

Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

## BEFORE PREGNANCY

First, we would like to ask a few questions about *you* and the time *before* you got pregnant with your new baby.

1. 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, circle Y (Yes) if you did it or circle N (No) if you did not.

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

2. During the *month before* you got pregnant with your new baby, were you covered by any of these health insurance plans?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- Medipass
- Other source(s) —————> Please tell us:
- I did not have any health insurance before I got pregnant

3. 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 at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

4. *Just before* you got pregnant with your new baby, how much did you weigh?

Pounds **OR**  Kilos

5. How tall are you without shoes?

Feet  Inches  
**OR**  Meters

**6. What is your date of birth?**

/  / 19   
 Month      Day      Year

**7. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about how to prepare for a healthy pregnancy and baby?**

No → Go to Question 9

Yes

**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, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.**

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

**9. Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy.**

No  
 Yes

**10. During the 3 months before you got pregnant with your new baby, did you have any of the following health problems? For each one, circle Y (Yes) if you had the problem or circle N (No) if you did not.**

	No	Yes
a. Asthma . . . . .	N	Y
b. High blood pressure (hypertension) . . . . .	N	Y
c. Anemia (poor blood, low iron) . . . . .	N	Y
d. Heart problems . . . . .	N	Y
e. Epilepsy (seizures) . . . . .	N	Y
f. Thyroid problems . . . . .	N	Y
g. Depression . . . . .	N	Y
h. Anxiety . . . . .	N	Y

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

No → Go to Question 15

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

No  
 Yes

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

No  
 Yes

14. **Before you had your new baby, did you ever have a baby by cesarean delivery or c-section (when a doctor cuts through the mother's belly to bring out the baby)?**

- No  
 Yes

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

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

Check one answer

- I wanted to be pregnant sooner  
 I wanted to be pregnant later  
 I wanted to be pregnant then  
 I didn't want to be pregnant then or at any time in the future

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 not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No  
 Yes →

Go to Question 19

Go to Question 18

18. **What were your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant?**

Check all that apply

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

**If you or your husband or partner was not doing anything to keep from getting pregnant, go to Page 4, Question 20.**

19. **When you got pregnant with your new baby, what were you or your husband or partner using to keep from getting pregnant?**

Check all that apply

- Tubes tied or closed (female sterilization)  
 Vasectomy (male sterilization)  
 Pill  
 Condoms  
 Injection once every 3 months (Depo-Provera<sup>®</sup>)  
 Contraceptive implant (Implanon<sup>®</sup>)  
 Contraceptive patch (OrthoEvra<sup>®</sup>)  
 Diaphragm, cervical cap, or sponge  
 Vaginal ring (NuvaRing<sup>®</sup>)  
 IUD (including Mirena<sup>®</sup>)  
 Rhythm method or natural family planning  
 Withdrawal (pulling out)  
 Not having sex (abstinence)  
 Emergency contraception (The "morning-after" pill)  
 Other → Please tell us:

## DURING PREGNANCY

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

**20. How many weeks or months pregnant were you when you were *sure* you were pregnant?** (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

Weeks OR  Months

I don't remember

**21. How many weeks or months pregnant were you when you had your first visit for prenatal care?** Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

Weeks OR  Months

I didn't go for prenatal care → **Go to Question 23**

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

No  
 Yes → **Go to Question 24**

**Go to Question 23**

**23. Did any of these things keep you from getting prenatal care at all or as early as you wanted?**

For each item, circle T (True) if it was a reason that you didn't get prenatal care when you wanted or circle F (False) if it was not a reason for you or if something does not apply to you.

True    False

- |   |   |   |
|---|---|---|
| a. I couldn't get an appointment when I wanted one . . . . .                        | T | F |
| b. I didn't have enough money or insurance to pay for my visits . . . . .           | T | F |
| c. I had no transportation to get to the clinic or doctor's office . . . . .        | T | F |
| d. The doctor or my health plan would not start care as early as I wanted . . . . . | T | F |
| e. I had too many other things going on . . . . .                                   | T | F |
| f. I couldn't take time off from work or school. . . . .                            | T | F |
| g. I didn't have my Medicaid card . . . . .   | T | F |
| h. I had no one to take care of my children. . . . .                                | T | F |
| i. I didn't know that I was pregnant . . . . .                                      | T | F |
| j. I didn't want anyone else to know I was pregnant . . . . .                       | T | F |
| k. I didn't want prenatal care . . . . .  | T | F |

