

Pregnancy Risk Assessment Monitoring System (PRAMS)

Phase 8 Standard Questions – Interviewer Administered
English Version

**NOTE: Skip A1–A5 if the mother was not trying to get pregnant (E5).
A1 is required if A2, A4 or A5 are used.**

BEFORE A1, insert instruction box that says, “If the mother was not trying to get pregnant when she got pregnant with her new baby, go to Question...”

A1. Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your *new* baby? This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.

- (Don't read) 1 No → Go to Question ##
2 Yes
8 Refused → Go to Question ##
9 Don't know/don't remember → Go to Question ##

Validation Warnings:

Zero is not a valid response

The value you have entered is not an allowed code for this item.

A2. I'm going to read a list of fertility treatments that some people use to help them get pregnant. For each one, please tell me if you or your husband or partner used that treatment **during the month you got pregnant** with your *new* baby. Did you use_____?

(PROBE: ***During the month you got pregnant*** with your *new* baby, did you use_____?

Treatment	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Fertility-enhancing drugs prescribed by a doctor. Fertility drugs include Clomid®, Serophene®, Pergonal®, or other drugs that stimulate ovulation.				
b. Artificial insemination or intrauterine insemination. These are treatments in which sperm, but NOT eggs, were collected and medically placed into a woman's body.				

c. Assisted reproductive technology. These are treatments in which BOTH a woman's eggs and a man's sperm were handled in the laboratory, such as in vitro fertilization, or IVF; gamete intrafallopian transfer, or GIFT; zygote intrafallopian transfer, or ZIFT; intracytoplasmic sperm injection, or ICSI; frozen embryo transfer; or donor embryo transfer.				
d. Did you or your husband or partner use any other fertility treatments <i>during the month you got pregnant</i> with your new baby?				
e. IF YES, ASK: What did you use? _____ _____				
(Interviewer: Go to the next question if answered YES to one or more types of medical treatments listed above)				
f. Would you say that you weren't using fertility treatments <i>during the month that you got pregnant</i> with your new baby (Interviewer: If the mother answered that she wasn't using fertility treatments, check YES.)				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

A3 is now Q7.

A4. How long had you been trying to get pregnant **before** you took any fertility drugs or used any medical procedures to help you get pregnant with your new baby? Do not count long periods of time when you and your partner were apart or not having sex. Was it_____?

- 1 0 to 5 months
- 2 6 to 11 months
- 3 1 to 2 years
- 4 3 to 4 years
- 5 5 to 6 years
- 6 More than 6 years

- (Don't read)** 8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

A5. How many cycles of fertility treatments, complete or incomplete, did you have before you got pregnant with your **new** baby? Was it_____?

- 1 1 cycle
- 2 2 to 3 cycles
- 3 4 to 6 cycles
- 4 7 or more cycles

- (Don't read)** 8 Refused

9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

**NOTE: Skip B1 if infant is not alive or not living with the mother (Core 32 and/or Core 33).
Skip B1 if the mother ever breastfed (Core 35).**

The skip arrow on Core Q35 changes from “no” to “yes” and AFTER B1, insert instruction box that says, “If the mother did not breastfeed her new baby, go to Question”

- B1. I'm going to read a list of reasons that some women have for not breastfeeding their babies. For each one, please tell me if it was a reason for you. Was it because_____?
(PROBE: Was this a reason you did not breastfeed your new baby?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You were sick or on medicine				
b. You had other children to take care of				
c. You had too many household duties				
d. You didn't like breastfeeding				
e. You tried but it was too hard				
f. You didn't want to				
g. You went back to work				
h. You went back to school				
i. Was there any other reason you didn't breastfeed your new baby?				
j. IF YES, ASK: What was that? _____ _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

**NOTE: Skip B2 if infant is not alive or not living with the mother (Core 32 and/or Core 33).
Skip B2 if the mother did not breastfeed or is still breastfeeding (Core 35 and/or Core 36).**

B2. I'm going to read a list of reasons why some women stop breastfeeding. For each one, please tell me if it was a reason for you. Was it because _____?

(PROBE: Was this a reason you stopped breastfeeding your new baby?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your baby had difficulty latching or nursing				
b. Breast milk alone did not satisfy your baby				
c. You thought your baby wasn't gaining enough weight				
d. Your nipples were sore, cracked, or bleeding, or it was too painful				
e. You thought you weren't producing enough milk or your milk dried up				
f. You had too many other household duties				
g. You felt it was the right time to stop breastfeeding				
h. You got sick or you had to stop for medical reasons				
i. You went back to work				
j. You went back to school				
k. Your partner did not support breastfeeding				
l. Your baby was jaundiced, which is yellowing of the skin or whites of the eyes				
m. Was there any other reason you stopped breastfeeding your new baby?				
n. IF YES, ASK: What was that reason? _____ _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

**NOTE: Skip B3 if infant is not alive or not living with the mother (Core 32 and/or Core 33).
Skip B3 if infant was not born in a hospital (Core 31).**

BEFORE B3, insert instruction box that says, “If the baby was not born in a hospital, go to Question ##.”

Skip B3 if mother said that she did not breastfeed (Core 35).

B3. I'm going to read a list of things that may have happened at the hospital where your new baby was born. For each one, please tell me whether or not it happened.

(PROBE: Did this happen at the hospital where your new baby was born?)

Events at Hospital	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Did hospital staff give you information about breastfeeding?				
b. Did your baby stay in the same room with you at the hospital?				
c. Did you breastfeed your baby in the hospital?				
d. Did hospital staff help you learn how to breastfeed?				
e. Did you breastfeed in the first hour after your baby was born?				
f. Was your baby placed in skin-to-skin contact within the first hour of life?				
g. Was your baby fed only breast milk at the hospital?				
h. Did hospital staff tell you to breastfeed whenever your baby wanted?				
i. Did the hospital give you a breast pump to use?				
j. Did the hospital give you a gift pack with formula?				
k. Did the hospital give you a telephone number to call for help with breastfeeding?				
l. Did hospital staff give your baby a pacifier?				

Validation Warnings:

Zero is not a valid response

B4. During **your most recent** pregnancy, what did you think about breastfeeding your new baby? I'm going to read a list of possible responses. Please tell me which one best describes you.

(PROBE: Repeat question as necessary.)

- 1 You knew you wanted to breastfeed
- 2 You thought you might breastfeed
- 3 You knew you would **not** breastfeed
- 4 You didn't know what to do about breastfeeding

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

**NOTE: Skip B5–B6 if infant is not alive or not living with the mother (Core 32 and/or Core 33).
B6 needs B5, but B5 can be used alone.**

B5. Did anyone suggest that you **not** breastfeed your new baby?

(Don't read) 1 No → Go to Question ##
2 Yes
8 Refused → Go to Question ##
9 Don't know/don't remember → Go to Question ##

Validation Warnings:

Zero is not a valid response

B6. I'm going to read a list of people who may have suggested that you **not** breastfeed your new baby. For each person, please tell me whether or not they suggested you not breastfeed.

(PROBE: Did _____ suggest that you **not** breastfeed your new baby?)

Person	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your husband or partner				
b. Your mother, father, or in-laws				
c. Another family member or relative				
d. Your friends				
e. Your baby's doctor, nurse, or other health care worker				
f. Your doctor, nurse, or other health care worker				
g. Did anyone else suggest that you not breastfeed your new baby?				
h. IF YES, ASK: Who was that? _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

NOTE: B12 must be used with B7-B8. Skip B7-B8 if mother was not on WIC during her pregnancy (B12). B8 goes before B7.

B7. When you went for WIC visits during **your most recent** pregnancy, did you receive information on breastfeeding?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

B8. During **your most recent** pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

B9. I'm going to read a list of things that may have happened **before** your new baby was born. For each one, please tell me whether or not it happened.

(PROBE: **Before** your new baby was born, _____?)

