

12. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes → Go to Question 14

13. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check all that apply

- I didn't mind if I got pregnant
- I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn't want to use anything
- Other → Please tell us:

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at a calendar when you answer these questions.)

14. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

_____ Weeks OR _____ Months

- I don't remember

15. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Don't 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

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

- No
- Yes → Go to Question 18
- I didn't want prenatal care → Go to Question 18

17. Did any of these things keep you from getting prenatal care as early as you wanted?

Check all that apply

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

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

18. Where did you go *most of the time* for your prenatal visits? (Do not include visits for WIC.)

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community or migrant health center
- Military facility
- Other → Please tell us:

19. How was your prenatal care paid for?

Check all that apply

- Medicaid or Medicaid HMO
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Military or TRICARE-Standard (formerly CHAMPUS)
- I still owe
- Other → Please tell us:

20. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? (Please count only discussions, not reading materials or videos.) For each item, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

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

21. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you questions about any of the things listed below? For each item circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

- | | No | Yes |
|--|----|-----|
| a. If you were smoking cigarettes . . . | .N | Y |
| b. How much alcohol you were drinking | .N | Y |
| c. If someone was hurting you emotionally or physically | .N | Y |
| d. If you were using illegal drugs (marijuana or hash, cocaine, crack, etc.) | .N | Y |
| e. If you wanted to be tested for HIV (the virus that causes AIDS) | .N | Y |
| f. If you planned to use birth control after your baby was born | .N | Y |

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

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

- No
- Yes

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

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

If you did not have any of these problems, go to Question 25.

24. Did you do any of the following things because of these problem(s)?

Check all that apply

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

The next questions are about smoking cigarettes and drinking alcohol.

25. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)

- No —————> **Go to Question 29**
- Yes

26. In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- _____ Cigarettes OR _____ Packs
- Less than 1 cigarette a day
 - I didn't smoke
 - I don't know

27. In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

- _____ Cigarettes OR _____ Packs
- Less than 1 cigarette a day
 - I didn't smoke
 - I don't know

28. How many cigarettes or packs of cigarettes do you smoke on an average day now?

- _____ Cigarettes OR _____ Packs
- Less than 1 cigarette a day
 - I didn't smoke
 - I don't know

29. 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 Page 6, Question 32**
- Yes

30. a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

- I didn't drink then
- Less than 1 drink a week
- 1 to 3 drinks a week
- 4 to 6 drinks a week
- 7 to 13 drinks a week
- 14 drinks or more a week
- I don't know

b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

- _____ Times
- I didn't drink then
 - I don't know

31. a. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

- I didn't drink then
- Less than 1 drink a week
- 1 to 3 drinks a week
- 4 to 6 drinks a week
- 7 to 13 drinks a week
- 14 drinks or more a week
- I don't know

b. During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

Times

- I didn't drink then
- I don't know

Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.

32. This question is about things that may have happened *during the 12 months* before your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to use the calendar.)

	No	Yes
a. A close family member was very sick and had to go into the hospital	N	Y
b. You got separated or divorced from your husband or partner . . .	N	Y
c. You moved to a new address	N	Y
d. You were homeless	N	Y
e. Your husband or partner lost his job	N	Y
f. You lost your job even though you wanted to go on working . . .	N	Y
g. You argued with your husband or partner more than usual	N	Y
h. Your husband or partner said he didn't want you to be pregnant . . .	N	Y
i. You had a lot of bills you couldn't pay	N	Y
j. You were in a physical fight	N	Y
k. You or your husband or partner went to jail	N	Y
l. Someone very close to you had a bad problem with drinking or drugs	N	Y
m. Someone very close to you died . .	N	Y

33. a. During the *12 months* before you got pregnant, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

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

- No
- Yes

34. a. During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

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

- No
- Yes

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

35. When was your baby due?

Month Day Year

36. When did you go into the hospital to have your baby?

Month Day Year

I didn't have my baby in a hospital

37. When was your baby born?

Month Day Year

38. When were you discharged from the hospital after your baby was born? (It may help to use the calendar.)

Month Day Year

I didn't have my baby in a hospital

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

- No
- Yes
- I don't know

40. After your baby was born, how long did he or she stay in the hospital?

- Less than 24 hours (Less than 1 day)
- 24–48 hours (1–2 days)
- 3 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital
- My baby is still in the hospital

41. How was your delivery paid for?

Check all that apply

- Medicaid or Medicaid HMO
 Personal income (cash, check, or credit card)
 Health insurance or HMO
 Other —————> Please tell us:

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

42. What is today's date?

____/____/____
 Month Day Year

43. Is your baby alive now?

- No
 Yes —————> **Go to Question 45**

44. When did your baby die?

____/____/____
 Month Day Year

Go to Question 58

45. Is your baby living with you now?

- No —————> **Go to Question 58**
 Yes

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

- No —————> **Go to Question 50**
 Yes

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

- No
 Yes —————> **Go to Question 49**

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

____ Weeks OR ____ Months
 Less than 1 week

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

____ Weeks OR ____ Months
 My baby was less than one week old
 I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Question 58.

