

# PRAMS Phase 8 Topic Reference Document



**PRAMS**

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

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## 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 is 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.

To identify which states used the various standard and state-developed questions, refer to the list under each question that has state abbreviation and the number of the question on that state's survey. For example, RI76 corresponds to the Rhode Island (RI) survey question number 76 on their Phase 8 survey. The same question may have a different number in another state. It may also be listed as SC79 because South Carolina may have added additional question before it.

# 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.

- 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, IA72, IL75, IN75, MD64, OH87, VA77, WY63

**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)*

Used by: ME75, PA81

#### State Developed Questions

**NV3. During the time period before you were 18 years of age, how often did the following things happen to you?** For each item, check **N** if it never happened, **O** if it happened once, **MO** if it happened more than once, or **DK** if you *don't know*.

N O MO DK

- a. How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?
- b. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking

#### 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

Used by: AR52, DC40, IN42, KS41, MS48, PA55, PR69, SD46, SDT37, WA38, WI48

**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

Used by: DC62, LA65, KS63, MN67, PA82, SDT62

**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

Used by: OH48

**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

Used by: IN70

#### State Developed Questions

**NV3.** *During the time period before you were 18 years of age, how often did the following things happen to you?* For each item, check **N** if it never happened, **O** if it happened once, **MO** if it happened more than once, or **DK** if you *don't know*.

**N**   **O**   **MO**   **DK**

- a. How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?
- b. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking
- c. How often did a parent or adult in your home ever swear at you, insult you, put you down?
- d. How often did anyone at least 5 years or older than you or an adult, ever touch you sexually?

- e. How often did anyone at least 5 years or older than you or an adult, try to make you touch sexually?
- f. How often did anyone at least 5 years or older than you or an adult, force you to have sex?

**SD75. While you were growing up, during your first 18 years of life, did any of the following things happen often or very often?**

No      Yes

- a. Did a parent or other adult in the household swear at you, insult you, put you down, or humiliate you **OR** act in a way that made you afraid that you might be physically hurt?
- b. Did a parent or other adult in the household push, grab, slap, or throw something at you **OR** ever hit you so hard that you had marks or were injured?
- c. Did you feel that no one in your family loved you or thought you were important or special **OR** your family didn't look out for each other, feel close to each other, or support each other?
- d. Did you feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you **OR** your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
- e. Was your mother or stepmother pushed, grabbed, slapped, or had something thrown at her **OR sometimes, often or very often** kicked, bitten, hit with a fist, or hit with something hard **OR ever** repeatedly hit at least a few minutes or threatened with a gun or knife?

Used by: ND71, SD74, SDT71

## 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, CO39, HI40, IA38, MD32, ME38, NE52, NJ46, OK33, SD42, VT39

**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, HI42, MD34

**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, CO40, CT42, DE45, GA45, HI41, LA37, MD33, ME39, MN38, MO46, MS44, MT43, NC42, NE53, NJ49, NYS42, OH43, PA48, SD43, TN53, TX42, VA43, VT40, WA34, WY30

State Specific Questions

**NE83. *Since your new baby was 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

Used by: AL17, CT19, MA18, MO21, NYC18

- 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

Used by: CT20, MA19, MO22, NYC19

- 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

Used by: AL18

# 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:

Used by: AL59, AR59, FL52, IA50, IL52, LA48, KY52, ME55, MI44, MO59, MT58, NV45, NC53, NH46, PR48, RI46, SC59, SDT44, TX56, VA55

**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 husband or partner did not support breastfeeding
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other: Please tell us:

Used by: AL62, FL55, IA53, IN54, KY56, ME58, MI47, MO62, MT61, NC27, ND44, NE65, NH49, NV48, NYC53, NYS54, PR52, SC63, SD55, SDT47, VA58, WA50, WY48

**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, AL63, AR62, CO53, GA58, IN55, LA52, MA54, ME61, MN53, MO63, MS63, NC58, ND45, NE66, NJ65, NM50, NYC54, NYS55, OK45, OR44, PR53, TX59, UT59, VT52, WI57, WV52, WY49

**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

Used by: NYC29, NYS30, WY19

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

- No
- Yes

Used by: MS65

**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:

Used by: MS66

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

- No
- Yes

Used by: AL32, LA25

**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

Used by: MS31, NJ36, NYS29

**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

Used by: UT52, VT47

**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, CO54, HI53, IL55, MA53, MS64, NE67, NM51, NYC55, OK46, OR45, PR54, TX60

**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, CO55, HI54, IL56, ME62, NE68, NYC56, PR55

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

- No
- Yes

Used by: AK26, AL31, CO27, CT30, FL28, HI25, LA24, MA30, MO33, MS30, NE39, NH22, NJ35, NYC30, NYS28, PA36, RI24, TN38, UT28

**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:

Used by: KY53, LA49, NC54, NM45, PR49, SC60

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

- No
- Yes

Used by: ME59, MI48, NM48, UT57

**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

Used by: ME60, NM49

**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:

Used by: MI49, UT58

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

## Cancer

Supplemental Questions

**1. Have any of your family members listed below who are related to you by blood had ovarian cancer?** For each family member, check **No** if she has not had ovarian cancer, **Yes** if she has, or **DK** if you don't know.

	Family member	Had Ovarian Cancer		
		No	Yes	DK
a.	My mother			
b.	My mothers' mother			
c.	My father's mother			

**2. Have any of your other family members who are related to you by blood had ovarian cancer?** For each family member, check **No** if she has not had ovarian cancer, **Yes** if she has, **DK** if you don't know, or **NA** if the option does not apply to you.

