Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some	6. Was the baby <i>just before</i> your new one born <i>earlier</i> than 3 weeks before his or her due date?
questions that do not apply to you.	NoYes
BEFORE PREGNANCY	7. During the 3 months before you got pregnant
The first questions are about <i>you</i> .	with your <i>new</i> baby, did you have any of the following health conditions? For each one, check No if you did not have the condition or
1. How tall are <i>you</i> without shoes?	Yes if you did.
Feet Inches OR Centimeters	No Yes a. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy) b. High blood pressure or hypertension c. Depression
2. Just before you got pregnant with your new baby, how much did you weigh? Pounds OR Kilos	 d. Asthma e. Thyroid problems f. PCOS (polycystic ovarian syndrome) g. Anxiety
3. What is <u>your</u> date of birth?	8. During the <i>month before</i> 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?
Month Day Year	I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the <i>month before</i> I got pregnant
The next questions are about the time <u>before</u> you got pregnant with your <i>new</i> baby.	 1 to 3 times a week 4 to 6 times a week Every day of the week
 Before you got pregnant with your new baby, did you ever have any other babies who were born alive? □ No → Go to Question 7 	Go to Page 2, Question 9
↓ Yes	
5. Did the baby born <i>just before</i> your new one weigh 5 pounds, 8 ounces (2.5 kilos) or <i>less</i> at birth?	
NoYes	

with your new baby, what were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins? Check ALL that apply	12 months l doctor, nur <u>do</u> any of tl check No if
 I wasn't planning to get pregnant I didn't think I needed to take vitamins I didn't want to take vitamins The vitamins were too expensive The vitamins gave me side effects (such as nausea or constipation) Other> Please tell us: 	 a. Tell me to ta b. Talk to me a weight c. Talk to me a medical con high blood d d. Talk to me a not have chi
 10. In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker? No Go to Question 13 	 e. Talk to me a prevent pree f. Talk to me at health before g. Talk to me a infections su gonorrhea, or h. Ask me if I weight is not in the second sec
 What type of health care visit did you have in the 12 months before you got pregnant with your new baby? Check ALL that apply 	j. Ask me if I w depressed k. Ask me abou I. Test me for I
 Regular checkup at my family doctor's office Regular checkup at my OB/GYN's office Visit for an illness or chronic condition Visit for an injury Visit for family planning or birth control Visit for depression or anxiety Visit to have my teeth cleaned by a dentist or dental hygienist Other ->> Please tell us: 	AIDS)

2.	During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check No if they did not or Yes if they did.	
	No Yes	
•	Tell me to take a vitamin with folic acid \Box \Box	
	Talk to me about maintaining a healthy weight	
•	Talk to me about controlling any medical conditions such as diabetes or high blood pressure	
	Talk to me about my desire to have or not have children	
•	Talk to me about using birth control to prevent pregnancy	
	Talk to me about how I could improve my health before a pregnancy	
	Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis	
	Ask me if I was smoking cigarettes	
	Ask me if someone was hurting me emotionally or physically	
	Ask me if I was feeling down or depressed	
•	Ask me about the kind of work I do \Box	
	Test me for HIV (the virus that causes AIDS)	

The next questions are about your *health insurance coverage* before, during, and after your pregnancy with your *new* baby.

13. During the <u>month before</u> 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 or partner
- □ Private health insurance from my parents
- Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- Medicaid
- **TRICARE** or other military health care
- IHS or tribal
- □ Other health insurance > Please tell us:
- □ I did not have any health insurance during the *month before* I got pregnant

If you did not have health insurance during the <u>month before</u> you got pregnant, go to Question 14. Otherwise, go to Question 15. 14. What was the reason that you did <u>not</u> have any health insurance during the *month before* you got pregnant with your new baby?

