

PRAMS

Phase 6 Questionnaire

Topic Reference

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ABOUT THIS DOCUMENT

This document includes all core, standard, and state-developed questions available for the Pregnancy Risk Assessment Monitoring System (PRAMS) Phase Six 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 |
|---------------|------------------|-----|---|
| Fall 2008 | Created document | CDC | By Tricia Vannatter, Tonya Stancil, Denise D'Angelo |

1. ABUSE

A. PHYSICAL

Core

34. During the 12 months before you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
Yes

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

- 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—

Table with 2 columns: Question, No, Yes. Rows include: a. Your husband or partner threatened you or made you feel unsafe in some way; b. You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner; c. Your husband or partner tried to control your daily activities; d. Your husband or partner forced you to take part in touching or any sexual activity when you did not want to.

Used by: AR77, PA71, SC70

Z2. This question is about things that may have happened since your new baby was born. For each thing, circle Y (Yes) if it happened to you or circle N (No) if it did not.

Since your new baby was born—

Table with 2 columns: Question, No, Yes. Rows include: a. Your husband or partner threatened you or made you feel unsafe in some way; b. You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner.

- c. Your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could goN Y
- d. Your husband or partner forced you to take part in touching or any sexual activity when you did not want toN Y

Used by: MA73, PA76

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

- No
- Yes

Used by: AR44, NE40, VA41

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

- No
- Yes

Used by: AR47, NE42, VA44

(formerly core 32a)

Z5. During the 12 months before you got pregnant with your new baby, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

Used by: AL38, AR43, HI43, VA40,

(formerly core 33a)

Z6. 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

Used by: AL40, AR46, HI45, VA43,

(new)

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

- No
- Yes

Used by: None of the states used this question in Phase 6.

(new)

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

- No
- Yes

Used by: None of the states used this question in Phase 6.

(new)

Z9. During any of the following time periods, did your husband or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way? For each time period, 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 |

Used by: AK71

(new)

Z10. 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

Used by: None of the states used this question in Phase 6.

(new)

Z11. Since your new baby was born, has your current husband or partner pushed, hit, slapped, kicked, choked, or physically hurt you in any other way?

- No
- Yes

Used by: None of the states used this question in Phase 6.

(new)

Z12. Since your new baby was born, has anyone else physically hurt you in any way?

- No
- Yes

Used by: None of the states used this question in Phase 6.

State-Developed

AK66. During the 12 months before you got pregnant with your new baby, did you ever call the police because you felt threatened by your husband or partner? Include calls to 911, Alaska State Troopers, or Village Public Safety Officers (VPSOs).

No
Yes

VT72. During your most recent pregnancy, did your husband or partner threaten you or make you feel unsafe in some way?

No
Yes
(Note: This is Z1a.)

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 |
| d. Your husband or partner forced you to take part in touching or any sexual activity when you did not want to | N | Y |

Used by: AR77, PA71, SC70

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

Since your new baby was born—

| | 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 |
| d. Your husband or partner forced you to take part in touching or any sexual activity when you did not want to..... | N | Y |

Used by: MA73, PA76

C. SEXUAL

Standard

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

Since your new baby was born—

- | | 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 |
| d. Your husband or partner forced you to take part in touching or any sexual activity when you did not want to | N | Y |

Used by: MA73, PA76

Related Topics

Prenatal Care, Content
Social Support

2. ASSISTED REPRODUCTION

Standard

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

- No = Go to Question ##
- Yes

Used by: DE16, IL15, MD19, NE15, NY15, UT18, MA17, MO16, VA16, MI20

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

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

Used by: DE17, MD20, NY16, MA18

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

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

Used by: None of the states used this question in Phase 6.

(new)

A5. How many cycles of fertility treatments (complete or incomplete) did you have before you got pregnant with your *new* baby?

- 1 cycle
- 2 to 3 cycles
- 4 to 6 cycles
- 7 or more cycles

Used by: NY17, UT19

State-developed

NYC60. **Did you receive medical treatment to help you get pregnant with your new baby?**

- No → Go to Question 62
- Yes

NYC61. **Which treatment(s) did you receive?** Check all that apply

Drugs to help you ovulate
Artificial/ intrauterine insemination
In vitro fertilization (IVF)
Egg donation
Other
Please tell us:
[BOX]

Related Topics

Pregnancy Intention

3. BREASTFEEDING

Core

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

- No = Go to Question 48b
- Yes

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

- No = Go to Question 48a
- Yes

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

[BOX] Weeks OR [BOX] Months

- Less than 1 week

48a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

[BOX] Weeks OR [BOX] Months

- My baby was less than 1 week old
- My baby has not had any liquids other than breast milk
-

48b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food or any other food)?

[BOX] Weeks OR [BOX] Months

- My baby was less than 1 week old
- My baby has not eaten any foods

Standard

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

- My baby was sick and was not able to 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 tried but it was too hard
- I didn't want to
- 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: AL51, GA64, IL54, LA54, NC47, NJ52, RI50, SC51, TN58, TX54, VA55, VT57, WV55, WI50

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

- My baby had difficulty latching or nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My nipples were sore, cracked, or bleeding
- It was too hard, painful, or too time consuming
- 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 was not able to breastfeed
- I went back to work or school
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other → Please tell us: **[BOX]**

Used by: AL54, CO56, GA67, HI60, IL57, MI66, MN53, NC50, NE56, NM52, NYC49, OH60, TN61, UT62, VA58, VT60

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 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 breast pump to use..... | N | Y |
| i. The hospital gave me a gift pack with formula..... | N | Y |
| j. The hospital gave me a telephone number to call for help with breastfeeding | N | Y |
| k. My baby used a pacifier in the hospital..... | N | Y |

Used by: AK56, AL55, AR60, CO57, LA57, ME62, MN54, NC51, NE57, NJ55, NY58, NYC50, OR56, TX57, VT61, WV58

State options

NE: Retained only options a, c, e, f, and i and they bolded 'with formula' in option i.

WV: Retained a, b, c, h, i, j, and k.

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: NY54, OH56

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

- No = Go to Question ##
- Yes

Used by: OH62

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: OH63

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

- No
- Yes

Used by: AL24, AR30, GA38, MO30, NJ25

(new)

B8. During *your most recent* pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?

- No
- Yes

Used by: MI33, OH32, WV28

(new)

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

- a. Someone answered my questions about breastfeeding
- b. I was offered a class on breastfeeding
- c. I attended a class on breastfeeding
- d. I decided or planned to feed *only* breast milk to my baby
- e. I discussed feeding only breast milk to my baby with my family
- f. I discussed feeding only breast milk to my baby with my health care worker
- g. I planned to breastfeed within the first hour after giving birth

Used by: None of the states used this question in Phase 6.

State-Developed

OK65. For what reasons did you stop breastfeeding *your new baby*? Check all that apply

My baby had difficulty nursing or latching
I didn't have enough milk (or I ran out of milk)
It was too painful
I went back to work or school
I was sick or hospitalized and told I could not
I had no one to call or contact about breastfeeding
It was too time consuming
Other Please tell us [BOX]

VT78. At your workplace or school, what happens when a mother wants to breastfeed?

Check *all* that apply

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

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
- The baby is with me while I am at work or school -> Go to Question X
- Other → Please tell us: [BOX]

Used by: LA76, NE76

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?

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: NE77

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: HI70, NYC59, VT70

State-Developed

AK64. During the 12 months before you got pregnant with your new baby, did you have any problems getting birth control when you wanted or needed it?

- No
- Yes

AK65. Here is a list of things that may keep some women from getting birth control when they want it or need it. For each one, circle **Y** (Yes) if it applied to you during the 12 months before you got pregnant or circle **N** (No) if it did not.

| | No | Yes |
|---|----|-----|
| a. I didn't know where to go to get birth control. | N | Y |
| b. I couldn't get the type of birth control I wanted from my local clinic. | N | Y |
| c. I couldn't get an appointment when I wanted one | N | Y |
| d. I didn't have enough money or insurance to pay for my visit. | N | Y |
| e. I didn't have enough money or insurance to pay for the birth control method . . . | N | Y |
| f. My husband or partner didn't want me to use birth control or kept me from using birth control | N | Y |
| g. I didn't feel comfortable asking my local health care provider about birth control. | N | Y |
| h. I didn't have confidence in the health care providers at my local clinic. | N | Y |
| i. I was worried that my privacy wouldn't be protected if I went to my local clinic. | N | Y |
| j. Other Please tell us [BOX] | N | Y |

B. CONCEPTION

Core

13. 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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No

- Yes

14. What were your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant? Check all that apply

- I didn't mind if I got pregnant
- I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn't want to use anything
- Other → Please tell us: **[BOX]**

Standard

E3. When you got pregnant with your new baby, what were you or your husband or partner using to keep from getting pregnant? Check all that apply

- Tubes tied or closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Injection once every 3 months (Depo-Provera[®])
- Contraceptive implant (Implanon[®])
- Contraceptive patch (OrthoEvra[®])
- Diaphragm, cervical cap, or sponge
- Vaginal ring (NuvaRing[®])
- IUD (including Mirena[®])
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Emergency contraception (The "morning-after" pill)
- Other → Please tell us: **[BOX]**

Used by: AK15, CO15, FL19, MI19, NYC15, OH19, OR16, TN19

State options

AK: Dropped the first two options and all the options from 'Rhythm method' through 'Not having sex'

NYC: Dropped 'Contraceptive implant through 'Rhythm method' 'Not having sex', and 'Emergency contraception'

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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No

- Yes = **Go to Question 53a**

52. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*? Check all that apply

- I 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
- Injection once every 3 months (Depo-Provera[®])
- Contraceptive implant (Implanon[®])
- Contraceptive patch (OrthoEvra[®])
- Diaphragm, cervical cap, or sponge
- Vaginal ring (NuvaRing[®])
- IUD (including Mirena[®])
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Emergency contraception (The "morning-after" pill)
- Other → Please tell us: **[BOX]**

Used by: AL63, AR70, CO63, FL70, MI77, NC58, NE65, NYC56, OH68, OR63, RI60, SC62
TN71, UT68

State options

NYC: Dropped 'Contraceptive implant through 'Rhythm method' 'Not having sex', and 'Emergency contraception'

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: OH69, VA67

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 or c-section (when a doctor cuts through the mother's belly to bring out the baby)?

- No
- Yes

Used by: FL14, MA12

K2 was replaced by K8.

K3. How was your *new* baby delivered?

- Vaginally
- Cesarean delivery (c-section)

Used by: AK44, FL49, GA55, HI49, IL45, MA48, MD46, ME50, NM41, NY46, SC42, TX45, UT50

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

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

Used by: None of the states used this question in Phase 6

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: NE45, SC40

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

My health care provider recommended a cesarean delivery ***before*** I went into labor

My health care provider recommended a cesarean delivery while I was in labor

I asked for the cesarean delivery ***before*** I went into labor

I asked for the cesarean delivery while I was in labor

Used by: FL51, MA49, ME52, UT52

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

I had a previous cesarean delivery (c-section)
My baby was in the wrong position
I was past my due date
My health care provider worried that my baby was too big
I had a medical condition that made labor dangerous for me
My health care provider tried to induce my labor, but it didn't work
Labor was taking too long
The fetal monitor showed that my baby was having problems during labor
I wanted to schedule my delivery
I didn't want to have my baby vaginally
Other reason(s): Please tell us
[BOX]

Used by: AK45, FL50, GA56, HI50, IL46, MD47, ME51, NM42, NY47, SC43, TX46, UT51

K8. Had you planned or scheduled a caesarean delivery (c-section) at least one week before your *new* baby was born?

No
Yes

Used by: ME49, NY45

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

No
Yes
I don't know

Used by: AK43, ME47, MI55, TX43, UT48

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

My water broke and there was a fear of infection
I was past my due date
My health care provider worried about the size of the baby
My baby was not doing well and needed to be born
I had a health problem and needed to deliver the baby
I wanted to schedule my delivery
I wanted to give birth with a specific health care provider
OtherPlease tell us: _____

Used by: ME48, MI56, TX44, UT49

K11. After your baby was born, was he or she transferred to another hospital?

