

OMB No. xxxx-xxxx
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MATHEMATICA
Policy Research

Medicaid Postpartum Survey

June 8, 2015

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Frequently Used Fills

In the boxes below, please list fills that are repeated frequently in your questionnaire requirements. These must come from a single source (whether from a preload or a question). The fills specified here do not need to be specified in the fill condition box each time they appear in a question.

Fill	Source / Condition	First Used at Question #:
EXAMPLE 1: [PARENT]	Fill from Preload File: RespName	A2
EXAMPLE 2: [he / she]	he IF A5 = 1; she IF A5 = 2	E16

Version History:

Version Name/Notes	Date Created/Revised	Revised by
40400 Appendix A Medicaid Postpartum CATI Survey (12-23-14 dab) v1.docx Dot formatted for Erin Panzarella	12/23/14	Dot B.
Medicaid postpartum CATI survey (3-2-15 sf).docx Sheena formatted for So O'Neil	3/2/15	Sheena F.
EPMHP Medicaid Postpartum Survey CATI (3-10-15 ac).docx Allie updated all fills/skips etc. to match new numbering system for So O'Neil	3/10/15	Allie C
Appendix A1a - Medicaid Postpartum CATI Survey.docx Sheena checked for formatting errors	6/11/15	Sheena F.

FRONT END SCREENER

ALL

FILL RESPONDENT PHONE NUMBER AND EXTENSION FROM PRELOAD

MakeDialPhone.

PHONE NUMBER DETAILS:

PHONE NUMBER= [PHONE NUMBER]

EXTENSION= [EXTENSION]

CODE ONE ONLY

AUTO DIAL	1	CallDialer
MANUAL DIAL	2	DialResult
QUICK EXIT	3	Exit
RESPONDENT CALLING IN	4	Hello1

MAKEDIALPHONE=1

CallDialer.

INTERVIEWER: PLEASE CLICK ON THE BUTTON IN THE FIELD WITH THREE DOTS TO MAKE THE CALL.

CALL OUTs

DialResult.

INTERVIEWER: CODE RESULT OF DIALING

CODE ONE ONLY

SOMEONE ANSWERS.....	1	Hello
NO ANSWER.....	2	Exit
BUSY.....	3	Exit
ANSWERING MACHINE	4	Verified
ANSWERING SERVICE	5	AnsService
PRIVACY MANAGER	6	Exit
PHONE/LINE PROBLEMS	7	PhoneProb
CHANGED TO NEW NUMBER	8	PhoneNum

DIALRESULT=4

NAME FROM PRELOAD

Verified.

INTERVIEWER: DID RECORDING VERIFY [NAME] AT THIS NUMBER?

YES	1	Finished
NO	0	Finished

DIALRESULT=5

AnsService.

INTERVIEWER: IS THIS THE ANSWERING SERVICE FOR [NAME]?

CODE ONE ONLY

YES, [NAME]'S ANSWERING SERVICE 1 Finished
NO, DEFINITELY NOT [NAME]'S ANSWERING SERVICE 2 Finished
DON'T KNOW, WOULDN'T SAY, NO NAME WAS GIVEN 3 AnsOther

ANSSERVICE=3

AnsOther.

INTERVIEWER: PLEASE ENTER WHAT WAS SAID

_____ (STRING 100) Finished

DIALRESULT=7

PhoneProb.

INTERVIEWER: CODE PHONE PROBLEM

CODE ONE ONLY

NOT IN SERVICE; DISCONNECTED; NOT WORKING 1 Exit
TEMPORARILY NOT IN SERVICE 2 Exit
CIRCUIT PROBLEMS; CIRCUITS OVERLOADED 3 Exit
FAST BUSY; FAST RING; NO RING 4 Exit
COMPUTER/FAX LINE..... 5 Exit
PAGER..... 6 Exit
CELL PHONE 7 Exit
OTHER PHONE DEVICE 8 Exit

DOCALLBACK = No

AUTOFILL INTNAME

MAKEDIALPHONE=1,2 (call-out) text = My name is [INTNAME] and I am calling from Mathematica Policy Research on behalf of The Centers for Medicare & Medicaid Services. May I please speak with [FULL NAME]?

MAKEDIALPHONE=4 (call-in) text = My name is [INTNAME]. Am I speaking with [FULL NAME]?

Hello. [Hello, my name is [INTNAME] and I am calling from Mathematica Policy Research on behalf of The Centers for Medicare & Medicaid Services. May I please speak to [FULL NAME]?

[My name is [INTNAME]. Am I speaking with [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 NUMBER.....	9	Status 530, GO TO Thanks
HUNG UP DURING INTRODUCTION.....	10	Status 640, Exit
REFUSED	r	Status 220, Exit

HELLO = 3

WhatAbout [FIRSTNAME] should have received a letter from Mathematica Policy Research about a survey of new moms for The Centers for Medicare & Medicaid. 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	GO TO HealthProb
[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.....	8	Status 640, Exit
SUPERVISOR REVIEW	9	Status 380, Exit
REFUSED	r	Status 220, Exit

HELLO = 5 OR WHATABOUT = 3

HealthProb. ENTER TYPE OF HEALTH PROBLEM.

CODE ONE ONLY

HEARING PROBLEM	1	GO TO AmpTTY
SPEECH PROBLEM.....	2	GO TO AmpTTY
PHYSICAL PROBLEM.....	3	GO TO CallLater
COGNITIVE PROBLEM.....	4	Status 410, GO TO Thanks
IN A COMA	5	Status 410 GO TO Thanks
DECEASED	6	GO TO Deceased
REFUSED	r	Status 210, Exit

HEALTHPROB = 1 OR 2

FILL 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	Status 411, GO TO Thanks
DON'T KNOW	d	GO TO Callback
REFUSED	r	Status 210, GO TO Thanks

AMPTTY = 1 or 2

FIRSTNAME

RespAvail. Is [FIRSTNAME] available now?

YES	1	
NO	0	GO TO Callback

PROGRAMMER

If AmpTTY = 1, GO TO AmpPhone. If AmpTTY = 2, 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

FILL FIRSTNAME

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

CODE ONE ONLY

YES/MAYBE – CALLBACK 1 GO TO Callback
NO 0 Status 419, GO TO Thanks
DON'T KNOW d GO TO Callback
REFUSED r Status 210, Exit

(HELLO = 5 OR WHATABOUT = 3) AND (HEALTHPROB = 7)

**Deceased. I am very sorry to hear that she passed away. I am calling on behalf of The Centers for Medicare & Medicaid Services. A letter explaining why we are calling was recently sent to [FIRSTNAME]. When did she pass away?
Thank you. Please accept my condolences. Goodbye.**

PROGRAMMER: SELECT NUMBER OF FIELDS

____/____/____
MONTH DAY YEAR
1-12 1-31 2016-2017

GO TO Thanks, Status 440

DON'T KNOW d GO TO Thanks, Status 440
REFUSED r GO TO Thanks, Status 440

HELLO = 6 OR WHATABOUT = 4

Institution. INTERVIEWER: ENTER TYPE OF INSTITUTION.

CODE ONE ONLY

HOSPITAL	1	GO TO HomeSoon
NURSING HOME	2	GO TO Capable
ASSISTED LIVING FACILITY	3	GO TO Capable
GROUP HOME	4	GO TO Capable
JAIL OR PRISON	5	Status 421, GO TO Thanks

INSTITUTION = 1

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	0	GO TO Capable
DON'T KNOW	d	GO TO Callback
REFUSED	r	Status 210, Exit

(HELLO = 6 OR WHATABOUT = 4) AND (INSTITUTION = 2 OR 3 OR 4 OR HOMESOON = 0)

FIRSTNAME = RESPONDENT'S FIRST NAME

Capable. I am calling about a survey we would like to conduct with [FIRSTNAME]. A letter explaining why we are calling was recently sent to her. Would she be able to answer questions herself or would someone need to answer on her behalf?

CODE ONE ONLY

[FIRSTNAME] IS ABLE TO RESPOND	1	GO TO Facility
[FIRSTNAME] IS UNABLE TO RESPOND	2	Status 410, GO TO Thanks

Hello = 6 OR WhatAbout = 4 OR Institution = 2, 3 or 4 OR HomeSoon = 2 OR Capable = 1 or DK

Facility. What is the name of the [hospital/group home/assisted living facility]?

_____	STRING (50)	GO TO Contact
NAME		
DON'T KNOW	d	GO TO Contact
REFUSED	r	GO TO Contact

Hello = 6 OR WhatAbout = 4 OR Institution = 2, 3 or 4 OR HomeSoon = 2 OR Capable = 1 or DK

Contact. Do you have the name of the administrator or a contact person there?

FIRST NAME STRING (20)

MIDDLE INITIAL/NAME STRING (20)

LAST NAME STRING (20) GO TO FacAddr

DON'T KNOW d GO TO FacAddr

REFUSED r GO TO FacAddr

Hello = 6 OR WhatAbout = 4 OR Institution = 2, 3 or 4 OR HomeSoon = 2 OR Capable = 1 or DK

FacAddr. What is the address of the hospital/group home/assisted living facility?

STREET STRING (25)

CITY STRING (25)

STATE STRING (25)

ZIP CODE STRING (25) GO TO FacPhone

DON'T KNOW d GO TO FacPhone

REFUSED r GO TO FacPhone

Hello = 6 OR WhatAbout = 4 OR Institution = 2, 3 or 4 OR HomeSoon = 2 OR Capable = 1 or DK

FacPhone. May I please have the telephone number of the hospital/group home/assisted living facility?

