

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.

The first questions are about *you*.

1. What is *your* date of birth?

____ / ____ / ____
Month Day Year

2. *Just before your baby's mother became pregnant, how much did you weigh?*

____ Pounds **OR** ____ Kilos

3. What was your weight when your new baby was born?

____ Pounds **OR** ____ Kilos

4. How tall are *you* without shoes?

____ Feet ____ Inches

OR ____ Centimeters

The next questions are about the time *while your baby's mother was pregnant*.

5. *During your baby's mother's pregnancy, did you have any health care visits with a doctor, nurse or other health care worker, including a dental or mental health worker?*

☐ No →

Go to Question 7

☐ Yes
↓

6. What type of health care visit(s) did *you* have when your baby's mother was pregnant?

Check ALL that apply

- ☐ Regular checkup at my family doctor'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:

7. Did you have a primary care physician when your baby's mother was pregnant?

- ☐ No
- ☐ Yes

8. At any time during your baby's mother's pregnancy, did you regularly take prescription medications?

- ☐ No
- ☐ Yes → Please tell us:

The next questions are about the time before your baby's mother became pregnant

9. When your baby's mother became pregnant, did you live together?

- ☐ No
☐ Yes

10. What was your relationship with your baby's mother before she got pregnant?

Check ONE answer

- ☐ She was my wife (legally married)
☐ She was my partner (not legally married)
☐ She was my girlfriend
☐ She was a friend
☐ Other _____ → Please tell us:

11. Thinking back to just before your baby's mother got pregnant, how did you feel about her becoming pregnant?

Check ONE answer

- ☐ I wanted her to be pregnant later
☐ I wanted her to be pregnant sooner
☐ I wanted her to be pregnant then
☐ I didn't want her to be pregnant then or at any time in the future
☐ I wasn't sure what I wanted

12. When your baby's mother got pregnant, were either of you doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include having tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- ☐ No _____ → **Go to Question 13**
☐ Yes

Go to Question 14

13. What were your reasons or your baby's mother's reasons for not doing anything to keep from getting pregnant?

Check ALL that apply

- ☐ I didn't mind if she got pregnant
☐ I thought she could not get pregnant at the time
☐ I had side effects from the birth control I was using
☐ I had problems getting birth control when I needed it
☐ I thought I was sterile (could not get anyone pregnant at all)
☐ I didn't want to use anything
☐ She didn't want to use anything
☐ I forgot to use a birth control method
☐ Other _____ → Please tell us:

If you or your baby's mother were not doing anything to keep from getting pregnant, go to question 15.

14. What method of birth control were you using when your baby's mother got pregnant?

Check ALL that apply

- ☐ Condoms
☐ Vasectomy (male sterilization)
☐ Natural family planning (including rhythm method)
☐ Withdrawal (pulling out)
☐ Not having sex (abstinence)
☐ None
☐ I don't know
☐ Other _____ → Please tell us:

The next questions are about smoking cigarettes around the time your baby's mother was pregnant (before, during, and after).

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

- ☐ No
☐ Yes

Go to Question 18

16. When your baby's mother was 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

17. Since your new baby was born, 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 using other tobacco products around the time your baby's mother was pregnant.

E-cigarettes (electronic cigarettes) and other electronic nicotine vaping 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.

Hookahs are water pipes used to smoke tobacco. These are not e-hookahs or hookah pens.

18. When your baby's mother was pregnant, 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

19. Since your new baby was born, have you used e-cigarettes or other electronic nicotine products such as vape pens, e-hookahs, hookah pens, e-cigars or e-pipes?

- ☐ No
☐ Yes

Go to Question 21

20. Since your new baby was born, 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

The next questions are about your use of alcohol and other substances around the time your baby's mother was pregnant.

21. 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 25

22. How many alcoholic drinks did you consume in an average week when your baby's mother was pregnant?

- ☐ 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

23. How many alcoholic drinks do you consume now 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 don't drink now

24. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?

