

**PRAMS**

Phase 7 Questionnaire

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Updated March 4, 2025

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## ABOUT THIS DOCUMENT

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

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

<b>Date Modified</b>	<b>Activity</b>	<b>By</b>	<b>Notes</b>
<b>Winter 2011</b>	<b>Created document</b>	<b>CDC</b>	<b>By Tonya Stancil</b>

1. ABUSE

A. PHYSICAL

Core

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

- No
Yes

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

- No
Yes

Standard

Z10. 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.

Table with 4 rows (a-d) and 2 columns (No, Yes) containing survey questions about pregnancy safety.

Used by: AR74, PA75, SC77, WA71, WY67

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.

Table with 4 rows (a-d) and 2 columns (No, Yes) containing survey questions about post-birth safety.

Used by: HI72, PA79, WY73

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

- No
- Yes

Used by: AR41, NE48, NYC43

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

- No
- Yes

Used by: AR43, NE50, NYC45

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

- No
- Yes

Used by: ME50

**Z6. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke or physically hurt you in any other way?**

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: OH46, TX46, UT49, VA43

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

- No
- Yes

Used by: MA68, MD70, OH69, SC71, TX77, VA71

**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 thing, check **No** if it did not happen to you or **Yes** if it did.

- |  | <b>No</b>                | <b>Yes</b>               |
|--|--------------------------|--------------------------|
| a. During the 12 months before I got pregnant..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. During my most recent pregnancy .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Since my new baby was born .....                | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: AK80, GA81, MD71, NM78, OH86, TX78

**Z10. Since your new baby was born, has an ex-husband or ex-partner pushed, hit, slapped, kicked, choked, or physically hurt you in any other way?**

- No
- Yes

Used by: None of the states used this question in Phase 7.

**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

Used by: PA80, WY70

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**State-Developed - none**

**B. EMOTIONAL**

**Standard**

**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.

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. My husband or partner threatened me or made me feel unsafe in some way .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner.....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My husband or partner forced me to take part in touching or any sexual activity when did not want to.....                          | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: AR74, PA75, SC77, WA71, WY67

**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.

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. My husband or partner threatened me or made me feel unsafe in some way .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner.....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to.....                        | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: HI72, PA79, WY73

**C. SEXUAL**

**Standard**

**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.

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. My husband or partner threatened me or made me feel unsafe in some way .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner.....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to.....                        | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: HI72, PA79, WY73

## **Related Topics**

Prenatal Care, Content  
Social Support

## 2. ASSISTED REPRODUCTION

### Standard

**A1. Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your new baby?**

This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.

- No → Go to Question ##
- Yes

Used by: DE18, MA18, MD18, , MI19, NY17, UT20, VT18

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

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

Used by: MA19, MD19, NY18, UT21

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

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

Used by: None of the states used this question in Phase 7.

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

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

Used by: NY19

### **Related Topics**

Pregnancy Intention

### 3. BREASTFEEDING

#### Core

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

- No → Go to Question
- Yes

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

- No → Go to Question
- Yes

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

**[BOX]** Weeks **OR** **[BOX]** Months

- Less than 1 week

#### Standard

**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: **[BOX]**

Used by: GA5, IL54, LA55, MD56, NC53, RI48, SC55, TX59, VA52, WV59, WY50

**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: **[BOX]**

Use by: AK57, AL66, CO63, GA60, HI56, IL57, MI57, MN58, MS57, NC56, NE64, NM53, NY61, YC56, OH57, TN60, VA55, WA58\*, WV62, WY53

**State options**

**WA:** Added “My health care provider told me to stop”

**State-developed**

**OK73. For what reasons did you stop breastfeeding?** Check ALL that apply

- My baby had difficulty nursing or latching
- My baby was too sick or was hospitalized
- I didn't have enough milk (or I ran out of milk)
- It was too painful
- I went back to work or school
- I was sick or hospitalized
- I had no one to help me with breastfeeding
- It was too time consuming
- Other Please tell us:\_\_\_\_\_

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

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

Used by: AK58, AL6, AR53, CO64, HI57, LA58, MA57, ME69, MO58, MS70\*, NC57, NE65\*, NJ57, NM4, NY62, NYC57, OK51\*, OR51, SC58, TN61, TX62, UT65, VT60

**State options**

MS: No one skips this question.

NE: Dropped options b, d, g, h, j, k. Bolded “with formula” in option i.

OK: Dropped options a, e, h, k

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

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

Used by: MN54, NC52

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

- No → Go to Question ##
- Yes

Used by: S59

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

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

Used by MS60

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

- No
- Yes

Used by: AR0, LA32

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

- No
- Yes

Used by: FL33, G37, MS33, NY33, NYC30

**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

Used by: AR71, MN75, VT73

**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)?**

**[BOX] Weeks OR [BOX] Months**

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

Used by: AL68, O65, GA61, HI58, IL58, LA59, ME70, MN59, MS58, NC58, NE66, NY63, NYC5, OK52, OR52, UT66

**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)?**

**[BOX] Weeks OR [BOX] Months**

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

Used by: AL69, CO66 GA62, HI59, IL59, ME71, MN60, NE67, NC59, NYC59

### **State-Developed**

**OK73. For what reasons did you stop breastfeeding? Check ALL that apply**

- My baby had difficulty nursing or latching
- My baby was too sick or was hospitalized
- I didn't have enough milk (or I ran out of milk)
- It was too painful
- I went back to work or school
- I was sick or hospitalized
- I had no one to help me with breastfeeding
- It was too time consuming
- Other Please tell us: \_\_\_\_\_

## **Related Topics**

Prenatal Care, Content  
Physical Activity and Work  
Social Services

## 4. CHILD CARE

### Standard

**C2. Which *one* of the following people spends the most time taking care of your new baby when you 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
- The baby is with me while I am at work or school → Go to Question ##
- Other → Please tell us: [BOX]

Used by: NE81 OH81

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

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: OH82

### Related Topics

Breastfeeding  
Physical Activity and Work

## 5. CONTRACEPTION

### A. PRE-CONCEPTION

#### Standard

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

- No
- Yes

Used by: C70

#### State-Developed

**AK 70.** *The following are some things that may keep women from getting birth control when they want it or need it.* For each item, check **No** if it is not true for you *during the 12 months before you got pregnant* or **Yes** if it is true.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. I didn't know where to go to get birth control .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I didn't have enough money or insurance to pay for birth control .....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My husband or partner would not let me use birth control .....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I didn't feel comfortable asking my local health care provider for birth control ..... | <input type="checkbox"/> | <input type="checkbox"/> |

### B. CONCEPTION

#### Core

**15.** *When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?* Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes

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

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

## Standard

**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: **[BOX]**

Used by: AK17, CO17, FL19, HI18, NC18, NE18, OH19, PA17, TN20

## State options

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

## C. POSTPARTUM

### Core

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

- No
- Yes → **Go to Question ##**

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

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- I am worried about side effects from birth control
- My husband or partner doesn't want to use anything
- I have problems getting birth control when I need it
- I had my tubes tied or blocked
- My husband or partner had a vasectomy
- I am pregnant now
- Other → Please tell us: **[BOX]**

**52. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant? Check ALL that apply**

- Tubes tied or blocked (female sterilization)
- Vasectomy (male sterilization)
- 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)
- Not having sex (abstinence)
- Other → Please tell us: **[BOX]**

**State options**

**E2. *After your new baby was born*, did a doctor, nurse, or other health care worker talk with you about using birth control?**

- No
- Yes

Used by: NYC67, OH63, SC54,VA65

**Related Topics**

Prenatal Care, Content  
Pregnancy Intention  
Maternal Health Care, Postpartum

## 6. DELIVERY

### A. METHOD

#### Standard

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**K2 was replaced by K8.**

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

- Vaginally
- Cesarean delivery (c-section)

Used by: AK4, CO52, FL50, HI46, MA48, ME56, MO48, MS47, NY50, NM43, SC47, TN48, TX51, U54, WA48, WV51

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

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

Used by: Non of the states used this question in Phase 7.

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

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

Used by: NE5

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

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

Used by: H56, MA70, ME58, MO49, TN50

**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 reason(s): Please tell us

**[BOX]**

Used by: AK48, CO53, HI47, ME57, MS48, NY51, NM44, SC48, TN49, TX52, UT55, WA49\*, V52

**State options**

**WA:** Replaced "My baby was in the wrong position (such as breech)" with "My baby was not head down"

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

- No
- Yes

Used by: ME5, MS46, NY49, SC46

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

- No
- Yes
- I don't know

Used by AK46, CO50, HI44, MD48, MI47, MO46, NJ46, TX49, UT52, WV49

**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: \_\_\_\_\_

Used by: CO51 HI45, MD49, MI48, MO47, TX50, UT53, WV50

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

### **State-Developed**

**NJ73. When you first learned you were pregnant with your new baby, did you prefer that it be delivered vaginally (naturally) or by cesarean delivery?**

- Vaginally
- By Cesarean

**NJ75. A week before your new baby was born, did you expect it to be delivered vaginally (naturally) or by cesarean delivery?**

- Vaginally
- By Cesarean

**NJ74. During any of your prenatal care visits, did your doctor, nurse, or any other health care worker talk with you about the risks and benefits of vaginal (natural) versus cesarean delivery?**

- No
- Yes

**NJ76. How was your *new* baby delivered?**

- Vaginally → Go to Question 78
- I went into labor but had to have a Cesarean delivery
- I didn't go into labor and had a Cesarean delivery

**NJ77. Why did you decide to deliver your baby by Cesarean?**

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

**Related Topics**

Prenatal Care, Content  
Health Insurance

## 8. DRUG USE

### A. ALCOHOL

#### Core

**33. Have you had any alcoholic drinks in the *past 2 years*?** A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- No → Go to Question 36
- Yes

**34. During the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week?**

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

**35. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?**

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

#### Standard

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

- No
- Yes

Used by: AK1, VT23

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

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

Used by: CO42, FL4, HI38, MD41, ME43, NE43, NJ40, TX41, VT45, WA41

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

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

Used by: CO44,MD43, ME45, NE45, TX43

### State-Developed

**NE83. Since your new baby was born, how many alcoholic drinks do you have in an average week?** (A drink is 1 glass of wine, wine cooler, can or bottle beer, shot of liquor, or mixed drink.)

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

### Related Topics

Prenatal Care, Content  
Stress  
Social Services

## B. TOBACCO

### a. Tobacco Use

#### Core

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

- No → Go to Question 33
- Yes

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

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

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

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

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

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

### **State-Developed**

**AK71. During your most recent pregnancy, did you ever use smokeless tobacco products such as chewing tobacco, snuff, iqmik, or other tobacco products like snus?**

- No → Go to Question 73
- Yes

**AK72. Which smokeless tobacco product(s) did you use during your pregnancy? Check ALL that apply**

- Chewing tobacco or snuff
- Iqmik (also known as blackbull)
- Other tobacco products (Camel Snus, orbs, e-cigarettes, lozenges)

### **b. Smoking Cessation**

#### **Standard**

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

- No
- Yes
- I didn't go for prenatal care

Used by: CO37, IL38, OH37 WV39

**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—***

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

Used by: VT74

**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—***

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

Used by: MO0

**State options**

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

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

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

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

Used by: FL39, H36, WV38

**State-Developd**

**AK73. Are you planning to stop smoking cigarettes? Check ONE answer.**

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

**CO77. Listed below are some things about smoking that a doctor, nurse or other health care worker might have done during any of your prenatal care visits.** For each thing, check **No** if it did not apply to you during 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—**

	<b>No</b>	<b>Yes</b>
a. Spend time with you discussing how to quit smoking .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Suggest that you set a specific date to stop smoking .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Refer you to counseling for help with quitting .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Ask if a family member or friend would support your decision to quit ....	<input type="checkbox"/>	<input type="checkbox"/>
e. Refer you to a national or state quit line .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Discuss making your home smoke-free.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Discuss making your car smoke-free .....	<input type="checkbox"/>	<input type="checkbox"/>

(Note: CO77 is modified AA3.)

**CO78. During any of your prenatal care visits or after your most recent delivery, did a doctor, nurse, or other health care worker talk with you about how secondhand smoke could affect your baby after birth?**

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

**HI71. Did you use any of these drugs in the month before you got pregnant?** For each item check **No** if you did not use them or **Yes** if you did.

- |  | <b>No</b>                | <b>Yes</b>               |
|--|--------------------------|--------------------------|
| a. Prescription drugs.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, what kinds? Please tell us: [BOX]  |                          |                          |
| b. Marijuana (pot, bud) or hashish (hash) .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Amphetamines (uppers, ice, speed, crystal meth, crank) .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cocaine (rock, coke, crack) or heroin (smack, horse) .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Sniffing gasoline, glue, hairspray, or other aerosols.....                                | <input type="checkbox"/> | <input type="checkbox"/> |

**c. Smoking Rules**

**Standard**

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

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

Used by: M69, NC70

**Related Topics**

Prenatal Care, Content  
 Social Services  
 Stress

**C. OTHER**

**State-developed**

**AK74. During any of the following time periods, did you smoke marijuana or hash?** For each time period, check **No** if you did not smoke then or **Yes** if you did.

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. During the 12 months before I got pregnant ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. During my most recent pregnancy .....            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Since my new baby was born.....                  | <input type="checkbox"/> | <input type="checkbox"/> |

**HI71. Did you use any of these drugs in the month before you got pregnant?** For each item check **No** if you did not use them or **Yes** if you did.

