

PRAMS

Phase Five Questionnaire

Topic Reference

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ABOUT THIS DOCUMENT

This document is organized by topic and includes all core, standard, and state-developed questions available for the Pregnancy Risk Assessment Monitoring System (PRAMS) Phase Five questionnaire organized by topic. Many questions are related to more than one topic. Questions are listed under the one topic that best captures the question's intent and content. Cross-references to related topics and questions are included.

Within each topic or sub-topic, questions are organized into three categories: Core, Standard, and State-Developed. Core questions are listed sequentially within a topic, with the question number from the basic core questionnaire (without inserted standard questions) cited. Likewise, standard questions are listed sequentially within a topic, with the number of the standard question cited, the states using the question listed, the number of the standard question as it appears in the state's questionnaire cited, and any modifications made to the question by a particular state listed. State-developed questions are organized alphabetically by state within a topic, with the state and question number both cited. In the case where there are no questions pertaining to a topic within one of the three categories (core, standard, and state-developed), that category is omitted. 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.

Date Modified	Activity	By	Notes
2005	Created document	CDC	
11/7/2007	Added new states	RTI Task 6	

1. ABUSE

A. PHYSICAL

Core

The next questions are about the time during the *12 months before* you got pregnant with your new baby.

32a. During the *12 months before* you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

32b. During the *12 months before* you got pregnant, were you physically hurt in any way by your husband or partner?

- No
- Yes

The next questions are about the time during your most recent pregnancy.

33a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

33b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- No
- Yes

Standard

Z1. This question is about things that may have happened during your most recent pregnancy. For each thing, circle Y (Yes) if it happened to you or circle N (No) if it did not.

During your most recent pregnancy—

	No	Yes
d. Your husband or partner forced you to take part in any sexual activity when you did not want to (including touch that made you uncomfortable)	N	Y

Used by: AR74, CO68, MD73, MN77, UT84, VT83, WA69, PA77, SD68

Z2. This question is about things that may have happened *since* your most recent delivery. For each thing, circle Y (Yes) if it happened to you or circle N (No) if it did not.

Since your most recent delivery—

- | | No | Yes |
|--|----|-----|
| a. Your ex-husband or ex-partner pushed, hit, slapped, kicked, choked, or physically hurt you in any other way | N | Y |
| b. Your husband or partner physically hurt you in any way | N | Y |

Used by: VT84, PA78

Z3. During the *12 months before* you got pregnant, did anyone else physically hurt you in any way?

- No
- Yes

Used by: AR42, NC37c, NE36c, WV43, VA36c

Z4. During your most recent pregnancy, did anyone else physically hurt you in any way?

- No
- Yes

Used by: AR44, NC38c, NE37c, WV45, VA37c

State-Developed

AK72. 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, circle Y (Yes) if it has happened to you or circle N (No) if it has not.

- | | No | Yes |
|---|----|-----|
| a. During the 12 months before I got pregnant | N | Y |
| b. During my most recent pregnancy | N | Y |
| c. Since my new baby was born | N | Y |

MI67. This question is about things that may have happened during the *12 months before* your new baby was born. For each item, circle Y (Yes) if this happened to you or N (No) if it didn't.

- | | No | Yes |
|---|----|-----|
| h. You sought medical care for an injury caused by someone pushing, hitting, slapping, kicking, choking, or otherwise hurting you | N | Y |

NC74a. *Since your new baby was born*, has an ex-husband or ex-partner pushed, hit, slapped, kicked, choked, or physically hurt you in any other way?

- No
- Yes

NC74b. *Since your new baby was born*, have you been physically hurt in any way by your husband or partner?

- No
- Yes

NC74c. *Since your new baby was born*, has anyone else physically hurt you in any way?

- No
- Yes

B. EMOTIONAL

Standard

Z1. This question is about things that may have happened during your most recent pregnancy. For each thing, circle Y (Yes) if it happened to you or circle N (No) if it did not.

During your most recent pregnancy—

- | | No | Yes |
|--|----|-----|
| a. Your husband or partner threatened you or made you feel unsafe in some way | N | Y |
| b. You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner | N | Y |
| c. Your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could go..... | N | Y |

Used by: AR74, CO68, MD73, MN77, UT84, VT83, WA69

Z2. This question is about things that may have happened *since* your most recent delivery. For each thing, circle Y (Yes) if it happened to you or circle N (No) if it did not.

Since your most recent delivery—

- | | No | Yes |
|---|----|-----|
| c. Your husband or partner threatened you or made you feel unsafe in some way | N | Y |
| d. You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner | N | Y |

- e. Your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could go.....N Y

Used by: VT84

State-developed

MI67. This question is about things that may have happened during the *12 months before* your new baby was born. For each item, circle Y (Yes) if this happened to you or N (No) if it did not.

- | | No | Yes |
|---|----|-----|
| e. You felt afraid of your partner or of someone living in your home..... | N | Y |
| f. You felt controlled or isolated by your partner or someone living in your home..... | N | Y |
| g. You were repeatedly called names, told you were worthless or ugly, or verbally threatened by a partner or someone important to you. | N | Y |

C. SEXUAL

Standard

Z2. This question is about things that may have happened *since* your most recent delivery. For each thing, circle Y (Yes) if it happened to you or circle N (No) if it did not.

Since your most recent delivery—

- | | No | Yes |
|--|----|-----|
| f. Your husband or partner forced you to take part in any sexual activity when you did not want to (including touch that made you uncomfortable) | N | Y |

Used by: VT84

State-developed

MI67. This question is about things that may have happened during the *12 months before* your new baby was born. For each item, circle Y (Yes) if this happened to you or N (No) if it did not.

- | | No | Yes |
|---|----|-----|
| i. You were forced to do sexual things that you did not want to do..... | N | Y |
| j. You were forced to have sex with someone who refused to practice safe sex with you | N | Y |

Related Topics

Prenatal Care, Content

Social Support

2. ASSISTED REPRODUCTION

Standard

A1. Did you receive treatment 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: FL15, IL14, MD17, NE14, NY14, NYC14, RI14, UT17, DE17, MA15, MO17, VA15

A2. Did you use any of the following 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: [BOX]

Used by: FL16, MD18, UT18, DE18, MA16

A3. How many months had you been trying to get pregnant?

- 0 to 3 months
- 4 to 6 months
- 7 to 12 months
- 13 to 24 months
- More than 24 months

Used by: NY15, UT19

Related Topics
Pregnancy Intention

3. BREASTFEEDING

Core

43. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- No
- Yes

44. Are you still breastfeeding or feeding pumped milk to your new baby?

- No
- Yes

45. How many weeks or months did you breastfeed or pump milk to feed your baby?

[BOX] Weeks OR [BOX] Months

- Less than 1 week

46. How old was your baby the first time you fed him or her anything besides breast milk? Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

[BOX] Weeks OR [BOX] Months

- My baby was less than 1 week old
- I have not fed my baby anything besides breast milk

Standard

B1. What were your reasons for not breastfeeding your new baby? Check all that apply

- My baby was sick and could not breastfeed
- 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 didn't want to be tied down
- I was embarrassed to breastfeed
- I went back to work or school
- I wanted my body back to myself
- Other → Please tell us: [BOX]

Used by: AL47, FL53, GA62, IL51, LA51, ME48, MN50, NC50, NJ49, NY54, RI48, SC47, TX52, VT55, WV56, DE54, TN54, VA48, WI48, WY48

B2. What were your reasons for stopping breastfeeding? Check all that apply

- My baby had difficulty nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My baby got sick and could not breastfeed
- My nipples were sore, cracked, or bleeding
- I thought I was not producing enough milk
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick and could not breastfeed
- I went back to work or school
- I wanted or needed someone else to feed the baby
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other → Please tell us: [BOX]

Used by: AK49, AL50, AR57, CO51, GA65, IL54, ME51, MI48, MN53, NC53, NY57, NYC53, OK47, OR52, TX55, VT58, DE57, TN57, VA51, WY51

State options

OK: What were your reasons for stopping breastfeeding or pumping milk for your baby?

Also added an additional option (after “my baby was jaundiced”) “I did not have a good breast pump”

B3. This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle Y (Yes) if it happened or circle N (No) if it did not happen.

	No	Yes
a. Hospital staff gave me information about breastfeeding	N	Y
b. My baby stayed in the same room with me at the hospital.....	N	Y
c. I breastfed my baby in the hospital.....	N	Y
d. I breastfed my baby in the first hour after my baby was born.....	N	Y
e. Hospital staff helped me learn how to breastfeed	N	Y
f. My baby was fed only breast milk at the hospital.....	N	Y
g. Hospital staff told me to breastfeed whenever my baby wanted	N	Y
h. The hospital gave me a gift pack with formula.....	N	Y
i. The hospital gave me a telephone number to call for help with breastfeeding	N	Y
j. My baby used a pacifier in the hospital.....	N	Y

Used by: AL52, CO53, FL57, IL56, LA55, ME53, NE52, NJ53, NYC55, OR54, TX57, VT60, WV60, DE59, SD48

State options

NE: retained only options c, e, and f

NJ: retained only options b, d-j

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: MI44, NY52

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

- No
- Yes

Used by: FL58, LA56, NM47

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: [BOX]

Used by: FL59, LA57, NM48

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

- No
- Yes

Used by: AL24, AR30, NJ23, NY26, WV29, MO30

State-Developed

HI64. At your workplace or school, what happens when a mother wants to breastfeed? Check all that apply

- She can keep her baby and the baby can breastfeed as needed
- She can use break time to breastfeed the baby

- She can use break time to pump milk
- It is hard to use breaks or find a place to pump or breastfeed
- She is not allowed to breastfeed the baby at work
- I don't know

NM72. At your *current* workplace or school, what happens when a mother wants to breastfeed? Check all that apply (Answer options are the same as HI64 except the first option-She can breastfeed the baby is needed.)

OK64. Where did you receive the most helpful information about breastfeeding? Check all that apply

- Doctor or other health professional
- Childbirth or breastfeeding class
- WIC
- Friend or family member
- Book, magazine, Internet, etc
- Mother-to-mother support group
- Lactation consultant
- Other – Please tell us: _____
- Don't know/don't remember

SD70. Where did you receive helpful information about breastfeeding? Check all that apply.

- Doctor, midwife, or nurse
- WIC
- Healthy Start
- Childbirth or breastfeeding class
- Family member or friend
- Book, magazine, Internet, etc
- Mother-to-mother support group
- Other → Please tell us:
- [Box]
- I didn't receive information about breastfeeding.

Related Topics

- Prenatal Care, Content
- Physical Activity and Work
- Social Services

4. CHILD CARE

Standard

C2. Which one of the following people spends the most time taking care of your new baby when you go to work or school? 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: [BOX]

Used by: LA81, NE75, OH73, TX84, UT79

C3. When you leave your new baby to go to work or school, how often do you feel that she or he is well cared for? Check one answer

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: NE76

State-Developed

OK72. After you delivered your new baby, did any of these things happen? For each item, circle Y (Yes) if it happened or N (No) if it did not happen.

	No	Yes
d. My child attended a home care or child care center	N	Y

Related Topics

Breastfeeding

Physical Activity and Work

5. CONTRACEPTION

A. PRE-CONCEPTION

Standard

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 3 days after unprotected sex.*

- No
- Yes

Used by: LA75, NYC69, OK75, OR66, MA64

State options

OK modified question to read: *Before you became pregnant with your new baby, had you ever heard or read about emergency contraception (the “morning-after pill”)? This is NOT regular daily birth control pills*

SD modified question to read: *Before you got pregnant with your new baby, did you hear or read about emergency birth control pills (“ECPs”, “Plan B”, “morning-after pill”)? ECPs are birth control that prevents pregnancy after sex. ECPs are NOT the abortion pill.*

State-Developed

NM59. *Just before you got pregnant with your new baby, had you ever heard about emergency contraceptive pills (ECPs)? These used to be called the “morning after pill.” If taken according to directions within 5 days after unprotected sex, they can prevent a pregnancy.*

- No
- Yes
- I don't know

OK76. Listed below are some statements about emergency contraception. For each statement, please circle Y (Yes) if you think the statement is correct or N (No) if you think it is not correct.

Emergency contraception...

- | | No | Yes |
|--|----|-----|
| a. Is a way to reduce risk of pregnancy after unprotected sex | N | Y |
| b. Is most effective if taken within 3 days after unprotected sex | N | Y |
| c. Is different than the abortion pill | N | Y |
| d. Protects against sexually transmitted infections, including HIV | N | Y |

B. CONCEPTION

Core

12. 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 not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)
- No
 - Yes
13. What were your 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
 - Other → Please tell us: [BOX]

Standard

- E3. When you got pregnant with your new baby, what were you or your husband or partner doing to keep from getting pregnant? Check all that apply
- Tubes tied or closed (female sterilization)
 - Vasectomy (male sterilization)
 - Pill
 - Condoms
 - Shot once a month (Lunelle[®])
 - Shot once every 3 months (Depo-Provera[®])
 - Contraceptive patch (OrthoEvra[®])
 - Diaphragm, cervical cap, or sponge
 - Cervical ring (NuvaRing[®] or others)
 - IUD (including Mirena[®])
 - Rhythm method or natural family planning
 - Withdrawal (pulling out)
 - Not having sex (abstinence)
 - Other → Please tell us: [BOX]

Used by: AL14, CO14, MI14, MN16, OR14, UT16, MO16, TN17, WY14

State-developed

OR67. *When you got pregnant with your new baby, would you have used a birth control method if you had insurance that paid for it?*

- No
- Yes

C. POSTPARTUM

Core

51. 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 not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)
- No
 - Yes
52. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*? Check all that apply
- I am not having sex
 - I want to get pregnant
 - I don't want to use birth control
 - My husband or partner doesn't want to use anything
 - I don't think I can get pregnant (sterile)
 - I can't pay for birth control
 - I am pregnant now
 - Other → Please tell us: [BOX]

Standard

- E1. 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 closed (female sterilization)
 - Vasectomy (male sterilization)
 - Pill
 - Condoms
 - Shot once a month (Lunelle[®])
 - Shot once every 3 months (Depo-Provera[®])
 - Contraceptive patch (OrthoEvra[®])
 - Diaphragm, cervical cap, or sponge
 - Cervical ring (NuvaRing[®] or others)
 - IUD (including Mirena[®])
 - Rhythm method or natural family planning
 - Withdrawal (pulling out)
 - Not having sex (abstinence)
 - Other → Please tell us: [BOX]

Used by: AL60, AR68, FL69, LA69, MI60, MS54, NC61, NE65, NY69, NYC63, OR62, RI58, SC60, WV74, MO71, TN68

- E2. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?
- No
 - Yes

Used by: CO60, IL69, NY70, NYC64, OH58, UT68, MO72, VA61

State-Developed

OK72. After you delivered your new baby, did any of these things happen? For each item, circle Y (Yes) if it happened or N (No) if it did not happen.