	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
Events before your new baby was born				
a. Did someone answer your questions about breastfeeding?				
b. Were you offered a class on breastfeeding?				
c. Did you attend a class on breastfeeding?				
d. Did you decide or plan to feed <i>only</i> breast milk to your baby?				
e. Did you discuss feeding <i>only</i> breast milk to your baby with your family?				
f. Did you discuss feeding <i>only</i> breast milk to your baby with a health care worker?				
g. Did you choose not to breastfeed your baby?				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

NOTE: Skip B10-B11 if infant is not alive or not living with the mother (Core 32 and/or Core 333).

Skip B10 if mother said that she did not breastfeed (Core 35).

B10. How old was your new baby the first time he or she drank liquids other than breast milk, such as formula, water, juice, or cow's milk?

(**PROBE:** About how many weeks or months old?)

- (Don't read)
- | | |
|----|--|
| 1 | Number of weeks_____ (RANGE: 1-40) |
| | or |
| 2 | Number of months_____ (RANGE: 1-9) |
| 5 | Your baby was less than 1 week old |
| 6 | Your baby has not had any liquids other than breast milk |
| 88 | Refused |
| 99 | Don't know/don't remember |

Validation Warnings:

Other Liquid unit: Zero is not a valid response

Weeks/Months: Zero is not a valid response

Weeks: You must enter a value within the range 1 - 40 for this item.

Months: You must enter a value within the range 1 - 9 for this item.

Weeks/Months: 41 is the only valid response if Other Liquid unit = 5

Weeks/Months: 42 is the only valid response if Other Liquid unit = 6

Weeks/Months: 99 is the only valid response if Other Liquid unit = 9

B11. How old was your new baby the first time he or she ate food, such as baby cereal, baby food, or any other food?

(**PROBE:** About how many weeks or months old?)

- (Don't read)
- | | |
|----|------------------------------------|
| 1 | Number of weeks_____ (RANGE: 1-40) |
| | or |
| 2 | Number of months_____ (RANGE: 1-9) |
| 5 | Your baby was less than 1 week old |
| 6 | Your baby has not eaten any foods |
| 88 | Refused |
| 99 | Don't know/don't remember |

Validation Warnings:

Other Food unit: Zero is not a valid response

Weeks/Months: Zero is not a valid response

Weeks/Months: 41 is the only valid response if Other Food unit = 5

Weeks/Months: 42 is the only valid response if Other Food unit = 6

Weeks/Months: 99 is the only valid response if Other Food unit = 9

B12. During **your most recent** pregnancy, were you on WIC?

(**PROBE:** During **your most recent** pregnancy, were you on WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children?)

- (Don't read)
- | | |
|---|---------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |

9 Don't know/don't remember

NOTE: Skip B13, B14, B15, B16 if mother did not breastfeed (Core 35).

B13. I'm going to read a list of some kinds of help you may have received with breastfeeding *after* your new baby was born. For each one, please tell me if you received it after your new baby was born.

(**PROBE:** After your new baby was born, _____ ?)

Things	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Did you have someone to answer your questions?				
b. Did you get help getting your baby positioned correctly?				
c. Did you get help knowing if your baby was getting enough milk?				
d. Did you get help with managing pain or bleeding nipples?				
e. Did you get information about where to get a breast pump?				
f. Did you get help using a breast pump?				
g. Did you get information about breastfeeding support groups?				
h. Did you receive any other kinds of help with breastfeeding your new baby?				
i. IF YES, ASK: What was that? _____				

B14. Have you used a breast pump to express milk to feed to your new baby?

(**Don't read**)

1	No → Go to Question X
2	Yes
8	Refused → Go to Question X
9	Don't know/don't remember → Go to Question X

NOTE: B15 and B16 require B14, but B14 can be used alone.

B15. Did your health insurance pay for a breast pump for you to use with your **new** baby? I'm going to read several options. Please tell me which one best applies to you.

1	No, your insurance did not pay
2	Yes, but you had to make a co-payment
3	Yes, with no co-payment
4	You did not have health insurance

- (Don't read) 8 Refused
- 7 Don't know/don't remember

B16. I'm going to read a list of places where you can get a breast pump. For each one, please tell me if it applies to the pump or pumps you use with your new baby.

(PROBE: Where did you get the breast pump or pumps that you use with your new baby?)

Place	(Don't Read)			
	No (1)	Yes (2)	Ref (8)	DK (9)
a. Did you get it from the hospital for free?				
b. Did you rent it from the hospital or doctor's office?				
c. Did you buy it new from a hospital or doctor's office?				
d. Did you buy it new from a store or online website?				
e. Did you receive it new as a gift?				
f. Did you buy it used or someone gave it to you used?				
g. Did you have one from a previous child?				
h. Did you get your breast pump or pumps from some other place?				
i. IF YES, ASK: Where? _____ _____				

**NOTE: Skip C1-C3 if infant is not alive or not living with the mother or is still in the hospital (Core 32 and/or Core 33, and Core 31).
C2 and/or C3 need C1. C1 can be used alone. If C1 is used alone, it does not need to be skipped if infant is not alive or not living with the mother, or if the baby is still in the hospital.**

C1. Are you currently in school or working? I'm going to read three options. Please tell me which one applies to you.

- 1 No, you don't go to school or work → **Go to Question ##**
- 2 Yes, you go to school or work outside the home
- 3 Yes, you go to school or work from home

- (Don't read) 8 Refused → **Go to Question ##**
- 9 Don't know don't remember → **Go to Question ##**

Validation Warnings:
Zero is not a valid response

NOTE: If C2 is used with C3, then add a skip instruction off of the 2nd to last option in C2. ("The baby is with mom while she is at school or work").

C2. Which **one** of the following people spends the most time taking care of your new baby when you are at school or work? Is it _____?

(PROBE: Who spends the most time taking care of you baby when you are at school or work?)

- 1 Your husband or partner
 - 2 Your baby's grandparent
 - 3 Another close family member or relative
 - 4 A friend or neighbor
 - 5 A babysitter, nanny, or other child care provider
 - 6 Staff at day care center
 - 7 The baby is with you while you are at school or work → Go to Question ##
 - 8 Another person
- IF SO, THEN ASK: Who is that? _____

(Don't read) 88 Refused
99 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

C3. While you are away from your new baby for school or work, how often do you feel that he or she is well cared for? Do you feel that your baby is always, often, sometimes, rarely, or never well cared for?

(PROBE: Repeat the question as necessary.)

(Don't read) 1 Always
2 Often
3 Sometimes
4 Rarely
5 Never

8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

C4. At any time during **your most recent** pregnancy, did you work at a job for pay?

(Don't read) 1 No → Go to Question ##
2 Yes
8 Refused → Go to Question ##
9 Don't know/don't remember → Go to Question ##

Validation Warnings:

Zero is not a valid response

NOTE: C5 and C6 need C4 (skip goes to C11 in this series, if added, or to next topic).

C5. During **your most recent** pregnancy, how many hours did you work per week at your **main** job? I'm going to read you a list of options. Did you work _____?

1 40 or more hours per week

- 2 21-39 hours per week
 3 20 hours per week
 (Don't read) 8 Refused
 9 Don't know/don't remember

Validation Warnings:
 Zero is not a valid response

C6. I'm going to read a list of options. Please tell me which **one** best describes your work schedule during the **last month** of your most recent pregnancy. Did you _____?

- 1 Work up to the time of delivery with no change in schedule
 2 Cut back on your work hours
 3 Take time off before the birth of your baby
 4 Stop working due to doctor's orders
 5 Quit your job → Go to Question ##
 6 Get laid off or fired from your job → Go to Question ##
 (Don't read) 8 Refused → Go to Question ##
 9 Don't know/don't remember → Go to Question ##

Validation Warnings:
 Zero is not a valid response

NOTE: C7 requires C4 (skip C7 if C4 is no). If C7 is no and not returning, skip C8-C10 and C14 (mom goes to C11 in this series, if used, or to next topic).

C7. Have you returned to the job you had during **your most recent** pregnancy? I'm going to read you three options.

