

Participant Number: _____

Version 1_

POSTPARTUM SURVEY FOR MOTHERS

INTERVIEWERS: PLEASE PRINT CLEARLY]

Date of Interview: _____

Interviewer Name: _____

Location of Interview: _____

Is there any change in your contact information since we last spoke to you?

Yes

No

Don't Know

UPDATED CONTACT INFORMATION

Mailing Address _____

Telephone Number – Home _____ Cell _____ Message _____

Are you willing to give us the name of the person who will be providing care for your baby, so that we may contact them to do baby's growth and development questionnaires if you are unavailable?

Yes

No

Don't know

Refused

If you don't mind if we contact them please provide their name and contact information below:

Name _____

Phone number _____

Location of home _____

1. Where did you deliver your newborn?

Chinle Comprehensive Health Care Facility

Ft. Defiance Indian Hospital

Gallup Indian Medical Center

Kayenta Health Center

Northern Navajo Medical Center (i.e., Shiprock Hospital)

Tuba City Regional Health Care Corporation

2. What is baby's birth date? ____/____/____
DD MM YYYY

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-XXXX).

3. Did you **ever** breastfeed your baby?

- Yes **If yes, 3a.** Infant age when first breastfed: _____ days old
 No [**If No, skip to 7.**]
 Refused

4. Since your baby's birth, have you **ever** fed your baby **exclusively (ONLY) with** breast milk?

- Yes **If yes, 4a.** For how long? _____ months _____ days
 No
 Refused

5. Are you **currently** breastfeeding your baby?

- Yes **If yes, 5a.** Number of times **breastfeed** baby per day _____
 No, [**skip to 7.**]
 Refused

6. Do you currently feed your baby **exclusively (ONLY) with** breast milk?

- Yes
 No
 Refused

PREPARATION OF INFANT FOOD/FORMULA

7. Do you use **baby formula** to feed your baby?

- Yes **If yes,** specify below:
7a. Brand of baby formula _____
7b. Number of times per day _____
 No
 Refused

8. Do you use water **to mix or prepare** baby formula?

- Yes **If yes,** specify type of water below:
8a. Type of water used to prepare baby formula
 Unfiltered tap water
 Filtered tap water
 Bottled water
 Other → **8b.** Specify _____
 No
 Refused

CESSATION OF BREASTFEEDING

9. Have you completely stopped breastfeeding?

- Yes **If Yes, 9a.** How old was your baby when you completely stopped breastfeeding?
 _____ months _____ weeks
 No
 Refused

10. Are you currently receiving WIC assistance?

- Yes
 No
 Don't know
 Refused

PREGNANCY AND DELIVERY HISTORY

At any time during this recent pregnancy did the doctor or other healthcare provider tell you that you have any of the following conditions?

11. Diabetes

- Yes
- No
- Don't know
- Refused

12. High Blood Pressure?

- Yes
- No
- Don't know
- Refused

13. Protein in your urine?

- Yes
- No
- Don't know
- Refused

14. Preeclampsia or toxemia?

- Yes
- No
- Don't know
- Refused

15. Early or premature labor?

- Yes
- No
- Don't know
- Refused

16. Anemia or low blood count?

- Yes
- No
- Don't know
- Refused

17. Severe nausea or vomiting (hyperemesis)?

- Yes
- No
- Don't know
- Refused

18. Bladder or kidney infection?

- Yes
- No
- Don't know
- Refused

19. Rh disease or isoimmunization?

- Yes
- No
- Don't know
- Refused

20. Infection with bacteria called Group B strep?

- Yes
- No
- Don't know
- Refused

21. Infection with a Herpes virus?

- Yes
- No
- Don't know
- Refused

22. Infection of the vagina with bacteria (bacterial vaginosis)?

- Yes
- No
- Don't know
- Refused

23. Any other serious condition?

- Yes – specify _____
- No
- Don't know
- Refused

MEDICATION AND SUBSTANCE USE

24. Any change in medications, vitamins, or over the counter medications since your first survey?

- Yes – if yes go to question **25**
- No – if no go to question **27**
- Don't know
- Refused

25. Are you currently taking **doctor-prescribed medications and/or vitamins** on a daily basis?

- Yes → What [prescribed] medications do you take?
 - 25a. _____
 - 25b. _____
 - 25c. _____
 - 25d. _____
 - 25e. _____
- No

26. Are you currently taking **over-the-counter (non-prescription) medications and/or vitamins** on a daily basis?

Yes → What [over the counter medications] do you take?

26a. _____

26b. _____

26c. _____

26d. _____

26e. _____

No

27. Are you currently taking **herbal supplements** on a daily basis?

Yes → What herbal supplements do you take?

27a. _____

27b. _____

27c. _____

27d. _____

27e. _____

No

28. Are you currently using any **traditional or home remedies**?

Yes → What remedies do you take?

