Guam

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

I will start by asking a few questions about your health.

GM1. Since your new baby was born, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?

		YES	NO	Don't Know	Prefer Not to Answer
GM1a.	**Breastfeeding my baby**	1 ☐	2 ☐	77 ☐	99 ☐
GM1b.	**How long to wait before getting pregnant again**	1 ☐	2 ☐	77 ☐	99 ☐
GM1c.	**Family planning services or using contraception**	1 ☐	2 ☐	77 ☐	99 ☐
GM1d.	**Postpartum depression**	1 ☐	2 ☐	77 ☐	99 ☐
GM1e.	**Resources in my community to support new parents**	1 ☐	2 ☐	77 ☐	99 ☐
GM1f.	**Getting to and staying at a healthy weight after delivery**	1 ☐	2 ☐	77 ☐	99 ☐
GM1g.	**How to quit or keep from smoking**	1 ☐	2 ☐	77 ☐	99 ☐
GM1h.	**How to get the health care that my baby or I need**	1 ☐	2 ☐	77 ☐	99 ☐

GM2. ***[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]***

Did you have a regular checkup about 4-6 weeks after giving birth?

1 ☐ Yes
2 ☐ No *[Go to GM3]*
77 ☐ Don't Know *[Go to GM3]*
99 ☐ Prefer not to answer *[Go to GM3]*

***[If yes]* where did you go for your checkup?**

1 ☐ My family doctor's office
2 ☐ My OB/GYN's office
3 ☐ Hospital clinic
4 ☐ Health department clinic
5 ☐ State-specific option
6 ☐ State-specific option
7 ☐ Other, please specify

77 ☐ Don't Know
99 ☐ Prefer not to answer

GM3. ***[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEARS OLD AND IF BIOLOGICAL MOTHER]***

For the next set of questions, please select the answer that comes closest to how you have felt since your most recent pregnancy?

GM3a. I have been able to laugh and see the funny side of things.

1 ☐ As much as I always could
2 ☐ Not quite so much now
3 ☐ Definitely not so much now
4 ☐ Not at all

GM3b. I have looked forward with enjoyment to things.

1 ☐ As much as I ever did
2 ☐ Rather less than I used to
3 ☐ Definitely less than I used to

4 ☐ Hardly at all

GM3c. I have blamed myself unnecessarily when things went wrong.

1 ☐ Yes, most of the time
2 ☐ Yes, some of the time
3 ☐ Not very often
4 ☐ No, never

GM3d. I have been anxious or worried for no good reason.

1 ☐ No not at all
2 ☐ Hardly ever
3 ☐ Yes, sometimes
4 ☐ Yes, very often

GM3e. I have felt scared or panicky for no very good reason.

1 ☐ Yes, quite a lot
2 ☐ Yes, sometimes
3 ☐ No, not much
4 ☐ No, not at all

GM3f. I have been so unhappy that I have had difficulty sleeping.

1 ☐ Yes, most of the time
2 ☐ Yes, sometimes
3 ☐ Not very often
4 ☐ No, not at all

GM3g. I have felt sad or miserable.

1 ☐ Yes, most of the time
2 ☐ Yes, sometimes
3 ☐ Not very often
4 ☐ No, not at all

GM3h. I have been so unhappy that I have been crying.

1 ☐ Yes, most of the time
2 ☐ Yes, quite often
3 ☐ Only occasionally
4 ☐ No, never

GM3i. The thought of harming myself has occurred to me.

1 ☐ Yes, quite often
2 ☐ Sometimes
3 ☐ Hardly ever
4 ☐ Never

GM4. ***[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]***

Did any of these things keep you from having a checkup after your most recent pregnancy?

		YES	NO	Don't Know	Prefer Not to Answer
GM4a.	**I didn't have health insurance to cover the cost of the visit**	1 ☐	2 ☐	3 ☐	4 ☐
GM4b.	**I felt fine and did not think I needed to have a visit**	1 ☐	2 ☐	3 ☐	4 ☐
GM4c.	**I couldn't get an appointment when I wanted one**	1 ☐	2 ☐	3 ☐	4 ☐
GM4d.	**I didn't have any transportation to get to the clinic or doctor's office**	1 ☐	2 ☐	3 ☐	4 ☐

		YES	NO	Don't Know	Prefer Not to Answer
GM4e.	**I had too many things going on**	1 ☐	2 ☐	3 ☐	4 ☐
GM4f.	**I couldn't take time off from work**	1 ☐	2 ☐	3 ☐	4 ☐
GM4g.	**Something else, *please specify***	1 ☐	2 ☐	3 ☐	4 ☐

GM5. ***[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]***

How did you feel about the care you got during your postpartum checkup?