**If you did not go for prenatal care, go to Question 26.**

**24. Did any of these health insurance plans help you pay for your *prenatal care*?**

**Check all that apply**

- Health insurance from your job or the job of your husband, partner or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- Medipass
- Other source(s) → Please tell us:

I did not have health insurance to help pay for my prenatal care

**25. 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, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

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

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

- No  
 Yes → **Go to Question 30**  
 I don't know

**27. Were you offered an HIV test during your most recent pregnancy or delivery?**

- No → **Go to Question 30**  
 Yes

**28. Did you turn down the HIV test?**

- No → **Go to Question 30**  
 Yes

**29. Why did you turn down the HIV test?**

**Check all that apply**

- I did not think I was at risk for HIV  
 I did not want people to think I was at risk for HIV  
 I was afraid of getting the result  
 I was tested before this pregnancy, and did not think I needed to be tested again  
 Other → Please tell us:

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

- No  
 Yes

31. 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

32. Did you have any of the following problems during *your most recent pregnancy*? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.

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

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

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

- No —————→ **Go to Question 39**  
 Yes

**Go to Question 34**

34. 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

35. 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 38.**

36. 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

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

- No
- Yes
- I had quit smoking before my first prenatal care visit
- I didn't go for prenatal care

**38. How many cigarettes do you smoke on an average day now?** (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I don't smoke now

**39. Which of the following statements best describes the rules about smoking *inside* your home now?**

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, during, and after).**

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

- No → **Go to Page 8, Question 43**
- Yes

**Go to Question 41a**

**41a. 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 42a**

**41b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting?** A sitting is a two 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 1 sitting

**42a. 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 → **Go to Page 8, Question 43**

**42b. During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting?** A sitting is a two 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 1 sitting

**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.**

**43. This question is about things that may have happened during the 12 months before your new baby was born.** For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (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 . . . . . | N  | Y   |
| b. I got separated or divorced from my husband or partner . . . . .              | N  | Y   |
| c. I moved to a new address . . . . .  | N  | Y   |
| d. I was homeless . . . . .  | N  | Y   |
| e. My husband or partner lost his job . . .                                      | N  | Y   |
| f. I lost my job even though I wanted to go on working. . . . .                  | N  | Y   |
| g. I argued with my husband or partner more than usual. . . . .                  | N  | Y   |
| h. My husband or partner said he didn't want me to be pregnant . . . . .         | N  | Y   |
| i. I had a lot of bills I couldn't pay. . . . .                                  | N  | Y   |
| j. I was in a physical fight . . . . .   | N  | Y   |
| k. My husband or partner or I went to jail . . . . .                             | N  | Y   |
| l. Someone very close to me had a problem with drinking or drugs . . . . .       | N  | Y   |
| m. Someone very close to me died . . . . .                                       | N  | Y   |

**44. 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

**45. 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.** (It may help to look at the calendar when you answer these questions.)

**46. When was your baby due?**

/  / 20  
 Month      Day      Year

**47. When did you go into the hospital to have your baby?**

/  / 20  
 Month      Day      Year

I didn't have my baby in a hospital

**48. When was your baby born?**

/  / 20  
 Month      Day      Year

#### 49. How was your *new* baby delivered?

- Vaginally —————> **Go to Question 52**
- Cesarean delivery (c-section)

#### 50. What was the reason that your *new* baby was born by cesarean section (c-section)?

**Check all that apply**

- I had a previous cesarean delivery (c-section)
- My baby was in the wrong position
- 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
- 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 during labor
- I wanted to schedule my delivery
- I didn't want to have my baby vaginally
- Other reason(s) —————> Please tell us:

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#### 51. Which statement *best* describes whose idea was it for you to have a cesarean delivery (c-section)?

