

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, Medicaid Services Card (includes Healthy Options)
- TRICARE or other military health care
- Indian Health Service and/or Tribal Health Services
- Some other kind of health insurance → Please tell us:

- I did not have any health insurance during the *month before* I got pregnant

**9. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?**

- I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* I got pregnant
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

**10. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?**

- No
- Yes

**11. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.**

**No Yes**

- a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy) ...
- b. High blood pressure or hypertension.....
- c. Depression .....

**12. 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.....
- b. Heart problems.....
- c. Epilepsy (seizures).....
- d. Anxiety .....

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

**13. 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 15**

**Go to Question 14**

14. 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

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

- No
- Yes

Go to Question 18

16. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes

Go to Question 18

17. 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:

## DURING PREGNANCY

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

18. How many weeks *or* months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

{  Weeks OR  Months

- I didn't go for prenatal care

Go to Page 4, Question 20

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

- No
- Yes

Go to Page 4, Question 21

Go to Page 4, Question 20

**20. Did any of these things keep you from getting prenatal care when you wanted it?**

For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. I couldn't get an appointment when I wanted one.....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I didn't have enough money or insurance to pay for my visits.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I didn't have any transportation to get to the clinic or doctor's office ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The doctor or my health plan would not start care as early as I wanted .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had too many other things going on.....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I couldn't take time off from work or school.....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I didn't have my Medicaid Services Card (includes Healthy Options) .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I didn't have anyone to take care of my children .....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I didn't know that I was pregnant .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I didn't want anyone else to know I was pregnant .....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I didn't want prenatal care .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**If you did not get prenatal care, go to Question 24.**

**21. 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, Medicaid Services Card (includes Healthy Options)
- TRICARE or other military health care
- Indian Health Service and/or Tribal Health Services
- Some other kind of health insurance —————> Please tell us:
- I did not have any health insurance to pay for my *prenatal care*

**22. 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"/> |

**23. During any of your prenatal care visits, did a doctor, nurse, or other health care worker do any of the things listed below?** For each item, check **No** if no one asked or talked with you about it or **Yes** if someone did.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. Ask if I was smoking cigarettes.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Ask how much alcohol I was drinking .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Ask if someone was hurting me emotionally or physically .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Ask if I was using illegal drugs (marijuana or hash, cocaine, crack, etc.).....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Ask if I planned to use birth control after my baby was born .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Talk with me about how eating fish containing high levels of mercury could affect my baby.....        | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Talk with me about the bacteria Group B Strep (or Beta Strep) .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Talk with me about diseases or birth defects that could run in my family or my partner's family ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Ask if I wanted to be tested for HIV (the virus that causes AIDS) .....                               | <input type="checkbox"/> | <input type="checkbox"/> |

**24. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?**

- No  
 Yes → **Go to Page 6, Question 26**  
 I don't know

**25. Were you offered an HIV test during your most recent pregnancy or delivery?**

- No  
 Yes

26. 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

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

**Check ONE answer**

No → **Go to Question 29**

- Yes, before my pregnancy  
 Yes, during my pregnancy

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

/  20

Month            Year

I don't remember

**If you got a flu shot, go to Question 30.**

29. What were your reasons for **not** getting a flu shot during the 12 months *before the delivery* of your new baby? For each item, check **No** if it was not a reason for you or **Yes** if it was.

No Yes

- a. My doctor didn't mention anything about a flu shot.....
- b. I was worried about side effects of the flu shot for me.....
- c. I was worried that the flu shot might harm my baby .....
- d. I was not worried about getting sick with the flu .....
- e. I do not think the flu shot works .....
- f. I don't normally get a flu shot.....
- g. Other .....

Please tell us: \_\_\_\_\_ →

30. This question is about the care of your teeth **during** your most recent pregnancy. For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

No Yes

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

31. 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

32. 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

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

- No  
 Yes

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

- No  
 Yes

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

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

- No —————→ **Go to Page 8, Question 39**  
 Yes

36. 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

37. 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

38. 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).

39. 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 43**

Yes

40. 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 → **Go to Question 42**

41. During the *3 months before* you got pregnant, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

6 or more times

4 to 5 times

2 to 3 times

1 time

I didn't have 4 drinks or more in a 2 hour time span

42. 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.

43. 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"/> |



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

45. During the 12 months before you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No  
 Yes

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

- No  
 Yes

The next questions are about your labor and delivery.

