

Pregnancy Risk Assessment Monitoring System (PRAMS)

Phase 7 Standard Questions
Revised 1/30/2012

**NOTE: Skip A1–A5 if the mother was not trying to get pregnant (Core 14).
A1 is required if A2, A4 or A5 is used.**

BEFORE A1, insert instruction box that says, “If you were not trying to get pregnant when you got pregnant with your new baby, go to Question...”

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

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

Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid[®], Serophene[®], Pergonal[®], or other drugs that stimulate ovulation)

Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman’s body)

Assisted reproductive technology (treatments in which BOTH a woman’s eggs and a man’s sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)

Other medical treatment → Please tell us:

I wasn’t using fertility treatments *during the month* that I got pregnant with my new baby

A3 is now Q7.

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

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

**NOTE: Skip B1 if infant is not alive or not living with the mother (Core 43 and/or Core 44).
Skip B1 if the mother ever breastfed (Core 45).**

AFTER B1, insert instruction box that says, “If you did not breastfeed your new baby, go to Question”

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

- I was sick or on medicine
- I had other children to take care of
- I had too many household duties
- I didn't like breastfeeding
- I tried but it was too hard
- I didn't want to
- I went back to work or school
- Other → Please tell us:

**NOTE: Skip B2 if infant is not alive or not living with the mother (Core 43 and/or Core 44).
Skip B2 if the mother did not breastfeed or is still breastfeeding (Core 45 and/or Core 46).**

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, or my milk dried up
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick or I had to stop for medical reasons
- I went back to work or school
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other → Please tell us:

**NOTE: Skip B3-B4 if infant is not alive or not living with the mother (Core 43 and/or Core 44).
Skip B3 if infant was not born in a hospital (Core 42).
BEFORE B3, insert instruction box that says, "If your baby was not born in a hospital, go to
Question ##."
Skip B3 if mother said that she did not breastfeed (Core 45).**

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

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

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

**NOTE: Skip B5–B6 if infant is not alive or not living with the mother (Core 43 and/or Core 44).
B6 needs B5, but B5 can be used alone.**

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

- No → Go to Question ##
- Yes

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

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

NOTE: Skip B7-B8 if mother was not on WIC during her pregnancy (Core 27).

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

No
Yes

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

No
Yes

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

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

**NOTE: Skip B10-B11 if infant is not alive or not living with the mother (Core 43 and/or Core 44).
Skip B10 if mother said that she did not breastfeed (Core 45).**

B10. 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)?

Weeks **OR** Months

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

B11. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

Weeks **OR** Months

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

**NOTE: Skip C1–C3 if infant is not alive or not living with the mother or is still in the hospital (Core 43 and/or Core 44, Core 42).
C2 and/or C3 need C1. C1 can be used alone. If C1 is used alone, it does not need to be skipped if infant is not alive or not living with the mother, or if the baby is still in the hospital.**

C1. Are you currently in school or working?

No, I don't go to school or work → **Go to Question ##**
Yes, I go to school or work outside the home
Yes, I go to school or work from home

NOTE: If C2 is used with C3, then add a skip instruction off of the last option in C2 (“The baby is with me while I am at school or work”).

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

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

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- No → Go to Question ##
- Yes

NOTE: C5 and C6 need C4, but C4 can be used alone.

C5. During *your most recent* pregnancy, how many hours did you work per week at your *main* job? 40 or more hours per week

- 30 – 39 hours per week
- 20 – 29 hours per week
- 10 – 19 hours per week
- Less than 10 hours per week

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

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

NOTE: C7 needs C4, but C4 can be used alone. If C7 is no, skip C8-C10.

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

No → Go to Question ##

No, but I will be returning

Yes

C8. Which of the following describes the leave or time you took off from work after your new baby was born? Check ALL that apply

I took *paid* leave from my job I took *unpaid* leave from my job State-specific options (*Leave or disability programs*)

I did not take leave

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

Too little time

Just the right amount of time

Too much time

C10. Did any of the things listed below affect your decision about taking leave from work after your new baby was born? For each item, check No if it does not apply to you or Yes if it does.

No Yes

a. I could not financially afford to take leave

b. I was afraid I'd lose my job if I took leave or stayed out longer

c. I had too much work to do to take leave or stay out longer

d. My job does not have paid leave

e. My job does not offer a flexible work schedule

f. I had not built up enough leave time to take any or more time off

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

No, he did not take leave from his job

Yes, he took *paid* leave from his job

Yes, he took *unpaid* leave from his job

Yes, he took *paid and unpaid* leave from his job

My baby's father was unemployed

I don't know

NOTE: Skip D1–D2 if infant is not alive or not living with the mother (Core 43 and/or Core 44). D2 needs D1, but D1 can be used alone.

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

Boy

Girl → Go to Question ##

D2. Did you have your new baby boy circumcised?

- No
Yes

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

NOTE: Skip E3 if mother was not using birth control when she got pregnant (Core 15). BEFORE E3, insert instruction box that says, "If you or your husband or partner was not doing anything to keep from getting pregnant, go to Question...."

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

- Birth control pill
Condoms
Injection (Depo-Provera®)
Contraceptive implant (Implanon®)
Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
IUD (including Mirena® or ParaGard®)
Natural family planning (including rhythm method)
Withdrawal (pulling out)
Other → Please tell us:

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

- No
Yes

NOTE: Skip F1 and F3 if infant is not alive, is not living with the mother, or if the baby is still in the hospital (Core 43 and/or Core 44, Core 42). Skip F2 if the baby is not alive or not living with the mother.

