First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

1. **Just before** you got pregnant, did you have health insurance? (Do not count Medicaid.)
   - [ ] No
   - [ ] Yes

2. **Just before** you got pregnant, were you on Medicaid?
   - [ ] No
   - [ ] Yes

3. In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin? (a pill that contains many different vitamins and minerals)?
   - [ ] I did not take a multivitamin at all
   - [ ] I took a multivitamin 1 to 3 times a week
   - [ ] I took a multivitamin 4 to 6 times a week
   - [ ] I took a multivitamin every day of the week

4. What is your date of birth?
   
   ______ / _____ / _____  
   month      day       year

5. **Just before** you got pregnant, how much did you weigh?

   ______ Pounds  OR _______ Kilos

6. How tall are you without shoes?

   ______ Feet ______ Inches

   OR ______ Centimeters

7. **Before** your new baby, did you ever have any other babies who were born alive?
   
   - [ ] No  ➜ Go to Question #10
   - [ ] Yes
8. Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos.) or less at birth?
   __ No
   __ Yes

9. Was the baby just before your new one born more than 3 weeks before its due date?
   __ No
   __ Yes

10. Thinking back to just before you got pregnant, 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 did not want to be pregnant then or at any time in the future

11. When you got pregnant with your new baby, were you trying to become pregnant?
    __ No
    __ Yes ➔ Go to Question #14

12. 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 (rhythm), and using birth control methods such as the pill, Norplant®, shots (Depo-Provera®), condoms, diaphragms, foam, IUD, having their tubes tied, or their partner having a vasectomy.)
    __ No
    __ Yes ➔ Go to Question #14
13. What were your 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 did not want to use anything
   __ Other ➔ Please tell us:

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 a calendar when you answer these questions.)

14. 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 that you were pregnant.)

   _____ Weeks OR _____ Months

15. 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

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

   __ No
   __ Yes ➔ Go to Question # 18
   __ I did not want prenatal care ➔ Go to Question #18
New York Phase 4 - 2002 Telephone Questionnaire

17. Did any of these things keep you from getting prenatal care as early as they wanted. **Check all that apply**

- ___ I couldn’t get an appointment earlier in my pregnancy
- ___ I didn’t have enough money or insurance to pay for my visits
- ___ I didn’t know that I was pregnant
- ___ I had no way to get to the clinic or doctor’s office
- ___ The doctor or my health plan would not start care earlier
- ___ I did not have my Medicaid card
- ___ I had no one to take care of my children
- ___ I had too many other things going on
- ___ Other → Please tell us:

_______________________________________________________________________

If you did not go for prenatal care, go Page 4, Question 22.

18. Where did you go, **most of the time** for your prenatal care visits. (Don’t include visits for WIC.)  
**Check one answer**

- ___ A hospital clinic
- ___ A health department clinic
- ___ A private doctor’s office or HMO clinic
- ___ A community health center
- ___ Other → Please tell us:

_________________________

19. How was your prenatal care paid for? **Check all that apply**

- ___ Medicaid
- ___ Personal income (cash, check, or credit card)
- ___ Health insurance or HMO
- ___ PCAP (Prenatal Care Assistance Program)
- ___ I still owe
- ___ Other → Please tell us:

______________________________________________________
20. 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 \textbf{Y} (Yes) if someone talked with you about it or circle \textbf{N} (No) if no one talked with you about it.

\begin{tabular}{ll}
\textbf{No} & \textbf{Yes} \\
\hline
a. How smoking during pregnancy could affect your baby & N & Y \\
b. Breastfeeding your baby & N & Y \\
c. How drinking alcohol during pregnancy could affect your baby & N & Y \\
d. Using a seat belt during your pregnancy & N & Y \\
e. Birth control methods to use after your pregnancy & N & Y \\
f. Medicines that are safe to take during your pregnancy & N & Y \\
g. How using illegal drugs could affect your baby & N & Y \\
h. Doing tests to screen for birth defects or diseases that run in your family & N & Y \\
i. What to do if your labor starts early & N & Y \\
j. Getting your blood tested for HIV (the virus that causes AIDS) & N & Y \\
k. Physical abuse to women by their husbands or partners & N & Y \\
\end{tabular}

21. We would like to know how you felt about the prenatal care you got during your most recent pregnancy. If you went to more than one place for prenatal care, answer for the place where you got \textit{most} of your care. For each thing, circle \textbf{Y} (Yes) if you were satisfied or circle \textbf{N} (No) if you were not satisfied.

