program (FPBP)  
- Child Health Plus  
- TRICARE or other military health care  
- Other health insurance  
- I do not have health insurance now

12. 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 later  
- I wanted to be pregnant sooner  
- I wanted to be pregnant then  
- I didn’t want to be pregnant then or at any time in the future  
- I wasn’t sure what I wanted

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

- No  
- Yes  
Go to Page 4, Question 16

14. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- No  
- Yes  
Go to Page 4, Question 16

15. 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  
- I forgot to use a birth control method  
- Other  
Please tell us:
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.)

16. How many weeks or months pregnant were you when you had your first visit for prenatal care?

☐ Weeks  OR  ☐ Months

☐ I didn’t go for prenatal care  ➔ Go to Question 18

17. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check No if they did not ask you about it or Yes if they did.

a. If I knew how much weight I should gain during pregnancy ...........................................

b. If I was taking any prescription medication .................................................................

c. If I was smoking cigarettes ..........................................................................................

d. If I was drinking alcohol ............................................................................................... 

e. If someone was hurting me emotionally or physically ................................................

f. If I was feeling down or depressed .............................................................................

g. If I was using drugs such as marijuana, cocaine, crack, or meth ..............................

h. If I wanted to be tested for HIV (the virus that causes AIDS) .................................

i. If I planned to breastfeed my new baby ................................................................. 

j. If I planned to use birth control after my baby was born ...........................................

18. 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

19. During the 12 months before the delivery of your new baby, did a doctor, nurse, or other health care worker offer you a flu shot or tell you to get one?

☐ No  ☐ Yes

20. During the 12 months before the delivery of your new baby, did you get a flu shot?

Check ONE answer

☐ No  ☐ Yes, before my pregnancy  ☐ Yes, during my pregnancy

21. During your most recent pregnancy, did you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

☐ No  ☐ Yes  ☐ I don’t know

22. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

☐ No  ☐ Yes
23. This question is about other care of your teeth during your most recent pregnancy. For each item, check No if it is not true or does not apply to you or Yes if it is true.

No Yes
a. I knew it was important to care for my teeth and gums during my pregnancy.

b. A dental or other health care worker talked with me about how to care for my teeth and gums.

c. I had insurance to cover dental care during my pregnancy.

d. I needed to see a dentist for a problem.

e. I went to a dentist or dental clinic about a problem.

If you did not have any problems with your teeth or gums during your pregnancy, go to Question 26.

24. During your most recent pregnancy, what kind of problem did you have with your teeth or gums? For each item, check No if you did not have this problem during pregnancy or Yes if you did.

No Yes
a. I had cavities that needed to be filled.

b. I had painful, red, or swollen gums.

c. I had a toothache.

d. I needed to have a tooth pulled.

e. I had an injury to my mouth, teeth, or gums.

f. I had some other problem with my teeth or gums.

Please tell us:

__________________________________________________________________________

25. Did you get treatment from a dentist or another doctor for the problem that you were having during your pregnancy?

Check ONE answer

- No
- Yes, I got treatment during my pregnancy
- Yes, I got treatment after my pregnancy
- Yes, I got treatment both during and after my pregnancy

26. Did any of the following things make it hard for you to go to a dentist or dental clinic during your most recent pregnancy? For each item, check No if it was not something that made it hard for you or Yes if it was.

No Yes
a. I could not find a dentist or dental clinic that would take pregnant patients.

b. I could not find a dentist or dental clinic that would take Medicaid patients.

c. I did not think it was safe to go to the dentist during pregnancy.

d. I could not afford to go to the dentist.

e. I have a fear of dental work.

f. I did not have the time to go to the dentist.

g. I could not find transportation to the dentist.

27. During your most recent pregnancy, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps pregnant women.

- No
- Yes
28. During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

☐ No  ☐ Yes  

Go to Question 30

29. During your most recent pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?

☐ No  ☐ Yes

30. During your most recent pregnancy, what did you think about breastfeeding your new baby?

☐ I knew I wanted to breastfeed  
☐ I thought I might breastfeed  
☐ I knew I would not breastfeed  
☐ I didn’t know what to do about breastfeeding

Check ONE answer

31. During your most recent pregnancy, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.

No  Yes

a. Gestational diabetes (diabetes that started during this pregnancy)  

b. High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia  

c. Depression  

d. Asthma  

e. Anemia (poor blood, low iron)  

f. Heart problems  

g. Epilepsy (seizures)  

h. Thyroid problems  

i. Anxiety  

j. Allergies

If you had gestational diabetes during your most recent pregnancy, go to Question 32. Otherwise, go to Question 33.

32. 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 item, check No if it was not done or Yes if it was.