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

- Always
Often
Sometimes
Rarely
Never

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

F3. Listed below are some things that describe how your new baby *usually* sleeps. For each item, check **No** if it doesn't usually apply to your baby or **Yes** if it usually applies to your baby.

No Yes

- a. My new baby sleeps in a crib or portable crib
- b. My new baby sleeps on a firm or hard mattress
- c. My new baby sleeps with pillows
- d. My new baby sleeps with bumper pads
- e. My new baby sleeps with plush or thick blankets
- f. My new baby sleeps with stuffed toys
- g. My new baby sleeps with an infant positioner
- h. My new baby sleeps with me or another person

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

No → Go to Question ##
Yes

NOTE: G1 and G2 can be used alone. However, if they are used together, skip G2 if mother has never heard or read about folic acid (answered No to G1).

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

Magazine or newspaper article
Radio or television
Doctor, nurse, or other health care worker
Book
Family or friends
Other → Please tell us:

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

To make strong bones
To prevent birth defects
To prevent high blood pressure
I don't know

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

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

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

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

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

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

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

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

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

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

NOTE: Skip G8 if mother took a multivitamin 1 or more times a week (Core 9).

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

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

NOTE: Skip H1–H2 if infant is not alive or not living with the mother (Core 43 and/or Core 44).

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

No
 Yes

- H2. What kind of *health insurance* is your new baby covered by now? Check ALL that apply**
 Private health insurance from my job or the job of my husband, partner, or parents
 Private health insurance purchased directly from an insurance company
 Medicaid (required: *state Medicaid name*)
State-specific option (Other government plan or program such as SCHIP/CHIP or health reform exchange program)
State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)
State-specific option (TRICARE or other military health care)
State-specific option (IHS or tribal)
 Some other kind of health insurance → Please tell us _____
 I do not have any health insurance for my new baby

NOTE: For the insurance questions, states should add specific plan names wherever possible.

NOTE: Skip H3–H4 if infant is not alive or not living with the mother (Core 43 and/or Core 44).
 H4 must be used with H3, but H3 can be used alone.

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

No
 Yes → Go to Question ##

- 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]

NOTE: Skip H5-H7 if the baby did not have insurance (H2).

BEFORE H5, insert instruction box that says, "If the baby is not covered by health insurance, go to Question ..."

- H5. Does the cost of health insurance for your new baby cause financial problems for you or your family *now*?**

No
 Yes

- H6. Do you or someone else make regular payments to pay for the health insurance that you have for your new baby *now*, including having money taken out of your paycheck or your husband, partner, or parent's paycheck?**

No
 Yes → About how much per month? _____

- H7. Do you have copayments for medical visits when you use your new baby's health insurance *now*?**

No
 Yes

NOTE: Skip I2 if mom indicated in I6 that she had been tested before this pregnancy.

Skip I2–I3 if mom indicated in Core 20 that she was tested during pregnancy or delivery. Do NOT skip these if mom indicated in Core 20 that she “didn’t know” whether she was tested during pregnancy or delivery.

I3 must be used with I2, but I2 can be used alone.

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

No → Go to Question ##

Yes

I don’t know → Go to Question ##

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

NOTE: Skip I4–I6 if mom indicated in Core 20 that she was tested during pregnancy or delivery. Do NOT skip these if mom indicated in Core 20 that she “didn’t know” whether she was tested during pregnancy or delivery.

I5 and I6 must be used with I4, but I4 can be used alone.

I5 and I6 can be used without each other.

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

No → Go to Question ##

Yes

I5. Did you turn down the HIV test?

No → Go to Question ##

Yes

I6. 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 → Go to Question ##

Other → Please tell us:

NOTE: Skip I7 if mom indicated in Core 20 that she had not been tested during this pregnancy or delivery. Skip I7 if mom indicated in Core 20 that she “didn’t know” whether she was tested during pregnancy or delivery.

AFTER I7, insert instruction box that says: “If you had a test for HIV during your most recent pregnancy or delivery, go to Question XX.”

I7. 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

NOTE: Skip J1 if infant is not alive or not living with the mother, and if baby is still in the hospital (Core 43 and/or Core 44, Core 42).

J1. Since your new baby was born, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, check No if no one talked with you about it or Yes if someone did.

- | | No | Yes |
|---|----|-----|
| a. Help with or information about breastfeeding | | |
| b. How long to wait before getting pregnant again | | |
| c. Birth control methods that I can use after giving birth | | |
| d. Postpartum depression | | |
| e. Support groups for new parents | | |
| f. Resources in my community such as nurse home visitation programs, telephone hotlines, counseling, etc. | | |
| Getting to and staying at a healthy weight after delivery | | |

NOTE: Skip K1 if mother has not had a previous infant born alive (Core 4).

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

- No
- Yes

K3. How was your new baby delivered?

- Vaginally
- Cesarean delivery (c-section)

NOTE: Skip K4 if mother did not have prenatal care (Core 17).

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

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

- No
- Yes
- I didn't have my baby in the hospital

NOTE: Skip K6 and K7 if the mother did not have a cesarean delivery for her new baby (K3).

K6 and K7 must be used with K3, but K3 may be used alone.

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

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

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

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

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

- No
- Yes

NOTE: K10 needs K9, but K9 can be used alone.

