ATTAChment B

safety net consumer survey

data collection instruments

B1. Round 1 Survey (Pregnant Women)

B2. Round 2 Survey (Postpartum Women)

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**HEALTHY PREGNANCY AND PARENTING SURVEY**

ROUND 1: PREGNANT WOMEN

Prepared by Mathematica Policy Research

OMB Number: 0915-0212

Expiration Date: \_\_/\_\_/\_\_

**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average 20 minutes per respondent annually, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fisher Lane, Room 14-33, Rockville, Maryland, 20857.

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**A. Programmer Instructions**

**Data from Sample File**

S1. SAMPLE MEMBER’S FULL NAME [FULLNAME]

S2. SAMPLE MEMBER’S FIRSTNAME [FIRSTNAME]

S3. SAMPLE MEMBER’S PHONE NUMBER

S4. SAMPLE MEMBER’S AGE

S5. STATE HEALTH INSURANCE NAME

1 = CHIP State Name

IF STATE1 = FILL xxxx

IF STATE2 = FILL xxxx

IF STATE3 = FILL xxxx

IF STATE4 = FILL xxxx

2 = Medicaid State Name

IF STATE1 = FILL xxxx

IF STATE2 = FILL xxxx

IF STATE3 = FILL xxxxb

IF STATE4 = FILL xxxx

S6. HC NAME

S7. Sign up DATE: MM/DD/YYYY

S8. Parental permission obtained = 1

S9. Call to…

|  |  |  |
| --- | --- | --- |
| **Call to** | **last status** | **start at** |
| 1. first call to sample member | New | docallback = no |
| 2. callback to sample member | 800 – 820 (callback) | docallback = yes |
|  |  |  |
|  |  |  |
| 3. CALLBACK USING TTY | calltty = 1 | GO TO DOCALLBACK = YES |

**START UP INSTRUCTIONS**

Proxy respondent is not allowed

**B. contact**

**B.1 sample member contact**

|  |
| --- |
| Docallback = No |
| AUTOFILL INTVNAME  S1 = FULLNAME  S2 = FIRSTNAME |

Hello. Hello, my name is [INTVNAME] from Mathematica Policy Research. May I please speak to [FULLNAME]?

CODE ONE ONLY

SPEAKING TO [FIRSTNAME] 1 Go to SampMemb

[FIRSTNAME] COMES TO THE PHONE 2 Go to SampMemb

PERSON ASKS WHAT CALL IS ABOUT 3 Go to Whatabout

NEED TO CALLBACK 4 Go to Callback

[FIRSTNAME] HAS A HEALTH PROBLEM 5 Go to HealthProb

[FIRSTNAME] IS IN AN INSTITUTION 6 Go to Institution

[FIRSTNAME] HAS MOVED 7 Go to KnowWhere

[FIRSTNAME] DOES NOT SPEAK ENGLISH 8 Go to Lang

NEVER HEARD OF [FULLNAME]/WRONG # 9 Go to End 1

HUNG UP DURING INTRODUCTION 10 Status 640, Exit

REFUSED r Status 220, Exit

|  |
| --- |
| Hell0 = 3 |
| S2 = FIRSTNAME |

WhatAbout. Recently, [FIRSTNAME] signed up at [HC NAME] to take part in a brief health survey.

I’m calling to ask [FIRSTNAME] if this is a good time for the interview. . May I speak with her now?

CODE ONE ONLY

[FIRSTNAME] COMES TO THE PHONE 1 Go to SampMemb

NEED TO CALLBACK 2 Go to Callback

[FIRSTNAME] HAS HEALTH PROBLEM/IS

DECEASED 3

[FIRSTNAME] IS IN AN INSTITUTION 4 Go to Institution

[FIRSTNAME] MOVED 5 Go to KnowWhere

[FIRSTNAME] DOES NOT SPEAK ENGLISH 6 Go to Lang

HUNG UP DURING INTRODUCTION 7 Status 640, Exit

SUPERVISOR REVIEW 8 Status 380, Exit

REFUSED r Status 220, Exit

|  |
| --- |
| Hello = 5OR WhatAbout = 3 |

**HealthProb.** ENTER TYPE OF HEALTH PROBLEM.

CODE ONE ONLY

HEARING PROBLEM 1

SPEECH PROBLEM 2

PHYSICAL PROBLEM 3 Go to CallLater

COGNITIVE PROBLEM 4 Go to End 2

IN A COMA 5 Go to End 3

DECEASED 6 Go to Deceased

REFUSED r Status 210, Exit

|  |
| --- |
| HealthProb = 1 OR 2 |
| S2 = FIRSTNAME |

AmpTTY. I can get on a phone that will amplify my voice or [FIRSTNAME]’s voice, or we could use a TTY service. Would either of these help her to complete the interview?

CODE ONE ONLY

YES - USE AMPLIFIER PHONE 1 Go to RespAvail

YES - USE TTY CAPABILITY 2 Go to RespAvail

NO 0 Go to End 4

DON’T KNOW d Go to Callback

REFUSED r Go to End 4

|  |
| --- |
| amptty = 1 or 2 |
| S2 = FIRSTNAME |

RespAvail. Is [FIRSTNAME] available now?

YES 1

NO 0 Go to Callback

PROGRAMMER: If AmpTTY = 1, GoTo AmpPhone, else Go to CallTTY

|  |
| --- |
| amptty = 1 AND RESPAVAIL = 1 |

AmpPhone. Please hold while I get the amplifier phone.

INTERVIEWER: SET UP AMPLIFIER/WEAK SPEECH EQUIPMENT AND ASK GATEKEEPER TO CALL [FIRSTNAME] TO THE PHONE.

CODE ONE ONLY

[FIRSTNAME] COMES TO THE PHONE 1 Go to SampMemb

NEED TO CALLBACK 2 Go to Callback

|  |
| --- |
| AMPTTY = 2 AND respavail = 1 |

CallTTY. I will call back in a few minutes after I have the help of the TTY operator.

CODE ONE ONLY

ARRANGE CALL WITH OPERATOR 1 Go to SampMemb

UNSUCCESSFUL -- NEED TO CALLBACK 2 Go to Callback

|  |
| --- |
| healthprob = 3 |
| S2 = FIRSTNAME |

CallLater. Will [FIRSTNAME] be able to talk on the telephone if I call back in a week or two?

YES/MAYBE – CALLBACK 1 Go to Callback

NO 0 Go to End 4

DON’T KNOW d Go to Callback

REFUSED r Go to End 4

|  |
| --- |
| Hello = 5 and healthprob = 6 |

Deceased. I am very sorry to hear that she passed away. [FIRSTNAME] recently signed up at [HC NAME] to take part in a health survey. I was calling to follow up. When did she pass away?

Thank you. Please accept my condolences. Goodbye.

| | | / | | | / | | | | | Status 440

MONTH DAY YEAR

1-12 1-31 2009- 2011

DON’T KNOW……………………………………………d Go To End 5

REFUSED……………………………………………......r Go To End 5

|  |
| --- |
| hello = 6 or whatabout = 4 |

Institution. INTERVIEWER: ENTER TYPE OF INSTITUTION.

CODE ONE ONLY

HOSPITAL 1

NURSING HOME 2 Go to End 6

ASSISTED LIVING FACILITY 3 Go to End 6

GROUP HOME 4 Go to End 6

JAIL OR PRISON 5 Go to End 6

|  |
| --- |
| institution = 1 |
| S2 = FIRSTNAME |

HomeSoon. Do you expect [FIRSTNAME] to come home from the hospital within a week or two?

CODE ONE ONLY

YES ARRANGE CALLBACK 1 Go to Callback

NO 2 Go to End 7

[FIRSTNAME] UNABLE TO RESPOND OVER THE TELEPHONE 3 Status 410

|  |
| --- |
| Hello = 7 OR whatabout = 5 |
| IF S2 = FIRSTNAME |

KnowWhere. Do you or anyone there know how we can reach [FIRSTNAME]?

CODE ONE ONLY

YES 1

NO 0 Go to End 8

DON’T KNOW d Go to End 8

REFUSED r Go to End 8

|  |
| --- |
| Hello = 7 or whatabout = 5 |

**NewPhone.**

| | | | - | | | | - | | | | | Go To NewAddr

RANGE RANGE RANGE

OUT OF COUNTRY 2 Go to End 9

DON’T KNOW d Go To NewAddr

REFUSED r Go To NewAddr

|  |
| --- |
| Hello = 7 whatabout = 5 and knowwhere = 1 |

NewAddr. May I please have her address?