	No	Yes
c. A doctor, nurse, or other health care worker talked with me about birth control	N	Y

Related Topics

Prenatal Care, Content

Pregnancy Intention

Maternal Health Care, Postpartum

6. DELIVERY

A. METHOD

Standard

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

- No
- Yes

Used by: MA69

K2. How did you expect your *new* baby to be delivered, vaginally (naturally) or by cesarean delivery?

- Vaginally
- Cesarean delivery

Used by: None of the states used this question in 2004-2006.

K3. 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 to have a cesarean delivery

Used by: MA70

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
- He or she didn't suggest how I deliver my baby

Used by: None of the states used this question in 2004-2006.

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

Used by: MD44, NE40, SC38

State-Developed

MA68. During your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about the signs and symptoms of preterm labor? (Preterm labor is defined as early labor more than 3 weeks before the baby is due.)

- No
- Yes, before I went into labor
- Yes, because I was in preterm labor

MA71. Whose idea was it for you to have a cesarean delivery? Please select the choice that best describes whose idea it was.

- 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
- Mine, I wanted the cesarean delivery before I went into labor
- Mine, I asked for the cesarean delivery while I was in labor

WY68. Where did you deliver your baby?

In Wyoming
Out-of-state

WY69. Which statements best describes why you delivered your baby out-of-state? Check all that apply

- The physicians, nurses, and other medical staff are believed to be better out-of-state
- The medical facilities are believed to be better out-of-state
- My doctor is located out-of-state
- It was closer to deliver in an out-of-state hospital than in a Wyoming hospital
- My baby was born in a Level III Neonatal Intensive Care Unit (NICU)
- I was transported out of state due to medical conditions of pregnancy
- Other → Please tell us:
[Box]

Related Topics

Prenatal Care, Content
Health Insurance

7. DOUCHING

State-Developed

MS62. Did you douche at anytime during your most recent pregnancy?

- No
- Yes

MS63. How often did you douche during your most recent pregnancy?

- Daily
- 4 to 6 times a week
- 2 to 3 times a week
- Once a week
- 2 to 3 times a month or less often

8. DRUG USE

A. ALCOHOL

Core

28. 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

29a. 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
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

29b. During the *3 months before* you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

30a. 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
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

30b. During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

State-Developed

AK64. At any time during your prenatal care, did a doctor, nurse, or other health care worker advise you not to drink alcohol while you were pregnant?

- No
- Yes

NE79. *Since your new baby was born*, how many alcoholic drinks do you have in an average week? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.). Check one answer

- 14 or more drinks a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I don't drink

Related Topics

Prenatal Care, Content

Stress

Social Services

B. TOBACCO

a. Tobacco Use

Core

24. Have you smoked at least 100 cigarettes in the *past 2 years*? (A pack has 20 cigarettes.)

- No
- Yes

25. 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
- None (0 cigarettes)

26. 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
- None (0 cigarettes)

27. 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
- None (0 cigarettes)

State-Developed

AK65a. During your most recent pregnancy, did you ever use a mixture of ash and tobacco, sometimes known as iq'mik or blackbull?

- No
- Yes

AK65b. During your pregnancy, did you ever mix the ash and tobacco in your mouth?

- No
- Yes

AK65c. During your pregnancy, how many Copenhagen-sized cans of ash and tobacco did you use in an average week?

_____ Cans

- Less than 1 can per week

AK66a. During your most recent pregnancy, did you ever use spit tobacco, chew, or snuff that was not a mixture of ash and tobacco? (For example, Copenhagen or other store-bought brand.)

- No
- Yes

AK66b. During your pregnancy, how many Copenhagen-sized cans of store-bought spit tobacco did you use in an average week?

_____ Cans

- Less than 1 can per week

b. Smoking Cessation

Standard

AA1. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to stop smoking?

- No
- Yes
- I had quit smoking before my first prenatal care visit

Used by: IL73, MN71, NY76, OH63, TX75, PA69, VA67

AA2. Listed below are some things about smoking. For each thing, circle Y (Yes) if it applied to you during your most recent pregnancy or circle N (No) if it did not.

During your most recent pregnancy, did you—

	No	Yes
a. Set a specific date to stop smoking	N	Y
b. Use a nicotine nasal spray or nicotine inhaler	N	Y
c. Take a pill like Zyban [®] (also known as Wellbutrin [®] or Bupropion [®]) to help you quit.....	N	Y
d. Use nicotine gum	N	Y
e. Use a nicotine patch.....	N	Y
f. Attend a class or program to stop smoking	N	Y
g. Use booklets, videos, or other materials to help you quit.....	N	Y
h. Go to counseling for help with quitting.....	N	Y
i. Call a national or state quit line	N	Y

Used by: None of the states used this question in 2004-2008.

AA3. Listed below are some things about smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits. For each thing, circle Y (Yes) if it applied to you during any of your prenatal care visits or circle N (No) if it did not.

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

	No	Yes
a. Spend time with you discussing how to quit smoking	N	Y
b. Suggest that you set a specific date to stop smoking	N	Y
c. Prescribe a nicotine nasal spray or nicotine inhaler	N	Y
d. Prescribe a pill like Zyban [®] (also known as Wellbutrin [®] or Bupropion [®]) to help you quit.....	N	Y
e. Recommend using nicotine gum	N	Y
f. Recommend using a nicotine patch	N	Y
g. Suggest you attend a class or program to stop smoking	N	Y
h. Provide you with booklets, videos, or other materials to help you quit smoking on your own	N	Y
i. Refer you to counseling for help with quitting	N	Y
j. Ask if a family member or friend would support your decision to quit.....	N	Y
k. Refer you to a national or state quit line	N	Y

Used by: CO66, LA76, ME65, NJ67, OH64, OK62, WA66, WY64

State options

OK retained only options a, c, g, h, and k. Option 'c' was modified to: "Prescribe a nicotine spray, inhaler, pill, or patch" and option 'g' was modified to: "Refer you to a class, program, or counseling to stop smoking"

NJ retained a and b and added a new option 'Ask if you were smoking cigarettes.'

AA6. When did you quit smoking?

- Before I found out I was pregnant
- When I found out I was pregnant
- Later in my pregnancy

Used by: AK29, NJ29

State-Developed

AK76. Would you like to completely quit smoking cigarettes within the next 6 months?

- No
- Yes

NJ68. At any time during your pregnancy, did you stop smoking for one day or longer because you were trying to quit?

- No
- Yes

NJ69. At any time during your pregnancy, did you attempt to cut back the number of cigarettes you smoked?

- No
- Yes

NJ70. If you tried to quit or cut back the number of cigarettes you were smoking, what method did you use? Check all that apply

- Medications such as nicotine patches, gum, nasal sprays, or inhalers
- Self-help materials such as booklets or videos
- A telephone hotline
- An Internet Web site
- Face-to-face counseling
- Class or program
- Other → Please tell us:
- I just quit or cut back on my own

NJ71. Did you use any of these New Jersey programs while you were pregnant or since your new baby was born? Circle Y (Yes) if you used the program or circle N (No) if you did not use it.

- | | No | Yes |
|---|----|-----|
| a. NJ Quitline, a toll-free telephone hotline to help people quit smoking | N | Y |
| b. NJ Quitnet, an Internet Web site to help people quit smoking | N | Y |
| c. NJ Quitcenter, a counseling program to help people quit smoking | N | Y |

NJ72. Listed below are some reasons that discourage people from quitting smoking. For each item, circle Y (Yes) if it is a reason for you or circle N (No) if it is not a reason.

- | | No | Yes |
|---|----|-----|
| a. Cost of medicines or products to help you quit | N | Y |
| b. Cost of classes to help you quit | N | Y |
| c. Fear of gaining weight..... | N | Y |
| d. Loss of a way to handle stress..... | N | Y |
| e. Other people around me smoke..... | N | Y |
| f. Cravings for a cigarette..... | N | Y |
| g. Lack of support from others to quit..... | N | Y |
| h. Some other reason → Please tell us: | | |

OR70. 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?

- Yes, during my prenatal care visits
- Yes, after my delivery
- Yes, both times
- No
- No, I did not smoke at that time

SD77. Have you heard of the Smoke Free Homes Campaign?

- No
- Yes

c. Smoking Rules

Standard

AA5. Which of the following statements best describes the rules about smoking *inside* your home during your most recent pregnancy? 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: NJ76, NY78, VT74, WA67, PA70

AA7. Which of the following statements best describes the rules about smoking *inside* your home *now*? 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: AR78, ME81, NJ77, OR79, VT75, WA76, PA80, SD76

State options

NJ and WA: Modified question text to emphasize time period - Which of the following statements best describes the rules about smoking *inside* your home *now*?

Related Topics

Prenatal Care, Content

Social Services

Stress

C. OTHER

State-developed

AK67. During any of the following time periods, did you smoke marijuana or hash? For each time period, circle Y (Yes) if you smoked then or N (No) if you did not smoke then.

- | | No | Yes |
|---|----|-----|
| a. During the 12 months before I got pregnant | N | Y |
| b. During my most recent pregnancy | N | Y |
| c. Since my new baby was born | N | Y |

HI61. Did you use any of these drugs in the month before you got pregnant? For each item, circle Y (Yes) if you used it or circle N (No) if you did not.

- | | | |
|--|---|---|
| a. Prescription drugs (If yes, what kinds?) _____ | N | Y |
| b. Marijuana (pot, bud) or hashish (hash) | N | Y |
| c. Amphetamines (uppers, ice, speed, crystal, crank) | N | Y |
| d. Cocaine (rock, coke, crack) or heroin (smack, horse) | N | Y |
| e. Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy) | N | Y |
| f. Sniffing gasoline, glue, hairspray, or other aerosols | N | Y |

HI62. Did you use any of these drugs when you were pregnant? For each item, circle Y (Yes) if you used it or circle N (No) if you did not.

- | | | |
|--|---|---|
| a. Prescription drugs (If yes, what kinds?) | N | Y |
| b. Marijuana (pot, bud) or hashish (hash) | N | Y |
| c. Amphetamines (uppers, ice, speed, crystal, crank) | N | Y |
| d. Cocaine (rock, coke, crack) or heroin (smack, horse) | N | Y |
| e. Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy) | N | Y |
| f. Sniffing gasoline, glue, hairspray, or other aerosols | N | Y |

SD66. *In the 3 months before you got pregnant, did you use any of these drugs?* For each item, circle Y (Yes) if you used it or circle N (No) if you did not.

Did you use—

- | | No | Yes |
|---|----|-----|
| a. Prescription drugs..... | | |
| Which ones? | | |
| [Box] | N | Y |
| b. Marijuana (weed, peji) | N | Y |
| c. Methamphetamines (meth, crystal, glass) | N | Y |
| d. Cocaine (coke, crack) | N | Y |
| e. Heroin (smack, junk) | N | Y |
| f. Hallucinogens (ecstasy, X, LSD) or tranquilizers (downers)... | N | Y |
| g. Glue, aerosol spray cans, or paint to get high (huffing) | N | Y |
| h. Something else | N | Y |

Please tell us:

[Box]

Related Topics
 Prenatal Care, Content
 Social Services
 Stress

9. HEALTH INSURANCE

A. MATERNAL

Core

1. *Just before* you got pregnant, did you have health insurance? Do not count Medicaid.

- No
- Yes

State options

HI: Do not count Medicaid or QUEST

ME: Do not count Medicaid or MaineCare.

MN: Do not count Medicaid, Medical Assistance, or MinnesotaCare.

OR: Do not count Oregon Health Plan or Medicaid

RI: Do not count Medicaid or RIte Care

WA: Do not count Medicaid, Healthy Options or medical coupon

PA: Do not count Medicaid/Medical Assistance/Health Choices.

TN: Do not count Medicaid, TennCare or CoverKids

MA: Do not count Medicaid (MassHealth)

2. *Just before* you got pregnant, were you on Medicaid?

- No
- Yes

State options

HI: Medicaid or QUEST

ME: Medicaid or MaineCare.

MN: Medicaid, Medical Assistance, or MinnesotaCare.