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

No → Go to Question ##

Yes

I don't know → Go to Question ##

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

My water broke and there was a fear of infection

I was past my due date

My health care provider worried about the size of the baby

My baby was not doing well and needed to be born

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

Labor stopped or was not progressing

I wanted to schedule my delivery

I wanted to give birth with a specific health care provider

Other → Please tell us: _____

NOTE: Skip K11-K12 if the baby was not born in the hospital (Core 42).

AFTER K11 and/or K12, insert instruction box that says, "If your baby is still in the hospital, go to Question ##."

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

No

Yes

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

No

Yes

K13. When was your baby due?

Month/Day/Year

K14. When did you go into the hospital to have your baby?

Month/Day/Year

I didn't have my baby in a hospital

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

Month/Day/Year

I didn't have my baby in a hospital

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

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

No
Yes

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

No
Yes

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

No → Go to Question ##
Yes

**NOTE: Skip L5–L7 if mother has never taken medicine to control seizures or epilepsy (L4).
L5-L7 need L4, but L4 can be used alone.**

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

No → Go to Question ##
Yes

NOTE: L6 and L7 need L5, but L5 can be used alone.

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

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

None
1
2
3 or more

L8 is now Core 53.

NOTE: Skip L9 if mother has not had a postpartum checkup (Core 53).

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

No
Yes

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

Excellent
Very good
Good
Fair
Poor

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

	No	Yes
a.		Asthma
b.		Anemia (poor blood, low iron)
c.		Heart problems
d.		Epilepsy (seizures)
e.		Thyroid problems
f.		Anxiety

L12 is now Core 21.

L13 is now Core 22.

NOTE: Skip L14 if mother got a flu shot (Core 22).

BEFORE L14, insert an instruction box that says, “If you got a flu shot, go to Question ##”

L14. What were your reasons for not getting a flu shot during the 12 months before the delivery of your new baby? For each item, check No if it was not a reason for you or Yes if it was.

	No	Yes
a.		My doctor didn't mention anything about a flu shot
b.		I was worried about side effects of the flu shot for me
c.		I was worried that the flu shot might harm my baby
d.		I was not worried about getting sick with the flu
e.		I do not think the flu shot works
f.		I don't normally get a flu shot
g.		Other Please tell us:

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

No
Yes

NOTE: Skip L16 if mother has not had a postpartum checkup (Core 53).

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

No
Yes

NOTE: Skip L18 if health care worker didn't talk with mother about improving her health before pregnancy (Core 10).

L17 is now Core 10.

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, check No if no one talked with you about it or Yes if someone talked with you about it.

- | | No | Yes |
|--|----|-----|
| a. Taking vitamins with folic acid before pregnancy | | |
| b. Being a healthy weight before pregnancy | | |
| c. Getting my vaccines updated before pregnancy | | |
| d. Visiting a dentist or dental hygienist before pregnancy | | |
| e. Getting counseling for any genetic diseases that run in my family | | |
| f. Controlling any medical conditions such as diabetes and high blood pressure | | |
| g. Getting counseling or treatment for depression or anxiety | | |
| h. The safety of using prescription or over-the-counter medicines during pregnancy | | |
| i. How smoking during pregnancy can affect a baby | | |
| j. How drinking alcohol during pregnancy can affect a baby | | |
| k. How using illegal drugs during pregnancy can affect a baby | | |

NOTE: Skip L19 if mother did not get a flu shot (Core 22).

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

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

L20. At any time during your most recent pregnancy, were you sick with a fever?

No
Yes

L21. At any time during your most recent pregnancy, did a doctor, nurse or other health care worker tell you that you had the flu?

No → Go to Question ##
Yes

NOTE: Skip L22 and L23 if mother was not told by a health care worker that she had the flu (L21).

L22. Were you hospitalized for the flu during *your most recent* pregnancy?

No
Yes

L23. Did you take a medicine prescribed by your doctor or other health care worker called Tamiflu® or oseltamivir, or an inhaled medicine called Relenza® or zanamivir *during* your pregnancy to treat the flu?

No
Yes

L24. Did you receive a Tdap vaccination before, during or after your most recent pregnancy?

A Tdap vaccination is a shot that protects against tetanus, diphtheria, and pertussis (or whooping cough). Tdap was new in 2005. Check ONE answer

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

M1a and M1b returned to Phase 7 as Core Questions 54 and 55. Phase 6 Core Question 53 was deleted.

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

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 → Go to Question ##
Yes

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

No
Yes

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

No → Go to Question ##
Yes

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

No
Yes

M7. **How would you describe the time during *your most recent* pregnancy? Check ONE answer**

One of the happiest times of my life
A happy time with few problems
A moderately hard time
A very hard time
One of the worst times of my life

Note: M8 and M9 need M3, but M3 can be used alone.

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

No
Yes

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

No
Yes

Note: M10 and M11 need M5, but M5 can be used alone.

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

No
Yes

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

No
Yes

Note: M12 and M21 must be used together.

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

Always
Often
Sometimes
Rarely
Never

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

No → Go to Question ##

Yes

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

No

Yes

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

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

Note: M17 and M18 need M13, but M13 can be used alone.

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

No

Yes

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

No

Yes

Note: M19 and M20 need M15, but M15 can be used alone.

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

- No
- Yes

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

- No
- Yes

Note: M21 must be used with M12.

