

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 Page 4, Question 18**

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 Question 17**

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 or your husband or partner was **not doing anything to keep from getting pregnant**, go to Page 4, Question 18.

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

**Check ALL that apply**

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

## 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.)

**18. 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 21**

**19. 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

**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, 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"/> |

**21. 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

22. 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

23. 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

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

Check ONE answer

- No —————> **Go to Question 26**  
 Yes, before my pregnancy  
 Yes, during my pregnancy

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

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

Month            Year

- I don't remember

26. This question is about the care of your teeth *during your most recent pregnancy*.

For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

No Yes

- a. I knew it was important to care for my teeth and gums during my pregnancy.....
- b. A dental or other health care worker talked with me about how to care for my teeth and gums.....
- c. I had my teeth cleaned by a dentist or dental hygienist.....
- d. I had insurance to cover dental care during my pregnancy.....
- e. I needed to see a dentist for a **problem**.....
- f. I went to a dentist or dental clinic about a **problem**.....

If you did not have any problems with your teeth or gums during your pregnancy, go to Page 6, Question 29.

27. 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.....
- b. I had painful, red, or swollen gums.....
- c. I had a toothache.....
- d. I needed to have a tooth pulled.....
- e. I had an injury to my mouth, teeth, or gums.....
- f. I had some other problem with my teeth or gums.....

Please tell us: \_\_\_\_\_>

\_\_\_\_\_

**28. 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"/> |

**29. 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

**30. 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 —————→ **Go to Question 32**

- Yes  
↓

**31. During *your most recent* pregnancy, how many times did the home visitor come to your home to help you learn how to prepare for your new baby?**

- 1 time  
 2 to 4 times  
 5 or more times

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

No —————→ **Go to Question 34**

Yes  
↓

**33. During *your most recent* pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?**

- No  
 Yes

**34. During *your most recent* pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during *this* pregnancy)?**

No —————→ **Go to Question 36**

Yes  
↓

**35. 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.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Talk to you about the importance of exercise .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Talk to you about getting to and staying at a healthy weight after delivery ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Suggest that you breastfeed your new baby.....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Talk to you about your risk for Type 2 diabetes .....                             | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

No —————> **Go to Page 8, Question 41**

Yes

**38. 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

**39. 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

**40. 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).

41. 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 44

Yes

42. 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

43. 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.

44. 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"/> |

45. 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

46. 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.**

47. When was your new baby born?

/  /  20

Month          Day          Year

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

- No  
 Yes

49. How was your new baby delivered?

- Vaginally → **Go to Question 51**  
 Cesarean delivery (c-section)

**Go to Question 50**

50. 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:

51. 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.

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

- No  
 Yes  
 I don't know

**53. 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 56**

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

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

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

- No → **Go to Page 12, Question 66**  
 Yes

**56. 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

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

No → **Go to Question 63**

Yes

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

No

Yes → **Go to Question 61**

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

Weeks OR  Months

Less than 1 week

**60. 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 62.**

**61. 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.....

**62. 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

**63. 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 Page 12, Question 66.**

**64. 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

**65. 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.....
- b. My new baby sleeps on a firm or hard mattress.....
- c. My new baby sleeps with pillows.....
- d. My new baby sleeps with bumper pads.....
- e. My new baby sleeps with plush or thick blankets.....
- f. My new baby sleeps with stuffed toys.....
- g. My new baby sleeps with an infant positioner.....
- h. My new baby sleeps with me or another person.....

**66. 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 → **Go to Question 68**

Yes

**67. Since your new baby was born, did the home visitor who came to your home talk with you about any of the things listed below?** For each one, check **No** if they did not talk with you about it or **Yes** if they did.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. Breastfeeding my baby .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How long to wait before getting pregnant again.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Family planning services or using contraception.....            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Postpartum depression .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Resources in my community to support new parents .....          | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Getting to and staying at a healthy weight after delivery ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. How to quit or keep from smoking.....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| h. How to get the health care that my baby or I need .....         | <input type="checkbox"/> | <input type="checkbox"/> |

**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**

**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
- 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. What *one* source would you trust to give you the most accurate information about contraception and birth control?**

Check ONE answer

- Parent or guardian
- Other family member
- Friend
- Doctor or other medical professional
- Teacher or school nurse
- Family planning clinic (such as Planned Parenthood)
- Internet

**77. Did you learn about birth control methods in school?**

No —————> Go to Question 79

Yes

**78. Did you start using birth control because of what you learned about them in school?**

- No
- Yes

**If you do not use birth control, go to Question 80.**

**79. Where do you go to get birth control?**

Check ONE answer

- Doctor's office
- Family planning clinic (such as Planned Parenthood)
- Health department or community clinic
- School-based health center
- Store or pharmacy
- Other —————> Please tell us:

**80. When it comes to *your* decisions about having sex, who influences you the most?**

Check ONE answer

- Parent or guardian
- Other family member
- Boyfriend or partner
- Friend
- Doctor or other medical professional
- Teacher or school nurse
- Family planning clinic (such as Planned Parenthood)
- Internet

**81. *Before you got pregnant with your new baby, had you ever heard or read about emergency birth control (the “morning-after pill”)?*** This combination of pills is used to prevent pregnancy up to 5 days after unprotected sex.

- No
- Yes

**82. Which of the following statements best describes you during the *3 months before* you got pregnant?**

Check ONE answer

- I was trying to get pregnant
- I was trying to keep from getting pregnant but was not trying very hard
- I was trying hard to keep from getting pregnant

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

- No
- Yes

84. *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 87**

Yes

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

No

Yes

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

No

Yes

87. **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.**

88. **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

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

People

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

/  /

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.*