OR: Oregon Health Plan or Medicaid

RI: Medicaid or RIte Care

WA: Medicaid, Healthy Options or medical coupon

PA: Medicaid/Medical Assistance/Health Choices

TN: Medicaid, TennCare or CoverKids

MA: Do not count Medicaid (MassHealth)

18. How was your prenatal care paid for? Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- State-specific*
- State-specific*
- Other → Please tell us: [BOX]

State options

Alaska Native Health Service or Native Regional Corporation (AK)
ARKids First (AR)
CHP+ (Child Health Plan Plus) (CO)
CICP (Colorado Indigent Care Program) (CO)
City or county indigent fund (NM)
Community or public health clinic (OK)
Dr. Dynasaur (VT)
Health Department (AL)
Healthy Start (FL)
I still owe (GA, NYC, NY, WA)
I still owe money on my bill (ME)
Indian Health Service (MS, OR)
Indian Health Service (PHS) (NM)
Indian Health Service or Tribal Health Service (MN)
Indian Health Service or Tribal clinic (NE)
Indian Health Service or Tribal (OK)
Medicaid or MaineCare (ME)
Medicaid or Medicaid Health Plan (MI)
Medicaid, Medical Assistance, or MinnesotaCare (MN)
Medicaid or QUEST (HI)
Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care +) (NE)
Medicaid, Healthy Options, or medical coupon (WA)
Medipass (FL)
Military (AL, GA, ME, SC)
Military (including TRICARE) (AK)
Military coverage (MS)
Military TRICARE-Standard (formerly CHAMPUS) (WA)
MOMS (Medical Outpatient Maternity Services) (MI)
New Jersey FamilyCare (NJ)
Oregon Health Plan or Medicaid (OR)
PCAP (Prenatal Care Assistance Program) (NY, NYC)
Rlte Care (RI)
State Maternal and Child Health Program (WV)
TRICARE (formerly CHAMPUS) or military (AR)
Tricare (HI)
TRICARE (formerly CHAMPUS) (SC)
Medicaid/Medical Assistance/Health Choices (MA)
adultbasic (MA)
Children's Health Insurance Program (MA)
TennCare (TN)
CoverKids (TN)

Indian Health Service (HIS) (SD)
Medicaid (MassHealth) (MA)

38. How was your delivery paid for? Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- State-specific*
- State-specific*
- Other → Please tell us: [BOX]

State options

Alaska Native Health Service or Native Regional Corporation (AK)
ARKids First (AR)
CHP+ (Child Health Plan Plus) (CO)
CICP (Colorado Indigent Care Program) (CO)
City or county indigent fund (NM)
Community or public health clinic (OK)
Dr. Dynasaur (VT)
Health Department (AL)
Healthy Start (FL)
I still owe (GA, NYC, NY, WA)
I still owe money on my bill (ME)
Indian Health Service (MS, OR)
Indian Health Service (PHS) (NM)
Indian Health Service or Tribal Health Service (MN)
Indian Health Service or Tribal clinic (NE)
Indian Health Service or Tribal (OK)
Medicaid or MaineCare (ME)
Medicaid or Medicaid Health Plan (MI)
Medicaid, Medical Assistance, MinnesotaCare (MN)
Medicaid or QUEST (HI)
Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care +) (NE)
Medicaid, Healthy Options, or medical coupon (WA)
Medipass (FL)
Military (AL, GA, ME, SC)
Military (including TRICARE) (AK)
Military coverage (MS)
Military TRICARE-Standard (formerly CHAMPUS) (WA)
MOMS (Medical Outpatient Maternity Services) (MI)
New Jersey FamilyCare (NJ)
Oregon Health Plan or Medicaid (OR)
PCAP (Prenatal Care Assistance Program) (NY, NYC)
Rlte Care (RI)
State Maternal and Child Health Program (WV)
TRICARE (formerly CHAMPUS) or military (AR)
Tricare (HI)
TRICARE (formerly CHAMPUS) (SC)

Medicaid/Medical Assistance/Health Choices (MA)
adultbasic (MA)
Children's Health Insurance Program (MA)
TennCare (TN)
CoverKids (TN)
Indian Health Service (HIS) (SD)
Medicaid (MassHealth) (MA)

Standard

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

- No
- Yes

Used by: FL76, IL76, OH67, SC64, UT75,

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

- No
- Yes

Used by: FL77, OH68, SC65, UT76

DD3. When did Medicaid coverage begin during your most recent pregnancy?

- During the first 3 months of my pregnancy
- During the second 3 months of my pregnancy
- During the last 3 months of my pregnancy
- I did not get Medicaid during my pregnancy

Used by: IL77, UT77

State-Developed

MI65. Were you on Medicaid during the *12 months before* your new baby was born?

- No
- Yes

NE70. Which of these things happened during your pregnancy? Check all that apply

- I had a hard time getting help from the Medicaid staff
- I did not understand how to use my Medicaid card or what was covered
- I did not get all of the Medicaid services I needed
- I had problems finding a doctor who would accept me as a Medicaid patient
- I was assigned to a doctor that I did not choose
- I had problems with Medicaid's transportation service
- My doctor or nurse treated me differently from other patients
- I did not have any problems with Medicaid

NM60. *Just before you got pregnant*, did you receive any of your health care from the Indian Health Service (PHS)?

- No
- Yes
- I don't know

NM62. During your most recent pregnancy, what was the name of your health insurance? Check all that apply.

- Cimarron
- Lovelace
- Presbyterian
- Blue Cross/Blue Shield
- Indian Health Service (PHS)
- Military coverage
- I don't have health insurance
- I don't know
- Other insurance: (Please tell us): _____

OK61. Was your prenatal health care covered by any type of Medicaid-funded health plan? (This includes SoonerCare, SoonerChoice, SoonerPlus, or any other Medicaid-funded plan.)

- No
- Yes
- I did not get prenatal care

OK72. After you delivered your new baby, did any of these things happen? For each item, circle Y (Yes) if it happened or N (No) if it did not happen.

	No	Yes
a. My new baby was covered by some type of health insurance	N	Y

MA76. What type of health insurance are you covered by right now? Check all that apply

- Medicaid (MassHealth)
- Private insurance or HMO (including insurance from your work or your husband's/partner's work)
- Other → Please tell us: [BOX]
- I do not have health insurance

Related Topics
Prenatal Care, Barriers
Prenatal Care, Location
Social Services
Stress

B. INFANT

a. General

Standard

H1. Do you have health insurance or Medicaid for your new baby?

- No
- Yes

Used by: IL65, LA65, MI55, NY65, RI75, PA61, TN64

State options

RI: Do you have health insurance, Medicaid, or Rlte Care for your new baby?

PA: Medicaid/Medical Assistance/Health Choices

H2. What type of insurance is your new baby covered by? Check all that apply

- Medicaid (*state program name*)
- Private insurance or HMO (including insurance from your work or your husband's work)
- State-specific*
- State-specific*
- Other → Please tell us: [BOX]

Used by: CO76, IL66, LA66, MI56, NY66, RI76, PA62, TN65

State options

CHP+ (Child Health Plan Plus) (CO)

Child Health Plus (NY)

KidCare or CHIP (Child Health Insurance Program) (IL)

Medicaid or Medicaid Health Plan (MI)

MIChild (MI)

None or no insurance (CO)

Private health insurance or HMO (RI)

Private insurance or HMO (including insurance from your work or your husband's, baby's father's, or partner's work) (MI)

Rlte Care → *Enter plan name: _____ (United, Neighborhood, Blue Chip, etc.)* (RI)

Children's Health Insurance Program (CHIP) (PA)

Medicaid/Medical Assistance/Health Choices (PA)

TennCare (TN)

CoverKids (TN)

State-developed

SD57. What type of health insurance is your new baby covered by right now?

Medicaid (MassHealth)

Private insurance or HMO (including insurance from your work or your husband's/partner's work)

Other → Please tell us:

[Box]

My new baby does not have health insurance

b. Child Health Insurance Program

Standard

H3. Is your new baby in the Child Health Insurance Program (CHIP)?

- No
- Yes

Used by: WV71

H4. Why didn't you enroll your new baby in CHIP? Check all that apply

- I didn't know about the program
- I already had insurance
- I didn't think he or she was eligible
- Other → Please tell us: [BOX]

Used by: MI57

State options

MI: Why didn't you enroll your new baby in MIChild?

Related Topics

Infant Health Care

Prenatal Care, Barriers

Prenatal Care, Location

Social Services

Stress

10. HIV AND SEXUALLY TRANSMITTED INFECTIONS

A. HIV

Core

20. 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

Standard

I2. Had you been tested for HIV *before* this pregnancy?

- No
- Yes
- I don't know

Used by: GA30, MD26, VT28, WV25

I3. When were you tested *before* this pregnancy? Check one answer

- Less than 6 months before you got pregnant
- 6 months to 1 year before you got pregnant
- More than 1 year before you got pregnant

Used by: GA31, VT29

I4. Were you *offered* an HIV test during your most recent pregnancy or delivery?

- No
- Yes

Used by: AR23, FL25, GA27, HI22, IL24, NYC24, UT32, VT25, WA22, MA24, PA25, TN25, VA24

I5. Did you turn down the HIV test?

- No
- Yes

Used by: AR24, FL26, GA28, HI23, IL25, NYC25, UT33, VT26, WA23, MA25, PA26

16. Why did you turn down the HIV test? Check all that apply

- 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 → Please tell us: [BOX]

Used by: AR25, FL27, GA29, HI24, IL26, NYC26, UT34, VT27, WA24, MA26, PA27

17. When was your most recent HIV test? Check one answer

- During the first 3 months of pregnancy
- During the second 3 months of pregnancy
- During the last 3 months of pregnancy
- Unsure when, but during pregnancy and before delivery
- At labor and delivery
- After delivery but before hospital discharge

Used by: FL24

Related Topics
Prenatal Care, Content
Pre-conception Readiness

B. SEXUALLY TRANSMITTED INFECTIONS

Standard

EE1. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)?

- No
- Yes

Used by: FL73, IL74, MD68, OH65, TX76, UT72, DE68, MO77, TN74

EE2. What disease or infection were you told you had? Check all that apply

- 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: [BOX]

Used by: FL74, UT73, DE69, MO78, TN75

State-Developed

AL64. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had any of the following diseases or infections? For each one, circle Y (Yes) if you were told you had the disease or infection or circle N (No) if you were not told you had the disease or infection.

	No	Yes
a. Urinary tract infection (UTI)	N	Y
b. Yeast infections.....	N	Y
c. Group B Strep (Beta Strep)	N	Y
d. Bacterial vaginosis	N	Y
e. Trichomoniasis (Trich).....	N	Y
f. Chlamydia.....	N	Y
g. Genital warts (HPV)	N	Y
h. Herpes	N	Y
i. Gonorrhea.....	N	Y
j. Syphilis	N	Y
k. Pelvic inflammatory disease (PID).....	N	Y
l. Human Immunodeficiency Virus (HIV).....	N	Y

MS60. During your most recent pregnancy, did you have any vaginal infections? For example, yeast, bacterial vaginosis, and/or sexually transmitted diseases [STDs].

- No
- Yes

MS61. Which vaginal infections did you have during your most recent pregnancy? Check all that apply

- Yeast
- Vaginosis
- Chlamydia
- Gonorrhea
- Other vaginal infections → Please tell us: _____.

- I don't know

11. HOUSEHOLD CHARACTERISTICS

A. RESIDENTS

Standard

P3. When you got pregnant, who lived in the same house with you? Check all that apply

- My husband or partner
- Children aged 5 years and under → How many? [BOX]
- Children aged 6 years and over → How many? [BOX]
- My mother
- My father
- My husband's or partner's parent(s)
- Friend or roommate
- Other family member or relative
- Other → Please tell us: [BOX]
- I lived alone

Used by: None of the states used this question in 2004-2008.

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

- My husband or partner
- Children aged 5 years and under → How many? [BOX]
- Children aged 6 years and over → How many? [BOX]
- My mother
- My father
- My husband's or partner's parent(s)
- Friend or roommate
- Other family member or relative
- Other → Please tell us: [BOX]
- I live alone

Used by: NYC78

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

- No
- Yes

Used by: None of the states used this question in 2004-2006.

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

[BOX] Adults (people aged 18 years or older)

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

Used by: NE72, NJ80, WV84, DE74

Related topics

Parent and Infant Characteristics

B. NUMBER OF ROOMS

Standard

P11. Which rooms are in the house, apartment, or trailer where you live? Check all that apply

- Living room
- Separate dining room
- Kitchen
- Bathroom(s)
- Recreation room, den, or family room
- Finished basement
- Bedrooms → How many? [BOX]

Used by: NE71, NYC79

C. TELEPHONE COVERAGE

Standard

P9. Do you have a telephone in your home that has been working (in service) for the past month?

- No
- Yes

Used by: None of the states used this question in 2004-2006.

P10. Is your telephone number listed in the most recent telephone book under your last name and current address?

- Yes
- Telephone unlisted
- Telephone listed under another name or address

Used by: None of the states used this question in 2004-2006.

D. MOBILITY

State-Developed

RI85. How many times have you moved in the *last 3 years*?

_____ Number of times

RI86. During the *next 12 months*, do you plan on: Check one answer.

- Staying in your current home or apartment
- Moving to a different home or apartment in the same neighborhood
- Moving to a different neighborhood in the same city
- Moving to a different city
- Moving to a different state
- Moving out of the country

E. UTILITIES AND WATER SOURCE

Standard

P13a. Which of the following utilities do you have in your house, apartment, or trailer? For each item, circle Y (Yes) if you have the utility or circle N (No) if you do not have the utility.

	No	Yes
a. Complete plumbing facilities (including hot and cold running water, a flush toilet, and a bathtub or shower)	N	Y
b. Electricity	N	Y
c. A telephone from which you can make and receive calls (including cell phones)	N	Y

Used by: NM76

State options

NM76: Which of the following utilities do you have in your house, apartment, trailer, or hogan?

P13b. Do you get the water you use in your house, apartment, or trailer from a city or county water supply or from a private well?

- City or county water supply
- Private well

Used by: WA77

Related topics

Parent and Infant Characteristics

Stress

12. INCOME

Core

53. During the *12 months before* your new baby was born, what were the sources of your household's income? Check all that apply

- Paycheck or money from a job
- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other → Please tell us: [BOX]

State options

AK: Option 4 modified - Aid such as Alaska Temporary Assistance Program (ATAP), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income (SSI)

54. During the *12 months before* your new baby was born, what was your total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.) Check one answer

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

State options

CO, TN:

- Less than \$8,000
- \$8,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

IL, NYC, NY:

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999

- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 or more

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

[BOX] People

Related topics

Health Insurance

Parent and Infant Characteristics

Stress

Social Services

Social Support

13. INFANT HEALTH CARE

A. WELL BABY CARE

Core

49. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?

- No
- Yes

50. Has your new baby had a well-baby checkup? (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- No
- Yes

Standard

X1. Has your new baby gone as many times as you wanted for a well-baby checkup?