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

- Always
- Often
- Sometimes
- Rarely
- Never

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 → Go to Question ##
- Yes

NOTE: N2 needs N1, but N1 can be used alone.

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

Weeks **OR** Months

NOTE: N3 needs N1, but N1 can be used alone.

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

- Always → Go to Question ##
- Often → Go to Question ##
- Sometimes
- Rarely
- Never

NOTE: N4 needs N3, but N3 can be used alone.

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

No Yes

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

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

- No
- Yes
- I don't know

NOTE: Skip N6-N7 if the mother did not have gestational diabetes during this pregnancy (Core 28).

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

- No
- Yes

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

No Yes

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

NOTE: Skip N8 if mother did not have any problems during this pregnancy (N9), so N8 needs N9 but N9 can be used alone.

BEFORE N8, insert instruction box that says, "If you did not have any of the problems listed above, go to Question ##."

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?

No
Yes

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

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

1 time
2 times
3 times
4 or more times

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

No Yes

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

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

No → Go to Question ##
Yes

NOTE: O2 and O3 need O1, but O1 can be used alone.

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

Month/Day/Year

I don't know

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

Vaginal bleeding

Fever or infection

Other → Please tell us:

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

No → Go to Question ##

Yes

NOTE: O5 needs O4, but O4 can be used alone.

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 ##

NOTE: O6 needs both O4 and O5.

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

No → Go to Question ##

Yes

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

No

Yes

P2. When you got pregnant, what relationship did you have with your new baby's father? Check ONE answer

He was my husband (legally married)

He was my partner (not legally married)

He was my boyfriend

He was a friend

Other → Please tell us:

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

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

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

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

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

No
 Yes

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

___ Years old
 I don't know

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

___ Years old

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

___ Years old

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

No → Go to Question ##

Yes

Note: P10 needs P9, but P9 can be used alone.

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

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?

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

___Adults (people aged 18 years or older)

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

NOTE: P13a and P13b do not have to be used together.

BEFORE P13b, insert instruction box that says, “If you don’t have complete plumbing facilities in your home, go to Question ##.”

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

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

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

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

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 → Go to Question ##
Never → Go to Question ##

Note: P16 needs P15, but P15 can be used alone.

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, check No if you did not or Yes if you did it.

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

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

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:

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

I was trying to get pregnant

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

I was trying hard to keep from getting pregnant

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

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

Q4 is now Core 13 with modifications.

Q5. This question asks about feelings and concerns women sometimes have about becoming pregnant. For each item, check No if you did not apply to you when you found out you were pregnant with your new baby or Yes if it did.

- | | No | Yes |
|--|----|-----|
| a. I was worried that I didn't know enough about how to take care of a baby | | |
| 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 | | |
| c. I looked forward to teaching and caring for a new baby | | |
| d. I looked forward to the new experiences that having a baby would bring | | |
| e. I looked forward to telling my friends that I was pregnant | | |
| f. I was worried that I did not have enough money to take care of a baby | | |
| g. I did not look forward to telling my friends that I was pregnant | | |
| h. I looked forward to buying things for a new baby | | |

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

NOTE: Skip Q7 if mother was not trying to get pregnant (Core 14).

AFTER Q7, insert instruction box that says, "If you were trying to get pregnant when you got pregnant with your new baby, go to Question ##."

Q7. How many months were you 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

NOTE: Skip R1–R18 if mother had no prenatal care (Core 17).

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

Were you satisfied with—

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

R2 is now Core 19a.

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

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

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
- b. If someone was hurting you emotionally or physically
- c. If you were using illegal drugs (marijuana or hash, cocaine, crack, etc.)
- d. If you wanted to be tested for HIV (the virus that causes AIDS)
- e. If you planned to use birth control after your baby was born

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

No
Yes

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

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

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

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, check No if no one talked with you about it or Yes if someone did.*

No Yes

- a. Not touching your mouth or eyes while handling raw meat
- b. Cooking meat to “well done”
- c. Washing hands and utensils after handling raw meat
- d. Washing hands after contact with soil, sand, litter, or any other material that may be contaminated with cat feces
- e. Not feeding cats raw or undercooked meat

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

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

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

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

- No
- Yes

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

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

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

No Yes

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

NOTE: R17 needs Core 19a (formerly R2).

BEFORE R17, insert instruction box that says, “If a doctor, nurse, or other healthcare worker did not tell you how much weight you should gain during your most recent pregnancy, go to Question”

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

- Between _____ Pounds and _____ Pounds
- Between _____ Kilos and _____ Kilos
- Exactly _____ Pounds **OR** _____ Kilos
- I don't remember

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

- No
- Yes

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

- Weeks **OR** Months
- I don't remember

NOTE: If R20 is used without R21, insert instruction box that says, “If you did not get prenatal care, go to Question...”

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

- No
- Yes → Go to Question ##

NOTE: R21 needs R20, but R20 can be used alone.

AFTER R21, insert instruction box that says, “If you did not get prenatal care, go to Question...”

R21. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check No if it did not keep you from getting prenatal care or Yes if it did.

No Yes

- a. I couldn't get an appointment when I wanted one
- b. I didn't have enough money or insurance to pay for my visits
- c. I didn't have any transportation to get to the clinic or doctor's office
- d. The doctor or my health plan would not start care as early as I wanted
- e. I had too many other things going on
- f. I couldn't take time off from work or school
- g. I didn't have my Medicaid (or *state Medicaid name*) card
- h. I didn't have anyone to take care of my children
- i. I didn't know that I was pregnant
- j. I didn't want anyone else to know I was pregnant
- k. I didn't want prenatal care

NOTE: Skip S1 if infant is not alive or not living with the mother (Core 43 and/or Core 44). Do not use S16-S17 if you use S1.