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. Prescription drugs.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, what kinds? Please tell us: [BOX]   |                          |                          |
| b. Marijuana (pot, bud) or hashish (hash) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Amphetamines (uppers, ice, speed, crystal meth, crank) .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cocaine (rock, coke, crack) or heroin (smack, horse) .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Tranquilizers (downers, ludes) or hallucinogens (LSD/acid,<br>PCP/angel dust, ecstasy) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Sniffing gasoline, glue, hairspray, or other aerosols.....                                   | <input type="checkbox"/> | <input type="checkbox"/> |

**VT81. During any of the following time periods, did you smoke marijuana or hash?** For each time period, check **No** if you did not smoke then or check **Yes** if you smoked then.

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. During the 12 months before I got pregnant ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. During my most recent pregnancy .....            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Since my new baby was born.....                  | <input type="checkbox"/> | <input type="checkbox"/> |

**Related Topics**

Prenatal Care, Content  
 Social Services  
 Stress

## 9. FAMILY HEALTH HISTORY

### A. PHYSICAL

#### Standard

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

- No
- Yes
- I don't know

Used by: MI70

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

- No
- Yes

Used by: MI75

**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**

	<b>No</b>	<b>Yes</b>	<b>Don't Know</b>
a. Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Heart problems .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High blood pressure (hypertension) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Depression .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Postpartum depression .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Anxiety .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Used by: MI84\*

**State-specific**

**MI84. (HH1 modified ) 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, check **Yes** if someone in your family has the condition or check **Don't Know** you don't know.

	<b>No</b>	<b>Yes</b>	<b>Don't Know</b>
a. Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Heart attack before 55 years of age.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High blood pressure (hypertension).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Breast cancer before 50 years of age.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ovarian cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- No → Go to Question ##
- Yes

Used by: None of the states used this question in Phase 7.

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

- My father
  - My father's mother
  - My father's father
  - My mother
  - My mother's mother
  - My mother's father
  - My sister(s) or brother(s)
  - Other → Please tell us (uncles, aunts, cousins, children, etc.)
- 

Used by: None of the states used this question in Phase 7.

**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

Used by: None of the states used this question in Phase 7.

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

- My father
- My father's mother
- My father's father
- My mother
- My mother's mother
- My mother's father
- My sister(s) or brother(s)
- Other →  
Please tell us (uncles, aunts, cousins, children, etc.) \_\_\_\_\_

Used by: None of the states used this question in Phase 7.

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

- No → Go to Question ##
- Yes

Used by: None of the states used this question in Phase 7.

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

- My father
- My father's mother
- My father's father
- My mother
- My mother's mother
- My mother's father
- My sister(s) or brother(s)
- Other →  
Please tell us (uncles, aunts, cousins, children, etc.) \_\_\_\_\_

Used by: None of the states used this question in Phase 7.

**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.**

	<b>No</b>	<b>Yes</b>	<b>Don't Know</b>
a. A baby that was born more than 3 weeks before the due date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gestational diabetes (diabetes that started during pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High blood pressure during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Used by: None of the states used this question in Phase 7.

## B. MENTAL

### Standard

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

- No → Go to Question ##
- Yes

Used by: None of the states used this question in Phase 7.

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

- My father
- My father's mother
- My father's father
- My mother
- My mother's mother
- My mother's father
- My sister(s) or brother(s)
- Other →  
Please tell us (uncles, aunts, cousins, children, etc.) \_\_\_\_\_

Used by: None of the states used this question in Phase 7.

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

- No → Go to Question ##
- Yes

Used by: None of the states used this question in Phase 7.

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

- My father's mother
- My mother
- My mother's mother
- My sister(s)
- Other →  
Please tell us (aunts, cousins, children, etc.) \_\_\_\_\_

Used by: None of the states used this question in Phase 7.

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

- No → Go to Question ##
- Yes

Used by: None of the states used this question in Phase 7.

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

- My father
- My father's mother
- My father's father
- My mother
- My mother's mother
- My mother's father
- My sister(s) or brother(s)
- Other →  
Please tell us (uncles, aunts, cousins, children, etc.) \_\_\_\_\_

Used by: None of the states used this question in Phase 7.

## 9. HEALTH INSURANCE

### A. MATERNAL

#### Pre-conception

Core

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

- Private health insurance from my job or the job of my husband, 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 did not have any health insurance during the *month before* I got pregnant

#### State options

AK: Medicaid or Denali KidCare

AK: TRICARE or other military health care

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

AR: ARKids First

AR: TRICARE or other military health care

CO: Colorado Indigent Care Program (CICP)

CO: Child Health Plan Plus (CHP+)

CO: TRICARE or other military health care

DE: Medicaid or Diamond State Partners, Unison, Delaware Physicians Care

DE: Delaware Healthy Children Program (DHCP/SCHIP)

DE: CHAP-Community Healthcare Access Program

DE: TRICARE or other military health care

FL: TRICARE or other military health care

GA: PeachCare for Kids

GA: TRICARE or other military health care

HI: Medicaid or QUEST

HI: TRICARE or other military health care

IL: Medicaid or Illinois Healthy Women

IL: TRICARE or other military health care

LA: Medicaid or LaMoms

LA: SCHIP or LaCHIP

LA: TRICARE or other military health care

MA: Medicaid or MassHealth

MA: Commonwealth Care

MD: Medicaid or HealthChoice

MD: TRICARE or other military health care

ME: Medicaid or MaineCare  
ME: TRICARE or other military health care  
MI: TRICARE or other military health care  
MN: Medicaid or Medical Assistance  
MN: MinnesotaCare  
MN: TRICARE or other military health care  
MN: Indian Health Service or Tribal Health Service  
MO: Medicaid or MO HealthNet  
MO: TRICARE or other military health care  
MS: SCHIP  
MS: TRICARE or other military health care  
MS: Indian Health Service  
NC: Medicaid, Baby Love or Health Check  
NC: Health Choice  
NC: TRICARE or other military health care  
NE: Medicaid or Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care+)  
NE: TRICARE or other military health care  
NE: Indian Health Services or Tribal Clinic  
NJ: Medicaid (Presumptive Eligibility (PE), NJ Family Care or Emergency Care)  
NJ: Charity Care  
NJ: TRICARE or other military health care  
NM: Medicaid or Salud!  
NM: State Coverage Insurance (SCI)  
NM: Indian Health Service (IHS) OR Tribal-638 Health Clinic  
NY & NYC: Family Health Plus  
NY & NYC: Family Planning Benefit program (FPBP)  
NY & NYC: Child Health Plus  
NY & NYC: TRICARE or other military health care  
OH: Medicaid, CareSource, or Molina Healthcare of Ohio  
OH: TRICARE or other military health care  
OK: Medicaid or SoonerCare  
OK: SoonerPlan  
OK: TRICARE or other military health care  
OK: Indian Health Service (HIS) or tribal  
OR: Oregon Health Plan or Medicaid  
OR: TRICARE or other military health care  
OR: Indian Health Service  
PA: Medicaid, Medical Assistance, or Health Choices  
PA: Children's Health Insurance Program (CHIP)  
PA: TRICARE or other military health care  
RI: Medicaid or Rlte Care  
RI: TRICARE or other military health care  
SC: Medicaid or Optional Care for Women and Infants (OCWI)  
SC: TRICARE or other military health care  
TN Medicaid or TennCare  
TN: CoverKids  
TN: CoverTN  
TN: TRICARE or other military health care  
TX: Medicaid or Texas Health Steps  
TX: TRICARE or other military health care  
UT: CHIP  
UT: TRICARE or other military health care

VA: FAMIS/FAMIS MOMS  
 VA: TRICARE or other military health care  
 VT: Medicaid or Dr. Dynasaur  
 VT: VHAP  
 VT: Green Mountain Care  
 VT: Catamount Health  
 WA: Medicaid, Medical Services Card (includes Healthy Options)  
 WA: TRICARE or other military health care  
 WA: Indian Health Service and/or Tribal Health Services  
 WI: Medicaid, BadgerCare Plus (ForwardHealth)  
 WI: TRICARE or other military health care  
 WI: Indian Health Service  
 WV: Medicaid (Medical Card)  
 WV: CHIP  
 WY: Kid Care CHIP  
 WY: TRICARE or other military health care  
 WY: Indian Health Service (IHS)

**Prenatal**

**Core**

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

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance directly from an insurance company
- Medicaid
- 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 did not have any health insurance to pay for my prenatal care

**State options**

AK: Medicaid or Denali KidCare  
 AK: TRICARE or other military health care  
 AK: Alaska Native Health Service (ANS), Native regional health corporation, IHS, or other tribal health coverage  
 AR: ARKids First  
 AR: TRICARE or other military health care  
 CO: Colorado Indigent Care Program (CICP)  
 CO: Child Health Plan Plus (CHP+)  
 CO: TRICARE or other military health care  
 DE: Medicaid or Diamond State Partners, Unison, Delaware Physicians Care  
 DE: Delaware Healthy Children Program (DHCP/SCHIP)  
 DE: CHAP-Community Healthcare Access Program  
 DE: TRICARE or other military health care  
 FL: TRICARE or other military health care

GA: PeachCare for Kids  
GA: TRICARE or other military health care  
HI: Medicaid or QUEST  
HI: TRICARE or other military health care  
IL: Medicaid or Illinois Healthy Women  
IL: TRICARE or other military health care  
LA: Medicaid or LaMoms  
LA: SCHIP or LaCHIP  
LA: TRICARE or other military health care  
MA: Medicaid or MassHealth  
MA: Commonwealth Care  
MD: Medicaid or HealthChoice  
MD: TRICARE or other military health care  
ME: Medicaid or MaineCare  
ME: TRICARE or other military health care  
MI: TRICARE or other military health care  
MN: Medicaid or Medical Assistance  
MN: MinnesotaCare  
MN: TRICARE or other military health care  
MN: Indian Health Service or Tribal Health Service  
MO: Medicaid or MO HealthNet  
MO: TRICARE or other military health care  
MS: SCHIP  
MS: TRICARE or other military health care  
MS: Indian Health Services  
NC: Medicaid, Baby Love or Health Check  
NC: Health Choice  
NC: TRICARE or other military health care  
NE: Medicaid or Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care+)  
NE: TRICARE or other military health care  
NE: Indian Health Services or Tribal Clinic  
NJ: Medicaid (Presumptive Eligibility (PE), NJ Family Care or Emergency Care)  
NJ: Charity Care  
NJ: TRICARE or other military health care  
NM: Medicaid or Salud!  
NM: State Coverage Insurance (SCI)  
NM: Indian Health Service (IHS) OR Tribal-638 Health Clinic  
NY & NYC: Family Health Plus  
NY & NYC: Child Health Plus  
NY & NYC: TRICARE or other military health care  
OH: Medicaid, CareSource, or Molina Healthcare of Ohio  
OH: TRICARE or other military health care  
OK: Medicaid or SoonerCare  
OK: TRICARE or other military health care  
OK: Indian Health Service (HIS) or tribal  
OR: Oregon Health Plan or Medicaid  
OR: TRICARE or other military health care  
OR: Indian Health Service  
PA: Medicaid, Medical Assistance, or Health Choices  
PA: Children's Health Insurance Program (CHIP)  
PA: TRICARE or other military health care  
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RI: TRICARE or other military health care  
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SC: TRICARE or other military health care  
TN Medicaid or TennCare  
TN: CoverKids  
TN: CoverTN  
TN: TRICARE or other military health care  
TX: Medicaid or Texas Health Steps  
TX: TRICARE or other military health care  
UT: CHIP  
UT: TRICARE or other military health care  
VA: FAMIS/FAMIS MOMS  
VA: TRICARE or other military health care  
VT: VHAP  
VT: Green Mountain Care  
VT: Catamount Health  
WA: Medicaid, Medical Services Card (includes Healthy Options)  
WA: TRICARE or other military health care  
WA: Indian Health Service and/or Tribal Health Services  
WI: Medicaid, BadgerCare Plus (ForwardHealth)  
WI: TRICARE or other military health care  
WI: Indian Health Service  
WV: Medicaid (Medical Card)  
WV: CHIP  
WY: Kid Care CHIP  
WY: TRICARE or other military health care  
WY: Indian Health Service (IHS)

## **Standard**

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

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

Used by: None of the states used this question in Phase 7.