- No
- Yes

Used by: AK56, FL65, IL63, MN60, NE61, SC56, TX64, VT66, WV67, WI57

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 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 routine care
- Other → Please tell us: [BOX]

Used by: AK57, FL66, IL64, MN61, NE62, SC57, TX65, VT67, MO66

State options

SC: added option (second in list): I couldn't find a doctor that would accept Medicaid

X4. When your new baby goes for well-baby checkups, who pays for those visits? Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- State-specific*
- State-specific*
- Other → Please tell us: [BOX]

Used by: DE57

X6. Was your new baby seen at home or at a health care facility? Check all that apply

- At home
- At a doctor's office, clinic, or other health care facility

Used by: NE57

X7. How many times has your new baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

[BOX] Times

Used by: IL61, LA63, NE59, NJ59, NY63, TX62, MO65

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

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- State-specific*
- State-specific*
- Other → Please tell us: [BOX]

Used by: AR63, GA72, IL62, LA64, NE60, NY64, TX63, WV66, VA58

State options

Community health center (NE, NY)

Community health center or clinic (GA)

Community health clinic (IL)

HMO or PPO (Kaiser, PruCare) (GA)

Indian Health Service or Tribal clinic (NE)

State-Developed

OK73. Do you have a doctor that you can get in contact with 24 hours a day, 7 days a week, who will take care of your baby for both sick and "well baby" care? (Include after-hours paging service or other ways to reach your doctor after hours.)

- No
- Yes

RI77. Do you have a doctor, nurse, or other health care worker that you can get in contact with 24 hours a day, 7 days a week, who will take care of your baby for both sick and "well baby" care?

- No
- Yes

Related Topics

Health Insurance, Infant
Oral Health, Infant

B. VACCINATIONS

Standard

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: TX66, DE58

X5. What do you think would be the best time to get information from your doctor or nurse about baby shots? Check one answer

- During prenatal care visits
- In the hospital or birthing center after my new baby's delivery
- At my new baby's first visit to the doctor

Used by: None of the states used this question in 2004-2006.

Related Topics

Prenatal Care, Content

C. SICK BABY CARE

Standard

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

[BOX] Times

- None
- My baby has not been sick

Used by: AR64, WV68, MO67

T2. Where have you taken your new baby when he or she was sick and needed care? Check all that apply

- Hospital clinic
- Health department clinic
- Hospital emergency room
- Private doctor's office
- State-specific*
- State-specific*
- Other → Please tell us: [BOX]

Used by: AR65, WV69, MO68

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

- No
- Yes

Used by: WV70

T4. Was your new baby jaundiced (yellowing of the skin or whites of the eyes)?

- No
- Yes

Used by: None of the states used this question in 2004-2006.

T5. Was your new baby readmitted to the hospital because of jaundice?

- No
- Yes

Used by: None of the states used this question in 2004-2006.

State-Developed

FL78. Was there a time when your new baby needed to see a doctor but you could not afford it?

- No
- Yes

Related topics

Health Insurance, Infant

D. CIRCUMCISION

Standard

D1. Is your new baby a boy or a girl?

- Boy
- Girl

Used by: None of the states used this question in 2004-2006.

D2. Did you have your new baby boy circumcised?

- No
- Yes

Used by: None of the states used this question in 2004-2006.

E. SCREENING

State-Developed

CO74. When your new baby was born, was the baby's hearing tested?

- I don't know
- No
- Yes

CO75. When someone told you what the test said about your new baby's hearing, what did they tell you?

- Your baby's test showed no problems
- Your baby should have another test
- Other → Please tell us:_____

GA82. When your new baby was born, was the baby's hearing tested?

- No
- Yes
- I don't know

GA83. Did someone tell you what the test said about the new baby's hearing?

- No
- Yes
- I don't know

GA84. When someone told you what the test said about your new baby's hearing, what did they tell you?

- Your baby's test showed no problems
- Your baby should have another test
- Other → Please tell us: [BOX]

MI68. *Before* your baby was discharged from the hospital, did your baby have a hearing screening test?

- No
- Yes
- I don't know

MI69. Were you given the results of your baby's screening for hearing loss?

- No
- Yes
- I don't know

MI70. *Before* your baby was discharged from the hospital, did your baby have a screening test for conditions such as PKU, thyroid disorders, and sickle cell disease?

- No
- Yes
- I don't know

MI71. Were you given the results of your baby's screenings for conditions such as PKU, thyroid disorders, and sickle cell disease?

- No
- Yes
- I don't know

RI82. Are you aware that babies are tested in the hospital for the following conditions? For each item, circle Y (Yes) if you are aware of this or circle N (No) if you are not.

- | | No | Yes |
|---|----|-----|
| a. Hearing loss | N | Y |
| b. Conditions that run in families, such as sickle cell disease and PKU | N | Y |

14. INFANT MORTALITY

Core

41. Is your baby alive now?

- No
- Yes

42. Is your baby living with you now?

- No
- Yes

15. INJURY PREVENTION/SAFETY

Standard

S1. Listed below are some statements about safety. For each one, circle Y (Yes) if it applies to you or circle N (No) if it does not.

- | | No | Yes |
|---|----|-----|
| a. My infant was brought home from the hospital in an infant car seat | N | Y |
| b. My baby always or almost always rides in an infant car seat..... | N | Y |
| c. My home has a working smoke alarm | N | Y |
| d. There are loaded guns, rifles, or other firearms in my home..... | N | Y |

Used by: CO77, LA79, MN73, WV8, MA73, PA74, TN77, VA72, SD73

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

- No
- Yes

Used by: None of the states used this question in 2004-2006.

S3. Listed below are some statements about infant car seats. For each one, circle T (True) if you agree with the statement or circle F (False) if you do not agree.

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

Used by: PA75

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: UT88, VA 75

S5. *Since your new baby was born*, how often do you wear a seat belt when you drive or ride in a car?

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: None of the states used this question in 2004-2006.

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: AK69, GA85, ME68, OH70, SC69, TX82, TN78

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: ME69

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: NE77, OH71, WA73

S9. Does the car, truck, or van that your new baby *usually* rides in have an airbag on the passenger side?

- No
- Yes

Used by: None of the states used this question in 2004-2006.

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

- No
- Yes

Used by: GA86, IL79, NM67, SC68, VT78, WA72

State options

WA: using S10 instead of S6 as filter for S8

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: [BOX]

Used by: None of the states used this question in 2004-2006.

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
- Someone from a loaner program showed me
- A health or safety professional showed me
- I figured it out myself
- Some other way → Please tell us: [BOX]

Used by: GA87, IL80, NY82, VT79

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

- No
- Yes

Used by: OH69, RI74, PA73

State-Developed

ME70. Have you ever heard or read about what can happen if a baby is shaken from any of the following sources? Check all that apply.

- Magazine or newspaper article
- Radio or television
- Doctor, nurse, or other health care provider
- Book
- Family or friends
- Other, please tell us: _____

RI73. Listed below are some things that describe the care of your new baby. For each item, circle A if it always applies to you, circle S if it sometimes applies to you, or circle N if it never applies to you.

	Never	Sometimes	Always
a. My new baby rides in an infant car seat	N	S	A
b. My new baby sleeps on something soft, like a fluffy blanket or comforter, soft pillow, featherbed, or sheepskin	N	S	A
c. My new baby sleeps in the same bed with me or with someone else.	N	S	A
d. I test my smoke alarm every 6 months to make sure the batteries are working	N	S	A

RI83. Was the house or apartment you live in now built after 1977?

- No
- Yes
- I don't know

RI84. What are you currently doing to protect your family (your children, your partner, and yourself) from lead poisoning? For each one, please circle Y (Yes) if you are doing it or circle N (No) if you are not doing it.

	No	Yes
a. Washing windows, doorways, floors, and dusty areas with a wet mop or cloth.	N	Y
b. Blocking chipped or peeling paint with furniture, or covering it with duct tape.	N	Y
c. Eating foods that are rich in iron and calcium.	N	Y
d. Washing hands frequently.	N	Y
e. Running cold water for 1 minute before using for cooking or drinking.	N	Y
f. Storing food in clean plastic or glass containers, not in crystal, pottery, or ceramic dishes.	N	Y

WA71. Listed below are some statements about safety. For each thing, circle Y (Yes) if it applies to you, N (No) if it does not apply to you, or DK (Don't Know) if you are unsure.

	No	Yes	Don't Know
Know			
a. Your home has a working smoke alarm that has been tested in the past year.	N	Y	DK
b. The last time your baby rode in a car he or she was in a car safety seat.	N	Y	DK

Related Topics
 Prenatal Care, Content
 Sleeping Behaviors
 Morbidity, Maternal

16. LENGTH OF STAY

A. INFANT

Core

40. After your baby was born, 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 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital
- My baby is still in the hospital

Related Topics

Infant Health Care, Well Baby Care
Morbidity, Infant, ICU Admission

B. MATERNAL

Core

35. When did you go into the hospital to have your baby?

[BOX] [BOX] [BOX]
Month Day Year

- I didn't have my baby in a hospital

37. When were you discharged from the hospital after your baby was born? (It may help to use the calendar.)

[BOX] [BOX] [BOX]
Month Day Year

- I didn't have my baby in a hospital

Related Topics

Maternal Health Care, Postpartum
Morbidity, Maternal, Postpartum

17. MATERNAL HEALTH CARE

A. MEDICATIONS

Standard

L1. Other than prenatal vitamins, did you take any over-the-counter or prescribed medicine during pregnancy, even for a short period of time?

- No
- Yes

Related Topics

Breastfeeding

Epilepsy Treatment

Mental Health

Prenatal Care, Content

Used by: None of the states used this question in 2004-2008.

B. VACCINATIONS

a. Vaccinations

Standard

L2. Have you ever had German measles (rubella) or been vaccinated for German measles?

- No
- Yes

Used by: MS64

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

- No
- Yes

Used by: MS65

L12. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker offer you a flu vaccination or tell you to get one?

- No
- Yes

Used by: RI22

L13. Did you get a flu vaccination during your most recent pregnancy?

- No
- Yes

Used by: GA37, RI23

L14. What were your reasons for not getting a flu vaccination during your most recent pregnancy? For each item, circle Y (Yes) if it was a reason for you or circle N (No) if it was not a reason or did not apply to you.

	No	Yes
a. My doctor didn't mention anything about a flu vaccination during my pregnancy	N	Y
b. I was worried about side effects of the flu vaccination for me	N	Y
c. I was worried that the flu vaccination might harm my baby.....	N	Y
d. I wasn't pregnant during the flu season (November–February)	N	Y
e. I was in my first trimester during the flu season (November–February) ..	N	Y
f. I don't normally get a flu vaccination	N	Y
g. Other.....	N	Y

Please tell us: [BOX]

Used by: GA38

L15. Have you ever had a flu vaccination when you were *not* pregnant?

- No
- Yes

Used by: None of the states used this question in 2004-2006.

b. Barriers

Standard

L14. What were your reasons for not getting a flu vaccination during your most recent pregnancy? For each item, circle Y (Yes) if it was a reason for you or circle N (No) if it was not a reason or did not apply to you.

	No	Yes
a. My doctor didn't mention anything about a flu vaccination during my pregnancy	N	Y
b. I was worried about side effects of the flu vaccination for me	N	Y
c. I was worried that the flu vaccination might harm my baby.....	N	Y
d. I wasn't pregnant during the flu season (November–February)	N	Y
e. I was in my first trimester during the flu season (November–February) ..	N	Y
f. I don't normally get a flu vaccination	N	Y
g. Other.....	N	Y

Please tell us: [BOX]

Used by: GA38

C. POSTPARTUM CHECKUP

Standard

L8. Since your new baby was born, have you had a postpartum checkup for yourself? (A postpartum checkup is the regular checkup a woman has after she gives birth.)

- No
- Yes

Used by: AR69, GA75, HI57, MN64, NJ62, NY71, NYC65, OH59, RI59, SC70, TX69, VT70, WV75, MA60, MO73, TN69, VA62, WI60, WY60

L9. At that visit, did a doctor, nurse, or other health care worker discuss family planning or birth control with you?

- No
- Yes

Used by: GA76, NJ63, VA63

L16. At that visit, did a doctor, nurse, or other health care worker advise you to take a multivitamin or a prenatal vitamin every day? These are pills that contain many different vitamins and minerals.

- No
- Yes

Used by: WI61

State-Developed

NM66. *Since your new baby was born*, have you seen a doctor, nurse, or midwife for yourself for any of these reasons? Circle Y (Yes) if you did or N (No) if you did not.

- | | No | Yes |
|--|----|-----|
| a. I received a routine checkup (6 weeks after delivery) | N | Y |
| b. I received care for a health problem | N | Y |
| c. I received a birth control method | N | Y |

OK72. After you delivered your new baby, did any of these things happen? For each item, circle Y (Yes) if it happened or N (No) if it did not happen.

- | | No | Yes |
|-------------------------------|----|-----|
| b. I had a postpartum checkup | N | Y |

SC71. At that visit, did a doctor, nurse, or other health care worker give you some form of birth control or a prescription for birth control?

- No
- Yes

Related Topics

Contraception, Postpartum

Health Insurance

Prenatal Care, Content
Postpartum Morbidity
Social Support

D. EPILEPSY OR SEIZURE TREATMENT

Standard

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

- No
- Yes

Used by: None of the states used this question in 2004-2008.

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

- No
- Yes

Used by: None of the states used this question in 2004-2008.

L6. When did you start taking the medicine?

- I started taking the medicine during my pregnancy
- I started taking the medicine in the year before I got pregnant
- I started taking the medicine more than a year before I got pregnant

Used by: None of the states used this question in 2004-2008.

L7. How many seizures did you experience during your most recent pregnancy?

- None
- 1
- 2
- 3 or more

Used by: None of the states used this question in 2004-2008.

E. GENERAL HEALTH

Standard

L10. Would you say that, in general, your health is—

- Excellent
- Very good
- Good
- Fair
- Poor

Used by: HI7, MN7, NC7, VT7, MA7, TN7

State-developed

RI80. Are you limited in any way in any activities because of physical, mental, or emotional problems?

- No
- Yes

MA77. Are you limited in any way in any activities because of physical, mental, or emotional problems?

No
Yes

MA78. For how long have your activities been limited because of physical, mental, or emotional problems?