S1. Listed below are some statements about safety. For each one, check No if it does not apply to you or Yes if it does.

No Yes

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

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

No
Yes

NOTE: Skip S3 if infant is not alive, not living with the mother, or is still in the hospital (Core 43, Core 44, or Core 42).

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

True False

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

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

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

NOTE: Skip S6–S9 if infant is not alive, is not living with the mother, or is still in the hospital (Core 43, Core 44, or Core 42).

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 ##

NOTE: Skip S7–S9 if infant never rides in an infant car seat (S6). S7, S8, and S9 need S6, but S6 can be used alone.

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

Front seat
Back seat

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

Facing forward
Facing the rear

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

No
Yes

NOTE: Skip S10–S12 if infant is not alive, is not living with the mother, or is still in the hospital (Core 43, Core 44, or Core 42).

S10. Do you have an infant car seat(s) that you can use for your new baby?
 No → Go to Question ##
 Yes

Note: S11 and S12 need S10, but S10 can be used alone.

S11. How did you get your new baby’s infant car seat(s)? Check ALL that apply
 I bought a car seat *new*
 I received it new for this baby as a gift
 I had one from another one of my babies
 I bought a car seat *used*
 I borrowed a car seat from a friend or family member
 I borrowed or rented a car seat from a loaner program
 The hospital where my new baby was born gave me a car seat
 A community program gave me a car seat
 Other → Please tell us:

S12. How did you learn to install and use your infant car seat(s)? Check ALL that apply
 I read the instructions
 A friend or family member showed me
 A health or safety professional showed me
 I figured it out myself
 I already knew how to install it because I have other children
 Some other way → Please tell us:

NOTE: Skip S13 if infant is not alive or is not living with the mother (Core 43 or Core 44).

S13. Have you ever heard or read about what can happen if a baby is shaken?
 No
 Yes

S14. Was the house or apartment you live in now built after 1977?
 No
 Yes → Go to Question ##
 I don’t know → Go to Question ##

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

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

NOTE: Skip S16-S17 if infant is not alive or not living with the mother (Core 43 and/or Core 44). Do not use S1 if you use S16-S17. S17 requires S16, but S16 can be used alone.

S16. *Since your new baby was born, have you received information about infant products (such as cribs, medicines, toys) that should be taken off the market (product recalls)?*

No → Go to Question ##

Yes

S17. **Where did you receive information about infant product recalls? Check ALL that apply**

Product manufacturers

Doctor, nurses, or other health care worker

Newspaper, radio, TV, internet

Friends or family members

In-store recall notices

Other source → Please tell us _____

NOTE: Skip T1–T3 if infant is not alive, is not living with the mother, or is still in the hospital (Core 43, Core 44, or Core 42).

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

Times

None → Go to Question ##

My baby has not been sick → Go to Question ##

Note: T2 and T3 need T1, but T1 can be used alone.

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:

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

No

Yes

NOTE: Skip T4–T5 if infant is not alive or not living with the mother (Core 43 and Core 44).

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

No → Go to Question ##
Yes

NOTE: T5 needs T4, T4 can be used alone. If used together, T5 needs to be skipped if the baby is still in the hospital (Core 42).

AFTER T4 (if used with T5), insert instruction box that says, “If your baby is still in the hospital, go to Question...”

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

No
Yes

NOTE: Skip T6–T7 if infant is not alive, is not living with the mother, or is still in the hospital (Core 43, Core 44, or Core 42).

T6. How many times has your new baby gone to the hospital emergency room about his or her health? Please include emergency room visits that resulted in a hospital admission.

_____ Times
None → Go to Question ##
I don't know → Go to Question ##

NOTE: Insert instruction box BEFORE T7 that says “If your new baby has never been to the hospital emergency room about his or her health, go to Question ...” This skip applies if T6=0.

T7. How many of these visits were because of an accident, injury, or poisoning?

_____ Visits
None
I don't know

NOTE: U1 and U2 need AA7, but AA7 can be used alone. Skip U1 and U2 if no one is allowed to smoke inside the house at any time (AA7).

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

No
Yes

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

No
Yes

Deleted options from V1 are now Core 25 and Core 26.

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

- | | No | Yes |
|---|----|-----|
| a. Parenting classes | | |
| b. Counseling for depression or anxiety | | |

NOTE: Skip V2 and V3 if infant is not alive or not living with the mother (Core 43 and/or 44).

Deleted option from V2 is now Core 53.

V2. Since your new baby was born, have you used any of these services? For each one, check No if you did not use the service or Yes if you did.

- | | No | Yes |
|---|----|-----|
| a. Parenting classes | | |
| b. Counseling for depression or anxiety | | |

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

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

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

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 → Go to Question ##

Note: V6, V7, and V9 need V5, but V5 can be used alone.

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:

NOTE: If V6 is used, add an instruction box BEFORE V7 that says, “If you or any member of your household did not apply for government payments, go to Question ...”

- 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

V8 was deleted since it is a duplicate of the revised V5.

