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 <i>you</i> without shoes?	a.
	Feet Inches	b.
	<b>OR</b> <u>Centimeters</u>	c.   d.
2.	<i>Just before</i> you got pregnant with your <i>new</i> baby, how much did you weigh?	e.
	Pounds <b>OR</b> Kilos	5.
3.	What is <u>your</u> date of birth?	
	Month Day Year	a

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

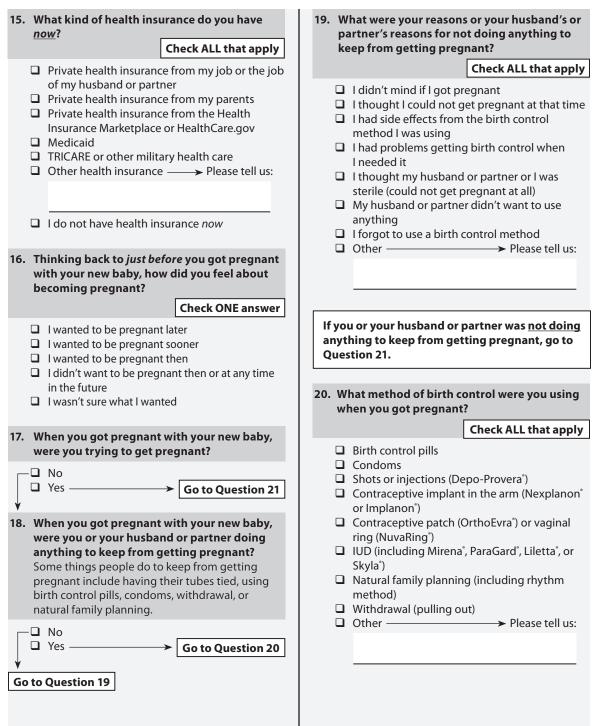
- 4. At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things? For each item, check No if you did not do it or Yes if you did it.
- 5. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.

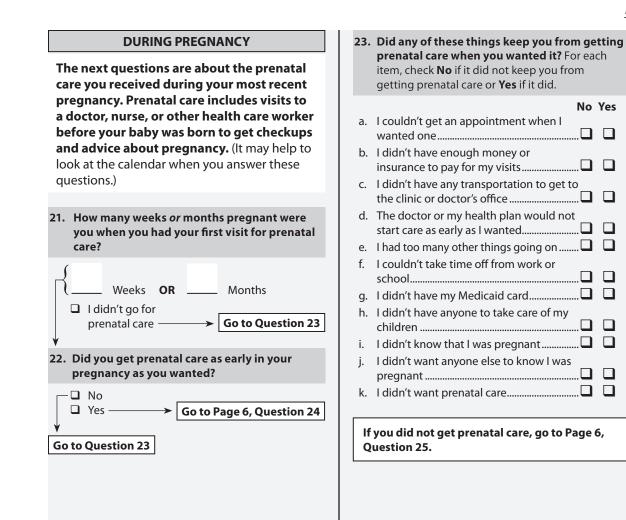
# No Yes Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy) High blood pressure or hypertension Depression Asthma Anemia (poor blood, low iron) Heart problems Epilepsy (seizures) Thyroid problems PCOS (polycystic ovarian syndrome) Anxiety

6. During the month before you got pregnant 9. What type of health care visit did you have in with your new baby, how many times a week the 12 months before you got pregnant with did you take a multivitamin, a prenatal vour new baby? vitamin, or a folic acid vitamin? Check ALL that apply I didn't take a multivitamin, prenatal vitamin, Regular checkup at my family doctor's office or folic acid vitamin in the month before I got Regular checkup at my OB/GYN's office pregnant □ Visit for an illness or chronic condition □ 1 to 3 times a week □ Visit for an iniurv Go to Question 8 □ 4 to 6 times a week □ Visit for family planning or birth control Every day of the week . □ Visit for depression or anxiety □ Visit to have my teeth cleaned by a dentist or During the month before you got pregnant dental hygienist 7. Other — → Please tell us: with your new baby, what were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins? Check ALL that apply 10. During any of your health care visits in the I wasn't planning to get pregnant I didn't think I needed to take vitamins 12 months before you got pregnant, did a I didn't want to take vitamins doctor, nurse, or other health care worker do any of the following things? For each item, □ The vitamins were too expensive □ The vitamins gave me side effects (such as check No if they did not or Yes if they did. nausea or constipation) No Yes Other — ➤ Please tell us: a. Tell me to take a vitamin with folic acid... 🔲 🔲 b. Talk to me about maintaining a healthy weight..... c. Talk to me about controlling any medical conditions such as diabetes or In the 12 months before you got pregnant 8. with your new baby, did you have any health high blood pressure ..... care visits with a doctor, nurse, or other d. Talk to me about my desire to have or health care worker, including a dental or not have children..... mental health worker? e. Talk to me about using birth control to prevent pregnancy ..... D No -Go to Question 11 f. Talk to me about how I could improve my Yes health before a pregnancy ..... g. Talk to me about sexually transmitted Go to Question 9 infections such as chlamydia, gonorrhea, or syphilis..... h. Ask me if I was smoking cigarettes..... i. Ask me if someone was hurting me emotionally or physically ..... j. Ask me if I was feeling down or depressed..... k. Ask me about the kind of work I do ......... D I. Test me for HIV (the virus that causes AIDS)..... 

