

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

### BEFORE PREGNANCY

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?

/  /   
Month Day Year

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

- No → Go to Question 7  
 Yes

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

- No  
 Yes

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

- No  
 Yes

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

7. 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, check No if you did not do it or Yes if you did it.

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

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

**Check ALL that apply**

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid
- SCHIP
- TRICARE or other military health care
- Indian Health Service
- Some other kind of health insurance → Please tell us:
- I did not have any health insurance during the *month before* I got pregnant

**9. 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 in the *month before* I got pregnant
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

**10. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?**

- No → **Go to Question 12**
- Yes

**Go to Question 11**

**11. Before you got pregnant with your new baby, 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, check **No** if no one talked with you about it or **Yes** if someone talked with you about it.**

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. Taking vitamins with folic acid before pregnancy .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Being a healthy weight before pregnancy .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Getting my vaccines updated before pregnancy .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Visiting a dentist or dental hygienist before pregnancy .....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Getting counseling for any genetic diseases that run in my family .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Controlling any medical conditions such as diabetes and high blood pressure .....     | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Getting counseling or treatment for depression or anxiety .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The safety of using prescription or over-the-counter medicines during pregnancy ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. How smoking during pregnancy can affect a baby .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. How drinking alcohol during pregnancy can affect a baby .....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| k. How using illegal drugs during pregnancy can affect a baby .....                      | <input type="checkbox"/> | <input type="checkbox"/> |

**12. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had 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. Type 1 or Type 2 diabetes ( <u>NOT</u> the same as gestational diabetes or diabetes that starts during pregnancy) ... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure or hypertension .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Depression .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**13. 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.

- |                                       | No                       | Yes                      |
|---------------------------------------|--------------------------|--------------------------|
| a. Asthma.....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Anemia (poor blood, low iron)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Heart problems.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Epilepsy (seizures).....           | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Thyroid problems.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Anxiety .....                      | <input type="checkbox"/> | <input type="checkbox"/> |

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

**14. Thinking back to *just before* you got pregnant with your new baby, how did you feel about becoming pregnant?**

**Check ONE answer**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> I wanted to be pregnant later<br><input type="checkbox"/> I wanted to be pregnant sooner<br><input type="checkbox"/> I wanted to be pregnant then<br><input type="checkbox"/> I didn't want to be pregnant then or at any time in the future<br><input type="checkbox"/> I wasn't sure what I wanted | } | <div style="border: 1px solid black; padding: 5px; display: inline-block;"><b>Go to Question 16</b></div> |
|---|---|---|

**15. How much longer did you want to wait to become pregnant?**

- Less than 1 year  
 1 year to less than 2 years  
 2 years to less than 3 years  
 3 years to 5 years  
 More than 5 years

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

- No  
 Yes → **Go to Page 4, Question 19**

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

- No  
 Yes → **Go to Page 4, Question 19**

**18. 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.)

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 24**

20. 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  
 Community health clinic  
 Other → Please tell us:

21. During *your most recent* pregnancy, what kind of *health insurance* did you have to pay for your *prenatal care*?

**Check ALL that apply**

- Private health insurance from my job or the job of my husband, partner, or parents  
 Private health insurance purchased directly from an insurance company  
 Medicaid  
 SCHIP  
 TRICARE or other military health care  
 Indian Health Service  
 Some other kind of health insurance → Please tell us:

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

**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, check **No** if no one talked with you about it or **Yes** if someone did.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. How much weight I should gain during my pregnancy .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How smoking during pregnancy could affect my baby.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Breastfeeding my baby .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How drinking alcohol during pregnancy could affect my baby .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Using a seat belt during my pregnancy.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Medicines that are safe to take during my pregnancy .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| g. How using illegal drugs could affect my baby .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Doing tests to screen for birth defects or diseases that run in my family .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Getting tested for HIV (the virus that causes AIDS) .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| k. What to do if I feel depressed during my pregnancy or after my baby is born.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Physical abuse to women by their husbands or partners .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |

**23. How did you feel 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 item, check **No** if you were not satisfied or **Yes** if you were satisfied.

**Were you satisfied with—**

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. The amount of time you had to wait after you arrived for your visits .....              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The amount of time the doctor, nurse, or midwife spent with you during your visits..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The advice you got on how to take care of yourself .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The understanding and respect that the staff showed toward you as a person.....         | <input type="checkbox"/> | <input type="checkbox"/> |

**24. 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

**25. 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

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

Check ONE answer

- No —————→ **Go to Question 28**
- Yes, before my pregnancy
- Yes, during my pregnancy

27. During what month and year did you get the flu shot?

\_\_\_\_ / \_\_\_\_ 20\_\_\_\_

Month            Year

I don't remember

28. This question is about the 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.....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A dental or other health care worker talked with me about how to care for my teeth and gums..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had my teeth cleaned by a dentist or dental hygienist.....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I had insurance to cover dental care during my pregnancy.....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I <u>needed</u> to see a dentist for a <b>problem</b> .....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I <u>went</u> to a dentist or dental clinic about a <b>problem</b> .....                         | <input type="checkbox"/> | <input type="checkbox"/> |

If you did not have any problems with your teeth or gums during your pregnancy, go to Question 30.