- 1 No, and you do not plan to return → Go to Question ##
 2 No, but you will be returning
 3 Yes
 (Don't read) 8 Refused → Go to Question ##
 9 Don't know/don't remember → Go to Question ##

Validation Warnings:
 Zero is not a valid response

**NOTE: C8 requires C7 (and C4).
 If a state adds a state-specific option to C8, insert "I took..." for options such as Family Medical Leave and "I took leave and used..." for options such as Temporary/Short-term Disability Insurance.**

C8. I'm going to read a list of options about the leave you took from work **after** your new baby was born. For each one, please tell me whether or not it applies to you.

(PROBE: What kind of leave or time off did you take after your **new** baby was born?)

Leave type	(Don't read)
------------	--------------

	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You took <i>paid</i> leave from your job				
b. You took <i>unpaid</i> leave from your job				
c. <i>State-specific options (Leave or disability programs)</i> (Interviewer: Go to Question ... if respondent answered "Yes" to option a, b or c)				
d. Would you say that you did not take any leave from work after the birth of your new baby? (Interviewer: If the mother answered that she did not take any leave, check YES)				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

C9. How did you feel about the amount of time you were able to take off **after** the birth of your new baby? Would you say that it was _____?

- 1 Too little time
2 Just the right amount of time
3 Too much time

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

C10. I'm going to read a list of things that may have affected your decision about taking leave from work **after** your new baby was born. For each one, please tell me if it applies to you. Would you say _____?

(PROBE: Was your decision about taking leave from work after your new baby was born influenced by any of the following things?)

Reason for returning to work	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You could not financially afford to take leave				
b. You were afraid you'd lose your job if you took leave or stayed out longer				

c. You had too much work to do to take leave or stay out longer				
d. Your job does not have paid leave				
e. Your job does not offer a flexible work schedule				
f. You had not built up enough leave time to take any or more time off				

Validation Warnings:

Zero is not a valid response

C11. I'm going to read a list of options about leave or time off from work that your new baby's father may have taken after the birth of your baby. Please tell me which **one** applies to your new baby's father.

(PROBE: Did your baby's father take leave from work **after** your new baby was born?)

- 1 He did not take leave from his job
- 2 He took *paid* leave from his job
- 3 He took *unpaid* leave from his job
- 4 He took both *paid and unpaid* leave from his job
- 5 Your baby's father was unemployed

(Don't read) 8 Refused
7 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

NOTE: C12 and C13 require C4.

C12. Please tell us about your MAIN job *during your most recent pregnancy*. What was your job title and what were your usual activities or duties?

INTERVIEWER: Record responses verbatim

1 Job title: _____

2 Job duties: _____

(Don't read) 8 Refused
9 Don't know/don't remember

C13. Thinking about your MAIN job *during your most recent pregnancy*, what type of company did you work for?

(PROBE: What did the company do or make)?

INTERVIEWER: Record response verbatim

1 Type of company: _____

(Don't read) 8 Refused
7 Don't know/don't remember

NOTE: C14 requires C8. Add a skip arrow to C8 response option “I did not take any leave” that goes to C9, (or C10, C11), if used, or to next topic.

C14. How many weeks or months of leave, in total, did you take or will you take?

(**PROBE:** About how many weeks or months, in total?)

- (Don't read)
- | | | |
|----|---------------------------|---------------|
| 1 | Number of weeks_____ | (RANGE: 1-40) |
| | or | |
| 2 | Number of months_____ | (RANGE: 1-9) |
| 3 | Less than 1 week | |
| 88 | Refused | |
| 99 | Don't know/don't remember | |

NOTE: Skip D1-D2 if infant is not alive or not living with the mother (Core 32 and/or Core 33). D2 needs D1, but D1 can be used alone.

D1. Is your new baby a boy or a girl?

- (Don't read)
- | | |
|---|--|
| 1 | Boy |
| 2 | Girl →Go to Question ## |
| 8 | Refused →Go to Question ## |
| 9 | Don't know/don't remember →Go to Question ## |

Validation Warnings:
Zero is not a valid response

D2. Did you have your new baby boy circumcised?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:
Zero is not a valid response

E2 added to Core 46

NOTE: Skip E3 if mother was not using birth control when she got pregnant (E6).

BEFORE E3, insert instruction box that says, “If the mother or her husband or partner was not doing anything to keep from getting pregnant, go to Question....”

E3. I'm going to read a list of birth control methods that some people use to keep from getting pregnant. For each one, please tell me if you were using that method when you got pregnant with your new baby.

(PROBE: What method of birth control were you using when you got pregnant with your new baby?)

Method	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Birth control pills				
b. Condoms				
c. Shots or injections or Depo-Provera [®]				
d. Contraceptive implant in the arm, including Nexplanon [®] or Implanon [®]				
e. Contraceptive patch or OrthoEvra [®] , or vaginal ring or NuvaRing [®]				
f. IUD, including Mirena [®] or ParaGard [®] , Liletta [®] , or Skyla [®]				
g. Natural family planning including rhythm method				
h. Withdrawal or pulling out				
i. Were you or your husband or partner using any other method to keep from getting pregnant?				
j. IF YES, ASK: What was that? _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

E4. **Before** you got pregnant with your new baby, had you ever heard or read about emergency birth control, also known as the “morning-after pill”? This combination of pills is used to prevent pregnancy up to 5 days after unprotected sex.

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

E5. When you got pregnant with your new baby, were you trying to get pregnant?

(Don't read) 1 No
2 Yes → Go to Question X
8 Refused → Go to Question X

9 Don't know/don't remember → Go to Question X

NOTE: E5 is a required filter for E6.

E6. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- (Don't read)**
- 1 No
 - 2 Yes → Go to Question X
 - 8 Refused → Go to Question X
 - 9 Don't know/don't remember → Go to Question X

NOTE: E6 is a required filter or E7.

E7. I'm going to read a list of reasons some people may have for not doing anything to keep from getting pregnant. For each one, tell me if it was a reason for you or your husband or partner when you got pregnant with your new baby.

(PROBE: Was one of the reasons that you were not doing anything to keep from getting pregnant because _____?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You didn't mind if you got pregnant				
b. You thought you could not get pregnant at that time				
c. You had side effects from the birth control method you were using				
d. You had problems getting birth control when you needed it				
e. You thought your husband or partner or you was sterile or could not get pregnant at all				
f. Your husband or partner didn't want to use anything				
g. You forgot to use a birth control method				
h. Was there some other reason why you or your husband or partner was not doing anything to keep from getting pregnant?				
i. IF YES, ASK: What was that? _____ _____				

Validation Warnings:
Zero is not a valid response

NOTE: If the baby always sleeps in a crib (Core 38), skip F4.

NOTE: Inserting F4 after Core 39 requires the skip arrow to be changed from “Never” to “Always” so the filter will work properly.

AFTER F4 and BEFORE Core 40 insert this instruction box: “If the baby never sleeps alone in his or her own crib or bed, go to Question #.”

F4. Who does your new baby *usually* sleep with when he or she is not sleeping alone? Does your baby sleep with _____?

Person	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You				
b. Your husband or partner				
c. Someone else				
d. IF YES, ASK: Who is that? _____ _____ _____ _____				

G1. Have you ever heard or read that taking a vitamin with folic acid can help prevent some birth defects?

- (Don't read) 1 No →Go to Question ##
 2 Yes
 8 Refused →Go to Question ##
 9 Don't know/don't remember →Go to Question ##

Validation Warnings:
 Zero is not a valid response

NOTE: G1 and G2 can be used alone. However, if they are used together, skip G2 if mother has never heard or read about folic acid (answered No to G1).

G2. Have you ever heard about folic acid from any of the following sources?

(**PROBE:** Have you heard about folic acid from _____?)

Source	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. A magazine or newspaper article				
b. Radio or television				
c. A doctor, nurse, or other health care worker				
d. A book				
e. Family or friends				
f. Have you ever heard about folic acid from any other source?				
g. IF YES, ASK: Where have you heard about it? _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

G3. Some health experts recommend taking folic acid for which one of the following reasons?

(**PROBE:** Repeat question as necessary.)