(STRING 25)

STREET

(STRING 25)

CITY

(STRING 25)

STATE

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

ZIP CODE

00501-99950 0001-9999

DON’T KNOW d Go to End 8

REFUSED r Go to End 8

|  |
| --- |
| Hello = 8 or whatabout = 6: programmer: 02 - 06 should be reviewed by a supervisor |

**Lang.**

CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF KNOWN

CODE ONE ONLY

SPANISH 1 Go to End 10

FRENCH 2 Go To End 11

CHINESE 3 Go To End 11

RUSSIAN 4 Go To End 11

GERMAN 5 Go To End 11

OTHER LANGUAGE SPECIFY 6 Go To End 11 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (STRING 20)

DON’T KNOW d Go To End 11 REFUSED r Go To End 11

|  |
| --- |
| lang = 6 |

**OtherLang.**

(STRING 20) Go To End 11

DESCRIPTION

DON’T KNOW d Go To End 11 REFUSED r Go To End 11

|  |
| --- |
| hello = 1 or 2 or whatabout = 1 or amphhone = 1 or calltty = 1 |
| S1= FULLNAME |
| S2 = FIRSTNAME  S7 = SIGN UP DATE |

SampMemb. On [SIGN UP DATE], you signed up at [HC NAME] to take part in two brief health surveys, one now and one 9 months from now. The first survey will take about 15 to 20 minutes. To thank you for taking part, we will send you a gift card for $20. Is this a good time for the interview?

**PROBE IF NEEDED: I’m calling from Mathematica Policy Research in Princeton, NJ. Mathematica is conducting this health survey for the U.S. Department of Health and Human Services.**

Your participation is completely voluntary, but very important. All your answers will be held in complete privacy. Let’s begin.

CODE ONE ONLY

BEGIN INTERVIEW 1 Go to T0

DOES NOT RECALL SIGNING UP 2 Go to No RECALL

WANTS MORE INFORMATION 3 Go to MoreInfo

NOT A GOOD TIME 4 Go to Callback

HUNG UP DURING INTRODUCTION 5 Status 640, Exit

SUPERVISOR REVIEW 6 Status 380, Exit

REFUSED r Status 200, Exit

|  |
| --- |
| sampmemb = 2 or whatabout = 7 |

NoRECALL. On [SIGN UP DATE], you signed a form at [HC NAME] to take part in two brief health surveys, one now and one nine months from now. The survey is about your pregnancy and where you get information to help you have a healthy pregnancy. If we start the interview now, it will take 15 to 20 minutes.

CODE ONE ONLY

BEGIN INTERVIEW 1 Go to T0

WANTS MORE INFORMATION 2 Go to MoreInfo

NOT A GOOD TIME 3 Go to Callback

HUNG UP DURING INTRODUCTION 4 Status 640, Exit

REFUSED r Status 200, Exit

|  |
| --- |
| sampmemb = 3 or noletter = 3 |
| [MORE INFO] Survey, please insert your survey-specific text here |

MoreInfo. The survey is being done in four sites around the country with only a small number of women – about 960 in total. It asks about your experiences during pregnancy, including the information you got to help you have a healthy pregnancy. Your participation is really important. Can we start now?

CODE ONE ONLY

YES, BEGIN INTERVIEW 1 Go to T0

NOT A GOOD TIME 2 Go to Callback

HUNG UP DURING INTRODUCTION 3 Status 640, Exit

REFUSED r Status 200, Exit

|  |
| --- |
| Hello = 4 or whatabout = 2 OR AMPTTY= d OR RESPAVAIL=0 |

Callback. When would be a good time to call back?

INTERVIEWER: MAKE AN APPOINTMENT USING THE PARALLEL BLOCK. USE THE 'APPOINTMENT' TAB OR PRESS <CTRL-S> TO INVOKE THE APPOINTMENT MAKING DIALOG.

|  |
| --- |
| DOCALLBACK = YES (CALL BACK TO SAMPLE MEMBER AFTER INITIAL CONTACT) |
| AUTOFILL INTVNAME  S1 = FULLNAME  S2 = FIRSTNAME |

Hello. Hello, my name is [INTVNAME] from Mathematica Policy Research. May I please speak to [FULLNAME]?

CODE ONE ONLY

SPEAKING TO [FIRSTNAME] 1 Go to SampMemb

[FIRSTNAME] COMES TO THE PHONE 2 Go to SampMemb

PERSON ASKS WHAT CALL IS ABOUT 3 Go to WhatAbout

NEED TO CALLBACK 4 Go to Callback

NEVER HEARD OF [FULLNAME]/WRONG NUMBER 5 Go to PhoneCheck

REFUSED r Status 220, Exit

|  |
| --- |
| Hello = 3 |
| S2 = FIRSTNAME |

WhatAbout. I'm calling to finish an interview we started with [FIRSTNAME] on [CB1 DATE]. Is she available now?

CODE ONE ONLY

[FIRSTNAME] COMES TO THE PHONE 1 Go to T0

NEED TO CALLBACK 2 Go to Callback

SUPERVISOR REVIEW 3 Status 380, Exit

REFUSED r Status 220, Exit

|  |
| --- |
| Hello = 1 or 2 OR WhatAbout = 1  CB1 DATE |

SampMemb. Hello, my name is [INTVNAME]. I'm calling to finish the interview we started on [CB1 DATE]. We will send you a gift card for $20 to thank you for participating.  I’m calling to see if this is a good time to finish the interview.

As a reminder: your participation is completely voluntary, but very important. All your answers will be held in complete privacy. Let’s begin.

CODE ONE ONLY

CONTINUE INTERVIEW 1 Go to T0

NOT A GOOD TIME 2 Go to Callback

SUPERVISOR REVIEW 3 Status 380, Exit

REFUSED r Status 200, Exit

|  |
| --- |
| Hello=5 |
| S3 = PHONE |

PhoneCheck. I'm sorry, I must have misdialed. I thought I dialed [PHONE]. Is that the number I've reached?

CODE ONE ONLY

RIGHT NUMBER, NO SUCH PERSON 1 GO TO WrongNumber

WRONG CONNECTION/MISDIAL 2 Status 530, Exit

SUPERVISOR REVIEW REQUIRED 3 Status 380, Exit

REFUSED TO CONFIRM NUMBER 4 Go to End 8

|  |
| --- |
| Hello = 5  PhoneCheck = 1 |
| AUTOFILL INTVNAME  S1 = FULLNAME |

WrongNumber. I'm [INTVNAME] from Mathematica Policy Research. My information was that we’d recently spoken to someone at your number and we were supposed to call back to interview [FULLNAME]. There must have been some mistake. Thank you for your help. I'll turn this over to my supervisor.

CONTINUE 1 Status 380

|  |
| --- |
| all callback |

Q. When would be a good time to callback?

INTERVIEWER: MAKE AN APPOINTMENT USING THE PARALLEL BLOCK. USE THE 'APPOINTMENT' TAB OR PRESS <CTRL-S> TO INVOKE THE APPOINTMENT MAKING DIALOG.

**C. Eligibility and Consent**

|  |
| --- |
| ALL |

**T0. First, I’d like to ask if you are speaking on a cell phone right now?**

YES 1

NO 0 GO TO T1

|  |
| --- |
| T0=1 |

**T0a. Are you driving?**

YES 1

NO 0 Go to T1

**T0b. Since you are driving, we will need to call you back.**

OKAY 1 Go to Callback DON’T CALL BACK 0 Status 200, Exit

|  |
| --- |
| T0b = 1 |

**T1. What is your due date?**

**\_\_ \_\_ \_\_ \_\_ 2 0 \_\_ \_\_**

MONTH DAY YEAR

Answered 1 GO TO T2

DK d

REF r GO TO END 14

|  |
| --- |
| T3 = d |

**T1a Are you likely to deliver…**

Within the next 3 months, or 1

More than 3 months from now? 2

DK d GO TO END 14

REF r GO TO END 14

|  |
| --- |
| T3=1 or T1a = 1 or 2 |

**T2. Before I start the survey, I need to give you some information.**

* **You were selected for the survey because you received services from [HC NAME] and are between 3 and 7 months pregnant. You agreed to enroll in the survey and gave your name and contact information to someone at [HC NAME].**
* **Your name and survey answers will be kept private from everyone except the research team unless prescribed by law. At the end of the survey, we will destroy the information.**
* **There are no risks from taking part in the survey, other than the possible disclosure of your name, which we have taken steps to avoid.**
* **While there are no direct benefits to you from taking part, by answering the questions you may help other women have healthier pregnancies.**
* **Taking part is voluntary. You may refuse to answer any question you don’t like. You might consider some questions, like your health status or services, to be sensitive.**
* **If you wish to speak to a researcher about the study, I can give you the contact information for Margo Rosenbach, the Principal Investigator.**
* **If you want to speak to someone about your rights as a participant in the survey, I can give you the contact information for Melissa Billarrial at Public/Private Ventures.**
* **We will mail you a $20 gift card, when you complete this survey. We will mail you a second $20 gift card if you complete a survey about your baby in about 9 months.**

**Do you have any questions about anything I just told you?**

**INSTRUCTIONS: ANSWER ANY QUESTIONS.**

YES 1

NO 0 GO TO Start 1

REF R Status 200, Exit

**T5. Do you agree to take part in the survey?**

YES 1 GO TO Start 1

NO 0

**D. TEXT4BABY ENROLLMENT AND USE OF SERVICES**

|  |
| --- |
| ALL |

Start 1. These first questions ask about your cell phone use.