2

11.	<i>Before</i> you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about preparing for a pregnancy?	The next questions are about your <i>health insurance coverage</i> before, during, and after your pregnancy with your <i>new</i> baby.
12.	<ul> <li>No Go to Question 13</li> <li>Yes</li> <li>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 about preparing for a pregnancy? 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.</li> </ul>	<ul> <li>13. During the month before you got pregnant with your new baby, what kind of health insurance did you have?</li> <li>Check ALL that apply</li> <li>Private health insurance from my job or the job of my husband or partner</li> <li>Private health insurance from my parents</li> <li>Private health insurance from the Health Insurance Marketplace or HealthCare.gov</li> <li>Medicaid</li> </ul>
a.	No Yes Getting my vaccines updated before pregnancy	<ul> <li>TRICARE or other military health care</li> <li>Other health insurance —&gt;</li></ul>
	Visiting a dentist or dental hygienist before pregnancy Getting counseling for any genetic	I did not have any health insurance during the month before I got pregnant
	diseases that run in my family Getting counseling or treatment for depression or anxiety	14. During your <u>most recent pregnancy</u> , what kind of health insurance did you have for your prenatal care?
с.	over-the-counter medicines during	Check ALL that apply
	How smoking during pregnancy can affect a baby	<ul> <li>□ I did not go for prenatal care → Go to Page 4, Question 15</li> <li>□ Private health insurance from my job or the job of my husband or partner</li> </ul>
-	How drinking alcohol during pregnancy can affect a baby	<ul> <li>Private health insurance from my parents</li> <li>Private health insurance from the Health</li> </ul>
h.	How using illegal drugs during pregnancy can affect a baby	<ul> <li>Insurance Marketplace or HealthCare.gov</li> <li>Medicaid</li> <li>TRICARE or other military health care</li> <li>Other health insurance —&gt;&gt;&gt; Please tell us:</li> <li>I did not have any health insurance for my prenatal care</li> </ul>





#### 5

No Yes

- 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 ......
- 25. During the 12 months *before the <u>delivery</u>* 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 <u>delivery</u>* of your new baby, did you *get* a flu shot?

Check ONE answer

- 🛛 No
- □ Yes, before my pregnancy
- □ Yes, during my pregnancy
- 27. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?
  - 🛛 No
  - Yes

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

**29.** 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
Gestational diabetes (diabetes that <u>started</u> during <i>this</i> pregnancy)	🗖	
High blood pressure (that started during	ng	
this pregnancy), pre-eclampsia or		
eclampsia	🗖	
Depression		
Asthma		
	_	
	_	
Anxiety		
	started during this pregnancy) High blood pressure (that started durin this pregnancy), pre-eclampsia or eclampsia Depression Asthma Anemia (poor blood, low iron) Heart problems Epilepsy (seizures) Thyroid problems	Gestational diabetes (diabetes that started during this pregnancy)

30. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had any of the following infections? For each item, check No if you were not told that you had the infection or Yes if you were.

a. b. c. d. e. f. g. h. i. j.	Genital warts (HPV) Herpes Chlamydia Gonorrhea Pelvic inflammatory disease (PID) Syphilis Group B Strep (Beta Strep) Bacterial vaginosis Trichomoniasis (Trich) Yeast infections	Yes
j. k. I.	Urinary tract infection (UTI) Other	
	Please tell us:	

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

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

### □ No → Go to Page 8, Question 36 □ Yes

- 32. In the 3 months <u>before</u> you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.
  - □ 41 cigarettes or more
  - 21 to 40 cigarettes
  - 11 to 20 cigarettes
  - □ 6 to 10 cigarettes
  - 1 to 5 cigarettes
  - Less than 1 cigarette
  - I didn't smoke then

- 33. In the <u>last 3</u> 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
  - G to 10 cigarettes
  - □ 1 to 5 cigarettes
  - Less than 1 cigarette
  - □ I didn't smoke then

#### If you did not smoke at any time in the <u>3</u> <u>months before</u> you got pregnant, go to Page 8, Question 35.

34. During your most recent pregnancy, did you do any of the following things about quitting smoking? For each thing, check No if you did not do it or Yes if you did.

