

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 Yes

→ **Go to Question 7**

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 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was exercising 3 or more days of the week | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was regularly taking prescription medicines other than birth control | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I visited a health care worker and was checked for diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I visited a health care worker and was checked for high blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I visited a health care worker and was checked for depression or anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I talked to a health care worker about my family medical history | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I had my teeth cleaned by a dentist or dental hygienist | <input type="checkbox"/> | <input type="checkbox"/> |

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
- Family Health Plus
- Family Planning Benefit Program (FPBP)
- Child Health Plus
- 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

11. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

- a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy) ...
- b. High blood pressure or hypertension.....
- c. Depression

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

12. 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 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

**Go to
Question 14**

13. 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

14. When you got pregnant with your new baby, were you trying to get pregnant?

- No
 Yes

→ **Go to Question 17**

15. 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 20**

16. 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
 I forgot to use a birth control method
 Other → Please tell us:

If you were not trying to get pregnant when you got pregnant with your new baby, go to Page 4, Question 20.

17. Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your new baby?

This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.

- No
 Yes

→ **Go to Page 4, Question 20**

18. Did you use any of the following fertility treatments *during the month you got pregnant with your new baby*?

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 wasn't using fertility treatments *during the month* that I got pregnant with my new baby

19. How many cycles of fertility treatments (complete or incomplete) did you have before you got pregnant with your new baby?

- 1 cycle
 2 to 3 cycles
 4 to 6 cycles
 7 or more cycles

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 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

Go to Question 21

21. 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
 Family Health Plus
 Child Health Plus
 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*

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

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

23. 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

24. Some health experts recommend taking folic acid for which one of the following reasons?

Check ONE answer

- To make strong bones
 To prevent birth defects
 To prevent high blood pressure
 I don't know

25. 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

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

Check ONE answer

- No —————> **Go to Page 6, Question 28**
 Yes, before my pregnancy
 Yes, during my pregnancy

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

/ 20

Month Year

- I don't remember

28. 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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A dental or other health care worker talked with me about how to care for my teeth and gums..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had my teeth cleaned by a dentist or dental hygienist..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I had insurance to cover dental care during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I needed to see a dentist for a problem | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I went to a dentist or dental clinic about a problem | <input type="checkbox"/> | <input type="checkbox"/> |

If you did not have any problems with your teeth or gums during your pregnancy, go to Question 31.

29. During *your most recent pregnancy*, what kind of problem did you have with your teeth or gums? For each item, check **No** if you did not have this problem during pregnancy or **Yes** if you did.

- | | No | Yes |
|--------------------------------------------------------|--------------------------|--------------------------|
| a. I had cavities that needed to be filled..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I had painful, red, or swollen gums.... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had a toothache..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I needed to have a tooth pulled..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had an injury to my mouth, teeth, or gums..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I had some other problem with my teeth or gums..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us: _____>

30. Did any of the following things make it hard for you to go to a dentist or dental clinic about the problem you had during *your most recent pregnancy*? For each item, check **No** if it was not something that made it hard for you to go to a dentist during pregnancy or **Yes** if it was.

- | | No | Yes |
|---------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. I could not find a dentist or dental clinic that would take pregnant patients..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I could not find a dentist or dental clinic that would take Medicaid patients..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I did not think it was safe to go to the dentist during pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I could not afford to go to the dentist or dental clinic..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I have a fear of dental treatment..... | <input type="checkbox"/> | <input type="checkbox"/> |

31. 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

32. 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

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

No → **Go to Question 35**

Yes

34. 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

35. 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 → **Go to Question 37**

Yes

36. During *your most recent pregnancy*, when you were told that you had gestational diabetes, did a doctor, nurse, or other health care worker do any of the things listed below? For each item, check **No** if it was not done or **Yes** if it was done.

No Yes

- a. Refer you to a nutritionist
- b. Talk to you about the importance of exercise
- c. Talk to you about getting to and staying at a healthy weight after delivery
- d. Suggest that you breastfeed your new baby
- e. Talk to you about your risk for Type 2 diabetes

37. 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.

No Yes

- a. Vaginal bleeding
- b. Kidney or bladder (urinary tract) infection (UTI)
- c. **Severe** nausea, vomiting, or dehydration that sent me to the doctor or hospital
- d. Cervix had to be sewn shut (cerclage for incompetent cervix)
- e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia
- f. Problems with the placenta (such as abruptio placentae or placenta previa)
- g. Labor pains more than 3 weeks before my baby was due (preterm or early labor)
- h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])
- i. I had to have a blood transfusion
- j. I was hurt in a car accident

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

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

No —————→ **Go to Question 42**

Yes
↓

39. 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

40. 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

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

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

42. 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 Question 45**

Yes
↓

43. 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

44. 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.