**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? \_\_\_\_\_

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**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 \_\_\_\_\_

Used by: MN22

**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.

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

Used by: DE22, FL22, GA19, IL19, LA21, ME21, MN20, MO20, NE21, NC21, NJ22, OR19\*, PA20, SC20, TN23, TX20, VA19, WA20\*, WI20, WV20, WY21

**State options for answer option g**

- DE: Medicaid Diamond State Partners, Unison, Delaware Physicians Care
- IL: Illinois Healthy Women
- LA: LaMoms
- ME: Medicaid or MaineCare
- MN: MinnesotaCare
- MO: MO HealthNet
- NE: Medicaid Managed Care
- NC: Medicaid, Baby Love, or Health Check
- NJ: NJ Family Care
- OR: I didn't have my Oregon Health Plan or Medicaid card
- PA: Medicaid, Medical Assistance, or Health Choices
- SC: Optional Care for Women and Infants
- TN: TennCare card
- WA: I didn't have my Medicaid Services Card (includes Healthy Options)
- WI: Medicaid or BadgerCare Plus (ForwardHealth)
- WV: Medical
- WY: EqualityCare

## Delivery

### Standard

**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*

Used by: CO55, IL48, LA49, ME61, NE56, NJ49

### State options

IL: Medicaid or All Kids, Moms and Babies

IL: TRICARE or other military health care

LA: Medicaid or LaMoms

LA: SCHIP or LaCHIP

LA: TRICARE or other military health care

ME: Medicaid or MaineCare

ME: TRICARE or other military health care

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

NE: TRICARE or other military health care

NE: Indian Health Services or Tribal Clinic

NJ: Medicaid (Presumptive Eligibility (PE), NJ Family Care, or Emergency Care

NJ: Charity Care

NJ: TRICARE or other military health care

**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? \_\_\_\_\_

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**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

Used by: None of the states used this question in Phase 7.

## Postpartum

### Core

56. **What kind of health insurance do you have now?** Check ALL that apply

- Private health insurance from my job or the job of my husband, 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 do not have health insurance now

### State options

- AK: Medicaid or Denali KidCare
- AK: TRICARE or other military health care
- AK: Alaska Native Health Service (ANS), Native regional health corporation, IHS, or other tribal health coverage
- AR: ARKids First
- AR: TRICARE or other military health care
- CO: Colorado Indigent Care Program (CICP)
- CO: Child Health Plan Plus (CHP+)
- CO: TRICARE or other military health care
- DE: Medicaid or Diamond State Partners, Unison, Delaware Physicians Care
- DE: Delaware Healthy Children Program (DHCP/SCHIP)
- DE: CHAP-Community Healthcare Access Program
- DE: TRICARE or other military health care
- FL: TRICARE or other military health care
- GA: PeachCare for Kids
- GA: TRICARE or other military health care
- HI: Medicaid or QUEST
- HI: TRICARE or other military health care
- IL: Medicaid or Illinois Healthy Women
- IL: TRICARE or other military health care
- LA: Medicaid or LaMoms
- LA: SCHIP or LaCHIP
- LA: TRICARE or other military health care
- MA: Medicaid or MassHealth
- MA: Commonwealth Care
- MA: AK: Medicaid or Denali KidCare
- AK: TRICARE or other military health care
- AK: Alaska Native Health Service (ANS), Native regional health corporation, IHS, or other tribal health coverage
- AR: ARKids First
- AR: TRICARE or other military health care
- CO: Colorado Indigent Care Program (CICP)
- CO: Child Health Plan Plus (CHP+)

CO: TRICARE or other military health care  
DE: Medicaid or Diamond State Partners, Unison, Delaware Physicians Care  
DE: Delaware Healthy Children Program (DHCP/SCHIP)  
DE: CHAP-Community Healthcare Access Program  
DE: TRICARE or other military health care  
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GA: PeachCare for Kids  
GA: TRICARE or other military health care  
HI: Medicaid or QUEST  
HI: TRICARE or other military health care  
IL: Medicaid or Illinois Healthy Women  
IL: TRICARE or other military health care  
LA: Medicaid or LaMoms  
LA: SCHIP or LaCHIP  
LA: TRICARE or other military health care  
MA: Medicaid or MassHealth  
MA: Commonwealth Care  
MD: Medicaid or HealthChoice  
MD: TRICARE or other military health care  
ME: Medicaid or MaineCare  
ME: TRICARE or other military health care  
MI: TRICARE or other military health care  
MN: Medicaid or Medical Assistance  
MN: MinnesotaCare  
MN: TRICARE or other military health care  
MN: Indian Health Service or Tribal Health Service  
MO: Medicaid or MO HealthNet  
MO: TRICARE or other military health care  
MS: SCHIP  
MS: TRICARE or other military health care  
MS: Indian Health Service  
NC: Medicaid, Baby Love or Health Check  
NC: Health Choice  
NC: TRICARE or other military health care  
NE: Medicaid or Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care+)  
NE: TRICARE or other military health care  
NE: Indian Health Services or Tribal Clinic  
NJ: Medicaid (Presumptive Eligibility (PE), NJ Family Care or Emergency Care)  
NJ: Charity Care  
NJ: TRICARE or other military health care  
NM: Medicaid or Salud!  
NM: State Coverage Insurance (SCI)  
NM: Indian Health Service (IHS) OR Tribal-638 Health Clinic  
NY & NYC: Family Health Plus  
NY & NYC: Family Planning Benefit program (FPBP)  
NY & NYC: Child Health Plus  
NY & NYC: TRICARE or other military health care  
OH: Medicaid, CareSource, or Molina Healthcare of Ohio  
OH: TRICARE or other military health care  
OK: Medicaid or SoonerCare  
OK: SoonerPlan  
OK: TRICARE or other military health care

OK: Indian Health Service (HIS) or tribal  
OR: Oregon Health Plan or Medicaid  
OR: TRICARE or other military health care  
OR: Indian Health Service  
PA: Medicaid, Medical Assistance, or Health Choices  
PA: Children's Health Insurance Program (CHIP)  
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TX: TRICARE or other military health care  
UT: CHIP  
UT: TRICARE or other military health care  
VA: FAMIS/FAMIS MOMS  
VA: TRICARE or other military health care  
VT: Medicaid or Dr. Dinosaur  
VT: VHAP  
VT: Green Mountain Care  
VT: Catamount Health  
WA: Medicaid, Medical Services Card (includes Healthy Options)  
WA: TRICARE or other military health care  
WA: Indian Health Service and/or Tribal Health Services  
WI: Medicaid, BadgerCare Plus (ForwardHealth)  
WI: TRICARE or other military health care  
WI: Indian Health Service  
WV: Medicaid (Medical Card)  
WV: CHIP  
WY: Kid Care CHIP  
WY: TRICARE or other military health care  
WY: Indian Health Service (IHS)  
MD: Medicaid or HealthChoice  
MD: TRICARE or other military health care  
ME: Medicaid or MaineCare  
ME: TRICARE or other military health care  
MI: TRICARE or other military health care  
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MN: MinnesotaCare  
MN: TRICARE or other military health care  
MN: Indian Health Service or Tribal Health Service  
MO: Medicaid or MO HealthNet  
MO: TRICARE or other military health care  
MS: SCHIP  
MS: TRICARE or other military health care  
MS: Indian Health Service  
NC: Medicaid, Baby Love or Health Check  
NC: Health Choice  
NC: TRICARE or other military health care

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

NE: TRICARE or other military health care

NE: Indian Health Services or Tribal Clinic

NJ: Medicaid (Presumptive Eligibility (PE), NJ Family Care or Emergency Care)

NJ: Charity Care

NJ: TRICARE or other military health care

NM: Medicaid or Salud!

NM: State Coverage Insurance (SCI)

NM: Indian Health Service (IHS) OR Tribal-638 Health Clinic

NY & NYC: Family Health Plus

NY & NYC: Family Planning Benefit program (FPBP)

NY & NYC: Child Health Plus

NY & NYC: TRICARE or other military health care

OH: Medicaid, CareSource, or Molina Healthcare of Ohio

OH: TRICARE or other military health care

OK: Medicaid or SoonerCare

OK: SoonerPlan

OK: TRICARE or other military health care

OK: Indian Health Service (HIS) or tribal

OR: Oregon Health Plan or Medicaid

OR: TRICARE or other military health care

OR: Indian Health Service

PA: Medicaid, Medical Assistance, or Health Choices

PA: Children's Health Insurance Program (CHIP)

PA: TRICARE or other military health care

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SC: TRICARE or other military health care

TN Medicaid or TennCare

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TN: TRICARE or other military health care

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TX: TRICARE or other military health care

UT: CHIP

UT: TRICARE or other military health care

VA: FAMIS/FAMIS MOMS

VA: TRICARE or other military health care

VT: Medicaid or Dr. Dynasaur

VT: VHAP

VT: Green Mountain Care

VT: Catamount Health

WA: Medicaid, Medical Services Card (includes Healthy Options)

WA: TRICARE or other military health care

WA: Indian Health Service and/or Tribal Health Services

WI: Medicaid, BadgerCare Plus (ForwardHealth)

WI: TRICARE or other military health care

WI: Indian Health Service

WV: Medicaid (Medical Card)

WV: CHIP

WY: Kid Care CHIP

WY:TRICARE or other military health care  
WY: Indian Health Service (IHS)

### Standard

**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? \_\_\_\_\_

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**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 \_\_\_\_\_

Used by: MO69

**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

Used by: None of the states used this question in Phase 7.

## **Related Topics**

Prenatal Care, Barriers  
Prenatal Care, Location  
Social Services  
Stress

## **B. INFANT**

### **a. General**

#### **Standard**

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

- No → Go to Question ##
- Yes

Used by: None of the states used this question in Phase 7.

**H2. What kind of *health insurance* is your new baby covered by now? Check ALL that apply**

- Private health insurance from your job or the job of your 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

Used by: IL60, MI59, PA58

## State options

IL: Medicaid or All Kids, Moms, and Babies  
IL: TRICARE or other military health care  
MI: MICHild  
MI: TRICARE or other military health care  
PA: Medicaid, Medical Assistance, or Health Choices  
PA: Children's Health Insurance Program (CHIP)

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**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? \_\_\_\_\_

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

## b. Child Health Insurance Program

### Standard

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

- No
- Yes → Go to Question ##

Used by: None of the states used this question in Phase 7.

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

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

Used by: None of the states used this question in Phase 7.

**Related Topics**

Infant Health Care  
Prenatal Care, Barriers  
Prenatal Care, Location  
Social Services  
Stress

## 10. HIV AND SEXUALLY TRANSMITTED INFECTIONS

### A. HIV

#### Core

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

- No
- Yes
- I don't know

#### Standard

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

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

Used by: VT28

13. When were you tested *before* this pregnancy? Check ONE answer

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

Used by: VT29

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

- No → Go to Question ##
- Yes

Used by: GA23, MA25, SC24, VT25, WA25

#### State-specific

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

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

**15. Did you turn down the HIV test?**

- No → Go to Question ##
- Yes

Used by: GA24, MA26, VT26

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

- I did not think I was at risk for HIV
- I did not want people to think I was at risk for HIV
- I was afraid of getting the result
- I was tested before this pregnancy, and did not think I needed to be tested again
- Other → Please tell us: [BOX]

Used by: GA25, MA27, VT27

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

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

Used by: None of the states used this question in Phase 7.

**Related Topics**

Prenatal Care, Content  
Pre-conception Readiness

**B. SEXUALLY TRANSMITTED INFECTIONS**

**Standard**

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

- No → Go to Question ##
- Yes

Used by: LA72, MS74

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

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

Used by: LA73, MS75

**State-Developed**

**DE74. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had:**

	<b>No</b>	<b>Yes</b>
Genital warts (HPV)	<input type="checkbox"/>	<input type="checkbox"/>
Herpes	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>
Pelvic inflammatory disease (PID)	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>
Group B Strep (Beta Strep)	<input type="checkbox"/>	<input type="checkbox"/>
Bacterial vaginosis	<input type="checkbox"/>	<input type="checkbox"/>
Trichomoniasis (Trich)	<input type="checkbox"/>	<input type="checkbox"/>
Yeast infections	<input type="checkbox"/>	<input type="checkbox"/>
Urinary tract infection (UTI)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please tell us: _____		

## 11. HOUSEHOLD CHARACTERISTICS

### A. RESIDENTS

#### Standard

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

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

Used by: None of the states used this question in Phase 7.

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

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

Used by: NYC84

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

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

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

Used by: NE86

**Related topics**

Parent and Infant Characteristics

**B. NUMBER OF ROOMS**

**Standard**

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

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

Used by: None of the states used this question in Phase 7.

**C. TELEPHONE COVERAGE**

**Standard**

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

- No → Go to Question ##
- Yes

Used by: None of the states used this question in Phase 7.

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

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

Used by: None of the states used this question in Phase 7.

**D. MOBILITY**

**E. UTILITIES AND WATER SOURCE**

**Standard**

**P13a. Which of the following utilities do you have in your house, apartment, or trailer?**

For each item, check **No** if you do not have the utility or **Yes** if you have the utility.

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

Used by: None of the states used this question in Phase 7.

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

- City or county water supply
- Private well

Used by: None of the states used this question in Phase 7.