- 1 To make strong bones
- 2 To prevent birth defects
- 3 To prevent high blood pressure

(**Don't know**) 7 Don't know/don't remember

8 Refused

Validation Warnings:

Zero is not a valid response

- G4. I'm going to read a list of reasons why some women take multivitamins, prenatal vitamins, or folic acid vitamins. For each one, please tell me if it is a reason for you. Would **you** to take multivitamins, prenatal vitamins, or folic acid vitamins if _____?

(PROBE: Would this reason cause **you** to take multivitamins, prenatal vitamins, or folic acid vitamins?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You didn't usually eat the right foods				
b. It prevented heart disease				
c. It was good for your general health				
d. It would help you have a healthy baby someday				
e. Your family or friends said it was a good idea				
f. Your doctor, nurse, or other health care worker said it was a good idea				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

- G5. During the **last 3 months** of your most recent pregnancy, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin? I'm going to read a list of options. Please choose the one that best describes you.

(PROBE: About how many times a week did you take a multivitamin, prenatal vitamin, or folic acid vitamin?)

- 1 You did not take a multivitamin, prenatal vitamin, or folic acid vitamin at all
- 2 1 to 3 times a week
- 3 4 to 6 times a week
- 4 Every day of the week

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

- G6. During **the past month**, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin? I'm going to read a list of options. Please choose the one that best describes you.

(PROBE: About how many times a week did you take a multivitamin, prenatal vitamin, or folic acid vitamin?)

- 1 You did not take a multivitamin, prenatal vitamin, or folic acid vitamin at all
- 2 1 to 3 times a week
- 3 4 to 6 times a week
- 4 Every day of the week

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

G7a. During the **last 3 months** of your most recent pregnancy, about how many servings of **fruit** did you have in a day? I'm going to read a list of options. Please choose the one that best describes you.

- 1 Zero servings or none
- 2 1 or 2 servings per day
- 3 3 or 4 servings per day
- 4 5 or more servings per day

- (Don't read)** 8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

G7b. During the **last 3 months** of your most recent pregnancy, about how many servings of **vegetables** did you have in a day? I'm going to read a list of options. Please choose the one that best describes you.

- 1 Zero servings or none
- 2 1 or 2 servings per day
- 3 3 or 4 servings per day
- 4 5 or more servings per day

- (Don't read)** 8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

NOTE: Skip G8 if mother took a multivitamin 1 or more times a week (Core 5).

G8. I'm going to read a list of reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins before pregnancy. For each one, please tell me if it was a reason for you during the **month before** you got pregnant with your new baby. Was it because _____?

(PROBE: Was this a reason you did not take multivitamins, prenatal vitamins, or folic acid vitamins during the **month before** you got pregnant with your new baby?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You weren't planning to get pregnant				
b. You didn't think you needed to take vitamins				
c. You didn't want to take vitamins				
d. The vitamins were too expensive				

e. The vitamins gave you side effects such as nausea or constipation				
f. Was there any other reason?				
g. IF YES, ASK: What was the reason?				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

NOTE: Skip H1-H2 if infant is not alive or not living with the mother (Core 32 and/or Core 33).

H1. Do you have health insurance or Medicaid for your new baby?

- (Don't read)**
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

H2. I'm going to read a list of different kinds of health insurance. For each one, please tell me if your new baby has this kind of health insurance now. Does your new baby have _____?

(PROBE: What type of insurance is does your new baby have?)

Type of Insurance	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Private health insurance from your job or the job of your husband or partner				
b. Private health insurance from your parents				
c. Private health insurance from the <State> Health Insurance Marketplace or <state website> or HealthCare.gov				
d. Medicaid (or state Medicaid name)				
e. State-specific option (Other government plan or program such as SCHIP/CHIP)				
f. State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)				
g. State-specific option (TRICARE or other military health care)				
h. State-specific option (IHS or tribal)				

i. Does your new baby have some other kind of health insurance?				
j. IF YES, ASK: What is that? _____ _____				
(Interviewer: Go to the next question if answered YES to one or more types of payment listed above.)				
j. Would you say that your new baby does not have any health insurance? (Interviewer: If the mother answered that she did not have any health insurance, check YES.)				

NOTE: For the insurance questions, states should add specific plan names wherever possible.

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

NOTE: Skip H3–H4 if infant is not alive or not living with the mother (Core 31 and/or Core 32). H4 must be used with H3, but H3 can be used alone.

H3. Is your new baby in the Child Health Insurance Program, or CHIP?

- (Don't read)**
- 1 No
 - 2 Yes **Go to Question ##**
 - 8 Refused **Go to Question ##**
 - 9 Don't know/don't remember **Go to Question ##**

Validation Warnings:

Zero is not a valid response

H4. I'm going to read a list of reasons why some women do not enroll their new baby in CHIP. For each one, please tell me if it was a reason for you. Was it because _____?

(PROBE: Was this a reason you did not enroll your new baby in CHIP?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You didn't know about the program				
b. You already had insurance				
c. You didn't think he or she was eligible				
d. Is there any other reason you did not enroll your new baby in CHIP?				

e. IF YES, ASK: What is the reason?

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

NOTE: Skip H5-H7 if the baby did not have insurance (H2).

BEFORE H5, insert instruction box that says, “If the baby is not covered by health insurance, go to Question ...”

H5. Does the cost of health insurance for your new baby cause financial problems for you or your family **now**?

- (Don't Read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

H6. Do you or someone else make regular payments to pay for the health insurance you have for your new baby **now**, including having money taken out of your paycheck or your husband, partner, or parents' paycheck?

- (Don't Read)
- | | |
|---|--|
| 1 | No |
| 2 | Yes |
| | IF YES, ASK: → About how much per month? _____ (Range: 1 to 5,000 dollars) |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

H7. Do you have copayments for medical visits when you use your new baby's health insurance **now**?

- (Don't Read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

**NOTE: Skip I3 and I9 if mom indicated in I8 that she was tested during pregnancy or delivery.
I3 must be used with or I9, but I9 can be used alone.**

BEFORE I3, include instruction box stating “If mom did not have an HIV test before this pregnancy, go to Question x”

13. When were you tested **before** this pregnancy? I'm going to read a list of possible responses. Please tell me which one best describes you.

(PROBE: When were you tested for HIV **before** this pregnancy?)

- 1 You were tested less than 6 months before you got pregnant
 2 6 months to 1 year before you got pregnant
 3 More than 1 year before you got pregnant

(Don't read) 8 Refused
 9 Don't know/don't remember

Validation Warnings:
 Zero is not a valid response

I4-I6 replaced with I9
I7 is redundant of I3

18. At any time during **your most recent** pregnancy or delivery, did you have a test for HIV, the virus that causes AIDS?

(Don't read) 1 No
 2 Yes → **Go to Question x**
 8 Refused
 7 Don't know/don't remember → **Go to Question x**

19. I'm going to read a list of reasons that some people don't get tested for HIV. For each one, please tell me if it was a reason that you did not have an HIV test **during your most recent pregnancy or delivery**? Was it because _____?

(PROBE: Why didn't you have an HIV test during your most recent pregnancy or delivery?)

Reasons	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You were not offered the test?				
b. You did not want to have the test?				
c. You already knew your HIV status?				
d. You did not think you were at risk for HIV?				
e. You did not want people to think you were at risk for HIV?				
f. You were afraid of getting the result?				
g. You were tested <i>before</i> this pregnancy, and did not think you needed to be tested again?				

h. Was there some other reason why you did not have an HIV test during your most recent pregnancy or delivery?				
i. IF YES ASK: What was that? _____ _____ _____ _____				

Validation Warnings:

Zero is not a valid response

NOTE: Skip J2 if mom did not have a postpartum checkup.
--

J2. Where did you go for your postpartum checkup? I'm going to read a list of places. Please tell me which one you went to. Did you go to _____?

- 1 Your family doctor's office
 - 2 Your OB/GYN's office
 - 3 A hospital clinic
 - 4 A health department clinic
 - 5 *State-specific option*
 - 6 *State-specific option*
 - 7 Some other place
- IF YES, ASK: Where did you go? _____

- (Don't read) 8 Refused
- 9 Don't know/don't remember

NOTE: Skip J3 if mom had a postpartum checkup.

