Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some	6. Was the baby <i>just before</i> your new one born <i>earlier</i> than 3 weeks before his or her due date?
questions that do not apply to you.	□ No □ Yes
BEFORE PREGNANCY	7. At any time during the <i>12 months before</i> you
The first questions are about <i>you</i> .	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.
1. How tall are <i>you</i> without shoes?	No Yes
Feet Inches OR Centimeters	 a. I was dieting (changing my eating habits) to lose weight b. I was exercising 3 or more days of the week for fitness outside of my regular job c. I was regularly taking prescription
2. <i>Just before</i> you got pregnant with your <i>new</i> baby, how much did you weigh?	 medicines other than birth control d. A health care worker checked me for diabetes
Pounds OR Kilos	e. I talked to a health care worker about my family medical history
3. What is <u>your</u> date of birth?	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.
The next questions are about the time <u>before</u> you got pregnant with your new baby. 4. Before you got pregnant with your new baby,	No Yes a. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy) b. High blood pressure or hypertension c. Depression
did you ever have any other babies who were born alive? □ No → Go to Question 7	9. During the <i>month before</i> 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?
 Yes Did the baby born <i>just before</i> your new one weigh 5 pounds, 8 ounces (2.5 kilos) or <i>less</i> at birth? 	 I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the <i>month before</i> I got pregnant 1 to 3 times a week 4 to 6 times a week Every day of the week
NoYes	

- 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? Go to Question 13 🛛 No -Yes 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 Usit for an illness or chronic condition Usit 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

12.	12 months before you got pregnant, did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check No if they did not or Yes if they did.
	No Yes
a.	Tell me to take a vitamin with folic acid \Box
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 transmittedinfections 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 \Box
I.	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 <u>month before</u> 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
- D 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 <u>most recent pregnancy</u>, what kind of health insurance did you have for your prenatal care?

Check ALL that apply

I did not go for prenatal care —

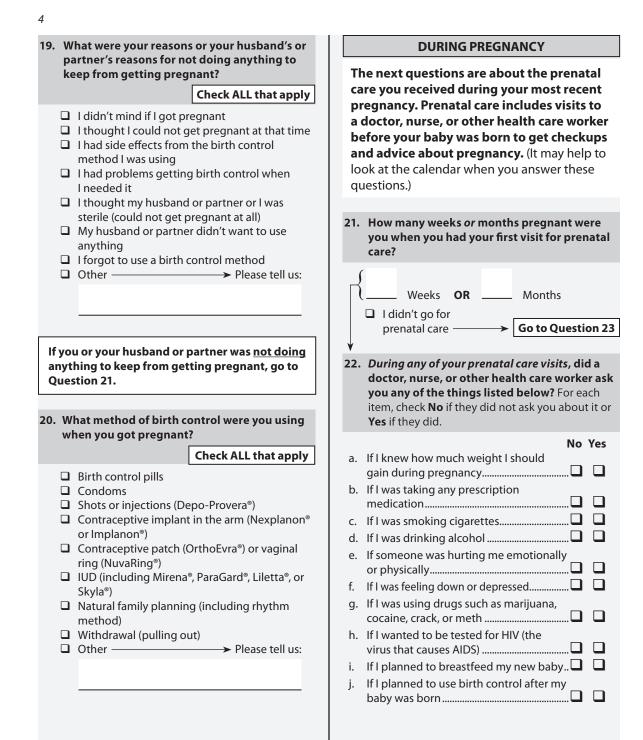
-> Go to Question 15

- 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*

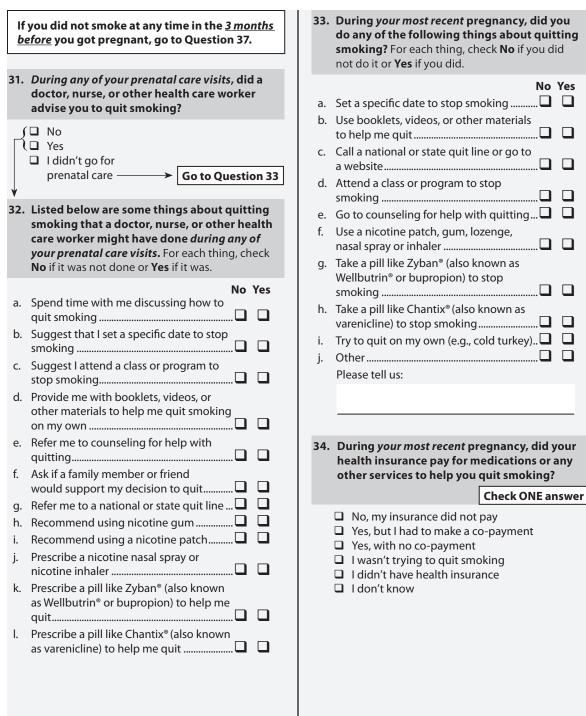
15. What kind of health insurance do you have <u>now</u>?

