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.

   a. I was dieting (changing my eating habits) to lose weight
   - No
   - Yes

   b. I was exercising 3 or more days of the week
   - No
   - Yes

   c. I was regularly taking prescription medicines other than birth control
   - No
   - Yes

   d. I visited a health care worker and was checked for diabetes
   - No
   - Yes

   e. I visited a health care worker and was checked for high blood pressure
   - No
   - Yes

   f. I visited a health care worker and was checked for depression or anxiety
   - No
   - Yes

   g. I talked to a health care worker about my family medical history
   - No
   - Yes

   h. I had my teeth cleaned by a dentist or dental hygienist
   - No
   - Yes
8. During the month before you got pregnant with your new baby, what kind of health insurance did you have?

- 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
- CHIP
- 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

Go to Question 10

10. During the month before you got pregnant with your new baby, what were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins?

- I wasn’t planning to get pregnant
- I didn’t think I needed to take vitamins
- The vitamins were too expensive
- The vitamins gave me side effects (such as constipation)
- Other Please tell us:

11. 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

12. 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.

- 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 .................................

No Yes
13. During the 3 months before you got pregnant with your new baby, 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Asthma</td>
<td></td>
</tr>
<tr>
<td>b. Anemia (poor blood, low iron)</td>
<td></td>
</tr>
<tr>
<td>c. Heart problems</td>
<td></td>
</tr>
<tr>
<td>d. Epilepsy (seizures)</td>
<td></td>
</tr>
<tr>
<td>e. Thyroid problems</td>
<td></td>
</tr>
<tr>
<td>f. Anxiety</td>
<td></td>
</tr>
</tbody>
</table>

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

14. 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

15. 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

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

- No
- Yes

Go to Question 18

17. How many months were you trying to get pregnant? Do not count long periods of time when you and your partner were apart or not having sex.

- 0 to 3 months
- 4 to 6 months
- 7 to 12 months
- 13 to 24 months
- More than 24 months

If you were trying to get pregnant when you got pregnant with your new baby, go to Page 4, Question 20.

18. 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 22

Go to Page 4, Question 19
19. 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 Question 22.

20. 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 Go to Question 22
- Yes Go to Question 21

21. 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
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.)

22. 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 Page 6, Question 27

23. 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

☐ CHIP

☐ 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

24. 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.

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

If a doctor, nurse, or other health care worker did not tell you how much weight you should gain during your most recent pregnancy, go to Page 6, Question 26.
25. How much weight did your doctor, nurse, or other health care worker tell you to gain during your most recent pregnancy? Please check ONE answer and fill in the blank(s) next to the checked box.

- Between ___ Pounds and ___ Pounds
- Between ___ Kilos and ___ Kilos
- Exactly ___ Pounds OR ___ Kilos
- I don’t remember

26. During your most recent pregnancy, 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 one, check No if no one talked with you about it or Yes if someone did.

- Foods that are good to eat during pregnancy ............................................
- Exercise during pregnancy .............................................
- Programs or resources to help me gain the right amount of weight during pregnancy ................................
- Programs or resources to help me lose weight after pregnancy ................................

27. 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

28. 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

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

- No
- Yes

28. 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

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

- Month / Year
- I don’t remember

31. 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.

- I knew it was important to care for my teeth and gums during my pregnancy............................
- A dental or other health care worker talked with me about how to care for my teeth and gums..........................
- I had my teeth cleaned by a dentist or dental hygienist........................................
- I had insurance to cover dental care during my pregnancy ....................................
- I needed to see a dentist for a problem ..........................................
- I went to a dentist or dental clinic about a problem .....................................
32. 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

33. 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

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

☑ 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  ☑ Yes

36. During your most recent pregnancy, did a doctor, nurse, or other health care worker try to keep your new baby from being born too early by giving you a series of weekly shots of a medicine called Progesterone, Makena®, or 17P (17 alpha-hydroxyprogesterone)?

☑ No  ☑ Yes  ☐ I don’t know

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  ☑ Yes  Go to Page 8, Question 41

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  ☐ Yes  Go to Question 44

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.)