If J3 is added, the skip arrow on Core 46 should be switched from "no" to "yes"; (J2 and) Core 47 will need an instructional skip.
--

AFTER J3, add: "If the mom did not have a postpartum checkup, go to Question #...".
--

J3. I'm going to read a list of reasons why some women may not have a postpartum checkup. For each one, please tell me if it kept you from having a postpartum visit. Was it because _____?

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You didn't have health insurance to cover the cost of the visit				
b. You felt fine and did not think you needed to have a visit				
c. You couldn't get an appointment when you wanted one				
d. You didn't have any transportation to get to the clinic or doctor's office				

e. You had too many things going on				
f. You couldn't take time off from work				
g. Did you have some other reason?				
h. IF YES, ASK: What kept you from having a postpartum checkup? _____ _____ _____				

NOTE: Skip J4 if mom has not had a postpartum checkup.

J4. We would like to know how you felt about the care you got during your postpartum checkup. Were you satisfied with _____?

Thing	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. The amount of time you had to wait?				
b. The amount of time the doctor, nurse, or health care worker spent with you?				
c. The advice you got on how to take care of yourself?				
d. The understanding and respect shown toward you as a person?				

NOTE: Skip J5 if mom had a routine care visit.

If J5 is added, the skip arrow on Core 6 should be switched from "no" to "yes" and Core 7 will need an instructional skip.

AFTER J5, add: "If the mom did not have any health care visits, go to Question #..."

J5. I'm going to read a list of reasons why some women may not have any health care visits in the **12 months before** getting pregnant. For each one, tell me if it applies to you.

(**PROBE:** Why didn't you have any health care visits in the 12 months before you got pregnant with your new baby? Was it because _____?)

Place	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
You didn't have health insurance to cover the cost of the visit				
You felt fine and did not think you needed to have a visit				
You couldn't get an appointment when you wanted one				
You didn't have any transportation to get to the clinic or doctor's office				
You had too many things going on				
You couldn't take time off from work				
Did you have some other reason?				
IF YES ASK: What was that? _____ _____				

NOTE: Skip K1 if mother has not had a previous infant born alive (FF5 if used)

K1. **Before** you had your new baby, did you ever have a baby by cesarean delivery or c-section, when a doctor cuts through the mother's belly to bring out the baby?

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

K3. Please tell me which one of the following statements best describes how your new baby was delivered.
(**PROBE:** How was your new baby delivered?)

- 1 You delivered vaginally
- 2 You had a cesarean delivery or c-section

- (Don't read)
- 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

NOTE: Skip K4 if mother did not have prenatal care (Core 17).

K4. Please tell me which **one** of the following statements best describes how the doctor, nurse, or other health care worker who provided your prenatal care suggested you deliver your new baby.

(PROBE: How did the doctor, nurse, or other health care worker who provided your prenatal care suggest you delivery your new baby?)

- 1 He or she suggested you deliver your baby vaginally, or naturally
- 2 He or she suggested you have a cesarean delivery or c-section
- 3 He or she didn't suggest how you deliver your baby

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

NOTE: If using K5 with K14, drop the last answer option (mom didn't have baby in the hospital) and add a skip arrow to K14.

K5. After you were **admitted** to the hospital to deliver your new baby, were you transferred to another hospital **before** your baby was born?

(Don't read) 1 No
2 Yes
3 Your baby was not born in a hospital

8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

NOTE: Skip K6 and K7 if the mother did not have a cesarean delivery for her new baby (K3). K6 and K7 must be used with K3, but K3 may be used alone.

K6. Please tell me which one of the following statements **best** describes whose idea it was for you to have a cesarean delivery or c-section.

- 1 Your health care provider recommended a cesarean delivery **before** you went into labor
- 2 Your health care provider recommended a cesarean delivery while you were in labor
- 3 You asked for the cesarean delivery

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

K7. I'm going to read a list of reasons why some babies are born by cesarean delivery or c-section. For each one, please tell me if it was a reason that your new baby was born by cesarean delivery or c-section. Was it because _____?

(PROBE: Was your *new* baby born by cesarean delivery because _____?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You had a previous cesarean delivery or c-section				
b. Your baby was in the wrong position, such as breech				
c. You were past your due date				
d. Your health care provider worried that your baby was too big				
e. You had a medical condition that made labor dangerous for you, such as a heart condition or physical disability				
f. You had a complication in your pregnancy, such as pre-eclampsia, placental problems, infection or preterm labor				
g. Your health care provider tried to induce your labor, but it didn't work				
h. Labor was taking too long				
i. The fetal monitor showed that your baby was having problems before or during labor or fetal distress				
j. You wanted to schedule your delivery				
k. You didn't want to have your baby vaginally				
l. Was there any other reason?				
m. IF YES, ASK: What was the reason? _____ _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

K8. Had you planned or scheduled a caesarean delivery or c-section at least one week before your new baby was born?

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

NOTE: K10 needs K9, but K9 can be used alone.

K9. Did your doctor, nurse, or other health care worker try to induce your labor, or start your contractions using medicine?

- (Don't read)**
- 1 No ☐ **Go to Question ##**
- 2 Yes
- 7 Don't know/don't remember ☐ **Go to Question ##**
- 8 Refused ☐ **Go to Question ##**

Validation Warnings:

Zero is not a valid response

K10. I'm going to read a list of reasons why a doctor, nurse, or other health care worker might try to induce labor, or start your contractions using medicine. For each one, please tell me if it was a reason for you. Was it because _____?

(PROBE: Was your doctor, nurse, or other health care worker trying to induce your labor because _____?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your water broke and there was a fear of infection				
b. You were past your due date				
c. Your health care provider worried about the size of the baby				
d. Your baby was not doing well and needed to be born				
e. You had a complication in your pregnancy such as low amniotic fluid or pre-eclampsia				
f. You wanted to schedule your delivery				
g. You wanted to give birth with a specific health care provider				
h. Was there any other reason?				
i. IF YES, ASK: What was the reason? _____ _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

NOTE: Skip K11-K12 if the baby was not born in the hospital (Core 31).

Add a skip arrow to Core 31 response options “baby was not born in a hospital” if K11 and/or K12 is inserted.

K11. After your baby was born, was he or she transferred to another hospital?

- (Don't read)**
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

K12. After your baby was born, were you transferred to another hospital?

- (Don't read)**
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

K13. On what date was your baby due?

(PROBE: When was your baby due?)

(Don't read) _____ / _____ / 20_____ [Range: Surveillance year or +/- year]
 Month Day Year

- | | |
|------------|---------------------------|
| 88/88/8888 | Refused |
| 99/99/9999 | Don't know/don't remember |

Validation Warnings:

Month/Day/Year: Zero is not a valid response

Year: Year falls outside the allowable range.

K14. On what date did you go into the hospital to have your baby?

(PROBE: When did you go into the hospital to have your baby?)

(Don't read) _____ / _____ / 20_____ [Range: Surveillance year or - year]
 Month Day Year

- | | |
|-------------|---|
| 76/76//7676 | You didn't have your baby in a hospital |
| 88/88/8888 | Refused |
| 99/99/9999 | Don't know/don't remember |

Validation Warnings:

Month/Day/Year: Zero is not a valid response

Year: Year must be previous or current birth year.

Validation Warnings:

Zero is not a valid response

L4. Have you ever taken medicine on a regular basis to control seizures or epilepsy?

- (Don't read)
- | | | |
|---|---------------------------|-------------------|
| 1 | No | Go to Question ## |
| 2 | Yes | |
| 8 | Refused | Go to Question ## |
| 9 | Don't know/don't remember | Go to Question ## |

Validation Warnings:

Zero is not a valid response

NOTE: Skip L5-L7 if mother has never taken medicine to control seizures or epilepsy (L4). L5-L7 need L4, but L4 can be used alone.

L5. During *your most recent* pregnancy, did you take medicine on a regular basis to control seizures or epilepsy?