Check ALL that apply

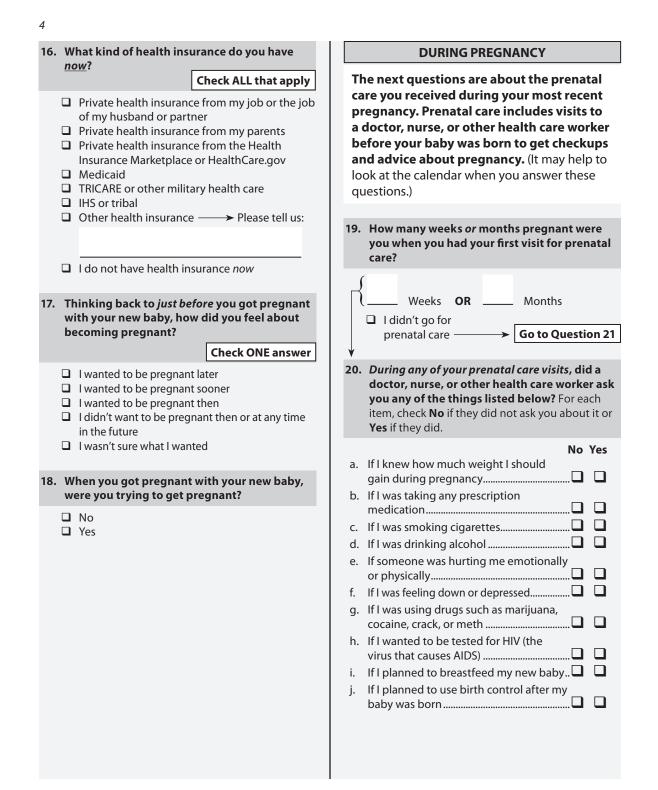
- □ Health insurance was too expensive
- I could not get health insurance from my job or the job of my husband or partner
- I applied for health insurance, but was waiting to get it
- I had problems with the health insurance application or website
- My income was too high to qualify for Medicaid
- My income was too high to qualify for a tax credit from the Health Insurance Marketplace or HealthCare.gov
- □ I didn't know how to get health insurance
- □ Other Please tell us:
- 15. During your <u>most recent pregnancy</u>, what kind of health insurance did you have for your prenatal care?

Check ALL that apply

I did not go for

prenatal care -> Go to Page 4, Question 16

- Private health insurance from my job or the job of my husband or partner
- □ Private health insurance from my parents
- Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- Medicaid
- □ TRICARE or other military health care
- IHS or tribal
- □ Other health insurance > Please tell us:
- □ I did not have any health insurance for my *prenatal care*



21.	During the 12 months <i>before the <u>delivery</u> of your new baby, did a doctor, nurse, or other health care worker <i>offer</i> you a flu shot or <i>tel</i> you to get one?</i>	, te	you did <u>not</u> have any problems with your eeth or gums during your pregnancy, go to uestion 27.
22	 No Yes 	_	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
22.	During the 12 months <i>before the <u>delivery</u> of</i> your new baby, did you <i>get</i> a flu shot?		have this problem during pregnancy or Yes if you did.
	Check ONE answ		No Yes
	 No Yes, before my pregnancy Yes, during my pregnancy 	b. c.	I had cavities that needed to be filled Image: Constraint of the second seco
23.	23. During your most recent pregnancy, did you get a Tdap shot or vaccination? A Tdap	e.	I had an injury to my mouth, teeth, or gums I had some other problem with my teeth or gums I
	 No Yes I don't know 		Please tell us:
24.	During <i>your most recent</i> pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?	27.	Did any of the following things make it har for you to go to a dentist or dental clinic during your most recent pregnancy? For eac
	NoYes		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.
25.	This question is about other care of your		No Yes
	teeth <u>during</u> your most recent pregnancy. Fo each item, check No if it is not true or does not apply to you or Yes if it is true.		I could not find a dentist or dental clinic that would take pregnant patients
	No Ye		that would take Medicaid patients
	I knew it was important to care for my teeth and gums during my pregnancy	1	I did not think it was safe to go to the dentist during pregnancy
b.	A dental or other health care worker talked with me about how to care for my teeth and gums		I could not afford to go to the dentist or dental clinic
	I had insurance to cover dental care during my pregnancy	28.	During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?
	I <u>went</u> to a dentist or dental clinic about a problem		 No Yes

- 6
- 29. During your most recent pregnancy, did you have 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. Gestational diabetes (diabetes that <u>started</u> during *this* pregnancy)
b. High blood pressure (that <u>started</u> during *this* pregnancy), pre-eclampsia or eclampsia.
c. Depression
d. Anxiety

If you had depression during your most recent pregnancy, go to Question 30. Otherwise, go to Question 31.

