

BEFORE PREGNANCY

The first questions are about *you*.

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.

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 have any other babies who were born alive?*

NO

YES [please answer the following]

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

Yes

No

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

Yes

No

5. At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things?

	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"/>

6. During the *month before* you got pregnant with your new baby, what kind of *health insurance* did you have? [Please check ✓ ALL that apply]

- Private health insurance
- Medicaid
- Some other kind of health insurance →Please tell us: _____
- I did not have any health insurance during the *month before* I got pregnant

7. 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?

- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week
- I did not take a multivitamin, prenatal vitamin or folic acid vitamin at all *before* I got pregnant

8. *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 the 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. Getting counseling or treatment for infertility.....	<input type="checkbox"/>	<input type="checkbox"/>
i. The safety of using prescription or over-the-counter medicines during pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>
j. How smoking during pregnancy can affect a baby.....	<input type="checkbox"/>	<input type="checkbox"/>
k. How drinking alcohol during pregnancy can affect a baby.....	<input type="checkbox"/>	<input type="checkbox"/>
l. How using illegal drugs during pregnancy can affect a baby.....	<input type="checkbox"/>	<input type="checkbox"/>

9. During the *3 months before* you got pregnant with your new baby, did you have any of the following health problems? [For each one, check ✓ Yes if you had the problem or check No if you did not.]

	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"/>

10. 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 (NOT 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"/>
d. Polycystic ovarian syndrome (POS), primary ovarian insufficiency, endometriosis, uterine fibroids, or sexually transmitted infection.....	<input type="checkbox"/>	<input type="checkbox"/>

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

11. How many months had you been trying to get pregnant? [Do not count long periods of time when you and your partner were apart or not having sex.]

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

I was not trying to get pregnant – PLEASE ANSWER THE FOLLOWING

→ When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?

- YES-** We did something to keep from getting pregnant *[Please answer the following]*

→ What method of birth control were you using when you got pregnant? [Please ALL that apply]

- Birth control pill
- Condoms
- Injection (Depo-Provera[®])
- Contraceptive implant (Implanon[®]) or patch (OrthoEvra[®]) or vaginal ring (NuvaRing[®])
- IUD (including Mirena[®] or Paraguard[®])
- Natural family planning (including rhythm method) or Withdrawal (pulling out)
- Other Please tell us: _____

- NO-** We did not do anything to keep from getting pregnant *[Please answer the following]*

→ What were your reasons or your husband's or partner's reasons for not doing something to keep from getting pregnant? [Please check ALL that apply]

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

12. Did you use any of the following fertility treatments during the month you got pregnant with your new baby? [Please 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 was not using fertility treatments during the *month* that I got pregnant with my new baby

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.)

13. 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 did not go for prenatal care

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

- YES**
- NO** –I did not get prenatal care as early in my pregnancy as I wanted [Please answer the following]
- NO** –I did not go for prenatal care [Please answer the following]

→ Did any of these things keep you from getting prenatal care at all or as early as you wanted it?

		NO	YES
a.	I could not get an appointment when I wanted one	<input type="checkbox"/>	<input type="checkbox"/>
b.	I did not have enough money or insurance to pay for my visits	<input type="checkbox"/>	<input type="checkbox"/>
c.	I did not have any transportation to get to the clinic or doctor’s office	<input type="checkbox"/>	<input type="checkbox"/>
d.	The doctor or my health plan would not start care as early as I wanted	<input type="checkbox"/>	<input type="checkbox"/>
e.	I had too many other things going on	<input type="checkbox"/>	<input type="checkbox"/>
f.	I could not take time off from work or school	<input type="checkbox"/>	<input type="checkbox"/>
g.	I did not have my Medicaid card	<input type="checkbox"/>	<input type="checkbox"/>
h.	I did not have anyone to take care of my children	<input type="checkbox"/>	<input type="checkbox"/>
i.	I did not know that I was pregnant	<input type="checkbox"/>	<input type="checkbox"/>
j.	I did not want anyone else to know I was pregnant	<input type="checkbox"/>	<input type="checkbox"/>
k.	I did not want prenatal care	<input type="checkbox"/>	<input type="checkbox"/>