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

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

51. How do you *most often* lay your baby down to sleep now?

Check one answer

- On his or her side
 On his or her back
 On his or her stomach

52. How often does your new baby sleep in the same bed with you or anyone else?

- Always
 Almost always
 Sometimes
 Rarely
 Never

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

- No —————> **Go to Question 55**
 Yes

54. Was your new baby seen at home or at a health care facility?

- At home
 At a doctor's office, clinic, or other health care facility

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

- No —————> **Go to Question 58**
 Yes

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

____ Times

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

Check one answer

- Hospital clinic
 Health department clinic
 Private doctor's office or HMO clinic
 Community or migrant health center
 Military facility
 Other —————> Please tell us:

58. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

- No
 Yes —————> **Go to Page 10 Question 60**

59. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?

Check all that apply

- I am not having sex
 I want to get pregnant
 I don't want to use birth control
 My husband or partner doesn't want to use anything
 I don't think I can get pregnant (sterile)
 I can't pay for birth control
 I am pregnant now
 Other —————> Please tell us:

60. In the months after your delivery, would you say that you were—

Check one answer

- Not depressed at all
- A little depressed
- Moderately depressed
- Very depressed
- Very depressed and had to get help

The next questions are about your family and the place where you live

61. Which rooms are in the house, apartment, or trailer where you live?

Check all that apply

- Living room
- Separate dining room
- Kitchen
- Bathroom(s)
- Recreation room, den, or family room
- Finished basement
- Bedrooms —————> How many? _____

62. Counting yourself, how many people live in your house, apartment, or trailer?

_____ Adults (people aged 18 years or older)

_____ Babies, children, or teenagers (people aged 17 years or younger)

63. What were the sources of your household's income during the past 12 months?

Check all that apply

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

64. Thinking back to just before you got pregnant, how did your husband or partner feel about your becoming pregnant?

Please check the best answer

- My husband or partner wanted me to be pregnant sooner
- My husband or partner wanted me to be pregnant later
- My husband or partner wanted me to be pregnant then
- My husband or partner didn't want me to be pregnant then or at any time in the future
- It didn't matter to my husband or partner when I became pregnant
- I don't know
- I didn't have a husband or partner

65. When you found out that you were pregnant, what was your family's total monthly income before taxes? Please count wages, child support, unemployment or welfare checks, and money support from relatives or friends.

Please check the best answer

- Under \$500
- \$500–\$999
- \$1,000–\$1,199
- \$1,200–\$1,399
- \$1,400–\$1,699
- \$1,700–\$2,099
- \$2,100–\$2,599
- \$2,600–\$2,999
- \$3,000 or more

66. At any time during your pregnancy, did a doctor, nurse or other health care worker talk to you about the following things?

For each thing, circle Y (Yes) if it applies to you, N (No) if it does not apply to you, or DK (don't know) if you are unsure.

	No	Yes	Don't Know
a. "Baby blues" or postpartum depression	N	Y	DK
b. How much weight you should gain during your pregnancy	N	Y	DK
c. Diseases or birth defects that could run in your family or your partner's family	N	Y	DK
d. Tests that could be done during your pregnancy to see if your baby had a birth defect or genetic disease	N	Y	DK

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

	No	Yes
a. I needed to see a dentist for a problem	N	Y
b. I went to a dentist or dental clinic	N	Y
c. A dental or other health care worker talked with me about how to care for my teeth and gums	N	Y

68. How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?

_____ Months

69. During your most recent pregnancy, did you feel you *needed* any of the following services? For each thing, circle Y (Yes) if you felt you needed the service or N (No) if you did not feel you needed the service.

	No	Yes
a. Food, including money or coupons to buy food, food stamps, WIC	N	Y
b. Help with an alcohol or drug problem	N	Y
c. Help to reduce violence in your home	N	Y
d. Counseling information for family and personal problems	N	Y
e. Help to quit smoking	N	Y
f. Help with or information about breastfeeding	N	Y
g. Other	N	Y

Please tell us: _____

70. During your most recent pregnancy, did you receive any of the following services? For each thing, circle Y (Yes) if you received the service or N (No) if you did not receive the service.

	No	Yes
Did you receive:		
a. Food, including money or coupons to buy food, food stamps, WIC	N	Y
b. Help with an alcohol or drug problem	N	Y
c. Help to reduce violence in your home	N	Y
d. Counseling information for family and personal problems . .	N	Y
e. Help to quit smoking	N	Y
f. Help with or information about breastfeeding	N	Y
g. Other	N	Y

Please tell us:

71. During your most recent pregnancy, would you have had the kinds of help listed below if you had needed them? For each thing, circle Y (Yes) if you would have had this kind of help or N (No) if you would not have had this kind of help.

	No	Yes
a. Someone to loan me \$50	N	Y
b. Someone to help me if I were sick and needed to be in bed . . .	N	Y
c. Someone to take me to the clinic or doctor's office if I needed a ride	N	Y
d. Someone to talk with about my problems	N	Y

72. a. After your baby was born, did your husband or partner push, hit, slap, kick, choke, or physically hurt you?

- No
- Yes

b. After your baby was born, did your husband or partner limit your activities, threaten you, or make you feel unsafe in any other way?

- No
- Yes

If your baby is not alive, or is not living with you now, go to Page 13.

73. Listed below are some statements about safety. For each thing, circle Y (Yes) if it applies to you, N (No) if it does not apply to you, or DK (don't know) if you are unsure.

	No	Yes	Don't Know
a. My home has a working smoke alarm that has been tested in the past year	N	Y	DK
b. The last time my baby rode in a car he or she was in a car safety seat	N	Y	DK

Please use this space for any additional comments you would like to make about the health of mothers and babies in Washington.

**Thanks for answering our questions!
Your answers will help us work to make Washington mothers and babies healthier.**