No
Yes

Used by: None of the states used this question in Phase 6.

K12. After your baby was born, were you transferred to another hospital?

No
Yes

Used by: None of the states used this question in Phase 6.

State-Developed

NJ75. When you first learned you were pregnant with your new baby, did you prefer that it be delivered vaginally (naturally) or by cesarean delivery?

- Vaginally
- By cesarean

NJ76. A week before your new baby was born, did you expect it to be delivered vaginally (naturally) or by cesarean delivery?

- Vaginally
- By cesarean

NJ77. During any of your prenatal care visits, did your doctor, nurse, or any other health care worker talk with you about the risks and benefits of vaginal (natural) versus cesarean delivery?

No
Yes

NJ78. How was your new baby delivered?

- Vaginally - Go to Question 80
- I went into labor but had to have a cesarean delivery
- I didn't go into labor and had a cesarean delivery

NJ79. Why did you decide to deliver your baby by cesarean?

- My doctor/midwife recommended it for medical reasons
- I preferred it for personal reasons (not medical)

OK61. If you had a cesarean section (c-section) with your new baby, why did you have one? Check all that apply

I didn't have a c-section
I had a previous c-section
I was past my due date

There were medical reasons (for example: baby was in the wrong (breech) position, baby was in distress, long labor, etc.)
My labor was induced, but it didn't work
I wanted to schedule my delivery
My doctor wanted to schedule my delivery
Other

Please tell us: [BOX]

WY56. Where did you deliver your baby?

- In Wyoming
- Out-of-state

WY57. Which statement 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-or-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

There were no questions on this topic.

8. DRUG USE

A. ALCOHOL

Core

30. 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 =Go to Question 33
- Yes

31a. 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 => Go to Question 32a

31b. During the *3 months before* you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

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

32a. 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 => **Go to Question 33**

32b. During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

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

Standard.

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

- No
- Yes

Used by: AK22, CO23, VT22

State-Developed

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.)

- 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

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

- No = Go to Question 29
- Yes

26. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I didn't smoke then

27. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I didn't smoke then

28. How many cigarettes do you smoke on an average day *now*? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I don't smoke now

State-Developed

AK68a. During *your most recent* pregnancy, did you ever use spit tobacco products such as chewing tobacco, snuff, iqmik, or blackbull?

No → Go to Question 69

Yes

AK68b. Which spit tobacco product(s) did you use during your pregnancy? Check all that apply

Chewing tobacco or snuff

Iqmik or blackbull

b. Smoking Cessation

Standard

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

- No
- Yes
- I had quit smoking before my first prenatal care visit
- I didn't go for prenatal care

Used by: CO34, FL37, HI35, IL33, LA34, PA35, VA32, VT37, WV34

AA2. Listed below are some things about quitting 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 booklets, videos, or other materials to help you quit | N | Y |
| c. Call a national or state quit line or go to a website..... | N | Y |
| d. Attend a class or program to stop smoking. | N | Y |
| e. Go to counseling for help with quitting..... | N | Y |
| f. Use a nicotine patch, gum, lozenge, nasal spray, or inhaler..... | N | Y |
| g. Take a pill like Zyban® (also known as Wellbutrin® or Bupropion®) or Chantix® (also known as Varenicline) to stop smoking..... | N | Y |
| h. Try to quit on your own (e.g., cold turkey)..... | N | Y |
| i. Other: Please tell us: _____ | | |

Used by: FL73, HI73

AA3. Listed below are some things about quitting smoking that a doctor, nurse, or other health care worker might have done *during any of your prenatal care visits*. For each thing, 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. Suggest you attend a class or program to stop smoking | N | Y |
| d. Provide you with booklets, videos, or other materials to help you quit smoking on your own..... | N | Y |
| e. Refer you to counseling for help with quitting | N | Y |
| f. Ask if a family member or friend would support your decision to quit..... | N | Y |
| g. Refer you to a national or state quit line | N | Y |
| h. Recommend using nicotine gum | N | Y |
| i. Recommend using a nicotine patch | N | Y |
| j. Prescribe a nicotine nasal spray or nicotine inhaler..... | N | Y |
| k. Prescribe a pill like Zyban® (also known as Wellbutrin® or Bupropion®) or Chantix® (also known as Varenicline) to help you quit..... | N | Y |

Used by: IL70, ME72, MO69, OR66, VT71, WV68

State options

CO: Dropped options c, d, h-k and the word ‘quitting’ from the text of the question and they added 2 options

ME: Retained a-d, f, g, and i.

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

- No
- No, but I cut back
- Yes, I quit before I found out I was pregnant
- Yes, I quit when I found out I was pregnant
- Yes, I quit later in my pregnancy

Used by: FL36, MI41

State-Developed

AK72. Are you planning to stop smoking cigarettes? Check one answer

Yes, within the next 30 days

Yes, more than 30 days from now but within the next 6 months

Yes, more than 6 months from now

No, I don't plan to stop

CO67. 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--

- | | | | |
|----|--|---|---|
| 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. | Refer you to counseling for help with quitting | N | Y |
| d. | Ask if a family member or friend would support your decision to quit | N | Y |
| e. | Refer you to a national or state quit line | N | Y |
| f. | Discuss making your home smoke-free | N | Y |
| g. | Discuss making your car smoke-free | N | Y |

(Note: CO67 is modified AA3.)

CO68. 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

HI76. 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 | N | Y |
| | If yes, what kinds? Please tell us [BOX] | | |
| b. | Marijuana (pot, bud) or hashish (hash) | N | Y |
| c. | Amphetamines (uppers, ice, speed, crystal meth, 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 |

HI77. 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 | N | Y |
| | If yes, what kinds? Please tell us [BOX] | | |
| b. | Marijuana (pot, bud) or hashish (hash) | N | Y |
| c. | Amphetamines (uppers, ice, speed, crystal meth, crank) | N | Y |
| d. | Cocaine (rock, coke, crack) or heroin (smack, horse) | N | Y |
| e. | Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, | N | Y |

- PCP/angel dust, ecstasy)
- f. Sniffing gasoline, glue, hairspray, or other aerosols N Y

NJ31. When did you quit smoking?

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

NJ67. 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---

- | | | |
|---|---|---|
| a. Ask if you were smoking cigarettes | N | Y |
| b. Spend time with you discussing how to quit smoking | N | Y |
| c. Suggest that you set a specific date to stop smoking | N | Y |

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 |

OR68. 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

OR69. At any time during your most recent pregnancy, did you stop smoking for one day or longer because you were trying to quit?

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: AK67, PA68, NC62

(AA7 was promoted to Core)

Related Topics

Prenatal Care, Content
Social Services
Stress

C. OTHER

State-developed

AK70. 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 |

NJ73. Did other people frequently smoke in your work area or in public areas while you were there?

No
Yes

TN76. 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 | N | Y |
| If yes, what kinds? Please tell us [BOX] | | |
| b. Marijuana (pot, bud) or Hashish (Hash) | N | Y |
| c. Amphetamines (uppers, ice, speed, crystal meth, 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 |

(Note; Same as HI77.)

VT74. 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.

| | | |
|---|---|---|
| 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 |

Related Topics

Prenatal Care, Content
Social Services
Stress

9. FAMILY HEALTH HISTORY

A. PHYSICAL

Standard

GG1. During *your most recent* pregnancy, did you receive counseling or were you informed about sickle cell disease?

- No
- Yes

Used by: None of the states used this question in Phase 6.

GG2. Does anyone in your family have sickle cell disease or sickle cell trait?

- No
- Yes
- I don't know

Used by: None of the states used this question in Phase 6.

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

| | No | Yes | Don't Know |
|--|-----------|------------|-------------------|
| a. Diabetes..... | N | Y | DK |
| b. Heart problems..... | N | Y | DK |
| c. High blood pressure (hypertension)..... | N | Y | DK |
| d. Depression..... | N | Y | DK |
| e. Postpartum depression..... | N | Y | DK |
| f. Anxiety..... | N | Y | DK |

Used by: MS64

HH2a. Have any of your close family members who are related to you by blood (grandparents, parents, sisters or brothers) ever been told by a doctor, nurse, or other health care worker that they had *diabetes*?

- No → **Go to Question ##**
- Yes

Used by: None of the states used this question in Phase 6.

HH2b. Who was told by a doctor, nurse, or other health care worker that they had *diabetes*?

- My father
- My father's mother
- My father's father
- My mother
- My mother's mother

My mother's father
My sister(s) or brother(s)
Other →

Please tell us (uncles, aunts, cousins, children, etc.) _____

Used by: None of the states used this question in Phase 6.

HH3a. Have any of your close family members who are related to you by blood (grandparents, parents, sisters or brothers) ever been told by a doctor, nurse, or other health care worker that they had *heart problems*?

No → Go to Question ##

Yes

HH3b. Who was told by a doctor, nurse, or other health care worker that they had *heart problems*?

My father
My father's mother
My father's father
My mother
My mother's mother
My mother's father
My sister(s) or brother(s)
Other →

Please tell us (uncles, aunts, cousins, children, etc.) _____

Used by: None of the states used this question in Phase 6.

HH4a. Have any of your close family members who are related to you by blood (grandparents, parents, sisters or brothers) ever been told by a doctor, nurse, or other health care worker that they had *high blood pressure (hypertension)*?

No → Go to Question ##

Yes

Used by: None of the states used this question in Phase 6.

HH4b. Who was told by a doctor, nurse, or other health care worker that they had *high blood pressure (hypertension)*?

My father
My father's mother
My father's father
My mother
My mother's mother
My mother's father
My sister(s) or brother(s)
Other →

Please tell us (uncles, aunts, cousins, children, etc.) _____

Used by: None of the states used this question in Phase 6.

HH8. Did your mother or any sister who is related to you by blood have any of the

following problems during any pregnancy? For each item, circle **Y** (Yes) if someone had the problem during pregnancy, circle **N** (No) if no one in your family had the problem during pregnancy, or circle **DK** (Don't Know) if you don't know.

| | No | Yes | Don't Know |
|---|-----------|------------|-------------------|
| a. A baby that was born more than 3 weeks before the due date..... | N | | Y |
| DK | | | |
| b. Gestational diabetes (diabetes that started during pregnancy)..... | N | | Y |
| DK | | | |
| c. High blood pressure during pregnancy..... | N | Y | DK |

Used by: UT79

B. MENTAL

Standard

HH5a. Have any of your close family members who are related to you by blood (grandparents, parents, sisters or brothers) ever been told by a doctor, nurse, or other health care worker that they had *depression*?

No → Go to Question ##
Yes

Used by: None of the states used this question in Phase 6.

HH5b. Who was told by a doctor, nurse, or other health care worker that they had *depression*?

My father
My father's mother
My father's father
My mother
My mother's mother
My mother's father
My sister(s) or brother(s)
Other →

Please tell us (uncles, aunts, cousins, children, etc.) _____

Used by: None of the states used this question in Phase 6.

HH6a. Have any of your close family members who are related to you by blood (grandmother, mother, or sisters) ever been told by a doctor, nurse, or other health care worker that they had *postpartum depression*?

No → Go to Question ##
Yes

Used by: None of the states used this question in Phase 6.

HH6b. Who was told by a doctor, nurse, or other health care worker that they had *postpartum depression*?

My father's mother
My mother
My mother's mother
My sister(s)
Other →

Please tell us (aunts, cousins, children, etc.) _____

Used by: None of the states used this question in Phase 6.

HH7a. Have any of your close family members who are related to you by blood (grandparents, parents, sisters or brothers) ever been told by a doctor, nurse, or other health care worker that they had *anxiety*?

No → Go to Question ##

Yes

Used by: None of the states used this question in Phase 6.

HH7b. Who was told by a doctor, nurse, or other health care worker that they had *anxiety*?

My father
My father's mother
My father's father
My mother
My mother's mother
My mother's father
My sister(s) or brother(s)
Other →

Please tell us (uncles, aunts, cousins, children, etc.) _____

Used by: None of the states used this question in Phase 6.