- 30. At any time during *your most recent* pregnancy, did you *ask for help* for depression from a doctor, nurse, or other health care worker?
 - 🛛 No
 - Yes
- 31. During your most recent pregnancy, did a doctor, nurse, or other health care worker give you a series of weekly shots of a medicine called progesterone, Makena®, or 17P (17 alpha-hydroxyprogesterone) to try to keep your new baby from being born too early?
 - 🛛 No
 - Yes
 - I don't know

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

- 32. Have you smoked any cigarettes in the past 2 years?

 No
 Go to Question 38

 Yes
- 33. In the 3 months <u>before</u> 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
- 34. In the <u>last 3</u> months of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.
 - □ 41 cigarettes or more
 - 21 to 40 cigarettes
 - 11 to 20 cigarettes
 - □ 6 to 10 cigarettes
 - 1 to 5 cigarettes
 - Less than 1 cigarette
 - I didn't smoke then

If you did not smoke at any time during the <u>3 months before</u> you got pregnant, go to Question 37.

 During your most recent pregnancy, did you do any of the following things about quit 		
	smoking? For each thing, check No if you did	
	not do it or Yes if you did.	

		No	Yes
a.	Set a specific date to stop smoking		
b.	Use booklets, videos, or other materials to help me quit		
c.	Call a national or state quit line or go to a website		
d.	Attend a class or program to stop smoking		
e.	Go to counseling for help with quitting		
f.	Use a nicotine patch, gum, lozenge, nasal spray or inhaler		
g.	Take a pill like Zyban® (also known as Wellbutrin® or bupropion) to stop smoking		
h.	Take a pill like Chantix [®] (also known as varenicline) to stop smoking		
i.	Try to quit on my own (e.g., cold turkey)		
j.	Other		
	Please tell us:		

36. Did you quit smoking around the time of your most recent pregnancy?

Check ONE answer

- 🛛 No
- No, but I cut back
- □ Yes, I quit before I found out I was pregnant
- □ Yes, I quit when I found out I was pregnant
- □ Yes, I quit later in my pregnancy
- 37. 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 using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

38. Have you used any of the following products in the past 2 years? For each item, check No if you did not use it or Yes if you did.

No Yes

a.	E-cigarettes or other electronic nicotine	
	products	
b.	Hookah	

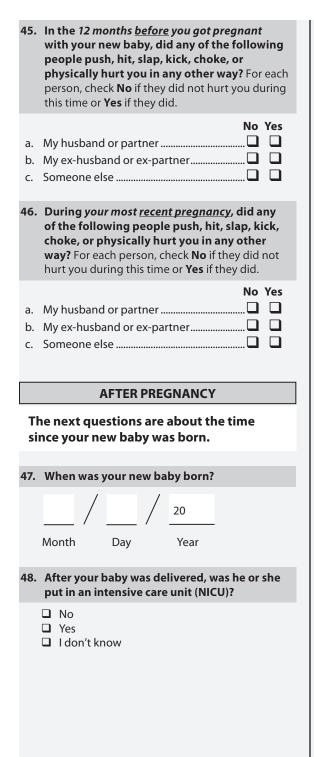
If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 39. Otherwise, go to Page 8, Question 41.

- 39. During the 3 months <u>before</u> you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?
 - □ More than once a day
 - Once a day
 - 2-6 days a week
 - 1 day a week or less
 - I did not use e-cigarettes or other electronic nicotine products then