NOTE: V10 needs V9 and V9 needs V5

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

No
Yes → Go to Question ##

- 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:

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

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

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

No Yes

- a. Food stamps, WIC vouchers, or money to buy food
 - b. Counseling information for family and personal problems
 - c. Help to quit smoking
 - d. Help to reduce violence in your home
 - e. Other
- Please tell us: _____

NOTE: Skip V13, V14, and V15 if the mother did not have a home visitor (Core 26).

V13. What kind of home visitor came to your home during your most recent pregnancy?

- A nurse
- A nurse's aide
- A teacher or health educator
- A social worker
- Someone else → Please tell us: _____
- I don't know

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

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

V15. During your most recent pregnancy, did the home visitor who came to your home talk with you about any of the things listed below? For each one, check No if they did not talk with you about it or Yes if they did.

No Yes

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

NOTE: Skip V16, V17, and V18 if the mother did not have a home visitor (Core 49).

V16. What kind of home visitor came to your home *since your new baby was born*?

- A nurse
- A nurse's aide
- A teacher or health educator
- A social worker
- Someone else → Please tell us: _____
- I don't know

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

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

V18. *Since your new baby was born*, did the home visitor who came to your home talk with you about any of the things listed below? For each one, check No if they did not talk with you about it or Yes if they did.

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

W1. *During your most recent pregnancy*, who would have helped you if a problem had come up? For example, who would have helped you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks? Check ALL that apply

- My husband or partner
- My mother, father, or in-laws
- Other family member or relative
- A friend
- Religious community
- Someone else → Please tell us: _____
- No one would have helped me

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

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

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

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

NOTE: Skip W4 if infant is not alive, is not living with the mother, or if baby is still in the hospital (Core 43, Core 44, or Core 42).

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

- | | No | Yes |
|---|----|--------------------------|
| a. Someone to loan me \$50 | | |
| b. Someone to help me if I were sick and needed to be in bed | | |
| c. Someone to talk with about my problems | | |
| d. Someone to take care of my baby | | |
| e. Someone to help me if I were tired and feeling frustrated with my new baby | | <input type="checkbox"/> |

NOTE: Skip X1–X12 if infant is not alive, is not living with the mother, or is still in the hospital (Core 43, Core 44, or Core 42).
X1-X2, X4, X7, and X8 need X9, but X9 can be used alone.

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

- No
- Yes → Go to Question ##

NOTE: X2 can be used without X1.

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

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

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

NOTE: Skip X4 if infant has not had a well-baby checkup; therefore, X4 needs the well-baby checkup question (X9).

X4. Did you have health insurance to pay for your baby's well-baby checkups?

No

Yes

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 baby's delivery

At my baby's first visit to the doctor

NOTE: Skip X6 if infant did not have a one week checkup after he or she was born; therefore, X6 needs X10.

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

NOTE: Skip X7–X8 if infant has not had a well-baby checkup (X9); therefore, X7 and X8 need X9.

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.)

_____ Times

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

State-specific option

State-specific option

Other → Please tell us:

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

No → Go to Question ##

Yes

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

No

Yes

My baby was still in the hospital at that time

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

Never → Go to Question ##

Rarely → Go to Question ##

Sometimes

Often

Always

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

Check ALL that apply

The services that I needed were not available in my area

There were waiting lists or other problems getting an appointment

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

Other → Please tell us

Y1 was replaced by Core 24 with modifications.

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

No → Go to Question ##

Yes

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

No

Yes

NOTE: Y4 needs to be used with filter question Y2.

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

NOTE: BEFORE Y5 and/or Y6 add an instruction box that says: If you did not have any problems with your teeth or gums during your pregnancy, go to Question ##.

Y5. During your most recent pregnancy, what kind of problem did you have with your teeth or gums? For each item, check No if you did not have this problem during pregnancy or Yes if you did.

No Yes

- a. I had cavities that needed to be filled
- b. I had painful, red, or swollen gums
- c. I had a toothache
- d. I needed to have a tooth pulled
- e. I had an injury to my mouth, teeth ,or gums
- f. I had some other problem with my teeth or gums

Please tell us: _____

Y6. Did any of the following things make it hard for you to go to a dentist or dental clinic about the problem you had during your most recent pregnancy? For each item, check No if it was not something that made it hard for you to go to a dentist during pregnancy or Yes if it was.

No Yes

- a. I could not find a dentist or dental clinic that would take pregnant patients
- b. I could not find a dentist or dental clinic that would take Medicaid patients
- c. I did not think it was safe to go to the dentist during pregnancy
- d. I could not afford to go to the dentist or dental clinic

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

No Yes

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

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

No Yes

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

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

No
Yes

- Z4. During your most recent pregnancy, did anyone else physically hurt you in any way?**
- No
Yes
- 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
- 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
- Z7. During the 12 months before your new baby was born, did you miss any doctor appointments because you were worried about what your partner would do if you went?**
- No
Yes
- Z8. Before you got pregnant with your new baby, did your husband or partner ever try to keep you from using your birth control so that you would get pregnant when you didn't want to? For example, did he hide your birth control, throw it away or do anything else to keep you from using it?**
- No
Yes
- Z9. During any of the following time periods, did your husband or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way? For each time period, check No if it did not happen then or Yes if it did.**
- | | No | Yes |
|---|----|-----|
| a. During the 12 months before I got pregnant | | |
| b. During my most recent pregnancy | | |
| c. Since my new baby was born | | |

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

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

No
Yes

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

No
Yes

NOTE: Skip AA1, AA2, and AA3 if mother did not smoke during the 3 months before she got pregnant (Core 30).