14. During your most recent pregnancy, what kind of health insurance did you have to pay for your prenatal care? [Please 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
- Some other kind of health insurance → Please tell us: _____
- I did not have any health insurance to pay for my prenatal care

15. 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. <u>How much weight should I gain during my pregnancy</u>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>How smoking during pregnancy could affect my baby</u>	<input type="checkbox"/>	<input type="checkbox"/>
c. <u>Breastfeeding my baby</u>	<input type="checkbox"/>	<input type="checkbox"/>
d. <u>How drinking alcohol during pregnancy could affect my baby</u>	<input type="checkbox"/>	<input type="checkbox"/>
e. <u>Medicines that are safe to take during my pregnancy</u>	<input type="checkbox"/>	<input type="checkbox"/>
f. <u>How using illegal drugs could affect my baby</u>	<input type="checkbox"/>	<input type="checkbox"/>
g. <u>Doing tests to screen for birth defects or diseases that run in my family</u>	<input type="checkbox"/>	<input type="checkbox"/>
h. <u>The signs and symptoms of preterm labor (labor more than 3 weeks before that baby is due)</u>	<input type="checkbox"/>	<input type="checkbox"/>
i. <u>Getting tested for HIV (the virus that causes AIDS)</u>	<input type="checkbox"/>	<input type="checkbox"/>
j. <u>Physical abuse to women by their husbands or partners</u>	<input type="checkbox"/>	<input type="checkbox"/>
k. <u>Steps you can take to prevent you and your family from being exposed to lead</u>	<input type="checkbox"/>	<input type="checkbox"/>
l. <u>How eating fish containing high levels of mercury could affect your baby</u>	<input type="checkbox"/>	<input type="checkbox"/>

16. Have you tried to avoid or limit how much fish you eat that contains high levels of mercury?

YES

NO

17. Were you offered two HIV (the virus that causes AIDS) tests during your most recent pregnancy or delivery?

NO

YES [Please answer the following]

➔ **At any time during your most recent pregnancy or delivery, did you receive a test for HIV?**

[Please check ✓ ALL that apply]

NO – I was not offered any HIV tests

NO – I was just offered 1 HIV test

YES – I was offered 2 HIV tests.



18. 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 [Please answer the following]

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

NO

YES

19. Did a doctor, nurse or other health care professional offer you a Tdap vaccination or tell you to get one?
(A Tdap vaccination protects against tetanus, diphtheria and pertussis -whooping cough).

NO

YES [Please answer the following]

➔ **Did you *receive* the Tdap vaccination during your pregnancy?**

NO

YES

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

NO

YES [Please answer the following]

➔ **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

21. At any time during your *most recent* pregnancy, did a doctor, nurse, or other health care worker *tell* you that you had depression?

YES

NO

22. During your *most recent* pregnancy, did a doctor, nurse, or other health care worker tell you that you had gestational diabetes (diabetes that started during *this* pregnancy)?

YES

NO

23. 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 check 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 my teeth cleaned by a dentist or dental hygienist.....

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

e. I needed to see a dentist for a **problem**.....

f. I went to a dentist or dental clinic about a **problem**.....

24. Did you have any of the following problems during your most recent pregnancy? [For each item, check NO if you did not have the problem or check YES if you did.]

	NO	YES
a. Vaginal bleeding.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Kidney or bladder (urinary tract) infection (UTI).....	<input type="checkbox"/>	<input type="checkbox"/>
c. Severe nausea, vomiting, or dehydration that sent you to the doctor or hospital.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Cervix had to be sewn shut (cerclage for incompetent cervix).....	<input type="checkbox"/>	<input type="checkbox"/>
e. High blood pressure, hypertension (including pregnancy-induced hypertension (PIH)), preeclampsia, or toxemia.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Problems with the placenta (such as abruptio placentae or placenta previa).....	<input type="checkbox"/>	<input type="checkbox"/>
g. Labor pains more than 3 weeks before my baby was due (preterm or early labor).....	<input type="checkbox"/>	<input type="checkbox"/>
h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes ([PROM])).....	<input type="checkbox"/>	<input type="checkbox"/>
i. I had to have a blood transfusion.....	<input type="checkbox"/>	<input type="checkbox"/>
j. I was hurt in a car accident.....	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about drinking alcohol around the time of pregnancy.