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

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

46. 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

47. 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.

48. When was your new baby born?

	/		/	20
Month		Day		Year

49. Did you plan or schedule a cesarean delivery (c-section) at least one week before your new baby was born?

- No
 Yes

50. How was your new baby delivered?

- Vaginally →
 Cesarean delivery (c-section)

Go to Page 10, Question 52

Go to Page 10, Question 51

51. 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 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 _____ → Please tell us:

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

Check ONE answer and fill in blank if needed

- 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

AFTER PREGNANCY

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

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

- No
- Yes
- I don't know

54. 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 → **Go to Question 57**

55. Is your baby alive now?

- No → *We are very sorry for your loss.*
- Yes → **Go to Page 12, Question 68**

56. Is your baby living with you now?

- No → **Go to Page 12, Question 67**
- Yes

57. During *your most recent* pregnancy, what did you think about breastfeeding your new baby?

Check ONE answer

- I knew I would breastfeed
- I thought I might breastfeed
- I knew I would *not* breastfeed
- I didn't know what to do about breastfeeding

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

No → **Go to Page 12, Question 64**

Yes

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

No

Yes → **Go to Question 62**

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

Weeks

OR

Months

Less than 1 week

61. What were your reasons for stopping breastfeeding?

Check ALL that apply

- My baby had difficulty latching or nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My nipples were sore, cracked, or bleeding
- It was too hard, painful, or too time consuming
- I thought I was not producing enough milk, or my milk dried up
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick or I had to stop for medical reasons
- I went back to work or school
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other → Please tell us:

If your baby was not born in a hospital, go to Question 63.

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.

No Yes

- 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. 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

64. 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 67.

65. 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

66. Listed below are some things that describe how your new baby *usually* sleeps. For each item, check **No** if it doesn't usually apply to your baby or **Yes** if it usually applies to your baby.

- | | No | Yes |
|----------------------------------------------------------|--------------------------|--------------------------|
| a. My new baby sleeps in a crib or portable crib | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My new baby sleeps on a firm or hard mattress | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My new baby sleeps with pillows..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My new baby sleeps with bumper pads | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My new baby sleeps with plush or thick blankets | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My new baby sleeps with stuffed toys..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My new baby sleeps with an infant positioner | <input type="checkbox"/> | <input type="checkbox"/> |
| h. My new baby sleeps with me or another person..... | <input type="checkbox"/> | <input type="checkbox"/> |

67. *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

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 using birth control pills, condoms, withdrawal, or natural family planning.

- No
 Yes

Go to Question 70

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
 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:

If you or your husband or partner is **not doing anything to keep from getting pregnant now**, go to 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 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:

71. *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 _____ → **Go to Question 73**

Yes



72. At that visit, did a doctor, nurse, or other health care worker discuss family planning or birth control with you?

- No
- Yes

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

- Always
- Often
- Sometimes
- Rarely
- Never

74. *Since your new baby was born, how often have you had little interest or little pleasure in doing things?*

- Always
- Often
- Sometimes
- Rarely
- Never

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

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
- Family Health Plus
- Family Planning Benefit Program (FPBP)
- Child Health Plus
- 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.

76. *Since your new baby was born, have you asked for help for depression from a doctor, nurse, or other health care worker?*

- No
 Yes

77. *Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?*

- No → Go to Question 80
 Yes

78. *Since your new baby was born, have you taken prescription medicine for your depression?*

- No
 Yes

79. *Since your new baby was born, have you gotten counseling for your depression?*

- No
 Yes

80. *Did you receive a Tdap vaccination before, during or after your most recent pregnancy? A Tdap vaccine is a shot that protects against tetanus, diphtheria, and pertussis (or whooping cough). Tdap was new in 2005.*

Check ONE answer

- No
 Yes, I received Tdap *before* my pregnancy
 Yes, I received Tdap *during* my pregnancy
 Yes, I received Tdap *after* my pregnancy
 I don't know

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.*

- \$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

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 your experiences around the time of your pregnancy or the health of mothers and babies in New York.

Thanks for answering our questions!

Your answers will help us work to make New York mothers and babies healthier.