

PRAMS Phase 8 Topic Reference Document

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All Priority 1, 2, and 6 topics apply as they relate to preconception, pregnancy, and post-partum health.

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PRIORITY 7: Services are comprehensive and coordinated across systems and providers.

PRIORITY 8: Information is available to support informed health decisions and choices.

All Priority 1, 2, and 6 topics apply as they relate to preconception, pregnancy, and post-partum health.

About this Document

This document includes all core and standard questions available for the Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 8 questionnaire that are currently being used by one or more states, and organized by topic. Many questions contain response options that are related to more than one topic, but are listed under the primary topic. Additional questions on a topic that are not in current use can be found in the Phase 8 Standard Document.

Within each topic or sub-topic, questions are organized into two categories: Core and Standard. Core questions are listed sequentially within a topic, with the question number from the basic core questionnaire. Likewise, standard questions are listed sequentially within a topic, with the number of the standard question cited. All questions are shown in English and are in the form used in the self-administered mail questionnaires. Interviewer-administered versions and Spanish translations are also available.

Abuse

Physical

Core Questions

28. 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. *State option (Another family member)*
- d. *State option (Someone else)*

29. 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. *State option (Another family member)*
- d. *State option (Someone else)*

Standard Questions

Z9. 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

Used by:AK79

Z13. Since your new baby was born, have any of the following people pushed, hit, slapped, kicked, choked, or physically hurt you in any other way? For each person, check **No** they have not done anything to you or **Yes** if they have.

No Yes

- a. My husband or partner
- b. My ex-husband or ex-partner
- c. *State-added option (Another family member)*

d. *State-added option (Someone else)*

Emotional/Sexual

Standard Questions

Z1. **During your most recent pregnancy, did any of the following things happen to you?** For each thing, check **No** if it did not happen to you or **Yes** if it did.

No **Yes**

- a. My husband or partner threatened me or made me feel unsafe in some way
- b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner
- c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go
- d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to

Z2. **Since your new baby was born, have any of the following things happened to you?** For each thing, check **No** if it did not happen to you or **Yes** if it did.

No **Yes**

- a. My husband or partner threatened me or made me feel unsafe in some way
- b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner
- c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go
- d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to

Z7. **During the 12 months before your new baby was born, did you miss any doctor appointments because you were worried about what your partner would do if you went?**

No
Yes

Z8. **Before you got pregnant with your new baby, did your husband or partner ever try to keep you from using your birth control so that you would get pregnant when you didn't want to?** For example, did they hide your birth control, throw it away or do anything else to keep you from using it?

No
Yes

Alcohol Use

Core Questions

26. 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

27. 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

Standard Questions

JJ1. During the *3 months before* you got pregnant, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

6 or more times

4 to 5 times

2 to 3 times

1 time

I didn't have 4 drinks or more in a 2 hour time span

Used by: AK41,

JJ2. During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

6 or more times

4 to 5 times

2 to 3 times

1 time

I didn't have 4 drinks or more in a 2 hour time span

Used by: AK43,

JJ3. 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

Used by: AK42,

State specific questions

NE83. Since your new baby born, how many alcoholic drinks do 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 don't drink

Assisted Reproduction and Fertility

Standard Questions

A1. Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your new baby? This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.

- No
- Yes

A2. Did you use any of the following fertility treatments *during the month you got pregnant with your new baby*? Check ALL that apply

- Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid[®], Serophene[®], Pergonal[®], or other drugs that stimulate ovulation)
- Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman's body)
- Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)
- Other medical treatment: Please tell us:
I wasn't using fertility treatments *during the month* that I got pregnant with my new baby

A4. How long had you been trying to get pregnant *before* you took any fertility drugs or used any medical procedures to help you get pregnant with your new baby? Do not count long periods of time when you and your partner were apart or not having sex.

0 to 5 months
6 to 11 months
1 to 2 years
3 to 4 years
5 to 6 years
More than 6 years

Breastfeeding

Core Questions

34. 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.

No Yes

- 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

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

No
Yes

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

No
Yes

37. How many weeks or months did you breastfeed or feed pumped milk to your baby?

Less than 1 week

Weeks **OR** Months

Standard Questions

B1. 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
- I went back to school
- Other: Please tell us:

B2. 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 or it was too painful
- 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
- I went back to school
- My partner did not support breastfeeding
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other: Please tell us:

B3. 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 happen.

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
- l. Hospital staff gave my baby a pacifier

Used by: AK56,

B4. During your most recent pregnancy, what did you think about breastfeeding your new baby? Check ONE answer

- I knew I would breastfeed
- I thought I might breastfeed
- I knew I would **not** breastfeed
- I didn't know what to do about breastfeeding

B5. Did anyone suggest that you *not* breastfeed your new baby?

- No
- Yes

B6. Who suggested that you *not* breastfeed your new baby? Check ALL that apply

- My husband or partner

My mother, father, or in-laws
Other family member or relative
My friends
My baby's doctor, nurse, or other health care worker
My doctor, nurse, or other health care worker
Other: Please tell us:

B7. When you went for WIC visits during *your most recent* pregnancy, did you receive information on breastfeeding?

No
Yes

B8. 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

B9. Before your new baby was born, did any of the following things happen? Check ALL that apply

Someone answered my questions about breastfeeding
I was offered a class on breastfeeding
I attended a class on breastfeeding
I decided or planned to feed *only* breast milk to my baby
I discussed feeding *only* breast milk to my baby with my family
I discussed feeding *only* breast milk to my baby with my health care worker
I chose not to breastfeed my baby

B10. How old was your new baby the first time he or she had liquids other than breast milk (such as formula, water, juice, 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

Used by: AK57,

B11. 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

Used by: AK58,

B12. During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- No
- Yes

B13. After your new baby was born, did you receive the kinds of help with breastfeeding that are listed below? For each one, check **No** if you did not receive this kind of breastfeeding help, or **Yes** if you did.

No **Yes**

- Someone to answer my questions
- Help getting my baby positioned correctly
- Help knowing if my baby was getting enough milk
- Help with managing pain or bleeding nipples
- Information about where to get a breast pump
- Help using a breast pump
- Information about breastfeeding support groups
- Other: Please tell us:

B14. Have you used a breast pump to express milk to feed to your new baby?

- No
- Yes

B15. Did your health insurance pay for a breast pump for you to use with your new baby?

- No
- Yes, but I had to make a co-payment
- Yes, with no co-payment
- I did not have health insurance
- I don't know

B16. Where did you get the breast pump or pumps that you use with your new baby? Check ALL that apply

- From the hospital for free
- Rented from the hospital or doctor's office
- Bought new from a hospital or doctor's office
- Bought new from a store or online website
- Received new as a gift
- Bought used or someone gave it to me used
- I had one from a previous child
- Other: Please tell us:

State specific questions

NJ90. *Since your new baby was born, did a doctor, nurse, or other health care worker talk with you about any of the following things listed below?* For each item, check **No** if no one talked with you about it or **Yes** if someone did.

- a. Whether you or your baby are having any problems with breastfeeding
- b. How to contact breastfeeding support groups

Child Care

Standard Questions

C1. Are you currently in school or working?

- No, I don't go to school or work
- Yes, I go to school or work outside the home
- Yes, I go to school or work from home

C2. Which *one* of the following people spends the most time taking care of your new baby when you are at school or work? Check ONE answer

- My husband or partner
- Baby's grandparent
- Other close family member or relative
- Friend or neighbor
- Babysitter, nanny, or other child care provider
- Staff at day care center
- Other: Please tell us:
- The baby is with me while I am at school or work

C3. While you are away from your new baby for school or work, how often do you feel that she or he is well cared for? Check ONE answer

- Always
- Often
- Sometimes
- Rarely
- Never

Contraception

Core Questions

43. Are you or your husband or partner doing anything *now* to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

No

Yes

44. 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 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:

45. 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 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:

Standard Questions

E3. What method of birth control were you using when you got pregnant? Check ALL that apply

Birth control pills

Condoms

Shots or Injections (Depo-Provera[®])

Contraceptive implant (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: Please tell us:

Used by: AL16,

E4. Before you got pregnant with your new baby, had you ever heard or read about emergency birth control (the “morning-after pill”)? This combination of pills is used to prevent pregnancy up to 5 days after unprotected sex.

No
Yes

E5 When you got pregnant with your new baby, were you trying to get pregnant?

No
Yes

Used by: AK14, AL13

E6. 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

Used by: AK15, AL14

E7. 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:

Used by: AL15,

Delivery Method

Standard Questions

K1. Before you had your new baby, did you ever have a baby by cesarean delivery or c-section (when a doctor cuts through the mother's belly to bring out the baby)?

No
Yes

K3. How was your new baby delivered?

Vaginally
Cesarean delivery (c-section)

K4. How did the doctor, nurse, or other health care worker who provided your prenatal care suggest you deliver your new baby? Check ONE answer

He or she suggested I deliver my baby vaginally (naturally)
He or she suggested I have a cesarean delivery (c-section)
He or she didn't suggest how I deliver my baby

K6. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)?

Check ONE answer

My health care provider recommended a cesarean delivery *before* I went into labor
My health care provider recommended a cesarean delivery while I was in labor
I asked for the cesarean delivery

K7. What was the reason that your new baby was born by cesarean delivery (c-section)? Check ALL that apply

I had a previous cesarean delivery (c-section)
My baby was in the wrong position (such as breech)
I was past my due date
My health care provider worried that my baby was too big
I had a medical condition that made labor dangerous for me (such as heart condition, physical disability)
I had a complication in my pregnancy (such as preeclampsia, placental problems, infection, preterm labor)
My health care provider tried to induce my labor, but it didn't work
Labor was taking too long
The fetal monitor showed that my baby was having problems before or during labor (fetal distress)
I wanted to schedule my delivery
I didn't want to have my baby vaginally
Other: Please tell us

K8. Did you plan or schedule a cesarean delivery (c-section) at least one week before your new baby was born?

No

Yes

K9. Did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?