28a. _____

28b. _____

28c. _____

28d. _____

28e. _____

No

29. Have you **ever tried or used** any other recreational drugs, including illicit or street drugs or drugs that you did not have a doctor's prescription for?

Yes → **29a.** How many times?

Once or twice

10 or more times

Don't know

Refused

No

30. Are you **currently** smoking marijuana?

Yes

No

Refused

31. Are you **currently using** other recreational or street drugs, including drugs that you smoke or inject?

Yes → What drugs are they?

31a. _____

31b. _____

31c. _____

31d. _____

31e. _____

No

32. Have you **ever tried or used** any other recreational drugs, including illicit or street drugs or drugs that you did not have a doctor's prescription for?

Yes → 3 2a. How many times?

Once or twice

10 or more times

Don't know

Refused

No

ALCOHOL USE

33. How often did you have a drink containing alcohol in the past year?

- Never
- Monthly or less
- Two to four times a month
- Two to three times a week
- Four or more times a week

34. How many drinks containing alcohol did you have on atypical day when you were drinking in the past year?

- 0 drinks
- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9

35. How often did you have six or more drinks on one occasion in the past year?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

TOBACCO USE

36. Do you smoke tobacco only for ceremonial use?

- Yes → [skip to 45]
- No

37. In your lifetime, have you smoked as many as 100 cigarettes?

- Yes
- No → [skip to 45]

38. Was there ever a time that you smoked at least 1 cigarette a day for a month or longer?

- Yes
- No → [skip to 45]

39. Do you now smoke cigarettes (not including those for ceremonial use only)?

- Yes
- No

40. For about how many years total would you say that you smoked at least 1 cigarette per day?

|_|_|..... Don't Know
YEARS

41. During the time you smoked at least 1 cigarette a day, about how many cigarettes a day on average?

|_|_|
cigarettes/day Don't Know

42. When was your last cigarette?

- Today
- In the past week
- More than a week ago
- More than a month ago
- Before pregnancy
- Don't know
- Refused

43. Did you ever quit smoking for 6 months or longer?

- Yes → If Yes: 57a. Did you quit because of your pregnancy?
 - Yes
 - No
- No

44. If you stopped smoking cigarettes and then started smoking again, for how many years did you quit?

|_|_| |_|_| Don't Know
months quit years quit

45. Does anyone else in your household smoke on a daily basis?

- Yes
- No
- Don't know
- Refused

POSTNATAL DEPRESSION SCALE QUESTIONS

As you have recently had a baby, we would like to know how you are feeling. Please let us know which comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

In the past 7 days:

46. I have been able to laugh and see the funny side of things

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

47. I have looked forward with enjoyment to things

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

48. I have blamed myself unnecessarily when things went wrong

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

49. I have been anxious or worried for no good reason

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

50. I have felt scared or panicky for no very good reason

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

51. Things have been getting on top of me

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped quite well
- No, have been coping as well as ever

52. I have been so unhappy that I have had difficulty sleeping

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

53. I have felt sad or miserable

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

54. I have been so unhappy that I have been crying

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

55. The thought of harming myself has occurred to me

- Yes, quite often
- Sometimes
- Hardly ever
- Never

HOUSING CHARACTERISTICS

50. Has the location of your home changed since your first survey?

- Yes
- No [Skip to question

[The participant may give his or her house number and street/road name, rural address, nearest highway or natural feature, or distance from Chapter House.]

51. Is the house you are living in now...?

- Owned or being bought by you or someone in your household
- Rented by you or someone in your household, or
- Some other arrangement
- Don't know
- Refused

52. Can you tell us, which of these categories do you think best describes when your home or building was built?

- 2001 TO present
- 1981 TO 2000
- 1961 TO 1980
- 1941 TO 1960
- 1940 or before
- Don't know
- Refused

53. How long have you lived in this home?

- | | |
|--------------|-------------------------------------|
| __ __ | <input type="checkbox"/> Weeks |
| NUMBER | <input type="checkbox"/> Months |
| | <input type="checkbox"/> Years |
| | <input type="checkbox"/> Don't know |
| | <input type="checkbox"/> Refused |

54. What type of home do you live in?

- Hogan
- Modular or site-built house
- Mobile home
- Multi-family dwelling or Apartment building
- Seasonal camp or lodging
- Hotel /motel or other temporary housing
- Other Specify _____
- Don't know
- Refused

55. What is the construction of your home? (Check all that apply)

- Mobile home
- Wood frame
- Stone
- Adobe
- Crawlspace or basement
- Dirt floor

56. Does your home contain any wood, sheet metal, metal pipes, rocks, sand, tarps, utility poles, railroad ties, or other materials from an abandoned uranium mine or mill?