Status 899, GO TO Thanks

DON'T KNOW d Status 380, GO TO Thanks

REFUSED r Status 380, GO TO Thanks

HELLO = 7 OR WHATABOUT = 5

S2 = FIRSTNAME

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

YES 1
 NO 0 Status 530, GO TO Thanks
 DON'T KNOW d Status 530, GO TO Thanks
 REFUSED r Status 530, GO TO Thanks

KNOWWHERE = 1

NewPhone.

 |_|_|_| - |_|_|_| - |_|_|_|_| GO TO NewAddr
 DON'T KNOW d GO TO NewAddr
 REFUSED r GO TO NewAddr

KNOWWHERE = 1

NewAddr. May I please have her address?

_____ (STRING 25)
 STREET
 _____ (STRING 25)
 CITY
 _____ (STRING 25)
 STATE

|_|_|_|_|_| - |_|_|_|_|
 ZIP CODE

DON'T KNOW d See programmer box
 REFUSED r See programmer box

PROGRAMMER:

IF NEWPHONE = D OR R, STATUS 530, GO TO THANKS, ELSE: STATUS 899, GO TO THANKS

HELLO = 8 or WHATABOUT = 6

Lang. CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF KNOWN

CODE ONE ONLY

SPANISH	1	Status 401, GO TO Thanks
OTHER LANGUAGE SPECIFY _____ (STRING 20).....	99	Status 400, GO TO Thanks
DON'T KNOW	d	Status 400, GO TO Thanks

HELLO = 1 OR 2 OR WHATABOUT = 1 OR AMPHHONE = 1 OR CALLTTY = 1

SampMemb. I work for Mathematica Policy Research. Recently you may have received a letter saying that we would be calling to ask you to take part in a survey of new mothers. The survey will take approximately 25 minutes, and we will send you a \$25 gift card in the mail after you complete the survey to thank you for your time.

PROBE IF NEEDED: Mathematica Policy Research is a well-known nonpartisan research firm with headquarters in Princeton, NJ. The Centers for Medicare & Medicaid Services has contracted with Mathematica to conduct this study.

PROBE IF NEEDED: Your participation is completely voluntary, but very important. All your answers will be kept private.

CODE ONE ONLY

BEGIN INTERVIEW	1	GO TO SC1
DID NOT GET LETTER	2	GO TO NoLetter
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

FILL [PROGRAM] FROM SAMPLE FILE

NoLetter. The letter explained that we are conducting a study to learn about the ways new moms get information about their health and their babies' health. Can we begin now?

CODE ONE ONLY

BEGIN INTERVIEW	1	GO TO SC1
WANTS ANOTHER LETTER.....	2	GO TO ReadLetter
NOT A GOOD TIME.....	3	GO TO Callback
HUNG UP DURING INTRODUCTION.....	4	Status 640, Exit
REFUSED	r	Status 200, Exit

NOLETTER = 2

ReadLetter. May I read the letter to you and then we can begin?

CODE ONE ONLY

YES, READ THE LETTER FROM HARD COPY	1	GO TO Screener/Survey
NO, WANTS ANOTHER LETTER FIRST	2	GO TO SendLetter
HUNG UP DURING INTRODUCTION.....	3	Status 640, Exit
REFUSED	r	Status 200, Exit

ReadLetter = 2

SendLetter. Okay, I'll mail another letter and will call back in a few days

STREET _____ STRING (25)

CITY _____ STRING (25)

STATE _____ STRING (25)

|_|_|_|_| - |_|_|_|_| ZIP CODE

Status 831, GO TO Thanks

DON'T KNOW d Status 831, GO TO Thanks

REFUSED r Status 200, Exit

SAMPMEMB = 3

MoreInfo. We are interviewing women in four states to learn about the types of services and information they get during pregnancy and after giving birth. Your answers will help The Centers for Medicare & Medicaid Services learn the best ways to help pregnant women and new moms get the information and services they need to have healthy babies. Your participation is really important. Let's get started.

CODE ONE ONLY

BEGIN INTERVIEW	1	GO TO SC1
NOT A GOOD TIME.....	2	GO TO Callback
HUNG UP DURING INTRODUCTION.....	3	Status 640, Exit
REFUSED	r	Status 200 Exit

DOCALLBACK = YES (CALL BACK TO SAMPLE MEMBER AFTER INITIAL CONTACT)

AUTOFILL INTVNAME

Hello2. Hello, my name is [INTNAME]. I am calling from Mathematica Policy Research on behalf of The Centers for Medicare & Medicaid Services. May I please speak to [FULLNAME]?

CODE ONE ONLY

SPEAKING TO [FIRSTNAME]	1	GO TO SampMemb2
[FIRSTNAME] COMES TO THE PHONE	2	GO TO SampMemb2
PERSON ASKS WHAT CALL IS ABOUT	3	GO TO WhatAbout2
NEED TO CALLBACK	4	GO TO Callback
NEVER HEARD OF [FULLNAME]/WRONG NUMBER.....	5	GO TO PhoneCheck
REFUSED	r	Status 220, Exit

HELLO2 = 3

FIRSTNAME

WhatAbout2. I'm calling to finish an interview we recently started with [FIRSTNAME]. Is she available now?

CODE ONE ONLY

[FIRSTNAME] COMES TO THE PHONE	1	GO TO Sampemb2
NEED TO CALLBACK	2	GO TO Callback
SUPERVISOR REVIEW	3	Status 380, Exit
REFUSED	r	Status 220, Exit

HELLO2 = 1 OR 2 OR WHATABOUT2 = 1

SampMemb2. Hello, my name is [INTNAME]. I'm calling to finish the interview we started recently. We will send you a gift card for \$25 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 kept private. Let's continue the interview.

CODE ONE ONLY

CONTINUE INTERVIEW	1	GO TO SC1
NOT A GOOD TIME.....	2	GO TO Callback
SUPERVISOR REVIEW	3	Status 380, Exit
REFUSED	r	Status 200, Exit

HELLO2=5

PHONE

PhoneCheck2. 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 WrongNumber2
WRONG CONNECTION/MISDIAL	2	Status 530, Exit
SUPERVISOR REVIEW REQUIRED	3	Status 380, Exit
REFUSED TO CONFIRM NUMBER	4	Status 380

PHONECHECK = 1

AUTOFILL INTVNAME

WrongNumber2. I'm [INTNAME] 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

HELLO = 9 OR HEALTHPROB = 1 OR 2 AND or AMPTTY = 1

Thanks. Thank you very much for your time.

CONTINUE 1 Exit

HELLO = 4 OR WHATABOUT = 4 OR AMPTTY= d OR RESPAVAIL=0 OR MOREINFO=2 (ALL CALL BACKS)

CallBack. When would be a good time to callback?

INTERVIEWER: MAKE AN APPOINTMENT. (PROGRAMMER: STATUS 810).

PARENT GUARDIAN CONSENT/CALLBACK

SC4 = 2 OR SC5 = 2

AUTOFILL INTNAME
S1 = FULLNAME

Hello P/G. Hello, my name is [INTNAME]. I am calling from Mathematica Policy Research on behalf of The Centers for Medicare & Medicaid Services. May I please speak to [FULLNAME]’s parent or guardian?

CODE ONE ONLY

SPEAKING TO PARENT/GUARDIAN	1	GO TO SC5
PARENT/GUARDIAN COMES TO THE PHONE	2	GO TO SC5
PERSON ASKS WHAT CALL IS ABOUT	3	GO TO Whatabout P/G
NEED TO CALLBACK	4	GO TO Callback P/G
[FIRSTNAME] HAS A HEALTH PROBLEM.....	5	GO TO HealthProb P/G
[FIRSTNAME] IS IN AN INSTITUTION.....	6	GO TO HomeSoon P/G
[FIRSTNAME] HAS MOVED.....	7	GO TO KnowWhere P/G
[FIRSTNAME] DOES NOT SPEAK ENGLISH.....	8	GO TO Lang P/G
HUNG UP DURING INTRODUCTION.....	10	Status 640, Exit
REFUSED	r	Status 210, Exit

HELLO P/G = 3

S2 = FIRSTNAME

WhatAbout P/G. [FIRSTNAME] has been selected to take part in a brief survey of new moms. Because she is under 18 years of age, I’m calling to ask her parent or guardian to give permission for her to take part in the survey. May I speak with her parent or guardian now?

CODE ONE ONLY

PARENT/GUARDIAN COMES TO THE PHONE	1	GO TO SC5
NEED TO CALLBACK	2	GO TO Callback
PARENT/GUARDIAN HAS HEALTH PROBLEM//IS DECEASED	3	GO TO HealthProb P/G
PARENT/GUARDIAN IS IN AN INSTITUTION.....	4	GO TO HomeSoon P/G
PARENT/GUARDIAN MOVED	5	GO TO KnowWhere P/G
PARENT/GUARDIAN DOES NOT SPEAK ENGLISH.....	6	GO TO Lang P/G
HUNG UP DURING INTRODUCTION.....	7	Status 640, Exit
SUPERVISOR REVIEW	8	Status 380, Exit
REFUSED	r	Status 210, Exit

HELLO P/G = 5 OR WHATABOUT P/G = 3

HealthProb P/G. ENTER TYPE OF HEALTH PROBLEM.

CODE ONE ONLY

HEARING PROBLEM	1	GO TO AmpTTY P/G
SPEECH PROBLEM.....	2	GO TO AmpTTY P/G
PHYSICAL PROBLEM.....	3	GO TO CallLater
COGNITIVE PROBLEM/ IN A COMA.....	4	Status 211, Exit
DECEASED	5	GO TO Deceased
REFUSED	r	Status 211, Exit

HEALTHPROB P/G = 1 OR 2

AmpTTY P/G. I can get on a phone that will amplify my voice or her parent or guardian's voice, or we could use a TTY service. Would either of these help me to speak with the parent or guardian?