		Satisfied	Not Satisfied	Don't Know	Prefer Not to Answer
GM5a.	**The amount of time you had to wait**	1 ☐	2 ☐	3 ☐	4 ☐
GM5b.	**The amount of time the doctor, nurse, or health care worker spent with you**	1 ☐	2 ☐	3 ☐	4 ☐
GM5c.	**The advice you got on how to take care of yourself**	1 ☐	2 ☐	3 ☐	4 ☐
GM5d.	**The understanding and respect shown toward you as a person**	1 ☐	2 ☐	3 ☐	4 ☐

GM6. ***[ONLY ASK THIS QUESTION IF BIOLOGICAL MOTHER]***

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing saliva or spit from your mouth.

1 ☐ Yes
2 ☐ No *[Go to G8]*
77 ☐ Don't Know *[Go to G8]*
99 ☐ Prefer not to answer *[Go to G8]*

GM7. ***[ONLY ASK THIS QUESTION IF BIOLOGICAL MOTHER]***

Have you been tested for HIV in the past 12 months?

1 ☐ Yes
2 ☐ No
77 ☐ Don't Know
99 ☐ Prefer not to answer

GM8. ***[ONLY ASK THIS QUESTION IF BIOLOGICAL MOTHER]***

Have you ever been tested for any other sexually transmitted diseases (STD)? Do not count tests you may have had as part of a blood donation. Include testing fluid saliva or spit from your mouth.

1 ☐ Yes
2 ☐ No
77 ☐ Don't Know
99 ☐ Prefer not to answer

GM9. ***[ONLY ASK THIS QUESTION IF BIOLOGICAL MOTHER]***

At any time during the most recent pregnancy, did you talk with a doctor, nurse or healthcare worker about STDs?

1 ☐ Yes
2 ☐ No
77 ☐ Don't Know
99 ☐ Prefer not to answer

GM10. ***[ONLY ASK THIS QUESTION IF BIOLOGICAL MOTHER]***

DURING THE PAST 12 MONTHS, was there any time when you needed health care but it was not received or not available? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.

1 ☐ Yes
2 ☐ No *[Go to GM12]*
77 ☐ Don't Know *[Go to GM12]*
99 ☐ Prefer not to answer *[Go to GM12]*

***[If yes]* which types of care were not received or not available?**
Check ALL that apply.

1 ☐ Medical Care
2 ☐ Dental Care
3 ☐ Vision Care
4 ☐ Hearing Care
5 ☐ Mental Health Services
6 ☐ Other, *please specify*

GM11. ***[ONLY ASK THIS QUESTION IF BIOLOGICAL MOTHER]***

Why were you unable to get health care for yourself?.

	YES	NO	Don't Know	Prefer Not to Answer
GM11a. I couldn't afford it.	1 ☐	2 ☐	3 ☐	4 ☐
GM11b. I did not know where to go.	1 ☐	2 ☐	3 ☐	4 ☐
GM11c. It was too far away.	1 ☐	2 ☐	3 ☐	4 ☐
GM11d. I could not get there when it was open.	1 ☐	2 ☐	3 ☐	4 ☐
GM11e. I could not get an appointment soon enough.	1 ☐	2 ☐	3 ☐	4 ☐
GM11f. I did not have transportation.	1 ☐	2 ☐	3 ☐	4 ☐
GM11g. I didn't have time to go.	1 ☐	2 ☐	3 ☐	4 ☐
GM11h. I was worried that it wasn't covered under my insurance.	1 ☐	2 ☐	3 ☐	4 ☐
GM11i. Some other reason, *please specify*	1 ☐	2 ☐	3 ☐	4 ☐

GM12. ***[ONLY ASK THIS QUESTION IF CHILD IS 0-1 YEAR OLD AND IF BIOLOGICAL MOTHER]***

During your most recent pregnancy, how many times did you visit a doctor, nurse, or other health care professional to receive a PRENATAL check-up?

