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. 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

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.
   a. I was dieting (changing my eating habits) to lose weight
   - No
   - Yes
   b. I was exercising 3 or more days of the week for fitness outside of my regular job
   - No
   - Yes
   c. I was regularly taking prescription medicines other than birth control
   - No
   - Yes
   d. A health care worker checked me for diabetes
   - No
   - Yes
   e. I talked to a health care worker about my family medical history
   - No
   - Yes

8. 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)
   - No
   - Yes
   b. High blood pressure or hypertension
   - No
   - Yes
   c. Depression
   - No
   - Yes

9. During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?
   - I didn’t take a multivitamin, prenatal vitamin, or folic acid vitamin in the month before I got pregnant
   - 1 to 3 times a week
   - 4 to 6 times a week
   - Every day of the week
10. 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 ☐ Yes → Go to Question 13

11. 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: ____________________________

12. 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.

  a. Tell me to take a vitamin with folic acid...
  b. Talk to me about maintaining a healthy weight.........................................................
  c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure ........................................
  d. Talk to me about my desire to have or not have children........................................
  e. Talk to me about using birth control to prevent pregnancy........................................
  f. Talk to me about how I could improve my health before a pregnancy .........................
  g. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis........................................
  h. Ask me if I was smoking cigarettes........
  i. Ask me if someone was hurting me emotionally or physically ................................
  j. Ask me if I was feeling down or depressed..............................................................
  k. Ask me about the kind of work I do ....
  l. Test me for HIV (the virus that causes AIDS)..........................................................
The next questions are about your health insurance coverage before, during, and after your pregnancy with your new baby.

13. 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
- PeachCare for Kids
- 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

14. 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 15]
- 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
- PeachCare for Kids
- TRICARE or other military health care
- Other health insurance [Please tell us: __________________________]
- I did not have any health insurance for my prenatal care

15. 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
- PeachCare for Kids
- TRICARE or other military health care
- Other health insurance [Please tell us: __________________________]
- I do not have health insurance now

16. 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

17. When you got pregnant with your new baby, were you trying to get pregnant?  
- No
- Yes [Go to Page 4, Question 21]

18. 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 [Go to Page 4, Question 20]
19. What were your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant?

- 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 ——————————————————

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 ——————————————————

If you or your husband or partner was not doing anything to keep from getting pregnant, go to Question 21.

20. What method of birth control were you using when you got pregnant?

- Birth control pills
- Condoms
- Shots or injections (Depo-Provera®)
- Contraceptive implant in the arm (Nexplanon® or Implanon®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Other ——————————————————

Check ALL that apply

[ ] Birth control pills
[ ] Condoms
[ ] Shots or injections (Depo-Provera®)
[ ] Contraceptive implant in the arm (Nexplanon® or Implanon®)
[ ] Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
[ ] IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
[ ] Natural family planning (including rhythm method)
[ ] Withdrawal (pulling out)
[ ] Other ——————————————————

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.)

21. How many weeks or months pregnant were you when you had your first visit for prenatal care?

[ ] Weeks OR [ ] Months

- I didn’t go for prenatal care

Go to Question 23

22. 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If I knew how much weight I should gain during pregnancy</td>
<td></td>
</tr>
<tr>
<td>b. If I was taking any prescription medication</td>
<td></td>
</tr>
<tr>
<td>c. If I was smoking cigarettes</td>
<td></td>
</tr>
<tr>
<td>d. If I was drinking alcohol</td>
<td></td>
</tr>
<tr>
<td>e. If someone was hurting me emotionally or physically</td>
<td></td>
</tr>
<tr>
<td>f. If I was feeling down or depressed</td>
<td></td>
</tr>
<tr>
<td>g. If I was using drugs such as marijuana, cocaine, crack, or meth</td>
<td></td>
</tr>
<tr>
<td>h. If I wanted to be tested for HIV (the virus that causes AIDS)</td>
<td></td>
</tr>
<tr>
<td>i. If I planned to breastfeed my new baby</td>
<td></td>
</tr>
<tr>
<td>j. If I planned to use birth control after my baby was born</td>
<td></td>
</tr>
</tbody>
</table>
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 have your teeth cleaned by a dentist or dental hygienist?

☐ No
☐ Yes

26. 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.

☐ No
☐ Yes

27. 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.

a. Gestational diabetes (diabetes that started during this pregnancy) ................. ☐ ☐
b. High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia............................................. ☐ ☐
c. Depression......................................................................... ☐ ☐

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

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

☐ No
☐ Yes

29. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

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

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

☐ 41 cigarettes or more
☐ 21 to 40 cigarettes
☐ 11 to 20 cigarettes
☐ 6 to 10 cigarettes
☐ 1 to 5 cigarettes
☐ Less than 1 cigarette
☐ I didn’t smoke then
If you did not smoke at any time in the 3 months before you got pregnant, go to Question 37.

31. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to quit smoking?

☐ No
☐ Yes
☐ I didn’t go for prenatal care

Go to Question 33

32. Listed below are some things about quitting smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits. For each thing, check No if it was not done or Yes if it was.

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

33. During your most recent pregnancy, did you do any of the following things about quitting smoking? For each thing, check No if you did not do it or Yes if you did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Set a specific date to stop smoking</td>
</tr>
<tr>
<td>b.</td>
<td>Use booklets, videos, or other materials to help me quit</td>
</tr>
<tr>
<td>c.</td>
<td>Call a national or state quit line or go to a website</td>
</tr>
<tr>
<td>d.</td>
<td>Attend a class or program to stop smoking</td>
</tr>
<tr>
<td>e.</td>
<td>Go to counseling for help with quitting</td>
</tr>
<tr>
<td>f.</td>
<td>Use a nicotine patch, gum, lozenge, nasal spray or inhaler</td>
</tr>
<tr>
<td>g.</td>
<td>Take a pill like Zyban® (also known as Wellbutrin® or bupropion) to stop smoking</td>
</tr>
<tr>
<td>h.</td>
<td>Take a pill like Chantix® (also known as varenicline) to stop smoking</td>
</tr>
<tr>
<td>i.</td>
<td>Try to quit on my own (e.g., cold turkey)</td>
</tr>
<tr>
<td>j.</td>
<td>Other</td>
</tr>
</tbody>
</table>

Please tell us:

34. During your most recent pregnancy, did your health insurance pay for medications or any other services to help you quit smoking?

☐ No, my insurance did not pay
☐ Yes, but I had to make a co-payment
☐ Yes, with no co-payment
☐ I wasn’t trying to quit smoking
☐ I didn’t have health insurance
☐ I don’t know
35. Did you quit smoking around the time of your most recent pregnancy?  
Check ONE answer
- No
- No, but I cut back
- Yes, I quit before I found out I was pregnant
- Yes, I quit when I found out I was pregnant
- Yes, I quit later in my pregnancy

36. Listed below are some things that can make it hard for some people to quit smoking. For each item, check No if it is not something that might make it hard for you or Yes if it is.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cost of medicines or products to help with quitting</td>
<td></td>
</tr>
<tr>
<td>b. Cost of classes to help with quitting</td>
<td></td>
</tr>
<tr>
<td>c. Fear of gaining weight</td>
<td></td>
</tr>
<tr>
<td>d. Loss of a way to handle stress</td>
<td></td>
</tr>
<tr>
<td>e. Other people smoking around me</td>
<td></td>
</tr>
<tr>
<td>f. Cravings for a cigarette</td>
<td></td>
</tr>
<tr>
<td>g. Lack of support from others to quit</td>
<td></td>
</tr>
<tr>
<td>h. Worsening depression</td>
<td></td>
</tr>
<tr>
<td>i. Worsening anxiety</td>
<td></td>
</tr>
<tr>
<td>j. Some other reason</td>
<td></td>
</tr>
</tbody>
</table>

Please tell us:  

37. 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

38. Which of the following statements best describes the rules about smoking inside your home during your most recent pregnancy, even if no one who lived in your home was a smoker?  
Check ONE answer
- No one was allowed to smoke anywhere inside my home
- Smoking was allowed in some rooms or at some times
- Smoking was permitted anywhere inside my home

39. 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?  
Check ONE answer
- No one is allowed to smoke anywhere inside my home
- Smoking is allowed in some rooms or at some times
- Smoking is permitted anywhere inside my home
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.

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40. 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.

<table>
<thead>
<tr>
<th>Product Description</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-cigarettes or other electronic nicotine products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hookah</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chewing tobacco, snuff, snus, or dip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cigars, cigarillos, or little filtered cigars</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 41. Otherwise, go to Question 43.

---

41. 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

---

42. 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.

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
- Yes

Go to Question 46

---

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
- 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

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
- 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.

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
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
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
l. 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

47. During the 12 months before your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated based on your race?

☐ No
☐ Yes

48. 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

49. 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.

