

Federated States of Micronesia

[ONLY ASK THIS QUESTION IF CHILD IS 0-5 or 6-11 YEARS OLD]

I am going to start by asking a few questions about your child's health.

MC1. Does this child currently have developmental delay?

- 1 Yes
- 2 No [Go to MC2]
- 77 Don't Know [Go to MC2]
- 99 Prefer not to answer [Go to MC2]

[If yes] Would you describe [his/her] developmental delay as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe
- 77 Don't Know
- 99 Prefer not to answer

[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]

Now I am going to ask a few questions about your health.

MC2. During your most recent pregnancy, did you have any of the following health conditions?

	Yes	No	Don't Know	Prefer not to answer
MC2a. Gestational diabetes (diabetes that started during this pregnancy)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MC2b. High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MC2c. Depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>

MC3. [ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD AND IF BIOLOGICAL MOTHER]

Before your new baby was born, did any of the following things happen?

	YES	NO	Don't Know	Prefer Not to Answer
MC3a. Someone answered my questions about breastfeeding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MC3b. I was offered a class on breastfeeding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MC3c. I attended a class on breastfeeding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MC3d. I decided or planned to feed only breast milk to my baby	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MC3e. I discussed feeding only breast milk to my baby with my family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MC3f. I discussed feeding only breast milk to my baby with my health care worker	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MC3g. I chose not to breastfeed my baby	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>

MC4. In the past 12 months, was there any time when you wanted healthcare for yourself, for any reason (such as getting a regular check-up or seeing a doctor when you were sick), but didn't get it?

- 1 Yes
- 2 No [GO TO END]
- 77 Don't Know [GO TO END]
- 99 Prefer not to answer [GO TO END]

MC5. Why were you unable to get health care for yourself? Check all that apply.

	YES	NO	Don't Know	Prefer Not to Answer
MC5a. I couldn't afford it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MC5b. I did not know where to go.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MC5c. It was too far away.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MC5d. I could not get there when it was open.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MC5e. I could not get an appointment soon enough.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MC5f. I did not have transportation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MG5g. I didn't have time to go.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MC5h. I was worried that it wasn't covered under my insurance.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
MC5i. Some other reason, <i>please specify</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>	99 <input type="checkbox"/>
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