**F. BOOKS**

**State-developed**

**RI74. Are you or any other family member currently reading or looking at books with your baby?**

- No
- Yes→ Go to Question 76

**RI75. If you or any other family member are *not currently* looking at books with your new baby, at what age do you think you will start reading or looking at books with your new baby?**

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

**RI76. During the past week, how many days did you or other family members read or look at books with your baby?**

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

**RI77. About how many children's books do you have in your home?**

- None
- 1-5
- 6-10
- 11 or more

**Related topics**

Parent and Infant Characteristics  
Stress

## 12. INCOME

### Core

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

- \$0 to \$15,000
- \$15,001 to \$19,000
- \$19,001 to \$22,000
- \$22,001 to \$26,000
- \$26,001 to \$29,000
- \$29,001 to \$37,000
- \$37,001 to \$44,000
- \$44,001 to \$52,000
- \$52,001 to \$56,000
- \$56,001 to \$67,000
- \$67,001 to \$79,000
- \$79,001 or more

### State options

#### DE

- \$0 to \$10,000
- \$10,001 to \$15,000
- \$77,001 to \$99,999
- \$100,000 or more

#### TN:

- \$0 to \$10,000
- \$10,001 to \$15,000
- \$15,001 to \$19,000
- \$19,001 to \$22,000
- \$22,001 to \$26,000
- \$26,001 to \$29,000
- \$29,001 to \$37,000
- \$37,001 to \$44,000
- \$44,001 to \$52,000
- \$52,001 to \$56,000
- \$56,001 to \$67,000
- \$67,001 to \$79,000
- \$79,001 or more

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

[BOX] People

## Standard

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

- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Paycheck or money from a job
- Food stamps or WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, or Supplemental Security Income (SSI)
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other → Please tell us:

**[BOX]**

Used by: AL83

## Related topics

Health Insurance  
Parent and Infant Characteristics  
Stress  
Social Services  
Social Support

### 13. INFANT HEALTH CARE

#### A. WELL BABY CARE

##### Core

##### Standard

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

- No
- Yes → **Go to Question ##**

Used by: VA60

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

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

Used by: None of the states used this question in Phase 7.

**X4. Did you have health insurance to pay for your baby's well-baby checkup(s)?**

- No
- Yes

Used by: None of the states used this question in Phase 7

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

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

Used by: None of the states used this question in Phase 7

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

**[BOX]** Times

Used by: NJ64

**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: **[BOX]**

Used by: AR75\*

### State options

AR: Dropped Health department clinic. Added Community health clinic

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

- No
- Yes

Used by: AR56, IL64, NJ63, NE71, NYC62, TX67, VA59

**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

Used by: DE58, NE70, NJ62, OK75, TX65

**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

Used by: None of the states used this question in Phase 7.

**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

Used by: None of the states used this question in Phase 7

### State-Developed

**RI71. Do you have a doctor, nurse, or other health care worker that you can get in contact with 24 hours a day, 7 days a week, who will take care of your baby for both sick and "well-baby" care?**

- No
- Yes

### Related Topics

Health Insurance, Infant  
Oral Health, Infant

## B. VACCINATIONS

### Standard

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

- No
- Yes
- My child has not had any well-baby shots, but he or she is not 3 months old yet

Used by: TX66

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

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

Used by: None of the states used this question in Phase 7.

## Related Topics

Prenatal Care, Content

### C. SICK BABY CARE

#### Standard

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

**[BOX]** Times

- None
- My baby has not been sick

Used by: AR57

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

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

Used by: AR58

#### State options

**AR:** Deleted 'Health department clinic'; added 'Community health clinic'

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No → Go to Question ##
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**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
- I don't know

Used by: None of the states used this question in Phase 7.

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

- \_\_\_\_\_ Visits
- I don't know

Used by: None of the states used this question in Phase 7.

## State-Developed

### Related topics

Health Insurance, Infant

## D. CIRCUMCISION

### Standard

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

- Boy
- Girl → Go to Question ##

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**E. SCREENING**

**State-Developed**

**MI82. The Michigan BioTrust for Health is a program that uses leftover dried blood spots from newborn screening for health research. While pregnant, where did you hear or read anything about the BioTrust?** Check ALL that apply

- Childbirth education class
- Prenatal clinic or doctor's office
- Information packet from the hospital
- Health or baby fair
- Newspaper or magazine
- Other
- I did not hear or read about the BioTrust while pregnant

**MI83. Around the time of your delivery, did the hospital staff or midwife give you a booklet about the Michigan BioTrust for Health, a program that uses leftover dried blood spots from newborn screening for health research?** Check ONE answer

- No, I was not given the booklet
- Yes, I was given the booklet, and it was very easy to understand
- Yes, I was given the booklet, and it was somewhat easy to understand
- Yes, I was given the booklet, but it was not easy to understand

**RI78. Are you aware that babies are tested for the following conditions?** For each item, check **No** if you are not aware of this or **Yes** if you are.

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. Hearing loss .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Conditions that run in families, such as sickle cell disease and PKU ..... | <input type="checkbox"/> | <input type="checkbox"/> |

## 14. INFANT MORTALITY

### Core

**42. After your baby was delivered, how long did he or she stay in the hospital?**

- Less than 24 hours (less than 1 day)
- 24 to 48 hours (1 to 2 days)
- 3 to 5 days
- 6 to 14 days
- More than 14 days
- My baby was not born in a hospital
- My baby is still in the hospital → Go to Question 45

**43. Is your baby alive now?**

- No → We are very sorry for your loss. Go to Question 51
- Yes

## 15. INJURY PREVENTION/SAFETY

### Standard

**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 .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My home has a working smoke alarm.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. There are <b>loaded</b> guns, rifles, or other firearms in my home .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I have received information about infant products that should be taken off the market (product recalls) since my new baby was born..... | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: GA77, NYC80, PA76, TN75, UT78, VA74, WV78, WY68

### State options

State-developed

**WV78: Dropped option d.**

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

- No
- Yes

Used by: MO71

**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 .....         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Car seats should not be placed in front of an air bag ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: PA77

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

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: None of the states used this question in Phase 7.

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

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: None of the states used this question in Phase 7.

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

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

Used by: NM77, TN77, TX79, WY69

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

- Front seat
- Back seat

Used by: TN78

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

- Facing forward
- Facing the rear

Used by: TN79

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: MO76, NM75

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

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

Used by: IL78, MO77, NC75

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

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

Used by: MO78, NM76

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

- No
- Yes

Used by: IL61, MA58, RI51, WV63, WY54

State-developed

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

- No
- Yes

**OK72. (S 13- Modified, added “While in hospital”) While in the hospital after your new baby was born, did you ever talk with a health care provider or read about what can happen if a baby is shaken?**

- No
- Yes

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

- No
- Yes
- I don't know

Used by: None of the states used this question in Phase 7.

**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**

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

Used by: None of the states used this question in Phase 7.

**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

Used by: None of the states used this question in Phase 7.

**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 \_\_\_\_\_

Used by: None of the states used this question in Phase 7.

**State-Developed**

**FL76. Listed below are true statements about water safety and drowning.** For each item, check **No** if it is something you did not know or **Yes** if it is something you knew.

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

**FL77. Listed below are some statements about safety.** For each one, check **No** if it does not apply to you or **Yes** if it does.

- |  | <b>No</b>                | <b>Yes</b>               |
|--|--------------------------|--------------------------|
| a. I know how to perform baby CPR .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My home has a working smoke alarm .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I always keep materials like cleaning supplies, medicine, and pesticides out of reach from young children ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My new baby always or almost always rides in a rear-facing infant car seat.....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The Poison Control Center phone number (1-800-222-1222) is accessible in my home.....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My home has a working carbon monoxide alarm .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My new baby is constantly supervised while in or around water (bathtub, pool, natural water, etc.) .....        | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I always or almost always use a food thermometer when cooking meat or poultry .....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I plan for my new baby to wear a safety helmet when sitting on a rocking or riding toy.....                     | <input type="checkbox"/> | <input type="checkbox"/> |

**ME82. At any time during your prenatal care, did a doctor, nurse, or other health care worker give you a brochure about mercury levels in fish and safe eating guidelines to protect you and your baby?**

- No
- Yes

**ME84. Have you ever heard or read about what can happen if a baby is shaken from any of the following sources?** Check ALL that apply

- Magazine
- Radio or television
- Doctor, nurse, or other health care worker
- Book
- Family or friends
- The Period of Purple Crying video
- Other → Please tell us: **[BOX]**

**Related Topics**

Prenatal Care, Content  
Sleeping Behaviors  
Morbidity, Maternal

## 16. LENGTH OF STAY

### A. INFANT

#### Core

42. After your baby was delivered, how long did he or she stay in the hospital?

- Less than 24 hours (less than 1 day)
- 24 to 48 hours (1 to 2 days)
- 3 to 5 days
- 6 to 14 days
- More than 14 days
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Question 45**

#### Related Topics

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

### B. MATERNAL

#### Core

39. When was your new baby born?

[BOX] / [BOX] / 20\_\_ [BOX]

Month Day Year

K13. When was your baby due?

[BOX] / [BOX] / 20\_\_ [BOX]

Month Day Year

Used by: ME52, NE51

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

[BOX] / [BOX] / 20\_\_ [BOX]

Month Day Year

- I didn't have my baby in a hospital

Used by: ME53

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

[BOX] / [BOX] / 20\_\_ [BOX]

Month Day Year

- I didn't have my baby in a hospital

Used by: ME59, NE54, NJ47

### **Related Topics**

Maternal Health Care, Postpartum  
Morbidity, Maternal, Postpartum

## 17. MATERNAL HEALTH CARE

### A. MEDICATIONS

#### Standard

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

#### Related Topics

Breastfeeding  
Epilepsy Treatment  
Mental Health  
Prenatal Care, Content

### B. VACCINATIONS

#### a. Vaccinations

#### Core

21. During the 12 months *before the delivery* of your new baby, did a doctor, nurse, or other health care worker *offer* you a flu shot or *tell* you to get one?

- No
- Yes

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

- No → Go to Question ##
- Yes , before my pregnancy
- Yes, during my pregnancy

**During what month and year did you get the flu shot?**

[BOX] ] /20\_\_ [BOX]

Month                      Year

- I don't remember

**Standard**

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**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.

	<b>No</b>	<b>Yes</b>
a. My doctor didn't mention anything about a flu shot.....	<input type="checkbox"/>	<input type="checkbox"/>
b. I was worried about side effects of the flu shot for me.....	<input type="checkbox"/>	<input type="checkbox"/>
c. I was worried that the flu shot might harm my baby.....	<input type="checkbox"/>	<input type="checkbox"/>
d. I was not worried about getting sick with the flu.....	<input type="checkbox"/>	<input type="checkbox"/>
e. I do not think the flu shot works.....	<input type="checkbox"/>	<input type="checkbox"/>
f. I don't normally get a flu other .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Other .....	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us: **[BOX]**

Used by: GA30, MO27, NM24, WA29

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**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:

**[BOX]**

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**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

Used by: NM25

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**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

Used by: None of the states used this question in Phase 7.

**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

Used by: DE78, IL78, MO79, MS79, NC75, NY80, NYC80, OK80, PA81, TX81, VA77, WI73,

### State-developed

**FL78. Since you delivered your new baby, did a doctor, nurse or other health care worker offer you a Tdap vaccination or tell you to get one?** A Tdap vaccination protects against tetanus, diphtheria and pertussis (or whooping cough).

- No
- Yes
- I don't know

**FL79. Did you receive the Tdap vaccination during your pregnancy?**

- No
- Yes

**RI69. What were your reasons for not receiving the Tdap vaccine during your most recent pregnancy?** Check ALL that apply.

- I received the Tdap vaccine before I got pregnant with my new baby
- I received the Tdap vaccine after my new baby was born
- My health care provider did not offer or recommend it
- My health care provider did not have the vaccine
- I don't like to get vaccinated
- I don't think the vaccine is safe during pregnancy
- I don't think the vaccine is safe while nursing my baby
- I am worried about the side effects of the vaccine
- Other → Please tell us : \_\_\_\_\_

**b. Barriers**

**Standard**

**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.....      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was worried about side effects of the flu shot for me..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was worried that the flu shot might harm my baby.....      | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was not worried about getting sick with the flu.....       | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I do not think the flu shot works.....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I don't normally get a flu other .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other.....   | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us: **[BOX]**

Used by: GA30, MO27, NM24, WA29

**C. POSTPARTUM**

**Core**

**53. Since your new baby was born, have you had a postpartum checkup for yourself?** A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- No
- Yes

**Standard**

**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 .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How long to wait before getting pregnant again.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Birth control methods that I can use after giving birth.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Postpartum depression .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Support groups for new parents.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Resources in my community such as nurse home visitation programs, telephone hotlines, counseling, etc ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Getting to and staying at a healthy weight after delivery.....  | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: AK79, HI60, MN61, OK79\*, PA59, VT61

**State options**

**OK:** Dropped options a and j

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

- No
- Yes

Used by: NY72, VA67

**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

Used by: MN71, VT69

**State-Developed**

**WA73.(State Developed - Standard L16, J1 g c b d f, M2 and R3 - Modified to postpartum – carried forward from Ph 6) At your postpartum checkup, did a doctor, nurse, or other health care worker talk to you or ask you about any of the things listed below. For each item, check **No** if no one asked or talked with you about it or **Yes** if someone did.**

	<b>No</b>	<b>Yes</b>
a. Advise you to take a multivitamin, a prenatal vitamin, or a folic acid vitamin .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Talk to you about healthy eating, exercise, and losing weight gained during pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Talk to you about birth control methods that you can use after giving birth .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Talk to you about how long to wait before getting pregnant again.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Ask if you've been feeling down or depressed since your baby was born .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Treat you for any health care conditions that developed during your pregnancy (diabetes, high blood pressure, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Ask if you were smoking cigarettes .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Talk to you about resources in your community for help getting insurance or medical care for you or your baby, WIC, or help caring for your baby .....	<input type="checkbox"/>	<input type="checkbox"/>

**WA74. Did any of these things keep you from having a postpartum visit?** Check ALL that apply

- I didn't think I needed a checkup
- I didn't have enough money or insurance to pay for visit
- I was too busy
- I didn't have a way to get to the visit
- I didn't have child care
- Other, please tell us

### **Related Topics**

Contraception, Postpartum  
Health Insurance  
Prenatal Care, Content  
Postpartum Morbidity  
Social Support

## **D. EPILEPSY OR SEIZURE TREATMENT**

### **Standard**

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**L6. When did you start taking the medicine?**

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

Used by: None of the states used this question in Phase 7.