No

Yes

I don't know

K10. Why did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)? Check ALL that apply

My water broke and there was a fear of infection

I was past my due date

My health care provider worried about the size of the baby

My baby was not doing well and needed to be born

I had a complication in my pregnancy (such as low amniotic fluid or preeclampsia)

I wanted to schedule my delivery

I wanted to give birth with a specific health care provider

Other: Please tell us:

State Specific Questions

NJ86. When you first learned you were pregnant with your new baby, did you prefer it be delivered vaginally (naturally) or by cesarean delivery?

Vaginally

By cesarean

NJ87. During any of your prenatal care visits, did your doctor, nurse, or any other health care worker talk with you about the risks and benefits of vaginal (natural) versus cesarean delivery?

No

Yes

NJ88. How was your new baby delivered?

Vaginally

I went into labor but had to have a cesarean delivery

I didn't go into labor and had a cesarean delivery

Drug Use

DRUG1

During any of the follow time periods, did you use marijuana or hash in any form? For each time period, check **No** if you did not use then or **Yes** if you did.

During the 12 months before I got pregnant
During my most recent pregnancy
Since my new baby was born

Used by: AK72,

DRUG2

During the *month* before you got pregnant, did you take or use any of the following drugs for any reason? For each item, check **No** if you did not use it or **Yes** if you did.

Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®
Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine
Adderall®, Ritalin®, or another stimulant
Marijuana or hash
Synthetic marijuana (K2, Spice)
Methadone, naloxone, subutex, or Suboxone®
Heroin (smack, junk, black tar, Chiva)
Amphetamines (uppers, speed, crystal meth, crank, ice, agua)
Cocaine (crack, rick, coke, blow, snow, nieve)
Tranquilizers (downers, ludes)
Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)
Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)

Used by: AK73,

DRUG3

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

Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®
Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine
Adderall®, Ritalin® or another stimulant
Marijuana or hash
Synthetic marijuana (K2, Spice)
Methadone, naloxone, subutex, or Suboxone®
Heroin (smack, junk, black tar)
Amphetamines (uppers, speed, crystal meth, crank, ice, agua)
Cocaine (crack, rock, coke, blow, snow, nieve)
Tranquilizers (downers, ludes)
Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)

Used by: AK74,

State specific questions

CO75. During any of the follow time periods, did you use marijuana or hash in any form? For each time period, check **No** if you did not use then or **Yes** if you did.

- During the 3 months before I got pregnant
- During the first 3 months of my pregnancy
- During the last 3 months of my pregnancy
- At any time during my most recent pregnancy
- Since my new baby was born

MI71. During any of the follow time periods, did you use prescription pain relievers, such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine? For each time period, check **No** if you did not use then or **Yes** if you did.

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

VT67. During any of the follow time periods, did you use Methadone, Suboxone®, or another drug used for maintenance treatments? For each time period, check **No** if you did not use then or **Yes** if you did.

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

NH68. Why did you use marijuana or hash?

- To relieve nausea
- To relieve vomiting
- To relieve stress or anxiety
- To relieve a chronic condition
- For fun or to relax
- Other reason: Please tell us

Emergency Preparedness

Standard Questions

KK4. Below is a list of things that some people do to prepare for a disaster. For each item, check **No** if it is not something you have done to prepare for a disaster, or **Yes** if it is.

No Yes

- a. I have an emergency meeting place for family members (other than my home)
- b. My family and I have practiced what to do in case of a disaster
- c. I have a plan for how my family and I would keep in touch if we were separated
- d. I have an evacuation plan if I need to leave my home and community
- e. I have an evacuation plan for my child or children in case of a disaster (permission for day care or school to release my child to another adult)
- f. I have copies of important documents like birth certificates and insurance policies in a safe place outside my home
- g. I have emergency supplies in my home for my family such as enough extra water, food, and medicine to last for at least three days
- h. I have emergency supplies that I keep in my car, at work, or at home to take with me if I have to leave quickly

Family Health History

Standard Questions

GG1. Does anyone in your family have sickle cell disease or sickle cell trait?

- No
- Yes
- I don't know

GG2. During your most recent pregnancy, did you receive counseling or were you informed about sickle cell disease?

- No
- Yes

HH1. Have any of your close family members who are related to you by blood (mother, father, sisters, or brothers) had any of the conditions listed below? For each item, check **No** if no one in your family has the condition, **Yes** if someone in your family has the condition, or **Don't Know** if you don't know.

No Yes Don't Know

- a. Diabetes
- b. Heart attack before age 55
- c. High blood pressure (hypertension)
- d. Breast cancer before age 50
- e. Ovarian cancer

Health Insurance

Maternal

Core Questions

9. During the month before you got pregnant with your new baby, what kind of health insurance did you have? Check ALL that apply

Private health insurance from my job or the job of my husband or partner

Private health insurance from my parents

Private health insurance from the <State> Health Insurance Market Place or <statewebsite>, or Healthcare.gov

Medicaid (required: *state Medicaid name*)

State-specific option (Other government plan or program such as SCHIP/CHIP)

State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)

State-specific option (TRICARE or other military health care)

State-specific option (IHS or tribal)

Other health insurance: Please tell us:

I did not have any health insurance during the *month before* I got pregnant

10. During your most recent pregnancy, what kind of health insurance did you have for your *prenatal care*? Check ALL that apply

I did not go for prenatal care: **Go to Question 11**

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 <State> Health Insurance Market Place or <statewebsite>, or Healthcare.gov

Medicaid (required: *state Medicaid name*)

State-specific option (Other government plan or program such as SCHIP/CHIP)

State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)

State-specific option (TRICARE or other military health care)

State-specific option (IHS or tribal)

Other health insurance: Please tell us:

I did not have any health insurance to pay for my *prenatal care*

11. 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 <State> Health Insurance Market Place or <statewebsite>, or Healthcare.gov

Medicaid (required: *state Medicaid name*)

State-specific option (Other government plan or program such as SCHIP/CHIP)

State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)

State-specific option (TRICARE or other military health care)

State-specific option (IHS or tribal)

Other health insurance: Please tell us:

I do not have health insurance *now*

Standard Questions

DD1. Did you try to get Medicaid coverage during *your most recent* pregnancy?

No
Yes

DD2. Did you have any problems getting Medicaid during *your most recent* pregnancy?

No
Yes

DD7. What was the reason that you did not have any health insurance during the *month before* you got pregnant with your new baby? Check ALL that apply

Health insurance was too expensive
I could not get health insurance from my job or the job of my husband or partner
I applied for health insurance, but was waiting to get it
I had problems with the health insurance application or website
My income was too high to qualify for Medicaid
My income is too high to qualify for a tax credit from Healthcare.gov or the <State> Health Care Market Place
I didn't know how to get health insurance
State-specific (I am not a US citizen or I don't have the right residency documents)
Other: Please tell us

DD10. Did the cost of health insurance for your *prenatal care* cause financial problems for you or your family?

No
Yes

DD11. What was the reason that you did not have any health insurance to pay for your *prenatal care*? Check ALL that apply

Health insurance was too expensive
I could not get health insurance from my job or the job of my husband or partner
I applied for health insurance, but was waiting to get it
I had problems with the health insurance application or website
My income was too high to qualify for Medicaid
My income is too high to qualify for a tax credit from Healthcare.gov or the <State> Health Care Market Place
I didn't know how to get health insurance
State-specific (I am not a US citizen or I don't have the right residency documents)
Other: Please tell us

DD12. What kind of *health insurance* did you have to pay for your *delivery*? 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 <State> Health Insurance Market Place or <statewebsite>, or Healthcare.gov
Medicaid (required: *state Medicaid name*)
State-specific option (Other government plan or program such as SCHIP/CHIP)
State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)
State-specific option (TRICARE or other military health care)
State-specific option (IHS or tribal)
Other health insurance: Please tell us:
I did not have any health insurance to pay for my *delivery*

Infant Coverage

Standard Questions

H2. What kind of *health insurance* is your new baby covered by 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 <State> Health Insurance Market Place or <state website> or Healthcare.gov
Medicaid (required: *state Medicaid name*)
State-specific option (Other government plan or program such as SCHIP/CHIP)
State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)
State-specific option (TRICARE or other military health care)
State-specific option (IHS or tribal)
Other health insurance: Please tell us
I do not have any health insurance for my new baby

HIV and Sexually Transmitted Infections

Core Questions

8. 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.

No Yes

- k. Test me for sexually transmitted infections such as chlamydia, gonorrhea, or syphilis
- l. Test me for HIV (the virus that causes AIDS)

14. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you—

No Yes

- h. If you wanted to be tested for HIV (the virus that causes AIDS)

Standard Questions

18. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?

No
Yes
I don't know

Used by: AK21,

19. Why didn't you have an HIV test during your most recent pregnancy or delivery? Check ALL that apply

I was not offered the test
I did not want to have the test
I already knew my HIV status
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 reason: Please tell us:

- EE3. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had any of the following infections? For each item, check **No** if you were not told that you had the infection or **Yes** if you were.

No Yes

Genital warts (HPV)
Herpes
Chlamydia
Gonorrhea
Pelvic inflammatory disease (PID)
Syphilis
Group B Strep (Beta Strep)
Bacterial vaginosis
Trichomoniasis (Trich)
Yeast infections
Urinary tract infection (UTI)
Other: Please tell us

State specific questions

FL73. Were you offered two HIV tests during your most recent pregnancy or delivery?

No, I wasn't offered any HIV tests
No, I was just offered 1 test
Yes, I was offered 2 tests

FL74. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?

No, I did not have a test
Yes, I had one test
Yes, I had two tests
I don't know

Home Visitation

Standard Questions

V13. Who was the home visitor that came to your home during *your most recent* pregnancy?

- A nurse or nurse's aide
- A teacher or health educator
- A doula or midwife
- State option (Someone from the <Healthy Start or other Program Name>)
- Someone else: Please tell us:
- I don't know

V14. During *your most recent* pregnancy, how many times did the home visitor come to your home to help you learn how to prepare for your new baby?