47. When was your new baby born?

/  /  20  
 Month Day Year

48. How was your new baby delivered?

- Vaginally → **Go to Question 50**  
 Cesarean delivery (c-section)

**Go to Question 49**

49. 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 not head down  
 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:

50. 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.

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

- No  
 Yes  
 I don't know

**52. 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 55**

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

- No → *We are very sorry for your loss.*  
 Yes → **Go to Question 62**

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

- No → **Go to Question 61**  
 Yes

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

- No → **Go to Question 59**  
 Yes

**Go to Question 56**

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

- No  
 Yes → **Go to Question 59**

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

Weeks OR  Months

- Less than 1 week

**58. What were your reasons for stopping breastfeeding?**

**Check ALL that apply**

- My baby had difficulty latching or nursing  
 I thought my baby was not gaining enough weight  
 It was too hard, painful, or too time consuming  
 I thought I was not producing enough milk, or my milk dried up  
 I felt it was the right time to stop breastfeeding  
 I went back to work or school  
 My health care provider told me to stop  
 Other → Please tell us:

**If your baby is still in the hospital, go to Question 61.**

**59. 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

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

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

**61. 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

**62. 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 Page 12, Question 64**

**Go to Question 63**

**63. 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 Page 12, Question 65.**

**64. 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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**65. 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

**66. Since your new baby was born, how often have you felt down, depressed, or hopeless?**

- Always
- Often
- Sometimes
- Rarely
- Never

**67. Since your new baby was born, how often have you had little interest or little pleasure in doing things?**

- Always
- Often
- Sometimes
- Rarely
- Never

**68. 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, Medicaid Services Card (includes Healthy Options)
- TRICARE or other military health care
- Indian Health Service and/or Tribal Health Services
- 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.

**69. In the 12 months before you got pregnant with your new baby, did you have a personal doctor or health care provider?**

- No  
 Yes, only one person  
 Yes, more than one person  
 I don't know

**70. During the 12 months before your new baby was born, did you experience discrimination, harassment, or were you made to feel inferior because of the things listed below? For each item, check **No** if you did not experience these things or **Yes** if you did experience them.**

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. My race, ethnicity, or culture .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My insurance or Medicaid status ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My weight .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My marital status .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other .....                           | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us: \_\_\_\_\_ →

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**71. This question is about things that may have happened during your most recent pregnancy.** For each thing, check **No** if it did not happen to you or **Yes** if it did.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. My husband or partner threatened me or made me feel unsafe in some way.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner .....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My husband or partner forced me to take part in any sexual activity when I did not want to (including touch that made me uncomfortable) ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**72. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them?** For each one, check **No** if you would have not had it or **Yes** if you would have had it.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. Someone to loan me \$50.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Someone to help me if I were sick and needed to be in bed .....              | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Someone to take me to the clinic or doctor's office if I needed a ride ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Someone to talk with about my problems .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |

**If you did not have a postpartum checkup, go to Page 14, Question 74.**

**73. At your postpartum checkup, did a doctor, nurse, or other health care worker talk to you or ask you about any of the things listed below?** For each item, check **No** if no one asked or talked with you about it or **Yes** if someone did.

- |   |                          | No                       | Yes                      |
|---|--------------------------|--------------------------|--------------------------|
| a. Advise you to take a multivitamin, a prenatal vitamin, or a folic acid vitamin.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Talk to you about healthy eating, exercise, and losing weight gained during pregnancy .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Talk to you about birth control methods that you can use after giving birth.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Talk to you about how long to wait before getting pregnant again.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Ask if you've been feeling down or depressed since your baby was born .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Treat you for any health care conditions that developed during your pregnancy (diabetes, high blood pressure, etc.).....                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Ask if you were smoking cigarettes .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Talk to you about resources in your community for help getting insurance or medical care for you or your baby, WIC, or help caring for your baby ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If you had a postpartum checkup, go to Question 75.**

**74. Did any of these things keep you from having a postpartum visit?**

**Check ALL that apply**

- I didn't think I needed a checkup
- I didn't have enough money or insurance to pay for visit
- I was too busy
- I didn't have a way to get to the visit
- I didn't have child care
- Other \_\_\_\_\_ → Please tell us:

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**75. Since your new baby was born, have you received counseling for depression or anxiety?**

- No
- Yes

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

**76. 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

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

People

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

/  /

Month                  Day                  Year

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

*Thanks for answering our questions!*

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