	Family Member	Had Ovarian Cancer			
		No	Yes	DK	NA
a.	Sister(s) IF YES, how many have had ovarian cancer? _____				
b.	Aunt(s) IF YES, how many have had ovarian cancer? _____				
c.	Female cousin(s) IF YES, how many have had ovarian cancer? _____				

3. **Have any of your family members listed below who are related to you by blood had breast cancer?** For each family member, check **No** if they have not had breast cancer, **Yes** if they have, or **DK** if you don't know.

	Family member	Had Breast Cancer		
		No	Yes	DK
a.	My mother			
b.	My mother's mother			
c.	My father's mother			
d.	My father			
e.	My mother's father			
f.	My father's father			

4. **Have any of your other family members who are related to you by blood had breast cancer?** For each family member, check **No** if they have not had breast cancer, **Yes** if they have, **DK** if you don't know, or **NA** if the option does not apply to you.

	Family Member	Had Breast Cancer			
		No	Yes	DK	NA
a.	Sister(s) IF YES, how many have had breast cancer? _____				
b.	Brother(s) IF YES, how many have had breast cancer? _____				
c.	Aunt(s) IF YES, how many have had breast cancer? _____				
d.	Uncle(s) IF YES, how many have had breast cancer? _____				
e.	Cousin(s) IF YES, how many have had breast cancer? _____				

5. **Has any woman in your family who is related to you by blood had breast cancer at *age 50 or younger*?**

No  
Yes  
I don't know

6. **Has any woman in your family who is related to you by blood had both breast AND ovarian cancer?**
- No  
Yes  
I don't know
7. **Have any of your family members related to you by blood had bilateral breast cancer (breast cancer on both sides)?**
- No  
Yes  
I don't know
8. **Do you have Ashkenazi Jewish heritage?**
- No  
Yes  
I don't know
9. **Have you ever talked to a genetic counselor about your risk for cancer based on your family history?**
- No → **Go to end**  
Yes
10. **What was the MAIN reason you talked to a genetic counselor about your risk for cancer?**  
Check ONE answer
- My doctor recommended it  
I requested it  
A family member suggested it  
I heard or read about it in the news  
Other → Please tell us: \_\_\_\_\_
11. **Thinking about your MOST RECENT visit to a genetic counselor for cancer risk, what kind of cancer was it for? Check ALL that apply**
- Breast cancer  
Ovarian cancer  
Other → Please tell us: \_\_\_\_\_

- 12. Have you ever had genetic testing for a gene mutation connected to breast or ovarian cancer?**  
A mutation is a change in a gene that increases the risk for hereditary cancer. Genetic testing is done by taking a sample of your saliva or blood.

No  
Yes  
I don't know

Additional Cancer Supplement question used by: MI

## 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

Used by: MD65, NE84

- 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

Used by: MD66, NE85

- 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

Used by: MD67

# 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 in the arm (Nexplanon® or Implanon®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Other: Please tell us:

Used by: AL16, AR18, AZ17, CO17, FL20, GA20, HI16, KY18, MI16, MT20, NC20, NE23, OH19, OR16, SC19, TN24, VA16, WA16

**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

Used by: KS66, SC79

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

- No
- Yes

Used by: AK14, AL13, AR15, AZ15, CO15, CT16, DE19, FL17, GA17, HI13, IA13, IL16, LA13, KY15, MA15, ME13, MI13, MN14, MO18, MT18, NC17, NE20, NJ21, NYC15, NYS13, OH16, OK13, OR13, PA19, SC16, SD17, SDT13, TN21, TX13, UT18, VA14, VT15, WA13, WV16

**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, AR16, AZ16, CO16, CT17, DE20, FL18, GA18, HI14, IA14, IL17, LA14, KY16, MA16, ME14, MI14, MN15, MO19, MT19, NC18, NE21, NJ22, NYC16, NYS14, OH17, OK14, OR14, PA20, SC17, SD18, SDT14, TN22, TX14, VA15, WA14, WV17

**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, AR17, CT18, FL19, GA19, HI15, IA15, IA18, LA15, KY17, MA17, ME15, MI15, MO20, NC19, NE22, NJ23, NYC17, NYS15, OH18, OR15, SC18, SDT15, TN23, TX15, WA15

## 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

Used by: MD5

**K3. How was your new baby delivered?**

Vaginally

Cesarean delivery (c-section)

Used by: CT47, MD38, ME47, MS51, MT50, NM37, PR41, SC51, TN57, TX49, VA49, WA40, WY39

**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

Used by: VA21

**K5. After you were admitted to the hospital to deliver your new baby, were you transferred to another hospital before your baby was born?**

No

Yes

I didn't have my baby in the hospital

Used by: IN43

**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

Used by: MD40, ME49, MS53, MT52, NM38

**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

Used by: CT48, MD39, ME47, MS52, MT51, PR42, SC52, TX50, WA41, WY40

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

No

Yes

Used by: ME46, MS50, MT49

**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

Used by: IN45, MT47, NJ54, PR39, TX47, WY37

**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:

Used by: IN46, MT48, PR40, TX48, WY38

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, HI69, ME77, MI70, NH69, OR58

## 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, LA68, KY71, ME78, MT79, ND58, NM71, OH79, SD68, SDT63, VT65, WI73, WY64