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 No → Go to Page 4, Question 21 Yes — 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 Go to Page 4, Question 20 Yes – Go to Page 4, Question 19



23	During the 12 months before the <u>delivery</u> of your new baby, did a doctor, nurse, or other health care worker offer you a flu shot or tell you to get one?	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.
	NoYes	No Yes a. Gestational diabetes (diabetes that <u>started</u> during <i>this</i> pregnancy)
24	During the 12 months <i>before the <u>delivery</u></i> of your new baby, did you <i>get</i> a flu shot?	 b. High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia
	 No Yes, before my pregnancy Yes, during my pregnancy 	The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).
25	 During your most recent pregnancy, did you have your teeth cleaned by a dentist or 	(before, during, and arter).
	dental hygienist?	28. Have you smoked any cigarettes in the <i>past</i>
		2 years?
	Yes	Go to Page 7, Question 38
26	. This question is about other care of your	
	teeth <u>during</u> your most recent pregnancy. For each item, check No if it is not true or does not apply to you or Yes if it is true.	29. In the 3 months <u>before</u> you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.
a.	No Yes I knew it was important to care for my teeth and gums during my pregnancy	 41 cigarettes or more 21 to 40 cigarettes 11 to 20 cigarettes
b.	A dental or other health care worker talked with me about how to care for my teeth and gums	 11 to 20 cigarettes 6 to 10 cigarettes 1 to 5 cigarettes Less than 1 cigarette
	I had insurance to cover dental care during my pregnancy	I didn't smoke then
	I <u>needed</u> to see a dentist for a problem I <u>went</u> to a dentist or dental clinic about a problem	30. In the <i>last 3 months</i> 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



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.
 - No Yes

a.	Cost of medicines or products to help with quitting	
b.	Cost of classes to help with quitting \Box	
c.	Fear of gaining weight	
d.	Loss of a way to handle stress \Box	
e.	Other people smoking around me \Box	
f.	Cravings for a cigarette	
g.	Lack of support from others to quit	
h.	Worsening depression	
i.	Worsening anxiety	
j.	Some other reason	
	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.

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.

No Yes

a.	E-cigarettes or other electronic nicotine	
	products	
b.	Hookah	
c.	Chewing tobacco, snuff, snus, or dip	
d.	Cigars, cigarillos, or little filtered cigars 🖵	

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 <u>before</u> you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

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

- 42. During the <u>last 3</u> months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?
 - More than once a day
 - Once a day
 - 2-6 days a week
 - □ 1 day a week or less
 - I did not use e-cigarettes or other electronic nicotine products then

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

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.



44. During the 3 months <u>before</u> you got pregnant, how many alcoholic drinks did you have in an average week?

- □ 14 drinks or more a week
- 8 to 13 drinks a week
- □ 4 to 7 drinks a week
- □ 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

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 <u>before</u> and <u>during</u> 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.)

	1	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.	l argued with my husband or partner more than usual		
j.	My husband or partner said they didn't want me to be pregnant		
k.	I had problems paying the rent, mortgage, or other bills		
I.	My husband, partner, or I went to jail		
m.	Someone very close to me had a problem with drinking or drugs		
n.	Someone very close to me died		

- 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 <u>before</u> 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	
	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 \Box	
	Someone else	

AFTER PREGNANCY

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

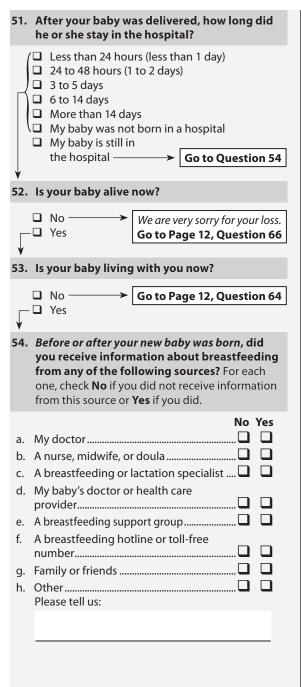
50. When was your new baby born?