CODE ONE ONLY

YES - USE AMPLIFIER PHONE	1	GO TO RespAvail P/G
YES - USE TTY CAPABILITY.....	2	GO TO RespAvail P/G
NO.....	0	Status 211; Exit
DON'T KNOW	d	GO TO Callback
REFUSED	r	Status 211; Exit

AMPTTY P/G = 1 or 2

RespAvail P/G. Is the parent or guardian available now?

YES	1	
NO.....	0	GO TO Callback

PROGRAMMER:

If AmpTTY = 1, GoTo AmpPhone, else GO TO CallTTY

AMPTTY P/G = 1 AND RESPAVAIL P/G = 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 SC5
NEED TO CALLBACK	2	GO TO Callback

AMPTTY P/G = 2 AND RESPAVAIL = 1

CallTTY P/G. 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 SC5
UNSUCCESSFUL -- NEED TO CALLBACK 2 GO TO Callback

HEALTHPROB P/G = 3

CallLater P/G. Will [FIRSTNAME]'s parent or guardian 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 Status 211, Exit
DON'T KNOW d GO TO Callback
REFUSED r GO TO End 4

HELLO P/G = 5 AND HEALTHPROB P/G= 6

Deceased P/G. I am very sorry to hear that. When did that happen?

Thank you. Please accept my condolences. Goodbye.

____/____/____
MONTH DAY YEAR
1-12 1-31 2000 - 2017

Status 211

DON'T KNOW d Status 380 Sup Rev
REFUSED r Status 380 Sup Rev

HELLO P/G = 6 OR WHATABOUT P/G= 4

S2 = FIRSTNAME

HomeSoon P/G. Do you expect [FIRSTNAME]'s parent or guardian to come home within a week or two?

YES ARRANGE CALLBACK 1 GO TO Callback
NO 0 Status 211, Exit
[FIRSTNAME] UNABLE TO RESPOND OVER THE TELEPHONE..... 3 Status 211, Exit

HELLO P/G = 7 OR WHATABOUT P/G = 5

S2 = FIRSTNAME

KnowWhere P/G. Do you or anyone there know how we can reach [FIRSTNAME]'s parent or guardian?

YES	1	
NO	0	Status 211, Exit
DON'T KNOW	d	Status 211, Exit
REFUSED	r	Status 211, Exit

KNOWWHERE P/G = 1

NewPhone P/G.

_ _ _ - _ _ _ - _ _ _ _	Exit
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DON'T KNOW	d	Exit
REFUSED	r	Exit

HELLO P/G = 8 OR WHATABOUT P/G = 6:

Lang P/G. CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF KNOWN

CODE ONE ONLY

SPANISH	1	Continue in Spanish
OTHER (SPECIFY) _____ (STRING (100)).....	99	Status 211, Exit
DON'T KNOW	d	Status 211, Exit
REFUSED	r	Status 211, Exit

ALL

FILL SAMPLE MEMBER FULL NAME

SC1. Before we start, I need to make sure that I've reached the right person. Am I speaking with [FILL SAMPLE MEMBER FULL NAME]?

CODE ONE ONLY

YES	1	GO TO SC2
YES, NAME NOW CHANGED.....	2	
NO	0	NOT ELIGIBLE
DON'T KNOW	d	NOT ELIGIBLE
REFUSED	r	STATUS 200, EXIT

IF SC1 = YES, NAME NOW CHANGED

SC1a. What is your new name?

RECORD NEW NAME

_____ (STRING 400)

DON'T KNOW d

REFUSED r

ALL

FILL DOB FROM PRELOAD

SC2. What is your date of birth?

PROGRAMMER: DISPLAY DOB AS INTERVIEWER NOTE

PROGRAMMER: ALLOW RESPONDENT INFO TO BE ENTERED/REVISED IN INFO SCREEN. FIRST, HAVE INTERVIEWER INDICATE WHETHER THE MOTHER'S DOB IS CORRECT; THEN, IF IT IS INCORRECT, ALLOW DOB TO BE REVISED.

INTERVIEWER: COMPARE RESPONSE WITH DOB DISPLAYED.

DOB CORRECT 1 GO TO SC3

DOB INCORRECT 2 GO TO SC3

DON'T KNOW d

REFUSED r

IF SC2 = DK, RF

SC2a. How old were you on your last birthday?

____|____| YEARS (14–50)

DON'T KNOW d

REFUSED r

ALL

FILL DATES

SC3. Did you have a baby between [CURRENT DATE MINUS 7 MONTHS] and [CURRENT DATE MINUS 4 MONTHS]?

YES 1

NO 0 NOT ELIGIBLE

MISCARRIAGE/BABY DIED/WAS STILLBORN 2 NOT ELIGIBLE

DON'T KNOW d NOT ELIGIBLE

REFUSED r STATUS 200, EXIT

SC2A < 18 YEARS OLD

SC4. Because you are less than 18 years of age, I need to get permission from your parent or guardian before I can interview you. May I please speak to a parent or guardian for a moment?

YES 1

NOT AVAILABLE NOW 2 GO TO CALLBACK

DON'T KNOW d GO TO END 14

REFUSED r GO TO END 14

SPEAKING TO PARENT/GUARDIAN

SC4=1

INTERVIEWER NAME; FIRST NAME

SC5. Hello, I'm [INTNAME]. [FIRSTNAME] would like to take part in a brief survey of new moms that we are conducting on behalf of the Centers for Medicare and Medicaid Services. The survey will take 25 minutes. To thank her for taking part, we will send her a gift card for \$25. Because she is under the age of 18, I need a parent or guardian's permission to interview her. Do you give permission for [FIRSTNAME] to take part in this study?

YES 1
PARENT CANNOT COME TO PHONE..... 2 GO TO CALLBACK
PARENT REFUSES PERMISSION..... r Status 210, Exit

SC5=1

FIRST NAME

SC6. Thanks very much. May I please speak with [FIRSTNAME] again to begin the interview?

YES 1 GO TO SC7
NO, SHE'S NOT HERE/NO LONGER HERE..... 0 GO TO CALLBACK

ALL

IF SC3 <18 FILL [Your parent/guardian gave permission for you to take part in the survey, so let's continue.]

SC7. [Your parent/guardian gave permission for you to take part in the survey, so let's continue.] Thank you for answering those questions. Now I'll explain the survey and then ask for your consent to take part. The Centers for Medicare & Medicaid Services has contracted with Mathematica to conduct this survey. We are conducting this survey with women who recently had a baby. During the interview, I will ask you about your experiences as a new mom as well as your experiences during your most recent pregnancy.

Taking part in the survey is voluntary. If any of the questions seem too personal or you don't feel like answering them, you can let me know and we will skip those questions.

Your name and survey answers will be kept private and used only for the purpose of the study unless required by law. We may combine your survey answers with information we get about you from your state Medicaid agency, which you may know as [FILL STATE MEDICAID NAME]. Risks to taking part in the survey include possible disclosure of your name, your answers to survey questions, and linked medical information, which we have taken steps to avoid. Although there are no direct benefits to you or your baby from taking part in the study, the information you provide may help other women and their babies in the future. We will send you a \$25 gift card in the mail after you complete the survey.

PROBE IF NEEDED: If you wish to speak to a researcher about the study, I can give you the contact information for So O'Neil, the principal investigator. She can be reached at 617-301-8975.

PROBE IF NEEDED: If you want to speak to someone about your rights as a participant in the survey, I can give you the contact information for the New England Institutional Review Board. They can be reached at 617-243-3924.

Do you consent to take part in this survey?

YES 1
NO 0

SC7=1

FILL DATES

SC8. Now I'm going to ask you some questions about your recent pregnancy. How many babies did you give birth to between [CURRENT DATE MINUS 7 MONTHS] and [CURRENT DATE MINUS 4 MONTHS]?

____ BABIES (1-6)

DON'T KNOW d

REFUSED r

SC7= 1 (R CONSENTS)

SC9. IF ONE BABY: What is your baby's name?

IF MORE THAN ONE BABY: What are the names of your babies?

PROBE IF NEEDED: You can provide your baby's initials if you do not wish to provide his or her name.

ENTER NAME OR INITIALS FOR ALL BABIES

_____ (STRING 400)

IFSC8> 1 (IF MORE THAN ONE BABY, PROGRAM AUTOMATICALLY SELECTS ONE)

FILL SELECTED CHILD'S NAME

SC10. We realize that [CHILD] was part of a multiple birth. For the purposes of this survey, we would like you to answer all of the questions we ask about [CHILD] and your recent pregnancy with [CHILD].

SC7=1 (R CONSENTS)

FILL CHILD'S NAME

SC11. Is [CHILD] male or female?

- MALE..... 1
- FEMALE 2
- DON'T KNOW d
- REFUSED r

SC7=1 (R CONSENTS)

FILL CHILD'S NAME

SC12. What is [CHILD]'s date of birth?

|_|_|/|_|_|/|_|_|_|_|

MONTH DAY YEAR
(1-12) (1-31) (2016-2017)

- DON'T KNOW d
- REFUSED r

A. TEXT4BABY ENROLLMENT AND USE OF SERVICES

First, I'd like to ask you a few questions about cell phones and your use of social media.

ALL

A0. Do you have a cell phone?

CODE ONE ONLY

YES 1
NO 0 GO TO A1
DON'T KNOW d GO TO A1
REFUSED r GO TO A1

A0 = YES

A0a. Some cell phones are called "smartphones" because of certain features they have. Is your cell phone a smartphone, such as an iPhone or Android, or are you not sure?