*New*

*question*

Do you have your own cell phone?

YES 1

NO 0 GO TO Q1.1

DON’T KNOW d GO TO Q1.1

REFUSED r GO TO Q1.1

|  |
| --- |
| ALL |

Start 2. Does anyone else ever use your cell phone?

*New*

*question*

YES 1

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

Start 3. Do you ever use your cell phone to…

*Pew Cell Phones American Adults Q17 modified*

|  | CODE ONE RESPONSE FOR EACH ROW | | | |
| --- | --- | --- | --- | --- |
|  | yes | no | DK | REF |
| **a send or receive text messages?** | 1 | 0 | d | r |
| **b look at a social networking site like MySpace, Facebook or LinkedIn.com?** | 1 | 0 | d | r |
| **c look at Twitter?** | 1 | 0 | d | r |
| **d go to the internet directly on your cell phone?** | 1 | 0 | d | r |

|  |
| --- |
| If Start 3a = 1 |
| IF START3a = 0, d, r, GO TO Q1.1 |

Start 4. What is your preferred language for receiving text messages?

*New question*

english 1

SPANISH 2

OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

1.1 Before today, did you ever hear of a program called text4baby that sends pregnant women and new mothers free text messages on their cell phones?

PROBE IF R SAYS NOT SURE OR SEEMS UNCERTAIN: Women can sign up to receive free text messages about having a healthy pregnancy and baby. The messages include health tips, reminders, and information about other resources. Did you ever hear of the text4baby program before today?

YES 1

NO 0 GO TO Q4.1

DON’T KNOW d GO TO Q4.1

REFUSED r GO TO Q4.1

|  |
| --- |
| Q1.1=1 |

1.2 Have you ever signed up to receive free text4baby messages on your cell phone?

*2001 CHIP Enrollees Disenrollees 2.13 modified*

PROBE: Text4baby gives women tips about have a healthy pregnancy and baby.

INSTRUCTIONS: CODE YES IF R SAYS SOMEONE ELSE SIGNED HER UP.

CODE YES IF r WAS SIGNED UP IN THE PAST BUT IS NOT CURRENTLY SIGNED UP.

YES 1

TRIED BUT WAS UNABLE TO SIGN UP 2 GO TO Q1.2c

NO 0 GO TO Q1.2d

DON’T KNOW d GO TO Q1.4

REFUSED r GO TO Q1.4

|  |
| --- |
| Q.1.2=1 |

1.2a How did you sign up for text4baby? Did you send a text message on your cell phone, sign up on the Internet, or sign up some other way?

*New question*

CODE ONE ONLY

CELL PHONE 1

INTERNET 2

someone ELSE signed me up 3

OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_(STRING 200) 99

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q1.2=1 |

1.2b Did you sign up to get text4baby messages in English or in Spanish?

*New question*

english 1 GO TO Q1.2d

SPANISH 2 GO TO Q1.3

DON’T KNOW d GO TO Q1.3

REFUSED r GO TO Q1.3

|  |
| --- |
| Q.1.2=2 |

1.2c Why were you unable to sign up for text4baby when you tried?

*New question*

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GO TO Q1.4

|  |
| --- |
| 1.2b = 1 and Q1.2=0, 2 |

1.2d Are you aware that text4baby messages are available in Spanish?

*New question*

yes 1

NO 2

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX 1.3  IF Q1.2 = 1, GO TO Q1.3  IF Q1.2 = 0,2 GO TO Q1.4 |

|  |
| --- |
| Q.1.2=1 |

1.3 About how long ago did you sign up for text4baby messages? Would you say…

New

question

PROBE: Your best estimate is fine.

CODE ONE ONLY

**In the past month?** 1

**Between one and two months ago?** 2

**Between three and four months ago?** 3

**Between five and six months ago?** 4

**More than six months ago?** 5

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q1.2=1 |

1.3a About how far along in your pregnancy were you when you signed up for text4baby?

New

question

PROBE: Your best estimate is fine.

**3 months or less,** 1

**4 to 6 months, or** 2

**7 to 9 months?** 3

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q.1.1=1 |

1.4 I’m going to read a list of ways you might have heard about text4baby. Did you hear about it from…

HK LA Baseline B1 modified

CODE ALL THAT APPLY

**a doctor or midwife?** 1

**another health care provider?** 2

**a friend or family member?** 3

**a billboard, flyer, newspaper, or magazine?** 4

**on TV or radio?** 5

**on the internet?** 6

**something you received in the mail?** 7

**or from another source?** (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_

(STRING 200) 99

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX 1.5  IF Q1.2 = D,R, GO TO Q4.1  IF Q1.2 = 0, GO TO Q2.6  IF Q1.2=1 and Q1.4 = only one responses coded, GO TO Q1.6. |

|  |
| --- |
| Q1.2=1 AND Q1.4 HAS MORE THAN ONE RESPONSE (1-7 and 999) |
| Display in Q1.5 only the responses selected in Q1.4. |

1.5 Of the ways you just mentioned, which one was the most useful or helpful in deciding to sign up for text4baby? Was it [READ LIST OF SOURCES CODED IN Q1.4],..

1001 CHIP 2.2.1 modified

DISPLAY ONLY MULTIPLE RESPONSES FROM Q1.4 AND ALLOW CODE ONE ONLY

CODE ONE: |\_\_|\_\_|

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q1.2=1 |
| In Q1.6 display the reasons in random order for each interview. |

1.6 When you decided to sign up for text4baby, how important were these reasons…

New

question

READ EACH REASON, THEN ASK FOR EACH, Was that very important, somewhat important, or not very important?

|  | code one response per row | | | | |
| --- | --- | --- | --- | --- | --- |
| REASONS | VeRY IMPORTANT | SOMEWHAT IMPORTANT | NOT very IMPORTANT | DK | REF |
| **a** **Getting text4baby messages is free** | 1 | 2 | 3 | d | r |
| **b** **Getting text4baby messages is convenient** | 1 | 2 | 3 | d | r |
| **c** **Your doctor or midwife suggested you sign up** | 1 | 2 | 3 | d | r |
| **d A friend or family member suggested you sign up** | 1 | 2 | 3 | d | r |
| **e** **You wanted to get tips about having a healthy baby** | 1 | 2 | 3 | d | r |
| **f** **You wanted to get phone numbers to call for information about specific health topics** | 1 | 2 | 3 | d | r |
| **g You thought the reminders about prenatal care and other appointments would be helpful** | 1 | 2 | 3 | d | r |

|  |
| --- |
| Q1.2=1 |

1.6a Were there other important reasons why you decided to sign up for text4baby? RECORD VERBATIM

New

question

(STRING 400)

DESCRIPTION

NO OTHER REASON 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q1.2=1 |

1.7 How easy or hard was it to sign up for text4baby? Would you say it was…

New

question

CODE ONE ONLY

**very easy,** 1

**somewhat easy,** 2

**somewhat hard, or** 3

**very hard?** 4

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q1.2=1 |

1.8 Text4baby sends some text messages that include a phone number to call if you want more information on topics like smoking, drug use, breastfeeding, installing car seats, or getting health care. Did you ever call one of the phone numbers included in a message?