- 1 time
- 2 to 4 times
- 5 or more times

V15. During *your most recent* pregnancy, 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. How smoking during pregnancy could affect my baby | | |
| b. How drinking alcohol during pregnancy could affect my baby | | |
| c. Doing tests to screen for birth defects or diseases that run in my family | | |
| d. The importance of getting tested for HIV or other sexually transmitted infections | | |
| e. Physical or emotional abuse to women by their husbands or partners | | |
| f. Breastfeeding my baby | | |
| g. My emotional well-being | | |

V16. 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
- State option (Someone from the <Healthy Start or other Program Name>)
- Someone else: Please tell us:
- I don't know

V17. *Since your new baby was born*, how many times has a home visitor come to your home to help you learn how to take care of yourself or your new baby?

- 1 time
- 2 to 4 times
- 5 or more times

V18. *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
- e. Resources in my community to support new parents
- f. Getting to and staying at a healthy weight after delivery
- g. How to quit or keep from smoking
- h. How to get the health care that my baby or I need

V21. 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

V22. 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
Yes

State-specific

CO76. Since your new baby was born, have you participated in any of the following? For each one, check **No** if you did not participate or **Yes** if you did.

b. Home visitation sessions

OR62. During your most recent pregnancy, were you offered home visiting services?? Home visiting is when a nurse, health care worker, social worker, or other person who works for a program that helps pregnant women comes to your home.

No
Yes

OR63. Did you accept the offer of home visiting services?

No
Yes

OR64. Why did you not accept the offer of home visiting services?

I didn't think I needed it
I didn't understand how it would help me
I did not want anyone in my home
Household member(s) didn't want anyone in my home
Other
Please tell us:

Household Characteristics

Residents

Core Question

33. Is your baby living with you now?

No
Yes

Standard Questions

P3. When you got pregnant with your new baby, who lived in the same house with you? Check ALL that apply

My husband or partner
Children aged less than 12 months: How many children?
Children aged 1 year to 5 years: How many children?
Children aged 6 years and over: How many children?
My mother
My father
My husband's or partner's parent(s)
Friend or roommate
Other family member or relative
Other: Please tell us:
I lived alone

P4. Who lives in the same house with you now? Check ALL that apply

My husband or partner

Children aged less than 12 months: How many children?

Children aged 1 year to 5 years: How many children?

Children aged 6 years and over: How many children?

My mother

My father

My husband's or partner's parent(s)

Friend or roommate

Other family member or relative

Other: Please tell us:

I lived alone

P5. Do you have a husband or partner who lives with you *now*?

No

Yes

P12. Counting yourself, how many people live in your house, apartment, or trailer?

Adults (people aged 18 years or older)

Babies, children, or teenagers (people aged 17 years or younger)

State Specific Questions

NH64. During the 12 months before the delivery of your new baby, did you get your household tap water from a private water system such as a well?

No

Yes

NH65. During the 12 months before the delivery of your new baby, did a doctor, nurse, or other health care worker talk to you about getting your household water tested for any of the following things? For each one, check **No if they did not talk to you about it or **Yes** if they did.**

Arsenic

Lead

NH66. During the 12 months before the delivery of your new baby, did you have your well tested for any of the following things? For each one check **No if your water was not tested for it or **Yes** if it was.**

Arsenic

Lead

RI77. How many times have you moved in the last 3 years?

_____ Number of times

Income

Core Questions

50. 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

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

People

Infant Health Care

Well Child Care

Standard Questions

X2. Did any of these things keep your baby from having a well-baby checkup? Check ALL that apply

- I didn't have enough money or insurance to pay for it
- I had no way to get my baby to the clinic or doctor's office
- I didn't have anyone to take care of my other children
- I couldn't get an appointment
- My baby was too sick to go for a well-baby checkup
- Other: Please tell us:

X8. Where do you usually take your new baby for well-baby checkups? Check ONE answer

- Private doctor's office
- Hospital clinic
- Health department clinic
- State-specific option*
- State-specific option*
- Other: Please tell us:

X9. Has your new baby had a well-baby checkup? A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.

- No
- Yes

X10. Was your new baby seen by a doctor, nurse, or other health care worker for a one week checkup after he or she was born?

- No
- Yes
- My baby was still in the hospital at that time

X11. Since your new baby was born, how often have you been frustrated when you tried to get health care services for him or her?

- Never
- Rarely
- Sometimes
- Often
- Always
- I haven't tried to get health care services for my new baby

X12. Why have you felt frustrated when you tried to obtain health care services for your new baby?

Check ALL that apply

The services that I needed were not available in my area

There were waiting lists or other problems getting an appointment

My health insurance would not pay for the services that I needed

Other: Please tell us

State specific questions

MI67. Please mark each state as true or false for your baby.

a. My baby received breast milk from a source other than me

b. My baby has a doctor, nurse, or medical practice where he or she is seen on a regular basis

c. My baby will see a dentist by his or her first birthday

OK63. Do you have someone you think of as your baby's personal doctor or nurse? A personal doctor or nurse is a health professional who knows your baby well and is familiar with your baby's health history. (This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.)

No

Yes

OK64. Can you contact your baby's personal doctor or nurse 24-hours a day, seven days a week? Please include after-hours paging service or other ways to reach your health care provider after hours.

No

Yes

RI66. Do you have a doctor, nurse, or other health care worker that you can get in contact with 24-hours a day, seven days a week, who will take care of your baby for both sick and "well baby" care?

No

Yes

Sick Child Care

Standard Questions

T1. How many times has your new baby gone for care when he or she was sick?

Number of Times

None

My baby has not been sick

T3. Has your new baby gone for care as many times as you wanted when he or she was sick?

No

Yes

T8. Did any of these things keep you from taking your baby for care when he or she was sick? Check ALL that apply

I didn't have health insurance to pay for the visit

I couldn't get an appointment

I didn't have a regular doctor for my baby

I had no way to get my baby to the clinic or doctor's office

I didn't have anyone to take care of my other children

Other: Please tell us:

State Specific Questions

RI67. In general, how easy is it to calm your baby when he or she is crying or fussy?

Very easy

Somewhat easy

Somewhat difficult

Very difficult

RI68. During the last 2 weeks, how many hours did your baby cry and/or fuss on an average 24 hour day?

Less than 1 hour per day

Between 1 and 2 hours per day

Between 3 and 5 hours per day

More than 5 hours per day

Vaccinations

Standard Questions

X3. Did your new baby have any well-baby shots or vaccinations before he or she was 3 months old? Do not count shots or vaccinations given in the hospital right after birth.

No

Yes

My child has not had any well-baby shots, but he or she is not 3 months old yet

MI66. What are your plans for vaccinating your new baby?

My baby will be vaccinated the way my doctor recommends

My baby will get every vaccine, but at different times than my doctor recommends

My baby will get only some of the recommended vaccines

My baby will not get vaccines

Education

State Specific Questions

RI69. Are you or any other family member currently reading or looking at books with your baby?

No

Yes

NYC86. During the past week, how many days did you or other family members read, sing, or tell stories to your new baby?

No days

1 or 2 days

3 or 4 days

5 or 6 days

Everyday

RI70. If you or any other family member are not currently looking at books with your new baby, at what age do you think you will start reading or looking at books with your new baby?

3-11 months old

1-2 years old

3-4 years old

5 and older

I probably will not read to my baby/child

RI71. During the past week, how many days did you or other family members read or look at books with your baby?

Did not read to the baby this week

1-3 days this week

4-7 days this week

RI72. About how many children's books do you have in your home?

None

1-5

6-10

11 or more

Infant Morbidity and Mortality

Core Questions

31. 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

32. Is your baby alive now?

No

Yes

Standard Questions

K16. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

No

Yes

I don't know

State Specific Questions

RI73. **Are you aware that babies are tested in the hospital for the following conditions?** For each item check No if you are not aware of this or Yes if you are.

a. Hearing Loss

b. Conditions that run in families such as sickle cell disease and PKU

Infant Sleep Environment

Core Questions

38. 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 m
- On his or her stomach

39. 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

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

- No
- Yes

41. 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)

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**

- 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

Standard Question

F4. Who does your new baby usually sleep with when he or she is not sleeping alone? Check ALL that apply

Me

My husband or partner

Someone else: Please tell us:

Used by: AK61

Influenza and Maternal Vaccinations

Core Questions

15. 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

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

- No
- Yes, before my pregnancy
- Yes, during my pregnancy

Standard Questions

L3. Have you ever had chickenpox (varicella) or been vaccinated for chickenpox?

- No
- Yes

L24. *During your most recent pregnancy, did you get a Tdap shot or vaccination?* A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- No
- Yes
- I don't know

CO74. Did you receive a Tdap vaccination *before, during, or after* your most recent pregnancy? A Tdap vaccination is a shot that protects against tetanus, diphtheria, and pertussis (whooping cough). Tdap was new in 2005.

- No
- Yes, I received Tdap *before* my pregnancy
- Yes, I received Tdap *during* my pregnancy
- Yes, I received Tdap *after* my pregnancy
- I don't know

L14. What were your reasons for not getting a flu shot during the 12 months *before the birth* 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
- b. I was worried about side effects of the flu shot for me
- c. I was worried that the flu shot might harm my baby
- d. I was not worried about getting sick with the flu
- e. I do not think the flu shot works
- f. I don't normally get a flu shot

- g. Other
Please tell us:

L19. Where did you get your flu shot? Check ONE answer

- My obstetrician or gynecologist's office
- My family doctor or other doctor's office
- A health department or community clinic
- A hospital
- A pharmacy, drug store, or grocery store
- My work place or school
- Other place: Please tell us:

Injury Prevention/Safety

General

Standard Questions

S1. **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 seatbelt during my most recent pregnancy
- b. My home has a working smoke alarm
- c. There are **loaded** guns, rifles, or other firearms in my home
- d. I have received information about infant products that should be taken off the market (product recalls) since my new baby was born

S13. **Have you ever heard or read about what can happen if a baby is shaken?**

No
Yes

S14. **Was the house or apartment you live in now built after 1977?**

No
Yes
I don't know

S15. **Listed below are some things that may have happened since you moved into your house or apartment.** For each one, check **No** if it does not apply to you or **Yes** if it does.