<table>
<thead>
<tr>
<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>☐</td>
</tr>
<tr>
<td>b. I got separated or divorced from my husband or partner.</td>
<td>☐</td>
</tr>
<tr>
<td>c. I moved to a new address.</td>
<td>☐</td>
</tr>
<tr>
<td>d. I was homeless or had to sleep outside, in a car, or in a shelter.</td>
<td>☐</td>
</tr>
<tr>
<td>e. My husband or partner lost his job.</td>
<td>☐</td>
</tr>
<tr>
<td>f. I lost my job even though I wanted to go on working.</td>
<td>☐</td>
</tr>
<tr>
<td>g. My husband, partner, or I had a cut in work hours or pay.</td>
<td>☐</td>
</tr>
<tr>
<td>h. I was apart from my husband or partner due to military deployment or extended work-related travel.</td>
<td>☐</td>
</tr>
<tr>
<td>i. I argued with my husband or partner more than usual.</td>
<td>☐</td>
</tr>
<tr>
<td>j. My husband or partner said he didn’t want me to be pregnant.</td>
<td>☐</td>
</tr>
<tr>
<td>k. I had problems paying the rent, mortgage, or other bills.</td>
<td>☐</td>
</tr>
<tr>
<td>l. My husband, partner, or I went to jail.</td>
<td>☐</td>
</tr>
<tr>
<td>m. Someone very close to me had a problem with drinking or drugs.</td>
<td>☐</td>
</tr>
<tr>
<td>n. Someone very close to me died.</td>
<td>☐</td>
</tr>
</tbody>
</table>
45. 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

46. During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never

47. During the 12 months before your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated based on your race?

☐ No
☐ Yes

48. During the 12 months before your new baby was born, did you miss any doctor appointments because you were worried about what your partner would do if you went?

☐ No
☐ Yes

49. 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

50. 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.

51. When was your new baby born?

[ ] / [ ] / 20

Month Day Year

52. Did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?

☐ No
☐ Yes
☐ I don’t know

Go to Page 10, Question 53

Go to Page 10, Question 54
53. Why did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?

☐ My water broke and there was a fear of infection
☐ I was past my due date
☐ My health care provider worried about the size of the baby
☐ My baby was not doing well and needed to be born
☐ I had a complication in my pregnancy (such as low amniotic fluid or preeclampsia)
☐ Labor stopped or was not progressing
☐ I wanted to schedule my delivery
☐ I wanted to give birth with a specific health care provider
☐ Other ——— Please tell us:

54. How was your new baby delivered?

☐ Vaginally ——— Go to Question 57
☐ Cesarean delivery (c-section)

Go to Question 55

55. 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:

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

[Check ONE answer]

☐ My health care provider recommended a cesarean delivery before I went into labor
☐ My health care provider recommended a cesarean delivery while I was in labor
☐ I asked for the cesarean delivery
57. By the end of your most recent pregnancy, how much weight had you gained?

- 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

Check ONE answer and fill in blank if needed

---

**AFTER PREGNANCY**

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

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

- No
- Yes
- I don’t know

59. 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

---

60. Is your baby alive now?

- No
- Yes

We are very sorry for your loss.

Go to Page 12, Question 69

Go to Question 61

61. Is your baby living with you now?

- No
- Yes

Go to Page 12, Question 68

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

- No
- Yes

Go to Page 12, Question 67

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

- No
- Yes

Go to Page 12, Question 65

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

- Weeks
- Months
- Less than 1 week

Go to Question 62
If your baby was not born in a hospital, go to Question 66.

65. 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ...............................................................

66. 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

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

67. In which one position do you most often lay your baby down to sleep now?

☐ On his or her side
☐ On his or her back
☐ On his or her stomach

68. 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

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

☐ No
☐ Yes

Go to Question 71

Go to Question 70
70. 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 72.

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 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:

72. 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
- 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
- CHIP
- 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. During the 12 months before you got pregnant with your new baby, did you have a miscarriage, fetal death (baby died before being born), or stillbirth?

☐ No
☐ Yes

77. During the last 3 months of your most recent pregnancy, how often did you participate in any physical activities or exercise for 30 minutes or more? For example, walking for exercise, swimming, cycling, dancing, or gardening.

☐ Less than 1 day per week
☐ 1 to 2 days per week
☐ 3 to 4 days per week
☐ 5 or more days per week
☐ I was told by a doctor, nurse, or other health care worker not to exercise

78. Listed below are some statements about safety. For each one, check No if it does not apply to you or Yes if it does.

No Yes

a. I always used a seatbelt during my most recent pregnancy

b. My home has a working smoke alarm

c. There are loaded guns, rifles, or other firearms in my home

79. Since your new baby was born, have you been tested for diabetes or high blood sugar?

☐ No
☐ Yes

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

80. 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

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

People

82. What is today’s date?

Month Day Year

20
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 make Utah mothers and babies healthier.