\textbf{Were you satisfied with---} \\
\begin{tabular}{ll}
\textbf{No} & \textbf{Yes} \\
\hline
a. The amount of time you had to wait after you arrived for your visits & N & Y \\
b. The amount of time the doctor or nurse spent with you during your visits & N & Y \\
c. The advice you got on how to take care of yourself & N & Y \\
d. The understanding and respect that the staff showed toward you as a person & N & Y \\
\end{tabular}
22. At any time during your most recent pregnancy or delivery, did you have a blood test for HIV (the virus that causes AIDS)?

___ No
___ Yes ➔ Go to Question #24
___ I don’t know

23. What were your reasons for not having an HIV test during your most recent pregnancy?

Check all that apply

___ I wasn’t offered the test
___ I didn’t think I was at risk for HIV
___ I agreed to be tested but had difficulty getting the test done
___ I was afraid of getting the result
___ I had already been tested and did not think I needed to be tested again
Other ➔ Please tell us:

_________________________________________________

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

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

25. During your pregnancy, were you on WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children?

___ No
___ Yes
26. Did you have any of these problems during your pregnancy? For each thing, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Labor pains more than 3 weeks before your baby was due (preterm or early labor)</td>
<td>N</td>
</tr>
<tr>
<td>b. High blood pressure (including preeclampsia or toxemia) or retained water (edema)</td>
<td>N</td>
</tr>
<tr>
<td>c. Vaginal bleeding</td>
<td>N</td>
</tr>
<tr>
<td>d. Problems with the placenta (such as abruptio placentae, placenta previa)</td>
<td>N</td>
</tr>
<tr>
<td>e. Severe nausea, vomiting, or dehydration</td>
<td>N</td>
</tr>
<tr>
<td>f. High blood sugar (diabetes)</td>
<td>N</td>
</tr>
<tr>
<td>g. A kidney or bladder (urinary tract) infection</td>
<td>N</td>
</tr>
<tr>
<td>h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM)</td>
<td>N</td>
</tr>
<tr>
<td>i. Your cervix sewn shut (incompetent cervix, cerclage)</td>
<td>N</td>
</tr>
<tr>
<td>j. You were hurt in a car accident</td>
<td>N</td>
</tr>
</tbody>
</table>

If you did not have any of these problems, go to Question 28.
27. Did you do any of the following things because of these problem(s)?
   *Check all that apply*

   - __ I went to the hospital or emergency room and stayed less than 1 day
   - __ I went to the hospital and stayed 1 to 7 days
   - __ I went to the hospital and stayed more than 7 days
   - __ I stayed in bed at home more than 2 days because of my doctor’s or nurse’s advice

28. At any time during your most recent pregnancy, were you told to stay in bed for at least one week?

   - __ No ➔ Go to Question #32
   - __ Yes

29. How many weeks or months pregnant were you when you were told to stay in bed?

   _____ weeks OR _____ months

30. How often were you able to follow your provider’s instruction to stay in bed?

   - __ Always ➔ Go to Question #32
   - __ Almost always ➔ Go to Question #32
   - __ Sometimes
   - __ Rarely
   - __ Never

31. What type of support would have helped you to stay in bed for the recommended time?
   *Check all that apply*

   - __ Help with child care
   - __ Help with housework
   - __ Knowing I wouldn’t lose my job
   - __ Money to make up for not working
   - __ Other ➔ Please tell us:
   
   ___________________________________________________
The next questions are about smoking cigarettes and drinking alcohol.

32. Have you smoked at least 100 cigarettes in the past two years? (A pack has 20 cigarettes.)
   __ No  ➔ Go to Page 6, Question #36
   __ Yes

33. In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)
   _____ Cigarettes OR _____ Packs
   __ less than 1 cigarette a day
   __ I didn’t smoke
   __ I don’t know

34. In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?
   ______ Cigarettes OR ______ Packs
   __ less than 1 cigarette a day
   __ I didn’t smoke
   __ I don’t know

35. How many cigarettes or packs of cigarettes do you smoke on an average day now?
   ______ Cigarettes OR _____ Packs
   __ less than 1 cigarette a day
   __ I didn’t smoke
   __ I don’t know

36. Have you had any alcoholic drinks in the past two 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 39
   __ Yes
37. a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?
   _ I didn’t drink then
   _ less than 1 drink a week
   _ 1 to 3 drinks a week
   _ 4 to 6 drinks a week
   _ 7 to 13 drinks a week
   _ 14 drinks or more a week
   _ I don’t know

   b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?
       ______ Times
       _ I didn’t drink then
       _ I don’t know

38. a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?
   _ I didn’t drink then
   _ less than 1 drink a week
   _ 1 to 3 drinks a week
   _ 4 to 6 drinks a week
   _ 7 to 13 drinks a week
   _ 14 drinks or more a week
   _ I don’t know

   b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?
       ______ Times
       _ I didn’t drink then
       _ I don’t know
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.