BEFORE AA1, AA2, and AA3, insert instruction box that says, “If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question ...”

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

No
Yes
I didn't go for prenatal care

AA2. Listed below are some things about quitting smoking. For each thing, check No if it did not apply to you during your most recent pregnancy or Yes if it did.

During your most recent pregnancy, did you—

- | | No | Yes |
|---|----|-----|
| a. Set a specific date to stop smoking | | |
| b. Use booklets, videos, or other materials to help you quit | | |
| c. Call a national or state quit line or go to a website | | |
| d. Attend a class or program to stop smoking | | |
| e. Go to counseling for help with quitting | | |
| f. Use a nicotine patch, gum, lozenge, nasal spray or inhaler | | |
| g. Take a pill like Zyban [®] (also known as Wellbutrin [®] or Bupropion [®]) or Chantix [®] (also known as Varenicline) to stop smoking | | |
| h. Try to quit on your own (e.g., cold turkey) | | |
| i. Other:
Please tell us: _____ | | |

NOTE: Skip AA3 if mother did not have any prenatal care (Core 17).

BEFORE AA3, insert instruction box that says, “If you did not get prenatal care, go to Question...”

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

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

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?

_____ Hours

1 hour a day or less

I was never in the same room or vehicle with someone who was smoking

AA5. Which of the following statements best describes the rules about smoking *inside* your home during *your most recent* pregnancy, even if no one who lived in your home was a smoker? Check ONE answer

- No one was allowed to smoke anywhere inside my home
- Smoking was allowed in some rooms or at some times
- Smoking was permitted anywhere inside my home

NOTE: Skip AA6 if mother did not smoke during the 3 months before pregnancy (Core 30). BEFORE AA6, insert instruction box that says, “If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question ...”

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

AA7. Which of the following statements best describes the rules about smoking *inside* your home *now*, even if no one who lives in your home is a smoker? Check ONE answer

- No one is allowed to smoke anywhere inside my home
- Smoking is allowed in some rooms or at some times
- Smoking is permitted anywhere inside my home

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

_____ Number of smokers

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

_____ Number of smokers

NOTE: Skip AA10 if the mother did not smoke 3 months before she got pregnant (Core 30). BEFORE AA10, insert instruction box that says, “If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question ...”

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

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

NOTE: Skip AA11 if infant is not alive or not living with the mother, or if the baby is still in the hospital (Core 43 and/or Core 44, Core 42).

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

_____ Hours

1 hour a day or less

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

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

BB2. Thinking about when you were growing up, would you say your family was well-off financially, average or poor?

Well -off financially

Average

Poor

It varied

I don't know

BB3. *Since your new baby was born, how often would you say you have been worried or stressed about having enough money to pay your bills?*

Always
Usually
Sometimes
Rarely
Never

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

NOTE: If state doesn't choose CC1 with CC2, the list of examples will need to be added for CC2.

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

NOTE: Skip DD1–DD3 if mother was on Medicaid before she got pregnant (Core 8).

DD2 and DD3 need DD1, but DD1 can be used alone. DD2 and DD3 do not need to be used together. BEFORE DD1, insert instruction box that says, "If you were on Medicaid (or state Medicaid name) before you got pregnant, go to Question ..."

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

No → Go to Question ##
Yes

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

No
Yes

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

NOTE: Skip DD4, DD5, and DD6 if mother was not insured during the month before she got pregnant (Core 8).

BEFORE DD4, DD5, and/or DD6, insert instruction box that says, “If you did not have health insurance during the *month before* you got pregnant with your new baby, go to Question ...”

DD4. Did you or someone else make regular payments for your health insurance before you got pregnant, including having money taken out of your paycheck or your husband, partner, or parent’s paycheck?

- No
- Yes → About how much per month? _____

DD5. Did you have copayments for medical visits when you used your health insurance before you got pregnant?

- No
- Yes

DD6. Did the cost of health insurance cause financial problems for you or your family before you got pregnant?

- No
- Yes

NOTE: Skip DD7 if mother was insured during the month before she got pregnant (Core 8).

BEFORE DD7, insert instruction box that says, “If you had health insurance during the *month before* you got pregnant with your new baby, go to Question ...”

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

- Health insurance was too expensive
- I could not get health insurance from my job or the job of my husband or partner
- I applied for health insurance, but was waiting to get it
- I applied for health insurance, but was refused because of a preexisting medical condition
- I had problems with the health insurance application or paperwork
- My income was too high for the public program I wanted to apply for
- I didn’t know how to get health insurance
- State-specific (I am not a US citizen or I don’t have the right residency documents)*
- Other → Please tell us

NOTE: Skip DD8, DD9, and DD10 if mother did not have health insurance to pay for prenatal care (Core 18).

BEFORE DD8, DD9, and/or DD10, insert instruction box that says, “If you did not have health insurance to pay for your *prenatal care*, go to Question ...”

DD8. Did you or someone else make regular payments to pay for the health insurance that you used to pay for your prenatal care, including having money taken out of your paycheck or your husband, partner, or parent’s paycheck?

No

Yes → About how much per month? _____

DD9. Did you have copayments for medical visits when you used your health insurance for prenatal care?

No

Yes

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

No

Yes

NOTE: Skip DD11 if mother had health insurance to pay for prenatal care (Core 18).

BEFORE DD11 insert instruction box that says, “If you had health insurance to pay for your *prenatal care*, go to Question ...”