50. When was your new baby born?

[ ] / [ ] / 20
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

52. Is your baby alive now?
   - No
   - Yes

53. Is your baby living with you now?
   - No
   - 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: ________________________________

55. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?
   - No
   - Yes

56. Are you currently breastfeeding or feeding pumped milk to your new baby?
   - No
   - Yes

57. How many weeks or months did you breastfeed or feed pumped milk to your baby?
   - Less than 1 week
   - ______ Weeks OR ______ Months

58. Are you currently breastfeeding or feeding pumped milk to your new baby?
   - No
   - Yes

59. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?
58. 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.

a. Hospital staff gave me information about breastfeeding ........................................  

b. My baby stayed in the same room with me at the hospital ............................................

c. I breastfed my baby in the hospital ................................................................

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 ......

If your baby was not born in a hospital, go to Question 59.

If your baby is still in the hospital, go to Page 12, Question 64.

60. 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 62

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

☐ No
☐ Yes

62. 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)

63. 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.

No Yes

a. Place my baby on his or her back to sleep  

b. Place my baby to sleep in a crib, bassinet, or pack and play  

c. Place my baby’s crib or bed in my room  

d. What things should and should not go in bed with my baby

59. In which one position do you most often lay your baby down to sleep now?

☐ On his or her side
☐ On his or her back
☐ On his or her stomach

Check ONE answer
64. 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 66

☐ Yes

65. What kind of home visitor has come to your home since your new baby was born?

☐ A nurse or nurse’s aide
☐ A teacher or health educator
☐ A doula or midwife
☐ Someone else → Please tell us:

☐ I don’t know

66. 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 → Go to Question 67

☐ Yes → Go to Question 68

67. What are your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant now?

☐ 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
☐ I have problems paying for birth control
☐ Other → Please tell us:

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Question 69.

68. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

☐ 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:

Check ALL that apply
69. 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 71

70. 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.

a. Tell me to take a vitamin with folic acid ...

b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy ............................................

c. Talk to me about how long to wait before getting pregnant again........................

d. Talk to me about birth control methods I can use after giving birth.............

e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms........................................................

f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®) ........

g. Ask me if I was smoking cigarettes ............

h. Ask me if someone was hurting me emotionally or physically ...............................

i. Ask me if I was feeling down or depressed ........................................................

j. Test me for diabetes ........................................

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 you usually enjoyed?

☐ Always  ☐ Often  ☐ Sometimes  ☐ Rarely  ☐ Never

73. At any time during your most recent pregnancy, did you work at a job for pay?

☐ No  ☐ Yes  
Go to Page 14, Question 76

74. Please tell us about your MAIN job during your most recent pregnancy. What was your job title and what were your usual activities or duties?

Job title:

Job duties:
75. Thinking about your MAIN job *during your most recent pregnancy*, what type of company did you work for (what did the company do or make)?

Type of company:

- [ ] I don’t know

If your baby is not alive or is not living with you, go to Question 77.

76. Since your new baby was born, have you used any of these services? For each one, check No if you did not use the service or Yes if you did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Parenting classes</td>
<td></td>
</tr>
<tr>
<td>b. Counseling for depression or anxiety</td>
<td></td>
</tr>
</tbody>
</table>

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

77. 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

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

   ______ People

79. What is today’s date?

   ______ / ______ / 20______

   Month  Day  Year
The next questions are about your ability to do different activities.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| D1. Do you have difficulty seeing, even when wearing glasses or contact lenses? | - No difficulty  
- Some difficulty  
- A lot of difficulty  
- I cannot do this at all |
| D2. Do you have difficulty hearing, even if using a hearing aid(s)?       | - No difficulty  
- Some difficulty  
- A lot of difficulty  
- I cannot do this at all |
| D3. Do you have difficulty walking or climbing steps?                     | - No difficulty  
- Some difficulty  
- A lot of difficulty  
- I cannot do this at all |
| D4. Do you have difficulty remembering or concentrating?                 | - No difficulty  
- Some difficulty  
- A lot of difficulty  
- I cannot do this at all |
| D5. Do you have difficulty with self care, such as washing all over or dressing? | - No difficulty  
- Some difficulty  
- A lot of difficulty  
- I cannot do this at all |

D6. Using your usual language, do you have difficulty communicating, for example, understanding or being understood?
- No difficulty  
- Some difficulty  
- A lot of difficulty  
- I cannot do this at all

The next questions are about the use of pain relievers during pregnancy.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>O1. During your most recent pregnancy, did you use any of the following over-the-counter pain relievers?</td>
<td>- No if you did not use it during your pregnancy or Yes if you did</td>
</tr>
<tr>
<td>a. Acetaminophen (like regular Tylenol®, Tylenol Extra Strength®, or Tylenol PM®)</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>b. Ibuprofen (like Motrin® or Advil®), including high dose pills that may be prescribed</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>c. Aspirin (like Bayer® or Ecotrin®)</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>d. Naproxen (like Aleve® or Midol®)</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>
O2. During your most recent pregnancy, did you use any of the following prescription pain relievers? For each one, check No if you did not use it during your pregnancy or Yes if you did. Do not include pain relievers you used only during labor and delivery.