## 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, *Chiva*)  
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)

*Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)*

*Prescription antidepressants or selective serotonin reuptake inhibitors (SSRIs) such as Prozac, Zoloft, or Lexapro*

Used by: AK74, AZ79, DC66, IN71, KS67, KY72, MO82, MT80, ND59, NV61, PR70, SD71, SDT64, VT66, WI74, WV68

#### Standard Questions

**U6. How would you describe the way you got the pain relievers that you used during your most recent pregnancy?**

I had a current prescription

I had pain relievers left over from an old prescription

I got the pain relievers without a prescription

Used by: IN72, KY73, NV62

**U9. During any of your prenatal care visits, did a doctor, nurse, or other health care worker refer you to treatment because of drug use [prescribed or non-prescribed drugs]?**

No

Yes

I didn't go for prenatal care

Used by: IN73, KY74, ND60

**U10. After your baby was born, did a doctor or nurse, or other health care worker tell you that your baby had drug withdrawal or neonatal abstinence syndrome?**

No

Yes

Used by: KY75, ND61

#### 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

Used by: MT81, VT67

**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

Used by: HI72, TN87

## 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

Used by: SC80

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

- No
- Yes

Used by: SC81

**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 **DK** if you don't know.

**No      Yes      DK**

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

Used by: NJ85

# 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 Marketplace 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 Marketplace 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 Marketplace 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

Used by: VA78

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

No  
Yes

Used by: VA79

**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 the <State> Health Insurance Marketplace or Healthcare.gov  
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

Used by: KS10, NJ15, UT14, VA10

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

No  
Yes

Used by: NM11, NV13

**DD11. What was the reason that you did not have any health insurance 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 the <State> Health Insurance Marketplace or Healthcare.gov  
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

Used by: IN12, PR12, SC13

**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 Marketplace 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

Used by: CO11, NE17, NJ17

**DD20. What is the reason that you do not have any health insurance now?** Check ALL that apply

Health insurance is too expensive  
I cannot get health insurance from my job or the job of my husband or partner  
I applied for health insurance, but I am still 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 the <State> Health Insurance Marketplace or Healthcare.gov  
I don'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

Used by: NV15

## 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 Marketplace 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

Used by: PA64, VA59, WV53

## 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. Talk to me about 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 any of the things listed below?** For each item, check **No** if they did not ask you about it or **Yes** if they did.

**No**      **Yes**

h. If I 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, AL24, AR22, MA22, MD18, MS23, NE30, SC23, TN30

**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:

Used by: AL25, AR23, MA23, SC24

**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

Used by: DE34, FL30, MS34

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

Used by: AR30, AZ26, NE38, OH27, PA33, TN37

**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

Used by: PA34, WI28

**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

Used by: AZ27, PA35, VA29

**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

Used by: GA65, MT69, NYC63, OH67, SDT54, TN71

**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

Used by: WI64

**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.**

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

Used by: AR69, PA72, VA67

**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

Used by: AR29, AZ25, DE31, NE37, NJ34, NYS27, OH26, PA32, TN36, VA28, WI27, WV27, WY18

**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

Used by: AR68, DE65, GA64, MA60, MT68, NJ73, NYC62, NYS61, OH66, PA71, SDT53, TN70, VA66, WI63, WV60, WY55

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

Used by: KS70, OR62

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

No

Yes

Used by: KS71, OR63

**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:

Used by: KS72, OR64

## 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
- Used by: TX80

#### **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

Used by: TX81, WY65

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

- No

Yes

Used by: LA75, OH89

**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)

Used by: NH85

#### 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:

Used by: AZ57, IA60, KS56

**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:

Used by: FL62

**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

Used by: AZ56, FL61, IA59, KS55, NE74, NJ72, PR61, TX67, WV59

**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

Used by: AZ55, DE64, NJ71, TX66

**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?**

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

Used by: SC69

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

Check ALL that apply

The services that my baby 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 my baby needed  
Other: Please tell us

Used by: SC70

State Specific Questions

**MI67. Please mark each statement 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
- My baby is still in the hospital

Used by: AZ 58, NM57

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

- No

Yes

Used by: AZ59, NM58

**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:

Used by: AZ60, NM59

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

Used by: MT67, TX68, UT65

State-specific questions

**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

Used by: KS73, MI66

## 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

Used by: DE51, KY46, MS55, NJ57, NM39, OH52, UT48

## 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
- 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, KY60, PA67

## 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

Used by: MN79

**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

Used by: AR26, DE28, HI21, IA21, LA22, MA26, MI23, MN22, MO29, MS26, MT78, NE33, NH17, NYC78, NYS21, OK20, PA28, TX25, UT23, VA24, VT22, WA22, WI23

**Modified version**

**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:

Used by: MT25, NYC26, RI20, WA21

**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:

Used by: NYC25

## 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

Used by: IA74, PA84, TN83

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

- No
- Yes

Used by: IA75, KY57, RI49, VA60

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

- No
- Yes
- I don't know

Used by: SC83

**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

Used by: SC84

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

Used by: NH80, KS74

## 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**

- d. 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

Used by: VA80

**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

Used by: M076

## 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

Used by: VT81

**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

Used by: MT83, PA85, TN84, VT80

**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

Used by: TN85

**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

Used by: TN86

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

No  
Yes

Used by: MT82, ND69, NH81, UT78, VT77

**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:

Used by: VT78

**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:

Used by: MT84, ND70, NH82, VT79

## Marijuana

Supplemental Questions

**1. At any time during the 3 months before you got pregnant OR during your most recent pregnancy, did you use marijuana or hash in any form?**