		No	Yes
a.	Set a specific date to stop smoking		
b.	Use booklets, videos, or other materials to help me quit	. 🗖	
c.	Call a national or state quit line or go to a website	. 🗖	
d.	Attend a class or program to stop smoking	. 🗖	
e.	Go to counseling for help with quitting		
f.	Use a nicotine patch, gum, lozenge, nasal spray or inhaler	. 🗖	
g.	Take a pill like Zyban <sup>°</sup> (also known as Wellbutrin <sup>°</sup> or bupropion) to stop smoking		
h.	Take a pill like Chantix <sup>®</sup> (also known as varenicline) to stop smoking	. 🗖	
i. j.	Try to quit on my own (e.g., cold turkey). Other		
	Please tell us:		

- 35. How many cigarettes do you smoke on an average day now? A pack has 20 cigarettes.
  - 41 cigarettes or more
  - 21 to 40 cigarettes
  - □ 11 to 20 cigarettes
  - □ 6 to 10 cigarettes
  - 1 to 5 cigarettes
  - Less than 1 cigarette
  - 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.

**36.** 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.

#### No Yes

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 37. Otherwise, go to Question 39.

- 37. During the 3 months <u>before</u> 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
- 38. During the <u>last 3</u> 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.

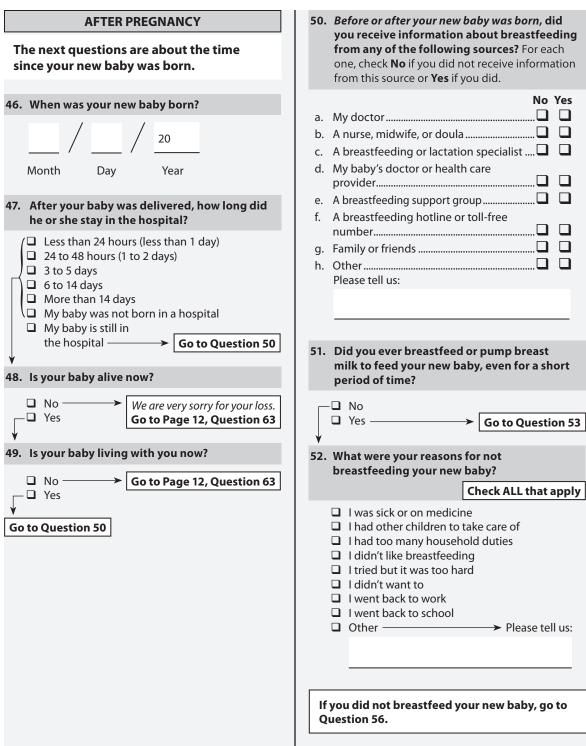
39. Have you had any alcoholic drinks in the past 2 years? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink. D No Go to Question 41 Yes 40. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week? □ 14 drinks or more a week 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 <u>before</u> and <u>during</u> your most recent pregnancy.