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

- None
- 1
- 2
- 3 or more

Used by: None of the states used this question in Phase 7.

## **E. GENERAL HEALTH**

### **Standard**

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

- Excellent
- Very good
- Good
- Fair
- Poor

Used by: MA11, MN11, NYC11, OH12, TN13, WI11

### **State-developed**

**MA78. Are you limited in any way in any activities because of physical, mental, or emotional problems?**

- No
- Yes

**OK74. Do you have someone you think of as your baby's personal doctor or nurse? A personal doctor or nurse is a health professional who knows your baby well and is familiar with your baby's health history. (This can be a family doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.)**

- No
- Yes

**OR71. Do you have one or more persons you think of as your *new baby's* personal doctor or nurse? A personal doctor or nurse is a health professional who is familiar with your baby's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner or a physician assistant.**

- No
- Yes

**OR77. Do you have one or more persons you think of as *your* personal doctor or nurse?** A personal doctor or nurse is a health professional who is familiar with your health history. This can be a general doctor, a specialist doctor, a nurse practitioner or a physician assistant.

- No
- Yes

**F. DISCRIMINATION**

**State-Developed**

**AR78. During pregnancy, you probably had to get different kinds of health-related services. These may have included clinic visits, doctor’s or nurse’s office visits, applying for health insurance, applying for Medicaid, or getting help for a family problem.**

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

	<b>No</b>	<b>Yes</b>
Your race	<input type="checkbox"/>	<input type="checkbox"/>
Your age	<input type="checkbox"/>	<input type="checkbox"/>
Your language	<input type="checkbox"/>	<input type="checkbox"/>
Your citizenship	<input type="checkbox"/>	<input type="checkbox"/>
Your inability to pay	<input type="checkbox"/>	<input type="checkbox"/>
I felt unfairly treated but don’t know why	<input type="checkbox"/>	<input type="checkbox"/>
I have not been treated unfairly	<input type="checkbox"/>	<input type="checkbox"/>
I felt unfairly treated for other reasons	<input type="checkbox"/>	<input type="checkbox"/>
Please tell us: _____		

**OR78. Have you ever experienced discrimination (felt like you were treated worse than other people) while getting any type of health or medical care?** For each item, check **No** if you have never experienced discrimination because of it or **Yes** if you have.

	<b>No</b>	<b>Yes</b>
My race or skin color	<input type="checkbox"/>	<input type="checkbox"/>
My immigration status	<input type="checkbox"/>	<input type="checkbox"/>
My age	<input type="checkbox"/>	<input type="checkbox"/>
My income	<input type="checkbox"/>	<input type="checkbox"/>
{data not available}	<input type="checkbox"/>	<input type="checkbox"/>
My sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>
My religion	<input type="checkbox"/>	<input type="checkbox"/>
Because I was pregnant	<input type="checkbox"/>	<input type="checkbox"/>
The language I speak	<input type="checkbox"/>	<input type="checkbox"/>
My type of health insurance or my lack of health insurance	<input type="checkbox"/>	<input type="checkbox"/>

**OR79. Have you ever experienced discrimination (felt like you were treated worse than other people) in a situation other than getting any type of health or medical care (for example, in housing, work or school)?** For each item, check **No** if you have never experienced discrimination because of it or **Yes** if you have.

	<b>No</b>	<b>Yes</b>
My race or skin color	<input type="checkbox"/>	<input type="checkbox"/>
My immigration status	<input type="checkbox"/>	<input type="checkbox"/>
My age	<input type="checkbox"/>	<input type="checkbox"/>
My income	<input type="checkbox"/>	<input type="checkbox"/>
{data not available}	<input type="checkbox"/>	<input type="checkbox"/>
My sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>
My religion	<input type="checkbox"/>	<input type="checkbox"/>
Because I was pregnant	<input type="checkbox"/>	<input type="checkbox"/>
The language I speak	<input type="checkbox"/>	<input type="checkbox"/>
My type of health insurance or my lack of health insurance	<input type="checkbox"/>	<input type="checkbox"/>

### **Related topics**

Prenatal Care, Satisfaction  
Stress

## 18. MATERNAL NUTRITION

### A. MATERNAL WEIGHT/HEIGHT

#### Core

1. How tall are *you* without shoes?

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

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

[BOX] Pounds OR [BOX] Kilograms

40. **By the end of *your most recent* pregnancy, how much weight had you gained?**

Check ONE answer and fill in blank if needed

- I gained \_\_\_\_\_ pounds
- I didn't gain any weight, but I lost \_\_\_\_\_ pounds
- My weight didn't change during my pregnancy
- I don't know

### B. VITAMIN USE AND FOLIC ACID

#### Core

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

- I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in *the month before* I got pregnant
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

#### Standard

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

- No
- Yes

Used by: AK23, AL24, AR22, GA26, IL25, NM65\*, TX76\*, WV25

#### State options

**NM:** Added: "Before you got pregnant with your new baby" and changed "have" to "had."

**TX:** Added '*before pregnancy*': Have you ever heard or read that taking a vitamin with folic acid *before pregnancy* can help prevent some birth defects?

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

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

Used by: None of the states used this question in Phase 7.

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

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

Used by: NY20

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

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

Used by: None of the states used this question in Phase 7.

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

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

Used by: OH24

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

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

Used by: OH87, VT83

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

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

Used by: DE72, OH70

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

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

Used by: DE73, OH71

**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 \_\_\_\_\_

Used by: ME10, MO10, OH10, TN10, UT10, WV9

### **State-developed**

**NC74. How often do you take a multivitamin *now*?**

- Times per day
- Times per week
- Times per month

## Related topics

Preconception Health  
Prenatal Care, Satisfaction

## C. FOOD INSUFFICIENCY

### Standard

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

- No
- Yes

Used by: CO46, ME47, NM39, OR39, PA43, VT38

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

- No
- Yes

Used by: ME48, MN44, PA44, UT45, WA44

### State-Developed

**NYC85. (Developed for Phase 6) In the last 30 days, have you been concerned about having enough food for you or your family?**

- No
- Yes

## Related topics

Income  
Social Services  
Stress

## 19. MENTAL HEALTH

### Core

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

### Standard

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

- No
- Yes

Used by: CO79, LA74, PA74, SC76, VA73, WV76

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

- No
- Yes

Used by: AL80, IL73, MD73, PA73

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

- No
- Yes

Used by: MA69, NE84, PA72

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

- No
- Yes

Used by: IL74, MD74, NY77, NYC83, PA78

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

- No
- Yes

Used by: GA80, NE85, NM63, NY76

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

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

Used by: AR73, MN77, RI66

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

- No
- Yes

Used by: RI64

#### **State options**

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

- No
- Yes

Used by: RI65

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

- No
- Yes

Used by: IL75, MD75, NY78

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

- No
- Yes

Used by: IL76, NY79

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

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: OK62

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

- No → Go to Question ##
- Yes

Used by: MD72

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No → Go to Question ##
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: OK63

## State-Developed

**OR64. During *your most recent* pregnancy, how often did you feel down, depressed, or hopeless?**

- Always
- Often
- Sometimes
- Rarely
- Never

**OR65. During *your most recent* pregnancy, how often did you have little interest or little pleasure in doing things?**

- Always
- Often
- Sometimes
- Rarely
- Never

**M8 modified due to removal of skip from M3**

**RI64. At any time *during your most recent* pregnancy, did you take prescription medicine for your depression?**

- No
- Yes

**RI62. At any time before *your most recent* pregnancy, did a doctor, nurse, or other health care worker *diagnose* you with depression?**

- No
- Yes

**M3 modified [In phase 7, the skip pattern next 'No' {which was not part of M3} has been dropped]**

**RI63. At any time during *your most recent* pregnancy, did a doctor, nurse, or other health care worker *diagnose* you with depression?**

- No
- Yes

## Related Topics

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

## 20. MORBIDITY

### A. INFANT

#### a. Gestational Age

##### Core

39. When was your new baby born?

[BOX] / [BOX] / 20\_\_ [BOX]

Month Day Year

##### Standard

K13. When was your baby due?

[BOX] / [BOX] / 20\_\_ [BOX]

Month Day Year

Used by: ME52, NE51

#### b. ICU Admission

##### Core

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

- No
- Yes
- I don't know

##### Related Topics

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

**B. MATERNAL**

**a. Preconceptional**

**Core**

**Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had any of the following health conditions?** For each one, check **No** if you did not have the condition or **Yes** if you did.

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure or hypertension .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Depression .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**Standard**

**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.

- |  | <b>No</b>                | <b>Yes</b>               |
|--|--------------------------|--------------------------|
| a. Asthma.....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Anemia (poor blood, low iron) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Heart problems .....                | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Epilepsy (seizures) .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Thyroid problems .....              | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Anxiety .....                       | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: DE12, FL13, HI12, MD12, MI13, MS13, NYC13, UT13, WA12\*

**State options**

WA: Dropped options b and e

**State-developed**

**RI80. Have you ever been told by a doctor, nurse or other health care worker that you had asthma?**

- No → Go to Question 82
- Yes

**RI81. Do you still have asthma?**

- No
- Yes

**Related Topics**

Readiness

**b. Prenatal and Intrapartum**

**Core**

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

- No
- Yes

**Standard**

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

- No
- Yes

Used by: DE28

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

**[BOX] Weeks OR [BOX] Months**

Used by: DE28

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

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: None of the states used this question in Phase 7.

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

	<b>No</b>	<b>Yes</b>
a. Help with child care .....	N	Y
b. Help with housework .....	N	Y
c. Knowing I wouldn't lose my job .....	N	Y
d. Money to make up for not working .....	N	Y
e. Other .....	N	Y
Please tell us: [BOX]		

Used by: None of the states used this question in Phase 7.

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

- No
- Yes
- I don't know

Used by: LA34, ME35, SC34, TX33, UT36

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

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

Used by: CO33, MA36, MI35, NY36, SC33, WV34

**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.

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

Used by: DE35, FL35, HI31\*, IL34, ME34, NY37, WI33

**State options**

**HI: Kept options b, e, g**

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No → Go to Question xx
- Yes

Used by: None of the states used this question in Phase 7.

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

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

Used by: None of the states used this question in Phase 7.

### **Related topics**

Delivery  
HIV and Sexually Transmitted Disease  
Physical Activity and Work  
Pre-conception Readiness  
Prenatal Care, Content

### **c. Postpartum**

#### **Standard**

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

[BOX] / [BOX] / [BOX]

Month    Day    Year

Used by: None of the states used this question in Phase 7.

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

- Vaginal bleeding
- Fever or infection
- Other → Please tell us: [BOX]

Used by: None of the states used this question in Phase 7.

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

- No → Go to Question ##
- Yes

Used by: MA77, MN80, NYC81, SC79, UT79

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

- No
- Yes → Go to Question ##

Used by: NYC82, SC80

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

### **Related Topics**

Length of Stay, Maternal  
Maternal Health Care, Postpartum

#### **d. General**

### **Standard**

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

- Excellent
- Very good
- Good
- Fair
- Poor

Used by: None of the states used this question in Phase 7.

### **Related Topics**

Mental Health

21. ORAL HEALTH

A. MATERNAL

Core 24. This question is about the care of your teeth *during your most recent pregnancy*. For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

	No	Yes
a. I knew it was important to care for my teeth and gums during my pregnancy.....	□	□
b. A dental or other health care worker talked with me about how to care for my teeth and gums .....	□	□
c. I had my teeth cleaned by a dentist or dental hygienist.....	□	□
d. I had insurance to cover dental care during my pregnancy.....	□	□
e. I needed to see a dentist for a problem .....	□	□
f. I went to a dentist or dental clinic about a problem .....	□	□

Standard

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

- No
- Yes

Used by: AL82, AR76

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

- No
- Yes

Used by: TX80

Y4. How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?

- Within the past year (less than 12 months)
- 1 to less than 2 years (12 to 23 months)
- 2 to less than 5 years
- 5 or more years

Used by: AR77

**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.

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. I had cavities that needed to be filled .....        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I had painful, red, or swollen gums .....            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had a toothache .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I needed to have a tooth pulled .....                | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had an injury to my mouth, teeth ,or gums .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I had some other problem with my teeth or gums ..... | <input type="checkbox"/> | <input type="checkbox"/> |
- Please tell us: \_\_\_\_\_

Used by: GA32, MS29, NY29

**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.

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. I could not find a dentist or dental clinic that would take pregnant patients..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I could not find a dentist or dental clinic that would take Medicaid patients..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I did not think it was safe to go to the dentist during pregnancy .....            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I could not afford to go to the dentist or dental clinic.....                      | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: GA33, MD30, MN29, MO29, NY30\*, RI67\*, VT34

**State options**

NY: Added “I have a fear of dental treatment”

RI: Dropped “about the problem you had” from the question stem. Added ‘or RIte Care to option b.

**State-Developed**

**ME83. Do you have any insurance now that pays for some or all of your dental care?**

Please include dental insurance, prepaid plans such as HMOs, or government plans such as MaineCare or Medicaid.