No Yes

- a. I have had the home tested for lead
- b. I have made changes to the home to remove paint or other things that have lead in them
- c. The home was remodeled before I moved in

State specific questions

IA76. **Have you shared what you know about the danger of shaking a baby with anyone else who takes care of your new baby?**

No
Yes

ME81. **Have you ever heard or read about what can happen if a baby is shaken from any of the following sources?**

Magazine
Radio or television
Doctor, nurse, or other health care worker
Book
Family or friends
The Period of Purple Crying video

Other: Please tell us

ME82. Which of the following do you think is the most common cause of lead poisoning in children?

- Drinking water
- Dust from paint
- Food
- Toys
- I don't know or I am unsure

NH80. Listed below are some statements about safety. For each one, check **No** if it does not apply to you or **Yes** if it does.

- I always used a seatbelt during my most recent pregnancy
- My home has a working smoke alarm
- My new baby always rides in a rear-facing car seat
- The Poison Control Center phone number (1-800-222-1222) is accessible in my home
- I know how to perform baby CPR
- My home has a working carbon monoxide alarm
- A health care worker talked with me about what happens if a baby is shaken
- A health care worker talked with me about what to do for a crying baby to quiet him or her

Maternal Seat Belt Use

Standard Questions

R22. 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. Using a seat belt during my pregnancy

S2. Did you worry that wearing your seat belt during pregnancy would hurt your new baby?

- No
- Yes

S4. During the last 3 months of your most recent pregnancy, how often did you wear a seat belt when you drove or rode in a car?

- Always
- Often
- Sometimes
- Rarely
- Never

Infant Car Seat Use

Standard Questions

S3. Listed below are some statements about infant car seats. For each one, check **True** if you agree with the statement or **False** if you do not agree.

True False

- a. New babies should be in rear-facing car seats
- b. Car seats should not be placed in front of an air bag

S6. When your new baby rides in a car, truck, or van, how often does he or she ride in an infant car seat?

- Always
- Often
- Sometimes
- Rarely
- Never

S7. When your new baby rides in an infant car seat, is he or she *usually* in the front or back seat of the car, truck, or van?

- Front seat
- Back seat

S8. When your new baby rides in an infant car seat, is he or she *usually* facing forward or facing the rear of the car, truck, or van?

- Facing forward
- Facing the rear

S10. Do you have an infant car seat(s) that you can use for your new baby?

- No
- Yes

S11. How did you get your new baby's infant car seat(s)? Check ALL that apply

- I bought a car seat *new*
- I received it new for this baby as a gift
- I had one from another one of my babies
- I bought a car seat *used*
- I borrowed a car seat from a friend or family member
- I borrowed or rented a car seat from a loaner program
- The hospital where my new baby was born gave me a car seat
- A community program gave me a car seat
- Other: Please tell us:

S12. How did you learn to install and use your infant car seat(s)? Check ALL that apply

- I read the instructions

A friend or family member showed me
A health or safety professional showed me
I figured it out myself
I already knew how to install it because I have other children
Some other way: Please tell us:

Maternal Childhood Experiences

MIHA1. Some of these things might happen to people during childhood. Childhood experiences maybe important. Please tell us if any of these things ever happened to you from the time you were born through age 13.

- a. Most of the time, I had an adult who believed in me and who I could count on to help me
- b. A parent or guardian I lived with got divorced or separated
- c. We had to move because of problems paying the rent or mortgage
- d. Someone in my family or I went hungry because we could not afford enough food
- e. A parent or guardian got in trouble with the law or went to jail
- f. A parent or guardian I lived with had a serious drinking or drug problem
- g. I was in foster care (removed from my home by the court or child welfare agency)

MIHA2. Thinking back to your childhood thought age 13, how often was it hard for your family to pay for basic needs like food or housing?

Very Often
Somewhat often
Not very often
Never

Maternal Health – General

Core Question

4. **During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions?** For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

- a. Type 1 or Type 2 diabetes (**NOT** gestational diabetes or diabetes that starts during pregnancy)
- b. High blood pressure or hypertension
- c. Depression
- d. *State-added options from Standard L11*

Standard Questions

- L11. **During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions?** For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

- a. Asthma
- b. Anemia (poor blood, low iron)
- c. Heart problems
- d. Epilepsy (seizures)
- e. Thyroid problems
- f. PCOS (polycystic ovarian syndrome)
- g. Anxiety

Note: Response options for L11 will now be added directly to Core 4 if this question is selected.

- L4. **Have you ever taken medicine on a regular basis to control seizures or epilepsy?**

No
Yes

- L5. **During your most recent pregnancy, did you take medicine on a regular basis to control seizures or epilepsy?**

No
Yes

- L10. **Before you got pregnant, would you say that, in general, your health was—**

Excellent
Very good
Good
Fair
Poor

- L30. **Have you ever experienced any of the following health problems?** For each condition, check **No** if you have not experienced it or **Yes** if you have.

- a. Irregular periods (menstruation)
- b. Skin condition that causes pimples (acne)
- c. Increased hair growth on the face, chest or other parts of the body
- d. Being overweight or obese

L31. Have you ever been told that you have Polycystic Ovarian Syndrome or PCOS by a doctor, nurse or other health care provider?

- No
- Yes
- I don't know

NH70. Have you ever been diagnosed with Lyme disease?

- No
- Yes
- I don't know

NH71. Have you used any of the following sources to find information on pregnancy issues?

- Internet search (such as Google)
- Text messages
- Email
- Social media (such as Facebook, Twitter)
- Online discussion forum (sometimes called a bulletin board)
- Magazine
- Book
- DVD Video
- Online video (such as YouTube)
- Cell phone apps
- Other: Please tell us:

RI75. Have you ever been told by a doctor, nurse, or other health care worker that you had asthma?

- No
- Yes

RI76. Do you still have asthma?

- No
- Yes

Maternal Hospital Stay

Core Question

30. When was your new baby born?

Month/Day/Year

Standard Questions

K15. When were you discharged from the hospital after your baby was born?

Month/Day/Year

Maternal Nutrition

Weight and Diet

Core Questions

1. How tall are *you* without shoes?

Feet and Inches

OR Centimeters

2. *Just before you got pregnant with your new baby, how much did you weigh?*

Pounds **OR** Kilos

Standard Question

II1. How much weight did you gain during your most recent pregnancy? Check ONE answer and fill in blank if needed.

I gained _____ pounds OR _____ kilos

I didn't gain any weight during my pregnancy

I don't know

Used by: AK48,

G7a. During the *last 3 months* of your most recent pregnancy, about how many servings of *fruit* did you have in a day? Check ONE answer

Zero servings (none)

1 or 2 servings per day

3 or 4 servings per day

5 or more servings per day

G7b. During the *last 3 months* of your most recent pregnancy, about how many servings of *vegetables* did you have in a day? Check ONE answer

Zero servings (none)

1 or 2 servings per day

3 or 4 servings per day

5 or more servings per day

Vitamin Use and Folic Acid

Core Question

5. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* I got pregnant

1 to 3 times a week

4 to 6 times a week

Every day of the week

Standard Questions

- G1. Have you ever heard or read that taking a vitamin with folic acid can help prevent some birth defects?

No

Yes

Used by: AK22,

- G2. Have you ever heard about folic acid from any of the following? Check ALL that apply

Magazine or newspaper article

Radio or television

Doctor, nurse, or other health care worker

Book

Family or friends

Other: Please tell us:

- G3. Some health experts recommend taking folic acid for which one of the following reasons? Check ONE answer

To make strong bones

To prevent birth defects

To prevent high blood pressure

I don't know

- G4. Which of the following things would cause you to take multivitamins, prenatal vitamins, or folic acid vitamins? Check ALL that apply

I didn't usually eat the right foods

It prevented heart disease

It was good for my general health

It would help me have a healthy baby someday

My family or friends said it was a good idea

My doctor or nurse said it was a good idea

G5. During the *last 3 months* of your most recent pregnancy, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- I did not take a multivitamin, prenatal vitamin or folic acid vitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

G6. During the *past month*, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- I did not take a multivitamin, prenatal vitamin, or folic acid vitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

G8. During the *month before* you got pregnant with your new baby, what were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins? Check ALL that apply.

- I wasn't planning to get pregnant
- I didn't think I needed to take vitamins
- I didn't want to take vitamins
- The vitamins were too expensive
- The vitamins gave me side effects (such as nausea or constipation)
- Other: Please tell us

Food Insufficiency

Standard Questions

P14. During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- No
- Yes

P17. During the 12 months before your new baby was born, did you ever get emergency food from a church, a food pantry, or a food bank, or eat in a food kitchen?

- No
- Yes

Mental Health

Core Questions

4. During the *3 months before you got pregnant with your new baby*, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

c. Depression

18. During *your most recent pregnancy*, were you told by a doctor, nurse, or other health care worker that you had any of the following conditions? For each one, check, **No** if you did not have the condition during your pregnancy, or **Yes** if you did.

No Yes

c. Depression

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

Always
Often
Sometimes
Rarely
Never

49. *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

Standard Questions

- L11. 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.

g. Anxiety

- M2. At any time during *your most recent pregnancy or after delivery*, did a doctor, nurse, or other health care worker talk with you about “baby blues” or postpartum depression?

No
Yes

- M4.** At any time during *your most recent pregnancy*, did you *ask for help* for depression from a doctor, nurse, or other health care worker?
- No
Yes
- M5.** *Since your new baby was born*, has a doctor, nurse, or other health care worker *told you that you had depression*?
- No
Yes
- M6.** *Since your new baby was born*, have you *asked for help* for depression from a doctor, nurse, or other health care worker?
- No
Yes
- M7.** How would you describe the time during *your most recent pregnancy*? Check ONE answer
- One of the happiest times of my life
A happy time with few problems
A moderately hard time
A very hard time
One of the worst times of my life
- M8.** At any time during *your most recent pregnancy*, did you take prescription medicine for your depression?
- No
Yes
- M9.** At any time during *your most recent pregnancy*, did you get counseling for your depression?
- No
Yes
- M10.** *Since your new baby was born*, have you taken prescription medicine for your depression?
- No
Yes
- M11.** *Since your new baby was born*, have you gotten counseling for your depression?
- No
Yes
- M12.** *Since your new baby was born*, how often have you felt panicky?
- Always

Often
Sometimes
Rarely
Never

M13. At any time during *your most recent pregnancy*, did a doctor, nurse, or other health care worker *tell you that you had anxiety?*

No
Yes

M14. At any time during *your most recent pregnancy*, did you *ask for help* for anxiety from a doctor, nurse, or other health care worker?

