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 _______

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

4. **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.
   - a. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy) ........................................... □ □
   - b. High blood pressure or hypertension ......................... □ □
   - c. Depression .................................................................. □ □

5. **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

6. **In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?**
   - □ No ➔ Go to Page 2, Question 9
   - □ Yes

7. **What type of health care visit did you have in the 12 months before you got pregnant with your new baby?**
   - Check ALL that apply
   - □ Regular checkup at my family doctor’s office
   - □ Regular checkup at my OB/GYN’s office
   - □ Visit for an illness or chronic condition
   - □ Visit for an injury
   - □ Visit for family planning or birth control
   - □ Visit for depression or anxiety
   - □ Visit to have my teeth cleaned by a dentist or dental hygienist
   - □ Other ➔ Please tell us:
     ___________________________________
8. **During any of your health care visits in the 12 months before you got pregnant,** did a doctor, nurse, or other health care worker **do any of the following things?** For each item, check **No** if they did not or **Yes** if they did.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tell me to take a vitamin with folic acid...</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>b. Talk to me about maintaining a healthy weight</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>d. Talk to me about my desire to have or not have children</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>e. Talk to me about using birth control to prevent pregnancy</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>f. Talk to me about how I could improve my health before a pregnancy</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>g. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>h. Ask me if I was smoking cigarettes</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>i. Ask me if someone was hurting me emotionally or physically</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>j. Ask me if I was feeling down or depressed</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>k. Ask me about the kind of work I do</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>l. Test me for HIV (the virus that causes AIDS)</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

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**The next questions are about your health insurance coverage before, during, and after your pregnancy with your new baby.**

9. **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 or partner
- Private health insurance from my parents
- Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- Medicaid (not managed care)
- Medicaid managed care including STAR, STAR+PLUS, or STAR Health
- CHIP or CHIP Perinatal
- TRICARE or other military health care
- Other health insurance ➔ Please tell us:

10. **During your most recent pregnancy,** what kind of health insurance did you have for your **prenatal care?**

Check **ALL** that apply

- I did not go for prenatal care ➔ **Go to Question 11**
- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- Medicaid (not managed care)
- Medicaid managed care including STAR, STAR+PLUS, or STAR Health
- CHIP or CHIP Perinatal
- TRICARE or other military health care
- Other health insurance ➔ Please tell us:

- I did not have any health insurance for my prenatal care
11. 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 or partner  
   - Private health insurance from my parents  
   - Private health insurance from the Health Insurance Marketplace or HealthCare.gov  
   - Medicaid (not managed care)  
   - Medicaid managed care including STAR, STAR+PLUS, or STAR Health  
   - CHIP or CHIP Perinatal  
   - TRICARE or other military health care  
   - Other health insurance  
   - Please tell us:  
   - I do not have health insurance now

12. 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

13. When you got pregnant with your new baby, were you trying to get pregnant?  
   - No  
   - Yes  

14. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.  
   - No  
   - Yes  

15. 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.)

16. How many weeks or months pregnant were you when you had your first visit for prenatal care?  
   - Weeks  
   - Months  
   - I didn’t go for prenatal care  

Go to Page 4, Question 17
17. Did you get prenatal care as early in your pregnancy as you wanted?

☐ No
☐ Yes

Go to Question 19

18. 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.

b. I didn’t have enough money or insurance to pay for my visits.

c. I didn’t have any transportation to get to the clinic or doctor’s office.

d. The doctor or my health plan would not start care as early as I wanted.

e. I had too many other things going on.

f. I couldn’t take time off from work or school.

g. I didn’t have my Medicaid card.

h. I didn’t have anyone to take care of my children.

i. I didn’t know that I was pregnant.

j. I didn’t want anyone else to know I was pregnant.

k. I didn’t want prenatal care.

If you did not get prenatal care, go to Question 22.

19. Where did you go most of the time for your prenatal care visits? Do not include visits for WIC.

☐ Private doctor’s office
☐ Hospital clinic
☐ Health department clinic
☐ Clinic or office where I saw multiple doctors for my prenatal care visits
☐ Clinic or office where I received group prenatal care
☐ 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, check No if no one talked with you about it or Yes if someone did.