- No
- Yes

**Related Topics**

Morbidity, Maternal  
Pre-conception Readiness

**B. INFANT**

**State-Developed**

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

- No
- Yes

## 22. PARENT AND INFANT CHARACTERISTICS

### A. INFANT DEMOGRAPHICS

#### Core

44. Is your baby living with you now?

- No → Go to Question 49
- Yes

### B. MATERNAL DEMOGRAPHICS

#### Core

3. What is your date of birth?

[BOX] / [BOX] / [BOX]

Month Day Year

#### State-developed

**MA79. Which of these groups would you say best represents your race?** Check ALL that apply.

- White
- Black or African American
- Hispanic or Latino
- Asian or Pacific Islander
- American Indian
- Other → Please tell us: \_\_\_\_\_

**MA80. How do other people usually classify you in this country?** That is how other people usually classify you in this country, which might be different from how you classify yourself. Check ONE answer

- White
- Black or African American
- Hispanic or Latino
- Asian or Pacific Islander
- American Indian
- Some other group → Please tell us: \_\_\_\_\_

**MA81. How often do you think about your race?** If you cannot decide between two categories, check the lower time frequency of the two categories. Check ONE answer

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

**WY71. Are you a member of an American Indian tribe?**

- No → Go to Question X
- Yes

**WY72. What is your tribal enrollment or your primary tribal affiliation?**

- Eastern Shoshone
- Northern Arapahoe
- Sioux
- Crow
- Northern Cheyenne
- Shoshone Bannock
- Other → Please tell us: \_\_\_\_\_

**OK81. When your *first* child was born, how old were you?**

\_\_\_ Years old

### **C. PATERNAL DEMOGRAPHICS**

#### **Standard**

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

[BOX] Years old

- I don't know

Used by: None of the states used this question in Phase 7.

**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

Used by: MD81, OH83

**D. PARENTAL RELATIONSHIP**

**Standard**

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- He was my husband (legally married)
- He was my partner (not legally married)
- He was my boyfriend
- He was a friend
- Other → Please tell us: **[BOX]**

Used by: GA74, LA71

**Related Topics**

Household Characteristics

## 23. PHYSICAL ACTIVITY AND WORK

### A. PHYSICAL ACTIVITY

#### Standard

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

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

Used by: CO76, OH68, WY65

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

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

Used by: AK74, CO80, UT77

#### State-Developed

**OR62. During the 3 months before you got pregnant with your new baby, how many times did you exercise or play sports in an average week?** (For example, walking briskly for ½ hour or more, jogging, aerobics, swimming, etc.)

- 0 times per week
- 1 time per week
- 2 times per week
- 3 times per week
- 4 times per week
- 5 or more times per week

**OR63. During your most recent pregnancy, how many times did you exercise or play sports in an average week?** (For example, walking briskly for ½ hour or more, jogging, aerobics, swimming, etc.)

- 0 times per week
- 1 time per week
- 2 times per week
- 3 times per week
- 4 times per week
- 5 or more times per week

**SC72. Thinking back to 3 months before you found out you were pregnant, how many times did you exercise or play sports per week?** (Include walking briskly, jogging, aerobics, swimming, etc. for ½ hour or more.)

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

**SC73. Thinking back to after you found out you were pregnant, how many times did you exercise or play sports per week?** (Include walking briskly, jogging, aerobics, swimming, etc. for ½ hour or more.)

- 0 times → Go to Question 76
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times

**SC74. During how many months of this pregnancy did you exercise or play sports at least 3 times a week?**

\_\_\_\_\_ Months

**SC75. What kind of exercise or sport did you do most often during your pregnancy?**  
Check ONE answer.

- Brisk walking
- Hiking
- Jogging or running
- Aerobics or aerobic dancing
- Other dancing
- Calisthenics or general exercise
- Biking
- Swimming or water exercise
- Yoga or pilates
- Other → Please tell us: \_\_\_\_\_

## **B. WORK & SCHOOL**

### **Standard**

**C1. Are you currently in school or working?**

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

Used by: OH80, NE80

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

Used by: NE81, OH81

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

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: OH82

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

- No → Go to Question ##
- Yes

Used by: AK75, LA75, MA71, MD76, MI79, MO72, NJ78, NM68, NYC74, OH72, OK68, OR69, VT76

**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

Used by: OH73

**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 ##

Used by: MD79, OH74

**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

Used by: AK76, LA76, MA72, MO73, MO78, NJ79, NM69, NYC75, OH75, OK69, VT77

**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 → **Go to Question ##**

Used by: AK78, LA77, MA73, MD79, MI80, MO74, NJ80, NM70, NYC76, OH76, OK70, VT78

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

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

Used by: MI81, OH77, VT79

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

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. I could not financially afford to take a longer leave .....      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was afraid I'd lose my job if I stayed out longer .....        | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had too much work to do to stay out longer.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My job does not have paid leave .....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My job does not offer a flexible work schedule.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I had not built up enough leave time to take more time off ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: AK79, LA78, MA74, MD80, MO75, NJ81, NM71, NYC77, OH78, OK71, VT80

**C11. Did your baby's father take leave from work *after* your new baby was born?** Check ALL that apply

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

Used by: OH79

### State-developed

**OR70. How many weeks or months of leave did you take or will you take after the birth of your new baby?**

[BOX] Weeks OR [BOX] Months

**NYC78. (Developed for Phase 6) Are you currently in school?**

- No
- Yes

**NYC79. (Developed for Phase 6) Are you currently working outside the home?**

- No
- Yes

### Related Topics

Breastfeeding  
 Child Care  
 Maternal Health Care, General  
 Morbidity, Maternal  
 Smoke Exposure

## 24. PRE-CONCEPTION READINESS

### Core

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

	No	Yes
a. I was dieting (changing my eating habits) to lose weight .....	<input type="checkbox"/>	<input type="checkbox"/>
b. I was exercising 3 or more days of the week .....	<input type="checkbox"/>	<input type="checkbox"/>
c. I was regularly taking prescription medicines other than birth control.....	<input type="checkbox"/>	<input type="checkbox"/>
d. I visited a health care worker and was checked for diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>
e. I visited a health care worker and was checked for high blood pressure .....	<input type="checkbox"/>	<input type="checkbox"/>
f. I visited a health care worker and was checked for depression or anxiety.....	<input type="checkbox"/>	<input type="checkbox"/>
g. I talked to a health care worker about my family medical history .....	<input type="checkbox"/>	<input type="checkbox"/>
h. I had my teeth cleaned by a dentist or dental hygienist.....	<input type="checkbox"/>	<input type="checkbox"/>

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

- Private health insurance from my job or the job of my husband, 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 did not have any health insurance during the *month before* I got pregnant

### State options

- AK: Medicaid or Denali KidCare
- AK: TRICARE or other military health care
- AK: Alaska Native Health Service (ANS), Native regional health corporation, IHS, or other tribal health coverage
- AR: ARKids First
- AR: TRICARE or other military health care
- CO: Colorado Indigent Care Program (CICP)
- CO: Child Health Plan Plus (CHP+)
- CO: TRICARE or other military health care
- DE: Medicaid or Diamond State Partners, Unison, Delaware Physicians Care
- DE: Delaware Healthy Children Program (DHCP/SCHIP)
- DE: CHAP-Community Healthcare Access Program
- DE: TRICARE or other military health care
- FL: TRICARE or other military health care
- GA: PeachCare for Kids

GA: TRICARE or other military health care  
HI: Medicaid or QUEST  
HI: TRICARE or other military health care  
IL: Medicaid or Illinois Healthy Women  
IL: TRICARE or other military health care  
LA: Medicaid or LaMoms  
LA: SCHIP or LaCHIP  
LA: TRICARE or other military health care  
MA: Medicaid or MassHealth  
MA: Commonwealth Care  
MD: Medicaid or HealthChoice  
MD: TRICARE or other military health care  
ME: Medicaid or MaineCare  
ME: TRICARE or other military health care  
MI: TRICARE or other military health care  
MN: Medicaid or Medical Assistance  
MN: MinnesotaCare  
MN: TRICARE or other military health care  
MN: Indian Health Service or Tribal Health Service  
MO: Medicaid or MO HealthNet  
MO: TRICARE or other military health care  
MS: SCHIP  
MS: TRICARE or other military health care  
MS: Indian Health Service  
NC: Medicaid, Baby Love or Health Check  
NC: Health Choice  
NC: TRICARE or other military health care  
NE: Medicaid or Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care+)  
NE: TRICARE or other military health care  
NE: Indian Health Services or Tribal Clinic  
NJ: Medicaid (Presumptive Eligibility (PE), NJ Family Care or Emergency Care)  
NJ: Charity Care  
NJ: TRICARE or other military health care  
NM: Medicaid or Salud!  
NM: State Coverage Insurance (SCI)  
NM: Indian Health Service (IHS) OR Tribal-638 Health Clinic  
NY & NYC: Family Health Plus  
NY & NYC: Family Planning Benefit program (FPBP)  
NY & NYC: Child Health Plus  
NY & NYC: TRICARE or other military health care  
OH: Medicaid, CareSource, or Molina Healthcare of Ohio  
OH: TRICARE or other military health care  
OK: Medicaid or SoonerCare  
OK: SoonerPlan  
OK: TRICARE or other military health care  
OK: Indian Health Service (HIS) or tribal  
OR: Oregon Health Plan or Medicaid  
OR: TRICARE or other military health care  
OR: Indian Health Service  
PA: Medicaid, Medical Assistance, or Health Choices  
PA: Children's Health Insurance Program (CHIP)  
PA: TRICARE or other military health care

RI: Medicaid or RItE Care  
RI: TRICARE or other military health care  
SC: Medicaid or Optional Care for Women and Infants (OCWI)  
SC: TRICARE or other military health care  
TN Medicaid or TennCare  
TN: CoverKids  
TN: CoverTN  
TN: TRICARE or other military health care  
TX: Medicaid or Texas Health Steps  
TX: TRICARE or other military health care  
UT: CHIP  
UT: TRICARE or other military health care  
VA: FAMIS/FAMIS MOMS  
VA: TRICARE or other military health care  
VT: Medicaid or Dr. Dynasaur  
VT: VHAP  
VT: Green Mountain Care  
VT: Catamount Health  
WA: Medicaid, Medical Services Card (includes Healthy Options)  
WA: TRICARE or other military health care  
WA: Indian Health Service and/or Tribal Health Services  
WI: Medicaid, BadgerCare Plus (ForwardHealth)  
WI: TRICARE or other military health care  
WI: Indian Health Service  
WV: Medicaid (Medical Card)  
WV: CHIP  
WY: Kid Care CHIP  
WY:TRICARE or other military health care  
WY: Indian Health Service (IHS)

10. ***Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?***

- No
- Yes

## Standard

**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.*

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

Used by: FL11, LA11, MI11, MS11, NC11, NE11, NJ12, SC11, TN12, VT11\*, WV11

## State options

VT: Dropped options c, d, e, g, h, i, j, k

**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? \_\_\_\_\_

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**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

Used by: NJ9

#### State-developed

**OK65. In the 12 months before you became pregnant with your new baby, did you visit a health care provider?**

- No → Go to Question 68
- Yes

**OK66. What type of health care visit did you have before you became pregnant? Check ALL that apply**

- Annual (routine) health checkup
- To get advice or counseling to prepare for getting pregnant
- Exam or visit for a specific injury or illness or condition
- Birth control or family planning
- Other Please tell us: \_\_\_\_\_

**OK67. Did your health care provider talk to you about any of the following topics BEFORE pregnancy?** For each one, check **No** if it was not discussed and **Yes** if it was.

	<b>No</b>	<b>Yes</b>
a. Taking folic acid or a multivitamin.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Smoking .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking alcohol .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Your weight .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Chronic or ongoing health conditions (such as diabetes, high blood pressure, thyroid conditions, PKU) .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Your immunizations being up to date .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Your current medications .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Sexually transmitted infections (like HIV, syphilis, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Illegal substance use .....	<input type="checkbox"/>	<input type="checkbox"/>
j. Birth defects or diseases that may run in your family .....	<input type="checkbox"/>	<input type="checkbox"/>
k. Chronic mental health conditions and medications to treat those conditions (like depression, anxiety, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>
l. Previous pregnancies and any problems or issues with those pregnancies.....	<input type="checkbox"/>	<input type="checkbox"/>
m. Work and home exposures to chemicals and toxins that could be harmful to a pregnancy (radiation, lead, fumes, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>
n. Birth control or family planning.....	<input type="checkbox"/>	<input type="checkbox"/>
o. Healthy eating or nutrition .....	<input type="checkbox"/>	<input type="checkbox"/>

**Related Topics**

Maternal Nutrition  
Morbidity, Maternal

## 25. PREGNANCY INTENTION

### A. MATERNAL

#### Core

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

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

- 13. How much longer did you want to become pregnant?
- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to less than 5 years
- More than 5 years

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

- No
- Yes

#### Standard

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

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

Used by: AR69

**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.**

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

Used by: None of the states used this question in Phase 7.

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

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

Used by: AR70, DE70, MD69

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

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

Used by: UT17

## B. PATERNAL

### Standard

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

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

Used by: None of the states used this question in Phase 7.

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

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

Used by: None of the states used this question in Phase 7.

