

**First, we would like to ask a few questions about you and the time before you got pregnant with your new baby. Please check the box next to your answer.**

**1. *Just before you got pregnant, did you have health insurance?* Do not count Medicaid, Healthy Options, or medical coupon.**

- No  
 Yes

**2. *Just before you got pregnant, were you on Medicaid, Healthy Options, or medical coupon?***

- No  
 Yes

**3. *During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?* These are pills that contain many different vitamins and minerals.**

- I didn't take a multivitamin or a prenatal vitamin at all  
 1 to 3 times a week  
 4 to 6 times a week  
 Every day of the week

**4. *What is your date of birth?***

19  
 Month Day Year

**5. *Just before you got pregnant with your new baby, how much did you weigh?***

Pounds **OR**  Kilos

**6. *How tall are you without shoes?***

Feet  Inches

**OR**  Centimeters

**7. *Before you got pregnant with your new baby, did you ever have any other babies who were born alive?***

- No  
 Yes

**Go to Question 10**

**8. *Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?***

- No  
 Yes

**9. *Was the baby just before your new one born more than 3 weeks before its due date?***

- No  
 Yes

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

**10. *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 sooner  
 I wanted to be pregnant later  
 I wanted to be pregnant then  
 I didn't want to be pregnant then or at any time in the future

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

- No
- Yes

→ **Go to Question 14**

**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] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, 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 the 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?** 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

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

- No
- Yes
- I didn't want prenatal care

→ **Go to Question 18**

**17. Here is a list of problems some women can have getting prenatal care.** For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

- |  | No | Yes |
|--|----|-----|
| a. I couldn't get an appointment when I wanted one . . . . .                         | N  | Y   |
| b. I didn't have enough money or insurance to pay for my visits . . . . .            | N  | Y   |
| c. I had no way to get to the clinic or doctor's office . . . . .                    | N  | Y   |
| d. I couldn't take time off from work . . . . .                                      | N  | Y   |
| e. The doctor or my health plan would not start care as early as I wanted . . . . .  | N  | Y   |
| f. I didn't have my Medicaid card, Healthy Options card, or medical coupon . . . . . | N  | Y   |
| g. I had no one to take care of my children . . . . .                                | N  | Y   |
| h. I had too many other things going on . . . . .                                    | N  | Y   |
| i. I didn't want anyone to know I was pregnant . . . . .                             | N  | Y   |
| j. Other . . . . .   | N  | Y   |
- Please tell us:

**If you did not go for prenatal care, go to Page 4, Question 21.**

**18. How was your prenatal care paid for?**

**Check all that apply**

- Medicaid, Healthy Options, or medical coupon
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Military TRICARE-Standard (formerly CHAMPUS)
- I still owe
- Other \_\_\_\_\_ → Please tell us:

**19. 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.

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

**20. 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 circle **Y** (Yes) if someone asked or talked with you about it or circle **N** (No) if no one asked or talked with you about it.

	<b>No</b>	<b>Yes</b>
a. Ask if you were smoking cigarettes . . . . .	N	Y
b. Ask how much alcohol you were drinking . . . . .	N	Y
c. Ask if someone was hurting you emotionally or physically . . . . .	N	Y
d. Ask if you were using illegal drugs (marijuana or hash, cocaine, crack, etc.) . . . . .	N	Y
e. Ask if you wanted to be tested for HIV (the virus that causes AIDS) . . . . .	N	Y
f. Ask if you planned to use birth control after your baby was born . . . . .	N	Y
g. Talk with you about how eating fish containing high levels of mercury could affect your baby . . . . .	N	Y
h. Talk with you about the bacteria Group B Strep (or Beta Strep) . . . . .	N	Y

**21. 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 Question 25
- I don't know

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

- No → Go to Question 25
- Yes

**23. Did you turn down the HIV test?**

- No → Go to Question 25
- Yes

**24. Why did you turn down the HIV test?**

**Check all that apply**

- I did not think I was at risk for HIV
- I did not want people to think I was at risk for HIV
- I was afraid of getting the result
- I was tested before this pregnancy, and did not think I needed to be tested again
- Other \_\_\_\_\_ ➔ Please tell us:

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

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

- No
- Yes

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

	<b>No</b>	<b>Yes</b>
a. High blood sugar (diabetes) that started <i>before</i> this pregnancy . . . . .	N	Y
b. High blood sugar (diabetes) that started <i>during</i> this pregnancy . . . . .	N	Y
c. Vaginal bleeding . . . . .	N	Y
d. Kidney or bladder (urinary tract) infection . . . . .	N	Y
e. Severe nausea, vomiting, or dehydration . . . . .	N	Y
f. Cervix had to be sewn shut (incompetent cervix) . . . . .	N	Y
g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia . . . . .	N	Y
h. Problems with the placenta (such as abruptio placentae or placenta previa) . . . . .	N	Y
i. Labor pains more than 3 weeks before my baby was due (preterm or early labor) . . . . .	N	Y
j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) . . . . .	N	Y
k. I had to have a blood transfusion . . . . .	N	Y
l. I was hurt in a car accident . . . . .	N	Y

**If you did not have any of these problems, go to Page 6, Question 28.**

**27. Did you do any of the following things because of these problems?** For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

	<b>No</b>	<b>Yes</b>
a. I went to the hospital or emergency room and stayed less than 1 day . . . . .	N	Y
b. I went to the hospital and stayed 1 to 7 days . . . . .	N	Y
c. I went to the hospital and stayed more than 7 days . . . . .	N	Y
d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice . . . . .	N	Y

**The next questions are about smoking cigarettes and drinking alcohol.**

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

- No → **Go to Question 32**
- Yes

**29. 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
- None (0 cigarettes)

**30. 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
- None (0 cigarettes)

**31. 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
- None (0 cigarettes)

**32. 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 35**
- Yes

**33a. 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

**33b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

**34a. 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

**34b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

**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.**

**35. 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. I got separated or divorced from my husband or partner . . . . .	N	Y
c. I moved to a new address . . . . .	N	Y
d. I was homeless . . . . .	N	Y
e. My husband or partner lost his job . . . . .	N	Y
f. I lost my job even though I wanted to go on working . . . . .	N	Y
g. I argued with my husband or partner more than usual . . . . .	N	Y
h. My husband or partner said he didn't want me to be pregnant . . . . .	N	Y
i. I had a lot of bills I couldn't pay . . . . .	N	Y
j. I was in a physical fight . . . . .	N	Y
k. My husband or partner or I went to jail . . . . .	N	Y
l. Someone very close to me had a bad problem with drinking or drugs . . . . .	N	Y
m. Someone very close to me died . . . . .	N	Y

**36. During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?**

- No
- Yes

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**37. 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

**The next questions are about the time during the 12 months before you got pregnant with your new baby.**

**38a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No  
 Yes

**38b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?**

- No  
 Yes

**The next questions are about the time during your most recent pregnancy.**

**39a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No  
 Yes

**39b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?**

- No  
 Yes

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

**40. When was your baby due?**

Month Day Year

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

Month Day Year

I didn't have my baby in a hospital

**42. When was your baby born?**

Month Day Year

**43. 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



**44. How was your delivery paid for?****Check all that apply**

- Medicaid, Healthy Options, or medical coupon
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Military or TRICARE-Standard (formerly CHAMPUS)
- I still owe
- Other \_\_\_\_\_ → Please tell us:

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

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

- No
- Yes
- I don't know

**46. After your baby was born, 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 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Question 49**

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

- No → **Go to Page 10, Question 58**
- Yes

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

- No → **Go to Page 10, Question 58**
- Yes

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

- No → **Go to Page 10, Question 53**
- Yes

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

- No
- Yes → **Go to Question 52**

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

- \_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months
- Less than 1 week

**52. 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 1 week old
- I have not fed my baby anything besides breast milk

**If your baby is still in the hospital, go to Page 10, Question 58.**

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

Hours

- Less than 1 hour a day  
 My baby is never in the same room with someone who is smoking

**54. 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

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

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

**56. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?**

- No  
 Yes

**57. Has your new baby had a well-baby checkup?**  
 (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- No  
 Yes

**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 not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No  
 Yes → **Go to 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:

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

**60. During the 12 months before your new baby was born, what were the sources of your household's income?**

Check all that apply

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

**61. During the 12 months before your new baby was born, what was your total household income before taxes?** Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)

Check one answer

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

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

People

The next few questions are on a variety of topics.