**Check one answer**

- My health care provider recommended a cesarean delivery *before* I went into labor.
- My health care provider recommended a cesarean delivery while I was in labor.
- I asked for the cesarean delivery *before* I went into labor.
- I asked for the cesarean delivery while I was in labor

#### 52. When were you discharged from the hospital after your baby was born?

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

Month      Day      Year

- I didn't have my baby in a hospital

#### 53. How much weight did you gain during your *most recent* pregnancy?

\_\_\_\_ Pounds **OR** \_\_\_\_ Kilos

- I **LOST** weight during my pregnancy
- My weight didn't change during my pregnancy
- I don't know

#### 54. Did any of these health insurance plans help you pay for the *delivery* of your new baby?

**Check all that apply**

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- Medipass
- Other source(s) —————> Please tell us:

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- I did not have health insurance to help pay for my delivery

## AFTER PREGNANCY

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

**55. After your baby was born, was he or she put in an intensive care unit?**

- No  
 Yes  
 I don't know

**56. After your baby was born, how long did he or she stay in the hospital?**

- Less than 24 hours (less than 1 day)  
 24 to 48 hours (1 to 2 days)  
 3 to 5 days  
 6 to 14 days  
 More than 14 days  
 My baby was not born in a hospital  
 My baby is still in the hospital → **Go to Question 59**

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

- No → **Go to Question 68**  
 Yes

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

- No → **Go to Question 68**  
 Yes

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

- No → **Go to Question 62b**  
 Yes

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

- No  
 Yes → **Go to Question 62a**

**Go to Question 61**

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

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

- Less than 1 week

**62a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?**

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

- My baby was less than 1 week old  
 My baby has not had any liquids other than breast milk

**62b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?**

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

- My baby was less than 1 week old  
 My baby has not eaten any foods

**If your baby is still in the hospital, go to Question 68.**

**63. 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

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

- Always
- Often
- Sometimes
- Rarely
- Never

**65. Was your new baby seen by a doctor, nurse, or other health care worker for a *one week check-up* after he or she was born?**

- No
- Yes

**66. Has your new baby had a well-baby checkup?** (A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.)

- No → **Go to Question 68**
- Yes

**67. Has your new baby gone as many times as you wanted for a well-baby checkup?**

- No
- Yes

**68. 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 not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes → **Go to Question 70**

**Go to Question 69**

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

**Check all that apply**

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now
- Other → Please tell us:

**If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Page 12, Question 71.**

**70. 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 closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Injection once every 3 months (Depo-Provera<sup>®</sup>)
- Contraceptive implant (Implanon<sup>®</sup>)
- Contraceptive patch (OrthoEvra<sup>®</sup>)
- Diaphragm, cervical cap, or sponge
- Vaginal ring (NuvaRing<sup>®</sup>)
- IUD (including Mirena<sup>®</sup>)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Emergency contraception (The "morning-after" pill)
- Other → Please tell us:

**71. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way since your new baby was born. Use the scale when answering:**

- |    |                                     |          |           |          |          |
|----|-------------------------------------|----------|-----------|----------|----------|
|    | <b>1</b>                            | <b>2</b> | <b>3</b>  | <b>4</b> | <b>5</b> |
|    | Never                               | Rarely   | Sometimes | Often    | Always   |
| a. | I felt down, depressed, or sad. . . |          |           |          | ___      |
| b. | I felt hopeless. . . . .            |          |           |          | ___      |
| c. | I felt slowed down . . . . .        |          |           |          | ___      |

**OTHER EXPERIENCES**

**The next questions are on a variety of topics.**

**If you did not go for prenatal care, go to Question 73.**

**72. 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, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.**

- |    |   |           |            |
|----|---|-----------|------------|
|    |   | <b>No</b> | <b>Yes</b> |
| a. | How you and your family can be exposed to lead in your environment . . .                    | N         | Y          |
| b. | What steps you can take to prevent you and your family from being exposed to lead . . . . . | N         | Y          |
| c. | How eating fish containing high levels of mercury could affect your baby . . . . .          | N         | Y          |

**If you did not smoke during the 3 months before you got pregnant, go to Question 75.**

**73. Listed below are some things about quitting smoking.** For each thing, circle Y (Yes) if it applied to you during your most recent pregnancy or circle N (No) if it did not.

