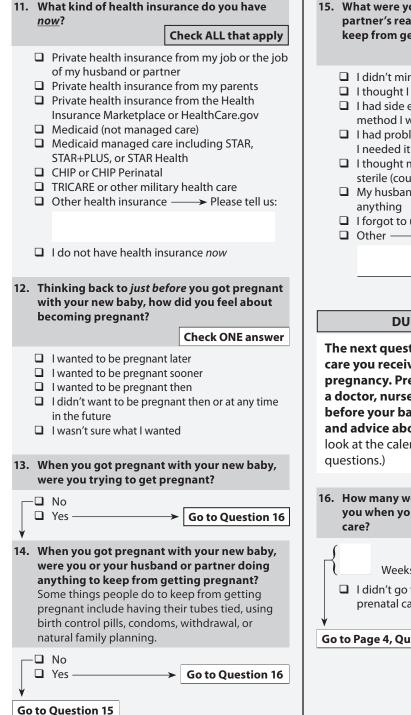
Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about you. How tall are you without shoes? 1. 6. Feet Inches OR Centimeters No -Yes 2. Just before you got pregnant with your new baby, how much did you weigh? 7. your new baby? Pounds **OR** Kilos 3. What is your date of birth? Month Day Year The next questions are about the time Other *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. No Yes 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 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? Go to Page 2, Question 9 What type of health care visit did you have in the 12 months before you got pregnant with **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 Usit for family planning or birth control Visit for depression or anxiety Usit to have my teeth cleaned by a dentist or dental hygienist Please tell us:

B. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item check No if they did not or Yes if they did.	The next questions are about your <i>health insurance coverage</i> before, during, and after your pregnancy with your <i>new</i> baby.
No Yer a. Tell me to take a vitamin with folic acid Image: Construct the second	 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: I did not have any health insurance during the month before I got pregnant 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? Check ALL that apply I did not go for prenatal care 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 not have any health care Other health insurance from the Health Insurance Marketplace or HealthCare.gov Medicaid not managed care including STAR, STAR+PLUS, or STAR Health CHIP or CHIP Perinatal TRICARE or other military health care Other health insurance from the Health Insurance Marketplace or HealthCare.gov Medicaid not have any health insurance for my prenatal care



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

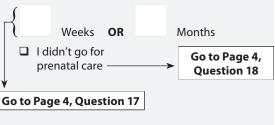
Check ALL that apply

- □ 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?



17.	Did you get prenatal care as early in your pregnancy as you wanted?	19.	• Where did you go <i>most of the time</i> for your prenatal care visits? Do not include visits for WIC.
	□ No □ Yes		Check ONE answer
¥			Private doctor's office
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.		 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
a.	No Yes I couldn't get an appointment when I wanted one		care ☐ Other → Please tell us:
	I didn't have enough money or insurance to pay for my visits		
	I didn't have any transportation to get to the clinic or doctor's office	20.	 During any of your prenatal care visits, did a doctor, nurse, or other health care worker
	The doctor or my health plan would not start care as early as I wanted		talk with you about any of the things listed below? Please count only discussions, not reading
	I had too many other things going on I I couldn't take time off from work or school		materials or videos. For each item, check No if no one talked with you about it or Yes if someone did.
g.	I didn't have my Medicaid card		No Yes
h.	l didn't have anyone to take care of my children	a.	How smoking during pregnancy could affect my baby
i.	I didn't know that I was pregnant	b.	Breastfeeding my baby
j.	I didn't want anyone else to know I was pregnant		How drinking alcohol during pregnancy could affect my baby
k.	I didn't want prenatal care	d.	Using a seat belt during my pregnancy
		e.	Medicines that are safe to take during my pregnancy
lf 22	you did not get prenatal care, go to Question 2.	f.	
		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.	
		j.	Physical abuse to women by their husbands or partners