10. HEALTH INSURANCE

A. MATERNAL

Pre-conception

Prenatal Core

18. **Did any of these things keep you from getting prenatal care at all or as early as you wanted?** For each item, circle **T** (True) if it was a reason that you didn't get prenatal care when you wanted or circle **F** (False) if it was not a reason for you or if something does not apply to you.

| | True | False |
|--|------|-------|
| a. I couldn't get an appointment when I wanted one..... | T | F |
| b. I didn't have enough money or insurance to pay for my visits..... | T | F |
| c. I had no transportation to get to the clinic or doctor's office..... | T | F |
| d. The doctor or my health plan would not start care as early as I wanted..... | T | F |
| e. I had too many other things going on..... | T | F |
| f. I couldn't take time off from work or school..... | T | F |
| g. I didn't have my Medicaid (or state Medicaid name) card..... | T | F |
| h. I had no one to take care of my children..... | T | F |
| i. I didn't know I was pregnant..... | T | F |
| j. I didn't want anyone else to know I was pregnant..... | T | F |
| k. I didn't want prenatal care..... | T | F |

State options for answer option g

AK: Denali KidCare

DE: Diamond State Health Plan

HI: Medicaid or QUEST

IL: Medicaid card or All Kids, Moms and Babies card

LA: LaMoms

MA: MassHealth

MD: HealthChoice

ME: Medicaid or MaineCare

MN: Medicaid, Medical Assistance, or MinnesotaCare

MO: MO HealthNet

NC: Baby Love Program

NE: Medicaid Managed Care

NJ: NJ Family Care

NM: Salud!

OH: Medicaid care, CareSource, or Molina Healthcare of Ohio Card

OK: SoonerCare

OR: I didn't have my Oregon Health Plan or Medicaid card

PA: Medicaid/Medical Assistance/Health Choices

RI: Rite Care

TN: TennCare/CoverKids/CoverTN/Medicaid card

TX: Medicaid or Texas Health Steps

WA: Medicaid card, Healthy Options card, or Medical Coupon

WI: Medicaid, BadgerCare or BadgerCare Plus

WV: Medical

19. Did any of these health insurance plans help you pay for your prenatal care?

Check all that apply

Health insurance from your job or the job of your husband, partner, or parents

Health insurance that you or someone else paid for (not from a job)

Medicaid (or *state Medicaid name*)

TRICARE or other military health care

State-specific option (IHS, or tribal/state name)

State-specific option (state name for indigent care)

State-specific option (CHIP or SCHIP program)

Other source(s) Please tell us:

[BOX]

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

State options

AK: Medicaid or Denali KidCare

AK: Alaska Native Health Service (ANS), Native regional health corporation, IHS, or other tribal health coverage

AL: All Kids

AR: ARKids First

CO: Colorado Indigent Care Program (CICP)

CO: Child Health Plan Plus (CHP+)

DE: Medicaid or Diamond State Health Plan

DE: Delaware Healthy Children Program (DHCP, SCHIP)

DE: Other State sponsored program

FL: Medipass

GA: PeachCare for Kids

HI: Medicaid or QUEST

IL: Medicaid or All Kids, Moms and Babies

LA: Medicaid or LaMoms

LA: SCHIP or LaCHIP

MA: Medicaid or MassHealth

MA: Commonwealth Care

MD: Medicaid or HealthChoice

ME: Medicaid or MaineCare

MN: Medicaid or Medical Assistance

MN: Indian Health Service or Tribal Health Service

MN: MinnesotaCare

MO: Medicaid or MO HealthNet

MS: Indian Health Service

MS: SCHIP

NC: Medicaid or Baby Love Program

NC: NC Health Choice

NC: Health Check

NC: Carolina ACCESS

NE: Medicaid or Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care+)
NE: Indian Health Services or Tribal Clinic
NJ: Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ Family Care
NJ: Charity Care
NM: Medicaid or Salud!
NM: Indian Health Service (IHS), with or without Medicaid
NM: State Coverage Insurance (SCI)
NM: Premium Assistance for Maternity (PAM)
NY: PCAP (Prenatal Care Assistance Program)
NYC: PCAP
OH: Medicaid, CareSource, or Molina Healthcare of Ohio
OK: Medicaid or SoonerCare
OK: Indian Health Service or Tribal
OK: Insure Oklahoma (O-EPIC)
OR: Oregon Health Plan or Medicaid
OR: Indian Health Service
PA: Medicaid/Medical Assistance/Health Choices
PA: Children's Health Insurance Program (CHIP)
PA: adultBasic
RI: Rite Care (Neighborhood, United, Blue Chip)
TN: TennCare
TN: CoverKids
TN: CoverTN
TX: Medicaid or Texas Health Steps
UT: CHIP
VA: FAMIS
VT: VHAP
VT: Dr. Dynasaur
WA: Medicaid, Healthy Options, or Medical Coupon
WA: Indian Health Service and/or Tribal Health Services
WI: Medicaid, BadgerCare or BadgerCare Plus
WI: Indian Health Service
WV: Medicaid or Medical Card
WV: State Maternal and Child Health Program

Delivery

40. Did any of these health insurance plans help you pay for the *delivery* of your new baby? Check all that apply

Health insurance from your job or the job of your husband, partner, or parents

Health insurance that you or someone else paid for (not from a job)

Medicaid (or *state Medicaid name*)

TRICARE or other military health care

State-specific option (IHS, or tribal/state name)

State-specific option (state name for indigent care)

State-specific option (SCHIP or CHIP program)

Other source(s) Please tell us:

[BOX]

I did not have health insurance to help pay for my delivery

State options

AK: Medicaid or Denali KidCare

AK: Alaska Native Health Service (ANS), Native regional health corporation, IHS, or other tribal health coverage

AL: All Kids

AR: ARKids First

CO: Colorado Indigent Care Program (CICP)

CO: Child Health Plan Plus (CHP+)

DE: Medicaid or Diamond State Health Plan

DE: Delaware Healthy Children Program (DHCP, SCHIP)

DE: Other State sponsored program

FL: Medipass

GA: PeachCare for Kids

HI: Medicaid or QUEST

IL: Medicaid or All Kids, Moms and Babies

LA: Medicaid or LaMoms

LA: SCHIP or LaCHIP

MA: Medicaid or MassHealth

MA: Commonwealth Care

MD: Medicaid or HealthChoice

ME: Medicaid or MaineCare

MN: Medicaid or Medical Assistance

MN: Indian Health Service or Tribal Health Service

MN: MinnesotaCare

MO: Medicaid or MO HealthNet

MS: Indian Health Service

MS: SCHIP

NC: Medicaid or Baby Love Program

NC: NC Health Choice

NC: Health Check

NC: Carolina ACCESS

NE: Medicaid or Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care+)

NE: Indian Health Services or Tribal Clinic

NJ: Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ Family Care

NJ: Charity Care
NM: Medicaid or Salud!
NM: Indian Health Service (IHS)
NM: State Coverage Insurance (SCI)
NM: Premium Assistance for Maternity (PAM)
NY: PCAP (Prenatal Care Assistance Program)
NYC: PCAP
OH: Medicaid, CareSource, or Molina Healthcare of Ohio
OK: Medicaid or SoonerCare
OK: Indian Health Service or Tribal
OK: Insure Oklahoma (O-EPIC)
OR: Oregon Health Plan or Medicaid
OR: Indian Health Service
PA: Medicaid/Medical Assistance/Health Choices
PA: Children's Health Insurance Program (CHIP)
PA: adultBasic
RI: Rite Care (Neighborhood, United, Blue Chip)
TN: TennCare
TN: CoverKids
TN: CoverTN
TX: Medicaid or Texas Health Steps
UT: CHIP
VA: FAMIS
VT: VHAP
VT: Dr. Dynasaur
WA: Medicaid, Healthy Options, or Medical Coupon
WA: Indian Health Service and/or Tribal Health Services
WI: Medicaid, BadgerCare or BadgerCare Plus
WI: Indian Health Service
WV: Medicaid or Medical Card
WV: State Maternal and Child Health Program

Standard

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

- No
- Yes

Used by: SC71

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

- No
- Yes

Used by: None of the states used this question in Phase 6.

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: None of the states used this question in Phase 6.

MA74. What type of health insurance are you covered by right now? Check all that apply

- Health insurance from your job or the job of your husband, partner or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or MassHealth
- TRICARE or other military health care
- Commonwealth Care
- Other source(s) Please tell us [BOX]
- I do not have any 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 = Go to Question ##
- Yes

Used by: IL64, NY63, PA62, RI56, TN67

State options

PA: Do you have health insurance or Medicaid/Medical Assistance/Health Choices for your new baby?

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

TN: Do you have health insurance, Medicaid, TennCare, CoverKids, or CoverTN for your new baby?

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

Health insurance from your job or the job of your husband, partner, or parents

Health insurance that you or someone else pays for (not from a job)

Medicaid or (state Medicaid name)

TRICARE or other military health care

State option (IHS, etc.)

State option (SCHIP or CHIP program)

Other source(s) => Please tell us

[BOX]

I do not have health insurance for my new baby

Used by: IL65, NY64, PA63, RI57, TN68

State options

IL: All Kids, Moms and Babies

NY: Child Health Plus

PA: Medicaid/Medical Assistance/Health Choices

PA: Children's Health Insurance Program (CHIP)

RI: Rite Care (Neighborhood, United, Blue Chip)

TN: TennCare

TN: CoverKids

TN: CoverTN

b. Child Health Insurance Program

Standard

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

- No
- Yes = **Go to Question ##**

Used by: None of the states used this question in Phase 6.

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: None of the states used this question in Phase 6.

Related Topics

Infant Health Care

Prenatal Care, Barriers

Prenatal Care, Location

Social Services

Stress

10. HIV AND SEXUALLY TRANSMITTED INFECTIONS

A. HIV

Core

21. 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 = Go to Question ##
- Yes
- I don't know = Go to Question ##

Used by: GA30, VT28

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

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

Used by: VT29

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

- No = Go to Question ##
- Yes

Used by: AR23, FL27, GA27, HI26, MA27, OH27, PA26, TN27, VA25, VT25, WA24

I5. Did you turn down the HIV test?

- No = Go to Question ##
- Yes

Used by: AR24, FL28, GA28, HI27, MA28, OH28, PA27, VT26, WA25

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, FL29, GA29, HI28, MA29, OH29, PA28, VT27, WA26

State options

WA: Dropped options 2-3

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: None of the states used this question in Phase 6.

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 = Go to Question ##
- Yes

Used by: DE67, MO70, MS59, NY71

EE2. What infection or disease were you told that 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: DE68, MO71, MS60, NY72

State-Developed

AR76. 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.

| | | |
|--|---|---|
| Urinary tract infection (UTI)..... | N | Y |
| Yeast infections..... | N | Y |
| Group B Strep (Beta Strep)..... | N | Y |
| Bacterial vaginosis..... | N | Y |
| Trichomoniasis (Trich) | N | Y |
| Chlamydia..... | N | Y |
| Genital warts (HPV)..... | N | Y |
| Herpes..... | N | Y |
| Gonorrhea..... | N | Y |
| Syphilis..... | N | Y |
| Pelvic inflammatory disease (PID)..... | N | Y |
| Human Immunodeficiency Virus (HIV) | N | Y |

11. HOUSEHOLD CHARACTERISTICS

A. RESIDENTS

Standard

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

- My husband or partner
- Children aged less than 12 months → How many children? **[BOX]**
- Children aged 1 year to 5 years → How many children? **[BOX]**
- Children aged 6 years and over → How many children? **[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 Phase 6.

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

- My husband or partner
- Children aged less than 12 months How many children? **[BOX]**
- Children aged 1 year to 5 years How many children? **[BOX]**
- Children aged 6 years and over How many children? **[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: None of the states used this question in Phase 6.

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 Phase 6.

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: DE74, NE81, NJ82

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? Please tell us **[BOX]**

Used by: NE80

C. TELEPHONE COVERAGE

Standard

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

- No = Go to Question ##
- Yes

Used by: None of the states used this question in Phase 6.

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 Phase 6.

D. MOBILITY

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: None of the states used this question in Phase 6.

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: None of the states used this question in Phase 6.

F. BOOKS

State-developed

RI76. Are you or any other family member currently reading or looking at books with your baby?

- No
- Yes → Go to Question 78

RI77. If you or other family members are *not currently* looking at books with your new baby, at what age do you think you will start reading or looking at books with your new baby?.