No
Yes

M16. Since *your new baby was born*, have you *asked for help* for anxiety from a doctor, nurse, or other health care worker?

No
Yes

M17. At any time during *your most recent pregnancy*, did you take prescription medicine for your anxiety?

No
Yes

M21. Since *your new baby was born*, how often have you felt restless?

Always
Often
Sometimes
Rarely
Never

State specific questions

OR60. During your most recent pregnancy, how often did you feel down, depressed, or hopeless?

Always
Often
Sometimes
Rarely
Never

OR61. During your most recent pregnancy, how often did you have little interest or little pleasure in doing things you usually enjoyed??

Always
Often
Sometimes

Rarely
Never

CO76. Since your new baby was born, have you participated in any of the following? For each one, check **No** if you did not participate or **Yes** if you did.

- c. Counseling for depression or anxiety
- d. Support group for depression or anxiety

IA69. The following questions ask about your emotional well-being during your most recent pregnancy. For each item, check **No** if it did not happen to you or **Yes** if it did.

- a. I answered written questions asking me to rate my mood
- b. A doctor, nurse, or other health care worker talked to me about postpartum depression
- c. A doctor, nurse, or other health care worker told me I had depression
- d. A doctor, nurse, or other health care worker recommended that I take a prescription medication for depression
- e. I took medication for depression
- f. A doctor nurse, or other health care worker recommended that I get counseling for depression
- g. I received counseling for depression

IA70. The following questions ask about your emotional well-being since your new baby was born. For each item, check **No** if it did not happen to you or **Yes** if it did.

- a. I answered written questions asking me to rate my mood
- b. A doctor, nurse, or other health care worker told me I had depression
- c. A doctor, nurse, or other health care worker recommended that I take a prescription medication for depression
- d. I took medication for depression
- e. A doctor nurse, or other health care worker recommended that I get counseling for depression
- f. I received counseling for depression

NYC75. Since your new baby was born, was there a time when you thought you needed treatment of counseling for depression but didn't get it?

No
Yes

NYC76. What were your reasons for not getting treatment of counseling for depression? For each item, check **No** if it was not a reason for you or **Yes** it was.

- a. I had trouble finding a provider that I liked
- b. It seemed too difficult or overwhelmed
- c. I was worried about the cost or could not afford it
- d. I did not have time because of a job, childcare or another commitment
- e. I could not find a provider who spoke my language

MA79. Because of physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

No
Yes

DRUG2 During the *month* before you got pregnant, did you take or use any of the following drugs for any reason? For each item, check **No** if you did not use it or **Yes** if you did.

Prescription for depression or anxiety

Maternal Morbidity

Preconception

Core Question

4. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

- a. Type 1 or Type 2 diabetes (**NOT** gestational diabetes or diabetes that starts during pregnancy)
- b. High blood pressure or hypertension
- c. Depression

Standard Question

L11. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

- a. Asthma
- b. Anemia (poor blood, low iron)
- c. Heart problems
- d. Epilepsy (seizures)
- e. Thyroid problems
- f. PCOS (polycystic ovarian syndrome)
- g. Anxiety

Prenatal

Core Question

18. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had any of the following conditions? For each one, check, **No** if you did not have the condition during your pregnancy, or **Yes** if you did.

No Yes

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

Standard Questions

N1. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker tell you to stay in bed for at least 1 week?

No
Yes

N3. How often were you able to follow your provider's instruction to stay in bed?

Always
Often
Sometimes
Rarely
Never

N4. What types of support would have helped you to stay in bed for the recommended time? For each item, check **No** if it would have not helped or did not apply to you or **Yes** if it would have helped you.

No Yes

- a. Help with child care
 - b. Help with housework
 - c. Knowing I wouldn't lose my job
 - d. Money to make up for not working
 - e. Other
- Please tell us:

N5. During your most recent pregnancy, did a doctor, nurse, or other health care worker give you a series of weekly shots of a medicine called Progesterone, Makena®, or 17P (17 alpha-hydroxyprogesterone) to try to keep your new baby from being born too early?

No
Yes
I don't know

N6. During your most recent pregnancy, when you were told that you had gestational diabetes, did the doctor, nurse, or other health care worker tell you to make an appointment with a different doctor because of your gestational diabetes?

No
Yes

N7. During your most recent pregnancy, when you were told that you had gestational diabetes, did a doctor, nurse, or other health care worker do any of the things listed below? For each item, check **No** if it was not done or **Yes** if it was done.

No Yes

- a. Refer you to a nutritionist
- b. Talk to you about the importance of exercise
- c. Talk to you about getting to and staying at a healthy weight after delivery
- d. Suggest that you breastfeed your new baby
- e. Talk to you about your risk for Type 2 diabetes

N8b. Did you go to the hospital or emergency room because of any of the problem(s) listed above?

No
Yes

N8c. How many times did you go to the hospital or emergency room because of the problem(s)?

1 time
2 times
3 times
4 or more times

N9. Did you have any of the following problems during *your most recent pregnancy*? For each item, check **No if you did not have the problem or **Yes** if you did.**

No Yes

- a. Vaginal bleeding
- b. Kidney or bladder (urinary tract) infection (UTI)
- c. **Severe** nausea, vomiting, or dehydration that sent me to the doctor or hospital
- d. Cervix had to be sewn shut (cerclage for incompetent cervix)
- e. Problems with the placenta (such as abruptio placentae or placenta previa)
- f. Labor pains more than 3 weeks before my baby was due (preterm or early labor)
- g. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])
- h. I had to have a blood transfusion
- i. I was hurt in a car accident

Postpartum

Standard Questions

L30. Have you ever experienced any of the following health problems? For each condition, check **No if you have not experienced it or **Yes** if you have.**

No Yes

- e. Irregular periods (menstruation)
- f. Skin condition that causes pimples (acne)
- g. Increased hair growth on the face, chest or other parts of the body
- h. Being overweight or obese

O1. Since your new baby was born, have you had any medical problems that caused you to go to the hospital and stay overnight?

No
Yes

O3. What kind of medical problem caused you to go into the hospital? Check ALL that apply

Vaginal bleeding
Fever or infection
Other: Please tell us:

O4. *Since your new baby was born, have you been tested for diabetes or high blood sugar?*

No
Yes

O5. *Since your new baby was born, did a doctor, nurse, or other health care worker tell you that you had diabetes?*

No
Yes

O6. *Did a doctor, nurse, or other health care worker tell you that you had prediabetes, borderline diabetes or high blood sugar?*

No
Yes

State Specific Questions

MI68. *In the last week, how much time, on average, did you spend sleeping each night?*

0-3 hours
4-6 hours
7-8 hours
9+ hours

MI69. *In the last week, how many times, on average, did you wake up at night?*

_____ Times
I don't know

NH83. *After your recent pregnancy, did you get follow-up care for any of the following? For each item, check No if you did not get it, check Yes if you did get it, or check DH if you didn't have this condition.*

- a. Diabetes
- b. Hypertension
- c. Depression
- d. Lyme Disease

Occupational Status & Work Place Leave

Standard Questions

C4. At any time during *your most recent pregnancy*, did you work at a job for pay?

- No
- Yes

C6. Which of the following best describes your work schedule during the *last month* of your most recent pregnancy? Check ONE answer

- I worked up to the time of delivery with no change in schedule
- I cut back on my work hours
- I took time off before the birth of my baby
- I stopped working due to doctor's orders
- I quit my job
- I was laid off or fired from my job

C7. Have you returned to the job you had during *your most recent pregnancy*? Check ONE answer

- No, and I do not plan to return
- No, but I will be returning
- Yes

C8. Did you take leave from work *after your new baby was born*? Check ALL that apply

- I took *paid* leave from my job
- I took *unpaid* leave from my job
- State-specific options (Leave or disability programs)*
- I did not take any leave

C9. How did you feel about the amount of time you were able to take off *after the birth of your new baby*? Check ONE answer

- Too little time
- Just the right amount of time
- Too much time

C10. 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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. I was afraid I'd lose my job if I took leave or stayed out longer | | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had too much work to do to take leave or stay out longer | | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My job does not have paid leave | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. My job does not offer a flexible work schedule | | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I had not built up enough leave time to take any or more time off | | <input type="checkbox"/> | <input type="checkbox"/> |

C11. Did your baby's father take leave from work *after* your new baby was born? Check ONE answer

- No, he did not take leave from his job
- Yes, he took *paid* leave from his job
- Yes, he took *unpaid* leave from his job
- Yes, he took *paid and unpaid* leave from his job
- My baby's father was unemployed
- I don't know

C12. 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:

C13. 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

C14. How many weeks or months of leave, in total, did you take or will you take?

Weeks OR Months

Less than 1 week

Oral Health

Core Questions

7. **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 or general practitioner’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

17. **During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?**

- No
- Yes

Standard Questions

Y3. **Since your new baby was born, have you had your teeth cleaned by a dentist or dental hygienist?**

- No
- Yes

Y5. **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
 - b. I had painful, red, or swollen gums
 - c. I had a toothache
 - d. I needed to have a tooth pulled
 - e. I had an injury to my mouth, teeth, or gums
 - f. I had some other problem with my teeth or gums
- Please tell us:

Y6. **Did any of the following things make it hard for you to go to a dentist or dental clinic during your most recent pregnancy?** For each item, check **No** if it was not something that made it hard for you 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
- b. I could not find a dentist or dental clinic that would take Medicaid patients
- c. I did not think it was safe to go to the dentist during pregnancy
- d. I could not afford to go to the dentist or dental clinic

Y7. This question is about the 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

- a. I knew it was important to care for my teeth and gums during my pregnancy
- b. A dental or other health care worker talked with me about how to care for my teeth and gums
- c. I had insurance to cover dental care during my pregnancy
- d. I needed to see a dentist for a **problem**
- e. I went to a dentist or dental clinic about a **problem**

Y8. Did you get treatment from a dentist or another doctor for the problem that you were having during your pregnancy? Check ONE answer

No

Yes, I got treatment during my pregnancy

Yes, I got treatment after my pregnancy

Yes, I got treatment both during and after my pregnancy

State specific questions

FL77. During your most recent pregnancy, did a doctor, nurse, or other health care worker do any of the things listed below? For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

Ask me about my teeth and gums

Look at my teeth and gums

Talk with me about visiting a dentist or dental hygienist

Help me get dental care

Give me information about taking care of my teeth and gums

Give me information about taking care of my baby's teeth and gums

ME83. DO you have any insurance that pays for some or all of your dental care? Please include dental insurance, prepaid plans such as HMOs, or government plans such as MaineCare or Medicaid.