39. 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 use the calendar.)

<table>
<thead>
<tr>
<th>Item</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>N</td>
<td>Y</td>
</tr>
<tr>
<td>b. You got separated or divorced from your husband or partner</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>c. You moved to a new address</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>d. You were homeless</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>e. Your husband or partner lost his job</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>f. You lost your job even though you wanted to go on working</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>g. You argued with your husband or partner more than usual</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>h. Your husband or partner said he did not want you to be pregnant</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>i. You had a lot of bills you couldn’t pay</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>j. You were in a physical fight</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>k. You or your husband or partner went to jail</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>l. Someone very close to you had a bad problem with drinking or drugs</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>m. Someone very close to you died</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>
40. **During the 12 months before you got pregnant,** did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- [ ] No
- [ ] Yes

b. **During the 12 months before you got pregnant,** did anyone else physically hurt you in any way?

- [ ] No
- [ ] Yes

41. **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

b. **During your most recent pregnancy,** did anyone else physically hurt you in any way?

- [ ] No
- [ ] Yes

42. How would you describe the time during your pregnancy?

*Check one answer*

- [ ] One of the happiest times of my life
- [ ] A happy time with few problems
- [ ] A moderately hard time
- [ ] A very hard time
- [ ] One of the worst times of my life
The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

43. On what date was your baby due?

   ____/_____/_____
   month    day    year

44. On what date did you go into the hospital to have your baby?

   ____/_____/_____
   month    day    year

   __ I didn’t have my baby in a hospital

45. On what date was your baby born?

   ____/_____/_____
   month    day    year

46. On what date were you discharged from the hospital after your baby was born? It may help to use a calendar.

   ____/_____/_____
   month    day    year

   __ I did not have my baby in a hospital

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

   __ No
   __ Yes
   __ I don’t know
48. 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 days
   ___ 4 days
   ___ 5 days
   ___ 6 or more days
   ___ My baby was not born in a hospital
   ___ My baby is still in the hospital

49. How was your delivery paid for?

   Check all that apply

   ___ Medicaid
   ___ Personal income (cash, check, or credit card)
   ___ Health insurance or HMO
   ___ PCAP (Prenatal Care Assistance Program)
   ___ I still owe
   ___ Other → Please tell us:

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

50. What is today’s date?

Month _____ Day ____ Year______

51. Is your baby alive now?

___ No
___ Yes ➔ Go to Question #53

52. When did your baby die?

_____ / _____ / _____ ➔ Go to Page 11, Question #69
month day year

53. Is your baby living with you now?

___ No ➔ Go to Page 11, Question #69
___ Yes

54. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

___ No
___ Yes ➔ Go to Question #56
55. What were your reasons for not breastfeeding your new baby?  
*Check all that apply then go to Question 60*

__ I had other children to take care of
__ I had too many household duties
__ I didn’t like breastfeeding
__ I didn’t want to be tied down
__ I was embarrassed to breastfeed
__ I went back to work or school
__ My husband or partner did not want me to breastfeed
__ I wanted my body back to myself
__ Other ➔ Please tell us:

_________________________________________________

56. Are you still breastfeeding or feeding pumped milk to your new baby?

__ No
__ Yes ➔ **Go to page 10, Question #59**

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

______ Weeks OR _____ Months

__ less than 1 week

58. What were your reasons for stopping breastfeeding?  
*Check all that apply*

__ My baby had difficulty nursing
__ Breast milk alone did not satisfy my baby
__ I thought my baby was not gaining enough weight
__ My baby became sick and could not breastfeed
__ My nipples were sore, cracked, or bleeding
__ I thought I was not producing enough milk
__ I had too many other household duties
__ I felt it was the right time to stop breastfeeding
__ I became sick and could not breastfeed
__ I went back to work or school
__ My husband or partner wanted me to stop breastfeeding
__ I wanted or needed someone else to feed the baby
__ Other ➔ Please tell us:

__________________________________________
59. How old was your baby the first time you fed him or her anything besides breast milk? (Include formula, baby food, juice, cow’s milk, water, sugar water, or anything else you fed your baby.)