CODE ONE ONLY

YES, SMARTPHONE..... 1
NO, NOT A SMARTPHONE 0
DON'T KNOW d
REFUSED r

ALL

A1. Before today, did you ever hear of Text4baby?

If no, **PROBE: Text4baby sends free text messages to pregnant women and new mothers on their cell phones about having a healthy pregnancy and baby. Have you heard of Text4baby?**

CODE ONE ONLY

YES 1
NO 0 GO TO SECTION D
DON'T KNOW d GO TO SECTION D
REFUSED r GO TO SECTION D

IF A1 = YES (HEARD OF TEXT4BABY)

A2. Have you ever signed up to receive free Text4baby messages on your cell phone?

INTERVIEWER: 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
NO 0 GO TO A10
DON'T KNOW d GO TO SECTION D
REFUSED r GO TO SECTION D

IF A2 = YES (EVER SIGNED UP FOR TEXT4BABY)

A3. 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?

CODE ONE ONLY

CELL PHONE 1
INTERNET 2
SOMEONE ELSE SIGNED ME UP 3
OTHER (SPECIFY)..... 99
_____ (STRING 200)
DON'T KNOW d
REFUSED r

IF OTHER SPECIFY (99): **How did you sign up for Text4baby?**

IF A2 = YES (EVER SIGNED UP FOR TEXT4BABY)

A4. Did you sign up to get Text4baby messages in English or in Spanish?

CODE ONE ONLY

ENGLISH 1
SPANISH 2
DON'T KNOW d
REFUSED r

IF A2 = 1 AND (A3 = 1 or 2)

A5. How easy or hard was it to sign up for Text4baby? Would you say it was...

CODE ONE ONLY

Very easy, 1
Somewhat easy, 2
Somewhat hard, or 3
Very hard? 4
DON'T KNOW d
REFUSED r

IF A2 = YES (EVER SIGNED UP FOR TEXT4BABY)

FILL CHILD'S NAME

A6. Did you sign up for Text4baby while you were pregnant with [CHILD]?

YES 1
NO 0 GO TO A6B
DON'T KNOW d GO TO A7
REFUSED r GO TO A7

IF A6 = YES (SIGNED UP FOR TEXT4BABY WHILE PREGNANT)

A6a. About how many months pregnant were you when you signed up for Text4baby?

PROBE: Your best estimate is fine.

CODE ONE ONLY

- 3 months or less,..... 1 GO TO A7
- 4 to 6 months, or 2 GO TO A7
- 7 to 9 months?..... 3 GO TO A7
- DON'T KNOW d GO TO A7
- REFUSED r GO TO A7

IF A6 = NO (NOT PREGNANT WITH CHILD WHEN SIGNED UP FOR TEXT4BABY)

FILL CHILD'S NAME

A6b. About how old was [CHILD] in months when you signed up for Text4baby?

PROBE: Your best estimate is fine.

CODE ONE ONLY

- 3 months or less,..... 1
- 4 to 6 months, or 2
- 7 to 9 months?..... 3
- SIGNED UP DURING PREVIOUS PREGNANCY 4
- DON'T KNOW d
- REFUSED r

IF A1 = YES (HEARD OF TEXT4BABY)

A7. How did you hear about Text4baby?

CODE ALL THAT APPLY

- A HEALTH CARE PROVIDER (FOR EXAMPLE, DOCTOR OR MIDWIFE)..... 1
- A FRIEND OR FAMILY MEMBER 2
- A BILLBOARD, FLYER, NEWSPAPER, OR MAGAZINE 3
- ON TV OR RADIO 4
- ON THE INTERNET..... 5
- SOMETHING I RECEIVED IN THE MAIL..... 6
- WIC 7
- MEDICAID, ALSO KNOWN AS [STATE NAME] 8
- FROM SOME OTHER SOURCE? (SPECIFY) 99
- _____ (STRING 200)
- DON'T KNOW d
- REFUSED r

PROGRAMMER BOX

IF A2 = 0 (DID NOT SIGN UP) GO TO A10

IF A2 = YES

A8. When you decided to sign up for Text4baby, how important were these reasons . . .

INTERVIEWER: [READ EACH REASON, THEN ASK FOR EACH]: **Was that very important, somewhat important, or not important?**

PROGRAMMER: ROTATE ORDER OF QUESTIONS

CODE ONE RESPONSE PER ROW

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT 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

IF A2 = YES

A9. Were there other important reasons why you decided to sign up for Text4baby?

RECORD VERBATIM

.....(STRING 400)

OTHER REASONS

NO OTHER REASON 0

DON'T KNOW d

REFUSED r

IF A2 = NO (HEARD OF TEXT4BABY BUT NEVER SIGNED UP)

A10. Why did you decide not to sign up for Text4baby? Was it because . . .

INTERVIEWER: [READ EACH REASON FIRST. FOR EACH “YES,” ASK]: **How important was this in your decision not to sign up? Was it very important, somewhat important, or not important?**

PROGRAMMER: ROTATE ORDER OF QUESTIONS

	REASON?		CODE ONE RESPONSE FOR EACH YES				
	YES	NO	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT 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 <u>other</u> 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

IF ALL RESPONSES A10_A THROUGH A10_g= NO

A10a. What were the other reasons why you decided not to sign up for Text4baby?

RECORD VERBATIM

_____(STRING 400)

OTHER REASONS

NO OTHER REASON 0

DON'T KNOW d

REFUSED r

IF ONE OR MORE RESPONSES A10_A THROUGH A10_G = YES

A10b. Were there any other reasons why you decided not to sign up for Text4baby?

RECORD VERBATIM

(STRING 400)

OTHER REASONS

NO OTHER REASON 0

DON'T KNOW d

REFUSED r

IF A2 = YES (EVER SIGNED UP FOR TEXT4BABY)

A11. I am going to read a list of special Text4baby features that some women use to get more personalized service. For each item, tell me if you ever used the feature.

INTERVIEWER: [READ EACH TOPIC FIRST. THEN FOR EACH “YES” RESPONSE TO “EVER USED,” ASK]: Was [FOR A AND B: the information you got in response] [FOR C: the feature] very useful, somewhat useful, or not useful?

PROGRAMMER: ROTATE ORDER OF QUESTIONS

TOPICS	EVER USED?		USEFUL OR NOT USEFUL?				
	YES	NO	VERY USEFUL	SOMEWHAT USEFUL	NOT USEFUL	DK	REF
a. Have you ever responded to any questions that Text4baby sent you?	1	0	1	2	3	d	r
b. Have you ever clicked on a web link in one of the Text4baby messages to get more information on a topic?	1	0	1	2	3	d	r
c. Have you ever used the Text4baby appointment reminders to get text updates about the dates and times of your doctor's appointments?	1	0	1	2	3	d	r

IF A2 = YES (EVER SIGNED UP FOR TEXT4BABY)

A12. 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 save any of the phone numbers to call at a later time?

YES 1
NO 0
DON'T KNOW d
REFUSED r

IF A2 = YES (EVER SIGNED UP FOR TEXT4BABY)

A13. Did you ever call one of the phone numbers included in a message?

YES 1
NO 0 GO TO A15
DON'T KNOW d GO TO A15
REFUSED r GO TO A15

IF A13 = YES

A14. Thinking about the messages with phone numbers, have you ever called one of these phone numbers about...

INTERVIEWER: [READ EACH TOPIC FIRST. THEN FOR EACH "YES" RESPONSE TO "EVER CALLED," ASK]: WAS THE INFORMATION YOU GOT USEFUL OR NOT USEFUL?

PROGRAMMER: ROTATE ORDER OF QUESTIONS

	EVER CALLED?		USEFUL OR NOT USEFUL?			
	YES	NO	USEFUL	NOT USEFUL	DK	REF
a. Finding a doctor or midwife?	1	0	1	2	d	r
b. Quitting smoking?	1	0	1	2	d	r
c. Getting information about alcohol or drug use?	1	0	1	2	d	r
d. Getting health coverage from Medicaid? You may also call this [STATE PROGRAM NAME]	1	0	1	2	d	r
e. Getting information about WIC? ...	1	0	1	2	d	r
f. Getting information about breastfeeding?	1	0	1	2	d	r
g. Finding child care?	1	0	1	2	d	r
h. Getting help if you feel down or depressed?	1	0	1	2	d	r
i. Getting information about safe sleep positions for your baby?	1	0	1	2	d	r
j. Getting help if you or someone you know has a partner that hurts them physically or mentally?	1	0	1	2	d	r
k. Some other topic I haven't mentioned? (SPECIFY)	1	0	1	2	d	r

_____ (STRING 400)

IF OTHER SPECIFY (99): **What other topic did you call about?**

IF A2 = YES (EVER SIGNED UP FOR TEXT4BABY)

A15. The next questions are about your current experience with Text4baby. Are you currently receiving messages from Text4baby?

- YES 1 GO TO B1
- NO 0
- DON'T KNOW d GO TO B1
- REFUSED r GO TO B1

IF A15 = 0

A16. Why are you not currently getting any Text4baby messages? Is it because...

CODE ALL THAT APPLY

- 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, or 5 GO TO B2
- Some other reason? (SPECIFY) 99
- _____ (STRING 400)
- DON'T KNOW d
- REFUSED r

B. DISENROLLMENT

IF A15 = YES, DK, R OR A16 ≠ 5 (NOT CURRENTLY GETTING MESSAGES; THE REASON IS FOR SOME OTHER REASON THAN TEXTING STOP)

B1. Have you ever texted STOP to stop receiving Text4baby messages?