Day

20

Month

Year





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

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.

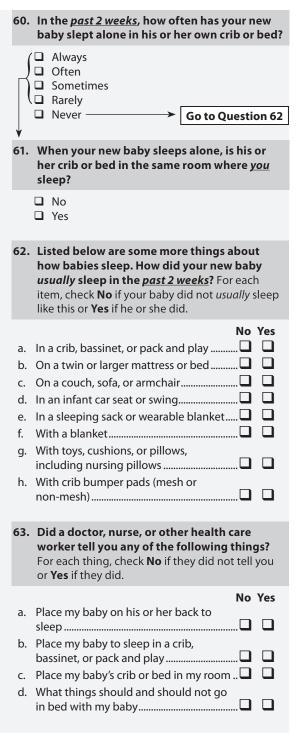
		No	Yes
a.	Hospital staff gave me information about breastfeeding	🗖	
b.	My baby stayed in the same room with me at the hospital	🗖	
c.	I breastfed my baby in the hospital	🗖	
d.	Hospital staff helped me learn how to breastfeed		
e.	I breastfed in the first hour after my baby was born	🗖	
f.	My baby was placed 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		
I.	Hospital staff gave my baby a pacifier		

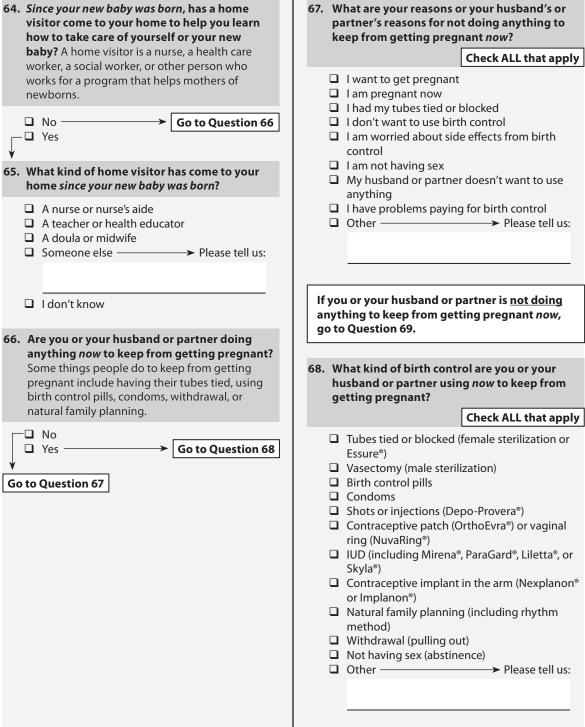
If your baby is still in the hospital, go to Page 12, Question 64.

59. In which *one* position do you <u>most often</u> 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





69. Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a	72. <i>Since your new baby was born,</i> how often have you had little interest or little pleasure in doing things you usually enjoyed?		
woman has about 4-6 weeks after she gives birth.	□ Always		
□ No → Go to Question 71	 Often Sometimes Rarely Never 		
70. During your postpartum checkup, did a			
doctor, nurse, or other health care worker	OTHER EXPERIENCES		
<u>do</u> any of the following things? For each item, check No if they did not do it or Yes if they did.	OTHER EXPERIENCES		
a. Tell me to take a vitamin with folic acid □	The next questions are on a variety of topics.		
b. Talk to me about healthy eating,			
exercise, and losing weight gained during pregnancy	73. At any time during <i>your most recent</i> pregnancy, did you work at a job for pay?		
c. Talk to me about how long to wait before getting pregnant again	□ No → Go to Page 14, Question 76		
d. Talk to me about birth control methods I can use after giving birth	¥		
 methods I can use after giving birth Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera[®]), NuvaRing[®], or condoms 	74. Please tell us about your MAIN job <i>during</i> <i>your most recent pregnancy</i> . What was your <u>job title</u> and what were your <u>usual activities</u> <u>or duties</u> ?		
f. Insert an IUD (Mirena®, ParaGard®,	Job title:		
Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®) 🔲 🔲			
g. Ask me if I was smoking cigarettes	Job duties:		
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 			

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.

		No	Yes
~	Daranting classes		

a. Parenting classes.....
b. Counseling for depression or anxiety

The last 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

79

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

		Реор	le			
•	What	is tod	ay's da	ate?		
	Month	/	Day	/	20 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 keep mothers and babies in Georgia healthy.