_____ Weeks OR _____ Months

__ My baby was less than one week old
__ I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Question 67.

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

_____ Hours

__ Less than one hour a day
__ My baby is never in the same room with someone who is smoking.

61. How 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
62. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

__ No ➔ Go to Question #64
__ Yes

63. Was your new baby seen at home or at a health care facility, such as a doctor’s office, clinic, or other health care facility?

__ At home
__ At a doctor’s office, clinic, or other health care facility

64. Has your baby had a well-baby checkup?

__ No ➔ Go to Question #67
__ Yes

65. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

______ Times

66. Where do you usually take your baby for well-baby checkups?

Check one answer

__ A hospital clinic
__ A health department clinic
__ A private doctor’s office or HMO clinic
__ A community health center
__ Other ➔ Please tell us:
______________________________

67. Do you have health insurance or Medicaid for your new baby?

__ No ➔ Go to Question #69
__ Yes
68. What type of insurance is your new baby covered by?)

*Check all that apply*

- Medicaid
- Private insurance or HMO
- Child Health Plus
- Other → Please tell us:

69. 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 having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragms, foam, IUD, and not having sex at certain times [rhythm].)

- No
- Yes → Go to Question #71

70. What are your or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant *now*? *Check all that apply then go to Question 72*

- 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:

*Please tell us:*

___________________________________________
71. 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 (sterilization)
- Vasectomy (sterilization)
- Pill
- Condoms
- Foam, jelly, or cream
- Norplant®
- Shots (Depo-Provera®)
- Withdrawal
- Other ➔ Please tell us:

72. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?  
- No
- Yes

73. In the months after your delivery, would you say that your were  
*Check one answer*
- Not depressed at all
- A little depressed
- Moderately depressed
- Very depressed
- Very depressed and had to get help

The next questions are about your family and the place where you live.  
74. Which rooms are in the house, apartment, or trailer where you live?  
*Check all that apply*
- Living room
- Separate dining room
- Kitchen
- Bathrooms
- Recreation room, den, or family room
- Finished basement
- Bedrooms ➔ How many? ______
75. Counting yourself, how many people live in your house, apartment, or trailer?

___ Adults (people aged 18 years or older)
___ Babies, children, or teenagers (people aged 17 years or younger)

76. What were the sources of your household’s income during the past 12 months?

*Check all that apply*

___ Paycheck or money from a job
___ Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income
___ Unemployment benefits
___ Child support or alimony
___ Social security, worker’s compensation, veteran benefits, or pensions
___ Money from a business, fees, dividends, or rental income
___ Money from family or friends
___ Other → Please tell us:

77. When you got pregnant, how old was your new baby’s father?

___ years old
___ I don’t know

**If you did not go for prenatal care, go to Question 79.**

78. This question is about things that a doctor, nurse, or other health care worker might have talked to you about when you went for prenatal care during your most recent pregnancy. For each thing, circle **Y** (Yes) if someone talked to you about it or circle **N** (No) if they did not.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How much vitamin A is safe to take during pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. How long to wait before having another baby</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. The “baby blues” (postpartum depression)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

79. This question is about the care of your teeth and gums during your most recent pregnancy. For each thing, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. You needed to see a dentist for a problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. You went to a dentist or dental clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. A dental or other health care worker talked with you about how to care for your teeth and gums</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
80. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

________ months

**If your baby is not alive or is not living with you, go to Question 82.**

81. Since your new baby was born, have you used WIC services for your new baby?

__ No
__ Yes

82. Between the time you became pregnant and now, have you applied for TANF (Temporary Assistance to Needy Families)?

__ No ➔ Go to Page 14, Question #85
__ Yes

83. Did you get TANF?

__ No
__ Yes ➔ Go to Page 14, Question #85

84. Why didn’t you get TANF?

__ You were ineligible because of your income
__ You had reached your time limit
__ You had to fulfill work or other requirements
__ You had to return on another day to apply
__ You had previously lost TANF for another reason (administrative reasons, sanctions, etc.)
__ You are not a U.S. citizen
__ Other ➔ Please tell us:

________________________________________________
85. In the **12 months before** your most recent delivery, what was your total family income before taxes? Include your income, your husband’s or partner's income, and any other income you may have had. All information you give us will be kept private

- 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 to $74,999
- $75,000 or more
- Do not know/Not sure
- Refused