[insert after question: Go to Question 79.]

- 3-11 months old
- 1-2 years old
- 3-4 years old
- 5 and older
- I probably will not read to my baby/child

RI78. During the past week, how many days did you or other family members read or look at books with your baby?

- Did not read to the baby this week
- 1-3 days this week
- 4-7 days this week

RI79. About how many children's books do you have in your home?

None

1-5

6-10

11 or more

Related topics

Parent and Infant Characteristics

Stress

12. INCOME

Core

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

- 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

AK, IL, NC, NYC, UT, VT:

- 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

DE

- 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 \$99,999
- \$100,000 or more

HI, MA

- 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 \$64,999
- \$65,000 to \$79,999
- \$80,000 or more

NM

- 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 \$64,999
- \$65,000 to \$74,999
- \$75,000 or more

OR:

- 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 \$69,999
- \$70,000 or more

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

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

[BOX] People

Standard

(55 was demoted to standard list)

P18. During the 12 months before your new baby was born, what were the sources of your household's income? Check all that apply

Money from family or friends

Money from a business, fees, dividends, or rental income

Paycheck or money from a job

Food stamps or WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)

Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance,

general assistance, or Supplemental Security Income (SSI)

Unemployment benefits

Child support or alimony

Social security, workers' compensation, disability, veteran benefits, or pensions

Other Please tell us:

[BOX]

Used by: AL69, AR84, DE75, PA77

Related topics

Health Insurance

Parent and Infant Characteristics

Stress

Social Services

Social Support

13. INFANT HEALTH CARE

A. WELL BABY CARE

Core

50. Was your new baby seen by a doctor, nurse, or other health care worker for a *one week check-up* after he or she was born?

- No
- Yes

Standard

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

- No
- Yes -> **Go to Question ##**

Used by: FL67, WI58

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: MO63, SC59

X4. What health insurance plan pays for your well-baby checkup visits? Check all that apply

Health insurance from your job or the job of your husband, partner, or parents

Health insurance that you or someone else pays for (not from a job)

Medicaid or (state Medicaid name)

TRICARE or other military health care

State-specific option (IHS, etc.)

State-specific option (SCHIP or CHIP program)

Other source => Please tell us

[BOX]

I do not have health insurance for my new baby

Used by: DE58, MI73

State Options:

DE: Medicaid or Delaware State Health plan

DE: Delaware Healthy Children Program (DHCP, SCHIP)

DE: Other State sponsored program

X6. Was your new baby seen at home or at a health care facility?

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

Used by: MI71

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: AL60, NJ61

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 option*
- State-specific option*
- Other → Please tell us: **[BOX]**

Used by: AR65, GA73, IL63, VA64

State options

GA: Changed to third option to 'Private doctor's office' and added another option 'HMO or PPO (Kaiser, PruCare)'

IL, VA: Community health clinic

VA: Free clinic

(Demoted from Phase 5/Core 51)

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

- No
- Yes

Used by: AL59, AR64, DE57, FL66, GA72, IL62, MI72, MN59, MO62, NE62, NJ60, OK51, SC58, TN66, TX62, VA63, WI57

State-Developed

RI72. 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: MI74, OR60, TX63

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 Phase 6.

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: AR66

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 option*
- State-specific option*
- Other → Please tell us: **[BOX]**

Used by: AR67

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

- No
- Yes

Used by: None of the states used this question in Phase 6.

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

- No = Go to Question ##
- Yes

Used by: None of the states used this question in Phase 6.

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

- No
- Yes

Used by: None of the states used this question in Phase 6.

State-Developed

Related topics

Health Insurance, Infant

D. CIRCUMCISION

Standard

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

- Boy
- Girl = Go to Question ##

Used by: None of the states used this question in Phase 6.

D2. Did you have your *new* baby boy circumcised?

- No
- Yes

Used by: None of the states used this question in Phase 6.

E. SCREENING

State-Developed

GA80. When your new baby was born, was the baby's hearing tested?

- No
- Yes
- I don't know

GA81. When someone told you what the test said about your new baby's hearing, what did they tell you?

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

RI80. 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

42. 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 to 5 days

6 to 14 days

More than 14 days

My baby was not born in a hospital

My baby is still in the hospital **Go to Question 45**

43. Is your baby alive now?

No **Go to Question 51**

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 baby 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: LA72, MA71, PA74, TN78, VA76, WY55

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 Phase 6.

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: None of the states used this question in Phase 6.

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 Phase 6.

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 = Go to question #
-

Used by: GA84, LA73, ME75, NE74, SC73, TN79, TX68

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: ME76

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: LA74

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 Phase 6.

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

- No
- Yes

Used by: GA82, IL74

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: NM64

State options

NM: Added an option: 'I did not ever get a car seat for my new baby'

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

- I read the instructions
- A friend or family member showed me
- A health or safety professional showed me
- I figured it out myself
- I already knew how to install it because I have other children
- Some other way → Please tell us: **[BOX]**

Used by: GA83, IL75

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

- No
- Yes

Used by: HI74, IL73, LA71, MA70, MN68, PA73, RI70, WV70

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

- No
- Yes
- I don't know

Used by: None of the states used this question in Phase 6.

S15. Listed below are some things that may have happened since you moved into your house or apartment. For each one, circle **Y** (Yes) if it applies to you or circle **N** (No) if it does not.

| | No | Yes |
|---|----|-----|
| I have had the home tested for lead..... | N | Y |
| I have made changes to the home to remove paint or other things that have lead in them..... | N | Y |
| The home was remodeled before I moved in..... | N | Y |

Used by: None of the states used this question in Phase 6.

State-Developed

FL72. 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.

- a. How you and your family can be exposed to lead in your environment N Y
- b. What steps you can take to prevent you and your family from being exposed to lead N Y
- c. How eating fish containing high levels of mercury could affect your baby N Y

FL78. Listed below are some statements about safety. For each thing, circle **Y** (Yes) if it applies to you or circle **N** (No) if it does not.

- a. I know how to perform CPR N Y
- b. My home has a working smoke alarm N Y
- c. I always keep materials like cleaning supplies, medicine, and pesticides out of reach from young children N Y
- d. My new baby always or almost always rides in a rear-facing infant car seat N Y
- e. The Poison Control Center Phone Number (1-800-222-1222) is near a telephone in my home N Y
- f. My home has a working carbon monoxide alarm N Y
- g. My infant/child is constantly supervised while in or around water (bathtub, pool, natural water, etc.) N Y
- h. I always or almost always use a food thermometer when cooking meat or poultry N Y
- i. I plan for my infant/child to wear a safety helmet when sitting on a rocking or riding toy N Y

FL79. Listed below are true statements about water safety and drowning. For

each item, circle **Y** (Yes) if the statement is something you already knew or circle **N** (No) if the statement is not something you already knew.

- | | | |
|----|--|-----|
| | Drowning is the leading cause of death for | |
| a. | children ages 1-4 | N Y |
| b. | Most of these deaths occur in swimming pools | N Y |
| | Infants and children usually drown without a | |
| c. | sound | N Y |
| | A "Water Watcher" should be designated while | |
| d. | children are in or around all types of water | N Y |
| | Children can also drown in buckets, toilets, | |
| e. | bathtubs, or less than two inches of water | N Y |
| | Water buckets should be stored empty and | |
| f. | upside down | N Y |
| | Toilet lids should remain closed and locked | |
| g. | when not in use | N Y |

FL80. We would like to know more about your knowledge about lead poisoning. For each one, please circle **Y** (Yes) if it applies to you or circle **N** (No) if you have never heard of this.

- | | | |
|----|--|-----|
| | Homes built before 1977 should be tested for | |
| a. | lead | N Y |
| | Dust from lead based paint is the leading | |
| b. | cause of childhood lead exposure | N Y |
| | Lead poisoning can harm a child's nervous | |
| c. | system and brain when they are still forming | N Y |
| | Small amounts of lead in the body can make | |
| | it hard for children to learn, pay attention and | |
| d. | succeed in school. | N Y |
| | The only way to know if a child has lead | |
| | poisoning is to ask a health care provider to | |
| e. | do a blood lead test. | N Y |

ME71. 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

ME74. 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 worker
- Book

- Family or friends
- Other, please tell us: _____

Related Topics

Prenatal Care, Content

Sleeping Behaviors

Morbidity, Maternal

16. LENGTH OF STAY

A. INFANT

Core

42. 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 to 5 days

6 to 14 days

More than 14 days

My baby was not born in a hospital

My baby is still in the hospital **Go to Question 45**

Related Topics

Infant Health Care, Well Baby Care

Morbidity, Infant, ICU Admission

B. MATERNAL

Core

36. When was your baby due?

[BOX] / [BOX] / 20__ [BOX]
Month Day Year

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

[BOX] / [BOX] / 20__ [BOX]
Month Day Year

I didn't have my baby in a hospital

38. When was your baby born?

[BOX] / [BOX] / 20__ [BOX]
Month Day Year

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

[BOX] / [BOX] / 20__ [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

Used by: None of the states used this question in Phase 6.

Related Topics

Breastfeeding
Epilepsy Treatment
Mental Health
Prenatal Care, Content

B. VACCINATIONS

a. Vaccinations

Standard

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

- No
- Yes

Used by: None of the states used this question in Phase 6.

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

- No
- Yes

Used by: None of the states used this question in Phase 6.

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: OR28, RI23

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

- No
- Yes

Used by: GA35, MD28, MI30, MN25, RI24, TN30, WA27

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: GA36, MI31

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 Phase 6.

State-developed

OR74. Since your new baby was born, did a doctor, nurse, or other health care worker offer you the Tdap (pertussis/whooping cough) vaccine for yourself?

No
Yes

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: GA36, MI31

C. POSTPARTUM

Standard

J1. Since your new baby was born, did any 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. Help with or information about breastfeeding | N | Y |
| b. How long to wait before getting pregnant again..... | N | Y |
| c. Birth control methods that I can use after giving birth..... | N | Y |
| d. Postpartum depression..... | N | Y |
| e. Support groups for new parents..... | N | Y |
| f. Resources in my community such as nurse home visitation programs, telephone hotlines, counseling, etc..... | N | Y |
| g. Getting to and staying at a healthy weight after delivery..... | N | Y |

Used by: AK74, MN70, SC75, UT73, VT79, WV73

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 about 6 weeks after she gives birth.)

- No
- Yes

Used by: AR71, GA76, HI68, MA64, MI78, MN62, MO66, NJ64, NYC57, NY67, OH70, RI61, SC63, TN72, TX66, UT69, VA68, WA68, WI61, WV65

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: GA77, NJ65, NY68, VA69

L16. At that visit, did a doctor, nurse, or other health care worker advise you to take multivitamins, prenatal vitamins, or folic acid vitamins?

- No
- Yes

Used by: WI62

State-Developed

WA69. At your postpartum checkup, did a doctor, nurse, or other health care worker talk to you or ask you about 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.

- | | | | |
|----|--|---|---|
| a. | Advise you to take a multivitamin, a prenatal vitamin, or a folic acid vitamin | N | Y |
| b. | Talk to you about healthy eating, exercise, and losing weight gained during pregnancy | N | Y |
| c. | Talk to you about birth control methods that you can use after giving birth | N | Y |
| d. | Talk to you about how long to wait before getting pregnant again | N | Y |
| e. | Ask if you've been feeling down or depressed since your baby was born | N | Y |
| f. | Treat you for any health care conditions that developed during your pregnancy (diabetes, high blood pressure, etc.) | N | Y |
| g. | Ask if you were smoking cigarettes | N | Y |
| h. | Talk to you about resources in your community for help getting insurance or medical care for you or your baby, WIC, or help caring for your baby | N | Y |

VT75. 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 - Go to Question 77

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 Phase 6.

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 Phase 6.

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 Phase 6.

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 Phase 6.

E. GENERAL HEALTH

Standard

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

- Excellent
- Very good
- Good
- Fair
- Poor

Used by: HI8, MA7, MN7, OH8, TN7

State-developed

RI81. Are you limited in any way in any activities because of physical, mental, or emotional problems?

- No
- Yes

MA75. Are you limited in any way in any activities because of physical, mental, or emotional problems?