*New*

*question*

YES 1

NO 0 GO TO Q1.10

DON’T KNOW d GO TO Q1.10

REFUSED r GO TO Q1.10

|  |
| --- |
| Q1.8=1 |
| S5 = 2: STATE MEDICAID PROGRAM NAME |
| Display TOPICS AND EVER CALLED COLUMN. FOR EACH YES AT EVER CALLED, DISPLAY Was the information very useful, somewhat useful, or not useful? |

1.9 Thinking about the phone numbers in the messages, have you ever called about….

*New question*

INTERVIEWER: READ EACH TOPIC FIRST. THEN FOR EACH “YES” RESPONSE TO “EVER CALLED,” ASK: Was the information you got very useful, somewhat useful, or not very useful?

|  | ever called? | | HOW USEFUL? | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TOPICS** | Yes | NO | very useful | somewhat useful | not very useful | DK | REF |
| **a** **Finding a doctor or midwife** | 1 | 0 | 1 | 2 | 3 | d | r |
| **b** **Quitting smoking** | 1 | 0 | 1 | 2 | 3 | d | r |
| **c** **Getting information about alcohol or drug use** | 1 | 0 | 1 | 2 | 3 | d | r |
| **d** **Getting health coverage from Medicaid or [STATE PROGRAM NAME]** | 1 | 0 | 1 | 2 | 3 | d | r |
| **e Getting information about WIC** | 1 | 0 | 1 | 2 | 3 | d | r |
| **f Getting information about breastfeeding** | 1 | 0 | 1 | 2 | 3 | d | r |
| **g Some other topic I haven’t mentioned? (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_ (STRING 400)** | 1 | 0 | 1 | 2 | 3 | d | r |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| Q1.8 = 1 |

1.9a Did you ever save one or more of the phone numbers included in a message so you could call it in the future?

*New question*

YES 1

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q1.2=1 |

1.10 The next questions are about your current experience with text4baby.

*New*

*question*

Have you received one or more messages from text4baby in the past two weeks?

YES 1

NO 0 GO TO BOX 2.1

DON’T KNOW d GO TO BOX 2.1

REFUSED r GO TO BOX 2.1

|  |
| --- |
| Q1.10=1 |

1.11 About how many text4baby messages did you get in the past two weeks? Would you say…

*SMS Sexual Health 19 modified*

CODE ONE ONLY

**one or two,** 1

**three or four,** 2

**five or six, or** 3

**more than six?** 4

DON’T KNOW d GO TO BOX 2.1

REFUSED r GO TO BOX 2.1

[Question 1.12 has been moved question 3.7.]

|  |
| --- |
| Q1.11=1-4 |

1.13 Thinking about the text4baby messages that you got in the past two weeks, have you forwarded or shown any of the messages to…

*SMS Sexual Health 21 & 22 modified*

INTERVIEWER: READ LIST AND CODE ONE RESPONSE PER ROW

|  | YES | NO | DK | REF |
| --- | --- | --- | --- | --- |
| **a** **a friend?** | 1 | 0 | d | r |
| **b** **a family member?** | 1 | 0 | d | r |
| **c** **someone you work with?** | 1 | 0 | d | r |
| **d your doctor or midwife?** | 1 | 0 | d | r |
| **e** **someone else?** (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_ (STRING 200) | 1 | 0 | d | r |
|  |  |  |  |  |

|  |
| --- |
| Q1.11=1-4 |

1.14 Since you first signed up for text4baby, was there ever a time when you did not get any text4baby messages for a week or more?

*New*

*question*

YES 1

NO 0 GO TO BOX 2.1

DON’T KNOW d GO TO BOX 2.1

REFUSED r GO TO BOX 2.1

|  |
| --- |
| Q1.14=1 |

1.15 Why weren’t you getting any text4baby messages during that time? Was it because…

CODE ALL THAT APPLY

*New*

*question*

**Your cell phone was lost or stolen? 1**

**A friend or relative borrowed your cell phone? 2**

**You didn’t have enough money to continue cell**

**phone service? 3**

**You were somewhere with no cell**

**phone service? 4**

**You texted STOP to stop receiving messages? 5**

**Some other reason**? (SPECIFY) \_\_\_ (STRING 400) 99

DON’T KNOW d

REFUSED r

**E. TEXT4BABY DISENROLLMENT AND NEVER ENROLLMENT**

|  |
| --- |
| BOX 2.1  IF Q1.10=1, GO TO BOX 3.1  IF Q1.10=0,D,R, GO TO Q2.1 |

|  |
| --- |
| Q1.10=0,D,R |

2.1 Have you ever texted STOP to stop receiving text4baby messages?

*New*

*question*

YES 1

NO 0 GO TO BOX 3.1

DON’T KNOW d GO TO BOX 3.1

REFUSED r GO TO BOX 3.1

|  |
| --- |
| Q2.1=1 |

2.2 Why did you want to stop receiving text4baby messages? Was it because…

*New*

*question*

CODE ALL THAT APPLY

**you didn’t have time to read the messages,** 1

**there were too many messages,** 2

**you didn’t find the messages useful,** 3

**you had enough information from other sources,** 4

**Another reason?** (SPECIFY) \_\_\_\_\_\_\_(STRING 400) 5

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q2.1=1 |

2.3 About how long ago did you stop receiving text4baby messages? Was it…

*New*

*question*

CODE ONE ONLY

**In the past month** 1

**2 or 3 months ago, or** 2

**More than 3 months ago?** 3

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q2.1=1 |

2.4 What was the topic of the last message you remember getting from text4baby before you stopped getting messages? RECORD VERBATIM

*New*

*question*

(STRING 400)

DESCRIPTION

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q2.1=1 |

2.5 Would you consider signing up for text4baby messages again?

*New*

*question*

YES 1

NO 0 GO TO 2.5b

DON’T KNOW d GO TO BOX 2.6

REFUSED r GO TO BOX 2.6

|  |
| --- |
| Q2.5 = 1 |

2.5a Why would you consider signing up for text4baby messages again? RECORD VERBATIM

*New*

*question*

(STRING 400) GO TO BOX 2.6

DESCRIPTION

DON’T KNOW d GO TO BOX 2.6

REFUSED r GO TO BOX 2.6

|  |
| --- |
| Q2.5 = 0 |

2.5b Why would you not consider signing up for text4baby messages again? RECORD VERBATIM

*New*

*question*

(STRING 400)

DESCRIPTION

DON’T KNOW d

REFUSED r

|  |
| --- |
| Box 2.6  IF Q1.2=1, GO TO BOX 3.1 |

|  |
| --- |
| Q1.2=0 |
| Display reasons in random order for each interview. Display reasons and Yes/No column first. For each YES, display: How important was this reason in your decision not to sign up? Was it very important, somewhat important, or not very important? |

2.6 Why did you decide not to sign up for text4baby? Was it because….

*New*

*question*

READ EACH REASON FIRST. FOR EACH ‘YES’ ASK, How important was this reason in your decision not to sign up? Was it very important, somewhat important, or not very important?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **reason?** | | **code one response FOR EACH YES** | | | | |
|  | **YES** | **NO** | **VeRY IMPORTANT** | **SOMEWHAT IMPORTANT** | **NOT VERY IMPORTANT** | **DK** | **REF** |
| **a** **Your cell phone has no text messaging capability?** | 1 | 0 | 1 | 2 | 3 | d | r |
| **b** **You don’t know how to use text messaging?** | 1 | 0 | 1 | 2 | 3 | d | r |
| **c** **You don’t like text messaging?** | 1 | 0 | 1 | 2 | 3 | d | r |
| **d You have other sources of information about having a healthy pregnancy?** | 1 | 0 | 1 | 2 | 3 | d | r |
| **e** **A friend or family member advised you not to sign up?** | 1 | 0 | 1 | 2 | 3 | d | r |
| **f** **Your doctor, midwife, or another health care provider advised you not to sign up?** | 1 | 0 | 1 | 2 | 3 | d | r |
| **g Text4baby messages are not available in your preferred language** | 1 | 0 | 1 | 2 | 3 | d | r |

|  |
| --- |
| Q1.2=0 |

2.6a Were there any other important reasons why you decided not to sign up for text4baby? RECORD VERBATIM

*New*

*question*

(STRING 400)

DESCRIPTION

NO OTHER REASON 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q1.2=0 |

2.7 What would encourage you to sign up for the text4baby program in the future? RECORD VERBATIM

*New*

*question*

(STRING 400)

DESCRIPTION

NOTHING/NOT INTERESTED 0

DON’T KNOW d

REFUSED r

**F. SATISFACTION WITH TEXT4BABY**

|  |
| --- |
| Box 3.1  IF Q1.2=0 or Q1.10=D, R, GO TO Q4.1 |

|  |
| --- |
| Q1.10=1 or Q1.10=0 |
| If Q1.10=0: When you were getting text4baby messages, how satisfied were you with how often you received  If Q1.10=1: How satisfied are you with how often you receive |

3.1 [When you were getting text4baby messages, how satisfied were you with how often you received/How satisfied are you with how often you receive] text4baby messages? Would you say…

*New*

*question*

CODE ONE ONLY

**very satisfied,** 1

**somewhat satisfied,** 2

**somewhat dissatisfied, or** 3

**very dissatisfied?** 4

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q1.10=1 or Q1.10=0 |
| If Q1.10=0: was, received  If Q1.10=1: is, receive |

3.2 Overall, how easy or hard [was/is] it to understand the text4baby messages you [received/receive]? Would you say…

*PS A21B modified*

CODE ONE ONLY

**very easy,** 1

**somewhat easy,** 2

**somewhat hard, or** 3

**very hard?** 4

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q1.10=1 or Q1.10=0 |
| If Q1.10=0: were  If Q1.10=1: are |

3.3 How useful [were/are] the text4baby messages in helping you to have a healthy pregnancy? Would you say…

*PS A20 modified*

CODE ONE ONLY

**very useful,** 1

**somewhat useful, or** 2

**not very useful?** 3

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q1.10=1 or Q1.10=0 |

3.4 Would you recommend the text4baby program to a friend or family member?

*HS B12*

YES 1

NO 0 GO TO Q3.4b

DON’T KNOW d GO TO Q3.5

REFUSED r GO TO Q3.5

|  |
| --- |
| Q3.4=1 |

3.4a Why would you recommend the text4baby program to a friend or family member? RECORD VERBATIM.