No  Yes

a. Refer me to a nutritionist  
b. Talk to me about the importance of exercise  
c. Talk to me about getting to and staying at a healthy weight after delivery  
d. Suggest that I breastfeed my new baby  

e. Talk to me about my risk for Type 2 diabetes  
f. Refer me to a diabetes prevention program

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

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

☐ No  ☐ Yes  

Go to Question 37

34. 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
35. 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

36. 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

The next questions are about using other tobacco products around the time of pregnancy.

**E-cigarettes (electronic cigarettes) and other electronic nicotine products** (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

37. Have you used any of the following products in the past 2 years? For each item, check No if you did not use it or Yes if you did.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>a. E-cigarettes or other electronic nicotine products</td>
<td></td>
</tr>
<tr>
<td>b. Hookah</td>
<td></td>
</tr>
</tbody>
</table>

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 38. Otherwise, go to Page 8, Question 40.

38. During the 3 months before you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

39. During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then
The next questions are about drinking alcohol around the time of pregnancy.

40. 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 ☐ Yes  Go to Question 43

41. 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
☐ 8 to 13 drinks a week
☐ 4 to 7 drinks a week
☐ 1 to 3 drinks a week
☐ Less than 1 drink a week
☐ I didn’t drink then

42. 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
☐ 8 to 13 drinks a week
☐ 4 to 7 drinks a week
☐ 1 to 3 drinks a week
☐ Less than 1 drink a week
☐ I didn’t drink then

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

43. This question is about things that may have happened during the 12 months before your new baby was born. For each item, check No if it did not happen to you or Yes if it did. (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........................... ☐ ☐
b. I got separated or divorced from my husband or partner............................................ ☐ ☐
c. I moved to a new address......................................................... ☐ ☐
d. I was homeless or had to sleep outside, in a car, or in a shelter...................................... ☐ ☐
e. My husband or partner lost their job ........................................... ☐ ☐
f. I lost my job even though I wanted to go on working.................................................. ☐ ☐
g. My husband, partner, or I had a cut in work hours or pay............................................. ☐ ☐
h. I was apart from my husband or partner due to military deployment or extended work-related travel............................................ ☐ ☐
i. I argued with my husband or partner more than usual ..................................................... ☐ ☐
j. My husband or partner said they didn’t want me to be pregnant................................... ☐ ☐
k. I had problems paying the rent, mortgage, or other bills............................................... ☐ ☐
l. My husband, partner, or I went to jail ............................................... ☐ ☐
m. Someone very close to me had a problem with drinking or drugs.................................... ☐ ☐
n. Someone very close to me died................................................................. ☐ ☐
44. In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

<table>
<thead>
<tr>
<th>Person</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>My husband or partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My ex-husband or ex-partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Another family member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone else</td>
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<td></td>
</tr>
</tbody>
</table>

45. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

<table>
<thead>
<tr>
<th>Person</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>My husband or partner</td>
<td></td>
<td></td>
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<tr>
<td>My ex-husband or ex-partner</td>
<td></td>
<td></td>
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<tr>
<td>Another family member</td>
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<td></td>
</tr>
<tr>
<td>Someone else</td>
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</tbody>
</table>

46. When was your new baby born?

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

47. After your baby was delivered, 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

48. Is your baby alive now?

- No
- Yes

49. Is your baby living with you now?

- No
- Yes

50. Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources? For each one, check No if you did not receive information from this source or Yes if you did.

<table>
<thead>
<tr>
<th>Source</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>My doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A nurse, midwife, or doula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A breastfeeding or lactation specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My baby's doctor or health care provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A breastfeeding support group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A breastfeeding hotline or toll-free number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family or friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please tell us:
51. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

- No
- Yes  Go to Question 56

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

- No
- Yes  Go to Question 55

53. How many weeks or months did you breastfeed or feed pumped milk to your baby?

- Less than 1 week
-  Weeks  OR  Months

54. What were your reasons for stopping breastfeeding?

- My baby had difficulty latching or nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My nipples were sore, cracked, or bleeding or it was too painful
- I thought I was not producing enough milk, or my milk dried up
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick or I had to stop for medical reasons
- I went back to work
- I went back to school
- My partner did not support breastfeeding
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other  Please tell us:

55. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check No if it did not happen or Yes if it did.

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

56. In which one position do you most often lay your baby down to sleep now?

- On his or her side
- On his or her back
- On his or her stomach
57. In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?

- [ ] Always
- [ ] Often
- [ ] Sometimes
- [ ] Rarely
- [ ] Never

Go to Question 59

58. When your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?

- [ ] No
- [ ] Yes

59. Listed below are some more things about how babies sleep. How did your new baby usually sleep in the past 2 weeks? For each item, check No if your baby did not usually sleep like this or Yes if he or she did.