No

Yes

Pacifier Use

Infant

State specific

CO73. This question is about pacifier use in the hospital. For each state check, **No** if it did not apply or **Yes** if it did.

a. For calming

b. During a painful procedure

FL78. How often does your new baby go to sleep with a pacifier?

- Always
- Often
- Sometimes
- Rarely
- Never

Parent and Infant Demographics

Infant

Core Question

30. When was your new baby born?

Month/Day/Year

Maternal

Core Question

3. What is your date of birth?

Month/Day/Year

State specific questions

OK65. When your first child was born, how old were you?

_____ Years old

NM67. Are you Hispanic, Spanish, or Latina?

No
Yes

NM68. Which one or more of the following would you say is your race?

American Indian or Alaska Native
Tribe: _____
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
Other
Please tell us:

WY66. Are you a member of an American Indian tribe?

No
Yes

WY67. What is your tribal enrollment of your tribal affiliation?

Eastern Shoshone
Northern Arapahoe
Sioux
Crow
Northern Cheyenne
Shoshone Bannock
Other
Please tell us:

NM69. Which one of these best describes you?

American Indian or Alaska Native
Asian
Black or African American
Hispanic, Spanish, or Latina
Native Hawaiian or Other Pacific Islander
White
Other
Please tell us:

MA80. In what country were you born?

United States
Puerto Rico
Other Country
Please tell us:

MA81. How old were you when you moved to the United States?

____ Age in years

ME84. Was the building built before 1950?

No
Yes
I don't know or I am unsure

ME85. Do you own or rent the home?

Own
Rent
Other arrangement

Paternal

Standard Question

P6. *When you got pregnant, how old was your new baby's father?*

Number of Years old

I don't know

Parental Relationship

Standard Questions

P1. *When you got pregnant, did your new baby's father live with you?*

No

Yes

P2. *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

State specific questions

CT76. *When your new baby's father is with your baby, how often does he hug, kiss, hold, or play with the baby?*

Always

Often

Sometimes

Rarely

Never

My new baby's father doesn't regularly spend time with my baby

Physical Activity

Standard Questions

L26. 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**

b. I was exercising 3 or more days of the week for fitness outside of my regular job

CC1. During the *3 months before you got pregnant with your new baby*, how often did you participate in any physical activities or exercise for 30 minutes or more? For example, walking for exercise, swimming, cycling, dancing, or gardening.

Less than 1 day per week

1 to 2 days per week

3 to 4 days per week

5 or more days per week

I was told by a doctor, nurse, or other health care worker not to exercise

CC2. During the *last 3 months of your most recent pregnancy*, how often did you participate in any physical activities or exercise for 30 minutes or more?

Less than 1 day per week

1 to 2 days per week

3 to 4 days per week

5 or more days per week

I was told by a doctor, nurse, or other health care worker not to exercise

State specific questions

MA78. Do you have serious difficulty walking or climbing stairs?

No

Yes

OR75. Are you limited in any way in any activities because of physical, mental, or emotional problems?

No

Yes

Preconception Care and Readiness

Core Questions

6. 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 worker?

- No
- Yes

7. **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 or general practitioner'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:

8. **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.

No Yes

- 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. 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. Ask me about the kind of work I do
- k. Test me for sexually transmitted infections such as chlamydia, gonorrhea, or syphilis
- l. Test me for HIV (the virus that causes AIDS)

Standard Questions

J5. **Why didn't you have any health care visits in the 12 months before you got pregnant with your new baby?**

- I didn't have health insurance to cover the cost of the visit
- I felt fine and did not think I needed to have a visit
- I couldn't get an appointment when I wanted one
- I didn't have any transportation to get to the clinic or doctor's office
- I had too many things going on

I couldn't take time off from work

Other: Please tell us _____

L18. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below about preparing for a pregnancy? *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 talked with you about it.

- a. Getting my vaccines updated before pregnancy
- b. Visiting a dentist or dental hygienist before pregnancy
- c. Getting counseling for any genetic diseases that run in my family
- d. Getting counseling or treatment for depression or anxiety
- e. The safety of using prescription or over-the-counter medicines during pregnancy
- f. How smoking during pregnancy can affect a baby
- g. How drinking alcohol during pregnancy can affect a baby
- h. How using illegal drugs during pregnancy can affect a baby

L26. 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 | | |
| b. I was exercising 3 or more days of the week for fitness outside of my regular job | | |
| c. I was regularly taking prescription medicines other than birth control | | |
| d. A health care worker checked me for diabetes | | |
| e. I talked to a health care worker about my family medical history | | |

Used by: AK4,

L27. Before you got pregnant with your new baby, did a doctor, nurse or other health care worker talk to you about preparing for a pregnancy?

No

Yes

Pregnancy Intention

Maternal

Core Question

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

Maternal

Standard Questions

Q4. 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

Q6. How did you feel when you found out you were pregnant with your new baby? Were you—

- Very unhappy to be pregnant
- Unhappy to be pregnant
- Not sure
- Happy to be pregnant
- Very happy to be pregnant

Paternal/Partner

Standard Questions

Q3. Thinking back to *just before* you got pregnant with your new baby, how did your husband or partner feel about your becoming pregnant? Check ONE answer

- He wanted me to be pregnant sooner
- He wanted me to be pregnant later
- He wanted me to be pregnant then
- He didn't want me to be pregnant then or at any time in the future
- I don't know
- I didn't have a husband or partner

Prenatal Care

Core Questions

13. 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

14. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you—

No Yes

- a. If you knew how much weight you should gain during pregnancy
- b. If you were taking any prescription medication
- c. If you were smoking cigarettes
- d. If you were drinking alcohol
- e. If someone was hurting you emotionally or physically
- f. If you were feeling down or depressed
- g. If you were using drugs such as marijuana, cocaine, crack, or meth
- h. If you wanted to be tested for HIV (the virus that causes AIDS)
- i. If you planned to breastfeed your new baby
- j. If you planned to use birth control after your baby was born

Standard Questions

R1. How did you feel about the prenatal care you got during your most recent pregnancy? If you went to more than one place for prenatal care, answer for the place where you got *most* of your care. For each item, check **No** if you were not satisfied or **Yes** if you were satisfied.

Were you satisfied with—

No Yes

- a. The amount of time you had to wait
- b. The amount of time the doctor, nurse, or midwife spent with you
- c. The advice you got on how to take care of yourself
- d. The understanding and respect shown toward you as a person

R14. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how eating fish containing high levels of mercury could affect your baby?

No
Yes

R15. Where did you go most of the time for your prenatal care visits? Do not include visits for WIC. Check ONE answer

- Private doctor's office
- Hospital clinic
- Health department clinic
- State-specific option
- State-specific option
- Other: Please tell us:

R16. During your most recent pregnancy, did a doctor, nurse, or other health worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each one, check **No** if no one talked with you about it or **Yes** if someone did.

No Yes

- a. Foods that are good to eat during pregnancy
- b. Exercise during pregnancy
- c. Programs or resources to help me gain the right amount of weight during pregnancy
- d. Programs or resources to help me lose weight after pregnancy

R17. How much weight did your doctor, nurse, or other health care worker tell you to gain during your most recent pregnancy? Please check ONE answer and fill in the blank(s) next to the checked box.

Between Pounds and Pounds
Between Kilos and Kilos
Exactly Pounds OR Kilos
I don't remember

R18. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you not to drink alcohol while you were pregnant?

No
Yes

Used by: AK20,

R19. How many weeks or months pregnant were you when you were sure you were pregnant? For example, you had a pregnancy test or a doctor or nurse said you were pregnant.

[BOX] Weeks OR [BOX] Months
I don't remember

R20. Did you get prenatal care as early in your pregnancy as you wanted?

No
Yes

Used by: AK17,

R21. 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
- b. I didn't have enough money or insurance to pay for my visits
- c. I didn't have any transportation to get to the clinic or doctor's office
- d. The doctor or my health plan would not start care as early as I wanted
- e. I had too many other things going on

- f. I couldn't take time off from work or school
- g. I didn't have my Medicaid (or *state Medicaid name*) card
- h. I didn't have anyone to take care of my children
- i. I didn't know that I was pregnant
- j. I didn't want anyone else to know I was pregnant
- k. I didn't want prenatal care

Used by: AK16,

R22. *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 smoking during pregnancy could affect my baby
- b. Breastfeeding my baby
- c. How drinking alcohol during pregnancy could affect my baby
- d. Using a seat belt during my pregnancy
- e. Medicines that are safe to take during my pregnancy
- f. How using illegal drugs could affect my baby
- g. Doing tests to screen for birth defects or diseases that run in my family
- h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)
- i. What to do if I feel depressed during my pregnancy or after my baby is born
- j. Physical abuse to women by their husbands or partners

R23. *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

State specific questions

DE76. *During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about fetal (baby) kick counts and how to do them? Please count only discussions, not reading materials or videos.*

No
Yes

FL76. Did you take action to avoid eating fish containing high levels of mercury during your pregnancy?

- No
- Yes

NC71. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the following? For each item, check **No** if no one talked with you about it or **Yes** if someone did.