*HS B12a*

(STRING 400) GO TO Q3.5

DESCRIPTION

DON’T KNOW d GO TO Q3.5

REFUSED r GO TO Q3.5

|  |
| --- |
| Q3.4=0 |

3.4b Why would you not recommend the text4baby program to a friend or family member? RECORD VERBATIM.

*HS B12b*

(STRING 400)

DESCRIPTION

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q1.10=1 or Q1.10=0 |

3.5 What suggestions do you have for improving text4baby? RECORD VERBATIM.

PROBE: “What else” until respondent answers “nothing.”

*New question*

(STRING 400)

DESCRIPTION

NONE 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| Box 3.6  IF Q1.10=0, Go TO 5.1 |

|  |
| --- |
| Q1.10=1 |

3.6 If you had to pay the same amount for text4baby text messages as you pay for other text messages under your cell phone plan, would you continue using text4baby?

*Cocosila modified*

PROBE: At this time, text4baby messages are free.

YES 1

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q1.10 = 1 |

3.7 Thinking about the text4baby messages that you got in the past two weeks, how strongly do you agree or disagree with the following statements?

*SMS Sexual Health 20 modified*

FOR EACH STATEMENT, Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

|  | STRONGLY AGREE | SOMEWHAT AGREE | SOMEWHAT DISAGREE | STRONGLY DISAGREE | DK | REF |
| --- | --- | --- | --- | --- | --- | --- |
| **a** **You learned something from them** | 1 | 2 | 3 | 4 | d | r |
| **b** **You trusted them** | 1 | 2 | 3 | 4 | d | r |
| **c They were interesting** | 1 | 2 | 3 | 4 | d | r |
| **d They were annoying** | 1 | 2 | 3 | 4 | d | r |

|  |
| --- |
| BOX 3.8  IF Q3.7d = 3, 4, d, r, GO TO Q5.1 |

|  |
| --- |
| Q3.7d = 1 or 2 |

**3.8 Why were the text4baby messages annoying?**

*New question*

(STRING 400)

DESCRIPTION

DON’T KNOW d

REFUSED r

**G. SECTION G DELETED.**

**H. HEALTH CARE ACCESS, UTILIZATION, KNOWLEDGE, AND BEHAVIOR**

|  |
| --- |
| ALL |

5.1 During this pregnancy, did you get any prenatal care from a doctor, nurse, midwife, or other health care provider?

*[NMIHS1989 Part A:2] Adapted Healthy Start*

PROBE: Prenatal care is the medical care a woman gets from a doctor, midwife, or nurse while she is pregnant*.* It usually includes checking the woman’s weight and blood pressure and the baby’s heart beat.

INSTRUCTION: If respondent received some but not all of these services, code YES.

YES 1

NO 0 GO TO Q5.5

DON’T KNOW d GO TO Q5.5

REFUSED r GO TO Q5.5

|  |
| --- |
| Q5.1=1 |

5.2 How many months pregnant were you when you went for your first prenatal care visit? Were you…

*NMIHS1989 Part A:3 modified*

PROBE: Your best estimate is fine.

CODE ONE ONLY

3 months or less, 1

4 to 6 months, or 2

7 to 9 months pregnant? 3

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q5.1=1 |

5.3 Do you have one place where you usually go for your prenatal care?

*New*

*question*

CODE ONE ONLY

YES 1

NO 0 GO TO Q5.5

DON’T KNOW d GO TO Q5.5

REFUSED r GO TO Q5.5

|  |
| --- |
| Q5.3=1 OR 2 |

5.4 Where do you usually go for prenatal care? Is it a…

*New*

*question*

CODE ONE ONLY

**hospital clinic,** 1

**health department clinic,** 2

**community health center,** 3

**private doctor’s office or HMO clinic, or** 4

**some other place?** (SPECIFY) 99

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(STRING 400)

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |
| Rotate sources of information  If Q1.10=0,1, display Q5.5f, ELSE do not. |

5.5 Have you ever gotten information about having a healthy pregnancy from the following sources?

*New*

*question*

|  | used source | | | |
| --- | --- | --- | --- | --- |
| SOURCE OF INFORMATION | Yes | NO | dk | ref |
| **a** **A doctor or midwife** | 1 | 0 | d | r |
| **b** **Your partner or spouse** | 1 | 0 | d | r |
| **c** **A parent** | 1 | 0 | d | r |
| **d** **A friend** | 1 | 0 | d | r |
| **e Books or online sources** | 1 | 0 | d | r |
| **f Text4baby** | 1 | 0 | d | r |
| **g** **Another source** (SPECIFY) | 1 | 0 | d | r |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(STRING 400) |  |  |  |  |

|  |
| --- |
| Box 5.6  If response to Q5.5a-Q5.5g is all ‘NO’ or only one ‘YES’ response, GO TO Q5.7. |

|  |
| --- |
| Q5.5 = More than one ‘YES’ response |

5.6 Now, thinking about all of the sources of information you just mentioned, which one do you find most useful in helping you have a healthy pregnancy?

*New question*

INTERVIEWER: READ THE LIST.

CODE ONE ONLY

**Response #1..n** 1

DON’T KNOW d

REFUSED r

|  |
| --- |
| All |
| Rotate topics in each interview. |

5.7 During this pregnancy, did you ever get information about the following topics?

*New question*

|  | got information about… | | | | |
| --- | --- | --- | --- | --- | --- |
| TOPIC | YES | NO | | DK | R |
| **a Taking prenatal vitamins** | 1 | 0 | d | | r |
| **b Eating healthy foods** | 1 | 0 | d | | r |
| **c Seeing a dentist** | 1 | 0 | d | | r |
| **d Becoming aware of pregnancy health risks, such as high blood pressure and preterm birth** | 1 | 0 | d | | r |
| **e Avoiding stress** | 1 | 0 | d | | r |
| **f Getting a flu shot** | 1 | 0 | d | | r |
| **g Using a seat belt** | 1 | 0 | d | | r |
| **h Calling a help line if you are feeling depressed** | 1 | 0 | d | | r |
| **i Finding out if you are eligible for Medicaid or [STATE PROGRAM NAME]** | 1 | 0 | d | | r |
| **j Finding out if you are eligible for WIC** | 1 | 0 | d | | r |
| **k Breastfeeding your baby........** | 1 | 0 | d | | r |
| **l Quitting smoking during pregnancy** | 1 | 0 | d | | r |
| **m Avoiding alcohol or other drugs** | 1 | 0 | d | | r |
| **n Getting exercise........** | 1 | 0 | d | | r |

|  |
| --- |
| IF Q1.10 = 1,0 |
| IF Q1.1=0,D,R or Q1.2=0, D, R or Q1.10=D,R, GO TO 5.8 |
| 1) FOR ANY YES IN q5.7, DISPLAY ANSWERS IN Q5.7a and ask in column A: Did you get this information from text4baby?  2) FOR ANY YES IN COLUMN A of Q5.7A, ask COLUMN B: **Was the text4baby message about [TOPIC] very useful, somewhat useful, or not very useful?** |

5.7a Now, for each of the topics you just mentioned, I would like to ask you whether you got this information from text4baby, and if so, whether this information was very useful, somewhat useful, or not very useful. Did you get information about [TOPIC] from text4baby?

*New question*

FOR ANY YES IN Q5.7, ASK: Did you get information about [TOPIC] from text4baby?