☐ No Yes

a. How smoking during pregnancy could affect my baby.

b. Breastfeeding my baby.

c. How drinking alcohol during pregnancy could affect my baby.

d. Using a seat belt during my pregnancy.

e. Medicines that are safe to take during my pregnancy.

f. How using illegal drugs could affect my baby.

g. Doing tests to screen for birth defects or diseases that run in my family.

h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due).

i. What to do if I feel depressed during my pregnancy or after my baby is born.

j. Physical abuse to women by their husbands or partners.
21. **During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below?** For each item, check **No** if they did not ask you about it or **Yes** if they did.

- a. If I knew how much weight I should gain during pregnancy
- b. If I was taking any prescription medication
- c. If I was smoking cigarettes
- d. If I was drinking alcohol
- e. If someone was hurting me emotionally or physically
- f. If I was feeling down or depressed
- g. If I was using drugs such as marijuana, cocaine, crack, or meth
- h. If I wanted to be tested for HIV (the virus that causes AIDS)
- i. If I planned to breastfeed my new baby
- j. If I planned to use birth control after my baby was born

22. **Have you ever heard or read that taking a vitamin with folic acid can help prevent some birth defects?**

- No
- Yes

23. **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

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

- No
- Yes, before my pregnancy
- Yes, during my pregnancy

---

25. **During your most recent pregnancy, did you get a Tdap shot or vaccination?** A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- No
- Yes
- I don’t know

26. **During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?**

- No
- Yes

27. **This question is about other 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.

- 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 insurance to cover dental care during my pregnancy
- d. I needed to see a dentist for a problem
- e. I went to a dentist or dental clinic about a problem

28. **Did any of the following things make it hard for you to go to a dentist or dental clinic during your most recent pregnancy?** For each item, check **No** if it was not something that made it hard for you or **Yes** if it was.

- a. I could not find a dentist or dental clinic that would take pregnant patients
- b. I could not find a dentist or dental clinic that would take Medicaid patients
- c. I did not think it was safe to go to the dentist during pregnancy
- d. I could not afford to go to the dentist or dental clinic
29. During your most recent pregnancy, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Gestational diabetes (diabetes that started during this pregnancy)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. High blood pressure (that started during this pregnancy)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Depression</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

- No
- Yes
- I don’t know

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

- No
- Yes

32. 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

33. 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

34. 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

35. How many cigarette smokers, not including yourself, lived in your home during your most recent pregnancy?

- Number of smokers

36. Which of the following statements best describes the rules about smoking inside your home now, even if no one who lives in your home is a smoker?

- 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
The next questions are about using other tobacco products around the time of pregnancy.

**E-cigarettes (electronic cigarettes) and other electronic nicotine products** (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

37. Have you used any of the following products in the past 2 years? For each item, check No if you did not use it or Yes if you did.

|   |   |   
|---|---|---|
| No | Yes |   
| a. E-cigarettes or other electronic nicotine products |   |   
| b. Hookah |   |   
| c. Chewing tobacco, snuff, snus, or dip |   |   
| d. Nicotine replacement therapy products (such as nicotine patch, nicotine gum, or nicotine lozenge) |   |   

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 38. Otherwise, go to Question 40.

38. During the 3 months before you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

39. During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

The next questions are about drinking alcohol around the time of pregnancy.

40. Have you had any alcoholic drinks in the past 2 years? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- No
- Yes

41. 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
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn’t drink then

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
- 8 to 13 drinks a week
- 4 to 7 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. 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.)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A close family member was very sick and had to go into the hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I got separated or divorced from my husband or partner</td>
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<tr>
<td>c. I moved to a new address</td>
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<tr>
<td>d. I was homeless or had to sleep outside, in a car, or in a shelter</td>
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<tr>
<td>e. My husband or partner lost their job</td>
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<tr>
<td>f. I lost my job even though I wanted to go on working</td>
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<td></td>
</tr>
<tr>
<td>g. My husband, partner, or I had a cut in work hours or pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. I was apart from my husband or partner due to military deployment or extended work-related travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. I argued with my husband or partner more than usual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. My husband or partner said they didn’t want me to be pregnant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. I had problems paying the rent, mortgage, or other bills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. My husband, partner, or I went to jail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Someone very close to me had a problem with drinking or drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Someone very close to me died</td>
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<td></td>
</tr>
</tbody>
</table>

44. In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My husband or partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. My ex-husband or ex-partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Another family member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Someone else</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

45. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My husband or partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. My ex-husband or ex-partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Another family member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Someone else</td>
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AFTER PREGNANCY

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

46. When was your new baby born?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Go to Question 49</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Go to Question 49</td>
</tr>
<tr>
<td></td>
<td>I don’t know</td>
<td>Go to Question 48</td>
</tr>
</tbody>
</table>
48. Why did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?