- ☐ None
 Number of times —————→ Please tell us:

25. When your most recent baby's mother was pregnant, did you take or use any of the following drugs for any reason? Your answers are strictly confidential. For each item check No if you did not use them or Yes if you did.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Over the counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve® | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Prescription antidepressants or selective reuptake inhibitors (SSRIs) such as Prozac, Zoloft, or Lexapro | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Marijuana or hash | <input type="checkbox"/> | <input type="checkbox"/> |

26. Since your new baby was born, have you taken or used any of the following drugs for any reason? Your answers are strictly confidential. For each item check No if you did not use them or Yes if you did.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Over the counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve® | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Prescription antidepressants or selective reuptake inhibitors (SSRIs) such as Prozac, Zoloft, or Lexapro | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Marijuana or hash | <input type="checkbox"/> | <input type="checkbox"/> |

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

27. When was your new baby born?

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Month		Day		Year

28. Since your new baby was born, have you had any health care visits with a doctor, nurse or other health care worker, including a dental or mental health worker?

- ☐ No —————→ **Go to Question 30**

↓
☐ Yes

29. Since your new baby was born, what type of health care visit(s) have you had?

Check ALL that apply

- ☐ Regular checkup at my family doctor'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:

30. Do you have a primary care physician now?

- ☐ No
☐ Yes

31. Do you live with your baby's mother now?

- ☐ No
☐ Yes

32. What is your relationship with your baby's mother now?

Check ONE answer

- ☐ She is my wife (legally married) —————→ **Go to Question 34**
- ☐ She is my partner (not legally married)
- ☐ She is my girlfriend
- ☐ She is a friend
- ☐ Other —————→ Please tell us:

33. Which of the following statements best describes your *current relationship* with your baby's mother?

Check ONE answer

- ☐ We are romantically involved on a steady basis
- ☐ We are involved in an on-again and off-again relationship
- ☐ We are just friends
- ☐ We hardly ever talk to each other
- ☐ We never talk to each other

34. Is your baby alive now?

- ☐ No —————→ *We are very sorry for your loss.*
- ☐ Yes

Go to Page 7, Question 53

The next few questions are about your baby's mother and choices about how to feed your new baby.

35. Did your baby's mother ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

- ☐ No —————→ **Go to Question 38**
- ☐ Yes
- ☐ I don't know

36. Is your baby's mother currently breastfeeding or feeding pumped breast milk to your new baby?

- ☐ No
- ☐ Yes —————→ **Go to Question 38**
- ☐ I don't know

37. How many weeks or months did your baby's mother breastfeed or pump breast milk to feed your baby?

- ☐ Less than 1 week

Weeks

OR

Months

38. When your new baby was born, did you know whether your baby's mother would breastfeed, pump breast milk, or formula feed?

- ☐ No
- ☐ Yes

39. When your new baby was born, what did you think about your baby's mother breastfeeding your baby?

Check ONE answer

- ☐ I wanted her to breastfeed
- ☐ I did not want her to breastfeed
- ☐ I had no opinion about whether she would breastfeed

40. Listed below are some 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 **Yes** if he or she did did.**



	I don't		
	No	Yes	know
a. In a crib, bassinet, or pack and play.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. On a twin or larger mattress or bed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. On a couch, sofa, or armchair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In an infant car seat or swing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. In a sleeping sack or wearable blanket.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. With a blanket.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. With toys, cushions, or pillows, including nursing pillows.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. With crib bumper pads (mesh or non-mesh).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. 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
- ☐ I don't lay my baby down to sleep

42. 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 | I don't know |
|--|--------------------------|--------------------------|--------------------------|
| a. Place my baby on his or her back to sleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Place my baby to sleep in a crib, bassinet, or pack and play..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Place my baby's crib or bed in my room..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. What things should and should not go in bed with my baby..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

43. Does your new baby live with you?

- ☐ No
- ☐ Yes

Go to Question 44

Go to Question 47

44. What are the reasons your new baby doesn't live with you?

45. How often do you see or have a visit with your baby?

- ☐ Not at all
- ☐ Less than once a week
- ☐ About once a week
- ☐ Several times a week
- ☐ Every day (at least once a day)

46. How satisfied are you with how often you see or visit with your baby?

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neutral
- ☐ Satisfied
- ☐ Very satisfied

47. Do you want to be involved in raising your new baby in the coming years?

- ☐ No
- ☐ Yes
- ☐ I don't know

48. Does your baby's mother want you to be involved in raising your child in the coming years?

- ☐ No
- ☐ Yes
- ☐ I don't know

49. How often do you contribute things such as money, food, clothing, shelter, or health care to provide for your new baby's basic needs?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

50. Being a parent is harder than I thought it would be. Do you...

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree
- ☐ I don't know

51. I honestly believe I have all the skills necessary to be a good father to my child. Do you...

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree
- ☐ I don't know

The next questions are about you and your baby's health insurance coverage now.