FOR ANY YES IN COLUMN A, ASK: Was the text4baby message about [TOPIC] very useful, somewhat useful, or not very useful?

|  | Column A  Got info from text4baby | | Column B  USEFULNESS OF INFO FROM TEXT4BABY | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | Very useful | SOMEWHAT USEFUL | Not very useful | DK | REF |
| TOPIC | YES | NO |
| a Topic #1 | 1 | 0 | 1 | 2 | 3 | d | r |
| b Topic #2 | 1 | 0 | 1 | 2 | 3 | d | r |
| c Topic #3 | 1 | 0 | 1 | 2 | 3 | d | r |
| d Topic #4 | 1 | 0 | 1 | 2 | 3 | d | r |

|  |
| --- |
| ALL |

5.8a What information do you feel you needed during this pregnancy but did not get?

Healthy Start C.2 modified

5.8 Is there any health-related information you feel you needed during this pregnancy but did not get?

*Healthy Start C.2 modified*

YES 1

NO 0 GO TO Q5.9

DON’T KNOW d GO TO Q5.9

REFUSED r GO TO Q5.9

|  |
| --- |
| Q5.8=1 |

5.8a What information do you feel you needed during this pregnancy but did not get? RECORD VERBATIM

Healthy Start C.2 modified

(STRING 400)

DESCRIPTION

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

5.9 The next few questions ask about your experiences during this pregnancy.

*HS E7*

During this pregnancy, about how many alcoholic drinks do you have in an average week? Would you say…

PROMPT IF NEEDED, ‘in an average week.’ STOP WHEN RESPONDENT INDICATES NUMBER OF DRINKS.

CODE ONE ONLY

**RESPONDENT HAS NO DRINKS IN AN AVERAGE WEEK** 1

**less than 1 drink in an average week,** 2

**1 to 3 drinks in an average week,** 3

**4 to 6,** 4

**7 or more, or** 5

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

5.10 During this pregnancy, about how many cigarettes do you smoke on an average day? Would you say…

*HS E3 modified*

INSTRUCTION: STOP WHEN YOU REACH ONE CODED CATEGORY

PROBE: A pack has 20 cigarettes.

CODE ONE ONLY

**RESPONDENT DOES NOT SMOKE** 1

**1 to 5 per day,** 2

**6 to 10,** 3

**11 to 20, or** 4

**more than 20?** 5

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

5.11 During this pregnancy, about how many hours a day, on average, are you in the same room or vehicle with another person who is smoking?

*PRAMS Standard Phase 6 AA4*

PROBE: IF RESPONDENT SAYS 2 OR 3, ASK “Is that 2 or 3?”

| | | HOURS (00-24)

LESS THAN 1 HOUR A DAY 1

I AM NEVER IN THE SAME ROOM OR VEHICLE WITH SOMEONE WHO IS SMOKING 2

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

5.12 During this pregnancy, how often do you wear a seat belt when you drive or ride in a car? Would you say…

*PRAMS Standard Phase 6 S4 modified*

CODE ONE ONLY

**Always** 1

**Usually** 2

**Sometimes** 3

**Rarely** 4

**Never** 5

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

5.13 During this pregnancy, how many times a week do you take a multivitamin, prenatal vitamin, or folic acid vitamin? Would you say…

*PRAMS Standard Phase 6 CoreQ3 modified*

CODE ONE ONLY

**Never,** 0

**1 to 3 times a week,** 1

**4 to 6 times a week, or** 2

**Every day of the week?** 3

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

**5.14 During the past 12 months, have you had a flu shot?**

*PRAMS Standard Phase 6 L13 modified*

**PROBE: A flu shot is a shot you get to prevent you from getting the flu. It’s usually given in the fall and protects against influenza for the flu season.**

**PROBE: IF R SAYS SHE TOOK A LIQUID OR PILL, CODE YES.**

YES 1

NO 0 GO TO Q5.14b

DON’T KNOW d GO TO Q5.15

REFUSED r GO TO Q5.15

|  |
| --- |
| Box 5.14a  If Q5.14=1 AND (Q1.1=0,D,R or Q1.2=0, 2, D, R) GO TO Q5.15 |

|  |
| --- |
| Q5.14=1 and Q1.2 = 1 |

**5.14a Did text4baby help you decide to get a flu shot?**

*New question*

YES 1 GO TO Q5.15

NO 0 GO TO Q5.15

DON’T KNOW d GO TO Q5.15

REFUSED r GO TO Q5.15

|  |
| --- |
| If 5.14 = 0 |

**5.14b Why didn’t you get a flu shot during the past 12 months? Was it because…**

*PRAMS L14 adapted*

CODE ALL THAT APPLY

**Your doctor or midwife didn’t mention anything about getting a flu shot** 1

**You were worried that it might harm your baby** 2

**You were worried about side effects for your own health** 3

**You didn’t know where to get a flu shot** 4

**Were there any other reasons you didn’t get a flu shot (SPECIFY)** \_\_\_\_\_\_\_\_\_\_\_(STRING 400) 5

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

5.15 During the past 12 months, did you go to a dentist or dental hygienist for preventive dental care, such as a check-up or dental cleaning?

*NSCH K4Q21 modified*

YES 1

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

5.16 When your baby is born, do you plan to breastfeed or feed pumped breast milk to your baby?

*PRAMS*

YES 1

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

5.17 When your baby is born, how do you plan to lay him or her down to sleep? Would you say, on [his/her]…

*New*

*question*

CODE ONE ONLY

**side,** 1

**back,** 2

**or stomach?** 3

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

**5.18 Sometimes people have difficulty getting health care when they need it. Health care includes services like prenatal care, medical care, dental care, vision care, and mental health services. During the past 6 months, was there any time when you or a doctor thought you needed health care but you didn’t get it?**

*NSCH*

*K4Q27.*

*Adapted*

YES 1

NO 0 GO TO Q5.21

DON’T KNOW d GO TO Q5.21

REFUSED r GO TO Q5.21

|  |
| --- |
| IF Q5.18 = 1 |

**5.19 What kind of health care did you need but not get? Was it…**

*NSCH*

*K4Q28.*

*Adapted*

|  | unmet need | | | |
| --- | --- | --- | --- | --- |
| TYPE OF SERVICE | Yes | NO | dk | ref |
| **a** **Prenatal care** | 1 | 0 | d | r |
| **b** **Medical care** | 1 | 0 | d | r |
| **c** **Dental care** | 1 | 0 | d | r |
| **d** **Vision care** | 1 | 0 | d | r |
| **e Mental health services** | 1 | 0 | d | r |
| **f Another kind of care** (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(STRING 200) | 1 | 0 | d | r |

|  |
| --- |
| IF Q5.18 = 1 |

**5.20 How much of a problem was it that you did not get the health care you or a doctor thought you needed? Would you say it was…**

*New question*

**A big problem** 1

**A small problem** 2

**Not a problem** 3

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |
| Rotate reasons for delayed care (a-f) |

**5.21 There are many reasons people delay getting health care. During the past 6 months, have you delayed getting health care for any of the following reasons?**

*NHIS 2011 AHCDLY Adapted*

**PROBE: Health care includes services like prenatal care, medical care, dental care, vision care, and mental health services.**

|  | DELAYED CARE | | | |
| --- | --- | --- | --- | --- |
| REASON FOR DELAYED CARE | Yes | NO | dk | ref |
| **a** **You couldn’t get through on the telephone** | 1 | 0 | d | r |
| **b** **You couldn’t get an appointment soon enough** | 1 | 0 | d | r |
| **c** **You would have to wait too long at the clinic or doctor’s office** | 1 | 0 | d | r |
| **d** **The clinic or doctor’s office wasn’t open when you could get there** | 1 | 0 | d | r |
| **e You didn’t have transportation** | 1 | 0 | d | r |
| **f You couldn’t afford it** | 1 | 0 | d | r |
| **g** **Another reason for delaying care** (SPECIFY) | 1 | 0 | d | r |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(STRING 200) |  |  |  |  |

|  |
| --- |
| ALL |

**5.22 Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?**

*CAHPS Medicaid Survey*

*Q8*

*Adapted*

| | |

DON’T KNOW d

REFUSED r

**I. HEALTH STATUS**

|  |
| --- |
| ALL |

6.1 The next questions are about your pregnancy history and health status.

Other than your current pregnancy, have you ever been pregnant before?

*HS H1 adapted to delete [child] and make ‘current’*

IF ASKED: Please include pregnancies that ended in still-birth or abortion.