No → Go to Question 6  
Yes

2. During the 3 months before you got pregnant, how often did you use marijuana products in an average week?

- Daily
- 2-3 times per week
- Once a week
- 2-3 times per month
- Once a month or less
- I did not use in the 3 months before my pregnancy

3. During your most recent pregnancy, how often did you use marijuana products in an average week?

- Daily
- 2-3 times per week
- Once a week
- 2-3 times per month
- Once a month or less
- I did not use during my pregnancy → Go to Question 6

4. During your most recent pregnancy, how did you use marijuana? Check ALL that apply

- Smoked it
- Ate it
- Drank it
- Vaporized it
- Dabbed it
- Other → Please tell us: \_\_\_\_\_

5. Why did you use marijuana products during pregnancy? For each one, mark **No** if it was not a reason for you or **Yes** if it was.

- |   | No | Yes |
|---|----|-----|
| a. To relieve nausea                          |    |     |
| b. To relieve vomiting                        |    |     |
| c. To relieve stress or anxiety               |    |     |
| d. To relieve symptoms of a chronic condition |    |     |
| e. To relieve pain                            |    |     |
| f. For fun or to relax                        |    |     |
| g. Other → Please tell us: _____              |    |     |

6. During any of your prenatal care visits, did a doctor, nurse, or other health care worker do any of the following things? Please include if they asked you on a written form or in a conversation. For each one, mark **No** if they did not do this or **Yes** if they did.

No

Yes

- a. Ask you if you were using marijuana
- b. Recommend that you use marijuana for any reason
- c. Advise you not to use marijuana
- d. Advise you not to breastfeed your baby while using marijuana

**7. During any of your prenatal care visits, did a doctor, nurse, or other health care worker refer you to treatment because of drug use (prescribed or non-prescribed drugs)?**

No

Yes

I did not use any drugs (or only used over-the-counter pain relievers) during my pregnancy

**8. Since your new baby was born, have you used marijuana or hash in any form?**

No

Yes

**9. How long do you think it is necessary for a woman to wait after using marijuana to breastfeed her baby? Check ONE answer**

I don't think she needs to wait at all

I think it is best to wait until she is no longer high

I think it is best to wait at least 2-3 hours after she is no longer high

I don't think it is safe to use marijuana at all while breastfeeding

**10. During your most recent pregnancy, did you take prescription antidepressants or selective serotonin reuptake inhibitors (SSRIs) such as Prozac, Zoloft, or Lexapro?**

No

Yes

**11. During your most recent pregnancy, did you use prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine?**

No → Go to the end

Yes

**12. How would you describe the way you got the prescription pain relievers that you used during your most recent pregnancy? Check ALL that apply**

I had a current prescription

I had pain relievers left over from an old prescription  
I got the pain relievers without a prescription

All Marijuana supplement questions used by: AK, ME, NM, NYS, PA, WV

## 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)

Used by: DC63, KS65, MI75, RI78

**MIHA2. Thinking back to your childhood through 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

Used by: DC64, MI76, RI79

## 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                            |    |     |

Used by: AR45, CT7, DE8, FL5, HI4, IA4, MD7, ME4, MI4, MN4, MO8, MS8, NJ7, NYC5, NYS4, OK4, PA9, UT7, WA4, WI7, WV5

**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

Used by: NJ81

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

- No
- Yes

Used by: NJ82

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

- Excellent
- Very good
- Good
- Fair
- Poor

Used by: MD6, NYC4, WI6, WV4

**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 |
|--|----|-----|
| 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

Used by: UT75

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

- No
- Yes
- I don't know
- I didn't have my baby in a hospital

Used by: UT76

**State specific questions**

**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

I didn't have my baby in a hospital

Used by: NJ55

## 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, DE50, MS54, NJ56, SC53, WA42

### 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

Used by: TX78

**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

Used by: TX79

## 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, AL27, IL25, IN19, SC26, TX22

**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:

Used by: IL26, IN20

**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

Used by: NYS18, SC28

**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, nurse, or other health care worker said it was a good idea

Used by: SC29

**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

Used by: AL26, OH22, PR18, SC25

**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

Used by: OH88, SC82

**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

Used by: FL7, IN6, MO10, MT9, OH8, SD9, TN10, UT9

## 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

Used by: CO42, IA40, KS38, ME41, MO48, NM33, OH45, OR33, PA50, WI43, WY32

**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

Used by: AL50, ME42, MN40, PA51, UT44

# 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, 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

**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

Used by: AL78, PA83

**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

Used by: NE41, NH24, PA38, UT30

**M5. *Since your new baby was born*, has a doctor, nurse, or other health care worker *told you that you had depression*?**