- (Don't read)
- | | | |
|---|---------------------------|-------------------|
| 1 | No | Go to Question ## |
| 2 | Yes | |
| 8 | Refused | Go to Question ## |
| 9 | Don't know/don't remember | Go to Question ## |

Validation Warnings:

Zero is not a valid response

NOTE: L6 and L7 need L5, but L5 can be used alone.

L6. Please tell me which one of the following statements best describes when you started taking the medicine.

(PROBE: When did you start taking the medicine?)

- | | |
|---|--|
| 1 | You started taking the medicine during your pregnancy |
| 2 | You started taking the medicine in the year before you got pregnant |
| 3 | You started taking the medicine more than a year before you got pregnant |

- (Don't read)
- | | |
|---|---------------------------|
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

L7. How many seizures did you experience during *your most recent* pregnancy?

- (Don't read)
- | | |
|---|---------------------------|
| 0 | None |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 or more |
| 8 | Refused |
| 9 | Don't know/don't remember |

L9 is part of Phase 8, Core 47

L10. **Before** you got pregnant, would you say that, in general, your health was excellent, very good, good, fair, or poor?

(PROBE: In general, how would you say your health was before you got pregnant?)

- (Don't read)**
- | | |
|---|---------------------------|
| 1 | Excellent |
| 2 | Very good |
| 3 | Good |
| 4 | Fair |
| 5 | Poor |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

Response options for L11 will now be added directly to Core 4 if this question is selected.
(Recommended minimum grouping for selecting L11 includes options a, e, & f.)

L11. I'm going to read a list of health conditions. For each one, please tell me if you had it during the **3 months before** you got pregnant with your new baby. Did you have _____?

(PROBE: _____ During the **3 months before** you got pregnant with your new baby, did you have _____?)

Condition	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Asthma				
b. Anemia, poor blood, or low iron				
c. Heart problems				
d. Epilepsy or seizures				
e. Thyroid problems				
f. PCOS or polycystic ovarian syndrome				
g. Anxiety				

Validation Warnings:

Zero is not a valid response

NOTE: Skip L14 if mother got a flu shot (Core 16).

Add skip arrows to both "yes" response options on Core 16 if L14 is inserted.

L14. I'm going to read a list of reasons some women don't get a flu shot. For each one, please tell me if it was a reason for you **not** getting a flu shot during the **12 months before the delivery** of your new baby. Was it because

_____?

(PROBE: Did you not get a flu shot because _____?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your doctor didn't mention anything about a flu shot				
b. You were worried about side effects of the flu shot for yourself				
c. You were worried that the flu shot might harm your baby				
d. You were not worried about getting sick with the flu				
e. You don't think the flu shot works				
f. You don't normally get a flu shot				
g. Was there any other reason you did not get a flu shot during the 12 months before the delivery of your new baby?				
h. IF YES, ASK: What was that reason? _____ _____				

Validation Warnings:

Zero is not a valid response

L15. Have you ever had a flu shot?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

L16 is part of Phase 8, Core 47

NOTE: Skip L18 if health care worker didn't talk with mother about preparing for pregnancy (L27). L27 must be used before L18.

L17 was incorporated into Core 8; a modified version to serve as a filter for L18 was developed and named L27.

L18. I'm going to read a list of things about preparing for pregnancy that might have been talked about **before** your pregnancy. For each thing, please tell me if a doctor, nurse, or other health care worker talked with you about it **before** you got pregnant with your **new** baby. Please count only discussions, not reading materials or videos. Did someone talk with you about _____?

(PROBE: **Before** you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about _____?)

Things	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Getting your vaccines updated before pregnancy				
b. Visiting a dentist or dental hygienist before pregnancy				
c. Getting counseling for any genetic diseases that run in your family				
d. Getting counseling or treatment for depression or anxiety				
e. The safety of using prescription or over-the-counter medicines during pregnancy				
f. How smoking during pregnancy can affect a baby				
g. How drinking alcohol during pregnancy can affect a baby				
h. How using illegal drugs during pregnancy can affect a baby				

Validation Warnings:

Zero is not a valid response

NOTE: Skip L19 if mother did not get a flu shot (Core 16).

L19. Where did you get your flu shot? I'm going to read a list of options, please tell me which one applies to you. Did you get your flu shot at _____?

(PROBE: Can you tell me where you went to get your flu shot? Was it _____?)

- 1 Your obstetrician or gynecologist's office
- 2 Your family doctor or other doctor's office
- 3 A health department or community clinic
- 4 A hospital
- 5 A pharmacy, drug store, or grocery store
- 6 Your work place or school
- 7 Some other place:

IF YES, ASK: Where was that? _____

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

L20. At any time during **your most recent** pregnancy, were you sick with a fever?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

L21. At any time during **your most recent** pregnancy, did a doctor, nurse or other health care worker tell you that you had the flu?

- (Don't read)
- | | |
|---|--|
| 1 | No →Go to Question ## |
| 2 | Yes |
| 8 | Refused →Go to Question ## |
| 9 | Don't know/don't remember →Go to Question ## |

Validation Warnings:

Zero is not a valid response

NOTE: Skip L22 and L23 if mother was not told by a health care worker that she had the flu (L21).

L22. Were you hospitalized for the flu during **your most recent** pregnancy?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

L23. Did you take a medicine prescribed by your doctor or other health care worker called Tamiflu® or oseltamivir, or an inhaled medicine called Relenza® or zanamivir **during** your pregnancy to treat the flu?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

L24. (MODIFIED) During **your most recent** pregnancy, did you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis, or whooping cough.

- (Don't read) 1 No
 2 Yes
 8 Refused
 7 Don't know / don't remember

Validation Warnings:

Zero is not a valid response

L26. I'm going to read a list of activities. For each one, please tell me if you did it at any time during the **12 months before** you got pregnant with your new baby. Did you _____?

(PROBE: At any time during the **12 months before** you got pregnant with your new baby, did you _____?)

Activity	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Diet or change your eating habits to lose weight				
b. Exercise 3 or more days of the week for fitness outside of your regular job				
c. Regularly take prescription medicines other than birth control				
d. Visit a health care worker and get checked for diabetes				
e. Talk to a health care worker about your family medical history				

Validation Warnings:

Zero is not a valid response

L27. (Modified L17) **Before** you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about preparing for a pregnancy?

- (Don't read) 1 No
 2 Yes
 8 Refused
 9 Don't know/don't remember

L28. **Since your new baby was born**, have you been told that you have thyroid problems by a doctor, nurse, or other health care worker?

- (Don't read) 1 No → Go to Question x
 2 Yes

- 8 Refused → Go to Question x
- 9 Don't know/don't remember → Go to Question x

L29. What kind of thyroid problems do you have? Is it _____

(PROBE: Can you tell me what kind of thyroid problems you have?)

- 1 Hypothyroidism, or underactive thyroid
- 2 Hyperthyroidism, or overactive thyroid
- 3 Both hypothyroidism and hyperthyroidism
- 4 Some other problem

IF YES, ASK: What is that? _____

- (Don't read)
- 8 Refused
 - 7 Don't know/don't remember

L30. Have you ever had any of the following health problems? I'm going to read several conditions. For each one, please tell me if you have had it. Have you had _____?

Condition	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Irregular periods or menstruation				
b. Skin condition that causes pimples or acne				
c. Increased hair growth on the face, chest, or other parts of the body				
d. Being overweight or obese				

L31. Have you ever been told that you have Polycystic Ovarian Syndrome or PCOS by a doctor, nurse, or other health care worker?

- (Don't read)
- 1 No → Go to Question x
 - 2 Yes
 - 8 Refused
 - 7 Don't know → Go to Question x

L32. I'm going to read a list of ways that your doctor, nurse, or other health care worker may have found out that you had Polycystic Ovarian Syndrome, or PCOS. For each one, tell me if it applies to you.

(PROBE: Which of the following things determined that you had PCOS or Polycystic Ovarian Syndrome?)