[BOX] Number of Days OR
[BOX] Number of Weeks OR
[BOX] Number of Months OR
[BOX] Number of Years

F. DISCRIMINATION

State-Developed

MI66. When you went to get health care during the *12 months before* your new baby was born, which of the following best describes how you were treated compared to women who were not on Medicaid? Check one answer

- I was treated better than women who were not on Medicaid
- I was treated worse than women who were not on Medicaid
- I was treated the same as women who were not on Medicaid
- I did not receive any health care in the 12 months before my new baby was born
- I don't know

Related topics

Prenatal Care, Satisfaction

Stress

18. MATERNAL NUTRITION

A. MATERNAL WEIGHT/HEIGHT

Core

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

[BOX] Pounds OR [BOX] Kilos

6. How tall are you without shoes?

[BOX] Feet [BOX] Inches
OR [BOX] Centimeters

State-Developed

OK68. How much weight did you gain during your pregnancy?

_____ Pounds OR _____ Kilos

- I LOST weight during your pregnancy
- I don't know

WY65. How much weight did you gain during your pregnancy?

[BOX] Pounds OR [BOX] Kilos
I LOST weight during my pregnancy
I don't know

B. VITAMIN USE AND FOLIC ACID

Core

3. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.

- I didn't take a multivitamin or a prenatal vitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

Standard

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

- No
- Yes

Used by: AK22, AL22, AR27, FL28, GA33, IL27, LA26, NC23, TX28, WV26, MO28, TN26

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: [BOX]

Used by: AR28, FL29, GA34, LA27, NC24, WV27, TN27

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: GA35, NY24, VT30, WY24, SD24

G4. Which of the following things would cause *you* to take a multivitamin or a prenatal vitamin? Check all that apply

- I didn't usually eat the right foods
- It prevented heart disease
- It was good for my general health
- It would help me have a healthy baby someday
- My family or friends said it was a good idea
- My doctor or nurse said it was a good idea

Used by: GA36

G5. During the *last 3 months* of your most recent pregnancy, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.

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

Used by: AK21, AR26, GA32

Related topics

Preconception Health

Prenatal Care, Satisfaction

C. FOOD INSUFFICIENCY

Standard

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: CO36, ME35, OR37, VT42, WA36, TN39, SD36

State-Developed

NM75. During the past 12 months, which one of the following statements best describes the food eaten by you and your family? Check all that apply.

- Enough food to eat
- Sometimes not enough food to eat
- Often not enough food to eat

Related topics
Income
Social Services
Stress

19. MENTAL HEALTH

Standard

M1a. *Since your new baby was born, how often have you felt down, depressed, or hopeless?*

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: AK70a, AL65a, CO78a, GA88a, HI65a, MD71a, ME74a, MN75a, NC73a, NE78b, NM74a, NY84a, OH74a, OR75a, RI81a, SC72a, UT82a, VT82a, WA70a, DE72a, MA74a, MO79a, PA76a, TN79a, VA73a, WI68a, WY76a, SD74a

M1b. *Since your new baby was born, how often have you had little interest or little pleasure in doing things?*

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: AK70b, AL65b, CO78b, GA88b, HI65b, MD71b, ME74b, MN75b, NC73b, NE78c, NM74b, NY84b, OH74b, OR75b, RI81b, SC72b, UT82b, VT82b, WA70b, DE72b, MA74b, MO79b, PA76b, TN79b, VA73b, WI68b, WY76b, SD74b

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: CO67, GA81, IL75, MD70, MN76, NYC71, OH66, TX77, VT81, WV79, PA72, VA69, WY66

M3. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker *diagnose* you with depression?

- No
- Yes

Used by: NYC70, RI68

M4. At any time during your most recent pregnancy, did you *seek help* for depression from a doctor, nurse, or other health care worker?

- No
- Yes

Used by: GA80, MD69, NE78a, UT74, PA71

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

- No
- Yes

Used by: AK71, AL66, IL83, ME75, NYC77

State options

ME75: *Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?*

M6. *Since your new baby was born, did you seek help for depression from a doctor, nurse, or other health care worker?*

- No
- Yes

Used by: GA89, MD72, UT83, MA75, MO80, WY77

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: MN39, NC39, NY42, RI37

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

- No
- Yes

Used by: RI69

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

- No
- Yes

Used by: RI70

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

- No
- Yes

Used by: IL84

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

- No
- Yes

Used by: IL85

State-Developed

FL75. *At any time during your most recent pregnancy or after delivery, did you have depression that lasted more than 2 weeks?*

- No
- Yes

OK70. *In the months after your delivery did you ever feel so sad or hopeless almost every day for at least 2 weeks in a row that you stopped doing some usual activities?*

- No
- Yes
- Don't know/don't remember

OR68a. *While you were pregnant, how often did you feel down, depressed, or hopeless?*

- Always
- Often
- Sometimes
- Rarely
- Never

OR68b. *While you were pregnant, how often did you have little interest or little pleasure in doing things?*

- Always
- Often
- Sometimes
- Rarely
- Never

RI65. *During the 12 months before you got pregnant with your new baby, did a doctor, nurse, or other health care worker diagnose you with depression?*

- No
- Yes

RI66. During the *12 months before* you got pregnant, did you take prescription medicine for your depression?

- No
- Yes

RI67. During the *12 months before* you got pregnant, did you get counseling for your depression?

- No
- Yes

RI71. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about the benefits and risks of taking antidepressants during pregnancy?

- No
- Yes

Related Topics

Maternal Health Care, Postpartum

Morbidity, Maternal

Prenatal care, Content

Social Services

Stress

20. MORBIDITY

A. INFANT

a. Gestational Age

Core

34. When was your baby due?

[BOX] [BOX] [BOX]
Month Day Year

36. When was your baby born?

[BOX] [BOX] [BOX]
Month Day Year

b. ICU Admission

Core

39. After your baby was born, was he or she put in an intensive care unit?

- No
- Yes
- I don't know

Related Topics

Infant Health Care, Sick Baby Care
Length of Stay, Infant

B. MATERNAL

a. Preconceptional

Standard

L11. During the 3 months before you got pregnant with your new baby, did you have any of the following health problems? For each one, circle Y (Yes) if you had the problem or circle N (No) if you did not.

	No	Yes
a. Asthma.....	N	Y
b. High blood pressure (hypertension)	N	Y
c. High blood sugar (diabetes)	N	Y
d. Anemia (poor blood, low iron)	N	Y
e. Heart problems	N	Y

Used by: FL7, MD7, MN8, TX7, WV7, WI7, DE7

State-developed

OK59. Before you became pregnant with your new baby, did any of these things happen? For each item, circle Y (Yes) if it did happen or N (No) if it did not happen.

	No	Yes
a. I heard or read that taking vitamins containing folic acid could help prevent some birth defects.....	N	Y
b. I was dieting (changing my eating habits) in order to lose weight 3 months before I became pregnant.....	N	Y
c. I received advice or counseling from a health care provider to prepare for becoming pregnant.....	N	Y
d. I visited the dentist within 12 months before I became pregnant.....	N	Y
e. I was tested for HIV (the virus that causes AIDS).....	N	Y

Related Topics

Pre-conception Readiness

b. Prenatal and Intrapartum

Core

22. Did you have any of these problems during your most recent pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.

	No	Yes
a. High blood sugar (diabetes) that started <i>before</i> this pregnancy.....	N	Y
b. High blood sugar (diabetes) that started <i>during</i> this pregnancy.....	N	Y
c. Vaginal bleeding	N	Y
d. Kidney or bladder (urinary tract) infection.....	N	Y
e. Severe nausea, vomiting, or dehydration	N	Y
f. Cervix had to be sewn shut (incompetent cervix)	N	Y
g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH], preeclampsia, or toxemia).....	N	Y
h. Problems with the placenta (such as abruptio placentae or placenta previa)	N	Y
i. Labor pains more than 3 weeks before my baby was due (preterm or early labor).....	N	Y
j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])	N	Y
k. I had to have a blood transfusion	N	Y
l. I was hurt in a car accident.....	N	Y

23. Did you do any of the following things because of these problems? For each item, circle Y (Yes) if you did that thing or circle N (No) if you did not.

	No	Yes
a. I went to the hospital or emergency room and stayed less than 1 day....	N	Y
b. I went to the hospital and stayed 1 to 7 days.....	N	Y
c. I went to the hospital and stayed more than 7 days	N	Y
d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice.....	N	Y

Standard

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: NY29

N2. How many weeks or months pregnant were you when you were told to stay in bed?

[BOX] Weeks OR [BOX] Months

Used by: NY30

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

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: NY31

N4. What types of support would have helped you to stay in bed for the recommended time? For each item, circle Y (Yes) if it was a reason for you or circle N (No) if it was not a reason or did not apply to you.

	No	Yes
a. Help with child care	N	Y
b. Help with housework	N	Y
c. Knowing I wouldn't lose my job	N	Y
d. Money to make up for not working	N	Y
e. Other.....	N	Y

Please tell us: [BOX]

Used by: None of the states used this question in 2004-2008.

State-developed

CO79 & SC76. What do you think are the signs and symptoms of preterm labor (early labor more than 3 weeks before a baby is due)? For each item, circle Y (Yes) if you think it is a sign or symptom, circle N (No) if you don't think it's a sign or symptom, or circle DK (Don't Know) if you don't know if it's a sign or symptom.

	No	Yes	Don't Know
a. Cramps that feel like you're on your period (with or without diarrhea)	N	Y	DK
b. Low, dull backache	N	Y	DK
c. Headache with nausea or vomiting	N	Y	DK
d. Clear, pink or brownish fluid (water) leaking from your vagina	N	Y	DK
e. Contractions every 10 minutes or more often (painful or not).....	N	Y	DK
f. Swelling of the legs and/or ankles	N	Y	DK
g. Frequent urination	N	Y	DK
h. Feeling that your baby is pushing down.....	N	Y	DK

Related topics

Delivery

HIV and Sexually Transmitted Disease

Physical Activity and Work

Pre-conception Readiness

Prenatal Care, Content

c. Postpartum

Standard

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

- No
- Yes

Used by: None of the states used this question in 2004-2008.

O2. When was the *first* time you had to go into the hospital and stay overnight after you had your new baby?

[BOX] [BOX] [BOX]
 Month Day Year

Used by: None of the states used this question in 2004-2008.

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: [BOX]

Used by: None of the states used this question in 2004-2008.

Related Topics

Length of Stay, Maternal
Maternal Health Care, Postpartum

d. General

Standard

L10. Would you say that, in general, your health is—

- Excellent
- Very good
- Good
- Fair
- Poor

Used by: HI7, MN7, NC7, VT7, MA7, TN7

Related Topics
Mental Health

21. ORAL HEALTH

A. MATERNAL

Standard

Y1. This question is about the care of your teeth during your most recent pregnancy. For each item, circle Y (Yes) if it is true or circle N (No) if it is not true.

- | | | |
|---|----|-----|
| | No | Yes |
| a. I needed to see a dentist for a problem | N | Y |
| b. I went to a dentist or dental clinic | N | Y |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums..... | N | Y |

Used by: AK73, AR75, CO72, HI66, IL86, LA82, MD74, ME77, MI78, MS66, NC75, NE80, NM61, NY85, OH75, OR76, SC73, TX78, UT85, DE73, MO81, PA79, TN80, VA74, WI69, WY78

State options

NM61: modified response options as follows:

- | | | |
|--|---|---|
| a. I had a dental problem | N | Y |
| b. I went to a dentist or dental clinic | N | Y |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums | N | Y |

Y2. Have you ever had your teeth cleaned by a dentist or dental hygienist?

- No
- Yes

Used by: AK74, AL67, AR76, ME78, MI79, MS67, NE81, NY86, OH76, SC74, UT86, VT85, WA74, MA79, MO82, TN81

Y3. When did you have your teeth cleaned by a dentist or dental hygienist? For each of the three time periods, circle Y (Yes) if you had your teeth cleaned then or circle N (No) if you did not have your teeth cleaned then.

- | | | |
|---|----|-----|
| | No | Yes |
| a. Before my most recent pregnancy..... | N | Y |
| b. During my most recent pregnancy..... | N | Y |
| c. After my most recent pregnancy..... | N | Y |

Used by: AK75, AL68, AR77, CO73, MD75, ME79, MI80, MS68, NE82, NJ79, NY87, OH77, SC75, UT87, VT86, WA75, WV83, MO83, TN82

State options

NJ79: a. Within a year of my most recent pregnancy

MA80: a. Within a year of my most recent pregnancy

State-Developed

ME80. 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

OR77. How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?

- Within the past year (less than 12 months)
- 1 to less than 2 years (12 to 23 months)
- 2 to less than 5 years (24 to 59 months)
- 5 or more years (60 or more months)
- Never

Related Topics
Morbidity, Maternal
Pre-conception Readiness

B. INFANT

State-Developed

OR72. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about how to prevent your baby from getting tooth decay?

- No
- Yes

OR73a. Do you ever put your baby to bed with a bottle?

- No
- Yes

OR73b. What do you put in the bottles that your baby takes to bed? Check all that apply

- Water
- Something other than water

22. PARENT AND INFANT CHARACTERISTICS

A. INFANT DEMOGRAPHICS

Core

42. Is your baby living with you now?

- No
- Yes

B. MATERNAL DEMOGRAPHICS

Core

4. What is *your* date of birth?

[BOX] [BOX] 19[BOX]
Month Day Year

State-specific

ME83. Are you Hispanic or Latina?

- No
- Yes

ME84. Which of the following would you say is your race? Check all that apply.

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Other → Please specify _____

NYC80. What is your marital status?

- Married
- Living with a steady partner or common-law marriage
- Divorced
- Separated
- Single, never married
- Other, please tell us _____

SD78. What is *your* tribal enrollment or *your* primary tribal affiliation? Check one answer.

Cheyenne River Sioux Tribe
Crow Creek Sioux Tribe
Flandreau Santee Sioux Tribe
Lower Brule Sioux Tribe

Oglala Sioux Tribe
Rosebud Sioux Tribe
Sisseton-Wahpeton Oyate
Standing Rock Sioux Tribe
Yankton Sioux Tribe
Other → Please tell us
[box]
None

C. PATERNAL DEMOGRAPHICS

Standard

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

[BOX] Years old

- I don't know

Used by: ME82, NE73,

D. PARENTAL RELATIONSHIP

Standard

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

- No
 Yes

Used by: None of the states used this question in 2004-2006.