- YES 1
- NO 0 GO TO SECTION C
- DON'T KNOW d GO TO SECTION C
- REFUSED r GO TO SECTION C

IF B1 = Yes (EVER TEXTED STOP TO STOP RECEIVING MESSAGES) OR a16_5 = 1

B2. Why did you want to stop receiving Text4baby messages? Was it because...

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
- You do not like text messaging? Or 5
- Another reason? (SPECIFY) 99
_____ (STRING 400)
- DON'T KNOW d
- REFUSED r

IF OTHER SPECIFY (99): Why did you want to stop receiving Text4baby messages?

IF B1 = YES (EVER TEXTED STOP TO STOP RECEIVING MESSAGES)

B3. Were you pregnant with [CHILD] when you decided to stop receiving Text4baby messages?

- YES 1
- NO 0 GO TO B3B
- DON'T KNOW d GO TO B3B
- REFUSED r GO TO B3B

IF B3 = YES (PREGNANT WITH CHILD WHEN DECIDED TO STOP RECEIVING MESSAGES)

B3a. About how many months pregnant were you when you decided to stop receiving Text4baby messages?0

|_| MONTHS (1-9)

DON'T KNOW d GO TO C1

REFUSED r GO TO C1

IF B3 = NO, DK, RF (NOT PREGNANT WITH CHILD WHEN DECIDED TO STOP RECEIVING MESSAGES)

FILL CHILD'S NAME

B3b. About how old was [CHILD] in months when you decided to stop receiving Text4baby messages?

INTERVIEWER: IF RESPONDENT SAYS LESS THAN 1 MONTH OLD, CODE 1.

|_|_| MONTHS (1-12)

STOPPED RECEIVING MESSAGES DURING A PREVIOUS PREGNANCY n

DON'T KNOW d

REFUSED r

C. SATISFACTION WITH TEXT4BABY

IF A2 = YES (EVER SIGNED UP FOR TEXT4BABY)

C1. In general, thinking about all of the Text4baby messages that you ever received, do you agree or disagree with the following statements?

FOR EACH STATEMENT: **Do you agree, or disagree?**

	CODE ONE PER ROW			
	AGREE	DISAGREE	DK	REF
a. You learned something from them	1	2	d	r
b. You trusted them	1	2	d	r
c. They were interesting	1	2	d	r
d. They were annoying	1	2	d	r

IF A2 = YES (EVER SIGNED UP FOR TEXT4BABY)

C2. Thinking about your overall experience since you first signed up for Text4baby, which statement best describes your feelings about the number of Text4baby messages you receive?

CODE ONE ONLY

- Text4baby sends too many messages, 1
- Text4baby does not send enough messages, or..... 2
- I am happy with the number of Text4baby messages I receive 3
- DON'T KNOW d
- REFUSED r

IF A2 = YES (EVER SIGNED UP FOR TEXT4BABY)

C3. Would you recommend the Text4baby program to a friend or family member?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

D. PREGNANCY HISTORY

The next questions are about your health.

ALL

D1. How many times have you been pregnant?

____ NUMBER OF TIMES PREGNANT (1–20)

DON'T KNOW d

REFUSED r

SOFT CHECK: IF GT 10; I just wanted to confirm that I've recorded correctly that you've been pregnant [FILL TIMES] times. Is that correct?

ALL

D2. Were all the babies from your pregnancies born alive?

YES 1 GO TO D4

NO 0

DON'T KNOW d GO TO E1

REFUSED r GO TO E1

IF D2 = NO (ALL BABIES FROM PREGNANCIES NOT BORN ALIVE)

FILL NUMBER OF PREGNANCIES FROM D1

D3. How many babies from your [FILL NUMBER PREGNANCIES] pregnancies were born alive?

____ NUMBER OF LIVE BIRTHS (1–10)

DON'T KNOW d

REFUSED r

D2=1

D4. Did any of these babies die before their first birthday?

YES 1

NO 0

DON'T KNOW d

REFUSED r

PROGRAMMER BOX

IF D2 =0 OR D4 =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.

E. MOST RECENT PREGNANCY

The next questions are about your most recent pregnancy with [CHILD].

ALL

FILL CHILD'S NAME

E1. About how many weeks pregnant were you when [CHILD] was born?

INTERVIEWER: ONLY CODE MONTHS IF RESPONDENT ANSWERS IN MONTHS

|_|_| WEEKS (20–42)

|_| MONTHS (5–9)

DON'T KNOW d

REFUSED r

SOFT CHECK: IF WEEKS LT 32 OR GT 42, OR MONTHS EQ 5 OR 6: I just wanted to confirm that I recorded correctly that you were [X WEEKS/X MONTHS] pregnant when [CHILD] was born. Is that correct?

ALL

FILL CHILD'S NAME

E2. How much did you weigh just before you got pregnant with [CHILD]? Your best estimate is fine.

|_|_|_| POUNDS (085–500)

|_|_|_| KILOS (038–227)

DON'T KNOW d

REFUSED r

SOFT CHECK: IF POUNDS GT 300; I just wanted to confirm that I recorded correctly that you weighed [X POUNDS] before you got pregnant with [CHILD]. Is that correct?

ALL

FILL CHILD'S NAME

E3. How much weight did you gain during your pregnancy with [CHILD]? Your best estimate is fine.

|_|_| POUNDS (0–100)

|_|_| KILOS (0–45)

LOST WEIGHT DURING PREGNANCY 1

DON'T KNOW d

REFUSED r

SOFT CHECK: IF POUNDS LT 10 OR GT 50: I just wanted to confirm that I recorded correctly that you gained [X POUNDS/X KILOS] during your pregnancy with [CHILD]. Is that correct?

The next questions are about [CHILD].

ALL

FILL CHILD'S NAME; FILL HE/SHE BASED ON CHILD'S GENDER

E4. How much did [CHILD] weigh when [he/she] was born?

INTERVIEWER: IF RESPONDENT GIVES A RESPONSE WITH A FRACTION OF AN OUNCE, PLEASE ASK HER TO ROUND TO THE NEAREST OUNCE.

ENTER 1 TO ENTER POUNDS AND OUNCES 1 GO TO E5

ENTER 2 TO ENTER GRAMS 2 GO TO E5

DON'T KNOW d

REFUSED r

|_|_| POUNDS (1–16)

|_|_| OUNCES (0–16)

|_|_|_| GRAMS (500–7260)

SOFT CHECK: IF POUNDS LT 5 OR GT 12 OR IF GRAMS LT 2250 OR GT 5450; I just wanted to confirm that I recorded correctly that [CHILD] weighed [X POUNDS AND X OUNCES/X GRAMS] when [he/she] was born. Is that correct?

IF E4 = DON'T KNOW, REFUSED

FILL CHILD'S NAME

E4a. Was [CHILD]'s birth weight . . .

PROBE: 8 lbs. 12. oz. is about 4000 grams; 5 lbs. 8 oz. is about 2500 grams; and 3 lbs. 8 oz. is about 1500 grams.

CODE ONE ONLY

8 lbs. 13 oz. or more,..... 1
5 lbs. 9 oz. to 8 lbs. 12 oz.,..... 2
3 lbs. 8 oz. and 5 lbs. 8 oz., or..... 3
Less than 3 lbs. 8 oz.? 4
DON'T KNOW d
REFUSED r

ALL

FILL CHILD'S NAME

E5. How was [CHILD] delivered?

PROBE IF NECESSARY: Did you have a vaginal delivery or a cesarean section (C-section)?

CODE ONE ONLY

VAGINALLY 1 GO TO E7
CESAREAN DELIVER (C-SECTION)..... 2
DON'T KNOW d GO TO E7
REFUSED r GO TO E7

IF E5 = 2 (C-SECTION)

E6. What were the reasons you had a cesarean section (C-section)?

CODE ALL THAT APPLY

- HAD A C-SECTION BEFORE 1
- THE BABY WAS IN THE WRONG POSITION..... 2
- DOCTOR WAS WORRIED THAT THE BABY WAS TOO BIG 3
- HAD A MEDICAL CONDITION THAT MADE GOING INTO LABOR DANGEROUS 4
- DOCTOR OR NURSE TRIED TO INDUCE LABOR BUT IT DIDN'T WORK 5
- LABOR WAS TAKING TOO LONG 6
- THE FETAL MONITOR SHOWED THAT THE BABY WAS HAVING PROBLEMS DURING LABOR..... 7
- WANTED TO SCHEDULE DELIVERY 8
- DIDN'T WANT TO HAVE THE BABY VAGINALLY 9
- DOCTOR OR NURSE SUGGESTED DELIVERY BY C-SECTION 10
- SOME OTHER REASON (SPECIFY)..... 99
- _____ (STRING 400)
- DON'T KNOW d
- REFUSED r

IF OTHER SPECIFY (99): **Why did you have a cesarean section (C-section)?**

ALL

FILL CHILD'S NAME

E7. Did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine) with [CHILD]?

- YES 1
- NO 0 GO TO E9
- DON'T KNOW d GO TO E9
- REFUSED r GO TO E9

IF E7 = YES (DOCTOR, NURSE, HEALTH CARE WORKER TRIED TO INDUCE LABOR)

E8. Why did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?