YES 1

NO 0 GO TO BOX 6.5

DON’T KNOW d GO TO BOX 6.5

REFUSED r GO TO BOX 6.5

|  |
| --- |
| Q6.1=1 |

6.2 Not counting your current pregnancy, how many times have you been pregnant before? Would you say…

*HS H2 modified*

INSTRUCTION: PAUSE AFTER EACH RESPONSE CATEGORY: STOP WHEN RESPONDENT GIVES AN ANSWER.

CODE ONE ONLY

**1 or 2 times,** 1

**3 or 4,** 2

**5 or 6, or** 3

**more than 6 other times?** 4

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q6.1=1 AND 6.2=ANSWERED |

6.3 Were all the babies from your previous pregnancies born alive?

YES 1

*HS H3 [PRAMS 7] modified*

NO 0 GO TO BOX 6.5

DON’T KNOW d GO TO BOX 6.5

REFUSED r GO TO BOX 6.5

|  |
| --- |
| Q6.3=1 |

6.4 Did any of the babies die before their first birthday?

YES 1

*HS H4 modified*

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| Box 6.5  IF Q6.3=0 or Q6.4=1: display: I’m very sorry for your loss. Please accept my condolences.  INTERVIEWER, IF NEEDED, OFFER GRIEF COUNSELING REFERRAL. If you would like, I can offer you a phone number where you can talk with somebody about your loss. We have only a few questions left. |

|  |
| --- |
| ALL |

6.5 Now I have a couple of questions about your health. Would you say that, in general, your health is excellent, very good, good, fair, or poor?

*NSCH, K9Q20*

CODE ONE ONLY

EXCELLENT 1

VERY GOOD 2

GOOD 3

FAIR 4

POOR 5

DON’T KNOW d

REFUSED r

|  |
| --- |
| all |

6.6 Would you say that, in general, your mental and emotional health is excellent, very good, good, fair, or poor?

NSCH K9Q23 modified

CODE ONE ONLY

EXCELLENT 1

VERY GOOD 2

GOOD 3

FAIR 4

POOR 5

DON’T KNOW d

REFUSED r

**J. PARTICIPANT BACKGROUND**

|  |
| --- |
| ALL |

7.1 The next few questions ask about your background.

HS A10b modified

What is your date of birth?

| | | / | | | / | | | | | GO TO Q7.2

MONTH DAY YEAR

(1-12) (1-31) (1956-1997)

DON’T KNOW d

REFUSED r

|  |
| --- |
| Q7.1 = D, R |

**7.1a How old were you on your last birthday?**

|\_\_|\_\_| Years

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

7.2 Are you currently…

*HS J1*

CODE ONE ONLY

**married** 1

**separated,** 2

**divorced,** 3

**widowed,** 4

**never married, or** 5

**living with a partner?** 6

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

7.3 Are you of Hispanic or Latino origin?

YES, HISPANIC OR LATINo 1

*HS J3*

NO, NOT HISPANIC OR LATINo 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

7.4 What is your race? You may choose more than one. Are you…  
INTERVIEWER: DO NOT READ “OTHER.” CODE ONLY IF NECESSARY.

*HS J5*

CODE ALL THAT APPLY

**American Indian and Alaska Native** 1

**Asian,** 2

**Black or African American,** 3

**Native Hawaiian or other Pacific Islander, or** 4

**White?** 5

OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_ (STRING 200) 6

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

7.5 In what country were you born?

*HS J6 modified*

CODE ONE ONLY

United States 1 GO TO Q7.7

**PROBE:** One of the 50 states or the District of Columbia

One of the U.S. territories 2

**PROBE:** Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, Mariana Islands, or Solomon Islands

Another country? (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_(STRING 100) 3

DON’T KNOW d GO TO Q7.7

REFUSED r GO TO Q7.7

|  |
| --- |
| Q7.5=2 or 3 |

7.6 How old were you when you first moved to the United States?

*HS J7*

PROBE: Your best estimate is fine.

INTERVIEWER: CODE LESS THAN ONE YEAR OLD = 0, ROUND UP OR DOWN TO THE NEAREST YEAR

| | | AGE (0-55)

DON’T KNOW d

REFUSED r

|  |
| --- |
| SOFT CHECK: CALCULATE AGE AT Q7.1. IF Q7.1 is less than Q7.6. **I must have entered your birthday wrong. According to what I entered, you are [age at Q7.1] years old. You just said you moved to the U.S. when you were [age at Q7.6] years old. Which is correct?** |

|  |
| --- |
| all |

7.7 Do you speak a language other than English at home?

*American Community Survey*

YES 1

NO 0 GO TO 7.8

DON’T KNOW d GO TO 7.8

REFUSED r GO TO 7.8

|  |
| --- |
| q7.7=1 |

7.7a What language do you speak at home?

*American Community Survey (Adapted)*

(STRING 100)

DON’T KNOW d

REFUSED r

|  |
| --- |
| all |

7.8 How well do you feel you read English?

*ECLS 9 month parent HE025a-d modified Var*

**Very well** 1

**Somewhat well** 2

**Not very well** 3

DON’T KNOW d

REFUSED r

|  |
| --- |
| all |

7.9 What is the highest grade or level of school that you have completed? Is it…

2001 CHIP, 6,17 modified

PROBE: IF RESPONDENT SAYS SHE WAS HOME SCHOOLED, PROBE FOR HIGHEST YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.

CODE ONE ONLY

**8th grade or less,** 1

**some high school but did not graduate,** 2

**high school graduate or GED,** 3

**some college or 2-year degree,** 4

**4-year college graduate, or** 5

**more than 4-year college degree?** 6

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

7.10a The next questions are about your health insurance during your current pregnancy.

*2001 CHIP 7.70.1*

Are you currently covered by insurance from a current or past employer or union?

YES 1

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |
| s6 = 1: state chip program name |

7.10b Are you currently covered by a private insurance plan purchased directly from an insurance company? Do not include plans that only provide extra cash while in the hospital or those that cover only one type of service, such as dental care, vision care, nursing home care, or accidents?

*2001 CHIP 7.70.2*

YES 1

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

7.10c Are you currently covered by Medicaid or a Medicaid HMO, the government assistance program for people in need?

*2001 CHIP 7.70.3*

YES 1

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |
| state chip program name |

7.10d Are you currently covered by [STATE CHIP program]?

*2001 CHIP 7.70.4*

YES 1

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

7.10e Are you currently covered by some other type of coverage I have not yet mentioned?

*2001 CHIP 7.70.5*

YES (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(STRING 100) 1

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| Box 7.10F  If any question Q7.10a–e=1 (R has some type of health insurance), go to box 7.10h; else go to Q7.10f. |

|  |
| --- |
| If Q7.10a-e = 0, d, r |

7.10f It appears that you do not currently have health insurance coverage to help pay for services from hospitals, doctors, and other health care providers. Is that correct?

*HS K8*

CORRECT, HAS NO COVERAGE 1 GO TO Q7.11

WRONG, HAS SOME COVERAGE 0 GO TO Q7.10g

DON’T KNOW d GO TO Q7.11

REFUSED r GO TO Q7.11

|  |
| --- |
| Q7.10e=0 |

7.10g What kind of health coverage do you have?

*HS K9*

INTERVIEWER: Read and Code All That Apply

|  | yes | no | DK | REF |
| --- | --- | --- | --- | --- |
| **a Insurance through an employer or union** | 1 | 0 | d | r |
| **b Insurance you purchased from a private insurance company** | 1 | 0 | d | r |
| **c State CHIP insurance** | 1 | 0 | d | r |
| **d Medicaid or Medicaid HMO** | 1 | 0 | d | r |
| **e Some other coverage (SPECIFY)** | 1 | 0 | d | r |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(STRING 200)** |  |  |  |  |

|  |
| --- |
| all |

**7.11 Are you currently working 35 hours or more per week, less than 35 hours per week, or are you not working?**

*HS J9*

*HSJ9*

PROBE: IF R SAYS ON MATERNITY LEAVE OR ON VACATION, PROBE IF SHE IS USUALLY EMPLOYED FULL OR PART-TIME.

CODE ONE ONLY

35 OR MORE HOURS PER WEEK 1 GO TO Q8.1

LESS THAN 35 HOURS PER WEEK 2

NOT WORKING (INCLUDES RETIRED, HOMEMAKER, STUDENT, DISABLED) 3

DON’T KNOW d

REFUSED r

|  |
| --- |
| iF q7.11 = 2, 3, D, R |

**7.12 Are you currently actively looking for work?**

YES 1

NO 0

DON’T KNOW d

REFUSED r

**K. FUTURE CONTACT INFORMATION**

|  |
| --- |
| all |

8.1 Thank you very much for taking part in this survey! I’d like to send you the $20 gift card in appreciation of your help. May I please have your full name and address so I can have it mailed to you?