29. 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.....        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I had painful, red, or swollen gums....             | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had a toothache.....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I needed to have a tooth pulled.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had an injury to my mouth, teeth, or gums.....    | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I had some other problem with my teeth or gums..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us: —————→

30. During *your most recent pregnancy*, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

- No
- Yes

31. 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

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

No —————→ **Go to Question 34**

Yes

33. 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

34. 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

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

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

No —————→ **Go to Page 8, Question 39**

Yes

36. 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

37. 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

38. 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 drinking alcohol around the time of pregnancy (before and during).

39. 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 42

Yes

40. 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

41. 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

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.

42. 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 .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I got separated or divorced from my husband or partner .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I moved to a new address.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was homeless or had to sleep outside, in a car, or in a shelter .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My husband or partner lost his job .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I lost my job even though I wanted to go on working.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My husband, partner, or I had a cut in work hours or pay .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I was apart from my husband or partner due to military deployment or extended work-related travel ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I argued with my husband or partner more than usual.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My husband or partner said he didn't want me to be pregnant .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I had problems paying the rent, mortgage, or other bills.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My husband, partner, or I went to jail .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Someone very close to me had a problem with drinking or drugs .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Someone very close to me died .....   | <input type="checkbox"/> | <input type="checkbox"/> |



43. 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

44. 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.**

45. When was your new baby born?

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Month                  Day                  Year

46. Did you plan or schedule a cesarean delivery (c-section) at least one week before your new baby was born?

- No  
 Yes

47. How was your new baby delivered?

- Vaginally → **Go to Question 49**  
 Cesarean delivery (c-section)

**Go to Question 48**

48. 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 (such as breech)  
 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 (such as heart condition, physical disability)  
 I had a complication in my pregnancy (such as preeclampsia, placental problems, infection, preterm labor)  
 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 before or during labor (fetal distress)  
 I wanted to schedule my delivery  
 I didn't want to have my baby vaginally  
 Other \_\_\_\_\_ → Please tell us:

\_\_\_\_\_

49. By the end of *your most recent pregnancy*, how much weight had you gained?

**Check ONE answer and fill in blank if needed**

- I gained \_\_\_\_\_ pounds  
 I didn't gain any weight, but I lost \_\_\_\_\_ pounds  
 My weight didn't change during my pregnancy  
 I don't know

## AFTER PREGNANCY

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

**50. After your baby was delivered, was he or she put in an intensive care unit (NICU)?**

- No  
 Yes  
 I don't know

**51. 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 → **Go to Question 54**

**52. Is your baby alive now?**

- No → *We are very sorry for your loss.*  
 Yes → **Go to Question 63**

**53. Is your baby living with you now?**

- No → **Go to Question 62**  
 Yes

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

- No → **Go to Question 59**  
 Yes

**Go to Question 55**

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

- No  
 Yes → **Go to 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 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  
 It was too hard, painful, or too time consuming  
 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 or school  
 My baby was jaundiced (yellowing of the skin or whites of the eyes)  
 Other → Please tell us:

\_\_\_\_\_

58. 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

59. Did anyone suggest that you *not* breastfeed your new baby?

No Go to Question 61

Yes  
 ↓

60. Who suggested that you *not* breastfeed your new baby?

**Check ALL that apply**

- My husband or partner  
 My mother, father, or in-laws  
 Other family member or relative  
 My friends  
 My baby's doctor, nurse, or other health care worker  
 My doctor, nurse, or other health care worker  
 Other Please tell us:

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**If your baby is still in the hospital, go to Question 62.**

61. 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

62. *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

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

No

Yes

→ **Go to Question 65**

**64. 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

I am worried about side effects from birth control

My husband or partner doesn't want to use anything

I have problems getting birth control when I need it

I had my tubes tied or blocked

My husband or partner had a vasectomy

I am pregnant now

Other → Please tell us:

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**If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 66.**

**65. 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, Essure<sup>®</sup>, Adiana<sup>®</sup>)

Vasectomy (male sterilization)

Birth control pill

Condoms

Injection (Depo-Provera<sup>®</sup>)

Contraceptive implant (Implanon<sup>®</sup>)

Contraceptive patch (OrthoEvra<sup>®</sup>) or vaginal ring (NuvaRing<sup>®</sup>)

IUD (including Mirena<sup>®</sup> or ParaGard<sup>®</sup>)

Natural family planning (including rhythm method)

Withdrawal (pulling out)

Not having sex (abstinence)

Other → Please tell us:

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**66. *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

**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?*

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

69. 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, partner, or parents  
 Private health insurance purchased directly from an insurance company  
 Medicaid  
 SCHIP  
 TRICARE or other military health care  
 Indian Health Service  
 Some other kind of health insurance —————> Please tell us:

- I do not have health insurance *now*

## OTHER EXPERIENCES

The next questions are on a variety of topics.