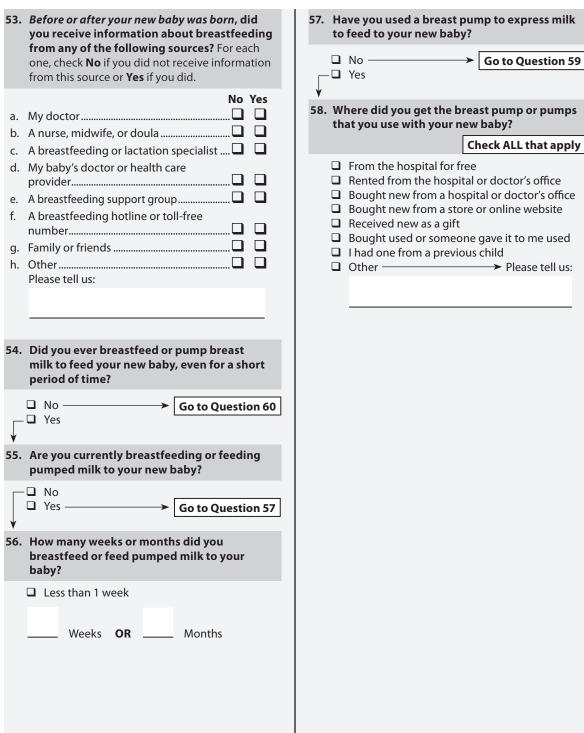
8

40. During the last 3 months of your pregnancy, Pregnancy can be a difficult time. The next on average, how often did you use questions are about things that may have e-cigarettes or other electronic nicotine happened before and during your most products? recent pregnancy. More than once a day Once a day 43. This question is about things that may have □ 2-6 days a week happened during the 12 months before your □ 1 day a week or less new baby was born. For each item, check No if □ I did not use e-cigarettes or other electronic it did not happen to you or Yes if it did. (It may nicotine products then help to look at the calendar when you answer these questions.) The next questions are about drinking No Yes alcohol around the time of pregnancy. a. A close family member was very sick and had to go into the hospital..... 41. Have you had any alcoholic drinks in the *past* b. I got separated or divorced from my 2 years? A drink is 1 glass of wine, wine cooler, husband or partner..... can or bottle of beer, shot of liquor, or mixed c. I moved to a new address..... drink. d. I was homeless or had to sleep outside, in a car, or in a shelter..... □ No · Go to Question 43 e. My husband or partner lost their job 🔲 🔲 Yes f. I lost my job even though I wanted to go on working..... 42. During the 3 months before you got pregnant, g. My husband, partner, or I had a cut in how many alcoholic drinks did you have in an work hours or pay..... average week? h. I was apart from my husband or partner 14 drinks or more a week due to military deployment or extended 8 to 13 drinks a week work-related travel 4 to 7 drinks a week i. I argued with my husband or partner □ 1 to 3 drinks a week more than usual Less than 1 drink a week j. My husband or partner said they didn't I didn't drink then want me to be pregnant k. I had problems paying the rent, mortgage, or other bills..... 🛛 🔾 I. My husband, partner, or I went to jail D m. Someone very close to me had a problem with drinking or drugs...... n. Someone very close to me died..... 44. During the 12 months before your new baby was born, did you ever get emergency food from a church, a food pantry, or a food bank, or eat in a food kitchen? □ No

Yes







If your baby was not born in a hospital, go to Question 60.

59. 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.

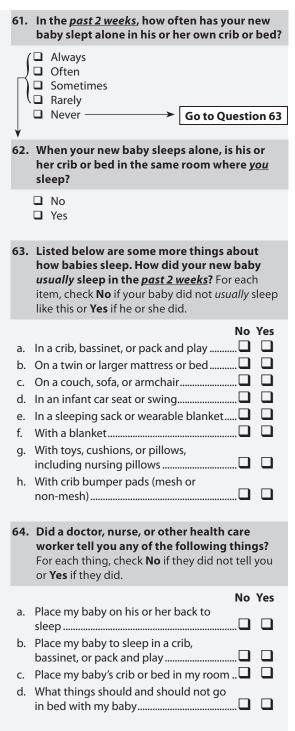
		No	Yes
a.	Hospital staff gave me information about breastfeeding	🗖	
b.	My baby stayed in the same room with me at the hospital	🗖	
c.	I breastfed my baby in the hospital	🗖	
d.	Hospital staff helped me learn how to breastfeed	🗖	
e.	I breastfed in the first hour after my baby was born		
f.	My baby was placed in skin-to-skin contact within the first hour of life	🗖	
g.	My baby was fed only breast milk at the hospital		
h.	Hospital staff told me to breastfeed whenever my baby wanted		
i.	The hospital gave me a breast pump to use	🗖	
j.	The hospital gave me a gift pack with formula	🗖	
k.	The hospital gave me a telephone number to call for help with breastfeeding	🗖	
I.	Hospital staff gave my baby a pacifier	🗖	