*New question*

*LA*

NAME: FIRST, MIDDLE, LAST

ADDRESS 1

ADDRESS 2

CITY, STATE, ZIP

|  |
| --- |
| all |

8.2 I would like to ask your permission for our study team to access your electronic health records to collect a small amount of health information. Do I have your permission for the study team to do that?

*New question*

PROBE IF NEEDED: We will be collecting information about the number and types of health care visits you had during your pregnancy.

YES 1

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| all |

8.3 We would like to call you again in about 9 months to talk about your experiences with your new baby. We will give you another $20 gift card at that time for completing a brief survey with us.

*New question*

Will we be able to contact you at the same address and phone number that you just gave me?

YES, NOT PLANNING TO MOVE 1 GO TO Q8.4

NO, PLANNING TO MOVE 2

NOT SURE 3

DON’T KNOW d GO TO Q8.4

REFUSED r GO TO Q8.4

|  |
| --- |
| Q8.3=2, 3 |

8.3a Do you already know the address or town where you’re planning to move?

*New question*

YES 1

NO 0 GO TO Q8.4

DON’T KNOW d GO TO Q8.4

REFUSED r GO TO Q8.4

|  |
| --- |
| Q8.3a=1 |

8.3b May I please have that address and phone number so we can contact you in 9 months? If you are planning to change your name, please tell me the new name as well.

*New question*

PROBE: IF RESPONDENT ONLY KNOWS THE GENERAL LOCALE OF THE NEW LOCATION, RECORD AS MUCH INFORMATION YOU CAN.

NAME: FIRST, MIDDLE, LAST

ADDRESS 1

ADDRESS 2

CITY, STATE, ZIP

TELEPHONE NUMBER WITH AREA CODE: | | | | - | | | | - | | | | |

CELL PHONE NUMBER: | | | | - | | | | - | | | | |

WORK NUMBER: | | | | - | | | | - | | | | |

DON’T KNOW d

REFUSED r

|  |
| --- |
| SOFT CHECK: IF  **PROGRAMMER DETERMINES THE ZIP OR AREA CODE IS OUT OF RANGE: I may have recorded the [ZIP CODE/AREA CODE] wrong. Can you please repeat it for me?** |

|  |
| --- |
| ALL |

8.4 Please give me the name and address information for two relatives or close friends who will know how to reach you in case we have trouble finding you? These should be people you don’t currently live with.

*LA Healthy Families P2*

CONTACT 1: ASK THE RESPONDENT TO SPELL THE NAME

NAME: FIRST, MIDDLE, LAST

ADDRESS 1

ADDRESS 2

CITY, STATE, ZIP

DON’T KNOW d

REFUSED r

|  |
| --- |
| SOFT CHECK: IF AREA CODE OR ZIP CODE IS OUT OF RANGE: **I may have entered the [AREA CODE/ZIP CODE] wrong. Can you please repeat it?** |

|  |
| --- |
| all |

8.4a What is his or her relationship to you?

*LA Healthy Families P4*

(STRING (NUM))

RELATIONSHIP

DON’T KNOW d

REFUSED r

|  |
| --- |
| all |

8.4b What is his or her telephone number?

*LA Healthy Families P5*

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

(RANGE) (RANGE) (RANGE)

DON’T KNOW d

REFUSED r

|  |
| --- |
| SOFT CHECK: IF THIS IS OUT OF RANGE: **I may have entered the area code wrong. Can you please repeat it?** |

|  |
| --- |
| ALL |

8.4c Is the phone listed in [CONTACT 1]’s name?

*LA Healthy Families P6*

YES 1 GO TO Q8.8

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

8.4d In whose name is the phone listed?

*LA Healthy Families P7*

NAME: FIRST, MIDDLE, LAST

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

8.5 Please give me the name and address information for a second relative or close friend who will know how to reach you in case we have trouble finding you?

*LA Healthy Families P2*

CONTACT 2: ASK THE RESPONDENT TO SPELL THE NAME

NAME: FIRST, MIDDLE, LAST

ADDRESS 1

ADDRESS 2

CITY, STATE, ZIP

DON’T KNOW d

REFUSED r

|  |
| --- |
| SOFT CHECK: IF AREA CODE OR ZIP CODE IS OUT OF RANGE: **I may have entered the [AREA CODE/ZIP CODE] wrong. Can you please repeat it?** |

|  |
| --- |
| all |

8.5a What is his or her relationship to you?

*LA Healthy Families P4*

(STRING (NUM))

RELATIONSHIP

DON’T KNOW d

REFUSED r

|  |
| --- |
| all |

8.5b What is his or her telephone number?

*LA Healthy Families P5*

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

(RANGE) (RANGE) (RANGE)

DON’T KNOW d

REFUSED r

|  |
| --- |
| SOFT CHECK: IF THIS IS OUT OF RANGE: **I may have entered the area code wrong. Can you please repeat it?** |

|  |
| --- |
| ALL |

8.5c Is the phone listed in [CONTACT 2]’s name?

*LA Healthy Families P6*

YES 1 GO TO Q8.8

NO 0

DON’T KNOW d

REFUSED r

|  |
| --- |
| ALL |

8.5d In whose name is the phone listed?

*LA Healthy Families P7*

(STRING (NUM))

FIRST NAME

(STRING (NUM))

MIDDLE INITIAL/NAME

(STRING (NUM))

LAST NAME

DON’T KNOW d

REFUSED r

END. Those are all the questions I have. Thank you for speaking with me today. If you have any questions please call \_\_\_\_\_\_\_\_\_\_\_ at Mathematica. Her toll-free number is 800-xxx-xxxx. Have a very nice (day/night/weekend). Good-bye.

L. Survey Backend

|  |
| --- |
| **Hello = 9** |

End 1 = Sorry for disturbing you. Thanks for your time. Good-bye. Status 530

|  |
| --- |
| **HealthProb = 4** |

End 2 = Thanks for explaining about [NAME]’s condition. We won’t be able to interview her and will remove her name from our call list. Good-bye.

If HealthProb = 4 (COGNITIVE PROBLEM) Status 412

|  |
| --- |
| **HealthProb = 5** |

End 3 = Thanks for explaining about [NAME]’s condition. We won’t be able to interview her and will remove her name from our call list. Good-bye.

If HealthProb = 5 (COMA) Status 420

|  |
| --- |
| **AmpTTY = 0 or 4, CallLater = 0 or r** |

End 4 = Thanks for your time. Good-bye. Status 210

(Gatekeeper refusal for R to use AmpTTY etc, will be called back by converter)

|  |
| --- |
| **Deceased = d, r** |

End 5 = I’m very sorry for your loss. Please accept my condolences. Status 440

[If needed, I can give you a phone number to call if you’d like to receive grief counseling.]

|  |
| --- |
| **Institution = 2, 3, 4, or 5** |

End 6 = Since [NAME] does not live at home, we are not able to interview her. We will remove her name from our call list.

If Institution = 2,3,4 Status 420

If Institution = 5 (jail/prison) Status 421

|  |
| --- |
| **HomeSoon = 0** |

End 7 = I’m sorry to hear [NAME] won’t be home anytime soon. We’ll call back later to learn if she’s home yet. Status 380

|  |
| --- |
| **KnowWhere = 0, d, r or NewPhone = 2 or NewAddr = d, r or SendLetter = d or PhoneCheck = 4** |

End 8 = Thank you for your time. Good-bye Status 530

|  |
| --- |
| **NewPhone = 2** |

End 9 = Thank you for your time. We won’t be able to interview [NAME] as she’s out of

The country. We’ll remove her name from our call list Status 450

|  |
| --- |
| **Lang = 1** |

End 10 = Please wait while I call an interviewer who speaks Spanish.

[IF MUST CALL BACK LATER Status 401]

|  |
| --- |
| **Lang = 2 – 7 or OtherLang = d, r** |

End 11 = Thanks for your time. An interpreter will call back later .. Status 400

|  |
| --- |
| **T1 = 0, d, r** |

End 12 = Thanks for your time. We are not interviewing women who are not currently pregnant. Good-bye. Status 460

|  |
| --- |
| **T1 = 0, d, r (parent/guardian refusal)** |

End 13 = Thanks for your time. We won’t be interviewing [FIRST NAME] and will remove her name from our calling list.

Good-bye. Status 210

|  |
| --- |
| **T1 = d, r or (respondent dk, refusal), T1a = d, r, T1b = d, k, T3 = r** |

End 14 = Thanks for your time. Good-bye. Status 210

(note this respondent will be called again)