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		
 a. If I knew how much weight I should gain during pregnancy	25.	During your you get a Td vaccination i protects aga
 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? 23. During the 12 months before the <u>delivery</u> 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 		YesI don't kn
 e. If someone was hurting me emotionally or physically	26.	During your you have yo dental hygi
 g. If I was using drugs such as marijuana, cocaine, crack, or meth		NoYes
 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? 23. During the 12 months before the <u>delivery</u> 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.	This questic teeth <u>during</u> each item, ch apply to you
 vitamin with folic acid can help prevent some birth defects? No Yes 23. During the 12 months before the <u>delivery</u> 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 	a. b.	teeth and gu
 Yes 23. During the 12 months before the <u>delivery</u> 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 	c.	my teeth and I had insuran during my pr
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	d. e.	I <u>needed</u> to s I <u>went</u> to a de a problem
□ Yes	28.	Did any of the for you to get during your item, check I
24. During the 12 months <i>before the <u>delivery</u> of</i>		it hard for yo
your new baby, did you <i>get</i> a flu shot? Check ONE answer	a. b.	I could not fit that would ta I could not fit that would ta
 No Yes, before my pregnancy Yes, during my pregnancy 		I did not thin dentist durin I could not at dental clinic.

5.	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
6.	During <i>your most recent</i> pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?
	NoYes
7.	This question is about other care of your teeth <u>during</u> 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
а. Э.	I knew it was important to care for my teeth and gums during my pregnancy A dental or other health care worker
	talked with me about how to care for my teeth and gums
Ξ.	I had insurance to cover dental care during my pregnancy
d.	I <u>needed</u> to see a dentist for a problem 🖵 🛛
2.	I <u>went</u> to a dentist or dental clinic about
	a problem 🗋 🔲
8.	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.

No Yes

I could not find a dentist or dental clinic that would take pregnant patients
I could not find a dentist or dental clinic that would take Medicaid patients
I did not think it was safe to go to the dentist during pregnancy.....
I could not afford to go to the dentist or dental clinic....

2	9. 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.	 33. In the <u>last 3 months of your pregnancy, how</u> many cigarettes did you smoke on an average day? A pack has 20 cigarettes. 41 cigarettes or more
1	No Yes a. Gestational diabetes (diabetes that <u>started</u> during <i>this</i> pregnancy)	 21 to 40 cigarettes 21 to 20 cigarettes 6 to 10 cigarettes 1 to 5 cigarettes Less than 1 cigarette I didn't smoke then
l	Depression	34. How many cigarettes do you smoke on an average day now? A pack has 20 cigarettes.
3	During <i>your most recent</i> pregnancy, did a doctor, nurse, or other health care worker give <u>you</u> 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?	 41 cigarettes or more 21 to 40 cigarettes 11 to 20 cigarettes 6 to 10 cigarettes 1 to 5 cigarettes Less than 1 cigarette
	 No Yes I don't know 	 I don't smoke now 35. How many cigarette smokers, not including yourself, lived in your home during your most
	The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).	recent pregnancy?
31.	 Have you smoked any cigarettes in the <i>past</i> 2 years? No	36. Which of the following statements best describes the rules about smoking <i>inside</i> your home <i>now</i> , even if no one who lives in your home is a smoker?
,	Yes	Check ONE answe
3	 In the 3 months <u>before</u> you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes. 	 No one is allowed to smoke anywhere inside my home Smoking is allowed in some rooms or at some times
	 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 	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 <u>before</u> 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 <u>last 3</u> 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.



- 41. During the 3 months <u>before</u> 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 <u>before</u> and <u>during</u> 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	
b.	I got separated or divorced from my husband or partner	
c.	I moved to a new address	
d.	I was homeless or had to sleep outside, in a car, or in a shelter	
e.	My husband or partner lost their job \Box	
f.	I lost my job even though I wanted to go on working	
g.	My husband, partner, or I had a cut in work hours or pay	
h.	I was apart from my husband or partner due to military deployment or extended work-related travel	
i.	I argued with my husband or partner more than usual	
j.	My husband or partner said they didn't want me to be pregnant	
k.	I had problems paying the rent, mortgage, or other bills	
I.	My husband, partner, or I went to jail	
m.	Someone very close to me had a problem with drinking or drugs	
n.	Someone very close to me died	