*During your most recent pregnancy, did you—*

- |    |   |           |            |
|----|---|-----------|------------|
|    |   | <b>No</b> | <b>Yes</b> |
| a. | Set a specific date to stop smoking . . .   | N         | Y          |
| b. | Use booklets, videos, or other materials to help you quit . . . . .   | N         | Y          |
| c. | Call a national or state quit line or go to a website . . . . .   | N         | Y          |
| d. | Attend a class or program to stop smoking. . . . .  | N         | Y          |
| e. | Go to counseling for help with quitting . . . . .   | N         | Y          |
| f. | Use a nicotine patch, gum, lozenge, nasal spray, or inhaler . . . . .   | N         | Y          |
| g. | Take a pill like Zyban <sup>®</sup> (also known as Wellbutrin <sup>®</sup> or Bupropion <sup>®</sup> ) or Chantix <sup>®</sup> (also known as Varenicline) to stop smoking. . . . . | N         | Y          |
| h. | Try to quit on your own (e.g., cold turkey). . . . .  | N         | Y          |
| i. | Other . . . . .   | N         | Y          |

Please tell us: \_\_\_\_\_ →

**74. Listed below are some things that can make it hard for some people to quit smoking.**

For each item, circle **Y** (Yes) if it is something that makes it hard for you or circle **N** (No) if it is not.

- |  | No | Yes |
|--|----|-----|
| a. Cost of medicines or products to help with quitting . . . . . | N  | Y   |
| b. Cost of classes to help with quitting . .                     | N  | Y   |
| c. Fear of gaining weight . . . . .                              | N  | Y   |
| d. Loss of a way to handle stress . . . . .                      | N  | Y   |
| e. Other people smoking around you . . .                         | N  | Y   |
| f. Cravings for a cigarette. . . . .                             | N  | Y   |
| g. Lack of support from others to quit . .                       | N  | Y   |
| h. Worsening depression . . . . .                                | N  | Y   |
| i. Worsening anxiety . . . . .                                   | N  | Y   |
| j. Some other reason. . . . .                                    | N  | Y   |

Please tell us:

**If your baby is not alive or not living with you, go to Page 14, Question 80.**

**75. About how many hours a day, on average, is your new baby in the same room or vehicle with someone who is smoking?**

- Hours
- Less than 1 hour a day
- My baby is never in the same room or vehicle with someone who is smoking

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

- Always
- Often
- Sometimes
- Rarely
- Never

**77. Since your new baby was born, have you used any of these services?** For each one, circle **Y** (Yes) if you used the service or circle **N** (No) if you did not use it.

- |   | No | Yes |
|---|----|-----|
| a. Parenting classes . . . . .  | N  | Y   |
| b. Visits to your home by a nurse or other health care worker . . . . . | N  | Y   |
| c. Counseling for depression or anxiety. . . . .                        | N  | Y   |

**78. Listed below are some statements about safety.** For each thing, circle **Y** (Yes) if it applies to you or circle **N** (No) if it does not.

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

**79. Listed below are true statements about water safety and drowning.** For each item, circle **Y** (Yes) if the statement is something you already knew or circle **N** (No) if the statement is not something you already knew.

	No	Yes
a. Drowning is the leading cause of death for children ages 1-4 . . . . .	N	Y
b. Most of these deaths occur in swimming pools . . . . .	N	Y
c. Infants and children usually drown without a sound. . . . .	N	Y
d. A "Water Watcher" should be designated while children are in or around all types of water. . . . .	N	Y
e. Children can also drown in buckets, toilets, bathtubs, or less than two inches of water . . . . .	N	Y
f. Water buckets should be stored empty and upside down . . . . .	N	Y
g. Toilet lids should remain closed and locked when not in use. . . . .	N	Y

**80. We would like to know more about your knowledge about lead poisoning.** For each one, please circle **Y** (Yes) if it applies to you or circle **N** (No) if you have never heard of this.

	No	Yes
a. Homes built before 1977 should be tested for lead . . . . .	N	Y
b. Dust from lead based paint is the leading cause of childhood lead exposure . . . . .	N	Y
c. Lead poisoning can harm a child's nervous system and brain when they are still forming. . . . .	N	Y
d. Small amounts of lead in the body can make it hard for children to learn, pay attention and succeed in school . . . . .	N	Y
e. The only way to know if a child has lead poisoning is to ask a health care provider to do a blood lead test. . . . .	N	Y

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

**81. 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.)

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

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

People

**83. What is today's date?**

/  / 20  
 Month Day Year

**Please use this space for any additional comments you would like to make  
about 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.*