CODE ALL THAT APPLY

- MY WATER BROKE (AND THERE WAS A FEAR OF INFECTION)..... 1
- I WAS PAST MY DUE DATE 2
- MY HEALTH CARE PROVIDER WORRIED ABOUT THE SIZE OF THE BABY ... 3
- MY BABY WAS NOT DOING WELL AND NEEDED TO BE BORN..... 4
- I HAD A HEALTH PROBLEM AND NEEDED TO DELIVER THE BABY 5
- I WANTED TO SCHEDULE MY DELIVERY..... 6
- I WANTED TO GIVE BIRTH WITH A SPECIFIC HEALTH CARE PROVIDER 7
- SOME OTHER REASON?..... 99
- _____ (STRING 400)
- DON'T KNOW d
- REFUSED r

IF OTHER SPECIFY (99): **Why did your doctor, nurse, or other health care worker try to induce your labor?**

ALL

FILL CHILD'S NAME

E9. During your pregnancy with [CHILD], 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)?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

F. HEALTH CARE ACCESS AND UTILIZATION

ALL

FILL CHILD'S NAME

F1. Thinking back to when you were pregnant with [CHILD], 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).

PROBE: You may answer in weeks, months, or trimesters.

- ENTER WEEKS 1
- ENTER MONTHS 2
- ENTER TRIMESTERS 3
- DIDN'T RECEIVE ANY PRENATAL CARE 4
- DON'T KNOW d
- REFUSED r

[_] [_] NUMBER OF WEEKS (1-42)

[_] NUMBER OF MONTHS (1-9)

IF RESPONDENT GIVES TRIMESTER RESPONSE:

CODE ONE ONLY

- 1ST TRIMESTER, WEEKS UNSPECIFIED 55
- 2ND TRIMESTER, WEEKS UNSPECIFIED 66
- 3RD TRIMESTER, WEEKS UNSPECIFIED 77
- DON'T KNOW d
- REFUSED r

IF F1WEEKS <28 OR F1MONTHS < 7 OR (F1TRIMESTER = 1 OR 2) OR F1 = DK, R
(RECEIVED FIRST PRENATAL CHECKUP BEFORE 28 WEEKS OR 7 MONTHS PREGNANT)

F2. After your first prenatal care visit, how often did you have a prenatal checkup before you were 7 months, or 28 weeks, pregnant? Was it...

CODE ONE ONLY

- At least once a week, 1
- At least once every two weeks, 2
- At least once every four weeks, or 3
- More than four weeks between visits? 4
- DON'T KNOW d
- REFUSED r

IF F1WEEKS < 36 OR F1MONTHS < 8 OR (F1TRIMESTER = 1 OR 2 OR 3) OR F1 = DK, REF
(RECEIVED FIRST PRENATAL CHECKUP BEFORE 36 WEEKS OR 8 MONTHS PREGNANT)

F3. How often did you have a prenatal checkup when you were 7 and 8 months, or 28 to 36 weeks, pregnant? Was it...

CODE ONE ONLY

- At least once a week, 1
- At least once every two weeks, 2
- At least once every four weeks, or 3
- More than four weeks between visits? 4
- BABY WAS BORN BETWEEN 28 AND 36 WEEKS 5
- DON'T KNOW d
- REFUSED r

F1 ≠ 4 or f3≠5 (BABY BORN BETWEEN 28 AND 36 WEEKS)

FILL CHILD'S NAME

F4. How often did you have a prenatal checkup when you were 9 months, or 36 to 40 weeks, pregnant, or until [CHILD] was born? Was it...

CODE ONE ONLY

- At least once a week, 1
- At least once every two weeks, 2
- At least once every four weeks, or 3
- More than four weeks between visits? 4
- DON'T KNOW d
- REFUSED r

ALL

FILL CHILD'S NAME

F5. Since [CHILD] was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 6 weeks after she gives birth.

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ALL

FILL CHILD'S NAME

F6. At any time during your pregnancy with [CHILD] or after delivery, did a doctor, nurse, or other health care worker talk with you about "baby blues" or postpartum depression?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ALL

FILL CHILD'S NAME

F7. Since [CHILD] was born, has a doctor, nurse, or other health care worker told you that you had depression?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ALL

FILL CHILD'S NAME

F8. Doctors or nurses may ask their patients about their health-related behaviors during prenatal checkups. At any time during your pregnancy with [CHILD] or after delivery, did a doctor, nurse, or other health care worker ask you about your ...

CODE ONE PER ROW

	YES	NO	DK	R
a. Drug and alcohol use?	1	0	d	r
b. Smoking?	1	0	d	r
c. Diet and exercise?	1	0	d	r
d. Sexual behaviors?	1	0	d	r
e. Abuse toward yourself or another member of your family?	1	0	d	r

ALL

F9. A personal doctor or nurse is a health professional who knows you well and is familiar with your health history. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician's assistant. Do you have one or more persons you think of as your personal doctor or nurse?

INTERVIEWER: [IF RESPONDENT SAYS YES, ASK]: Is there one person or more than one person that you think of as your personal doctor or nurse?

- YES, ONE PERSON 1
- YES, MORE THAN ONE PERSON 2
- NO 0
- DON'T KNOW d
- REFUSED r

ALL

F10. Is there a place you usually go for a check-up?

INTERVIEWER: [IF RESPONDENT SAYS YES, ASK]: **Is that one place or more than one place?**

- YES, ONE PLACE 1
- YES, THERE IS MORE THAN ONE PLACE 2
- NO 0
- DON'T KNOW d
- REFUSED r

ALL

F11. During 12 months before you became pregnant with [CHILD], did you see a doctor, nurse, or other health care worker for preventive medical care, such as a physical or well visit checkup?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ALL

F12. During the past 12 months, did you GO TO a dentist or dental hygienist for preventive dental care, such as a checkup or dental cleaning?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ALL

F13. During the past 12 months, have you had a flu shot?

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
- DON'T KNOW d
- REFUSED r

ALL

FILL CHILD'S NAME; FILL HIS/HER BASED ON CHILD'S GENDER

F14. Since [his/her] birth, how many times did [CHILD] see a doctor, nurse, or other health care provider for preventive medical care such as a physical exam or well-child checkup?

|_|_| TIMES

(0–20)

DON'T KNOW d

REFUSED r

ALL

FILL CHILD'S NAME

F15. Has [CHILD] been given any vaccines or shots yet? Please do not include the shots given when your baby was born.

YES 1

NO 0 GO TO F16

DON'T KNOW d GO TO F16

REFUSED r GO TO F16

IF F15 = YES (CHILD HAS HAD ANY VACCINES OR SHOTS)

FILL CHILD'S NAME; FILL HE/SHE BASED ON CHILD'S GENDER

F15a. When was the last time [CHILD] received any vaccines or shots? You can tell me the month and year, or you can tell me how old your baby was the last time [he/she] received a shot. Your best estimate is fine.

ENTER MONTH AND YEAR 1

ENTER AGE 2

DON'T KNOW d

REFUSED r

IF MONTH AND YEAR:

|_|_| / |_|_|_|_| ENTER DATE

(MONTH) (YEAR)

(1–12) (2016–2017)

IF AGE:

|_|_| MONTHS

DON'T KNOW d

REFUSED r

ALL

FILL CHILD'S NAME; FILL HE/SHE BASED ON CHILD'S GENDER

F16. Has [CHILD] gotten [his/her] first tooth yet?

- YES 1
NO 0 GO TO SECTION G
DON'T KNOW d GO TO SECTION G
REFUSED r GO TO SECTION G

IF F16 = YES (CHILD HAS GOTTEN FIRST TOOTH)

FILL CHILD'S NAME; FILL HE/SHE BASED ON CHILD'S GENDER

F16a. Since [CHILD] was born, have you taken [him/her] to see a dentist for preventive dental care, such as a checkup or dental cleaning?

- YES 1
NO 0
DON'T KNOW d
REFUSED r

G. PREGNANCY AND POSTPARTUM BEHAVIORS

Next I'm going to ask you about some things you may have done while you were pregnant or after [CHILD] was born.

ALL
FILL CHILD'S NAME

G1. During your pregnancy with [CHILD], how many times a week did you take a multivitamin, prenatal vitamin, or folic acid vitamin?

INTERVIEWER: IF R SAYS "EVERY DAY OF THE WEEK", CODE 7.

IF R SAYS "NEVER", CODE 0.

[_] DAYS (0 – 7)

DON'T KNOW d

REFUSED r

ALL
FILL CHILD'S NAME; FILL HE/SHE BASED ON CHILD'S GENDER

G2. How do you typically lay [CHILD] down to sleep? Would you say, on [his/her] . . .

CODE ONE ONLY

Side,..... 1

Back, or 2

Stomach? 3

DON'T KNOW d

REFUSED r

ALL
FILL CHILD'S NAME

G3. In a typical week, how often does someone in your household look at or read books with [CHILD]? Would you say...

CODE ONE ONLY

Never, 1

1 to 2 times a week,..... 2

3 to 6 times a week, or 3

Everyday? 3

DON'T KNOW d

REFUSED r

ALL

FILL CHILD'S NAME

G4. In a typical week, how often does someone in your household tell stories, say nursery rhymes, or sing children's songs with [CHILD]? Would you say...

CODE ONE ONLY

- Never, 1
- 1 to 2 times a week, 2
- 3 to 6 times a week, or 3
- Everyday? 3
- DON'T KNOW d
- REFUSED r

ALL

G5. Are you currently breastfeeding exclusively, breastfeeding and bottle feeding formula, or bottle feeding formula only?

INTERVIEWER: IF RESPONDENT SAYS "BOTTLE FEED BREAST MILK" CODE AS 1

CODE ONE ONLY

- BREASTFEEDING EXCLUSIVELY 1 GO TO G7
- BREASTFEEDING AND BOTTLE FEEDING FORMULA 2 GO TO G7
- BOTTLE FEEDING FORMULA ONLY 3
- DON'T KNOW d
- REFUSED r

IF G5 = 3 (BOTTLEFEEDING FORMULA ONLY)

FILL CHILD'S NAME

G6. Did you ever breastfeed or pump breast milk to feed [CHILD] after delivery, even for a short period of time?