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. No Yes a. My husband or partner b. My ex-husband or ex-partner..... c. Another family member d. Someone else 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. No Yes a. My husband or partner b. My ex-husband or ex-partner...... c. Another family member d. Someone else AFTER PREGNANCY The next questions are about the time since your new baby was born. 46. When was your new baby born? 20

Month

Year

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

Day



Check ALL that apply

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

Check ALL that apply

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

49. How was your new baby delivered?

Go to Question 51

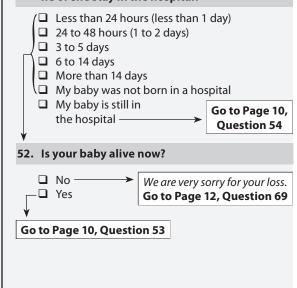
Cesarean delivery (c-section)

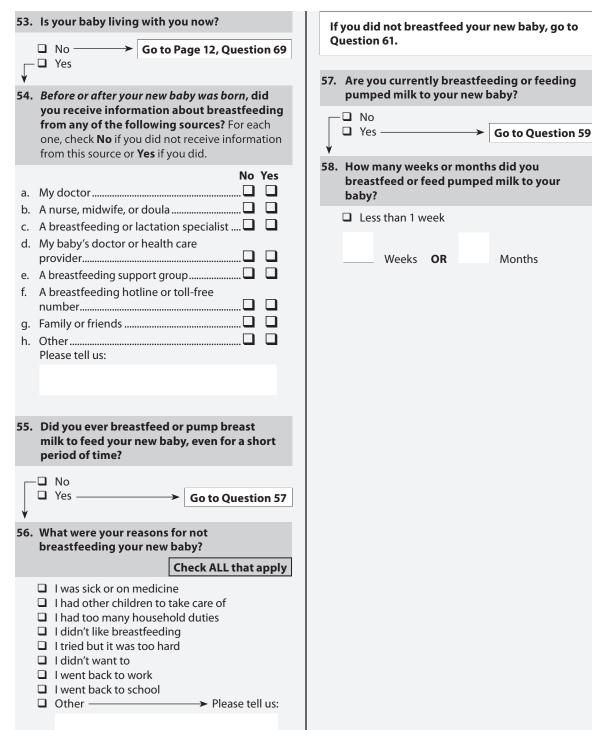
Go to Question 50

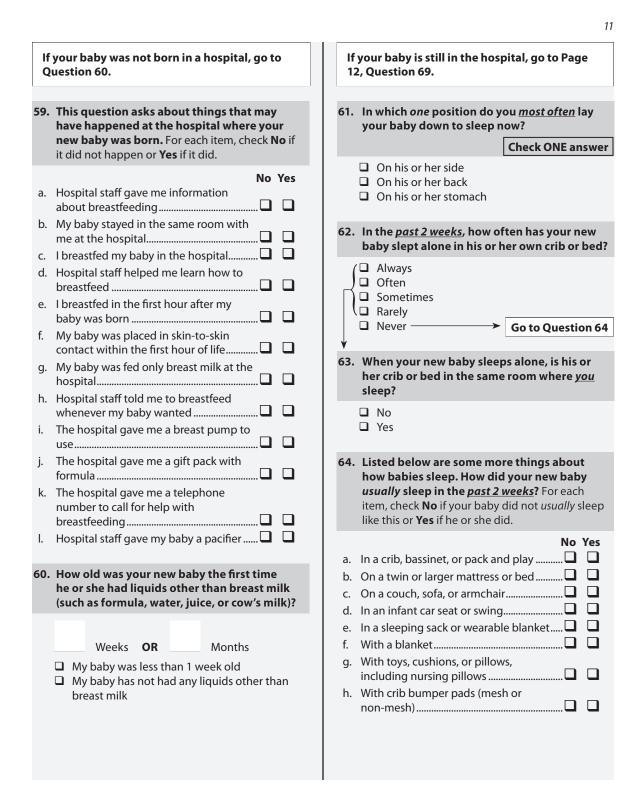
I had a previous cesarean delivery (c-section)

born by 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:
- 51. After your baby was delivered, how long did he or she stay in the hospital?