Ways	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Ultrasound of your abdomen and pelvis?				
b. Blood tests including measurements of hormones?				
c. Because of your irregular periods?				
d. Because of your skin condition or acne?				
e. Because of the increased hair growth on your body?				
f. Because of your weight?				
g. Some other way?				
h. IF YES, ASK: What is that				

M2. At any time during **your most recent** pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about “baby blues” or postpartum depression?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

M3 has been added to Core 18

Note: Skip M4 if mom does not indicate she had depression in Core 18. (Q18, item c)

BEFORE M4, add instruction: “If mom had depression during her most recent pregnancy, go to Question #*. Otherwise, go to Question #.” (*this being the next question inserted—M4)

M4. At any time during **your most recent** pregnancy, did you **ask for help** for depression from a doctor, nurse, or other health care worker?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

M5. **Since your new baby was born**, has a doctor, nurse, or other health care worker **told you that you had** depression?

- (Don't read) 1 No → Go to Question ##
 2 Yes
 8 Refused → Go to Question ##
 9 Don't know/don't remember → Go to Question ##

Validation Warnings:

Zero is not a valid response

M6. **Since your new baby was born**, have you **asked for help** for depression from a doctor, nurse, or other health care worker?

- (Don't read) 1 No
 2 Yes
 8 Refused
 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

M7. Please tell me which **one** of the following best describes how you felt during **your most recent** pregnancy. Was it _____?

(PROBE: Repeat question as necessary.)

- 1 One of the happiest times of your life
 2 A happy time with few problems
 3 A moderately hard time
 4 A very hard time
 5 One of the worst times of your life

- (Don't read) 8 Refused
 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

Note: Skip M8 and M9 if mom does not indicate she had depression in Core 18, item c.

BEFORE M9/M8, add instruction: "If mom had depression during her most recent pregnancy, go to Question #*. Otherwise, go to Question #." (*this being the next question inserted—M9 or M8

M8. At any time during **your most recent** pregnancy, did you take prescription medicine for your depression?

- (Don't read) 1 No
 2 Yes
 8 Refused
 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

M9. At any time during **your most recent** pregnancy, did you get counseling for your depression?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

Note: M10 and M11 need M5, but M5 can be used alone. Skip M10 and M11 if M5=no.

M10. **Since your new baby was born**, have you taken prescription medicine for your depression?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

M11. **Since your new baby was born**, have you gotten counseling for your depression?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

Note: M12 and M21 must be used together.

M12. **Since your new baby was born**, how often have you felt panicky? Would you say that it's been always, often, sometimes, rarely or never?

(PROBE: Repeat question as necessary.)

- (Don't read)
- | | |
|---|---------------------------|
| 1 | Always |
| 2 | Often |
| 3 | Sometimes |
| 4 | Rarely |
| 5 | Never |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

M13. At any time during **your most recent** pregnancy, did a doctor, nurse, or other health care worker **tell you that you had** anxiety?

- (Don't read) 1 No ☐ **Go to Question ##**
 2 Yes
 8 Refused ☐ **Go to Question ##**
 9 Don't know/don't remember ☐ **Go to Question ##**

Validation Warnings:

Zero is not a valid response

M14. At any time during **your most recent** pregnancy, did you **ask for help** for anxiety from a doctor, nurse, or other health care worker?

- (Don't read) 1 No
 2 Yes
 8 Refused
 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

M15. **Since your new baby was born**, has a doctor, nurse, or other health care worker **told you that you had** anxiety?

- (Don't read) 1 No ☐ **Go to Question ##**
 2 Yes
 8 Refused ☐ **Go to Question ##**
 9 Don't know/don't remember ☐ **Go to Question ##**

Validation Warnings:

Zero is not a valid response

M16. **Since your new baby was born**, have you **asked for help** for anxiety from a doctor, nurse, or other health care worker?

- (Don't read) 1 No
 2 Yes
 8 Refused
 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

Note: M17 and M18 need M13, but M13 can be used alone.

M17. At any time during **your most recent** pregnancy, did you take prescription medicine for your anxiety?

- (Don't read) 1 No
 2 Yes
 8 Refused
 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

M18. At any time during **your most recent** pregnancy, did you get counseling for your anxiety?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

Note: M19 and M20 need M15, but M15 can be used alone.

M19. **Since your new baby was born**, have you taken prescription medicine for your anxiety?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

M20. **Since your new baby was born**, have you gotten counseling for your anxiety?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

Note: M21 must be used with M12.

M21. **Since your new baby was born**, how often have you felt restless? Would you say that it's been always, often, sometimes, rarely or never?

(PROBE: Repeat question as necessary.)

- (Don't read)
- | | |
|---|---------------------------|
| 1 | Always |
| 2 | Often |
| 3 | Sometimes |
| 4 | Rarely |
| 5 | Never |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

N1. At any time during **your most recent** pregnancy, did a doctor, nurse, or other health care worker tell you to stay in bed for at least 1 week?

- (Don't read) 1 No **Go to Question ##**
 2 Yes
 8 Refused **Go to Question ##**
 9 Don't know/don't remember **Go to Question ##**

Validation Warnings:

Zero is not a valid response

NOTE: N2 needs N1, but N1 can be used alone.

N2. How many weeks or months pregnant were you when you were told to stay in bed?

- (Don't read) 11 Number of weeks _____ (Range: 1-40 weeks)
 or
 2 Number of months _____ (Range: 1-9 months)
 8 88 Refused
 9 99 Don't know/don't remember

Validation Warnings:

Bed Rest unit: Zero is not a valid response

Weeks/Months: Zero is not a valid response

Weeks/Months: 99 is the only valid response if Best Rest unit = 9

NOTE: N3 needs N1, but N1 can be used alone.

N3. How often were you able to follow your provider's instruction to stay in bed? Was it always, often, sometimes, rarely, or never?

(PROBE: Repeat question as necessary.)

- (Don't read) 1 Always **Go to Question ##**
 2 Often **Go to Question ##**
 3 Sometimes
 4 Rarely
 5 Never
 8 Refused **Go to Question ##**
 9 Don't know/don't remember **Go to Question ##**

Validation Warnings:

Zero is not a valid response

NOTE: N4 needs N3, but N3 can be used alone.

N4. I'm going to read some types of support that help some women stay in bed for the recommended time. For each one, please tell me if it would have helped you.

(PROBE: Repeat question as necessary.)

Kind of help	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Help with child care				
b. Help with housework				
c. Knowing you wouldn't lose your job				
d. Money to make up for not working				
e. Are there any other types of support that would have helped you stay in bed for the recommended time?				
f. IF YES, ASK: What is that? _____				

Validation Warnings:

Zero is not a valid response

- N5. During ***your most recent*** pregnancy, did a doctor, nurse, or other health care worker give ***you*** a series of weekly shots of a medicine called progesterone, Makena[®], or 17P or 17 alpha-hydroxyprogesterone to try to keep your new baby from being born too early?

(Don't read) 1 No
2 Yes
8 Refused
7 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

NOTE: Skip N6-N7 if the mother did not have gestational diabetes during this pregnancy (Core 18, item a).

BEFORE N6/N7, add instruction that says, "If mom had gestational diabetes during her most recent pregnancy, go to Question #*. Otherwise, go to Question #." (*being the next question inserted—N6 or N7)

- N6. During ***your most recent*** pregnancy, when you were told that you had gestational diabetes, did the doctor, nurse, or other health care worker tell you to make an appointment with a different doctor because of your gestational diabetes?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

N7. I'm going to read a list of things that a doctor, nurse or other health care worker might have done when you were told that you had gestational diabetes during **your most recent** pregnancy. For each one, please tell me if it applies to you. Did a doctor, nurse or other health care worker _____?

(PROBE: During **your most recent** pregnancy, did a doctor, nurse or other health care worker _____?)

Things	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Refer you to a nutritionist				
b. Talk to you about the importance of exercise				
c. Talk to you about getting to and staying at a healthy weight after delivery				
d. Suggest that you breastfeed your new baby				
e. Talk to you about your risk for Type 2 diabetes				

Validation Warnings:

Zero is not a valid response

NOTE: Skip N8 if mother did not have any problems during this pregnancy (N9), so N8 needs N9 but N9 can be used alone.