No Yes

a. Hydrocodone (like Vicodin®, Norco®, or Lortab®)

b. Codeine (like Tylenol® #3 or #4, not regular Tylenol®)

c. Oxycodone (like Percocet®, Percodan®, OxyContin®, or Roxicodone®)

d. Tramadol (like Ultram® or Ultracet®)

e. Hydromorphone or meperidine (like Demorol®, Exalgo®, or Dilaudid®)

f. Oxymorphone (like Opana®)

g. Morphine (like MS Contin®, Avinza®, or Kadian®)

h. Fentanyl (like Duragesic®, Fentora®, or Actiq®)

If you checked “Yes” for any of the options in Question O2, continue with the next question. If not, go to Question O10.

The next questions are only about the use of prescription pain relievers listed in Question O2.

O3. Where did you get the prescription pain relievers that you used during your most recent pregnancy?

Check ALL that apply

- OB-GYN, midwife, or prenatal care provider
- Family doctor or primary care provider
- Dentist or oral health care provider
- Doctor in the emergency room
- I had pain relievers left over from an old prescription
- Friend or family member gave them to me
- I got the pain relievers without a prescription some other way
- Other

O4. What were your reasons for using prescription pain relievers during your most recent pregnancy?

Check ALL that apply

- To relieve pain from an injury, condition, or surgery I had before pregnancy
- To relieve pain from an injury, condition, or surgery that happened during my pregnancy
- To relax or relieve tension or stress
- To help me with my feelings or emotions
- To help me sleep
- To feel good or get high
- Because I was “hooked” or I had to have them
- Other

Please tell us: 

________________________________________
O5. In each of the following time periods during your pregnancy, for how many weeks or months did you use prescription pain relievers? Please write the total number of weeks or months in each time period.

a. In the **first** 3 months of pregnancy

   _____ Weeks OR _____ Months
   - Less than a week
   - Never

b. In the **second** 3 months of pregnancy

   _____ Weeks OR _____ Months
   - Less than a week
   - Never

c. In the **last** 3 months of pregnancy

   _____ Weeks OR _____ Months
   - Less than a week
   - Never

O6. *During your most recent pregnancy, did you want or need to cut down or stop using prescription pain relievers?* Please write your response.

   - No
   - Yes

   **Go to Question O10**

O8. *During your most recent pregnancy, did you get help from a doctor, nurse, or other health care worker to cut down or stop using prescription pain relievers?*

   - No
   - Yes

   **Go to Question O10**

O9. *During your most recent pregnancy, did you receive medication-assisted treatment to help you stop using prescription pain relievers?* This is when a doctor prescribes medicines such as methadone, buprenorphine, Suboxone®, Subutex®, or naltrexone (Vivitrol®).

   - No
   - Yes

O10. Do you think the use of prescription pain relievers *during pregnancy* could be harmful to a baby’s health?

   - Not harmful at all
   - Not harmful, if taken as prescribed
   - Harmful, even if taken as prescribed

   **Check ONE answer**

O11. Do you think the use of prescription pain relievers could be harmful to a woman’s own health?

   - Not harmful at all
   - Not harmful, if taken as prescribed
   - Harmful, even if taken as prescribed

   **Check ONE answer**

O12. At any time *during your most recent pregnancy*, did a doctor, nurse, or other health care worker talk with you about how using prescription pain relievers during pregnancy could affect a baby?

   - No
   - Yes
The last question is about the use of other medications or drugs during pregnancy.

**O13. During your most recent pregnancy, did you take or use any of the following medications or drugs for any reason?** For each item, check **No** if you did not take or use it or **Yes** if you did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Medication for depression (like Prozac®, Zoloft®, Lexapro®, Paxil®, or Celexa®)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. Medication for anxiety (like Valium®, Xanax®, Ativan®, Klonopin®, or other “benzos” (benzodiazepines))</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Methadone, Subutex®, Suboxone®, or buprenorphine</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. Naloxone</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. Cannabidiol (CBD) products</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. Adderall®, Ritalin®, or another stimulant</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. Marijuana or hash</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. Synthetic marijuana (K2, Spice)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. Heroin (smack, junk, Black Tar, or Chiva)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>j. Amphetamines (uppers, speed, crystal meth, crank, ice, or agua)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>k. Cocaine (crack, rock, coke, blow, snow, or nieve)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>l. Tranquilizers (downers or ludes)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>m. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>n. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>
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 keep mothers and babies in Georgia healthy.