No → Go to Question 77
Yes

MA76. 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

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

- No
- Yes

WA61. In the 12 months before you got pregnant with your new baby, did you have a personal doctor or health care provider?

No
Yes, only one person
Yes, more than one person
I don't know

F. DISCRIMINATION

State-Developed

NYC62. During your prenatal care, labor, or delivery, do you feel you were ever treated differently because of any of the following? For each item, circle **Y** (Yes) if it happened or circle **N** (No) if it did not happen.

- | | | |
|----|-----------------------------------|------------------------------|
| a. | My race | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes |
| b. | My culture | <input type="checkbox"/> No |
| | My ability to speak or understand | <input type="checkbox"/> Yes |
| c. | English | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes |

WA67. Did you experience discrimination by health care providers during your prenatal care, labor, or delivery because of the things listed below? For each item, circle **Y** (Yes) if you experienced discrimination or circle **N** (No) if no if you did not experience discrimination.

- | | | | |
|----|---------------------------------|---|---|
| a. | My race, ethnicity, or culture | N | Y |
| b. | My insurance or Medicaid status | N | Y |
| c. | My weight | N | Y |
| d. | My marital status | N | Y |
| e. | Other | N | Y |
| | Please tell us [BOX] | | |

Related topics

Prenatal Care, Satisfaction

Stress

18. MATERNAL NUTRITION

A. MATERNAL WEIGHT/HEIGHT

Core

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

[BOX] Pounds OR [BOX] Kilos

5. **How tall are you without shoes?**

[BOX] Feet [BOX] Inches
OR [BOX] Meters

Standard

II1. **How much weight did you gain during your most recent pregnancy?**

_____Pounds OR _____ Kilos

- I LOST weight during my pregnancy
- My weight didn't change during my pregnancy
- I don't know

Used by: AK47, FL53

State-Developed

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, a prenatal vitamin, or a folic acid vitamin?**

I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin at all

1 to 3 times a week

4 to 6 times a week

Every day of the week

Standard

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

- No
- Yes

Used by: AK25, AL22, AR27, GA32, IL26, LA27, MO28, TN28, TX24, VT30, WV26

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, GA33, TN29

State options

AR: Added 'Internet' as an option

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: NY26, SC23

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

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

Used by: GA34

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

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

Used by: AR26, GA31, OH30

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

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

Used by: OH75, VT82

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

- Zero servings (none)
- 1 or 2 servings per day
- 3 or 4 servings per day
- 5 or more servings per day

Used by: DE66a, OH73a

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

- Zero servings (none)
- 1 or 2 servings per day
- 3 or 4 servings per day
- 5 or more servings per day

Used by: DE66b, OH73b

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

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

Used by: HI4, LA4, MD4, ME4, NM4, OH4, UT4, VT4

State-developed

NC64. How often do you now take a multivitamin?

- [BOX] Times per day
- [BOX] Times per week
- [BOX] Times per month

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: CO41, ME40, MN38, OR41, TN43, VT44

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

- No
- Yes

Used by: ME41

State-Developed

MA68. During the *last 3 months of your most recent pregnancy*, about how many servings of fruits or vegetables did you have in a day? Check one answer

- Less than 1 serving per day
- 1 or 2 servings per day
- 3 or 4 servings per day
- 5 or more servings per day

NM71. During the *past 12 months*, which one of the following statements best describes the food eaten by you and your family? Check one answer

- a. Enough food to eat
- b. Sometimes not enough food to eat
- c. Often not enough food to eat

(Same as WA 65.)

NYC76. In the *last 30 days*, have you been concerned about having enough food for you or your family?

- No
- Yes

WA65. During the *past 12 months*, which one of the following statements best describes the food eaten by you? Check one answer

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

(Same as NM71.)

Related topics

Income
Social Services
Stress

19. MENTAL HEALTH

Core

53. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way *since your new baby was born*. Use the scale when answering:

| | | | | |
|-------|--------|-----------|-------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Often | Always |

a. I felt down, depressed, or sad [BOX]

b. I felt hopeless [BOX]

c. I felt slowed down [BOX]

Standard

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: CO69, GA79, LA69, PA70, SC69, VA72, WV67

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

- No
- Yes

Used by: AL65, IL71, UT72

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

- No
- Yes

Used by: NE69, PA69

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

- No
- Yes

Used by: IL77, MD64, UT76

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

- No
- Yes

Used by: CO72, GA85, MA72, MO75, NE78

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: LA68, MN64, NY73, RI63

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

- No
- Yes

Used by: RI66

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

- No
- Yes

Used by: RI67

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

- No
- Yes

Used by: IL78, UT77

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

- No
- Yes

Used by: IL79, UT78

M12. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way *since your new baby was born*. Use this scale when answering:

| | | | | |
|--------------|---------------|------------------|--------------|---------------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Often | Always |

a. I felt panicky [BOX]

b. I felt restless [BOX]

Used by: IL68, MD63, LA65

State options

IL, LA, MD: Added it to core question 53.

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

No **Go to Question ##**

Yes

Used by: None of the states used this question in Phase 6.

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

No

Yes

Used by: None of the states used this question in Phase 6.

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

No **Go to Question ##**

Yes

Used by: MD65

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

No
Yes

Used by: HI75

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

No
Yes

Used by: None of the states used this question in Phase 6.

M18. At any time during your most recent pregnancy, did you get counseling for your anxiety?

No
Yes

Used by: None of the states used this question in Phase 6.

M19. Since your new baby was born, have you taken prescription medicine for your anxiety?

No
Yes

Used by: None of the states used this question in Phase 6.

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

No
Yes

Used by: None of the states used this question in Phase 6.

State-Developed

OR64. Below is a list of feelings and experiences that women sometimes have during pregnancy. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way *during your most recent pregnancy*. Use the scale when answering:

| | | | | |
|--------------|---------------|------------------|--------------|---------------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Often | Always |

a. I felt down, depressed, or sad [BOX]

b. I felt hopeless [BOX]

c. I felt slowed down [BOX]

RI64. At any time before your most recent pregnancy, did a doctor, nurse, or other health care worker *diagnose* you with depression?

- No
- Yes

RI65. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker *diagnose* you with depression?

- No → Go to Question 68
- Yes

Related Topics

Maternal Health Care, Postpartum
Morbidity, Maternal
Prenatal care, Content
Social Services
Stress

20. MORBIDITY

A. INFANT

a. Gestational Age

Core

36. When was your baby due?

[BOX] [BOX] 20__ [BOX]
Month Day Year

38. When was your baby born?

[BOX] [BOX] 20__ [BOX]
Month Day Year

b. ICU Admission

Core

41. 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

Core

7. **Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes?** This is not the same as gestational diabetes or diabetes that starts during pregnancy.

- No
- Yes

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. Anemia (poor blood, low iron) | N | Y |
| d. Heart problems | N | Y |
| e. Epilepsy (seizures) | N | Y |
| f. Thyroid problems | N | Y |
| g. Depression | N | Y |
| h. Anxiety | N | Y |

Used by: DE8, FL10, HI11, MD11, MI10, MN10, MO8, UT10, WI8, WV9, WY8

State-developed

MS55. During the 12 months before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

| | | |
|---|---|---|
| a. Taking a multivitamin with folic acid | N | Y |
| b. Maintaining or being a health weight | N | Y |
| c. Getting a yearly checkup | N | Y |
| d. Eating healthy and drinking water everyday | N | Y |
| e. Quitting smoking | N | Y |
| f. Quitting drinking alcohol | N | Y |
| g. Using birth control | N | Y |

MS67. Have you ever been told by a doctor, nurse, or other health care worker that you have asthma?

No
Yes

RI82. Have you ever been told by a doctor, nurse, or other health care worker that you had asthma?

- No → **Go to Question 84**
- Yes

RI83. Do you still have asthma?

- No
- Yes

Related Topics

Pre-conception Readiness

b. Prenatal and Intrapartum

Core

23. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during this pregnancy)?

No

Yes

24. Did you have any of the following 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. Vaginal bleeding..... | N Y |
| b. Kidney or bladder (urinary tract) infection | N Y |
| c. Severe nausea, vomiting, or dehydration | N Y |
| d. Cervix had to be sewn shut (cerclage for incompetent cervix) | N Y |
| e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia | N Y |
| f. Problems with the placenta (such as abruptio placentae or placenta previa) ... | N Y |
| g. Labor pains more than 3 weeks before my baby was due (preterm or early labor) | N Y |
| h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) | N Y |
| i. I had to have a blood transfusion..... | N Y |
| j. I was hurt in a car accident..... | 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: DE28

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

[BOX] Weeks OR [BOX] Months

Used by: DE28

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

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: None of the states used this question in Phase 6.

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 would have helped you or circle **N** (No) if it would not have helped 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 Phase 6.

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

- No
- Yes
- I don't know

Used by: ME30, MO34, TX28, UT33

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

- No
- Yes

Used by: None of the states used this question in Phase 6.

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

| | No | Yes |
|--|-----------|------------|
| a. Refer you to a nutritionist | N | Y |
| b. Talk to you about the importance of exercise | N | Y |
| c. Talk to you about getting to and staying at a healthy weight after delivery | N | Y |
| d. Suggest that you breastfeed your new baby..... | N | Y |
| e. Talk to you about your risk for Type 2 diabetes | N | Y |

Used by: CO29, MA32, MI35, MO32, NY29

State options

MI: Added f. Refer you to a different doctor

N8a. Did a doctor, nurse, or other health care worker tell you to stay home in bed for more than 2 days because of any of the problem(s) listed above?

- No
- Yes

Used by: AL27A

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

- No → **Go to Question xx**
- Yes

Used by: AL27b, ME29a, MI37a

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

- 1 time
- 2 times
- 3 times
- 4 or more times

Used by: AL27c, ME29b, MI37b

State-developed

NM60. There are many feelings and experiences women may have with prenatal care. Please select the statement or statements that most closely describe your feelings or experiences with prenatal care *during your most recent pregnancy*. Check all that apply

- a. I was happy with the prenatal care I got
I felt disrespected by clinic or hospital staff
- b. during prenatal care
I did not have prenatal insurance coverage
- c. and I did not qualify for Medicaid
I wanted prenatal care earlier, but I was
- d. waiting for my Medicaid eligibility
I received some or all of my prenatal care
- e. outside of the United States.
My husband/partner or boyfriend did not want
- f. me to get prenatal care

NM61. During your most recent pregnancy, did any of the following medical problems cause you to go to the hospital or emergency room? For each item circle **Y** (Yes) if it caused you to go to the hospital or emergency room or circle **N** (No) if it did not. It may help to look at a calendar when you answer this question.

- | | | | |
|----|--------------------------------|---|---|
| a. | Preterm or early labor | N | Y |
| b. | Severe nausea or dehydration | N | Y |
| c. | Kidney or bladder infection | N | Y |
| d. | High blood pressure | N | Y |
| e. | Vaginal bleeding | N | Y |
| f. | Premature rupture of membranes | N | Y |
| g. | Other | N | Y |
- Please tell us:
[BOX]

NM63. During your most recent pregnancy, did you participate in any of these services? For each one, circle **Y** (Yes) if you did participate or circle **N** (No) if you did not.

- | | | | |
|----|---|---|---|
| a. | Home visiting services by a nurse, social worker, or other health care worker | N | Y |
| b. | Families FIRST | N | Y |
| c. | A class or support group to stop smoking cigarettes | N | Y |
| d. | Healthy Start | N | Y |

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 Phase 6.

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

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

Used by: None of the states used this question in Phase 6.

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 Phase 6.

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

No → Go to question ##.
Yes

Used by: CO71, MN72, NYC66, UT74

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

No
Yes → Go to question ##

Used by: NYC67, UT75

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

No
Yes

Used by: NYC68

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: HI8, MA7, MN7, OH8, 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: AR78, CO70, DE69, HI71, IL72, LA70, ME73, MN65, MO72, NE71, NY75, OR70,
PA72, RI69, SC72, TN77, VA73, VT73, WI67

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

- No
- Yes

Used by: AL67, AR81, MA77, MD69, ME79, MO73, NE72, NYC69, NY76, WA70, WV74

Y3. Did you have your teeth cleaned by a dentist or dental hygienist during the time periods listed below? For each time period, 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. During my most recent pregnancy | N | Y |
| b. After my most recent pregnancy | N | Y |

Used by: AK69, AL68, HI72, MA78, ME80, MO74, NE73, NJ81, NY77, TX69, WA71, WV75

State options

AK: Dropped option b and reworded question slightly. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

Y4. 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
- 5 or more years

Used by: AR82, MD70, NYC70

State-Developed

ME81. 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

MS62. 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.