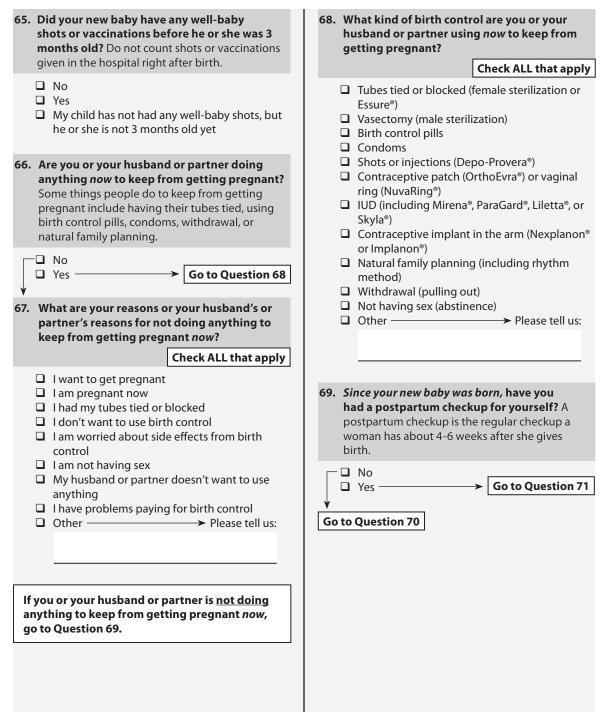
If your baby is still in the hospital, go to Page 12, Question 66.

60. In which *one* position do you <u>most often</u> 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





70. Did any of these things keep you from having a postpartum checkup?

Check ALL that apply

- □ I didn't have health insurance to cover the cost of the visit
- I felt fine and did not think I needed to have a visit
- I couldn't get an appointment when I wanted one
- I didn't have any transportation to get to the clinic or doctor's office
- □ I had too many things going on
- □ I couldn't take time off from work
- □ Other Please tell us:

If you did <u>not</u> have a postpartum checkup, go to Question 72.

71.	During your postpartum checkup, did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check No if they did not do it or Yes if they did.
	No Yes
a.	Tell me to take a vitamin with folic acid \Box \Box
b.	Talk to me about healthy eating, exercise, and losing weight gained during pregnancy
c.	Talk to me about how long to wait before getting pregnant again
d.	Talk to me about birth control methods I can use after giving birth
e.	Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms
f.	Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®) □
g.	Ask me if I was smoking cigarettes
h.	Ask me if someone was hurting me emotionally or physically
i.	Ask me if I was feeling down or depressed
j.	Test me for diabetes
72.	<i>Since your new baby was born</i> , how often have you felt down, depressed, or hopeless?
	 Always Often Sometimes Rarely Never
73.	Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed?

- □ Always
- Often
- Sometimes
- Rarely
- Never

74. Since your new baby was born, have you asked for help for anxiety from a doctor, nurse, or	78. Do you have an infant car seat(s) that you can use for your new baby?		
other health care worker? No Yes	NoYes		
OTHER EXPERIENCES	The last questions are about the time during the 12 months before your new baby was born.		
The next questions are on a variety of			
topics.	79. During the 12 months before your new		
75. Have you ever experienced any of the following health problems? For each condition, check No if you have not experienced it or Yes if you have.	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.		
No Yes a. Irregular periods (menstruation) Image: Complete state	 \$0 to \$16,000 \$16,001 to \$20,000 \$20,001 to \$24,000 \$24,001 to \$28,000 \$28,001 to \$32,000 \$32,001 to \$40,000 \$40,001 to \$48,000 \$48,001 to \$57,000 \$57,001 to \$60,000 		
76. Have you ever been told that you have Polycystic Ovarian Syndrome or PCOS by a doctor, nurse, or other health care worker?	 \$33,001 to \$30,000 \$60,001 to \$73,000 \$73,001 to \$85,000 \$85,001 or more 		
 No Yes I don't know 	80. During the <i>12 months before</i> your new baby was born, how many people, <i>including</i> <i>yourself</i> , depended on this income?		
77. At any time during <i>your most recent</i> pregnancy, did you <i>ask for help</i> for anxiety from a doctor, nurse, or other health care worker?	People		
□ No	81. What is today's date?		
 Yes If your baby is not alive, is not living with you, or is still in the hospital, go to Question 79. 	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 Utah.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in Utah healthy.