

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
- 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 11

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?

Check ALL that apply

- 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.

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 .....

**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.

- |                                       | No                       | Yes                      |
|---------------------------------------|--------------------------|--------------------------|
| a. Asthma.....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Anemia (poor blood, low iron)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Heart problems.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Epilepsy (seizures).....           | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Thyroid problems.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Anxiety .....                      | <input type="checkbox"/> | <input type="checkbox"/> |

**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
- } **Go to Question 16**

**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 —————→ **Go to Question 18**  
 Yes

**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:

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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:

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- 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.

- |  | 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"/> |

**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.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. Foods that are good to eat during pregnancy.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Exercise during pregnancy .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Programs or resources to help me gain the right amount of weight during pregnancy ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Programs or resources to help me lose weight after pregnancy .....                      | <input type="checkbox"/> | <input type="checkbox"/> |

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?

Check ONE answer

No → Go to Question 31

Yes, before my pregnancy

Yes, during my pregnancy

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

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

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.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. I knew it was important to care for my teeth and gums during my pregnancy.....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A dental or other health care worker talked with me about how to care for my teeth and gums ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had my teeth cleaned by a dentist or dental hygienist.....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I had insurance to cover dental care during my pregnancy .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I <u>needed</u> to see a dentist for a <b>problem</b> .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I <u>went</u> to a dentist or dental clinic about a <b>problem</b> .....                          | <input type="checkbox"/> | <input type="checkbox"/> |

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 —————→ **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 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 → **Go to Page 10, Question 54**  
 Yes  
 I don't know → **Go to Page 10, Question 54**

**Go to Page 10, Question 53**

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

**Check ALL that apply**

- 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?

**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.

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 → **Go to Question 62**

60. Is your baby alive now?

- No → *We are very sorry for your loss.*
- Yes → **Go to Page 12, Question 69**

**Go to Question 61**

61. Is your baby living with you now?

- No → **Go to Page 12, Question 68**
- Yes

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

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

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 OR \_\_\_\_\_ Months

- Less than 1 week

**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.

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

**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?**

**Check ONE answer**

- 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:

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**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:

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**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:

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- 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?

/  /  20

Month                  Day                  Year

**Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in Utah.**

*Thanks for answering our questions!*

*Your answers will help us work to make Utah mothers and babies healthier.*