

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
- PeachCare for Kids
- TRICARE or other military health care
- 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 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

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

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

**Go to
Question 14**

13. 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

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

- No
 Yes

Go to Question 17

15. 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 17

16. 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.)

17. 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 19

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

- No
 Yes

Go to Page 4 Question 20

Go to Page 4, Question 19

19. 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 card..... | <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 22.

20. 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
- PeachCare for Kids
- TRICARE or other military health care
- Some other kind of health insurance → Please tell us:
- I did not have any health insurance to pay for my prenatal care

21. 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"/> |

22. 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 26**
 - I don't know
- ↓
- Go to Question 23**

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

No → **Go to Question 26**

Yes

24. Did you turn down the HIV test?

No → **Go to Question 26**

Yes

25. 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:

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

No

Yes

27. 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

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

Check ONE answer

No → **Go to Question 30**

Yes, before my pregnancy

Yes, during my pregnancy

29. 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 Page 6, Question 31.

30. 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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was worried about side effects of the flu shot for me..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was worried that the flu shot might harm my baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was not worried about getting sick with the flu..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I do not think the flu shot works..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I don't normally get a flu shot..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Please tell us: → | | |

31. 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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A dental or other health care worker talked with me about how to care for my teeth and gums..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had my teeth cleaned by a dentist or dental hygienist..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I had insurance to cover dental care during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I <u>needed</u> to see a dentist for a problem | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I <u>went</u> to a dentist or dental clinic about a problem | <input type="checkbox"/> | <input type="checkbox"/> |

If you did not have any problems with your teeth or gums during your pregnancy, go to Question 34.

32. During *your most recent* pregnancy, what kind of problem did you have with your teeth or gums? For each item, check **No if you did not have this problem during pregnancy or **Yes** if you did.**

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. I had cavities that needed to be filled..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I had painful, red, or swollen gums.... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had a toothache..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I needed to have a tooth pulled..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had an injury to my mouth, teeth, or gums..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I had some other problem with my teeth or gums..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us: _____ →

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

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I could not find a dentist or dental clinic that would take pregnant patients..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I could not find a dentist or dental clinic that would take Medicaid patients..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I did not think it was safe to go to the dentist during pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I could not afford to go to the dentist or dental clinic..... | <input type="checkbox"/> | <input type="checkbox"/> |

34. 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

35. 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

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

- No → **Go to Question 38**
 Yes

37. During *your most recent* pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?

- No
 Yes

38. 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).

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

- No → **Go to Page 8, Question 43**
 Yes

40. 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

41. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

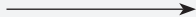
- 41 cigarettes or more
 21 to 40 cigarettes
 11 to 20 cigarettes
 6 to 10 cigarettes
 1 to 5 cigarettes
 Less than 1 cigarette
 I didn't smoke then

42. 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).

43. 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 46**

Yes

44. 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

45. 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.

46. 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"/> |

47. During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

- Always
 Often
 Sometimes
 Rarely
 Never

48. 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

49. 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.

50. When was your new baby born?

/ / 20
 Month Day Year

51. 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.

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

- No
 Yes
 I don't know

53. 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 56**

54. Is your baby alive now?

- No → **We are very sorry for your loss. Go to Page 11, Question 67**
 Yes

Go to Page 10, Question 55

55. Is your baby living with you now?

No → **Go to Question 65**

Yes

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

No

Yes → **Go to Question 58**

57. What were your reasons for not breastfeeding your new baby?

Check ALL that apply

- 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 or school
- Other → Please tell us:

If you did not breastfeed your new baby, go to Question 62.

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

No

Yes → **Go to Question 61**

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

Weeks **OR** Months

Less than 1 week

60. What were your reasons for stopping breastfeeding?

Check ALL that apply

- My baby had difficulty latching or nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My nipples were sore, cracked, or bleeding
- It was too hard, painful, or too time consuming
- I thought I was not producing enough milk, or my milk dried up
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick or I had to stop for medical reasons
- I went back to work or school
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other → Please tell us:

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

Weeks **OR** Months

- My baby was less than 1 week old
- My baby has not had any liquids other than breast milk

62. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

Weeks **OR** Months

- My baby was less than 1 week old
- My baby has not eaten any foods

If your baby is still in the hospital, go to Question 65.

63. 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

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

- Always
 Often
 Sometimes
 Rarely
 Never

65. *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 → Go to Question 67
 Yes

Go to Question 66

66. *Since your new baby was born, did the home visitor who came to your home talk with you about any of the things listed below?* For each one, check No if they did not talk with you about it or Yes if they did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. Breastfeeding my baby | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How long to wait before getting pregnant again..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Family planning services or using contraception..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Postpartum depression | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Resources in my community to support new parents | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Getting to and staying at a healthy weight after delivery | <input type="checkbox"/> | <input type="checkbox"/> |
| g. How to quit or keep from smoking..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. How to get the health care that my baby or I need | <input type="checkbox"/> | <input type="checkbox"/> |

67. 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 69

Go to Page 12, Question 68

68. 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 Question 70.

69. 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:

70. *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

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

73. 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
- PeachCare for Kids
- TRICARE or other military health care
- Some other kind of health insurance → Please tell us:

- I do not have health insurance now

OTHER EXPERIENCES

The next questions are on a variety of topics.

74. When you got pregnant, what relationship did you have with your new baby's father?

Check ONE answer

- He was my husband (legally married)
- He was my partner (not legally married)
- He was my boyfriend
- He was a friend
- Other → Please tell us:

75. During your most recent pregnancy, about how many hours a day, on average, were you in the same room or vehicle with another person who was smoking?

_____ Hours

- 1 hour a day or less
- I was never in the same room or vehicle with someone who was smoking

76. During your most recent pregnancy, who would have helped you if a problem had come up? For example, who would have helped you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?

Check ALL that apply

- My husband or partner
- My mother, father, or in-laws
- Other family member or relative
- A friend
- Religious community
- Someone else → Please tell us:

- No one would have helped me

If your baby is not alive or living with you, go to Page 14, Question 79.

77. Listed below are some statements about safety. For each one, check No if it does not apply to you or Yes if it does.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I always used a seat belt during my most recent pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My home has a working smoke alarm | <input type="checkbox"/> | <input type="checkbox"/> |
| c. There are loaded guns, rifles, or other firearms in my home | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I have received information about infant products that should be taken off the market (product recalls) since my new baby was born | <input type="checkbox"/> | <input type="checkbox"/> |

78. *Since your new baby was born, have you used WIC services for yourself or your new baby?*

- No
 Yes, both my new baby and I use WIC services
 Yes, only my new baby uses WIC services
 Yes, only I am using WIC services

79. *Since your new baby was born, how often would you say you have been worried or stressed about having enough money to pay your bills?*

- Always
 Usually
 Sometimes
 Rarely
 Never

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

- No
 Yes

81. *During any of the following time periods, did your husband or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way?*

For each time period, check **No** if it did not happen then or **Yes** if it did.

No Yes

- a. During the 12 months before I got pregnant
 b. During my most recent pregnancy
 c. Since my new baby was born

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

82. *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

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

People

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

/ / 20
 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 Georgia.

Thanks for answering our questions!

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