### Related Topics

Assisted Reproduction  
Contraception, Conception

## 26. PREGNANCY RECOGNITION

### Standard

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

**[BOX]** Weeks **OR** **[BOX]** Months

I don't remember

Used by: DE19, LA18, MD20, ME18, NJ19, OK17, TX17

### Related Topics

Prenatal Care, Barriers

## 27. PRENATAL CARE

### A. BARRIERS

#### Core

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

- No
- Yes

Used by: DE21, FL21, GA18, IL18, LA20, ME20, MI21, MN19, MO19\*, NE20, NC20, NJ21, OR18\*, PA19, SC19, TN22, TX19, VA18, WA19\*, WI19, WV19, WY20

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

Used by: DE22, FL22, GA19, IL19, LA21, ME21, MN20, MO20, NE21, NC21, NJ22, OR19\*, PA20, SC20, TN23, TX20, VA19, WA20\*, WI20, WV20, WY21

#### State options for answer option g

AK: Denali KidCare  
DE: Diamond State Health Plan  
HI: Medicaid or QUEST  
IL Medicaid card or All Kids, Moms and Babies card  
LA: LaMoms  
MA: MassHealth  
MD: HealthChoice  
ME: Medicaid or MaineCare  
MN: Medicaid, Medical Assistance, or MinnesotaCare  
MO: MO HealthNet  
NC: Baby Love Program  
NE: Medicaid Managed Care  
NJ: NJ Family Care  
NM: Salud!  
OH: Medicaid care, CareSource, or Molina Healthcare of Ohio Card  
OK: SoonerCare

OR: I didn't have my Oregon Health Plan or Medicaid card  
 PA: Medicaid/Medical Assistance/Health Choices  
 RI: Rite Care  
 TN: TennCare/CoverKids/CoverTN/Medicaid card  
 TX: Medicaid or Texas Health Steps  
 WA: Medicaid card, Healthy Options card, or Medical Coupon  
 WI: Medicaid, BadgerCare or BadgerCare Plus  
 WV: Medical

**B. CONTENT**

**Core**

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

	<b>No</b>	<b>Yes</b>
a. How much weight I should gain during my pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>
b. How smoking during pregnancy could affect my baby .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Breastfeeding my baby .....	<input type="checkbox"/>	<input type="checkbox"/>
d. How drinking alcohol during pregnancy could affect my baby .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Using a seat belt during my pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Medicines that are safe to take during my pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>
g. How using illegal drugs could affect my baby.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Doing tests to screen for birth defects or diseases that run in my family .....	<input type="checkbox"/>	<input type="checkbox"/>
i. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due) .....	<input type="checkbox"/>	<input type="checkbox"/>
j. Getting tested for HIV (the virus that causes AIDS) .....	<input type="checkbox"/>	<input type="checkbox"/>
k. What to do if I feel depressed during my pregnancy or after my baby is born.....	<input type="checkbox"/>	<input type="checkbox"/>
l. Physical abuse to women by their husbands or partners .....	<input type="checkbox"/>	<input type="checkbox"/>

**State options**

**MN:** Added “Mercury levels in fish and safe eating guidelines to protect you and your baby”

**Standard**

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

- No
- Yes

Used by: CO22, NE26

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

- No
- Yes

Used by: CO23

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

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

Used by: MD24, WV23

#### State options

**WA23.(R3, R5, R7, State Developed WA #1 used in Ph. 2, 3, 4, 5, Phase 6 #22) During any of your prenatal care visits, did a doctor, nurse, or other health care worker do any of the things listed below? For each item, check **No** if no one asked or talked with you about it or **Yes** if someone did.**

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. Ask if you were smoking cigarettes .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Ask how much alcohol you were drinking .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Ask if someone was hurting you emotionally or physically .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Ask if you were using illegal drugs (marijuana or hash, cocaine, crack, etc.) .....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Ask if you planned to use birth control after your baby was born .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Talk with you about how eating fish containing high levels of mercury could affect your baby .....         | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Talk with you about the bacteria group B Strep (or beta Strep) .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Talk with you about how much weight you should gain during your pregnancy .....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Talk with you about diseases or birth defects that could run in your family or your partner's family ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Ask if you wanted to be tested for HIV (the virus that causes AIDS) .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |

**State developed**

**NC73. During any of your prenatal care or new baby doctor visits, did a doctor, nurse, or other health care worker talk with you about any of the following?** For each item, check **No** if it did not happen or **Yes** if it happened.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. The “baby blues” or postpartum depression.....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The bacteria B Strep that mothers can pass to their newborns during birth ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Placing your baby to sleep on his or her back or side .....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If someone was hurting you emotionally.....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| e. What happens if a baby is shaken.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. What you might do with a crying baby to quiet him or her.....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Smoking or tobacco use .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Second-hand smoke .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**WV 77. The following are things a doctor, nurse, or other health care worker might have talked to you about during your pregnancy or after delivery.** For each one, check **No** if someone did not talk to you about it or **Yes** if they did.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. High Risk Birth Score Program.....               | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Right from the Start Program.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Immunization (shots) for my baby.....            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Diabetes (how it may affect me and my baby)..... | <input type="checkbox"/> | <input type="checkbox"/> |

**DE71. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about fetal (baby) kick counts and how to do them?** Please count only discussions, not reading materials or videos.

- No
- Yes

**C. LOCATION**

**Standard**

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

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

Used by: AR18, IL20, NE22, TX21

## State Options

AR, IL: Community health clinic  
AR: Midwife  
IL, TX: Community health clinic  
NE: Indian Health Service or Tribal Clinic  
NE: Community health center

## D. SATISFACTION

### Standard

**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 .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The amount of time the doctor, nurse, or midwife spent with you during your visits ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The advice you got on how to take care of yourself .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The understanding and respect that the staff showed toward you as a person .....         | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: DE25, MA23, NE25, WI23

### State-developed

#### Related topics

Maternal Health Care, Discrimination

## E. INITIATION

### Core

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

**[BOX]** Weeks **OR** **[BOX]** Months

- I didn't go for prenatal care → Go to Question 20

## F. GROUP B STREP

### Standard

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes
- I don't know

Used by: None of the states used this question in Phase 7.

## G. TOXOPLASMOSIS

### Standard

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**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.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| 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.....   | □         | □          |

Used by: None of the states used this question in Phase 7.

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

- No
- Yes
- I don't know

Used by: None of the states used this question in Phase 7.

## **H. NUTRITION AND FOOD SAFETY**

### **Standard**

**R12. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about taking multivitamins, prenatal vitamins, or folic acid vitamins during your pregnancy?**

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: ME24, RI20

**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.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. Foods that are good to eat during pregnancy.....  | □         | □          |
| b. Exercise during pregnancy .....   | □         | □          |
| c. Programs or resources to help me gain the right amount of weight during pregnancy ..... | □         | □          |
| d. Programs or resources to help me lose weight after pregnancy.....                       | □         | □          |

Used by: IL23, UT26, VT22

**State options**

**UT:** Dropped option b.

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

Between **[BOX]** Pounds and **[BOX]** Pounds

Between **[BOX]** Kilograms and **[BOX]** Kilograms

Exactly **[BOX]** Pounds **OR** **[BOX]** Kilograms

- I don't remember

Used by: CO21, UT25

**State developed**

**MA82. This question is about things that may have happened during the 12 months before your new baby was born.** For each item, check **No** if it didn't happen to you or **Yes** if it did. It may help to use the calendar.

- |   | <b>No</b> | <b>Yes</b> |
|---|-----------|------------|
| a. I felt that my race or ethnic background contributed to the stress in my life .....  | □         | □          |
| b. I felt emotionally upset (for example, angry, sad, or frustrated) as a result of how I was treated based on my race or ethnic background.....  | □         | □          |
| c. I experienced physical symptoms (for example, a headache, an upset stomach, pounding heart) that I felt were related to how I was treated based on my race or ethnic background..... | □         | □          |

## I. SPECIALIST CARE

### Standard

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

## 28. QUESTIONNAIRE DETAILS

59. What is today's date?

[BOX] / [BOX] / [BOX]

Month Day Year

## 29. REPRODUCTIVE HISTORY

### A. AGE AT MENARCHE AND CONCEPTION OF FIRST BIRTH

#### Standard

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

[BOX] Years old

Used by: None of the states used this question in Phase 7.

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

[BOX] Years old

Used by: DE67

#### State developed

**OK81. When your *first* child was born, how old were you?**

\_\_ Years old

### B. PREVIOUS PREGNANCY OUTCOME

#### Core

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

- No → Go to Question 7
- Yes

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

- No
- Yes

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

- No
- Yes

## Standard

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

- No
- Yes

Used by: AR67, DE68, TN74, UT76, WI69

**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)

Used by: AR68

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

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

Used by: DE69

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

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

Used by: None of the states used this question in Phase 7.

### 30. SLEEPING BEHAVIORS

#### Core

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

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

#### Standard

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

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: DE57, GA63, LA61, ME73, NC61, NE69, NJ60, PA62, RI53, TN63, TX64, VA58, VT63, WA60, WI59, WV66

#### State-developed

**SC78. How often do you, other adults, or any other children sleep with your new baby in the same bed, couch, or chair?**

- 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

Used by: AR55, MN62, NJ59, PA61, VA57, WI58, WV65

**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.

- |  | <b>No</b>                | <b>Yes</b>               |
|--|--------------------------|--------------------------|
| a. My new baby sleeps in a crib or portable crib.....    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My new baby sleeps on a firm or hard mattress .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My new baby sleeps with pillows .....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My new baby sleeps with bumper pads .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My new baby sleeps with plush or thick blankets ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My new baby sleeps with stuffed toys.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My new baby sleeps with an infant positioner .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| h. My new baby sleeps with me or another person .....    | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: AK61, IL63, LA62, MI61, MN64, MO60, NJ61, NY66, NYC61, PA63, TN64, WV67, WY56

### State-Developed

**FL75. How often does your new baby go to sleep with a pacifier? Check ONE answer**

- Always
- Often
- Sometimes
- Rarely
- Never

**HI74. In the last month, where did your new baby usually sleep?**

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

**MA75. How often does your new baby sleep or nap on the same sleep surface with you and/or anyone else? (This can include a bed, crib, futon, couch, recliner, or any other sleep surface used for sleeping.) Check ONE answer**

- Always
- 5 or more times per week, but not always
- 1 to 4 times per week
- Less than once a week but on occasion
- Never

**OK77. 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 does.

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. My new baby sleeps in a crib or portable crib.....         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My new baby sleeps on a firm or hard mattress .....        | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My new baby sleeps with a pillow and/or stuffed toys ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My new baby sleeps with bumper pads .....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My new baby sleeps with a blanket .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My new baby sleeps with another person.....                | <input type="checkbox"/> | <input type="checkbox"/> |

**Related Topics**

Injury Prevention/Safety  
Prenatal Care, Content

## 31. SMOKE EXPOSURE

### A. INFANT

#### State-developed

**CO77.** Listed below are some things about smoking that a doctor, nurse or other health care worker might have done during any of your prenatal care visits. For each thing, check **No** if it did not apply to you during 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. Discuss making your home smoke-free ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Discuss making your car smoke-free .....  | <input type="checkbox"/> | <input type="checkbox"/> |

### B. MATERNAL

#### Standard

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

[BOX] Hours

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

Used by: GA75, MN76

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

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

Used by: MI73, NC70

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

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

Used by: FL39, OH36, WV38

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

[BOX] Number of smokers

Used by: NC71

**State-developed**

**C. GENERAL**

**Standard**

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

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

Used by: AK36, AL43, CO39, DE40, FL41, LA39, ME40, MN39, NE40, NYC36, OK35, TN40, TX38, VA35, WI38, WV41

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

[BOX] Number of smokers

Used by: None of the states used this question in Phase 7.

**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.

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

[BOX]

Used by: AR72, HI70, WY66

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

**[BOX]** Hours

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

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

### **Related Topics**

Drug Use, Tobacco  
Physical Activity and Work

## 32. SOCIAL SERVICES

### A. WIC

#### Core

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

- No
- Yes

#### Standard

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

- No
- Yes

Used by: AR30, LA32

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

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

Used by: GA78, IL77

#### State-Developed

ME85. 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 → **Go to Question 86**
- Yes, only my new baby uses WIC services → **Go to Question 86**
- Yes, only I am using WIC services

ME86. Why wasn't your new baby enrolled in WIC? Check ALL that apply

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

## Related Topics

Breastfeeding

### B. GOVERNMENT ASSISTANCE

#### Standard

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**V5. During the 12 months before your new baby was born, did you or any member of your household apply for government payments such as welfare, TANF (Temporary Assistance for Needy Families), or other public assistance?**

- No
- Yes

Used by: None of the states used this question in Phase 7.

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

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

Used by: None of the states used this question in Phase 7.

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

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

Used by: None of the states used this question in Phase 7.

V8 replaced by V5.

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

- No
- Yes

Used by: None of the states used this question in Phase 7.

**V10. Why didn't you get welfare, TANF (Temporary Assistance for Needy Families), or other public assistance? Check ALL that apply**

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

Used by: None of the states used this question in Phase 7.