- YES 1
NO 0 GO TO G8
DON'T KNOW d GO TO G8
REFUSED r GO TO G8

G5 = 1 or 2) or (G6 = 1)

EXCLUSIVELY BREASTFEEDING OR BREASTFEEDING AND BOTTLE FEEDING FORMULA OR BREASTFED FOR A SHORT TIME

FILL CHILD'S NAME

G7. How many weeks or months did you breastfeed or pump milk to feed [CHILD]? Your best estimate is fine.

- |_|_| WEEKS (1–52 WEEKS)
 |_|_| MONTHS (1–12 MONTHS)
 DON'T KNOW d
 REFUSED r

ALL

G8. Are you or your husband or partner doing anything now to keep from getting pregnant?

PROBE: Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.

- YES 1
NO 0 GO TO G9
DON'T KNOW d GO TO G9
REFUSED r GO TO G9

IF G8 = YES (CURRENTLY DOING SOMETHING TO KEEP FROM GETTING PREGNANT)

G8a. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

CODE ALL THAT APPLY

- TUBES TIED OR CLOSED (FEMALE STERILIZATION)..... 1
- VASECTOMY (MALE STERILIZATION) 2
- PILL 3
- CONDOMS 4
- INJECTION ONCE EVERY THREE MONTHS (DEPO-PROVERA)..... 5
- CONTRACEPTIVE IMPLANT (IMPLANON)..... 6
- CONTRACEPTIVE PATCH (ORTHO EVRA)..... 7
- DIAPHRAGM, CERVICAL CAP, OR SPONGE 8
- CERVICAL VAGINAL RING (NUVARING)..... 9
- IUD (INCLUDING MIRENA)..... 10
- RHYTHM METHOD OR NATURAL FAMILY PLANNING 11
- OTHER..... 12
- DON'T KNOW d
- REFUSED r

Now I'm going to ask you some questions about smoking.

ALL

G9. Have you smoked any cigarettes in the past 2 years?

- YES 1
- NO 0 GO TO G10
- DON'T KNOW d GO TO G10
- REFUSED r GO TO G10

IF G9 = YES (SMOKED ANY CIGARETTES IN PAST 2 YEARS)

FILL CHILD'S NAME

G9a. Did you quit smoking at any time during your pregnancy with [CHILD]?

CODE ONE ONLY

- YES 1
- NO, BUT I CUT BACK 2
- NO 3
- DIDN'T SMOKE DURING PREGNANCY WITH [CHILD] 4
- DON'T KNOW d
- REFUSED r

IF G9 = YES AND G9A≠ 4

SMOKED ANY CIGARETTES IN PAST 2 YEARS AND DIDN'T QUIT DURING PREGNANCY
FILL CHILD'S NAME

G9b. In the last 3 months of your pregnancy with [CHILD], how many cigarettes or packs did you smoke on an average day?

INTERVIEWER: ENTER "0" IF RESPONDENT DID NOT SMOKE.
ENTER "1" IF RESPONDENT SMOKED LESS THAN 1 CIGARETTE A DAY.

PROBE: A pack has 20 cigarettes

____ NUMBER (0-60) AND CODE

CODE ONE ONLY

- CIGARETTES 1
- PACKS 2
- DON'T KNOW d
- REFUSED r

SOFT CHECK: IF PACKS GT 4; I just want to confirm that I recorded correctly that you smoked [X] packs of cigarettes in the last 3 months of your pregnancy with [CHILD]. Is that correct?

ALL

FILL CHILD'S NAME

G10. When you were pregnant with [CHILD], about how many hours a day, on average, were you in the same room or vehicle with another person who was smoking? Your best estimate is fine.

PROBE: [IF RESPONDENT SAYS 2 OR 3, ASK]: "Would you say 2 or 3?"

INTERVIEWER: IF RESPONDENT SAYS NEVER, CODE 0 HOURS
IF RESPONDENT SAYS LESS THAN 1 HOUR A DAY, CODE 1 HOUR

____ HOURS (00–24)

DON'T KNOW d

REFUSED r

SOFT CHECK: IF HOURS GT 8; I just want to confirm that I recorded correctly that you were in the same room or vehicle with another person who was smoking for [X HOURS] per day, on average, when you were pregnant with [CHILD]. Is that correct?

ALL

FILL CHILD'S NAME

G11. About how many hours per day on average is [CHILD] in the same room or vehicle with someone who is smoking? Your best estimate is fine.

PROBE: [IF RESPONDENT SAYS 2 OR 3, ASK]: "Would you say 2 or 3?"

INTERVIEWER: IF RESPONDENT SAYS NEVER, CODE 0 HOURS
IF RESPONDENT SAYS LESS THAN 1 HOUR A DAY, CODE 1 HOUR

____ HOURS (00–24)

DON'T KNOW d

REFUSED r

SOFT CHECK: IF HOURS GT 8; I just want to confirm that I recorded correctly that you [CHILD] is in the same room or vehicle with another person who is smoking for [X HOURS] per day, on average. Is that correct?

ALL

G12. Have you had any alcoholic drinks in the past 2 years?

- YES 1
- NO 0 GO TO H1
- DON'T KNOW d GO TO H1
- REFUSED r GO TO H1

IF G12 = YES (HAD ANY ALCOHOLIC DRINKS IN PAST 2 YEARS)

FILL CHILD'S NAME

G12a. While you were pregnant with [CHILD], about how many alcoholic drinks did 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

- Less than 1 drink in an average week,**..... 1
- 1 to 3 drinks in an average week,** 2
- 4 to 6 drinks in an average week, or** 3
- 7 or more drinks in an average week?**..... 4
- RESPONDENT DID NOT CONSUME ALCOHOL WHILE PREGNANT 0
- DON'T KNOW d
- REFUSED r

IF G12 = YES (HAD ANY ALCOHOLIC DRINKS IN PAST 2 YEARS)

FILL CHILD'S NAME

G12b. Since you had [CHILD], about how many alcoholic drinks have you had in an average week? Would you say . . .

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

CODE ONE ONLY

- Less than 1 drink in an average week,**..... 1
- 1 to 3 drinks in an average week,** 2
- 4 to 6 drinks in an average week, or** 3
- 7 or more drinks in an average week?**..... 4
- RESPONDENT DID NOT CONSUME ALCOHOL SINCE BIRTH OF BABY 0
- DON'T KNOW d
- REFUSED r

H. HEALTH KNOWLEDGE

ALL

FILL CHILD'S NAME; FILL HE/SHE BASED ON CHILD'S GENDER

H1. Have you ever gotten information about taking care of yourself during pregnancy, or taking care of [CHILD] after [he/she] was born from the any of the following sources?

INTERVIEWER: IF R SAYS SHE GOT INFORMATION BUT DIDN'T ASK FOR IT, CODE YES.

CODE ONE PER ROW

	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 magazines?.....	1	0	d	r
f. Online sources or cell phone apps?.....	1	0	d	r
g. Another source (SPECIFY)	1	0	d	r
_____ (STRING 400)				

IF OTHER SPECIFY (99): **From what other source have you ever gotten information about taking care of yourself during pregnancy or about taking care of [CHILD] after [he/she] was born?**

IF MORE THAN 1 RESPONSE = YES IN H1

FILL CHILD'S NAME; IF A2 = YES (EVER SIGNED UP FOR TEXT4BABY), DISPLAY TEXT FOR TEXT4BABY AND DISPLAY TEXT4BABY IN LIST OF SOURCES

H2. Now, thinking about all of the sources of information you just mentioned [as well as Text4baby], which one helped you the most during your pregnancy and the first few months of [CHILD]'s life? Was it...

CODE ONE ONLY

Response 1-n..... 1-n

IF ENROLLMENTRATE2 = 1: Text4baby..... n+1

DON'T KNOW d

REFUSED r

ALL

FILL STATE PROGRAM NAME

H3. Have you ever gotten information about the following topics while you were pregnant?

PROGRAMMER: RANDOMLY ROTATE ORDER OF QUESTIONS

CODE ONE PER ROW

	YES	NO	DK	REF
a. Taking prenatal vitamins?	1	0	d	r
b. Seeing a dentist?.....	1	0	d	r
c. Getting help if you are feeling depressed?.....	1	0	d	r
d. Safe sleep positions for infants?	1	0	d	r
e. Family planning or birth control?	1	0	d	r
f. Breastfeeding your baby?	1	0	d	r
g. Quitting smoking during pregnancy?.....	1	0	d	r
h. Avoiding alcohol or other drugs?.....	1	0	d	r
i. What to do if you or someone you know has a partner that hurts them physically?	1	0	d	r
j. Signs of premature labor?	1	0	d	r
k. Taking your baby to get check-ups or well-child visits?	1	0	d	r
l. Getting vaccinations for your baby?	1	0	d	r
m. Getting a flu shot?	1	0	d	r
n. Finding out if you are eligible for Medicaid? You may also call this [STATE PROGRAM NAME]?	1	0	d	r
o. Finding out if you are eligible for WIC? (WIC is the Special Supplemental Nutrition Program for women, infants and children.).....	1	0	d	r

IF A2 = YES (EVER SIGNED UP FOR TEXT4BABY) AND ANY items in H3 = YES

H3a. 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?

[FOR ANY YES IN QE.7, ASK]: Did you get information about from Text4baby about [TOPIC]?

[FOR ANY YES IN COLUMN A, ASK]: Was the Text4baby message about [TOPIC] very useful, somewhat useful, or not useful?