No  | Yes
---  |---
a. In a crib, bassinet, or pack and play
b. On a twin or larger mattress or bed
c. On a couch, sofa, or armchair
d. In an infant car seat or swing
e. In a sleeping sack or wearable blanket
f. With a blanket
g. With toys, cushions, or pillows, including nursing pillows
h. With crib bumper pads (mesh or non-mesh)

60. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check No if they did not tell you or Yes if they did.

No  | Yes
---  |---
a. Place my baby on his or her back to sleep
b. Place my baby to sleep in a crib, bassinet, or pack and play
c. Place my baby’s crib or bed in my room
D. What things should and should not go in bed with my baby

61. Since your new baby was born, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.

- [ ] No
- [ ] Yes

Go to Page 12, Question 64

62. 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, using birth control pills, condoms, withdrawal, or natural family planning.

- [ ] No
- [ ] Yes

Go to Page 12, Question 64

63. 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 want to get pregnant
- [ ] I am pregnant now
- [ ] I had my tubes tied or blocked
- [ ] I don’t want to use birth control
- [ ] I am worried about side effects from birth control
- [ ] I am not having sex
- [ ] My husband or partner doesn’t want to use anything
- [ ] I have problems paying for birth control
- [ ] Other

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Page 12, Question 65.
64. 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 blocked (female sterilization or Essure®)
- Vasectomy (male sterilization)
- Birth control pills
- Condoms
- Shots or injections (Depo-Provera®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- Contraceptive implant in the arm (Nexplanon® or Implanon®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other Please tell us:

65. 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 4-6 weeks after she gives birth.

- No
- Yes

Go to Question 66

Go to Question 67

66. During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not do it or Yes if they did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tell me to take a vitamin with folic acid</td>
<td></td>
</tr>
<tr>
<td>b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy</td>
<td></td>
</tr>
<tr>
<td>c. Talk to me about how long to wait before getting pregnant again</td>
<td></td>
</tr>
<tr>
<td>d. Talk to me about birth control methods I can use after giving birth</td>
<td></td>
</tr>
<tr>
<td>e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms</td>
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</tr>
<tr>
<td>f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)</td>
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</tr>
<tr>
<td>g. Ask me if I was smoking cigarettes</td>
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<tr>
<td>h. Ask me if someone was hurting me emotionally or physically</td>
<td></td>
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<tr>
<td>i. Ask me if I was feeling down or depressed</td>
<td></td>
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<tr>
<td>j. Test me for diabetes</td>
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<tr>
<td>k. Ask me how breastfeeding was going</td>
<td></td>
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</tbody>
</table>

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never
69. Since your new baby was born, have you asked for help for depression from a doctor, nurse, or other health care worker?

- No
- Yes

70. Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?

- No
- Yes

71. Since your new baby was born, have you gotten counseling for your depression?

- No
- Yes

72. Since your new baby was born, have you taken prescription medicine for your depression?

- No
- Yes

OTHER EXPERIENCES

The next questions are on a variety of topics.

73. At any time during your most recent pregnancy, did you work at a job for pay?

- No
- Yes

Go to Page 14, Question 78

74. Have you returned to the job you had during your most recent pregnancy?

- No, and I do not plan to return
- No, but I will be returning
- Yes

Go to Page 14, Question 78

Go to Question 75

75. Did you take leave from work after your new baby was born? Check ALL that apply

- I took paid leave from my job
- I took unpaid leave from my job
- I did not take any leave

Go to Question 77

76. How many weeks or months of leave, in total, did you take or will you take?

___ Weeks OR ___ Months

- Less than 1 week

77. Did any of the things listed below affect your decision about taking leave from work after your new baby was born? For each item, check No if it does not apply to you or Yes if it does.

a. I could not financially afford to take leave .................................................................

b. I was afraid I’d lose my job if I took leave or stayed out longer ................................

c. I had too much work to do to take leave or stay out longer ........................................

d. My job does not have paid leave ...........................................................

e. My job does not offer a flexible work schedule ..............................................

f. I had not built up enough leave time to take any or more time off .........................

No Yes
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.

- $0 to $16,000
- $16,001 to $20,000
- $20,001 to $24,000
- $24,001 to $28,000
- $28,001 to $32,000
- $32,001 to $40,000
- $40,001 to $48,000
- $48,001 to $57,000
- $57,001 to $60,000
- $60,001 to $73,000
- $73,001 to $85,000
- $85,001 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?

- Month Day Year

20
Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in New York.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in New York healthy.