70. 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 use the calendar.)

No Yes

- a. I felt that my race or ethnic background contributed to the stress in my life.....
- b. I felt emotionally upset (for example, angry, sad, or frustrated) as a result of how I was treated based on my race or ethnic background.....
- c. I experienced physical symptoms (for example, a headache, an upset stomach, or a pounding heart) that I felt were related to how I was treated based on my race or ethnic background.....

71. *Before your new baby was born, did any of the following things happen?*

**Check ALL that apply**

- Someone answered my questions about breastfeeding  
 I was offered a class on breastfeeding  
 I attended a class on breastfeeding  
 I decided or planned to feed *only* breast milk to my baby  
 I discussed feeding *only* breast milk to my baby with my family  
 I discussed feeding *only* breast milk to my baby with my health care worker  
 I planned to breastfeed within the first hour after giving birth

72. *Before you got pregnant with your new baby, did you know about any local community organizations with services for pregnant women?*

- No  
 Yes

73. *During your most recent pregnancy, did you receive any of the following services?*

For each one, check **No** if you did not receive the service or **Yes** if you received the service.

No Yes

- a. Counseling or a support group for depression .....
- b. A class or support group to help stop smoking cigarettes.....
- c. Help to reduce violence in your home .....

74. *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 76**  
 Yes

**Go to Question 75**

75. *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:

76. *During your most recent pregnancy, how satisfied were you with the overall quality of prenatal care that you received at the clinic, or doctor's office where you got most of your care?*

- Very satisfied  
 Satisfied  
 Neutral  
 Dissatisfied  
 Very dissatisfied  
 I did not receive prenatal care

77. *How satisfied were you with your overall birthing experience at the hospital or birthing center where you delivered your new baby?*

- Very satisfied  
 Satisfied  
 Neutral  
 Dissatisfied  
 Very dissatisfied  
 My baby was not born in a hospital or birthing center

**If your baby was not born in a hospital or is not alive, go to Question 79.**

**78. 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 happen.**

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

**79. Did you receive a Tdap vaccination before, during or after your most recent pregnancy?** A Tdap vaccine is a shot that protects against tetanus, diphtheria, and pertussis (or whooping cough). Tdap was new in 2005.

**Check ONE answer**

- No
- Yes, I received Tdap *before* my pregnancy
- Yes, I received Tdap *during* my pregnancy
- Yes, I received Tdap *after* my pregnancy
- I don't know

**If you are 20 years of age or older, go to Page 16, Question 83.**

**80. What one source would you trust to give you the most accurate information about contraception and birth control?**

**Check ONE answer**

- My friends
- My mother or father
- My sister, brother or cousins
- My boyfriend or partner (current or past)
- A doctor or nurse
- A teacher or counselor
- A minister, priest, rabbi or other religious leader
- The internet
- Books, magazines or pamphlets
- TV or radio
- Other \_\_\_\_\_ → Please tell us:

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81. When it comes to *your* decisions about sex, who influences you most?

Check ONE answer

- My friends  
 My mother or father  
 My sister, brother or cousins  
 My boyfriend or partner (current or past)  
 A doctor or nurse  
 A teacher or counselor  
 A minister, priest, rabbi or other religious leader  
 The internet  
 Books, magazines or pamphlets  
 TV or radio  
 Other \_\_\_\_\_ → Please tell us:

---

82. Suppose a parent or other adult tells YOU the following: "I strongly encourage you not to have sex. However, if you do, you should use birth control or protection."

Do you think this message encourages teens to have sex?

- No  
 Yes  
 I don't know

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

83. 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 \$15,000  
 \$15,001 to \$19,000  
 \$19,001 to \$22,000  
 \$22,001 to \$26,000  
 \$26,001 to \$29,000  
 \$29,001 to \$37,000  
 \$37,001 to \$44,000  
 \$44,001 to \$52,000  
 \$52,001 to \$56,000  
 \$56,001 to \$67,000  
 \$67,001 to \$79,000  
 \$79,001 or more

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

\_\_\_\_\_ People

85. What is today's date?

\_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_  
 Month Day Year



**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 Mississippi.**

*Thanks for answering our questions!*

*Your answers will help us work to make Mississippi mothers and babies healthier.*