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: [BOX]

Used by: OK60

State-Developed

OK74. Do you currently live with this baby's father?

- No
 Yes

Used by: None of the states used this question in 2004-2006.

Related Topics
Household Characteristics

23. PHYSICAL ACTIVITY AND WORK

A. PHYSICAL ACTIVITY

Standard

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.) Do not count exercise you may have done as part of your regular job.

- Less than 1 day per week
- 1 to 4 days per week
- 5 or more days per week

Used by: MD67, ME64, NC67, TX74, VT76, WA64, MA65

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? Do not count exercise you may have done as part of your regular job.

- Less than 1 day per week
- 1 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: CO70, NC68, VT77, MA66

State options:

CO70. For example, walking for exercise, swimming, cycling, dancing, or gardening. is inserted in parenthesis between the sentences.

State-Developed

OR74. In the *past month*, how many days a week did you get at least 30 minutes of physical activity or exercise? (For example, walking, dancing, yard work, or sweeping.)

- Less than 1 day per week
- 1 to 4 days per week
- 5 or more days per week

SD75. *In the past week*, how many days did you get at least 30 minutes of physical activity or exercise such as, walking, dancing, vacuuming, or something else that makes you breathe harder or your heart beat faster? Check one answer.

- Less than 1 day per week
- 1 to 2 days per week
- 3 to 4 days per week
- 5 or more days per week

B. WORK

Standard

C1. Are you currently in school or working outside the home?

- No
- Yes

Used by: HI63, LA80, NC70, NE74, NM71, OH72, TX83, UT78, TN76

State-Developed

NJ73. During your most recent pregnancy, did you work outside the home 10 hours or more per week?

- No
- Yes

NJ74. What was the last month of your pregnancy that you worked 10 or more hours per week?

- First, second, or third
- Fourth
- Fifth
- Sixth
- Seventh
- Eighth
- Ninth
- I never stopped working

NJ75. Did other employees frequently smoke in your work area or in public areas while you were there?

- No
- Yes

NC71. How old was your baby when you returned to school or work?

__ Weeks OR __ Months

HI64. At your workplace or school, what happens when a mother wants to breastfeed? Check all that apply

- She can keep her baby and the baby can breastfeed as needed
- She can use break time to breastfeed the baby
- She can use break time to pump milk
- It is hard to use breaks or find a place to pump or breastfeed
- She is not allowed to breastfeed the baby at work
- I don't know

NM72. At your *current* workplace or school, what happens when a mother wants to breastfeed?

Check all that apply (Answer options are the same as HI64 except the first option-She can breastfeed the baby is needed.)

NM73. Which of the following things were you doing in the *past month*? Check all that apply

- Being a homemaker
- Was unemployed
- Seasonal farm or construction work
- Working or going to school *full-time*
- Working or going to school *part-time*
- Other (Please tell us):_____

Related Topics

Breastfeeding

Child Care

Maternal Health Care, General

Morbidity, Maternal

Smoke Exposure

24. PRE-CONCEPTION READINESS

Standard

L17. Before you got pregnant with your new baby, did you talk with a doctor, nurse, or other health care worker to prepare for a healthy pregnancy and baby?

- No
- Yes

Used by: LA7, ME7, NJ7, OH7, UT7, VT8, TN8, VA7

State developed

OK59. Before you became pregnant with your new baby, did any of these things happen? For each item, circle Y (Yes) if it did happen or N (No) if it did not happen.

- a. I heard or read that taking vitamins containing folic acid could prevent some birth defects
- b. I was dieting (changing my eating habits) in order to lose weight 3 months before I became pregnant
- c. I received advice or counseling from a health care provider to prepare for becoming pregnant
- d. I visited the dentist within 12 months before I became pregnant
- e. I was tested for HIV (the virus that causes AIDS)

MI64 & RI64. Before you got pregnant with your new baby, did either of the following things happen? For each item, circle N (No) if it did not happen, Y (Yes) if it did happen, or DK (Don't Know) if you don't know if it happened.

- | | No | Yes | DK |
|--|----|-----|----|
| a. You heard or read that taking the vitamin folic acid or foods that contain it (orange juice, citrus fruits, broccoli, green leafy vegetables and fortified cereal) could help prevent some birth defects. | N | Y | DK |
| b. Your doctor or nurse instructed you on how to get enough folic acid | N | Y | DK |

Related Topics
Maternal Nutrition
Morbidity, Maternal

25. PREGNANCY INTENTION

A. MATERNAL

Core

10. 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 sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future

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

- No
- Yes

Standard

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

- I was trying to get pregnant
- I wasn't trying to get pregnant or trying to keep from getting 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: AR73, LA73, MN68, TX73, WA63, PA68, TN73

Q4. How much later did you want to become pregnant?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to less than 4 years
- 4 years or more

Used by: OK11, UT12, MO12, PA11, TN13

Q5. This question asks about feelings and concerns women sometimes have about becoming pregnant. For each item, please circle Y (Yes) if it applied to you when you found out you were pregnant with your new baby or circle N (No) if it did not.

	No	Yes
a. I was worried that I didn't know enough about how to take care of a baby.....	N	Y
b. I thought a new baby would keep me from doing the things I was used to doing, like working, going to school, or going out.....	N	Y
c. I looked forward to teaching and caring for a new baby.....	N	Y
d. I looked forward to the new experiences that having a baby would bring.....	N	Y
e. I looked forward to telling my friends that I was pregnant.....	N	Y
f. I was worried that I did not have enough money to take care of a baby..	N	Y
g. I did not look forward to telling my friends that I was pregnant	N	Y
h. I looked forward to buying things for a new baby.....	N	Y

Used by: None of the states used this question in 2004-2008

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: MN70, DE66

State-Developed

OK58. *Just before* you became pregnant with your new baby, would you say you probably wanted to become pregnant at that time or probably not? Check one answer

- I probably did not want to become pregnant at that time
- I didn't mind if I became pregnant at that time
- I probably wanted to become pregnant at that time

B. PATERNAL

Standard

Q2. Which of the following statements best describes your husband or partner during the 3 months before you got pregnant? Check one answer

- He wanted me to get pregnant
- He partly wanted me to get pregnant and partly wanted me not to get pregnant
- He didn't care one way or the other whether I got pregnant
- He didn't especially want me to get pregnant
- He wanted very much for me not to get pregnant

Used by: LA74

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

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

Used by: MN69, RI63, SD64

Related Topics

Assisted Reproduction

Contraception, Conception

26. PREGNANCY RECOGNITION

Core

14. 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

Related Topics

Prenatal Care, Barriers

27. PRENATAL CARE

A. BARRIERS

Core

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

- No
- Yes
- I didn't want prenatal care

17. Here is a list of problems some women can have getting prenatal care. For each item, circle Y (Yes) if it was a problem for you during your most recent pregnancy or circle N (No) if it was not a problem or did not apply to you.

	No	Yes
a. I couldn't get an appointment when I wanted one.....	N	Y
b. I didn't have enough money or insurance to pay for my visits.....	N	Y
c. I had no way to get to the clinic or doctor's office	N	Y
d. I couldn't take time off from work.....	N	Y
e. The doctor or my health plan would not start care as early as I wanted..	N	Y
f. I didn't have my Medicaid card	N	Y
g. I had no one to take care of my children.....	N	Y
h. I had too many other things going on	N	Y
i. I didn't want anyone to know I was pregnant.....	N	Y
j. Other.....	N	Y

Please tell us: [BOX]

State options

HI option (f): I didn't have my Medicaid or QUEST card

ME option (f): I didn't have my Medicaid/MaineCare card

MN option (f): I didn't have my Medicaid, Medical Assistance, or MinnesotaCare card

OR option (f): I didn't have my Oregon Health Plan or Medicaid card

RI option (f): I didn't have my Medicaid or RIte Care card

WA option (f): I didn't have my Medicaid card, Healthy Options card, or medical coupon

PA option (f): Medicaid/Medical Assistance/Health Choices

TN option (f): Medicaid, TennCare or CoverKids

MA option (f): Medicaid (MassHealth) card

B. CONTENT

Core

19. 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, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

	No	Yes
a. How smoking during pregnancy could affect my baby	N	Y
b. Breastfeeding my baby	N	Y
c. How drinking alcohol during pregnancy could affect my baby	N	Y
d. Using a seat belt during my pregnancy	N	Y
e. Birth control methods to use after my pregnancy	N	Y
f. Medicines that are safe to take during my pregnancy.....	N	Y
g. How using illegal drugs could affect my baby	N	Y
h. Doing tests to screen for birth defects or diseases that run in my family.	N	Y
i. What to do if my labor starts early	N	Y
j. Getting tested for HIV (the virus that causes AIDS).....	N	Y
k. Physical abuse to women by their husbands or partners.....	N	Y

Standard

R2. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?

- No
- Yes

Used by: IL22a, LA23, MS20, OH21, TX23, UT28, VT22, MO26, PA23, WY22, SD22

State-Developed

CO64. How much weight did your doctor, nurse or other health care worker tell you to gain during your pregnancy?

_____ Pounds OR _____ Kilos

- They did not tell me how much weight to gain
- I don't remember
- Other → Please tell us:_____

R3. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?

- No
- Yes

Used by: LA24, NE23, OH22, OR22, TX24, UT29, WA20, VA22

State options

Some states combined R3 with R5 (see R5 below).

R4. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were drinking alcoholic beverages (beer, wine, wine cooler, or liquor)?

- No
- Yes

Used by: IL22b, OH23, OR23, TX25

State options

AK64. At any time during your prenatal care, did a doctor, nurse, or other health care worker advise you not to drink alcohol while you were pregnant?

- No
- Yes

R5. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you—

- | | No | Yes |
|--|----|-----|
| a. How much alcohol you were drinking | N | Y |
| b. If someone was hurting you emotionally or physically | N | Y |
| c. If you were using illegal drugs (marijuana or hash, cocaine, crack, etc.) | N | Y |
| d. If you wanted to be tested for HIV (the virus that causes AIDS) | N | Y |
| e. If you planned to use birth control after your baby was born..... | N | Y |

Used by: GA22, ME22, MN24, TX26, UT29, VT23, WA20, WV23

State options

UT, WV: added option 'f' from R3 - If you were smoking cigarettes
VT: removed option 'd'

WA20: combined R3, R5, R14, R7 into one question:

During any of your prenatal care visits, did a doctor, nurse, or other health care worker do any of the things listed below? For each item circle Y (Yes) if someone asked or talked with you about it or circle N (No) if no one asked or talked with you about it.

- | | No | Yes |
|--|----|-----|
| a. Ask if you were smoking cigarettes | N | Y |
| b. Ask how much alcohol you were drinking | N | Y |
| c. Ask if someone was hurting you emotionally or physically | N | Y |
| d. Ask if you were using illegal drugs (marijuana or hash, cocaine, crack, etc.) | N | Y |
| e. Ask if you wanted to be tested for HIV (the virus that causes AIDS) | N | Y |
| f. Ask if you planned to use birth control after your baby was born | N | Y |
| g. Talk with you about how eating fish containing high levels of mercury could affect your baby? | N | Y |
| h. Talk with you about the bacteria group B Strep (or beta Strep)? | N | Y |

State-developed

CO65. At any time during your prenatal care, did a doctor, nurse, or other health care worker---

- | | No | Yes |
|---|----|-----|
| a. Talk to you about the signs and symptoms of preterm labor | N | Y |
| b. Talk to you about getting your baby's hearing tested after birth | N | Y |

MS58. At anytime during your prenatal care, did you have your blood drawn to test for birth defects?

- No
- Yes
- I don't know

MS59. What were your reasons for not having your blood drawn? Check all that apply

- I was not told about it
- I did not understand the reason for the test
- I do not like having my blood drawn
- I heard the results are unreliable
- I did not want to know if my baby had birth defects
- If a birth defect were found, one of my options would have been to have an abortion
- The cost of the blood test was too high

NC65. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk to you about any of the things listed below? For each item, circle Y (Yes) if someone talked to you about it or circle N (No) if no one talked to you about it.

- | | No | Yes |
|--|----|-----|
| a. The "baby blues" or postpartum depression | N | Y |
| b. The bacteria B Strep (or Beta Strep) that mothers can pass to their newborns during birth | N | Y |
| c. Placing your baby to sleep on his or her back or side | N | Y |
| d. If someone was hurting you emotionally | N | Y |

NY75. This question is about things that a doctor, nurse or other health care worker might have talked with you about when you went for prenatal care during your most recent pregnancy. For each thing, circle Y (Yes) if someone talked with you about it or N (No) if they did not.

- | | No | Yes |
|--|----|-----|
| a. How long to wait before having another baby | N | Y |
| b. The "baby blues" (postpartum depression) | N | Y |

OK69. During your most recent pregnancy, did a doctor, nurse or other health worker talk with you about any of the following? (Please count only discussions, not reading materials or videos.) For each item, circle Y (Yes) if someone talked with you about it or N (No) if no one talked with you about it.

- | | No | Yes |
|--|----|-----|
| a. The types of food to eat during pregnancy | N | Y |
| b. Appropriate amount of weight to gain | N | Y |
| c. Exercise during pregnancy | N | Y |
| d. How long to wait before having another baby | N | Y |
| e. Postpartum depression | N | Y |

OR70. 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?

- Yes, during my prenatal care visits
- Yes, after my delivery
- Yes, both times
- No
- No, I did not smoke at that time

OR71. 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?

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

RI71. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about the benefits and risks of taking antidepressants during pregnancy?

- No
- Yes

RI72. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker talk to you about the following things? For each item, circle Y (Yes) if it applies to you or circle N (No) if it does not.

- | | No | Yes |
|---|----|-----|
| a. "Baby blues" or postpartum depression | N | Y |
| b. Getting your blood tested for hepatitis C virus (the virus that can hurt your liver) | N | Y |

WA65. At any time during your pregnancy, did a doctor, nurse, or other health care worker talk to you about the following things? For each thing, circle Y (Yes) if it applies to you, N (No) if it does not apply to you, or DK (Don't Know) if you are unsure.