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

50. What was the reason that your new baby was born by cesarean delivery (c-section)?

- 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 pre-eclampsia, 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:

49. How was your new baby delivered?

- Vaginally: Go to Question 51
- Cesarean delivery (c-section)

51. 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 Page 10, Question 54

52. Is your baby alive now?

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

Go to Page 10, Question 53
53. Is your baby living with you now?
   - [ ] No   **Go to Page 12, Question 69**
   - [ ] Yes

54. Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources? For each one, check [ ] No if you did not receive information from this source or [ ] Yes if you did.
   - [ ] a. My doctor
   - [ ] b. A nurse, midwife, or doula
   - [ ] c. A breastfeeding or lactation specialist
   - [ ] d. My baby’s doctor or health care provider
   - [ ] e. A breastfeeding support group
   - [ ] f. A breastfeeding hotline or toll-free number
   - [ ] g. Family or friends
   - [ ] h. Other
     Please tell us: __________________________

If you did not breastfeed your new baby, go to Question 61.

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 57**
   - [ ] Yes

56. What were your reasons for not breastfeeding your new baby?
   - [ ] I was sick or on medicine
   - [ ] I had other children to take care of
   - [ ] I had too many household duties
   - [ ] I didn’t like breastfeeding
   - [ ] I tried but it was too hard
   - [ ] I didn’t want to
   - [ ] I went back to work
   - [ ] I went back to school
   - [ ] Other   **Please tell us:** __________________________

57. Are you currently breastfeeding or feeding pumped milk to your new baby?
   - [ ] No   **Go to Question 59**
   - [ ] Yes

58. How many weeks or months did you breastfeed or feed pumped milk to your baby?
   - [ ] Less than 1 week
   - [ ] Weeks [ ] Months
If your baby was not born in a hospital, go to Question 60.

59. 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.

   No Yes
a. Hospital staff gave me information about breastfeeding..............................
   On his or her side
   On his or her back
   On his or her stomach
b. My baby stayed in the same room with me at the hospital...............................  
c. I breastfed my baby in the hospital..........................
   Always
   Often
   Sometimes
   Rarely
   Never
   Go to Question 64
d. Hospital staff helped me learn how to breastfeed ........................................
e. I breastfed in the first hour after my baby was born ........................................
f. My baby was placed in skin-to-skin contact within the first hour of life..............
g. My baby was fed only breast milk at the hospital........................................
h. Hospital staff told me to breastfeed whenever my baby wanted ........................
i. The hospital gave me a breast pump to use........................................
j. The hospital gave me a gift pack with formula........................................
k. The hospital gave me a telephone number to call for help with breastfeeding........................
l. Hospital staff gave my baby a pacifier .....  

60. How old was your new baby the first time he or she had liquids other than breast milk (such as formula, water, juice, or cow’s milk)?

   No Yes
   Week 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 Page 12, Question 69.

61. 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

62. In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?

   Always
   Often
   Sometimes
   Rarely
   Never
   Go to Question 64

63. When your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?

   No
   Yes

64. Listed below are some more things about how babies sleep. How did your new baby usually sleep in the past 2 weeks? For each item, check No if your baby did not usually sleep like this or Yes if he or she did.

   No Yes
   a. In a crib, bassinet, or pack and play ..........  
   b. On a twin or larger mattress or bed ..........  
   c. On a couch, sofa, or armchair....................
   d. In an infant car seat or swing....................  
   e. In a sleeping sack or wearable blanket.....
   f. With a blanket........................................
   g. With toys, cushions, or pillows, including nursing pillows ........................................
   h. With crib bumper pads (mesh or non-mesh)........................................
65. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check No if they did not tell you or Yes if they did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Place my baby on his or her back to sleep ........................................</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. Place my baby to sleep in a crib, bassinet, or pack and play .........................</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Place my baby’s crib or bed in my room ................................................</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. What things should and should not go in bed with my baby ....................................</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

66. Was your new baby seen by a doctor, nurse, or other health care worker for a one week checkup after he or she was born?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>My baby was still in the hospital at that time</th>
</tr>
</thead>
</table>

67. Has your new baby had a well-baby checkup? A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.

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

68. Did your new baby have any well-baby shots or vaccinations before he or she was 3 months old? Do not count shots or vaccinations given in the hospital right after birth.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>My child has not had any well-baby shots, but he or she is not 3 months old yet</th>
</tr>
</thead>
</table>

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 having their tubes tied, 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 want to get pregnant
- I am pregnant now
- I had my tubes tied or blocked
- 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 paying for birth control
- Other

Please tell us:


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 or Essure®)
- Vasectomy (male sterilization)
- Birth control pills
- Condoms
- Shots or injections (Depo-Provera®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- Contraceptive implant in the arm (Nexplanon® or Implanon®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other

Please tell us:


If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Question 72.

