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?

<table>
<thead>
<tr>
<th>Activity</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I was dieting (changing my eating habits) to lose weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I was exercising 3 or more days of the week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I was regularly taking prescription medicines other than birth control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. I visited a health care worker and was checked for diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. I visited a health care worker and was checked for high blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. I visited a health care worker and was checked for depression or anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. I talked to a health care worker about my family medical history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. I had my teeth cleaned by a dentist or dental hygienist</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.]

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

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.]

<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>
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.]

<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>
<tr>
<td>d. Polycystic ovarian syndrome (POS), primary ovarian insufficiency, endometriosis, uterine fibroids, or sexually transmitted infection</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I could not get an appointment when I wanted one</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. I did not have enough money or insurance to pay for my visits</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. I did not 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 could not take time off from work or school</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>g. I did not have my Medicaid card</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>h. I did not have anyone to take care of my children</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>i. I did not know that I was pregnant</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>j. I did not want anyone else to know I was pregnant</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>k. I did not want prenatal care</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
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.]

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How much weight should I 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. Medicines that are safe to take during my pregnancy</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f. How using illegal drugs could affect my baby</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>g. Doing tests to screen for birth defects or diseases that run in my family</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>h. The signs and symptoms of preterm labor (labor more than 3 weeks before that baby is due)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>i. Getting tested for HIV (the virus that causes AIDS)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>j. Physical abuse to women by their husbands or partners</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>k. Steps you can take to prevent you and your family from being exposed to lead</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>l. How eating fish containing high levels of mercury could affect your baby</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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.]

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>I knew it was important to care for my teeth and gums during my pregnancy</td>
</tr>
<tr>
<td>b.</td>
<td>A dental or other health care worker talked with me about how to care for my teeth and gums</td>
</tr>
<tr>
<td>c.</td>
<td>I had my teeth cleaned by a dentist or dental hygienist</td>
</tr>
<tr>
<td>d.</td>
<td>I had insurance to cover dental care during my pregnancy</td>
</tr>
<tr>
<td>e.</td>
<td>I needed to see a dentist for a problem</td>
</tr>
<tr>
<td>f.</td>
<td>I went to a dentist or dental clinic about a problem</td>
</tr>
</tbody>
</table>
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.]

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Vaginal bleeding</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Kidney or bladder (urinary tract) infection (UTI)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Severe nausea, vomiting, or dehydration that sent you to the doctor or hospital</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Cervix had to be sewn shut (cerclage for incompetent cervix)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Problems with the placenta (such as abruptio placentae or placenta previa)</td>
<td>☐</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>
<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>
<td>☐</td>
</tr>
<tr>
<td>i. I had to have a blood transfusion</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j. I was hurt in a car accident</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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 were 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?**
  - [ ] 41 cigarettes or more
  - [ ] 21 to 40 cigarettes
  - [ ] 11 to 20 cigarettes

- **In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day?**
  - [ ] 41 cigarettes or more
  - [ ] 21 to 40 cigarettes
  - [ ] 11 to 20 cigarettes

- **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.
  - [ ] 41 cigarettes or more
  - [ ] 21 to 40 cigarettes
  - [ ] 11 to 20 cigarettes

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.)]

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A close family member was very sick and had to go into the hospital</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. I got separated or divorced from my husband or partner</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. I moved to a new address</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d. I was homeless or had to sleep outside, in a car, or in a shelter</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e. My husband or partner lost his job</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f. I lost my job even though I wanted to go on working</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>g. My husband, partner, or I had a cut in work hours or pay</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>h. I was apart from my husband or partner due to military deployment or extended work-related travel</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>i. I argued with my husband or partner more than usual</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>j. My husband or partner said he did not want me to be pregnant</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>k. I had problems paying the rent, mortgage, or other bills</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>l. My husband or partner or I went to jail</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>m. Someone very close to me had a problem with drinking or drugs</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>n. Someone very close to me died</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

### 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?

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

### 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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Less than 24 hours (less than 1 day)</td>
<td>☐ More than 14 days</td>
</tr>
<tr>
<td>☐ 24 to 48 hours (1 to 2 days)</td>
<td>☐ My baby is still in the hospital</td>
</tr>
<tr>
<td>☐ 3 to 5 days</td>
<td>☐ My baby was not born in a hospital</td>
</tr>
<tr>
<td>☐ 6 to 14 days</td>
<td></td>
</tr>
</tbody>
</table>

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
    - ☐ I was sick or on medicine
    - ☐ I had other children to take care of
    - ☐ I had too many household duties
    - ☐ I did not like breastfeeding or I did not want to
    - ☐ I tried but it was too hard
    - ☐ 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.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hospital staff gave me information about breastfeeding</td>
<td>□</td>
</tr>
<tr>
<td>b. My baby stayed in the same room with me at the hospital</td>
<td>□</td>
</tr>
<tr>
<td>c. Hospital staff helped me learn how to breastfeed</td>
<td>□</td>
</tr>
<tr>
<td>d. I breastfed in the first hour after my baby was born</td>
<td>□</td>
</tr>
<tr>
<td>e. I breastfed my baby in the hospital</td>
<td>□</td>
</tr>
<tr>
<td>f. My baby was fed only breast milk at the hospital</td>
<td>□</td>
</tr>
<tr>
<td>g. Hospital staff told me to breastfeed whenever my baby wanted</td>
<td>□</td>
</tr>
<tr>
<td>h. The hospital gave me a breast pump to use</td>
<td>□</td>
</tr>
<tr>
<td>i. The hospital gave me a gift pack with formula</td>
<td>□</td>
</tr>
<tr>
<td>j. The hospital gave me a telephone number to call for help with breastfeeding</td>
<td>□</td>
</tr>
<tr>
<td>k. Hospital staff gave my baby a pacifier</td>
<td>□</td>
</tr>
</tbody>
</table>

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.

- [ ] 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 or $52,000
- [ ] $44,001 to $52,000
- [ ] $52,001 to $56,000
- [ ] $56,001 to $67,000
- [ ] $67,001 to $79,000
- [ ] $79,001 or more

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!