- | | No | Yes | Don't Know |
|---|----|-----|------------|
| a. "Baby blues" or postpartum depression | N | Y | DK |
| b. How much weight you should gain during your pregnancy | N | Y | DK |
| c. Diseases or birth defects that could run in your family or your partner's family | N | Y | DK |

WV85. 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 thing, circle Y (Yes) if someone talked to you about it or N (No) if no one talked to you about it.

- | | No | Yes |
|---|----|-----|
| a. Childbirth education (classes on labor and delivery) | N | Y |
| b. High Risk Birth Score Program | N | Y |
| c. Parenting classes..... | N | Y |
| d. Right From the Start Program | N | Y |
| e. Immunization (shots) for your baby | N | Y |
| f. Diabetes (how it may affect you and your baby) | N | Y |

C. LOCATION

Standard

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

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- State-specific*
- State-specific*
- Other → Please tell us: [BOX]

Used by: AR18, CO19, GA18, IL19, LA20, ME19, NC19, NE19, NY20, NYC19, OR19, TX19, UT24, WV19, MO22, PA19, WY19

State Options

At home (OR)

Community clinic (MN)

Community health center (NE, NY)

Community health clinic (CO, IL, UT)

Family practice residency program (ME)

Health center (ME)

Indian Health Service or Tribal clinic (MN, NE)

Midwife (ME)

Midwife's office (OR)

Military facility (GA)

Neighborhood clinic or community-based clinic (MIC, CHN, etc.) (NYC)

Non-nurse midwife's office or home (AR)

Nurse midwife's office (AR)

Private doctor's office or HMO clinic (this includes obstetricians) (ME)

Community Health Center (PA)

Midwife (PA)

State-developed

SD18. During your most recent pregnancy, where did you go *most of the time* for your prenatal visits? Do not count a visit that was only for a pregnancy test or for WIC.

Indian Health Service (IHS) Clinic or

Hospital

Tribal Health Clinic

Native Women's Health Center

Private office, for example, a doctor, midwife, nurse practitioner

Other → Please tell us:

[Box]

SD19. During your most recent pregnancy, did you also go *anywhere else* for regular prenatal visits besides the place you went most of the time? Do not include visits for WIC or visits to see a specialist.

No
Yes

D. SATISFACTION

Standard

R1. We would like to know how you felt 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, circle Y (Yes) if you were satisfied or circle N (No) if you were not satisfied.

Were you satisfied with—

	No	Yes
a. The amount of time you had to wait after you arrived for your visits	N	Y
b. The amount of time the doctor or nurse spent with you during your visits	N	Y
c. The advice you got on how to take care of yourself.....	N	Y
d. The understanding and respect that the staff showed toward you as a person.....	N	Y

Used by: MN23, NE22, NYC22, SC21, TX22, UT27, WV22, MO25, PA22

Related topics

Maternal Health Care, Discrimination

E. INITIATION

Core

15. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

[BOX] Weeks OR [BOX] Months

- I didn't go for prenatal care

F. GROUP B STREP

Standard

R6. Have you ever heard of the bacteria Group B Strep (Beta Strep) that mothers can pass to their newborns during birth?

- No
 Yes

Used by: GA23

R7. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about the bacteria Group B Strep (Beta Strep)?

- No
- Yes

Used by: GA24, WA20

State options

WA20: R7 is option h.

R8. At any time during your most recent pregnancy, did you get tested for the bacteria Group B Strep (Beta Strep)?

- No
- Yes
- I don't know

Used by: AR21, GA25, UT30

G. TOXOPLASMOSIS

Standard

R9. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about getting your blood tested for the disease called toxoplasmosis?

- No
- Yes

Used by: None of the states used this question in 2004-2008

R10. 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, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

- | | No | Yes |
|---|----|-----|
| a. Not touching your mouth or eyes while handling raw meat..... | N | Y |
| b. Cooking meat to "well done" | N | Y |
| c. Washing hands and utensils after handling raw meat..... | N | Y |
| d. Washing hands after contact with soil, sand, litter, or any other material that may be contaminated with cat feces | N | Y |
| e. Not feeding cats raw or undercooked meat | N | Y |

Used by: None of the states used this question in 2004-2008

R11. At any time during your most recent pregnancy, did you have a blood test for the disease called toxoplasmosis?

- No
- Yes

- I don't know

Used by: None of the states used this question in 2004-2008

H. NUTRITION AND FOOD SAFETY

Standard

R12. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about taking a multivitamin or a prenatal vitamin *during your pregnancy*? These are pills that contain many different vitamins and minerals.

- No
- Yes

Used by: GA21

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: ME66, OR24, WA20

State options

ME67. At any time during your prenatal care, did a doctor, nurse, or other health care worker give you a *brochure* about mercury levels in fish and safe eating guidelines to protect you and your baby?

- No
- Yes

In WA20 R14 is option g.

I. SPECIALIST CARE

Standard

R13. At any time during your most recent pregnancy, did your regular prenatal care provider ask you to see a *specialist doctor* for help with any health problem(s)?

- No
- Yes

Used by: None of the states used this question in 2004-2008

28. QUESTIONNAIRE DETAILS

Core

56. What is today's date?

[BOX] [BOX] [BOX]
Month Day Year

29. REPRODUCTIVE HISTORY

A. AGE AT MENARCHE AND CONCEPTION OF FIRST BIRTH

Standard

P7. How old were you when you had your first menstrual period?

[BOX] Years old

Used by: MD11, DE11

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

[BOX] Years old

Used by: LA11, MD12, SC10, DE11, MO10

State developed

OK77a. How old were you when your *first* baby was born?

_____ Years old

OK77b. How old was the baby's father when your *first* baby was born?

_____ Years old

B. PREVIOUS PREGNANCY OUTCOME

Core

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

- No
- Yes

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

- No
- Yes

9. *Was the baby just before your new one born more than 3 weeks before its due date?*

- No
- Yes

Standard

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: AK63, MD65, DE64, WI65

If you had more than one miscarriage, fetal death, or stillbirth during the *12 months before* you got pregnant with your new baby, please answer the next two questions for the most recent one.

FF2. How long did that pregnancy *last*?

- Less than 20 weeks (less than 4 months)
- 20 to 28 weeks (4 to 6 months)
- More than 28 weeks (more than 6 months)

Used by: MD66, DE65

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: None of the states used this question in 2004-2008

30. SLEEPING BEHAVIORS

Core

48. How 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

Standard

F1. How often does your new baby sleep in the same bed with you or anyone else?

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: AK53, AL55, FL62, GA69, LA60, ME56, MI52, MN57, NE55, NJ56, NYC58, OH53, OR57, SC53, UT63, VT63, WA55, WV63, DE54, MO62, PA58, TN61, VA55, WI54, WY55

State-Developed

MI72. Do you have a crib or portable crib?

- No
- Yes

MI73. How often does your new baby sleep alone in a crib or portable crib?

- Always
- Often
- Sometimes
- Rarely
- Never

MI74. During your most recent pregnancy or after your new baby was born, did you receive any information or advice on the following? Check all that apply

- Placing your baby in a crib or portable crib to sleep
- Placing your baby on his or her back to sleep
- Placing your baby on a firm mattress
- Placing your baby to sleep without pillows, bumper pads, plush blankets, or stuffed toys
- I did not receive any information on where, how, or on what my new baby should sleep

MI75. From whom or where did you get the information or advice that you received? Check all that apply

- Your mother
- Your grandmother
- Other family member or friend
- TV or Radio
- A home health visitor
- Your hospital nurse
- Your obstetrician or midwife
- Your baby's doctor
- Other → Please tell us:

NYC74. Did a doctor, nurse or other health care worker talk with you about how to lay your new baby down to sleep?

- No
- Yes

NYC75. In the *last month*, where did your new baby *usually* sleep? Check one answer.

- In a crib, cradle, or bassinet
- On an adult bed or mattress
- On a sofa or couch
- In a car seat or infant seat
- Someplace else? Please tell us: _____

NYC76. Does your new baby *usually* sleep with any pillows or stuffed toys?

- No
- Yes

OR73a. Do you ever put your baby to bed with a bottle?

- No
- Yes

OR73b. What do you put in the bottles that your baby takes to bed? Check all that apply

- Water
- Something other than water

RI73. Listed below are some things that describe the care of your new baby. For each item, circle A if it always applies to you, circle S if it sometimes applies to you, or circle N if it never applies to you.

- | | Never | Sometimes | Always |
|--|-------|-----------|--------|
| b. My new baby sleeps on something soft, like a fluffy blanket or comforter, soft pillow, featherbed, or sheepskin | N | S | A |
| c. My new baby sleeps in the same bed with me or with someone else. | N | S | A |

MA72. In the *last month*, where did your new baby *usually* sleep? Check one answer

- In a crib, cradle, or bassinet
- On an adult bed or mattress with you or another person(s)
- On an adult bed or mattress alone
- On a sofa or couch
- In a car seat or infant seat
- Someplace else? → Please tell us: [BOX]

Related Topics
Injury Prevention/Safety
Prenatal Care, Content

31. SMOKE EXPOSURE

A. INFANT

Core

47. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

[BOX] Hours

- Less than 1 hour a day
- My baby is never in the same room with someone who is smoking

B. MATERNAL

Standard

- AA4. During your most recent pregnancy, about how many hours a day, on average, were you in the same room with another person who was smoking?

[BOX] Hours

- Less than 1 hour a day
- I was never in the same room with someone who was smoking

Used by: AK68, NY77, OK63, SD67

- AA5. Which of the following statements best describes the rules about smoking *inside* your home during your most recent pregnancy? 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: NJ76, NY78, VT74, WA67, PA70

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

[BOX] Number of smokers

Used by: NC66, NY79

State-developed

NJ75. Did other employees frequently smoke in your work area or in public areas while you were there?

- No
- Yes

C. GENERAL

Standard

AA7. Which of the following statements best describes the rules about smoking *inside* your home now? 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: AR78, ME81, NJ77, OR79, VT75, WA76, SD76, PA80

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

[BOX] Number of smokers

Used by: NY80

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

- No
- Yes

Used by: CO30, NJ31, WV36, MO37, WI29

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

- No
- Yes

Used by: CO31, NJ32, WV37, WI30

State-developed

OR71. 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?

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

OR78. Not including yourself, is there anyone in your household who smokes cigarettes, cigars, or pipes?

- No
- Yes

Related Topics

Drug Use, Tobacco

Physical Activity and Work

32. SOCIAL SERVICES

A. WIC

Core

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

- No
- Yes

Standard

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

- No
- Yes

Used by: AL24, AR30, NJ23, NY26, WV29, MO30

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

- No
- Yes

Used by: IL81, ME71, MI76, NY83, WV82

State-Developed

ME72. Why wasn't your new baby enrolled in WIC? Check all that apply.

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

MI77. Why wasn't your new baby enrolled in WIC? Check all that apply

- My baby was not eligible
- I didn't know about WIC
- I didn't want to enroll my baby
- Other → Please tell us:

Related Topics

Breastfeeding

B. GOVERNMENT ASSISTANCE

Standard

V4. At any time during the *last 2 years*, have you or any member of your household considered seeking help from the government because your income was low?

- No
- Yes

Used by: None of the states used this question in 2004-2008

V5. Did you or any member of your household apply for government payments such as welfare, TANF (Temporary Assistance for Needy Families), or other public assistance?

- No
- Yes

Used by: UT80

State-developed

WY72. *During the past 12 months*, did you or any member of your household apply for government payments such as welfare, TANF (Temporary Assistance for Needy Families), or other public assistance?

- No
- Yes

V6. Did any of these things keep you from applying for government help? Check all that apply

- I didn't think I could get help because my household made too much money
- I didn't know how to apply
- There was too much paperwork
- I didn't want to use up my benefits
- I didn't think I could get help because I am from another country
- Other → Please tell us: [BOX]

Used by: UT81, WY73

V7. Did any of these happen to you when you applied for government assistance? Check all that apply

- I received assistance
- I was told I made too much money to get assistance
- I was told I shouldn't apply because I might need my benefits later
- I was told I couldn't get assistance because I am from another country

Used by: None of the states used this question in 2004-2008

V8. Between the time you got pregnant and now, have you applied for TANF (Temporary Assistance for Needy Families or welfare)?

- No
- Yes

Used by: IL82

V9. Did you get TANF (welfare)?

- No
- Yes

Used by: WY74

V10. Why didn't you get TANF (welfare)? Check all that apply

- I was ineligible because of my income
- I had reached my time limit
- I had to fulfill work or other requirements
- I had to return on another day to apply
- I had previously lost TANF for another reason (administrative reasons, sanctions, etc.)
- I am not a U.S. citizen
- Other → Please tell us: [BOX]

Used by: WY75

Related Topics

Health Insurance, Infant

Health Insurance, Maternal

C. OTHER PREGNANCY AND INFANT SERVICES

Standard

V1. During your most recent pregnancy, did you get any of these services? For each one, circle Y (Yes) if you got the service or circle N (No) if you did not get it.

