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 .......................... ☐ ☐
   b. I was exercising 3 or more days of the week ........................................... ☐ ☐
   c. I was regularly taking prescription medicines other than birth control ..... ☐ ☐
   d. I visited a health care worker and was checked for diabetes .................. ☐ ☐
   e. I visited a health care worker and was checked for high blood pressure ........ ☐ ☐
   f. I visited a health care worker and was checked for depression or anxiety ...... ☐ ☐
   g. I talked to a health care worker about my family medical history............. ☐ ☐
   h. I had my teeth cleaned by a dentist or dental hygienist .......................... ☐ ☐
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
- TRICARE or other military health care
- 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
- Yes

Go to Question 12

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.

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

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. High blood pressure or hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Depression</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Anemia (poor blood, low iron)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Heart problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Epilepsy (seizures)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Thyroid problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Anxiety</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Check ONE answer

Go to Question 16

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 20

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

Go to Page 4, Question 18
18. What were your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant?

☐ 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: __________________________

If you or your husband or partner was not doing anything to keep from getting pregnant, go to Question 20.

19. What method of birth control were you using when you got pregnant?

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

20. 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).

☐ I didn’t go for prenatal care Go to Question 22

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

☐ No Go to Question 22
☐ Yes Go to Question 23

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.)

Go to Question 22
22. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I couldn’t get an appointment when I wanted one</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I didn’t have enough money or insurance to pay for my visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I didn’t have any transportation to get to the clinic or doctor’s office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. The doctor or my health plan would not start care as early as I wanted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. I had too many other things going on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. I couldn’t take time off from work or school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. I didn’t have my Medicaid card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. I didn’t have anyone to take care of my children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. I didn’t know that I was pregnant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. I didn’t want anyone else to know I was pregnant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. I didn’t want prenatal care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you did not get prenatal care, go to Question 25.

23. 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
- [ ] TRICARE or other military health care
- [ ] Some other kind of health insurance

Please tell us: ________________

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

24. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, check **No** if no one talked with you about it or **Yes** if someone did.

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

25. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?

- [ ] No
- [ ] Yes
- [ ] I don’t know
26. 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

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

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

Go to Question 29

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

☐ I don’t remember

29. 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..........................<☐ ☐

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 ..............................<☐ ☐

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
☐ Yes

Go to Question 34

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
35. 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 Yes if you did.

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

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

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

- No
- Yes

[Go to Page 8, Question 42]

37. 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

38. 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
If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question 41.

39. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to quit smoking?

☐ No
☐ Yes
☐ I didn’t go for prenatal care

40. 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

41. 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

42. Which of the following statements best describes the rules about smoking inside your home now, even if no one who lives in your home is a smoker?

[Check ONE answer]

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

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

43. Have you had any alcoholic drinks in the past 2 years? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

☐ No
☐ Yes

Go to Question 47

44. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

☐ 14 drinks or more a week
☐ 7 to 13 drinks a week
☐ 4 to 6 drinks a week
☐ 1 to 3 drinks a week
☐ Less than 1 drink a week
☐ I didn’t drink then

Go to Question 46

45. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

☐ 6 or more times
☐ 4 to 5 times
☐ 2 to 3 times
☐ 1 time
☐ I didn’t have 4 drinks or more in a 2 hour time span

46. 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.

47. 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 his job

f. I lost my job even though I wanted to go on working

g. My husband, partner, or I had a cut in work hours or pay

h. I was apart from my husband or partner due to military deployment or extended work-related travel

i. I argued with my husband or partner more than usual

j. My husband or partner said he didn’t want me to be pregnant

k. I had problems paying the rent, mortgage, or other bills

l. My husband, partner, or I went to jail

m. Someone very close to me had a problem with drinking or drugs

n. Someone very close to me died

48. 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

49. 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.

50. When was your new baby born?

___ / ___ / 20__

Month Day Year

51. How was your new baby delivered?

Vaginally

Cesarean delivery (c-section)

Go to Page 10, Question 52
52. What was the reason that your new baby was born by cesarean delivery (c-section)?

- 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

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

- 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

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

- No
- Yes
- I don’t know

55. 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

56. Is your baby alive now?

- No
- Yes

We are very sorry for your loss.