25. Have you had any alcoholic drinks in the past 2 years?

NO

YES [Please Answer the Following]

➔ **During the 3 months before you for pregnant, how many alcoholic drinks did you have in an average week?**

14 drinks or more a week

1 to 3 drinks a week

7 to 13 drinks a week

Less than a drink a week

4 to 6 drinks a week

I did not drink then

➔ **During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in a two hour time span?**

6 or more times

4 to 5 times

2 to 3 times

1 time

I did not have 4 drinks or more in a 2 hour time span

➔ **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

1 to 3 drinks a week

7 to 13 drinks a week

Less than a drink a week

4 to 6 drinks a week

I did not drink then

The next questions are about smoking cigarettes around the time of pregnancy.

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

- NO**
- YES** [Please Answer the Following]
- **In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day?** A pack has 20 cigarettes
- | | |
|--|--|
| <input type="checkbox"/> 41 cigarettes or more | <input type="checkbox"/> 6 to 10 cigarettes |
| <input type="checkbox"/> 21 to 40 cigarettes | <input type="checkbox"/> 1 to 5 cigarettes |
| <input type="checkbox"/> 11 to 20 cigarettes | <input type="checkbox"/> Less than 1 cigarette |
- **In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day?** A pack has 20 cigarettes.
- | | |
|--|--|
| <input type="checkbox"/> 41 cigarettes or more | <input type="checkbox"/> 6 to 10 cigarettes |
| <input type="checkbox"/> 21 to 40 cigarettes | <input type="checkbox"/> 1 to 5 cigarettes |
| <input type="checkbox"/> 11 to 20 cigarettes | <input type="checkbox"/> Less than 1 cigarette |
- **Did you quit smoking around the time of your most recent pregnancy?**
- No
- No, but I cut back
- Yes, I quit before I found out I was pregnant
- Yes, I quit when I found out I was pregnant
- Yes, I quit later in my pregnancy
- **During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to quit smoking?**
- No
- Yes
- I did not go for prenatal care
- **How many cigarettes do you smoke on an average day now?** A pack has 20 cigarettes.
- | | |
|--|--|
| <input type="checkbox"/> 41 cigarettes or more | <input type="checkbox"/> 6 to 10 cigarettes |
| <input type="checkbox"/> 21 to 40 cigarettes | <input type="checkbox"/> 1 to 5 cigarettes |
| <input type="checkbox"/> 11 to 20 cigarettes | <input type="checkbox"/> Less than 1 cigarette |

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

_____ Hours **OR** _____ I was never in the same room or vehicle with someone who was smoking



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

28. 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 did not 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 or 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"/>

29. 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?

YES

NO

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

YES

NO



The next questions are about your labor and delivery.

31. When was your new baby born?

____ / ____ / 20____
Month Day Year

32. How was your new baby delivered?

- Vaginally**
- Cesarean Delivery (C-section)** [Please Answer the Following]
- **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 did not 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 reason(s) → Please tell us: _____

33. By the end of your most recent pregnancy, how much weight had you gained? Check ONE answer

- I gained _____ pounds
- I didn't gain any weight, but I lost _____ pounds
- My weight did not change during my pregnancy
- I do not know



AFTER PREGNANCY

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

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

- | | |
|---|---|
| <input type="checkbox"/> Less than 24 hours (less than 1 day) | <input type="checkbox"/> More than 14 days |
| <input type="checkbox"/> 24 to 48 hours (1 to 2 days) | <input type="checkbox"/> My baby is still in the hospital |
| <input type="checkbox"/> 3 to 5 days | <input type="checkbox"/> My baby was not born in a hospital |
| <input type="checkbox"/> 6 to 14 days | |

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

- No
 Yes

35. Is your baby alive now?

- NO** We are very sorry for your loss → [Please go to Page 12]
 YES [Please answer the following]

→ Is your baby living with you now?