1 ☐ 0 visits
2 ☐ 1 visit *[Go to GM13]*
3 ☐ 2 visits *[Go to GM13]*
4 ☐ 3 visits *[Go to GM13]*
5 ☐ 4 or more visits *[Go to GM13]*
77 ☐ Don't Know *[Go to GM13]*
99 ☐ Prefer not to answer *[Go to GM13]*

[If 0 visits] **Did any of these things keep you from having a prenatal checkup?**

	Yes	No	Don't Know	Prefer not to answer
GM12a. I couldn't get an appointment when I wanted one	1 ☐	2 ☐	3 ☐	4 ☐
GM12b. I didn't have any transportation to get to the clinic or doctor's office	1 ☐	2 ☐	3 ☐	4 ☐
GM12c. The doctor or my health plan would not start as early as I wanted	1 ☐	2 ☐	3 ☐	4 ☐
GM12d. I had too many things going on	1 ☐	2 ☐	3 ☐	4 ☐
GM12e. I couldn't take time off from work or school	1 ☐	2 ☐	3 ☐	4 ☐
GM12f. I didn't have anyone to take care of my children	1 ☐	2 ☐	3 ☐	4 ☐
GM12g. I didn't know that I was pregnant	1 ☐	2 ☐	3 ☐	4 ☐
GM12h. I didn't have health insurance to cover the cost of the visit	1 ☐	2 ☐	3 ☐	4 ☐
GM12i. I felt fine and did not think I needed to have a visit	1 ☐	2 ☐	3 ☐	4 ☐
GM12j. I didn't want prenatal care	1 ☐	2 ☐	3 ☐	4 ☐
GM12k. I didn't want anyone else to know I was pregnant	1 ☐	2 ☐	3 ☐	4 ☐
GM12l. Some other reason, please specify	1 ☐	2 ☐	3 ☐	4 ☐

The next few questions ask about the use of cribs and car seats for your child.

GM13. ***[ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]***

In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never
6 ☐ Baby does not sleep in crib or bed
77 ☐ Don't Know
99 ☐ Prefer not to answer

GM14. ***[ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]***

When your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?

1 ☐ Yes
2 ☐ No
3 ☐ Not applicable, baby does not sleep in crib or bed
77 ☐ Don't Know
99 ☐ Prefer not to answer

GM15. ***[ONLY ASK THIS QUESTION IF CHILD IS 0-5 YEARS OLD]***

How did you learn to install and use your infant car seat(s)?

	YES	NO	Don't Know	Prefer Not to Answer
GM15a. A friend or family member showed me	1 ☐	2 ☐	3 ☐	4 ☐
GM15b. A health or safety professional showed me.	1 ☐	2 ☐	3 ☐	4 ☐
GM15c. I figured it out myself.	1 ☐	2 ☐	3 ☐	4 ☐
GM15d. I already knew how to install it because I have other children.	1 ☐	2 ☐	3 ☐	4 ☐
GM15e. Some other way, *please specify* ☐	1 ☐	2 ☐	3 ☐	4 ☐

[ONLY ASK THIS QUESTION IF CHILD IS 6-11 or 12-17 YEARS OLD]

The last set of questions ask about swim safety.

GM16. Please tell me whether your child can do each of the following or if you are not sure.

	YES	NO	Don't Know	Prefer Not to Answer
GM16a. Step or jump into water over his or her head and return to the surface	1 ☐	2 ☐	3 ☐	4 ☐
GM16b. Float or tread water for 1 minute without using a flotation device	1 ☐	2 ☐	3 ☐	4 ☐
GM16c. Turn around in a full circle in the water and then find a way out of the water	1 ☐	2 ☐	3 ☐	4 ☐
GM16d. Swim 25 yards (equal to the length of a standard swimming pool) without stopping	1 ☐	2 ☐	3 ☐	4 ☐
GM16e. Exit a pool, not using a ladder	1 ☐	2 ☐	3 ☐	4 ☐