- a. The “baby blues” or postpartum depression
- b. What happens if a baby is shaken
- c. What you might do with a crying baby to quiet him or her
- d. Smoking or tobacco use
- e. Second-hand smoke

NYC77. During any of your prenatal care visits, did a doctor, nurse, or other health care worker recommend that you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- No
- Yes

NYC79. During which trimester did you receive the Tdap shot?

- First
- Second
- Third
- I don’t remember

NYC80. What were your reasons for not getting a Tdap shot or vaccination during your most recent pregnancy? For each item, check **No** if it was not a reason for you or **Yes** if it was.

- a. My doctor didn’t mention anything about a Tdap shot
- b. I was worried about side effects of the Tdap shot for me
- c. I was worried that the Tdap shot might harm my baby
- d. I was not worried about getting sick with pertussis
- e. I do not think the Tdap shot works
- f. I don’t normally get a Tdap shot
- g. My insurance did not cover the Tdap shot
- h. I don’t have insurance and could not afford the Tdap shot
- i. I cannot receive the Tdap shot for medical reasons
- j. I cannot receive the Tdap shot for religious reasons
- k. Other
Please tell us:

WV69. The following are things a doctor, nurse, or other health care worker might have talked to you about during your pregnancy or after delivery? For each item, check **No** if no one talked with you about it or **Yes** if someone did.

- a. High Risk Birth Score Program
- b. Right from the Start Program
- c. Immunization (shots) for my baby
- d. Diabetes (how it may affect me and my baby)

Postpartum Care

Core Questions

46. 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

47. 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.

No Yes

- 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[®], 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

Standard Questions

J2. Where did you go for your postpartum checkup?

- My family doctor's office
- My OB/GYN's office
- Hospital clinic
- Health department clinic
- State-specific option
- State-specific option
- Other: Please tell us:

J3. Did any of these things keep you from having a postpartum visit? Check ALL that apply

- I didn't have health insurance to cover the cost of the visit
- I felt fine and did not think I needed to have a visit
- I couldn't get an appointment when I wanted one
- I didn't have any transportation to get to the clinic or doctor's office
- I had too many things going on
- I couldn't take time off from work
- Other reason: Please tell us

State Specific Questions

NJ89. Since your new baby was born, did a doctor, nurse home visitor, or other health care worker talk with you about any of the things listed below? Please count only discussion, not reading materials or videos. For each item, check **No** if no one talked with you about it or **Yes** if someone did.

- a. Whether you've been feeling sad or anxious
- b. What to do when your baby cries excessively and won't stop
- c. That shaking or hitting your baby can cause serious harm
- d. Putting your baby to sleep safely on his/her back and in his/her own crib
- e. Sharing information about topics like shaking babies, crying babies, and safe sleep with people who help you care for your baby, like your husband or partner, a family member, babysitter, or caregiver

NM74. Please read each statement below about how you feel about your baby's crying? For each one, check **No** if it did not apply to you or **Yes** if it did.

- a. I can always get my baby to stop crying
- b. In the past week, I have carried my baby in my arms or in a cloth baby carrier for 5 or more hours every day
- c. I think that picking up a baby every time he or she cried will spoil the baby
- d. I sometimes feel overwhelmed by my baby's crying

OR74. Do you have one or more persons you think of as your personal doctor or nurse? A personal doctor or nurse is a health professional who is familiar with our health history. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

No
Yes

Questionnaire Details

Core Question

52. What is today's date?

Month/Day/Year

Reproductive History

General

Standard Questions

P8. How old were you when you got pregnant with your *first* baby?

Years old

Previous Pregnancies

Standard Questions

FF1. During the *12 months before* you got pregnant with your new baby, did you have a miscarriage, fetal death (baby died before being born), or stillbirth?

No
Yes

FF3. How long ago did that pregnancy *end*?

Less than 6 months before getting pregnant with my new baby
6 to 12 months before getting pregnant with my new baby

FF4. What is the age difference between your *new* baby and the child you delivered *just before* your new one?

0 to 12 months
13 to 18 months
19 to 24 months
More than 2 years but less than 3 years
3 to 5 years
More than 5 years

FF5. *Before* you got pregnant with your new baby, did you ever have any other babies who were born alive?

No
Yes

FF6. Did the baby born *just before* your new one weigh 5 pounds, 8 ounces (2.5 kilos) or *less* at birth?

No
Yes

FF7. Was the baby *just before* your new one born *earlier* than 3 weeks before his or her due date?

No
Yes

Social Support

Standard Questions

W1. 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

W2. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each one, check **No** if you would have not had it or **Yes** if you would have had it.

No Yes

- a. Someone to loan me \$50
- b. Someone to help me if I were sick and needed to be in bed
- c. Someone to take me to the clinic or doctor's office if I needed a ride
- d. Someone to talk with about my problems

W3. Since you delivered your new baby, who would help you if a problem came up? For example, who would help 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 help me

W4. Since you delivered your new baby, would you have had the kinds of help listed below if you needed them? For each one, check **No** if you would not have it or **Yes** if you would.

No Yes

- a. Someone to loan me \$50
- b. Someone to help me if I were sick and needed to be in bed
- c. Someone to talk with about my problems
- d. Someone to take care of my baby
- e. Someone to help me if I were tired and feeling frustrated with my new baby

Used by: AK78,
State specific questions

MI73. This questions is about your husband or partner, who may or may not be the father of your new baby. Please choose the statement that best describes the current living arrangement.

- My husband or partner lives with me all of the time
- My husband or partner lives with me some of the time
- My husband or partner does not live with me
- I do not have a husband or partner

MI74. The following states are about your husband or partner, who may or may not be the father of your baby, and the support they provide you at this time. For each one, check **No** if it is not true most of the time or **Yes** if it is true.

- a. My partner is someone I can count on for financial support if I need it
- b. My partner is someone I can talk with about things that are important to me
- c. My partner is someone who is affectionate toward me
- d. My partner is someone who helps me care for my child(ren)
- e. My partner is someone who understands how I am feeling
- f. My partner is someone who talks with me and spends time with me
- g. My partner I someone whom I can count on
- h. My partner is someone who does things with me

OR72. Would you have the kinds of help listed below if you needed them? For each one, check **No** if you would not have it or **Yes** if you would.

- a. Someone to loan me money for food or bills if I needed it
- b. Someone who would help me if I were sick and needed to be in bed
- c. Someone who would take me to the clinic or doctor's office if I needed a ride
- d. Someone I can count on to listen to me when I need to talk
- e. Someone who shows me love and affection other than a child

OR73. Below is a list of items neighbors sometimes do for each other. For each item, check **N** if they never do **AN** is they almost never do, **S** if they sometimes do, **F** if they fairly often do **VO** if they very often do.

- a. Do favors for each other?
- b. Ask each other advice about personal things such as child rearing or job openings?
- c. Have partied or other get-togethers where other people in the neighborhood are invited?
- d. Visit in each other's homes or on the street?
- e. Watch over each other's property?

Social Services

Standard Questions

B12. (Phase 7, Core 27) During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- No
- Yes

Used by: AK26,

V1. During your most recent pregnancy, did you get any of these services? For each one, check **No** if you did not get the service and **Yes** if you did.

No Yes

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

V2. 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

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

V3. 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

V12. During your most recent pregnancy, did you receive any of the following services? For each one, check **No** if you did not receive the service or **Yes** if you received the service.

No Yes

- a. Food stamps or money to buy food
- b. WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)
- c. Counseling information for family and personal problems
- d. Help to quit smoking
- e. Help to reduce violence in your home
- f. Other
Please tell us:

State specific questions

CO76. Since your new baby was born, have you participated in any of the following? For each one, check **No** if you did not participate or **Yes** if you did.

- a. Parenting classes
- b. Home visitation sessions
- c. Counseling for depression or anxiety
- d. Support group for depression or anxiety

State Specific questions

ME80. Why wasn't your new baby enrolled in WIC?

- I didn't think my new baby would be eligible
- I was told that my baby didn't qualify for WIC
- I'm not sure what WIC is
- WIC hours did not fit my schedule
- The WIC office was too far away
- I don't need the services that WIC offers
- Other
- Please tell us:

NM72. During the *most recent pregnancy*, did you receive any of the following services? For each one, check **No** if you did not receive the service or **Yes** if you did.

- a. Counseling or a support group for depression
- b. Class or support group to stop smoking cigarettes
- c. Help to reduce violence in my home
- d. Health Start
- e. Families FIRST case management
- f. Doula or midwife support
- g. Home visiting program

NM73. Since *your new baby was born*, have you used any of these services? For each one, check **No** if you did not receive the service or **Yes** if you did.

- a. A breastfeeding class or peer counseling support
- b. WIC for me or my baby
- c. Families FIRST case management
- d. Health Start
- e. Counseling or a support group for depression
- f. Breastfeeding help from a hospital or clinic
- g. Breastfeeding help from a community program or lactation consultant
- h. Home visiting program

VA81. Please tell us if you have heard of the following Virginia programs For each one, check **No** if you have not heard about it or **Yes** if you have.

- a. Quit Now Virginia (1-800-Quit-Now)
- b. 2-1-1 Virginia
- c. Text4baby
- d. Virginia Department of Healthy Family Planning Clinics
- e. Care Connection for Children
- f. Loving Steps/Healthy Start
- g. Nurse – Family Partnership (NFP)
- h. Healthy Families
- i. Part C Early Intervention
- j. Project LINK
- k. CHIP of Virginia
- l. Safety Seat Check Station
- m. Low Income Safety Seat Program
- n. Head Start
- o. Early Head Start

Stress & Discrimination

Standard Questions

P15. 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

P17. During the 12 months before your new baby was born, did you ever get emergency food from a church, a food pantry, or a food bank, or eat in a food kitchen?

- No
- Yes

P19. 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

Used by: AK44,

BB1. 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

BB3. *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
- Often
- Sometimes
- Rarely
- Never

State specific questions

MA82. *How often do you think about your race?*

- Constantly
- Once a day
- Once a week
- Once a month
- Once a year
- Never

CT70. *During the 12 months before your new baby was born, how often did you experience discrimination, or harassment, or were made to feel inferior because of your race, ethnicity, or culture?*

- Always
- Often
- Sometimes
- Rarely
- Never

CT71. *Did you ever feel you were treated unfairly in getting these kinds of services because of any of the following?* For each item, check **No** if you were not treated unfairly or **Yes** if you were treated unfairly.