52. What kind of health insurance does your new baby have now?

Check ALL that apply

- ☐ Private health insurance from my job or the job of my wife 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:

- ☐ My baby does not have health insurance *now*

53. What kind of health insurance do you have now?

Check ALL that apply

- ☐ Private health insurance from my job or the job of my wife 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*

54. 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've always used a seat belt since the birth of my baby ☐ ☐
- b. My home has a working smoke alarm ☐ ☐
- c. There are loaded guns, rifles, or other firearms in my home..... ☐ ☐

55. Did you ever spend time in a correctional institution like a county, state or federal jail or prison?

- ☐ No
- ☐ Yes, in a correctional institution
- ☐ House arrest
- ☐ I don't know

56. Were you ever required to perform court-ordered community service or have you ever been on probation?

- ☐ No
- ☐ Yes
- ☐ I don't know

57. Are you and your baby's mother doing anything now to keep from getting pregnant?

Some things people do to keep from getting pregnant include having tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- ☐ No, we are not currently in a sexual relationship —————>
- ☐ No, we are in a sexual relationship, but not doing anything to keep from getting pregnant —————>
- ☐ Yes

Go to Question 59

Go to Question 59

58. What kind of birth control are you using now?

Check ALL that apply

- ☐ Condoms
- ☐ Vasectomy (male sterilization)
- ☐ Natural family planning (including rhythm method)
- ☐ Withdrawal (pulling out)
- ☐ Not having sex (abstinence)
- ☐ None
- ☐ I don't know
- ☐ Other —————> Please tell us:

The next group of questions are about your *current* health and quality of life.

59. Would you say that in general your health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

61. 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

62. Do you have any other children in addition to your new baby?

- ☐ No → **Go to Question 65**
- ☐ Yes

63. Not including your new baby, how many children do you have?

64. How many of your other children live with you?

- ☐ All of my other children live with me
- ☐ Some, but not all of my other children live with me. Please tell us, how many:

- ☐ None of my other children live with me

65. At any time when your baby's mother was pregnant, did you work at a job for pay?

- ☐ No → **Go to Question 70**
- ☐ Yes

66. Please tell us more about your MAIN job during your baby's mother's pregnancy. What was your job title and what were your usual activities or duties?

Job title:

Job duties:

67. Did you take leave from work after your new baby was born?

Check ONE answer

- ☐ No, I did not take leave from my job → **Go to Question 70**
- ☐ Yes, I took paid leave from my job
- ☐ Yes, I took unpaid leave from my job
- ☐ Yes, I took paid and unpaid leave from my job
- ☐ I was unemployed
→ **Go to Question 70**

68. How many weeks or months of leave, in total did you take, or will you take?

☐ Less than 1 week

Weeks **OR** Months

69. Did any of the things listed below affect your decision about taking leave from work after your new baby was born? For each item check **No** if it does not apply to you or **Yes** if it does.

No Yes

- a. I could not financially afford to take leave ☐ ☐
- b. I was afraid I'd lose my job if I took leave or stayed out longer ☐ ☐
- c. I had too much work to do to take leave or stay out longer..... ☐ ☐
- d. My job does not have paid leave ☐ ☐
- e. My job does not offer a flexible work schedule..... ☐ ☐
- f. I had not built up enough leave time to take time off..... ☐ ☐
- g. I wanted more work leave but could not take more time off..... ☐ ☐
- h. I wanted to return to work before my work leave ended ☐ ☐
- i. I had the right amount of work leave ☐ ☐
- j. It is not the norm in my profession to take leave..... ☐ ☐

70. During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, your wife'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

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

72. What is today's date?

/ /

Month Day Year

Please provide your contact information so we can send your reward for completing this survey.

Mailing Address:

Phone Number:

Email Address:

New fathers are often hard to contact so they may not always be included in research. We are creating a list of new fathers so that when researchers want to hear from men who are fathers, they have a way to reach out. Are you interested in being on this list?

- ☐ No
☐ Yes

When your child is older, may we contact you for additional information?

- ☐ No
☐ Yes

Please use this space for any additional comments you would like to make about your experiences around the time of the birth of your new baby or the health of fathers, babies, and families in Georgia.

Thanks for answering our questions!

Your answers will help us work to make Georgia fathers, babies, and families healthier.