	GOT INFO FROM TEXT4BABY		USEFULNESS OF INFO FROM TEXT4BABY				
	YES	NO	VERY USEFUL	SOMEWHAT USEFUL	NOT USEFUL	DK	REF
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

FILL CHILD'S NAME

H4. Is there any other health-related information you feel you needed since you became pregnant with [CHILD] but did not get?

YES 1

NO 0 GO TO H5

DON'T KNOW d GO TO H5

REFUSED r GO TO H5

IF H4 = YES (HAS UNMET HEALTH INFORMATION NEEDS)

FILL CHILD'S NAME

H4a. What information do you feel you needed but did not get since you became pregnant with [CHILD]?

RECORD VERBATIM

CODE ONE ONLY

- BREASTFEEDING 1
- C-SECTION 2
- DELIVERY 3
- NEWBORN CARE 4
- NUTRITION..... 5
- WIC 6
- FLU SHOTS 7
- SMOKING/ DRINKING..... 8
- OTHER (SPECIFY)..... 99
- _____ (STRING 400)
- DON'T KNOW d
- REFUSED r

IF OTHER SPECIFY (99): **What information do you feel you needed but did not get since you became pregnant with [CHILD]?**

ALL
FILL CHILD'S NAME

H5. Did you do any of the following while you were pregnant with [CHILD] or after [CHILD] was born . . .

PROGRAMMER: FOR EACH NO RESPONSE: Did you need or want to [DISPLAY ITEM] during the past year, but did not or were unable to?

CODE ONE PER ROW

YES	NO	DK	REF
-----	----	----	-----

DISPLAY ONLY IF R HAS SMOKED WITHIN PAST TWO YEARS:				
a. Call a smoking quit line or get help with quitting smoking?	1	0	d	r
b. Get information about where you could get free or low-cost health services?	1	0	d	r
c. Talk to someone to get help signing up for Medicaid or CHIP?	1	0	d	r
d. Go to a place where you could get a flu shot?	1	0	d	r
e. Talk to a counselor or social worker for mental health help or treatment?	1	0	d	r
f. Talk to a counselor or social worker for alcohol or substance abuse problems, or for help with domestic violence?	1	0	d	r
g. Get information about family planning or birth control?.....	1	0	d	r
h. Get information about how to pay for child care for [CHILD]?	1	0	d	r
i. Get a home visit?.....	1	0	d	r
j. Use WIC services?	1	0	d	r

I. PARTICIPANT CHARACTERISTICS

We are almost done. Thank you so much for answering my questions. The last questions are about your background.

ALL

11. Are you of Hispanic or Latino origin?

- YES, HISPANIC OR LATINO 1
- NO, NOT HISPANIC OR LATINO..... 0
- DON'T KNOW d
- REFUSED r

ALL

12. What is your race? You may choose more than one. Are you . . .

INTERVIEWER: DO NOT READ "OTHER." CODE ONLY IF NECESSARY.

CODE ALL THAT APPLY

- American Indian or Alaska Native,** 1
- Asian,** 2
- Black or African American,** 3
- Native Hawaiian or other Pacific Islander, or** 4
- White?** 5
- OTHER (SPECIFY) 99
- _____ (STRING 100)
- DON'T KNOW d
- REFUSED r

ALL

13. Do you speak a language other than English at home?

- YES 1
- NO 0 GO TO I4
- DON'T KNOW d GO TO I4
- REFUSED r GO TO I4

IF I3 = YES (SPEAKS A LANGUAGE OTHER THAN ENGLISH AT HOME)

I3a. What language do you speak at home?

PROBE: Any others?

_____ (STRING 100)

DON'T KNOW d

REFUSED r

ALL

I4. In what country were you born?

CODE ONE ONLY

UNITED STATES (ONE OF THE 50 STATES OR THE DISTRICT OF COLUMBIA) 1 GO TO I5

PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, OR SOLOMON ISLANDS (ONE OF THE U.S. TERRITORIES) 2 GO TO I5

MEXICO 303

GUATEMALA 313

CUBA 327

DOMINICAN REPUBLIC 329

INDIA 210

CHINA 207

PHILIPPINES 233

JAPAN 215

KOREA 217

VIETNAM 247

ANOTHER COUNTRY (SPECIFY) 99

_____ (STRING 100)

DON'T KNOW d GO TO I5

REFUSED r GO TO I5

IF I4 #1 OR 2 (NOT BORN IN UNITED STATES OR ONE OF THE U.S. TERRITORIES)

14a. How old were you when you first moved to the United States?

PROBE: Your best estimate is fine.

INTERVIEWER: [IF R MOVED TO/FROM THE U.S. MULTIPLE TIMES, ASK]: “How old were you the last time you moved to the United States?”

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

ALL

15. What is the highest grade or level of school that you have completed?

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 5

MORE THAN 4-YEAR COLLEGE DEGREE 6

DON'T KNOW d

REFUSED r

ALL

16. Are you currently . . .

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

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

PROBE: [IF R SAYS ON MATERNITY LEAVE OR ON VACATION, PROBE]: **Are you usually employed 35 hours or more per week, less than 35 per week, or are you not working?**

CODE ONE ONLY

- 35 OR MORE HOURS PER WEEK 1 GO TO I9
- LESS THAN 35 HOURS PER WEEK 2
- NOT WORKING (INCLUDES RETIRED, HOMEMAKER, STUDENT, DISABLED) 3
- DON'T KNOW d
- REFUSED r

I7 = 2,3,D,R (NOT WORKING 35 OR MORE HOURS PER WEEK)

IF I7 = LESS THAN 35 HOURS PER WEEK, FILL [MORE]

18. Are you currently actively looking for [more] work?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ALL

FILL STATE MEDICAID NAME, STATE CHIP NAME, LOCAL INDIGENT CARE PROGRAM NAME

19. Please tell me all the types of health insurance that you currently have. Do you have...

CODE ONE PER ROW

	YES	NO	DK	REF
a. Medicaid or [STATE MEDICAID NAME]?	1	0	d	r
b. CHIP or [STATE CHIP NAME]?	1	0	d	r
c. Health insurance from your job or the job of your husband, partner, or parents?	1	0	d	r
d. Health insurance that you or someone else paid for (not from a job)?	1	0	d	r
e. TRICARE or other military health care?	1	0	d	r
f. Indian Health Service?	1	0	d	r
g. Indigent Care Program or [LOCAL PROGRAM NAME]?	1	0	d	r
h. Other (SPECIFY)	1	0	d	r

_____ (STRING 100)

IF OTHER SPECIFY (99): **Please tell me the type of health insurance that you currently have.**

IF ALL RESPONSES IN I9_A THROUGH I9_H = NO, DON'T KNOW, OR REFUSED

110. 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?

INTERVIEWER: IF RESPONDENT SAYS THEY DO HAVE COVERAGE, GO BACK TO THE PREVIOUS QUESTION AND CODE "YES" TO THE TYPE OF INSURANCE THAT THE RESPONDENT CURRENTLY HAS.

CODE ONE ONLY

- CORRECT, HAS NO COVERAGE 1
- WRONG, HAS SOME COVERAGE 0
- DON'T KNOW d
- REFUSED r

IF I9_A= YES (CURRENTLY ENROLLED IN MEDICAID)

I11. About how long ago did you enroll in Medicaid? Your best estimate is fine.

____ NUMBER OF WEEKS (1-52)

____ NUMBER OF MONTHS (1-12)

____ NUMBER OF YEARS (1-9)

DON'T KNOW d

REFUSED r

SOFT CHECK: IF NUMBER OF YEARS GT 5; I just wanted to confirm that I recorded correctly that you enrolled in Medicaid [X] years ago. Is that correct?

IF I9_A = NO, DON'T KNOW, REFUSED (NOT CURRENTLY ENROLLED IN MEDICAID)

FILL CHILD'S NAME

I12. Earlier you said that you had health insurance through Medicaid at some point during your pregnancy with [CHILD]. Did you sign up for Medicaid while you were pregnant with [CHILD] or before you became pregnant with [CHILD]?

WHILE PREGNANT 1

BEFORE BECOMING PREGNANT 2 GO TO I14

DON'T KNOW d GO TO I14

REFUSED r GO TO I14

IF I12 = 1 (NOT CURRENTLY ENROLLED IN MEDICAID BUT SIGNED UP WHILE PREGNANT)

I13. How many months pregnant were you when you signed up for Medicaid or [FILL STATE MEDICAID NAME]? Were you . . .

CODE ONE ONLY

1 to 3 months pregnant, 1

4 to 6 months pregnant, or 2

7 to 9 months pregnant? 3

DON'T KNOW d

REFUSED r

I9_A = NO, DON'T KNOW, REFUSED (NOT CURRENTLY ENROLLED IN MEDICAID)

114. About how long ago did you stop receiving Medicaid benefits? Your best estimate is fine.

NUMBER OF WEEKS (1-52)

NUMBER OF MONTHS (1-12)

NUMBER OF YEARS (1-9)

DON'T KNOW d

REFUSED r

SOFT CHECK: IF NUMBER OF YEARS GT 1: I just wanted to confirm that I recorded correctly that you stopped receiving Medicaid benefits [X] years ago. Is that correct?

ALL

FILL ADDRESS FROM PRELOAD

115. We are done with the survey. Thank you very much for taking the time to speak with me. I would like to confirm the address where we should mail your \$25 gift card. Is it . . .

INTERVIEWER: READ ADDRESS TO RESPONDENT. EDIT ADDRESS AS NECESSARY.

STREET 1

STREET 2

STREET 3

CITY

STATE

ZIP

DON'T KNOW d

REFUSED r

Goodbye. Thank you for your participation in this important survey. We will mail the gift card to you within 3 weeks. Thank you again and have a great day. Goodbye.