- No
 Yes

→ How often does your new baby go to sleep with a pacifier? [Check ONE answer]

- Always
 Often
 Sometimes
 Rarely
 Never

→ 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

→ How often does your new baby sleep in the same bed with you or anyone else?

- Always
 Often
 Sometimes
 Rarely
 Never

→ About how many hours a day, on average, is your new baby in the same room or vehicle with another person who is smoking?

___ Hours **OR** ___ My baby is never in the same room or vehicle with someone who was smoking

→ Did you ever breastfeed or pump breast milk to feed your new baby, even for a short time?

- YES** → Go to Page 12
 NO [Please Check ALL that apply]

→ What were your reasons for not breastfeeding your new baby? Check ALL that apply

- | | |
|---|--|
| <input type="checkbox"/> I was sick or on medicine | <input type="checkbox"/> I did not like breastfeeding or I did not want to |
| <input type="checkbox"/> I had other children to take care of | <input type="checkbox"/> I tried but it was too hard |
| <input type="checkbox"/> I had too many household duties | <input type="checkbox"/> Other → Please tell us: _____ |

36. 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.....	<input type="checkbox"/>	<input type="checkbox"/>

37. 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.

YES [Please answer the following]

→ **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®, Adiana®)
- Vasectomy (male sterilization)
- Birth control pill
- Condoms
- Injection (Depo-Provera®)
- Contraceptive implant (Implanon®) or patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena® or ParaGard®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other → Please tell us: _____

NO [Please answer the following]

→ **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 do not want to use birth control
- I am worried about side effects from birth control
- My husband or partner does not 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

38. Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum check-up is the regular check-up a woman has about 4-6 weeks after she gives birth.

YES

NO

39. Since your new baby was born, how often have you felt down, depressed, or hopeless (had little interest or little pleasure doing things)?

Always

Often

Sometimes

Rarely

Never

40. What kind of health insurance do you have now? [Check ALL that apply]

Private health insurance

Medicaid

Some other kind of health insurance → Please tell us: _____

I do not have health insurance *now*

41. Do you get the water you use in your house, apartment, or trailer from a city or county water supply or private well?

City or County Water Supply

Private Well

Other source → Please tell us: _____

I do not know

42. What is the highest grade or year of school you have completed?

I never went to school

High school (or I got a GED)

8th grade or less

Some college or community college

Some high school, but I did not graduate

College graduate or more

43. What language do you usually speak at home? If you speak more than one, please choose the one you use most often.

English

English and Spanish equally

Spanish

Some other language. Please tell us: _____

44. In what country were you born?

United States

Other Country → Please tell us: _____

→ In what year did you start living in the U.S.? _____

45. 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.*

- | | |
|---|---|
| <input type="checkbox"/> 0 to \$15,000 | <input type="checkbox"/> \$37,001 to \$44,000 |
| <input type="checkbox"/> \$15,001 to \$19,000 | <input type="checkbox"/> \$44,001 to \$52,000 |
| <input type="checkbox"/> \$19,001 to \$22,000 | <input type="checkbox"/> \$52,001 to \$56,000 |
| <input type="checkbox"/> \$22,001 to \$26,000 | <input type="checkbox"/> \$56,001 to \$67,000 |
| <input type="checkbox"/> \$26,001 to \$29,000 | <input type="checkbox"/> \$67,001 to \$79,000 |
| <input type="checkbox"/> \$29,001 to \$37,000 | <input type="checkbox"/> \$79,001 or more |

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

_____ People

47. 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 Florida.

Thanks for answering our questions.

Your answers will help us work to make Florida mothers and babies healthier!