Go to Question 70
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

Go to Question 74

73. During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not do it or Yes if they did.

- Tell me to take a vitamin with folic acid ...
- Talk to me about healthy eating, exercise, and losing weight gained during pregnancy
- Talk to me about how long to wait before getting pregnant again
- Talk to me about birth control methods I can use after giving birth
- Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms
- Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)
- Ask me if I was smoking cigarettes
- Ask me if someone was hurting me emotionally or physically
- Ask me if I was feeling down or depressed
- Test me for diabetes

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

76. Since your new baby was born, have you asked for help for depression from a doctor, nurse, or other health care worker?

- No
- Yes

77. Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?

- No
- Yes

OTHER EXPERIENCES

The next questions are on a variety of topics.

78. During the last 3 months of your most recent pregnancy, about how many servings of fruit did you have in a day?

- Zero servings (none)
- 1 or 2 servings per day
- 3 or 4 servings per day
- 5 or more servings per day

79. During the last 3 months of your most recent pregnancy, about how many servings of vegetables did you have in a day?

- Zero servings (none)
- 1 or 2 servings per day
- 3 or 4 servings per day
- 5 or more servings per day
80. **When you got pregnant with your new baby, who lived in the same house with you?**

<table>
<thead>
<tr>
<th>Check ALL that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>My husband or partner</td>
</tr>
<tr>
<td>Children aged less than 12 months ———&gt; How many children? ____</td>
</tr>
<tr>
<td>Children aged 1 year to 5 years ———&gt; How many children? ____</td>
</tr>
<tr>
<td>Children aged 6 years and over ———&gt; How many children? ____</td>
</tr>
<tr>
<td>My mother</td>
</tr>
<tr>
<td>My father</td>
</tr>
<tr>
<td>My husband’s or partner’s parent(s)</td>
</tr>
<tr>
<td>Friend or roommate</td>
</tr>
<tr>
<td>Other family member or relative</td>
</tr>
<tr>
<td>Other ———&gt; Please tell us:</td>
</tr>
<tr>
<td>I lived alone</td>
</tr>
</tbody>
</table>

81. **Who lives in the same house with you now?**

<table>
<thead>
<tr>
<th>Check ALL that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>My husband or partner</td>
</tr>
<tr>
<td>Children aged less than 12 months ———&gt; How many children? ____</td>
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<td>My mother</td>
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<tr>
<td>My husband’s or partner’s parent(s)</td>
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<tr>
<td>Other family member or relative</td>
</tr>
<tr>
<td>Other ———&gt; Please tell us:</td>
</tr>
<tr>
<td>I live alone</td>
</tr>
</tbody>
</table>

82. **When you got pregnant, how old was your new baby’s father?**

| □ | ____ | Years old |
| □ | I don’t know |

83. **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 $16,000 |
| □ | $16,001 to $20,000 |
| □ | $20,001 to $24,000 |
| □ | $24,001 to $28,000 |
| □ | $28,001 to $32,000 |
| □ | $32,001 to $40,000 |
| □ | $40,001 to $48,000 |
| □ | $48,001 to $57,000 |
| □ | $57,001 to $60,000 |
| □ | $60,001 to $73,000 |
| □ | $73,001 to $85,000 |
| □ | $85,001 or more |

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

| □ | People |

85. **What is today’s date?**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The last questions are about prescription drugs.

D1. During your most recent pregnancy, did you take prescription antidepressants or selective serotonin reuptake inhibitors (SSRIs) such as Prozac, Zoloft, or Lexapro?

- No
- Yes

D2. During your most recent pregnancy, did you use prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine?

- No  Go to the end
- Yes

D3. How would you describe the way you got the prescription pain relievers that you used during your most recent pregnancy?

- I had a current prescription
- I had pain relievers left over from an old prescription
- I got the pain relievers without a prescription

Thank you for answering these questions! Your answers will help us learn more about how to keep pregnant women and their babies healthy.
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 Texas.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in Texas healthy.