- | | | |
|----|--|---|
| a. | I went to a dentist or dental clinic for a checkup | N |
| | I went to a dentist or dental clinic to have my | Y |
| b. | teeth cleaned | N |
| | | Y |
| c. | I had painful, red, or swollen gums | N |
| | | Y |
| d. | I had to have a tooth pulled | N |
| | | Y |
| e. | I had cavities that needed to be filled | N |
| | I needed to see a dentist for an abscess | Y |
| f. | (infection surrounded by inflamed tissue) | N |
| | A dental or other health care provider talked | Y |
| | with me about how to care for my teeth and | N |
| g. | gums | Y |

NC65. Did you go to a dentist or dental clinic?

- No → Go to Question 67
- Yes

NC66. When in a dentist office or dental clinic, did you have any of the following? For each item, circle **Y** (Yes) if you got the service or circle **N** (No) if you did not get it.

- | | | | |
|----|-----------------|---|---|
| a. | Cleaning | N | Y |
| b. | Filling | N | Y |
| c. | Extraction | N | Y |
| d. | Other treatment | N | Y |

NC67. Did you need to see a dentist for a problem but were not able to?

- No
- Yes

NM62. 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.

- | | | | |
|----|--|---|---|
| a. | I had a dental problem while I was pregnant | N | Y |
| | I went to a dentist or dental clinic while I was | | |
| b. | pregnant | N | Y |

| | | | |
|----|--|---|---|
| c. | A dental or other healthcare worker talker with me about how to care for my teeth and gums | N | Y |
| d. | I could not find a provider or clinic that would take Medicaid patients | N | Y |
| e. | I could not find a provider or clinic that would take pregnant patients | N | Y |
| f. | I could not afford to go to the dentist | N | Y |
| g. | I had no way to get to the dentist | N | Y |

Related Topics

Morbidity, Maternal

Pre-conception Readiness

B. INFANT

State-Developed

OR73. *Since 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

VT80. *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

22. PARENT AND INFANT CHARACTERISTICS

A. INFANT DEMOGRAPHICS

Core

44. Is your baby living with you now?

- No = Go to Question 51
- Yes

B. MATERNAL DEMOGRAPHICS

Core

6. What is *your* date of birth?

[BOX] / [BOX] / 20[BOX]
Month Day Year

State-developed

NYC73. What language do you usually speak at home? Check one answer

English
Spanish
Russian
Chinese (includes Mandarin & Cantonese)
Indian (includes Hindi & Tamil)
Creole
French
Other Please tell us [BOX]

NYC74. Were you born outside the United States? (Please include Puerto Rico as outside of the US.)

- No → Go to Question 76
- Yes

NYC75. How old were you when you moved to the United States?

[Box] Age in years

State-developed

OK67a. When your first child was born how old were you?

[BOX] Years old

OK67b. When your *first* child was born how old was that child's father?

[BOX] Years old

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: ME69, NE67

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 Phase 6.

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: OK56

State-Developed

OK66. Do you currently live with your new baby's father?

- No
- Yes

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.)

- Less than 1 day per week
- 1 to 2 days per week
- 3 to 4 days per week
- 5 or more days per week
- I was told by a doctor, nurse, or other health care worker not to exercise

Used by: CO65, MO68, NC60, OH72, TN74

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

- Less than 1 day per week
- 1 to 2 days per week
- 3 to 4 days per week
- 5 or more days per week
- I was told by a doctor, nurse, or other health care worker not to exercise

Used by: CO66, MA67, OH74

State options

MA: Added '(For example, walking for exercise, swimming, cycling, dancing, or gardening.)' to the end of the question.

State-Developed

SC65. Thinking back to 3 months before you found out you were pregnant, did you exercise or play sports at least 3 times a week? (Include walking briskly for 1/2 hour or more, jogging, aerobics, swimming, etc.)

- No
- Yes

SC66. Thinking back to after you found out you were pregnant, did you exercise or play sports at least 3 times a week? (Include walking briskly for 1/2 hour or more, jogging, aerobics, swimming, etc.)

- No → Go to Question 69
- Yes

SC67. How many months of this pregnancy did you exercise or play sports at least 3 times a week?

_____ Number of months

SC68. What kind of exercise or sport did you do *most often* during your pregnancy?
Check one answer

- Brisk walking
- Hiking
- Jogging or running
- Aerobics or aerobic dancing
- Other dancing
- Calisthenics or general exercise
- Biking
- Swimming or water exercise
- Other Please tell us
- [BOX]

B. WORK & SCHOOL

Standard

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

No, I don't work or go to school **Go to Question ##**

No, I'm on maternity leave, but plan to return to work **Go to Question ##**

Yes

Used by: LA75, MN67, NE75, TN81, VT77

State-developed

NJ72. During your most recent pregnancy, did you work outside the home 10 hours or more per week?

No => Go to Question 74

Yes

NYC71. Are you currently in school?

- No
- Yes

NYC72. Are you currently working outside the home?

- No
- Yes

State-Developed

NC68. 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

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

NJ73. Did other employees frequently smoke in your work area or in public areas while you were there?

- No
- Yes

NM65. Have you worked outside the home in the past two years?

- No → Go to Question 67
- Yes

Related Topics

Breastfeeding

Child Care

Maternal Health Care, General

Morbidity, Maternal

Smoke Exposure

24. PRE-CONCEPTION READINESS

Core

1. At any time during the *12 months before you got pregnant with your new baby*, did you do any of the following things? For each item, circle Y (Yes) if you did it or N (No) if you did not.

- | | | |
|---|---|---|
| a. I was dieting (changing my eating habits) to lose weight | N | Y |
| b. I was exercising 3 or more days of the | N | Y |
| c. I was regularly taking prescription medicines other than birth control..... | N | Y |
| d. I visited a health care worker to be checked or treated for diabetes | N | Y |
| e. I visited a health care worker to be checked or treated for high blood pressure... | N | Y |
| f. I visited a health care worker to be checked or treated for depression or anxiety | N | Y |
| g. I talked to a health care worker about my family medical history..... | N | Y |
| h. I had my teeth cleaned by a dentist or dental hygienist..... | N | Y |

2. During the *month before you got pregnant with your new baby*, were you covered by any of these health insurance plans? Check all that apply

Health insurance from your job or the job of your husband, partner, or parents

Health insurance that you or someone else paid for (not from a job)

Medicaid (or *state Medicaid name*)

TRICARE or other military health care

State-specific option (IHS, etc.)

State-specific option (state name for indigent care)

State-specific option (SCHIP or CHIP program name)

Other source(s) => Please tell us

[BOX]

I did not have any health insurance before I got pregnant

State options

AK: Medicaid or Denali KidCare
AK: Alaska Native Health Service (ANS), Native regional health corporation, IHS, or other tribal health coverage
AL: All Kids
AR: ARKids First
CO: Colorado Indigent Care Program (CICP)
CO: Child Health Plan Plus (CHP+)
DE: Medicaid or Diamond State Health Plan
DE: Delaware Healthy Children Program (DHCP, SCHIP)
DE: Other State sponsored program
FL: Medipass
GA: PeachCare for Kids
HI: Medicaid or QUEST
IL: Medicaid or Illinois Healthy Women
LA: Medicaid or LaMoms
LA: SCHIP or LaCHIP
MA: Medicaid or MassHealth
MA: Commonwealth Care
MD: Medicaid or HealthChoice
ME: Medicaid or MaineCare
MN: Medicaid or Medical Assistance
MN: Indian Health Service or Tribal Health Service
MN: MinnesotaCare
MN: Minnesota Family Planning Program
MO: Medicaid or MO HealthNet
MS: Indian Health Service
MS: SCHIP
NC: Medicaid or Baby Love Program
NC: NC Health Choice
NC: Health Check
NC: Carolina ACCESS
NE: Medicaid or Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care+)
NE: Indian Health Services or Tribal Clinic
NJ: Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ Family Care
NJ: Charity Care
NM: Medicaid or Salud!
NM: Indian Health Service (IHS)
NM: State Coverage Insurance (SCI)
NM: Indigent Health Care
NY: Child Health Plus
OH: Medicaid, CareSource, or Molina Healthcare of Ohio
OK: Medicaid or SoonerCare
OK: Indian Health Service or Tribal
OK: Insure Oklahoma (O-EPIC)
OR: Oregon Health Plan or Medicaid
OR: Indian Health Service
PA: Medicaid/Medical Assistance/Health Choices
PA: Children's Health Insurance Program (CHIP)
PA: adultBasic

- RI:** Rite Care (Neighborhood, United, Blue Chip)
- TN** TennCare
- TN:** CoverKids
- TN:** CoverTN
- TX:** Medicaid or Texas Health Steps
- UT:** CHIP
- VA:** FAMIS
- VT:** VHAP
- VT:** Dr. Dynasaur
- WA:** Medicaid, Healthy Options, or Medical Coupon
- WA:** Indian Health Service and/or Tribal Health Services
- WI:** Medicaid, BadgerCare or BadgerCare Plus
- WI:** Indian Health Service
- WV:** Medicaid or Medical Card

Standard

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

- No
- Yes

Used by: FL7, HI9, LA8, MD8, ME8, MI7, MN8, NJ7, OH9, TN8, UT8, VA7, WV7

L18. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? 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. Taking vitamins with folic acid before pregnancy..... | N | Y |
| b. Being a healthy weight before pregnancy..... | N | Y |
| c. Getting my vaccines updated before pregnancy..... | N | Y |
| d. Visiting a dentist or dental hygienist before pregnancy | N | Y |
| e. Getting counseling for any genetic diseases that run in my family..... | N | Y |
| f. Controlling any medical conditions such as diabetes and high blood pressure... | N | Y |
| g. Getting counseling or treatment for depression or anxiety | N | Y |
| h. The safety of using prescription or over-the-counter medicines during pregnancy.. | N | Y |
| i. How smoking during pregnancy can affect a baby..... | N | Y |
| j. How drinking alcohol during pregnancy can affect a baby..... | N | Y |
| k. How using illegal drugs during pregnancy can affect a baby..... | N | Y |

Used by: FL8, LA9, MD9, MI8, OH10, NJ8

Related Topics

- Maternal Nutrition
- Morbidity, Maternal

25. PREGNANCY INTENTION

A. MATERNAL

Core

11. 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

12. 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 with your new baby? Check one answer

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

Used by: AR73, LA66, PA67, TN75, UT71

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

- 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: MI15, OR12, PA12, TN15, WA12

Q5. This question asks about feelings and concerns women sometimes have about becoming pregnant. For each item, 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 Phase 6.

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: AR74, DE65

(formerly A3)

Q7. How many months had you been trying to get pregnant? Do not count long periods of time when you and your partner were apart or not having sex.)

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

Used by: None of the states used this question in Phase 6.

State-Developed

OK55. 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

WA63. How did you feel when you found out you were pregnant?

Very unhappy
Somewhat unhappy
Somewhat happy
Very happy
I wasn't sure how I felt

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: LA67

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: None of the states used this question in Phase 6.