No  
Yes

Used by: AZ70, CO69, CT69, DC61, FL70, IL71, NH63, NYC72, NYS70, OH76, PA80, TX77

**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

Used by: AZ69, CT68, NE82, NH62, NYC71, NYS69, TX76

**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

Used by: DC67, RI64

**M8. At any time during *your most recent pregnancy*, did you take prescription medicine for your depression?**

No  
Yes

Used by: MO35, NJ38, RI27

**M9. At any time during *your most recent pregnancy*, did you get counseling for your depression?**

No

Yes

Used by: RI26

**M10.** *Since your new baby was born, have you taken prescription medicine for your depression?*

No

Yes

Used by: CO70, FL72, IL72, NYC74, NYS72

**M11.** *Since your new baby was born, have you gotten counseling for your depression?*

No

Yes

Used by: AZ71, FL71, IL73, NYC73, NYS71

**M12.** *Since your new baby was born, how often have you felt panicky?*

Always

Often

Sometimes

Rarely

Never

Used by: AZ72, MD61

**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

Used by: NJ83

**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

Used by: UT77

**M15.** *Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had anxiety?*

- No
- Yes

Used by: AZ74

**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

Used by: AZ75, UT74

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

- No
- Yes

Used by: NJ84

**M20.** *Since your new baby was born, have you gotten counseling for your anxiety?*

- No
- Yes

Used by: AZ76

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

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: AZ73, MD62

#### 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

Used by: IA69, IN74

**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

Used by: IA70, IN76

**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

Used by: KS76, NYC75

**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

Used by: KS77, NYC76

**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.

- a. 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, 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. 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

Used by: AL36

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

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: AL37

**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:

Used by: AL38

**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

Used by: CO29, CT32, DC25, LA27, MA32, ME25, MN27, MO36, MS33, ND23, NH25, PR26, SC35, SD28, TX30, UT31, VA31, WI30

**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

Used by: AR32

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

Used by: AR33, NYS32

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

- No
- Yes

Used by: AL34

**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

Used by: AL35

**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 (preterm premature rupture of membranes [PPROM])
- h. I had to have a blood transfusion
- i. I was hurt in a car accident

Used by: AL33, DC24, DE33, OK23

## 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 |
|--|----|-----|
| 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   |    |     |

Used by: UT75

**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

Used by: OK57

**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:

Used by: OK58

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

No  
Yes

Used by: AR75, CO66, MN64

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

No  
Yes

Used by: AR76

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

- No
- Yes

Used by: AR77

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

Used by: GA73, LA70, MA69, MD68, MN71, MO77, NC72, NH72, NM75, NYC81, NYS73, OH81, OR65, TN80, VT70, WI77

**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

Used by: MN72

**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

Used by: LA72, MA70, MD69, MN73, MO78, NC73, NH75, NM76, NYC82, NYS74, OH84, OR66, TN81, VT71, WI78

**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

Used by: LA73, MA71, MD70, MN74, MO79, NC74, NH76, NM77, NYC83, NYS75, OH85, OR67, TN82, VT72, WI79

**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

Used by: MD72, V74

**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.

	<b>No</b>	<b>Yes</b>
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"/>

Used by: LA74, MA73, MD73, MN76, MO81, NC76, NH78, NYC85, NYS77, OR69, VT75, WI81

**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

Used by: NC77, WI82

**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:

Used by: GA74, LA71, NH73, OH82

**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

Used by: GA75, NH74, OH83

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

Weeks OR Months

Less than 1 week

Used by: AR37, FL34, MA72, MD71, MN75, MO80, NC75, NH77, NYC84, NYS76, OR68, VT73, WI80

# 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'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

Used by: HI71, MA77

**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:

Used by: KY25, MS29, NH20, NYS24, PR23, UT26, WV25

**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

Used by: AZ24, CO26, CT29, DC22, HI24, IA24, IN25, KY27, MA29, MN25, MO32, NC30, ND20, NH21, NYS26, RI23, PR24, SD26, TX28, UT27, VA27, VT25, WA63, WI26, WV26

**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**

Used by: AR28, AZ23, CO25, CT28, DC21, DE30, GA26, HI23, IA23, IN24, KY24, MA28, ME23, MN24, MO31, MS28, MT27, NC29, ND21, NE35, NH19, NJ32, NV24, NYC28, NYS23, PA30, PR22, RI22, SC33, TN34, TX27, UT25, VA26, VT24, WI25, WV24

**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

Used by: KY26, NYS25

#### 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 statement 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

Used by: ND63, WY66

**WY67. What is your tribal enrollment or your tribal affiliation?**

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

**ND64. What is your tribal enrollment or primary tribal affiliation?**

Three Affiliated Tribes (also known as MHA Nation, Mandan, Hidatsa, Arikara Nation, TAT, Nueta, and Sanhish)  
Spirit Lake Tribe (also known as Santee Dakota, Devils Lake Sioux, Dakota Sioux, Mni Wakan, Oyate, Dakota)  
Hunkpapa Lakota (also known as Standing Rock Sioux Tribe, Lakota, Hunkpapa, Sioux, Hunkpapa, Teton)  
Turtle Mountain Band of Chippewa, Turtle Mountain Chippewa, Anishinabe, Ojibwa, Ojibway, Ojibwe, Saukteaux, Cree, Metis)  
Other  
Please tell us:

**ND65. Is your baby's father a member of an American Indian tribe?**

No  
Yes

**ND66. What is your baby's father's tribal enrollment or primary tribal affiliation?**

Three Affiliated Tribes (also known as MHA Nation, Mandan, Hidatsa, Arikara Nation, TAT, Nueta, and Sanhish)  
Spirit Lake Tribe (also known as Santee Dakota, Devils Lake Sioux, Dakota Sioux, Mni Wakan, Oyate, Dakota)  
Hunkpapa Lakota (also known as Standing Rock Sioux Tribe, Lakota, Hunkpapa, Sioux, Hunkpapa, Teton)  
Turtle Mountain Band of Chippewa, Turtle Mountain Chippewa, Anishinabe, Ojibwa, Ojibway, Ojibwe, Saukteaux, Cree, Metis)  
Other  
Please tell us:

**ND67. Is your baby a member of an American Indian tribe?**

No  
Yes

**ND68. What is your baby's tribal enrollment or primary tribal affiliation?**

Three Affiliated Tribes (also known as MHA Nation, Mandan, Hidatsa, Arikara Nation, TAT, Nueta, and Sanhish)

Spirit Lake Tribe (also known as Santee Dakota, Devils Lake Sioux, Dakota Sioux, Mni Wakan, Oyate, Dakota)

Hunkpapa Lakota (also known as Standing Rock Sioux Tribe, Lakota, Hunkpapa, Sioux, Hunkpapa, Teton)

Turtle Mountain Band of Chippewa, Turtle Mountain Chippewa, Anishinabe, Ojibwa, Ojibway, Ojibwe, Saukteaux, Cree, Metis)

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:

Used by: DC73, MA80

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

\_\_\_\_ Age in years

Used by: DC74, MA81

**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

Used by: TX82

Parental Relationship

Standard Questions

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

- No
- Yes

Used by: OH78

**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

Used by: OH77

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

Used by: AK4, CT6, DE7, FL4, GA7, IL4, MO7, MS7, NC7, NE7, NV4, PA8, SD6, TN7

**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

Used by: AL76, RI62

**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

Used by: AL77, RI63

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 or mental health 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'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. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis

- h. Ask me if I was smoking cigarettes
- i. Ask me if someone was hurting me emotionally or physically
- j. Ask me if I was feeling down or depressed
- k. Ask me about the kind of work I do
- l. Test me for HIV (the virus that causes AIDS)

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 \_\_\_\_\_

Used by: MN7, PR7

**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.**

**No    Yes**

- 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

Used by: AR10, AZ10, DE14, FL12, IL11, KY10, NE14, NJ13, RI10, SC10, TN15, VT10, WV11

**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, CT6, DE7, FL4, GA7, IL4, MO7, MS7, NC7, NE7, NV4, PA8, SD6, TN7

**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

Used by: AR9, AZ9, DE13, FL11, IL10, KY9, MT13, NE13, NJ12, NV10, RI9, SC9, TN14, VT9, WV10

## 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

**Q1. Which of the following statements best describes you during the 3 months before you got pregnant?**

- I was trying to get pregnant
- I was trying to keep from getting pregnant but was not trying very hard
- I was trying hard to keep from getting pregnant

Used by: IN68

**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

Used by: CO14, MS17, NJ20, NYC14, PA18, TN20

**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

Used by: IN69, ME76

## 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**

Wanted me to be pregnant sooner

Wanted me to be pregnant later

Wanted me to be pregnant then

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

Used by: MD63

## 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 any of the things listed below? For each item, check **No** if they did not ask you about it or **Yes** if they did.**

**No    Yes**

a. If I knew how much weight I should gain during pregnancy

b. If I was taking any prescription medication

- c. If I was smoking cigarettes
- d. If I was drinking alcohol
- e. If someone was hurting me emotionally or physically
- f. If I was feeling down or depressed
- g. If I was using drugs such as marijuana, cocaine, crack, or meth
- h. If I wanted to be tested for HIV (the virus that causes AIDS)
- i. If I planned to breastfeed my new baby
- j. If I planned to use birth control after my 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.

**No      Yes**

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

Used by: DC17, MS22, NE29, NM19, WI20

**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

Used by: FL75, RI16

**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:

Used by: IL22, KS17, MS19, NE27, NM17, NYC21, SC21, TX19

**R16. During your most recent pregnancy, 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 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

Used by: IA17, PR16

**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

Used by: CO21

**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, VT19

**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

Used by: DE21, ME16, NC21, NJ24, OK15

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

- No
- Yes

Used by: AK17, AL20, CT22, DC14, DE23, FL22, IL20, IN16, KS15, LA17, ME18, MI18, MN17, MO24, NC23, ND14, NE25, NJ26, NM15, NV18, PA22, SD20, SDT17, TN26, TX17, VA18, WI17

**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, AL21, CT23, DC15, DE24, FL23, IL21, IN17, KS16, LA18, MI19, MN18, MO25, NC24, ND15, NE26, NJ27, NM16, NV19, PA23, SD21, SDT18, TN27, TX18, VA19, WI18

**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

Used by: AL22, AR20, CO19, IL23, MS20, PA24, PR16, R16TN28, TX20, VT17, WV19

**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

Used by: MT28, NE36, NJ33, PA31, TN35

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

**ND62. The newborn blood spot screening test identifies babies at risk for certain disorders that may cause serious illness, disability, or death if not identified early. During your most recent pregnancy, did you read or hear anything about newborn blood spot screening from any of the following?** Check ALL that apply

Indoor/outdoor billboards

Prenatal clinic or doctor’s office

Information packet from hospital

Health or Baby Fair

Social Media – Facebook/Instagram

Other: Please tell us:

I did not hear about newborn blood spot screening while pregnant

**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

Used by: MT77, NYC77

**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:

**SD69. Were you able to go to all of your recommended prenatal visits?**

- No
- Yes

**SD70. Did any of these things keep you from going to your recommended prenatal visits?** For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