57. Is your baby living with you now?

- No
- Yes

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

- No
- Yes

Go to Question 59
59. What were your reasons for not breastfeeding your new baby? 

☐ I was sick or on medicine
☐ I had other children to take care of
☐ I had too many household duties
☐ I didn’t like breastfeeding
☐ I tried but it was too hard
☐ I didn’t want to
☐ I went back to work or school
☐ Other Please tell us: 

If you did not breastfeed your new baby, go to Question 63.

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

☐ No
☐ Yes  Go to Question 62

If your baby is still in the hospital, go to Page 12, Question 65.

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

☐ Weeks  OR  ☐ Months

☐ Less than 1 week

62. 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.

a. Hospital staff gave me information about breastfeeding........................................

b. My baby stayed in the same room with me at the hospital........................................

c. Hospital staff helped me learn how to breastfeed........................................

d. I breastfed in the first hour after my baby was born........................................

e. I breastfed my baby in the hospital........................................

f. My baby was fed only breast milk at the hospital........................................

g. Hospital staff told me to breastfeed whenever my baby wanted........................

h. The hospital gave me a breast pump to use........................................

i. The hospital gave me a gift pack with formula........................................

j. The hospital gave me a telephone number to call for help with breastfeeding........................................

k. Hospital staff gave my baby a pacifier........................................

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

☐ On his or her side
☐ On his or her back
☐ On his or her stomach

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

☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never
65. *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

66. *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 68**

67. *What are your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant now?*

- [ ] 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: __________

68. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

- [ ] Tubes tied or blocked (female sterilization, Essure®, Adiana®)
- [ ] Vasectomy (male sterilization)
- [ ] Birth control pill
- [ ] Condoms
- [ ] Injection (Depo-Provera®)
- [ ] Contraceptive implant (Implanon®)
- [ ] Contraceptive 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: __________

69. *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

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

- [ ] Always
- [ ] Often
- [ ] Sometimes
- [ ] Rarely
- [ ] Never
71. *Since your new baby was born, how often have you had little interest or little pleasure in doing things?*

- Always
- Often
- Sometimes
- Rarely
- Never

72. *What kind of health insurance do you have now?*

- 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
- TRICARE or other military health care
- 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.

73. *Were you offered two HIV tests during your most recent pregnancy or delivery?*

- No, I wasn’t offered any HIV tests
- No, I was just offered 1 test
- Yes, I was offered 2 tests

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

- No
- Yes

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If your baby is not alive, is not living with you, or is still in the hospital, go to Page 14, Question 79.

75. *How often does your new baby go to sleep with a pacifier?*

- Always
- Often
- Sometimes
- Rarely
- Never

76. *Listed below are true statements about water safety and drowning. For each item, check No if it is something you did not know or Yes if it is something you knew.*

- Drowning is the leading cause of death for children ages 1-4 .................. No Yes
- Most of these deaths occur in swimming pools .................................. No Yes
- Infants and children usually drown without a sound.......................... No Yes
- A “Water Watcher” should be designated while children are in or around all types of water.......................... No Yes
- Children can also drown in buckets, toilets, bathtubs, or less than two inches of water........................ No Yes
- Water buckets should be stored empty and upside down ................... No Yes
- Toilet lids should remain closed and locked when not in use .................. No Yes
77. Listed below are some statements about safety. For each one, check No if it does not apply to you or Yes if it does.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I know how to perform baby CPR.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. My home has a working smoke alarm.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. I always keep materials like cleaning supplies, medicine, and pesticides out of reach from young children.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. My new baby always or almost always rides in a rear-facing infant car seat.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. The Poison Control Center phone number (1-800-222-1222) is accessible in my home.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. My home has a working carbon monoxide alarm.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. My new baby is constantly supervised while in or around water (bathtub, pool, natural water, etc.).</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. I always or almost always use a food thermometer when cooking meat or poultry.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. I plan for my new baby to wear a safety helmet when sitting on a rocking or riding toy.</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

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

☐ No  ☐ Yes  ☐ I don’t know

79. Did you receive the Tdap vaccination during your pregnancy?

☐ No  ☐ Yes

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

80. 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

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

______ People

82. 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.