Related Topics

Assisted Reproduction
Contraception, Conception

26. PREGNANCY RECOGNITION

Core

15. **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

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

- No
- Yes

18. Did any of these things keep you from getting prenatal care at all or as early as you wanted? For each item, circle **T** (True) if it was a reason that you didn't get prenatal care when you wanted or circle **F** (False) if it was not a reason for you or if something does not apply to you.

| | True | False |
|--|------|-------|
| a. I couldn't get an appointment when I wanted one..... | T | F |
| b. I didn't have enough money or insurance to pay for my visits..... | T | F |
| c. I had no transportation to get to the clinic or doctor's office..... | T | F |
| d. The doctor or my health plan would not start care as early as I wanted..... | T | F |
| e. I had too many other things going on..... | T | F |
| f. I couldn't take time off from work or school..... | T | F |
| g. I didn't have my Medicaid (or state Medicaid name) card..... | T | F |
| h. I had no one to take care of my children..... | T | F |
| i. I didn't know I was pregnant..... | T | F |
| j. I didn't want anyone else to know I was pregnant..... | T | F |
| k. I didn't want prenatal care..... | T | F |

State options for answer option g

AK: Denali KidCare

DE: Diamond State Health Plan

HI: Medicaid or QUEST

IL: Medicaid card or All Kids, Moms and Babies card

LA: LaMoms

MA: MassHealth

MD: HealthChoice

ME: Medicaid or MaineCare

MN: Medicaid, Medical Assistance, or MinnesotaCare

MO: MO HealthNet

NC: Baby Love Program

NE: Medicaid Managed Care

NJ: NJ Family Care

NM: Salud!

OH: Medicaid care, CareSource, or Molina Healthcare of Ohio Card

OK: SoonerCare

OR: I didn't have my Oregon Health Plan or Medicaid card

PA: Medicaid/Medical Assistance/Health Choices

RI: Rite Care

TN: TennCare/CoverKids/CoverTN/Medicaid card

TX: Medicaid or Texas Health Steps

WA: Medicaid card, Healthy Options card, or Medical Coupon

WI: Medicaid, BadgerCare or BadgerCare Plus

B. CONTENT

Core

20. 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. Medicines that are safe to take during my pregnancy..... | N | Y |
| f. How using illegal drugs could affect my baby | N | Y |
| g. Doing tests to screen for birth defects or diseases that run in my family..... | N | Y |
| h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due) | 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. What to do if I feel depressed during my pregnancy or after my baby is born ... | N | Y |
| l. 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: AK23, CO24, GA23, ME23, MO26, NE25, PA24, TX22, UT26

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: CO22, NE24, OR24, VA23, WV23

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: IL23, OR25

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: LA25, MO25, WV24

State options

WA22: combined R3, R5, R14, R7 into one question and added a state-developed option

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.

| | | |
|---|---|---|
| a. Ask if you were smoking cigarettes | | |
| 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 planned to use birth control after your baby was born | N | Y |
| f. Talk with you about how eating fish containing high levels of mercury could affect your baby | N | Y |
| g. Talk with you about the bacteria group B Strep (or beta Strep) | N | Y |
| h. Talk with you about how much weight you should gain during your pregnancy | N | Y |
| i. Talk with you about diseases or birth defects that could run in your family or your partner’s family | N | Y |
| j. Talk with you about ‘Baby blues’ or postpartum depression | N | Y |
| k. Ask if you wanted to be tested for HIV (the virus that causes AIDS) | N | Y |

State developed

MS61. During your most recent pregnancy, which one of the following things do you feel would have helped you during your pregnancy? Check all that apply

A pregnancy support group
A 1-800 Toll Free Help Line

Assistance with finding a daycare or child care provider
Better health insurance
A more supportive husband or partner
Home visits from a social worker or other health care
worker to give me advice
Other --> Please tell us
[BOX]
None of these things would have helped me

NY70. This question is about things that a doctor, nurse, or health care worker might have talked with you about when you went for prenatal care during your pregnancy. For each thing, circle **Y** (yes) if someone talked with you about it or circle **N** (no) if they did not.

- | | | | |
|----|---|---|---|
| a. | How long to wait before having another baby | N | Y |
| b. | The "baby blues" (postpartum depression) | N | Y |

OR71. 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 circle **N** (No) if you did not receive the service.

Did you receive--

- | | | | |
|----|---|---|---|
| a. | Help with an alcohol or drug problem | N | Y |
| b. | Help to reduce violence in your home | N | Y |
| c. | Counseling information for family and personal problems | N | Y |

(Note: This is a modified version of V12.)

OK60. During your most recent pregnancy, did you have any problems getting the following services? For each item, circle **Y** (Yes) if you had problems getting the service, circle **N** (No) if you did not, or **NA** (Not Applicable) if you did not need the service.

- | | | | | |
|----|--|---|---|----|
| a. | Help with or information about breastfeeding | N | Y | NA |
| b. | Dental care | N | Y | NA |
| c. | Help to quit smoking | N | Y | NA |
| d. | Help with family stress or personal problems | N | Y | NA |
| e. | Help to buy or get food | N | Y | NA |
| f. | Health insurance or SoonerCare | N | Y | NA |
| g. | Parenting classes or support groups | N | Y | NA |
| h. | Other | N | Y | NA |

Please tell us:
[BOX]

WA64. 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—

- | | | | |
|----|---|---|---|
| a. | Advise you to quit smoking | N | Y |
| b. | Spend time with you discussing how to quit smoking | N | Y |
| c. | Recommend using nicotine gum | N | Y |
| d. | Recommend using a nicotine patch | N | Y |
| e. | Prescribe a nicotine nasal spray or nicotine inhaler | N | Y |
| | Prescribe a pill like Zyban® (also known as Wellbutrin® or Bupropion®) or Chantix® (also known as | | |
| f. | Varenicline) to help you quit | N | Y |
| g. | Refer you to a national or state quit line | N | Y |

MS56. During any of your prenatal care visits, did you have any tests for birth defects?

- No
- Yes → **Go to Question 58**
- I don't know → **Go to Question 58**
-

MS57. What were your reasons for not having tests for birth defects during your most recent pregnancy? Check all that apply

- I was not told about any tests for birth defects
- I did not understand the reason for the test
- I do not like having my blood drawn
- I heard the tests were unreliable
- I did not want to know if my baby had birth defects
- The cost of the blood test was too high
- Other--> Please tell us
- [BOX]

NC61. During any of your prenatal care or new baby doctor visits, did a doctor, nurse, or other health care worker talk with you about any of the following? For each item, circle **Y** (Yes) if it happened or circle **N** (No) if it did not happen.

- | | | | |
|----|---|---|---|
| a. | The “baby blues” or postpartum depression | N | Y |
| | The bacteria B Strep that mothers can pass to | | |
| b. | their newborns during birth | N | Y |
| | Placing your baby to sleep on his or her back | | |
| c. | or side | N | Y |
| d. | If someone was hurting you emotionally | N | Y |
| e. | What happens if a baby is shaken | N | Y |

- What you might do with a crying baby to quiet
- | | | |
|---------------------------|---|---|
| f. him or her | N | Y |
| g. Smoking or tobacco use | N | Y |
| h. Second-hand smoke | N | Y |

OK57. 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 circle **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. Physical activity during pregnancy | N | Y |
| d. How long to wait before having another baby | N | Y |
| e. The safest ways for my baby to sleep | N | Y |
| f. Postpartum depression | N | Y |

OK58. How many times during your most recent pregnancy did you go to the emergency room for routine prenatal care? This might include prenatal care checkups, visits to the ER because your regular provider could not see you, or because you did not have a provider. **Do not include your delivery.**

[BOX] Time(s)

I used the ER for all my routine prenatal care

I never used the ER for routine prenatal care

I did not have prenatal care

RI68. 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 you blood tested for hepatitis C (the virus that can hurt your liver) | N | Y |

WV76. 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 circle **N** (No) if no one talked to you about it.

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

C. LOCATION

Standard

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

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

Used by: AR19, GA19, IL20, LA22, MO21, NE20, NM20, NY22, OR21, PA20, TX19

State Options

- AR:** Nurse midwife's office
- AR:** Non-nurse midwife's office
- GA:** Military facility
- IL, TX:** Community health clinic
- NE:** Indian Health Service or Tribal Clinic
- NE, PA:** Community health center
- NM:** Indian Health Service clinic or hospital
- NM:** Community clinic
- OR:** Midwife's Office
- OR:** At home
- PA:** Midwife

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, nurse, or midwife 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: MA25, MI27, MO24, NE23, PA23, SC21

State-developed

MS58. During your prenatal care visits, did you have any of the following problems with a doctor, nurse, or other health care worker? Check all that apply

- a. My doctor or nurse did not understand my concerns
- b. My doctor or nurse did not answer my questions
- c. I did not understand what my doctor or nurse was telling me
My doctor or nurse seemed not to care about me or my
- d. pregnancy

NM60. There are many feelings and experiences women may have with prenatal care. Please select the statement or statements that most closely describe your feelings or experiences with prenatal care *during your most recent pregnancy*. Check all that apply

- a. I was happy with the prenatal care I got
I felt disrespected by clinic or hospital staff
- b. during prenatal care
I did not have prenatal insurance coverage
and I did not qualify for Medicaid
- c. I wanted prenatal care earlier, but I was
waiting for my Medicaid eligibility
- d. I received some or all of my prenatal care
outside of the United States.
- e. My husband/partner or boyfriend did not want
me to get prenatal care
- f.

Related topics

Maternal Health Care, Discrimination

E. INITIATION

Core

16. 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: None of the states used this question in Phase 6.

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: None of the states used this question in Phase 6.

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: GA25

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 Phase 6.

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 Phase 6.

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 Phase 6.

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 multivitamins, prenatal vitamins, or folic acid vitamins during your pregnancy?

- No
- Yes

Used by: GA22

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: ME70, OR26, RI21

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

| | No | Yes |
|--|-----------|------------|
| a. Foods that are good to eat during pregnancy | N | Y |
| b. How much weight to gain during pregnancy | N | Y |
| c. Exercise during pregnancy | N | Y |
| d. Programs or resources to help me gain the right amount of weight during pregnancy | N | Y |
| e. Programs or resources to help me lose weight after pregnancy | N | Y |

Used by: IL24, MI28, UT28, VT23

State options

MI: Dropped options a, d, and e. Added 'Taking a multivitamin, a prenatal vitamin, or a folic vitamin' and 'How eating fish containing high levels of mercury could affect my baby'

UT: Dropped option b.

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

Between [BOX] Pounds and [BOX] Pounds

Between [BOX] Kilos and [BOX] Kilos

Exactly [BOX] Pounds OR [BOX] Kilos

I don't remember

Used by: CO25, GA24, ME24, UT27

State developed

ME71. 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

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 Phase 6.

28. QUESTIONNAIRE DETAILS

56. What is today's date?

[BOX] / [BOX] / 20__ [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: MD66

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

[BOX] Years old

Used by: DE62

State developed

MD67. How old were you when you got pregnant for the first time?

[Box] Years old

MD68. How old were you when your first baby was born?

[Box] Years old

OK67a. When your first child was born how old were you?

[BOX] Years old

OK67b. When your *first* child was born how old was that child's father?

[BOX] Years old

B. PREVIOUS PREGNANCY OUTCOME

Core

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

- No
- Yes

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

- No
- Yes

10. Was the baby *just before* your new one born *more than 3 weeks* before his or her 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: DE63, WI64

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 Question ## 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: DE64

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 Phase 6.

FF4. *When your new baby was born*, how old was the child born *just before* your new baby?

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

Used by: MS11, TN13

State-developed

MS65. Did you ever have a miscarriage or baby that died?

No → Go to Question 67

Yes

MS66. Please check the primary reason for death. If you had more than one baby who died, select the primary reason for each baby.

SIDS or Sudden Infant Death Syndrome (Crib Death)

Birth defect

Premature birth (born too early)

Miscarriage

Birth weight was too low

Pregnancy complications

Accident --> Please tell us

Other--> Please tell us

[BOX]

I don't know the cause of death

30. SLEEPING BEHAVIORS

Core

49. In which *one* position do you most often lay your baby down to sleep *now*? Check one answer

- On his or her side
- On his or her back
- On his or her stomach

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: DE55, FL64, GA70, HI63, LA60, MD59, MN57, MO60, NC54, NE60, NJ58, NY61, PA60, SC56, TN64, TX60, VA61, VT64, WA56, WI55, WV61

F2. Did a doctor, nurse, or other health care worker talk with you about how to lay your new baby down to sleep?