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

Check ALL that apply

Health insurance was too expensive

I could not get health insurance from my job or the job of my husband or partner

I applied for health insurance, but was waiting to get it

I applied for health insurance, but was refused because of a preexisting medical condition

I had problems with the health insurance application or paperwork

My income was too high for the public program I wanted to apply for

I didn’t know how to get health insurance

State-specific (I am not a US citizen or I don’t have the right residency documents)

Other → Please tell us

DD12. What kind of health insurance did you have to pay for your *delivery*? Check ALL that apply

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

Private health insurance purchased directly from an insurance company

Medicaid (required: *state Medicaid name*)

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

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

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

State-specific option (IHS or tribal)

Some other kind of health insurance → Please tell us _____

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

NOTE: For the insurance questions, states should add specific plan names wherever possible.

NOTE: Skip DD13, DD14, and DD15 if mother did not have health insurance to pay for her delivery (DD12). BEFORE DD13, DD14, and/or DD15, insert instruction box that says, “If you did not have health insurance to pay for your *delivery*, go to Question ...”

DD13. Did you or someone else make regular payments to pay for the health insurance that you used to pay for your *delivery*, including having money taken out of your paycheck or your husband, partner, or parent’s paycheck?

No

Yes → About how much per month? _____

DD14. Did you have copayments for medical visits when you used your health insurance for your *delivery*?

No

Yes

DD15. Did the cost of health insurance at the time of your *delivery* cause financial problems for you or your family?

No

Yes

NOTE: Skip DD16 if mother had health insurance to pay for her delivery (DD12). BEFORE DD16, insert instruction box that says, “If you had health insurance to pay for your delivery, go to Question ...”

DD16. What was the reason that you did not have any health insurance for your delivery? Check ALL that apply

- Health insurance was too expensive
- I could not get health insurance from my job or the job of my husband or partner
- I applied for health insurance, but was waiting to get it
- I applied for health insurance, but was refused because of a preexisting medical condition
- I had problems with the health insurance application or paperwork
- My income was too high for the public program I wanted to apply for
- I didn't know how to get health insurance
- State-specific (I am not a US citizen or I don't have the right residency documents)*
- Other → Please tell us

NOTE: Skip DD17, DD18, and DD19 if mother does not have health insurance now (Core 56). BEFORE DD17, DD18, and/or DD19, insert instruction box that says, “If you do not have health insurance now, go to Question...”

DD17. Do you or someone else make regular payments to pay for the health insurance that you have now, including having money taken out of your paycheck or your husband, partner, or parent's paycheck?

- No
- Yes → About how much per month? _____

DD18. Do you have copayments for medical visits when you use your health insurance now?

- No
- Yes

DD19. Does the cost of health insurance cause financial problems for you or your family now?

- No
- Yes

**NOTE: Skip DD20 if mother has health insurance now (Core 56).
BEFORE DD20, insert instruction box that says, “If you have health insurance *now*, go to Question...”**

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

Health insurance is too expensive
 I cannot get health insurance from my job or the job of my husband or partner
 I applied for health insurance, but I am still waiting to get it
 I applied for health insurance, but was refused because of a preexisting medical condition
 I had problems with the health insurance application or paperwork
 My income is too high for the public program I want to apply for
 I don't know how to get health insurance
State-specific (I am not a US citizen or I don't have the right residency documents)
 Other → Please tell us

DD21. In the *past 12 months*, has the cost of health insurance caused financial problems for you or your family?

No
 Yes
 I have not had health insurance

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

NOTE: EE2 needs EE1, but EE1 can be used alone.

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]

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 → Go to Question ##
Yes

NOTE: FF2 and FF3 need FF1, but FF1 can be used alone. FF2 and FF3 do not need to be used together.

NOTE: In the instruction text below, remove the “(s)” if only one question is used; if both FF2 and FF3 are used, then “question” should be made plural (i.e., ...the next questions...).

If you had more than one miscarriage, fetal death, or stillbirth during the *12 months before* you got pregnant with your new baby, please answer the next question(s) 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)

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

NOTE: Skip FF4 if mother has not had a previous infant born alive (Core 4).

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

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

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

No → Go to Question ##
Yes
I don't know → Go to Question ##

NOTE: Skip GG2 if no one in the family has sickle cell disease or trait (GG1).

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

No
Yes

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

No Yes Don't Know

- a. Diabetes
- b. Heart problems
- c. High blood pressure (hypertension)
- d. Depression
- e. Postpartum depression
- f. Anxiety

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

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.) _____

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.) _____

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

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.) _____

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

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.) _____

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

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.) _____

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

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.) _____

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, check No if no one in your family had the problem during pregnancy, Yes if someone had the problem during pregnancy, or 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

b. Gestational diabetes (diabetes that started during pregnancy)

c. High blood pressure during pregnancy

II1 is now Core 40 with modifications.

NOTE: Skip JJ1 if mother did not drink during the 3 months before she got pregnant (Core 34).

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

6 or more times

4 to 5 times

2 to 3 times

1 time

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

NOTE: Skip JJ2 if mother did not drink during the last 3 months of her pregnancy (Core 35).

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

6 or more times

4 to 5 times

2 to 3 times

1 time

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

KK1. 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

KK2. 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.

No
Yes

KK3. How often do you worry about the possibility of a disaster happening to you or your family?

Always
Sometimes
Never