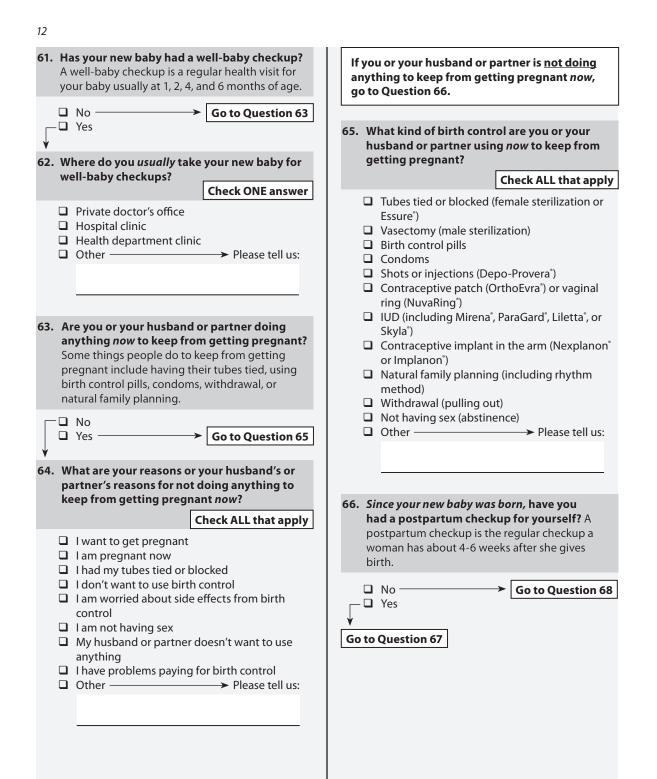
41. This question is about things that may have happened during the 12 months before your new baby was born. For each item, check No if it did not happen to you or Yes if it did. (It may help to look at the calendar when you answer these questions.)

	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	1	
i.	l argued with my husband or partner more than usual	I	
j.	My husband or partner said they didn't want me to be pregnant	I	
k.	I had problems paying the rent, mortgage, or other bills	I	
I.	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		

42. During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived? Always Often Sometimes Rarely Never 43. During the 12 months before your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated based on your race? No Yes 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. No Yes a. My husband or partner ..... b. My ex-husband or ex-partner..... c. Another family member ...... d. Someone else ..... 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. No Yes a. My husband or partner ..... b. My ex-husband or ex-partner..... c. Another family member ..... d. Someone else .....



53. Are you currently breastfeeding or feeding pumped milk to your new baby?	57. In the <u>past 2 weeks</u> , how often has your new baby slept alone in his or her own crib or bed?
<ul> <li>No</li> <li>Yes</li> <li>Go to Question 56</li> <li>54. How many weeks or months did you breastfeed or feed pumped milk to your baby?</li> </ul>	<ul> <li>↓ Always</li> <li>↓ Often</li> <li>↓ Sometimes</li> <li>↓ Rarely</li> <li>↓ Never → Go to Question 59</li> </ul>
Less than 1 week	58. When your new baby sleeps alone, is his or her crib or bed in the same room where <u>you</u> sleep?
Weeks <b>OR</b> Months	□ No □ Yes
<ul> <li>55. What were your reasons for stopping breastfeeding?</li> <li>Check ALL that apply</li> <li>My baby had difficulty latching or nursing</li> <li>Breast milk alone did not satisfy my baby</li> <li>I thought my baby was not gaining enough</li> </ul>	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.
<ul> <li>Induging they budy was not gaining chough weight</li> <li>My nipples were sore, cracked, or bleeding or it was too painful</li> <li>I thought I was not producing enough milk, or my milk dried up</li> <li>I had too many other household duties</li> <li>I felt it was the right time to stop breastfeeding</li> <li>I got sick or I had to stop for medical reasons</li> <li>I went back to work</li> <li>I went back to school</li> <li>My partner did not support breastfeeding</li> <li>My baby was jaundiced (yellowing of the skin or whites of the eyes)</li> <li>Other — Please tell us:</li> </ul>	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 <b>No</b> if they did not tell you or <b>Yes</b> if they did.
If your baby is still in the hospital, go to Page 12, Question 63.	No Yes a. Place my baby on his or her back to sleep
56. In which <i>one</i> position do you <u>most often</u> lay your baby down to sleep now?	b. Place my baby to sleep in a crib, bassinet, or pack and play
<ul> <li>Check ONE answer</li> <li>On his or her side</li> <li>On his or her back</li> <li>On his or her stomach</li> </ul>	<ul> <li>c. Place my baby's crib or bed in my room</li> <li>d. What things should and should not go in bed with my baby</li> </ul>