- |   | <b>No</b> | <b>Yes</b> |
|---|-----------|------------|
| 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. I had too many other things going on
- e. I couldn't take time off from work or school
- f. I didn't have my Medicaid card
- g. I didn't have anyone to take care of my children
- h. I didn't want prenatal care
- i. I was afraid I would be reported for using alcohol or drugs during pregnancy
- j. 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:

Used by: IL67, OH72

**J3. Did any of these things keep you from having a postpartum checkup?** 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

Used by: AZ65, IA65, IL66, MD57, SC75, UT70, VA72, WI69

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

Used by: DC72, OR74

## 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 for the *first* time?**

Years old

Used by: DE73

## 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

Used by: DE74, TN79

**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

Used by: DE75

**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

Used by: CT5, PA7, SD5

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

No

Yes

Used by: CT4, DE4, GA4, MA4, MD4, MO4, MS4, MT4, NC4, NE4, NJ4, OH4, PA4, SD4, TN4, UT4, WI4

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

No

Yes

Used by: DE5, GA5, MO5, MS5, MT5, NC5, NE5, NJ5, OH5, PA5, TN5, UT5

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

No

Yes

Used by: DE6, GA6, MA5, MO6, MS6, MT6, NC6, NE6, NJ6, PA6, TN6, UT6, WI5

# 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

Used by: KS69, WI75

**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

Used by: DE78, HI68, IA73, OH80, VT68

**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

Used by: CT73, KS75, MN77, WI76

**W4. Since you delivered your new baby, 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.

**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, IA77, IL74, MA74, NC78, OK62, RI65, VT76

#### 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 statements 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, AL31, CO27, CT30, FL28, HI25, LA24, MA30, MO33, MS30, MT29, NE39, NH22, NJ35, NYC30, NYS28, PA36, RI24, TN38, UT28

**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

Used by: DC68, MN68

**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

Used by: DC70, DE79, GA76, MN78

**V3. Since your new baby was born, have you used WIC services for yourself or your new baby?**

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

Used by: ME79, NH79

**V11. During your most recent pregnancy, did you feel you needed 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 for family and personal problems
  - d. Help to quit smoking
  - e. Help to reduce violence in my home
  - f. Other
- Please tell us:

Used by: AZ77

**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.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. Food stamps or money to buy food  |           |            |
| b. WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children) |           |            |
| c. Counseling for family and personal problems                                       |           |            |
| d. Help to quit smoking  |           |            |
| e. Help to reduce violence in my home  |           |            |
| f. <i>Help to quit using drugs</i>   |           |            |
| g. Other   |           |            |
- Please tell us:

Used by: AR80, AZ78, DE77, LA69, MN69, NV63

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. Healthy 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. Healthy 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

Used by: DC37, FL42, IL43, LA39, MN41, MO49, OH46, PA52, RI37, VA44, WI44

**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

Used by: AL50, ME42, MN40, PA51, UT44

**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, AL49, CO41, CT43, DE46, FL41, GA46, IA39, IL42, IN38, KS37, KY42, LA38, NV36, MA42, ME40, MI35, MN39, MO47, MS45, NC43, NE54, NYC41, NYS43, OH44, OK34, OR32, PA49, SDT34, TX43, UT43, WA35, WI42, WY31

**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

Used by: FL43, GA47, IA41, IN39, MN42, MO50, NC44, NJ50, NYC42, OH47, SC47, VA45, WI45, WY33

**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

Used by: DC71, OH86, SDT67, WI83

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

Used by: CT70, DC65

**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:

Used by: CT71, DC69

**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
- {data not available}
- 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  
{data not available}  
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

Used by: CT75, SDT68

**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:

Used by: KS68, MI63, SDT65

**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

Used by: OR71, SDT66

**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

Used by: MI72, SD73, SDT69

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

No  
Yes

**NV1. The following questions refer to the time period before you were 18 years of age?** For each item, check **No** if you did not do it or **Yes** if you did.

**No Yes**

- a. Did you live with anyone who was depressed, mentally ill, or suicidal?
- b. Did you live with anyone who was a problem drinker or alcoholic?
- c. Did you live with anyone who used illegal street drugs or who abused prescription medications?
- d. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

**NV65. During the time period before you were 18 years of age did your parents get separated or divorced?**

No  
Yes  
They were never married  
I don't know

**SD74. While you were growing up, during the first 18 years of life:**

**No Yes**

- a. Were your parents *ever* separated or divorced?
- b. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
- c. Was a household member depressed or mentally ill, or did a household member attempt suicide?
- d. Did a household member go to prison?
- e. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way OR attempt or actually have oral, anal, or vaginal intercourse with you?

Used by: ND71, SD74, SDT70

# 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.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

**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 electronic nicotine 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 electronic nicotine 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 then

Used by: TN49

**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 then

Used by: OH40, TN50

## 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
- Iqmik (also known as black bull)

## 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

Used by: AZ32, GA31, IL34, KS26, ME29, MT34, ND27, NH29, SC39, SD32, TN43, VT30, WV32

**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. |    |     |
| b. |    |     |
| c. |    |     |
| d. |    |     |
| e. |    |     |
| f. |    |     |
| g. |    |     |
| l. |    |     |
| h. |    |     |
| i. |    |     |
- Other:  
Please tell us:

Used by: AR37, FL34, GA33, IA30, UT35, VA35, VT32, WV33

**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. |    |     |
| b. |    |     |
| c. |    |     |
| d. |    |     |
| e. |    |     |
| f. |    |     |
| g. |    |     |
| h. |    |     |
| i. |    |     |
| j. |    |     |
| k. |    |     |
| l. |    |     |