- No
- Yes

Used by: AR79, SC74, VA77, WV71

F3. Listed below are some things that describe how your new baby *usually* sleeps. For each item, circle **T** (True) if it usually applies to your baby or **F** (False) if it doesn't usually apply to your baby.

| | True | False |
|--|------|-------|
| a. My new baby sleeps in a crib or portable crib..... | T | F |
| b. My new baby sleeps on a firm or hard mattress | T | F |
| c. My new baby sleeps with pillows..... | T | F |
| d. My new baby sleeps with bumper pads..... | T | F |
| e. My new baby sleeps with plush blankets..... | T | F |
| f. My new baby sleeps with stuffed toys..... | T | F |
| g. My new baby sleeps with another person | T | F |

Used by: AK59, HI64, IL60, LA61, MI69, NM55, VT65

State options

HI, VT: Dropped the last

State-Developed

AK73a. ***Last night, did your new baby sleep in the same bed with you or anyone else?***

- No → Go to Question 74
- Yes

AK73b. **Who slept in the same bed with your new baby *last night*? Check all that apply**

- a. Me
- b. My husband or partner
- c. Other person(s) (adults or children)

FL76. **How often does your new baby go to sleep with a pacifier?**

- Always
- Often
- Sometimes
- Rarely
- Never

MA69. **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 me and/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]

NYC63. **Where does your new baby usually sleep? Check one answer**

- In a crib, cradle or bassinet
- On an adult bed or mattress
- Someplace else?
- Please tell us
- [BOX]

NYC64. **Does your new baby usually sleep with bumpers, pillows, or toys?**

- No
- Yes

NYC65. **Does your new baby usually sleep in the same bed with you or another adult or child?**

- No
- Yes

OK62. How often does your new baby sleep or nap on the same sleep surface with you or anyone else? (This can include a bed, crib, futon, couch, recliner, or any other surface used for sleeping).

Always

5 or more times per week, but not always

3 to 4 times per week

1 to 2 times per week

Never

RI74. Do you ever put your baby to bed with a bottle?

No → Go to Question 76

Yes

RI75. What do you put in the bottles that your baby takes to bed? Check all that apply

Water

Something other than water

VT76. From whom or where did you get the information or advice that you received?

Check all that apply

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

Related Topics

Injury Prevention/Safety

Prenatal Care, Content

31. SMOKE EXPOSURE

A. INFANT

State-developed

CO67. 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--

- | | | | |
|----|--|---|---|
| f. | Discuss making your home smoke-free | N | Y |
| g. | Discuss making your car smoke-free | N | Y |

OR67. 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

B. MATERNAL

Standard

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

[BOX] Hours

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

Used by: OK59, VA71

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: AK67, PA68, NC62

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

- No
- No, but I cut back
- Yes, I quit before I found out I was pregnant
- Yes, I quit when I found out I was pregnant
- Yes, I quit later in my pregnancy

Used by: FL36, MI41

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

[BOX] Number of smokers

Used by: NC63

State-developed

NJ73. Did other people frequently smoke in your work area or in public areas while you were there?

- No
- Yes

C. GENERAL

Core

29. 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

Standard

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

[BOX] Number of smokers

Used by: None of the states used this question in Phase 6.

AA10. Listed below are some things that can make it hard for some people to quit smoking. For each item, circle **Y** (Yes) if it was something that makes it hard for you or circle **N** (No) if it is not.

| | No | Yes |
|--|-----------|------------|
| a. Cost of medicines or products to help with quitting | N | Y |
| b. Cost of classes to help with quitting | N | Y |
| c. Fear of gaining weight..... | N | Y |
| d. Loss of a way to handle stress..... | N | Y |
| e. Other people smoking around you | N | Y |
| f. Cravings for a cigarette..... | N | Y |
| g. Lack of support from others to quit..... | N | Y |
| h. Worsening depression | N | Y |
| i. Worsening anxiety | N | Y |
| j. Some other reason → Please tell us: [BOX] | | |

Used by: AR75, FL74

AA11. About how many hours a day, on average, is your new baby in the same room or vehicle with someone who is smoking?

[BOX] Hours

Less than 1 hour a day

My baby is never in the same room or vehicle with someone who is smoking

Used by: AL66, AR80, FL75, LA77, NJ80, TN80, VA78, WV72

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

- No
- Yes

Used by: NJ34, WI31, WV37

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

- No
- Yes

Used by: NJ35, WI32, WV38

Related Topics

Drug Use, Tobacco

Physical Activity and Work

32. SOCIAL SERVICES

A. WIC

Core

22. 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, GA38, MO30, NJ25

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

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

Used by: IL76, ME77

State-Developed

ME78. 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 that WIC offers
- Other → Please tell us _____

Related Topics

Breastfeeding

B. GOVERNMENT ASSISTANCE

Standard

V4. During the 12 months before your new baby was born, did you or any member of your household consider seeking help from the government because your income was low?

- No
- Yes

Used by: None of the states used this question in Phase 6.

V5. During the 12 months before your new baby was born, 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: IL69, NM72

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 think I could get help because I am from another country
- Other → Please tell us: **[BOX]**

Used by: None of the states used this question in Phase 6.

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: NM73

V8 replaced by V5.

V9. Did you get welfare, TANF (Temporary Assistance for Needy Families), or other public assistance?

- No
- Yes

Used by: None of the states used this question in Phase 6.

V10. Why didn't you get welfare, TANF (Temporary Assistance for Needy Families), or other public assistance? 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: None of the states used this question in Phase 6.

State-developed

NE68. Which of these things happened while you were on Medicaid or Medicaid Managed Care? Check all that apply

I had a hard time getting help from the Medicaid or Medicaid Managed Care Staff
I did not understand how to use my Medicaid or Medicaid Managed Care card or what was covered

I did not get all the Medicaid or Medicaid Managed Care services I needed
I had problems finding a doctor who would accept me as a Medicaid or Medicaid Managed Care patient

I was assigned to a doctor that I did not choose

I had problems with Medicaid's or Medicaid Managed Care's transportation service

My doctor or nurse treated me differently from other patients

I did not have any problems with Medicaid or Medicaid Managed Care

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. Visits to your home by a nurse or other health care worker | N | Y |
| d. Counseling for depression or anxiety | N | Y |

Used by: DE70, MN66, NE70, NJ74, VA74,

State option

VA. Added answer option 'e' to V1.

- e. Counseling on how to stop smoking N Y

State-developed

MS63. Before you were discharged from the hospital after having your new baby, did a doctor, nurse, social worker, or other health care worker talk with you about any of the following? 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.

| | | |
|---|---|---|
| a. Having a car seat ready for my new baby | N | Y |
| b. Having a crib ready for my new baby | N | Y |
| c. How or where to lay my baby down to sleep | N | Y |
| d. How to prepare my baby's bed for sleeping | N | Y |
| e. How to dress my baby in cold or hot weather | N | Y |
| f. How to position my baby for feeding | N | Y |
| g. How often and how much to feed my baby | N | Y |
| How to get help if I need it when breastfeeding | | |
| h. the baby | N | Y |
| How smoking near my baby could affect him or | | |
| i. her | N | Y |
| How often to take my baby to the doctor for | | |
| j. shots or checkups | N | Y |
| How to watch my baby for signs of possible | | |
| k. illness | N | Y |
| l. How to take care of my baby while at home | N | Y |

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

| | No | Yes |
|---|-----------|------------|
| a. Parenting classes | N | Y |
| b. Visits to your home by a nurse or other health care worker | N | Y |
| c. Counseling for depression or anxiety | N | Y |

Used by: DE73, FL77, MN69, NY74

State options

DE: Dropped option a.

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. Food stamps, WIC vouchers or money to buy food | N | Y |
| b. Counseling information for family and personal problems..... | N | Y |
| c. Help to quit smoking | N | Y |
| d. Help to reduce violence in your home..... | N | Y |
| e. Other | N | Y |

Please tell us:
[BOX]

Used by: WI65

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 circle **N** (No) if you did not receive the service.

Did you receive—

| | No | Yes |
|---|-----------|------------|
| a. Food stamps, WIC vouchers or money to buy food | N | Y |
| b. Counseling information for family and personal problems..... | N | Y |
| c. Help to quit smoking | N | Y |
| d. Help to reduce violence in your home..... | N | Y |
| e. Other | N | Y |

Please tell us:
[BOX]

Used by: DE71, OR71, WI66, WV69

State options

OR: Dropped options a and e and reordered the rest.

State-developed

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 |

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?

| | | | |
|----|--|---|---|
| b. | Child Service Coordination (CSC) | N | Y |
| | Children's Specialized Services Help Line | N | Y |
| c. | (1-800-737-3028) | | |
| d. | Family Planning Waiver/Be Smart | N | Y |
| e. | Family Support Network | N | Y |
| f. | First Step Hotline (1-800-FOR-BABY) | N | Y |
| g. | Health Check/NC Health Choice for Children | N | Y |
| | NC Family Health Resource Line (1-800- | N | Y |
| h. | 367-2229) | | |
| | QuitlineNC (1-800-QUIT-NOW 1-800-784- | N | Y |
| i. | 8669) | | |
| j. | Smart Start | N | Y |

OR71. 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 circle **N** (No) if you did not receive the service.

Did you receive--

| | | | |
|----|--|---|---|
| a. | Help with an alcohol or drug problem | N | Y |
| b. | Help to reduce violence in your home | N | Y |
| | Counseling information for family and personal | N | Y |
| c. | problems | | |

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
- Religious community
- Someone else Please tell us:

[BOX]

No one would have helped me

Used by: None of the states used this question in Phase 6.

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: DE72, OR72, VA75, WA66

W3. Since you delivered your new baby, who would help you if a problem came up? (For example, who would help you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?) Check all that apply

- My husband or partner
- My mother, father, or in-laws
- Other family member or relative
- A friend
- Religious community
- Someone else → Please tell us: **[BOX]**
- No one would help me

Used by: MN71

W4. *Since you delivered your new baby, would you have the kinds of help listed below if you needed them?* For each thing, circle **Y** (Yes) if you would have 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 baby | N | Y |

Used by: NC69, NM67, OK64, RI71

State options

RI: Dropped 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

RI73. **In general, how easy is it to calm your baby when he or she is crying or fussy?**
Check one answer

Very easy

Somewhat easy

Somewhat difficult

Very difficult

VT75. **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 - Go to Question 77

VT81. **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

33. 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 look at the calendar when you answer these questions.)

| | No | Yes |
|---|----|-----|
| a. A close family member was very sick and had to go into the hospital..... | 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 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: LA37, MI48, OH44, PA42, RI37, TN44

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: PA43

State-Developed

RI73. In general, how easy is it to calm your baby when he or she is crying or fussy?
Check one answer

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

RI84. How many times have you moved in the last 3 years?

_____ Number of times

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: MI49, NC34, TN45, WI37

State-Developed

MA66. 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 didn't. It may help to use a calendar.

- | | | |
|----|---|-----------|
| a. | I felt that my race or ethnic background contributed to the stress in my life | No Yes |
| 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 | No Yes |
| c. | I experienced physical symptoms (for example, a headache, an upset stomach, tensing of my muscles, or a pounding heart) that I felt were related to how I was treated based on my race or ethnic background | No Yes |

WA62. During the 12 months before your new baby was born, did you experience discrimination, harassment, or were you made to feel inferior because of the things listed below? For each item circle **Y** (Yes) if you experienced these things or circle **N** (No) if no if you did not experience these things.

- | | | | |
|----|---------------------------------|---|---|
| a. | My race, ethnicity, or culture | N | Y |
| b. | My insurance or Medicaid status | N | Y |
| c. | My weight | N | Y |
| d. | My marital status | N | Y |
| e. | Other | N | Y |
- Please tell us: _____

Related Topics

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

34. EMERGENCY PREPAREDNESS

State-developed

1. Do you currently have an emergency plan for your family in case of disaster? For example, you and your family have talked about how to be safe if a disaster happened.

No

Yes

Used by: AR83

2. During your most recent pregnancy, did you have an emergency plan for your family in case of disaster? For example, you and your family talked about how to be safe if a disaster happened. A disaster may be a hurricane, tornado, flood, fire, terrorist attack, or other event.

No

Yes

Used by: None of the states used this question in Phase 6.

3. How often do you worry about the possibility of a disaster happening to you or your family?

Always

Sometimes

Never

Used by: None of the states used this question in Phase 6.