67. During your postpartum checkup, did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check <b>No</b> if they did not do it or <b>Yes</b> if they did.	70. Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?
<ul> <li>No Yes</li> <li>a. Tell me to take a vitamin with folic acid</li></ul>	<ul> <li>No → Go to Question 73</li> <li>Yes</li> <li>71. Since your new baby was born, have you gotten counseling for your depression?</li> <li>No</li> <li>Yes</li> <li>72. Since your new baby was born, have you taken prescription medicine for your depression?</li> <li>No</li> <li>Yes</li> <li>OTHER EXPERIENCES</li> <li>The next questions are on a variety of topics.</li> </ul>
<ul> <li>h. Ask me if someone was hurting me emotionally or physically</li> <li>i. Ask me if I was feeling down or</li> </ul>	73. Were you offered two HIV tests during <i>your</i>
depressed 🔲 🔲	most recent pregnancy or delivery?
<ul> <li>j. Test me for diabetes I </li> <li>68. Since your new baby was born, how often have you felt down, depressed, or hopeless?</li> </ul>	<ul> <li>No, I wasn't offered any HIV tests</li> <li>No, I was just offered 1 test</li> <li>Yes, I was offered 2 tests</li> </ul>
<ul> <li>Always</li> <li>Often</li> <li>Sometimes</li> </ul>	74. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?
<ul><li>Rarely</li><li>Never</li></ul>	<ul> <li>No, I did not have a test</li> <li>Yes, I had one test</li> <li>Yes, I had two tests</li> </ul>
69. <i>Since your new baby was born</i> , how often have you had little interest or little pleasure in doing things you usually enjoyed?	□ I don't know
<ul> <li>Always</li> <li>Often</li> <li>Sometimes</li> <li>Rarely</li> <li>Never</li> </ul>	

If you did not get prenatal care, go to Question 76.

- 75. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how eating fish containing high levels of mercury could affect your baby?
  - No
  - Yes
- 76. Did you take action to avoid eating fish containing high levels of mercury during your pregnancy?
  - No
  - Yes
- 77. During your most recent pregnancy, did a doctor, nurse, or other health care worker do any of the things listed below? 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.	Ask me about my teeth and gums		
b.	Look at my teeth and gums		
c.	Talk with me about visiting a dentist or dental hygienist		
d.	Help me get dental care		
e.	Give me information about taking care of my teeth and gums	I	

f. Give me information about taking care of my baby's teeth and gums ......

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 79.

- 78. How often does your new baby go to sleep with a pacifier?
  - Check ONE answer
  - Always
  - Often
  - Sometimes
  - □ Rarelv
  - Never

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

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

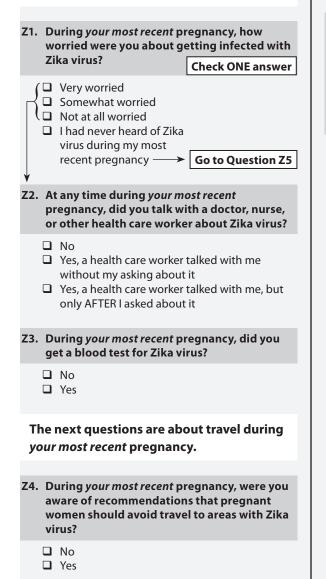
#### 81. What is today's date?

20 Day

#### Month

Year

These next questions are about Zika virus. Zika virus infection is an illness that is most often spread by the bite of a mosquito but may also be spread by having sex with a man who has the Zika virus.



Z5. At any time during *your most recent* pregnancy, did you live or travel <u>outside</u> the 50 United States?



Z6. When did you live or travel <u>outside</u> the 50 United States during your most recent pregnancy and for how long? It may help to use a calendar. If you can't remember the exact date, please just write down the month and year. If you took more than 2 trips, please fill in the information below for the FIRST two trips during your most recent pregnancy.

#### **Trip Number 1**

Location (country or territory):

First day of trip:		/		20
	Month		Day	Year

Length of stay (number of days): \_\_\_\_

#### Trip Number 2

Location (country or territory): First day of trip: \_\_\_\_\_ / \_\_\_ 20 Month Day Year

Length of stay (number of days): \_\_\_\_\_

**Z7.** Did the place you lived in or travelled to have a tropical climate? These tend to be hot and humid places.

- Z8. How often did you do things to try to avoid mosquito bites while you were living in or traveling to the places you listed above? Some things that people do to avoid mosquito bites include wearing long-sleeved shirts and long pants, using mosquito repellant, and staying inside places with air conditioning or screened windows and doors.
  - Every day
  - Some days
  - Never
  - There were no mosquitoes

# The last questions are about your husband or any male partner.

Z9. At any time in the 6 months before your most recent pregnancy <u>or</u> during your pregnancy, did your husband or any male partner live or travel <u>outside</u> the 50 United States?

□ No<sup>-</sup> □ Yes Go to Question Z11

Z10. Did the place your husband or any male partner lived in or travelled to have a tropical climate? These tend to be hot and humid places.

- 🛛 No
- Yes
- I don't know



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 keep mothers and babies in Florida healthy.