Yes

56a. If yes which materials were used Wood

Sheet metal

Metal pipes

Rocks

Sand

Tarps

Utility poles

Railroad ties

Other: _____

No

Don't know

Refused

57. Does your home contain any wood, sheet metal, metal pipes, rocks, sand, utility poles, railroad ties, or other materials from oil and gas operations?

Yes

57a. If yes which materials were used Wood

Sheet metal

Metal pipes

Rocks

Sand

Utility poles

Railroad ties

Other: _____

No

Don't know

Refused

58. Including yourself, how many people live in your home?

|_|_|
NUMBER

59. Excluding bathrooms, how many total rooms are in your home?

|_|_|
NUMBER

60. Which of these types of heat /fuel sources do you use to heat your home?

Electric

Gas-Natural

Gas-Propane or LP

Oil

Wood

Kerosene or diesel fuel

Coal

Solar energy

No heating source

Other specify _____

Don't know

Refused

60a. If you burn wood or coal in your home, what is the approximate age of your stove.

- 1-5 yrs
- 5-10 yrs
- 10-15 yrs
- >15 yrs

60b. If you burn wood or coal in your home, how often do you personally tend the fire?

- Once per day
- 1-5 x per day or more
- Once per week
- 1-3 times per week
- Occasionally

61. How do you cool your home? SELECT ALL THAT APPLY.

- Fan
- Window or wall air conditioners
- Central air conditioning
- Evaporative cooler (swamp cooler)
- No cooling or air conditioning used
- Other specify _____
- Don't know
- Refused

62. In the past 12 months, have you seen any water damage inside your home?

- Yes
- No
- Don't know
- Refused

63. In the past 12 months, have you seen any mold or mildew on walls or other surfaces inside your home?

- Yes
- No
- Don't know
- Refused

64. Since you became pregnant, have any additions been built onto your home to make it bigger, or have any renovations or other construction been done in your home? Include all projects such as painting, wallpapering, carpeting or re-finishing floors.

- Yes
- No
- Don't know
- Refused

65. Do you have any pets that spend any time inside your home?

- Yes
- No
- Don't know
- Refused

66. What kind of pets are these? SELECT ALL THAT APPLY.

Dog

Cat

66a. Do you change the cat box? Yes No

Lambs or baby goats

Small mammal (rabbit, gerbil, hamster, guinea pig, ferret)

Bird (including chicks)

Fish or reptile (turtle, snake lizard)

Other specify _____

Don't know

Refused

67. Do you tend livestock on a regular basis in a corral or around your home now?

Yes

No

WATER USAGE

Please answer the following questions if you have moved and/or are hauling water from a new location not mentioned previously. If there is no change since the first survey this survey is complete.

68. Is your home connected to a community water system? Yes No Don't Know

68a. If yes, what is the name of the water system? _____

68b. If yes, is this your main source of drinking water? Yes No Don't Know

69. Do you haul water? Yes No Refused

69a. If you haul water, what type of container do you use to haul water?

Plastic

Metal

Glass

Wood

Other Specify _____

Don't know

69b. If you haul water, where do you haul water from? [Check all that apply]

Lake/pond

Stream/river

Spring

Rain Water

Irrigation Water

Cistern or tank at windmill

Windmill

Private well

Grocery or convenience store/ trading post

Navajo Tribal Utility Authority (NTUA) or other public water supply

Other Specify _____

Don't know

69c. If yes, in what types of containers do you store this hauled water?

- Plastic
- Metal
- Glass
- Wood
- Concrete
- Other Specify _____
- Don't know

69d. If you haul water, do you filter the water you haul?

- Yes
 - If yes, what filters do you use?
 - Charcoal filter
 - Ceramic filter
 - Distillation
 - Boil
 - Disinfect
- No, don't do anything to the water
- Don't know

69e. How many places do you currently haul water from? |__|__|
 NUMBER

70. Using the map, can you identify the location of any water sources from which you or someone in your household has hauled water for drinking or other household use?

Please note all uses of this water for each source identified.

Name/Number of Water Source	Uses of the water (drinking, cooking, livestock watering, irrigation, bathing, other household uses)	Number of years
_____	_____	__ __
_____	_____	__ __
_____	_____	__ __
_____	_____	__ __

71. What water source in your home do you use most of the time for **drinking**?

- Hauled water
- Tap or piped in water
- Filtered tap/piped in water
- Bottled water
- Other specify _____
- Don't know
- Refused

Participant Number: _____

Version 1_

72. What water source in your home is used most of the time for **cooking**?

- Hauled water
- Tap or piped in water
- Filtered tap/piped in water
- Bottled water
- Other specify _____
- Don't know
- Refused

THANK YOU FOR YOUR TIME AND PARTICIPATION