Used by: AZ33, GA32, IL35, KS27, ME30, MT35, NH30, VT31

**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

Used by: AR38, GA35, HI30, IA29, KS28, KY32, OH32, SD34, UT36, WI34

**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.

- |    | <b>No</b> | <b>Yes</b> |
|----|-----------|------------|
| a. |           |            |
| b. |           |            |
| c. |           |            |
| d. |           |            |
| e. |           |            |
| f. |           |            |
| g. |           |            |
| h. |           |            |
| i. |           |            |
| j. |           |            |
|    |           |            |

Used by: AR39, GA36, HI31, IA31, KS29, KY33, OH33, SD35, WI35

**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

Used by: GA34

**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

Used by: AR42, GA38, IN31, MT37, SC41, VA37

**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, AR44, DE39, GA39, IN32, KS31, KY36, ME32, NE46, NH32, NV30, OH35, SDT28, TN45, TX36, WV36

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

Number of smokers

Used by: AR41, HI33, NC36, TX35

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

Number of smokers

Used by: AK33, AR43, HI34, KY35, MN32, WV35

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

No  
Yes

Used by: AK34, DC30

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

No  
Yes

Used by: AK35, DC31

### **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

## Zika

### Supplemental Questions

1. During *your most recent* pregnancy, how worried were you about getting infected with Zika virus?

Check ONE answer

Very worried

Somewhat worried

Not at all worried

I had never heard of Zika virus during my most recent pregnancy → **Go to Question 5**

2. At any time during *your most recent* pregnancy, did you talk with a doctor, nurse, or other health care worker about Zika virus?

No

Yes, a health care worker talked with me without my asking about it

Yes, a health care worker talked with me, but only AFTER I asked about it

3. During *your most recent* pregnancy, did you get a blood test for Zika virus?

No

Yes

4. During *your most recent* pregnancy, were you aware of recommendations that pregnant women should avoid travel to areas with Zika virus?

No

Yes

5. At any time during *your most recent* pregnancy, did you live or travel outside the 50 United States?

No → **Go to Question 9**

Yes

6. When did you live or travel outside the 50 United States during *your most recent* pregnancy and for how long? It may help to use a calendar. If you can't remember the exact date, please just write down the month and year. If you took more than 2 trips, please fill in the information below for the FIRST two trips during your most recent pregnancy.

#### Trip Number 1

a) Location (country or territory): \_\_\_\_\_

b) First day of trip: \_\_/\_\_/\_\_ (month/day/year)

c) Length of stay (number of days): \_\_\_\_\_

**Trip Number 2**

- e) Location (country or territory): \_\_\_\_\_
- f) First day of trip: \_\_/\_\_/\_\_ (month/day/year)
- g) Length of stay (number of days): \_\_\_\_\_

**7. Did the place you lived in or travelled to have a tropical climate?** These tend to be hot and humid places.

- No → **Go to Question 9**
- Yes

**8. How often did you do things to try to avoid mosquito bites while you were living in or traveling to the places you listed above?** Some things that people do to avoid mosquito bites include wearing long-sleeved shirts and long pants, using mosquito repellent, and staying inside places with air conditioning or screened windows and doors.

- Every day
- Some days
- Never
- There were no mosquitoes

**9. At any time in the 6 months before your most recent pregnancy or during your pregnancy, did your husband or any male partner live or travel outside the 50 United States?**

- No → **Go to Question 11**
- Yes

**10. Did the place your husband or any male partner lived in or travelled to have a tropical climate?** These tend to be hot and humid places.

- No
- Yes
- I don't know

**11. During your most recent pregnancy, how often did you use condoms when you had sex with your husband or any male partner?**

- Every time → **Go to the end**
- Sometimes
- Never
- I didn't have sex during my pregnancy → **Go to the end**

**12. What were your reasons for not using condoms during *your most recent pregnancy*?** Check ALL that apply

- I didn't think I needed to use condoms during pregnancy
- I didn't know you can get Zika virus from having sex
- I didn't think my husband or male partner had Zika virus
- I was not worried about getting Zika virus
- I didn't want to use condoms
- My husband or male partner didn't want to use condoms
- Other → Please tell us: \_\_\_\_\_

All Zika supplemental questions used by: AL, CT, DC, FL, GA, IN, IL, MA, MD, MO, NJ, NYS, PA, PR, SC, TN, VA, VT, WV, WI

**13. Did you think it was safe to use insect repellents with DEET during your pregnancy?**

- No
- Yes
- I don't know

**14. While you were pregnant, did you always take steps to ensure that small containers outside your home were drained or covered?**

- No
- Yes
- This does not apply to me

**If you never heard of Zika virus during your most recent pregnancy, go to the end of the survey.**

**15. While you were pregnant, did you receive information about preventing Zika virus infection from any of these sources?** For each one, check **No** if you did not receive information from this source or **Yes** if you did.

- |   | No | Yes |
|---|----|-----|
| a. A doctor, nurse, or other health care worker |    |     |
| b. Radio or television                          |    |     |
| c. Flyers or handouts                           |    |     |
| d. Health website or internet                   |    |     |
| e. Social media (Facebook, Twitter, etc.)       |    |     |
| f. Billboard or bus advertisement               |    |     |
| g. Other → Please tell us: _____                |    |     |

Additional Zika Questions used by: VA only