**63. Which of the following statements best describes you during the 3 months before you got pregnant?**

Check one answer

- I was trying to get pregnant
- I wasn't trying to get pregnant or trying to keep from getting pregnant
- I was trying to keep from getting pregnant but was not trying very hard
- I was trying hard to keep from getting pregnant

**64. During the 3 months before you got pregnant with your new baby, 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.) Do not count exercise you may have done as part of your regular job.

- Less than 1 day per week
- 1 to 4 days per week
- 5 or more days per week

**65. 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

**If you did not smoke during the 3 months before you got pregnant, go to Question 67.**

**If you did not go for prenatal care, go to Question 67.**

**66. Listed below are some things about smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits.** For each thing, circle **Y** (Yes) if it applied to you during any of your prenatal care visits or circle **N** (No) if it did not.

**During any of your prenatal care visits, did a doctor, nurse, or other health care worker—**

	No	Yes
a. Spend time with you discussing how to quit smoking . . . . .	N	Y
b. Suggest that you set a specific date to stop smoking . . . . .	N	Y
c. Prescribe a nicotine nasal spray or nicotine inhaler . . . . .	N	Y
d. Prescribe a pill like Zyban® (also known as Wellbutrin® or bupropion) to help you quit . . . . .	N	Y
e. Recommend using nicotine gum. . . . .	N	Y
f. Recommend using a nicotine patch . . . . .	N	Y
g. Suggest you attend a class or program to stop smoking . . . . .	N	Y
h. Provide you with booklets, videos, or other materials to help you quit smoking on your own . . . . .	N	Y
i. Refer you to counseling for help with quitting . . . . .	N	Y
j. Ask if a family member or friend would support your decision to quit . . . . .	N	Y
k. Refer you to a national or state quit line . . . . .	N	Y

**67. Which of the following statements best describes the rules about smoking *inside* your home during your most recent pregnancy?**

**Check one answer**

- No one was allowed to smoke anywhere inside my home
- Smoking was allowed in some rooms or at some times
- Smoking was permitted anywhere inside my home

**68. 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   |

**69. This question is about things that may have happened during your most recent pregnancy.** For each thing, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not.

**During your most recent pregnancy—**

- |  | No | Yes |
|--|----|-----|
| a. Your husband or partner threatened you or made you feel unsafe in some way . . . . .  | N  | Y   |
| b. You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner . . . . .                      | N  | Y   |
| c. Your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could go . . . . .          | N  | Y   |
| d. Your husband or partner forced you to take part in any sexual activity when you did not want to (including touch that made you uncomfortable) . . . . . | N  | Y   |

**70a. Since your new baby was born, how often have you felt down, depressed, or hopeless?**

- Always
- Often
- Sometimes
- Rarely
- Never

**70b. Since your new baby was born, how often have you had little interest or little pleasure in doing things?**

- Always
- Often
- Sometimes
- Rarely
- Never

**If your baby is no longer alive or is not living with you now, go to Question 74.**

**71. 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<br>Know |
|---|----|-----|---------------|
| a. Your home has a working smoke alarm that has been tested in the past year. . . . . | N  | Y   | DK            |
| b. The last time your baby rode in a car he or she was in a car safety seat . . . . . | N  | Y   | DK            |

**72. Do you have an infant car seat(s) for your new baby?**

- No → **Go to Question 74**
- Yes

**73. When your new baby rides in an infant car seat, is he or she usually facing forward or facing the rear of the car, truck, or van?**

- Facing forward
- Facing the rear

**74. Have you ever had your teeth cleaned by a dentist or dental hygienist?**

- No → **Go to Question 76**
- Yes

**75. When did you have your teeth cleaned by a dentist or dental hygienist?** For each of the three time periods, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

- |   | No | Yes |
|---|----|-----|
| a. Before my most recent pregnancy . . .    | N  | Y   |
| b. During my most recent pregnancy . . .    | N  | Y   |
| c. After my most recent pregnancy . . . . . | N  | Y   |

**76. Which of the following statements best describes the rules about smoking inside your home now?**

**Check one answer**

- No one is allowed to smoke anywhere inside my home
- Smoking is allowed in some rooms or at some times
- Smoking is permitted anywhere inside my home

**77. Do you get the water you use in your house, apartment, or trailer from a city or county water supply or from a private well?**

- City or county water supply
- Private well

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

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Month	Day	Year

**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.***

IFor people with disabilities, this document is available on request in other formats.  
To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).



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