	No	Yes
a. Childbirth classes	N	Y
b. Parenting classes	N	Y
c. Classes on how to stop smoking	N	Y
d. Visits to your home by a nurse or other health care worker	N	Y
e. Food stamps	N	Y
f. TANF (welfare).....	N	Y

Used by: IL78, LA78, NE69, NJ78, NY81, WV80, DE70, VA70, WY67

State options
 IL removed option 'c' above
 NC Retained options a, b, d, and e and add 2 more options-Help to quit smoking and
 Work First (formerly AFDC)

State-developed

SD72

(Modified from V2; question text to say "received" instead of "used" and response options f and i are state-developed)

V2. *Since your new baby was born, have you received any of these services? For each one, circle Y (Yes) if you received the service or circle N (No) if you did not receive the service.*

Have you received --

- a. Dental care N Y
 - b. A health check up for yourself..... N Y
 - c. Healthy Start Home Visits (available on reservations only) N Y
 - d. Public Health Nurse Home Visits N Y
 - e. WIC..... N Y
 - f. Help to quit smoking or to not start smoking again N Y
 - g. Advice from a doctor, nurse, or other health care worker
 about birth control N Y
 - h. Food stamps, commodities, or food from a food pantry.... N Y
 - i. Help with an alcohol or drug problem N Y
 - j. Help to reduce violence in your home N Y
 - k. Counseling for family and personal problems N Y
 - l. Help with or information about breastfeeding N Y
 - m. Help with installing an infant car seat N Y
 - n. Other..... N Y
- Please tell us: [box]

V11. *During your most recent pregnancy, did you feel you needed any of the following services? For each one, circle Y (Yes) if you felt you needed the service or N (No) if you did not feel you needed the service.*

Did you need—

- | | No | Yes |
|--|----|-----|
| a. Money to buy food, food stamps, or WIC vouchers | N | Y |
| b. Help with an alcohol or drug problem | N | Y |
| c. Help to reduce violence in your home | N | Y |
| d. Counseling information for family and personal problems | N | Y |
| e. Help to quit smoking..... | N | Y |
| f. Help with or information about breastfeeding | N | Y |
| g. Other..... | N | Y |
- Please tell us: [BOX]

Used by: MN72, OK65, SC66, TX79, WI66

State options

SC: deleted option 'a' above, replaced with two new options: a. Childbirth classes, b. Parenting classes. Other options labeled c-h

OK: retained but renumbered options b-f, option 'a' modified, other options are new.

OK65. During your most recent pregnancy, did you feel you needed any of the following services? For each thing, circle Y (Yes) if you felt you needed the service or N (No) if you did not feel you needed the service.

Did you need—

	No	Yes
a. Dental care	N	Y
b. Help with or information about breastfeeding	N	Y
c. Help to quit smoking	N	Y
d. Help with an alcohol or drug problem	N	Y
e. Counseling information for family and personal problems	N	Y
f. Help to reduce violence in your home	N	Y
g. Food stamps, WIC vouchers, or money to buy food	N	Y
h. Other..... Please tell us _____		

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

Did you *receive*—

	No	Yes
a. Money to buy food, food stamps, or WIC vouchers	N	Y
b. Help with an alcohol or drug problem	N	Y
c. Help to reduce violence in your home	N	Y
d. Counseling information for family and personal problems	N	Y
e. Help to quit smoking.....	N	Y
f. Help with or information about breastfeeding	N	Y
g. Other.....	N	Y

Please tell us: [BOX]

Used by: OK66, OR69, SC67, TX80, WI67

State options

OK: retained but renumbered options b-f, option 'a' modified, other options new

OR: retained options b-e only

SC: deleted option 'a' above, replaced with two new options: a. Childbirth classes, b. Parenting classes. Other options labeled c-h

State-developed

(Modified from V12, response options b, c, and e are state-developed)

SD69. *During your most recent pregnancy*, did you receive any of the following services?

For each one, circle Y (Yes) if you received the service or N (No) if you did not receive the service.

Did you receive—

a. Dental care	NY
b. Healthy Start Home Visits (available on reservations only)	NY
c. Public Health Nurse Home Visits	NY

- d. Help to quit smoking or to not start smoking again NY
- e. Food stamps, commodities, or food from a food pantry... NY
- f. Help with an alcohol or drug problem NY
- g. Help to reduce violence in your home..... NY
- h. Counseling for family and personal problems NY
- i. Information about breastfeeding NY

OK66. During your most recent pregnancy, did you receive any of the following services? For each thing, circle Y (Yes) if you received the service or N (No) if you did not receive the service.

Did you <u>receive</u> —	No	Yes
a. Dental care	N	Y
b. Help with or information about breastfeeding	N	Y
c. Help to quit smoking	N	Y
d. Help with an alcohol or drug problem	N	Y
e. Counseling information for family and personal problems	N	Y
f. Help to reduce violence in your home	N	Y
g. Food stamps, WIC vouchers, or money to buy food	N	Y
h. Other..... Please tell us_____		

State-Developed

ME73. After the birth of your new baby, did a nurse or someone else from a home visiting program visit you at home? (Home visiting programs include Healthy Families, Parents as Teachers, Parents as Teachers, Too.)

- No
- Yes

NJ71. Did you use any of these New Jersey programs while you were pregnant or since your new baby was born? Circle Y (Yes) if you used the program or circle N (No) if you did not use it.

	No	Yes
a. NJ Quitline, a toll-free telephone hotline to help people quit smoking.....	N	Y
b. NJ Quitnet, an Internet web-site to help people quit smoking	N	Y
c. NJ Quitcenter, a counseling program to help people quit smoking	N	Y

NM58. During the *12 months before* your new baby was born, did you participate in any of these programs? Circle Y (Yes) if you did participate or N (no) if you did not.

TANF or Welfare to Work.	N	Y
New Mexico Food Stamps Program	N	Y

NM64. During your most recent pregnancy, did you participate in any of these services? Circle Y (Yes) if you did participate or N (no) if you did not.

a. Breastfeeding class or support group	N	Y
b. Parenting class or support group	N	Y
c. Nutrition class or discussion group	N	Y

d. Counseling about a personal or family problem	N	Y
e. Home visiting services by a nurse, social worker, or other health care worker	N	Y
f. A program for pregnant or parenting teens	N	Y
g. Families FIRST	N	Y
h. Program for protection from family violence	N	Y
i. Program to stop using drugs or alcohol	N	Y
j. A class or support group to stop smoking cigarettes	N	Y
k. I did not participate in any of the above	N	Y

NM65. *Since your new baby was born*, have you participated in any of these services? Circle Y (Yes) if you did participate or N (no) if you did not.

a. Breastfeeding class or support group	N	Y
b. Parenting class or support group	N	Y
c. Nutrition class or discussion group	N	Y
d. Counseling about a personal or family problem	N	Y
e. Home visiting services by a nurse, social worker, or other health care worker	N	Y
f. A program for pregnant or parenting teens	N	Y
g. Families FIRST	N	Y
h. Program for protection from family violence	N	Y
i. Program to stop using drugs or alcohol	N	Y
j. A class or support group to stop smoking cigarettes	N	Y
k. I did not participate in any of the above	N	Y

NM68. *Since your new baby was born*, have you or your baby received any home visiting services by a nurse, social worker, or other health care worker?

- No
- Yes

NM69. *Since your new baby was born*, how many times have you or your baby received home visiting services? Check one answer

- Only one visit
- 2 or 3 times
- 4 or more times

NC69. During your most recent pregnancy, did you get any of these services? Circle Y (Yes) if you got the service or circle N (No) if you did not get it.

	No	Yes
a. Childbirth classes	N	Y
b. Parenting classes	N	Y
c. Help to quit smoking	N	Y
d. Visits to your home by a nurse or other health care worker	N	Y
e. Food stamps	N	Y
f. Work First (formerly AFDC)	N	Y

NC76. Please tell us if you have heard of the following North Carolina programs. For each item, circle Y (Yes) if you heard about it or circle N (No) if you did not.

	No	Yes
a. First Step Hotline	N	Y
b. Smart Start	N	Y
c. Baby Love	N	Y
d. Child Service Coordination (CSC)	N	Y
e. WIC	N	Y
f. Health Check/NC Health Choice for Children	N	Y
g. Child Resource Line	N	Y
h. Family Support Network	N	Y
i. NC Family Health Resource Line (1-800-367-2229)	N	Y
j. Children's Specialized Services Help Line (1-800-737-3028)	N	Y

WV85. 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 thing, circle Y (Yes) if someone talked to you about it or N (No) if no one talked to you about it.

	No	Yes
a. Childbirth education (classes on labor and delivery)	N	Y
b. High Risk Birth Score Program	N	Y
c. Parenting classes	N	Y
d. Right From the Start Program..		
e. Immunization (shots) for your baby	N	Y
f. Diabetes (how it may affect you and your baby)	N	Y

N
Y

WY70. How old was your baby at the time you were visited at home by your Public Health Nurse?

- Less than 1 week old
- More than 1 week old, but less than 2 weeks old
- More than 2 weeks old
- We were not visited at home → Go to Question 72

WY71. What part of the home visit was most helpful? Check all that apply

- Having someone to offer me support and reassurance
- Answering my questions about care of my baby
- Having someone check to make sure my baby is healthy
- Weighing and measuring my baby
- Help with breastfeeding
- Help with bottle-feeding
- Information on programs and services that are available
- Help and information on my baby's special needs (prematurity, cleft lip/palate, cardiac condition, etc.)
- Checking up on my own health

- Birth control information
- Nothing in the visit was helpful
- Other → Please tell us:
[Box]

Related Topics

Breastfeeding

Drug Use

Prenatal Care, Content

Social Support

33. SOCIAL SUPPORT

Standard

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
- Someone else → Please tell us: [BOX]
- No one would have helped me

Used by: NYC72

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

	No	Yes
a. Someone to loan me \$50	N	Y
b. Someone to help me if I were sick and needed to be in bed.....	N	Y
c. Someone to take me to the clinic or doctor's office if I needed a ride	N	Y
d. Someone to talk with about my problems.....	N	Y

Used by: NYC73, OK67, TX81, WA68, DE71, VA71

State options

OK changed the order of the items to b, d, a, c

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
- Someone else → Please tell us: [BOX]
- No one would help me

Used by: MN74, SD71

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

	No	Yes
a. Someone to loan me \$50	N	Y
b. Someone to help me if I were sick and needed to be in bed.....	N	Y
c. Someone to talk with about my problems.....	N	Y
d. Someone to take care of my baby.....	N	Y
e. Someone to help me if I were tired and feeling frustrated with my		

new babyN Y

Used by: NC72, OK71, RI79

State options

OK changed the order of the items to b, c, d, a, e

RI moved option e to option d and added a new option e 'Someone to take me and my baby to the doctor's office if I had no other way of getting there.'

State-Developed

NM70. *Since your new baby was born*, whom have you counted on for support or help? Include those you *often* rely on for housekeeping, childcare, money, or help with problems. Circle Y (Yes) if you can count on the person(s) or N (No) if you cannot.

- | | | |
|--------------------------------------|---|---|
| My husband or partner | N | Y |
| A family member, friend, or neighbor | N | Y |
| A paid sitter or nanny | N | Y |
| Day-care center staff | N | Y |
| Someone else---Please tell us who: | N | Y |
| <hr/> | | |
| I cannot count on anyone | N | Y |

RI78. In general, how easy is it to calm your baby when he or she is crying or fussing? Check one answer

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

Related Topics

- Abuse
- Household Characteristics
- Mental Health
- Social Services
- Stress

34. STRESS

A. GENERAL

Core

31. This question is about things that may have happened during the *12 months before* your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to use the calendar.)

	No	Yes
a. A close family member was very sick and had to go into the hospital.....	N	Y
b. I got separated or divorced from my husband or partner	N	Y
c. I moved to a new address	N	Y
d. I was homeless	N	Y
e. My husband or partner lost his job	N	Y
f. I lost my job even though I wanted to go on working	N	Y
g. I argued with my husband or partner more than usual.....	N	Y
h. My husband or partner said he didn't want me to be pregnant	N	Y
i. I had a lot of bills I couldn't pay	N	Y
j. I was in a physical fight	N	Y
k. I or my husband or partner went to jail	N	Y
l. Someone very close to me had a bad problem with drinking or drugs.....	N	Y
m. Someone very close to me died	N	Y

Standard

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: MD38, PA39, TN40

P16. During the *12 months before* your new baby was born, did you do any of the following things because you felt it was unsafe to leave or return to the neighborhood where you lived? For each item, circle Y (Yes) if you did it or circle N (No) if you did not.

	No	Yes
a. I missed doctor or other appointments	N	Y
b. I limited grocery or other shopping	N	Y
c. I stayed with other family members or friends	N	Y

Used by: MD39, PA40

State-Developed

RI78. In general, how easy is it to calm your baby when he or she is crying or fussing? Check one answer

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

B. DISCRIMINATION

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: NC36, NYC38, WA37, TN41, WI35

State-Developed

CO71. This question is about things that may have happened during the *12 months before your new baby was born*. For each item, circle Y (Yes) if it happened to you or N (No) if it did not. (It may help to use the calendar.)

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

MI67. This question is about things that may have happened during the *12 months before your new baby was born*. For each item, circle Y (Yes) if this happened to you or N (No) if it did not. No Yes

- a. You felt that when you went to get health care you were treated worse than people of other races.....N Y
- b. You felt that your race or ethnic background contributed to the stress in your life.....N Y
- c. You felt emotionally upset (for example angry, sad, or frustrated) as a result of how you were treated based on your race or ethnic background.....N Y
- d. You experienced physical symptoms (for example a headache, an upset stomach, tensing of your muscles, or a pounding heart) that you felt were related to how you were treated based on your race or ethnic backgroundN Y
- e. You felt afraid of your partner or of someone living in your home.....N Y
- f. You felt controlled or isolated by your partner or someone living in your home.....N Y
- g. You were repeatedly called names, told you were worthless or ugly, or verbally threatened by a partner or someone important to you.N Y
- h. You sought medical care for an injury caused by someone pushing,

- | | | | |
|----|---|---|---|
| | hitting, slapping, kicking, choking, or otherwise hurting you | N | Y |
| i. | You were forced to do sexual things that you did not want to do..... | N | Y |
| j. | You were forced to have sex with someone who refused to practice
safe sex with you | N | Y |

NM63. During pregnancy, you probably had to get different kinds of health-related services. These may have included clinic visits, doctor's or nurse's office visits, applying for health insurance, applying for Medicaid, or getting help for a family problem. Did you ever feel you were treated unfairly in getting these kinds of services because of any of the following? Circle Y(Yes) if you were treated *unfairly* or N (No) if you were treated *fairly*.

- | | | |
|--|---|---|
| Your race | N | Y |
| Your age | N | Y |
| Your language | N | Y |
| Your citizenship | N | Y |
| Your inability to pay | N | Y |
| I felt unfairly treated but don't know why | N | Y |
| I have not been treated unfairly | N | Y |

I felt unfairly treated for other reasons (please tell us):

SD63. During the *12 months before* your *new* baby was born, did you ever feel that when you went to get health care, you were treated worse than people of other races?

- No
- Yes

Related Topics
 Abuse
 Child Care
 Household characteristics
 Maternal Health Care, Discrimination
 Physical Activity and Work