- My race, ethnicity, or culture
- My age
- The language I speak
- My citizenship
- My insurance or Medicaid status
- I felt unfairly treated for other reasons
- Please tell us:

VA76. *During the 12 months before your new baby was born, did you experience discrimination, harassment, or were you made to feel inferior because of the things listed below?* For each item, check **No** if you did not experience these things or **Yes** if you did experience them.

- My race, ethnicity, or culture
- My insurance or Medicaid status
- My weight

My marital status

Other

Please tell us:

LA66. Have you ever experienced discrimination (felt like you were treated worse than other people) while getting any type of health or medical care? For each item, check **No** if you have never experienced discrimination because of it or **Yes** if you have.

My race or skin color

My immigration status

My age

My income

My sex/gender

My sexual orientation

My religion

Because I was pregnant

The language I speak

My type of health insurance or my lack of health insurance

OR77. Have you ever experienced discrimination (felt like you were treated worse than other people) in a situation other than getting any type of health or medical care? For each item, check **No** if you have never experienced discrimination because of it or **Yes** if you have.

My race or skin color

My immigration status

My age

My income

My sex/gender

My sexual orientation

My religion

Because I was pregnant

The language I speak

My type of health insurance or my lack of health insurance

MN70. Did you experience discrimination by health care providers during your prenatal care, labor, or delivery because of the things listed below? For each item, check **No** if you **did not experience discrimination** or **Yes** if you experienced discrimination.

My race, ethnicity, or culture

My insurance or Medicaid status

My weight

My marital status

Other

Please tell us:

VT69. Did you experience discrimination by health care providers during your prenatal care, labor, or delivery because of the things listed below? For each item, check **No** if you **did not experience discrimination** or **Yes** if you experienced discrimination.

My race, ethnicity, or culture

My insurance or Medicaid status

My weight

My marital status

My age

Prescription use of Suboxone®, Methadone, or other drug addiction treatment

Other

Please tell us:

NH84. Did you ever feel you were treated unfairly in getting these kinds of services because of any of the following? For each item, check **No** if you were not treated fairly or **Yes** if you were treated unfairly.

Your race or ethnic group

Your age

Your language or accent

Substance addiction

Insurance type (Medicaid, other)

Body weight

Income level

Religion

Sexual orientation

Some other reason

Please tell us:

CT72. This question is about things that may have happened during your most recent pregnancy? For each item, check **No** if it did not happen to you or **Yes** if it did.

a. I felt that my race or ethnic background contributed to the stress in my life

b. I felt emotionally upset (for example, angry, sad, or frustrated) as a result of how I was treated based on my race or ethnic background

c. I experienced physical symptoms (for example, a headache, an upset stomach, tensing of my muscles, or a pounding heart) that I felt were related to how I was treated based on my race or ethnic background

NM70. Within the past 12 months, when seeking health care, did you feel your experiences were worse than, the same as, or better than for people of others races (or ethnicities)?

Worse than other races

The same as other races

Better than other races
Worse than some races, better than others
I only encountered people of the same race
I did not have health care in past 12 months
Don't know/Not sure

CT74. *Since your new baby was born, how often does your husband or partner provide you with encouragement and emotional support?*

Always
Often
Sometimes
Rarely
Never

CT75. *Since your new baby was born, how often does your new baby's father 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

MI62. *During the 12 months before your new baby was born, how often did you feel that when you went to get health care you were treated worse than people of other races or cultures?*

Never
Sometimes
Usually
Always
I did not get health care then

MI63. *During your most recent pregnancy, which of the following statements about basic needs applied to you? For each item, check **No** if it was not true or **Yes** if it was.*

- a. I had affordable, reliable transportation
 - b. I skipped meals or ate less because
 - c. I had safe housing
 - d. I had consistent and stable housing
 - e. My house or apartment was too crowded
 - f. I could keep basic utility services on (heat, water, lights)
 - g. I had access to a telephone when needed
 - h. I had other basic needs that were not met
- Please tell us:

OR71. In the past 12 months, have you needed or received any of the following? For each item, check DN if you didn't need it N if you needed it but did not get it NG if you needed it and did get.

- a. Food stamps or money to buy food
- b. Other financial assistance (for example, AFDC, TANF, subsidized rent, etc.)
- c. Help with an alcohol or drug problem
- d. Help to stop smoking
- e. Help with transportation
- f. Help paying for education or job training
- g. Help with a family violence
- h. Help or counseling for other family or other personal problems

MI72. The following statements are about the way you handle life events. Please check all that are true for you most of the time.

- I tend to bounce back quickly after hard times
- I have a hard time making it through stressful events
- It does not take me long to recover from a stressful event
- It is hard for me to snap back when something bad happens
- I usually come through a difficult time with little trouble
- I tend to take a long time to get over set-backs in my life

NYC87. In the last 30 days, have you been concerned about having enough food for you or your family?

- No
- Yes

Tobacco & Other Nicotine Products

Product Use

Core Questions

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

- No
- Yes

20. 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

21. 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

22. 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 of pregnancy.

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.

23. 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 nicotine-containing e-vaping products
- b. Hookah
- c. *State added option (Chewing tobacco, snuff, snus, or dip)*
- d. *State added option (Cigars, cigarillos, or little filtered cigars)*

24. 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 nicotine-containing e-vaping products then

25. 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 nicotine-containing e-vaping products then

State specific questions

HI70. How often do you use e-cigarettes or other electronic nicotine products in an average week *now*?

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

Standard Questions

AA13. In the *3 months before* you got pregnant, on average, how often did you smoke hookah?

- Daily
- 2-3 times per week
- Once a week
- 2-3 times per month
- Once a month
- I did not smoke hookah in the *3 months before* I got pregnant

AA14. In the *last 3 months* of your pregnancy, on average, how often did you smoke hookah?

- Daily
- 2-3 times per week
- Once a week
- 2-3 times per month
- Once a month
- I did not smoke hookah in the *last 3 months* of my pregnancy

Smokeless Tobacco

State specific Questions

AK75. During your most recent pregnancy, did you ever use smokeless tobacco products such as chewing tobacco, snuff, snus, or iqmik?

- No
- Yes

AK76. Which smokeless tobacco product(s) did you use during your pregnancy?

- Chewing tobacco, snuff, or snus

Cessation

Standard Questions

AA1. *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

AA2. *During your most recent pregnancy, did any of the following things about quitting smoking apply to you? For each thing, check **No** if it you did not do it, or **Yes** if you did.*

No Yes

- a. Set a specific date to stop smoking
- b. Use booklets, videos, or other materials to help you quit
- c. Call a national or state quit line or go to a website
- d. Attend a class or program to stop smoking
- e. Go to counseling for help with quitting
- f. Use a nicotine patch, gum, lozenge, nasal spray or inhaler
- g. Take a pill like Zyban[®] (also known as Wellbutrin[®] or Bupropion[®]) to stop smoking
- l. Take a pill like Chantix[®] (also known as Varenicline) to stop smoking
- h. Try to quit on your own (e.g., cold turkey)
- i. Other:
Please tell us:

AA3. *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.*

No Yes

- a. Spend time with you discussing how to quit smoking
- b. Suggest that you set a specific date to stop smoking
- c. Suggest you attend a class or program to stop smoking
- d. Provide you with booklets, videos, or other materials to help you quit smoking on your own
- e. Refer you to counseling for help with quitting
- f. Ask if a family member or friend would support your decision to quit
- g. Refer you to a national or state quit line
- h. Recommend using nicotine gum
- i. Recommend using a nicotine patch
- j. Prescribe a nicotine nasal spray or nicotine inhaler
- k. Prescribe a pill like Zyban[®] (also known as Wellbutrin[®] or Bupropion[®]) to help you quit
- l. Prescribe a pill like Chantix[®] (also known as Varenicline) to help you quit

AA6. *Did you quit smoking around the time of your most recent pregnancy?*

- 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

AA10. 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
 - c. Fear of gaining weight
 - d. Loss of a way to handle stress
 - e. Other people smoking around me
 - 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

AA12. During your most recent pregnancy, did your health insurance pay for medications or any other services to help you quit smoking? Check ONE answer

- 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

AK77. Are you planning to stop smoking cigarettes?

- Yes, within the next 30 days
- Yes, more than 30 days from now but within the next 6 months
- Yes, but not within the next 6 months
- No, I don't plan to stop

State specific questions

OR59. During any of your prenatal care visits or after your most recent delivery, did a doctor, nurse, or other health care worker ever advise you to quit smoking?

- No
- Yes, during my prenatal care visits
- Yes, after my delivery

Yes, both times
I did not smoke at that time

Secondhand Exposure

Standard Question

AA5. 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

AA7. 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

Used by: AK33,

AA8. How many cigarette smokers, not including yourself, lived in your home during *your most recent* pregnancy?

Number of smokers

AA9. How many cigarette smokers, not including yourself, live in your home *now*?

Number of smokers

Used by: AK33,

U1. Does your husband or partner smoke inside your home?

No
Yes

Used by: AK34,

U2. Not including yourself or your husband or partner, does anyone else smoke cigarettes inside your home?

- No
- Yes

Used by: AK35,

State specific questions

OR70. Not including yourself, is there anyone in your household who smokes cigarettes, cigars, or pipes?

- No
- Yes

NH69. Is smoking allowed in the car that your baby most often rides in?

- No
- Yes
- I don't know

CO71. During any of your prenatal care visits, did a doctor, nurse, or other health care worker-

- f. Discuss making your home smoke-free
- g. Discuss making your car smoke-free

CO72. During any of your prenatal care visits or after your most recent delivery, did a doctor, nurse, or other health care worker talk with you about how secondhand smoke could affect your baby after birth?

- No
- Yes, during my prenatal care visits
- Yes, after my delivery
- Yes, both times

MI65. How many hours and minutes in the last week was your new baby in an enclosed space, such as a room or a vehicle, with someone who was smoking?

_____Hours _____Minutes