### State-developed

**NE82. Which of these things happened while you were on Medicaid or Medicaid Managed Care? Check ALL that apply.**

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

### Related Topics

Health Insurance, Infant  
Health Insurance, Maternal

**C. OTHER PREGNANCY AND INFANT SERVICES**

**Core**

**25. During *your most recent* pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?**

- No
- Yes

**26. During *your most recent* pregnancy, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps pregnant women.**

- No
- Yes

**49. Since *your new baby was born*, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.**

- No
- Yes

**Standard**

**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.**

	<b>No</b>	<b>Yes</b>
a. Parenting classes.....	N	Y
b. Counseling for depression or anxiety .....	N	Y

Used by: None of the states used this question in Phase 7.

**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

Used by: PA30, TN33

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

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

Used by: MN32, NC31, OK28, PA31

**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.**

- |  | <b>No</b>                | <b>Yes</b>               |
|--|--------------------------|--------------------------|
| a. How smoking during pregnancy could affect my baby .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How drinking alcohol during pregnancy could affect my baby .....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Doing tests to screen for birth defects or diseases that run in my family.....          | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The importance of getting tested for HIV or other sexually transmitted infections ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Physical or emotional abuse to women by their husbands or partners.....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Breastfeeding my baby .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My emotional well-being.....  | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: NC32, PA32

**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

Used by: TN66

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

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

Used by: MN66, OK55

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

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

Used by: GA66, WI61

**State-developed**

**OR66. During your most recent pregnancy, were you offered home visiting services?**  
Home visiting is when a nurse, health care worker, social worker or other person who works for a program that helps pregnant women comes to your home.

- No → Go to Question 69
- Yes

**OR67. Did you accept the offer of home visiting services?**

- No
- Yes → Go to Question 69

**OR68. Why did you not accept the offer of home visiting services?**

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

**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.

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a. Parenting classes .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Counseling for depression or anxiety ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: DE77\*, WA75\*

**State options**

DE: No skip for moms with deceased babies or moms with the baby not living with them.

WA: Dropped option a.

**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 .....         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Counseling information for family and personal problems ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Help to quit smoking .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Help to reduce violence in your home .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other .....   | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us:

**[BOX]**

Used by: VT75

**V12. During your most recent pregnancy, did you receive 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 .....         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Counseling information for family and personal problems ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Help to quit smoking .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Help to reduce violence in your home .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other .....   | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us:

**[BOX]**

Used by: DE75

**State options**

**State-developed**

**NM75. Since your new baby was born, have you participated in any of these services?** For each item, check **No** if you did not participate or **Yes** if you did.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. A breastfeeding class or peer counseling support .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. WIC for me or my baby .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Families FIRST .....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A class or support group to stop smoking cigarettes ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Healthy Start.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Counseling or a support group for depression .....        | <input type="checkbox"/> | <input type="checkbox"/> |

**OR74. In the past 12 months, have you needed or received any of the following?** For each item, check **DN** if you didn't need it, check **N** if you needed it, but did not get it or check **NG** if you needed it and did get it.

- |  | <b>DN</b>                | <b>N</b>                 | <b>NG</b>                |
|--|--------------------------|--------------------------|--------------------------|
| a. Food Stamps or money to buy food.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Other financial assistance (for example, AFDC, TANF, subsidized rent, etc.) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Help with an alcohol or drug problem .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Help to stop smoking .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Help with transportation .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Help paying for education or job training.....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Help with a family violence problem.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Help or counseling for other family or personal problems .....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**OR75. Would you have the kinds of help listed below if you needed them?** For each item, check **No** if you would not have it or check **Yes** if you would.

- |  | <b>No</b>                | <b>Yes</b>               |
|--|--------------------------|--------------------------|
| a. Someone to loan me money for food or bills if I needed it .....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Someone who would help me if I were sick and needed to be in bed ....               | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Someone who would take me to the clinic or doctor's office if I needed a ride ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Someone I can count on to listen to me when I need to talk.....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Someone who shows me love and affection other than my child .....                   | <input type="checkbox"/> | <input type="checkbox"/> |

**OR76. Below is a list of items neighbors sometimes do for each other.**

For each item, check:

- N** if they *never* do
- AN** if they *almost never* do
- S** if they *sometimes* do
- F** if they *fairly often* do
- VO** if they *very often* do

**How often do your neighbors:**

- |  | <b>N</b>                 | <b>AN</b>                | <b>S</b>                 | <b>F</b>                 | <b>VO</b>                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Do favors for each other? .....   | <input type="checkbox"/> |
| b. Ask each other advice about personal things such as child rearing or job openings? .....      | <input type="checkbox"/> |
| c. Have parties or other get-togethers where other people in the neighborhood are invited? ..... | <input type="checkbox"/> |
| d. Visit in each other's homes or on the street? .....   | <input type="checkbox"/> |
| e. Watch over each other's property?.....  | <input type="checkbox"/> |

**VA76. Please tell us if you have heard of the following Virginia programs.** For each item, check **No** if you had not heard about it or check **Yes** if you had.

	<b>No</b>	<b>Yes</b>
a. Quit Now Virginia (1- 800-QUIT-NOW) .....	<input type="checkbox"/>	<input type="checkbox"/>
b. 2-1-1 Virginia.....	<input type="checkbox"/>	<input type="checkbox"/>
c. TEXT4BABY .....	<input type="checkbox"/>	<input type="checkbox"/>
d. VA Department Health Family Planning Clinics .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Plan First / Family Planning Waiver.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Care Connection for Children .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Baby Care .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Loving Steps / Healthy Start .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Resource Mothers.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Parents as Teachers.....	<input type="checkbox"/>	<input type="checkbox"/>
k. Home Instruction Program for Preschool Youngsters (HIPPY) .....	<input type="checkbox"/>	<input type="checkbox"/>
l. Nurse – Family Partnership (NFP) .....	<input type="checkbox"/>	<input type="checkbox"/>
m. Healthy Families.....	<input type="checkbox"/>	<input type="checkbox"/>
n. Part C Early Intervention .....	<input type="checkbox"/>	<input type="checkbox"/>
o. Project LINK .....	<input type="checkbox"/>	<input type="checkbox"/>
p. CHIP of VA.....	<input type="checkbox"/>	<input type="checkbox"/>

**Related Topics**

- Breastfeeding
- Drug Use
- Prenatal Care, Content
- Social Support

### 33. SOCIAL SUPPORT

#### Standard

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

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

Used by: GA76, NYC72, WI70

**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.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Someone to help me if I were sick and needed to be in bed .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Someone to take me to the clinic or doctor's office if I needed a ride..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Someone to talk with about my problems.....                                 | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: DE76, MN78, NC72, NYC73, WA72

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

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

Used by: WI71

**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.

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

Used by: MN79, OK78, RI70\*

**State options**

**RI:** dropped option d, and added a new option e ‘Someone to take me and my baby to the doctor’s office if I had no other way of getting there.’

**State-Developed**

**RI72, OK76. In general, how easy is it to calm your baby when he or she is crying or fussy?** Check ONE answer

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

**Note: OK76 does not include** Check ONE answer.

**RI73. During the last 2 weeks, how many hours did your baby cry and/or fuss on an average 24 hour day?**

- Less than 1 hour day
- Between 1 and 2 hours per day
- Between 2 and 3 hours per day
- Between 3 and 5 hours per day
- More than 5 hours per day

**MA76. Please read each statement below.** For each statement, check **No** or **Yes** to best describe how you feel about your baby's crying or how you manage his or her crying.

- |  | <b>No</b>                | <b>Yes</b>               |
|--|--------------------------|--------------------------|
| a. I can almost always get my baby to stop crying.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I would like to learn more about how to comfort my baby when he or she is crying .....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. In the past week, I have carried my baby in my arms or in a cloth baby carrier for 5 or more hours every day..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I think that picking up a baby every time he or she cries will spoil the baby.....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I sometimes feel overwhelmed by my baby's crying.....   | <input type="checkbox"/> | <input type="checkbox"/> |

**Related Topics**

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

## 34. STRESS

### A. GENERAL

#### Core

**36. This question is about things that may have happened during the 12 months before your new baby was born.** For each item, check **No** if it did not happen to you or **Yes** if it did. It may help to look at the calendar when you answer these questions.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. A close family member was very sick and had to go into the hospital ....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I got separated or divorced from my husband or partner .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I moved to a new address.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was homeless or had to sleep outside, in a car, or in a shelter .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My husband or partner lost his job.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I lost my job even though I wanted to go on working.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My husband, partner, or I had a cut in work hours or pay .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I was apart from my husband or partner due to military deployment or extended work-related travel..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I argued with my husband or partner more than usual .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My husband or partner said he didn't want me to be pregnant .....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I had problems paying the rent, mortgage, or other bills .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My husband, partner, or I went to jail.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Someone very close to me had a problem with drinking or drugs .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Someone very close to me died .....  | <input type="checkbox"/> | <input type="checkbox"/> |

#### Standard

**P15. During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?**

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: GA47, MI44, OH43, PA45, RI38, UT46, VA40, WI43

**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 .....         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I limited grocery or other shopping .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I stayed with other family members or friends ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Used by: PA46

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

- Always
- Usually
- Sometimes
- Rarely
- Never

Used by: GA79, OH84, WI72

### State-Developed

**NM67. Below is a list of challenges some mothers experience during pregnancy. At any time during *your most recent* pregnancy did you experience any of the following situations? Check ALL that apply**

- I could not pay for the water, gas, or electricity service in my home
- I received food from an emergency food program or shelter
- I did not always have telephone service, including cell phones
- I could not afford doctor visits either for myself or my family
- I applied for government assistance for food, income, or housing but was not eligible because my household income was too high

**RI72, OK76. In general, how easy is it to calm your baby when he or she is crying or fussy? Check ONE answer**

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

**Note: OK76 does not include** Check ONE answer

**RI73. During the last 2 weeks, how many hours did your baby cry and/or fuss on an average 24 hour day?**

- Less than 1 hour day
- Between 1 and 2 hours per day
- Between 2 and 3 hours per day
- Between 3 and 5 hours per day
- More than 5 hours per day

**RI82. How many times have you moved in the *last 3 years*?**

\_\_\_\_\_ Number of times

**B. DISCRIMINATION**

**BB1. During the 12 months before your new baby was born, did you feel emotionally upset (for example angry, sad, or frustrated) as a result of how you were treated based on your race?**

- No
- Yes

Used by: LA44, MN45, NC43, NYC41, OH44, UT47, VA41, WI44

**State-Developed**

**MA82. This question is about things that may have happened during the 12 months before your new baby was born.** For each item, check **No** if it didn't happen to you or **Yes** if it did. It may help to use the calendar.

- |  | <b>No</b>                | <b>Yes</b>               |
|--|--------------------------|--------------------------|
| a. I felt that my race or ethnic background contributed to the stress in my life .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I felt emotionally upset (for example, angry, sad, or frustrated) as a result of how I was treated based on my race or ethnic background .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I experienced physical symptoms (for example, a headache, an upset stomach, pounding heart) that I felt were related to how I was treated based on my race or ethnic background ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**VA72, WA70. (State Developed - carried forward from Phase 6, Q62) During the 12 months before your new baby was born, did you experience discrimination, harassment, or were you made to feel inferior because of the things listed below?** For each item, check **No** if you did not experience these things or **Yes** if you did.

- |  | <b>No</b>                | <b>Yes</b>               |
|--|--------------------------|--------------------------|
| a. My race, ethnicity, or culture .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My insurance or Medicaid status ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My weight .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My marital status .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other .....                           | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us: \_\_\_\_\_

**VT82. Did you experience discrimination by health care providers during your prenatal care, labor, or delivery because of the things listed below?** For each item, check **No** if you did not experience discrimination or **Yes** if you experienced discrimination.

	<b>No</b>	<b>Yes</b>
a. My race, ethnicity, or culture .....	<input type="checkbox"/>	<input type="checkbox"/>
b. My insurance or Medicaid status .....	<input type="checkbox"/>	<input type="checkbox"/>
c. My weight .....	<input type="checkbox"/>	<input type="checkbox"/>
d. My marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Other .....	<input type="checkbox"/>	<input type="checkbox"/>
Please tell us [BOX]		

**Related Topics**

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

### 34. EMERGENCY PREPAREDNESS

#### State-developed

**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

Used by: None of the states used this question in Phase 7.

**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

Used by: None of the states used this question in Phase 7.

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

- Always
- Sometimes
- Never

Used by: None of the states used this question in Phase 7.

## 35. TEEN SEXUAL INFLUENCES

Core

Standard

State-developed

<b>If you are 20 years of age or older now, go to Question 75.</b>
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**MS80. What ONE source would you trust to give you the most accurate information about contraception and birth control? Check ONE answer**

- My friends
- My mother or father
- My sister, brother or cousins
- My boyfriend or partner (current or past)
- A doctor or nurse
- A teacher or counselor
- A minister, priest, rabbi or other religious leader
- The Internet
- Books, magazines or pamphlets
- TV or radio
- Other → Please tell us

**MS81. When it comes to YOUR decisions about sex, who influences you most? Check ONE answer**

- My friends
- My mother or father
- My sister, brother or cousins
- My boyfriend or partner (current or past)
- A doctor or nurse
- A teacher or counselor
- A minister, priest, rabbi or other religious leader
- The Internet
- Books, magazines or pamphlets
- TV or radio
- Other → Please tell us

**MS82. Suppose a parent or other adult tells YOU the following: “I strongly encourage you not to have sex. However, if you do, you should use birth control or protection.” Do you think this message encourages teens to have sex?**

- No
- Yes
- I don't know