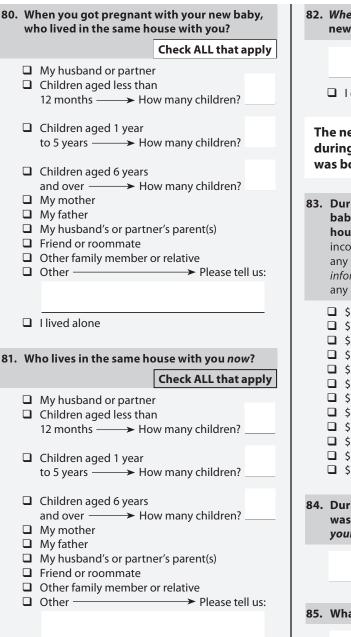






12		
65.	Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check No if they did not tell you	70. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant <i>now</i> ?
	or Yes if they did.	Check ALL that apply
b. c.	NoYesPlace my baby on his or her back to sleepImage: Comparison of the place of the place my baby to sleep in a crib, bassinet, or pack and playImage: Comparison of the place of the p	 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 I am not having sex My husband or partner doesn't want to use anything
66.	Was your new baby seen by a doctor, nurse, or other health care worker for a <i>one week</i> <i>checkup</i> after he or she was born?	 I have problems paying for birth control Other> Please tell us:
	 No Yes My baby was still in the hospital at that time 	If you or your husband or partner is not doing anything to keep from getting pregnant <i>now,</i>
67.	Has your new baby had a well-baby checkup? A well-baby checkup is a regular health visit for	go to Question 72.
	your baby usually at 1, 2, 4, and 6 months of age. No Yes 	71. What kind of birth control are you or your husband or partner using <i>now</i> to keep from getting pregnant?
		Check ALL that apply
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. No Yes My child has not had any well-baby shots, but he or she is not 3 months old yet 	 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®)
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	 □ 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:
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	75. <i>Since your new baby was born,</i> how often have you had little interest or little pleasure in doing things you usually enjoyed?	
woman has about 4-6 weeks after she gives birth.	AlwaysOften	
□ No → Go to Question 74 Ves	 Sometimes Rarely Never 	
73. During your postpartum checkup, did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check No if they did not do it or Yes if they did.	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 a. Tell me to take a vitamin with folic acid	□ No □ Yes	
 b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy 	77. Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?	
c. Talk to me about how long to wait before getting pregnant again	□ No	
d. Talk to me about birth control methods I can use after giving birth	Yes	
 Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera[®]), NuvaRing[®], 	OTHER EXPERIENCES	
or condoms f. Insert an IUD (Mirena®, ParaGard®,	The next questions are on a variety of topics.	
Liletta [®] , or Skyla [®]) or a contraceptive implant (Nexplanon [®] or Implanon [®])		
g. Ask me if I was smoking cigarettes 🔲 📮	78. During the <i>last 3 months</i> of your most recent pregnancy, about how many servings of <i>fruit</i>	
h. Ask me if someone was hurting me emotionally or physically	did you have in a day?	
i. Ask me if I was feeling down or depressed	Check ONE answer	
j. Test me for diabetes	 Zero servings (none) 1 or 2 servings per day 	
74. Since your new baby was born, how often have	 3 or 4 servings per day 5 or more servings per day 	
you felt down, depressed, or hopeless?		
 Always Often Sometimes 	79. During the <i>last 3 months</i> of your most recent pregnancy, about how many servings of <i>vegetables</i> did you have in a day?	
	vegetables ald you have in a day?	
 Sometimes Rarely Never 	Check ONE answer	



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

Years old

I don't know

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

- 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?

20

Dav

Month

Year

□ I live alone

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 - Yes

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

Check ALL that apply

- 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.