BEFORE N8, insert instruction box that says, "If the mother did not have any of the problems listed above, go to Question ##."

Validation Warnings:

Zero is not a valid response

N8b. Did you go to the hospital or emergency room because of any of the problems that I just mentioned?

(Don't read) 1 No □ **Go to Question ##**
 2 Yes
 8 Refused □ **Go to Question ##**
 9 Don't know/don't remember □ **Go to Question ##**

Validation Warnings:

Zero is not a valid response

N8c. How many times did you go to the hospital or emergency room because of the problem(s)?

(Don't read) 1 1 time
 2 2 times
 3 3 times
 4 4 or more times
 8 Refused
 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

N9. I'm going to read a list of problems that women may have during pregnancy. For each one, please tell me if you experienced it during **your most recent** pregnancy. Did you have _____?

(PROBE: Did you have _____ during **your most recent** pregnancy?)

Problem	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Vaginal bleeding				
b. Kidney or bladder or urinary tract infection				
c. Severe nausea, vomiting, or dehydration that sent you to the doctor or hospital				
d. Did your cervix have to be sewn shut, also known as cerclage for incompetent cervix?				
e. Problems with the placenta, such as abruptio placentae or placenta previa				
f. Labor pains more than 3 weeks before your baby was due, or preterm or early labor				
g. Did your water break more than 3 weeks before your baby was due, also known as preterm premature rupture of membranes or PPRM?				
h. Did you have a blood transfusion?				
i. Were you hurt in a car accident?				

Validation Warnings:

Zero is not a valid response

O1. **Since your new baby was born**, have you had any medical problems that caused you to go to the hospital and stay overnight?

(Don't read) 1 No □ **Go to Question ##**
 2 Yes
 8 Refused □ **Go to Question ##**
 9 Don't know/don't remember □ **Go to Question ##**

Validation Warnings:

Zero is not a valid response

NOTE: O2 and O3 need O1, but O1 can be used alone.

O2. On what date did you **first** have to go into the hospital and stay overnight after you had your new baby?

(PROBE: When was the **first** time you had to go into the hospital and stay overnight after you had your new baby?)

(Don't read) ____ / ____ / ____ (Range: Surveillance year or surveillance year +1)
 Month Day Year

88/88/8888 Refused
 77/77/7777 Don't know/don't remember

Validation Warnings:

Month/Day/Year: Zero is not a valid response

Year: Please re-enter 9999 for DK/Blank or Don't remember (data entry was 3333)

Year: Year must be within the last two years.

- O3. I'm going to read a list of medical problems that cause some women to be hospitalized after their babies are born. For each one, please tell me if it was a problem for you. Did you go into the hospital because of _____?

(PROBE: What kind of medical problem caused you to go into the hospital?)

Problem	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Vaginal bleeding				
b. Fever or infection				
c. Was there another medical problem that caused you to go into the hospital?				
d. IF YES, ASK: What was the problem? _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

- O4. **Since your new baby was born**, have you been tested for diabetes or high blood sugar?

(Don't read) 1 No **Go to Question ##**
 2 Yes
 8 Refused **Go to Question ##**
 9 Don't know/don't remember **Go to Question ##**

Validation Warnings:

Zero is not a valid response

NOTE: O5 needs O4, but O4 can be used alone.

- O5. **Since your new baby was born**, did a doctor, nurse, or other health care worker tell you that you had diabetes?

(Don't read) 1 No
 2 Yes **Go to Question ##**
 8 Refused **Go to Question ##**
 9 Don't know/don't remember **Go to Question ##**

Validation Warnings:

Zero is not a valid response

NOTE: O6 needs both O4 and O5.

O6. Did a doctor, nurse, or other health care worker tell you that you had prediabetes, borderline diabetes or high blood sugar?

- (Don't read)**
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

P1. When you got pregnant, did your new baby's father live with you?

- (Don't read)**
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

P2. Please tell me which **one** of the following best describes your relationship with your new baby's father when you got pregnant. Was your new baby's father _____?

(PROBE: When you got pregnant, what relationship did you have with your new baby's father?)

- | | |
|---|--|
| 1 | Your husband; you were legally married |
| 2 | Your partner; you were not legally married |
| 3 | Your boyfriend |
| 4 | A friend |
| 5 | Someone else |
- IF YES, ASK: What relationship did you have? _____

- (Don't read)**
- | | |
|---|---------------------------|
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

P3. I'm going to read a list of people who might have lived in the same house with you when you got pregnant with your new baby. For each one, please tell me if they lived with you then.

(PROBE: Did _____ live in the same house with you when you got pregnant with your new baby?)

Person	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your husband or partner				

b. Children less than 12 months old ☐ IF YES, ASK: How many? _____ (Range: 0-20)				
c. Children 1 year to 5 years old ☐ IF YES, ASK: How many? _____ (Range: 0-20)				
d. Children 6 years old and over ☐ IF YES, ASK: How many? _____ (Range: 0-20)				
e. Your mother				
f. Your father				
g. Your husband's or partner's parents				
h. A friend or roommate				
i. Other family member or relative				
j. Did anyone else live with you when you got pregnant with your new baby?				
k. IF YES, ASK: Who lived with you? _____ _____				
l. IF NONE OF ABOVE IS 'YES', ASK: Did you live alone?				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

P4. I'm going to read a list of people who might live in the same house with you **now**. For each one, please tell me if they live with you **now**.

(PROBE: Does _____ live in the same house with you **now**?)

Person	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your husband or partner				
b. Children less than 12 months old □ IF YES, ASK: How many? _____ (Range: 0-20)				
c. Children 1 year to 5 years old □ IF YES, ASK: How many? _____ (Range: 0-20)				
d. Children 6 years old and over □ IF YES, ASK: How many? _____ (Range: 0-20)				
e. Your mother				
f. Your father				
g. Your husband's or partner's parents				
h. A friend or roommate				
i. Other family member or relative				
j. Does anyone else live with you now?				
k. IF YES, ASK: Who is that? _____ _____				
l. IF NONE OF ABOVE IS 'YES', ASK: Do you live alone?				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

P5. Do you have a husband or partner who lives with you **now**?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

P6. **When you got pregnant**, how old was your new baby's father?

(Don't read) _____ Years old (Range: 10-65)

77 I don't know

88 Refused

Validation Warnings:

Zero is not a valid response

P7. How old were you when you had your first menstrual period?

(Don't read) _____ Years old (Range: 8 - 20)

88 Refused

99 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

P8. How old were you when you got pregnant for the **first** time?

(Don't read) _____ Years old (Range: 10 - 55)

88 Refused

99 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

P9. Do you have a telephone in your home that has been working or in service for the **past month**?

(Don't read) 1 No **Go to Question ##**

2 Yes

8 Refused **Go to Question ##**

9 Don't know/don't remember **Go to Question ##**

Validation Warnings:

Zero is not a valid response

Note: P10 needs P9, but P9 can be used alone.

P10. Please tell me which **one** of the following statements best describes the way your telephone number is listed in the most recent telephone book.

1 It is listed under your last name and current address

2 It is unlisted

3 It is listed under another name or address

(Don't read) 8 Refused

9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

P11. Please tell me which of the following rooms are in the house, apartment, or trailer where you live. Do you have a _____?

Room	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Living room				
b. Separate dining room				
c. Kitchen				
d. Bathroom(s)				
e. Recreation room, den, or family room				
f. Finished basement				
g. Do you have any bedroom(s)? IF YES, ASK: How many? _____ (Range: 1-10)				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

P12. We would like to know how many people live in your house, apartment, or trailer, **counting yourself**.

a. How many adults aged 18 years or older live in your house, apartment, or trailer?

(Don't read) Number of adults _____ (Range: 0-15)

88 Refused

99 Don't know/don't remember

b. How many babies, children, or teenagers aged 17 years or younger live in your house, apartment, or trailer?

(Don't read) Number of children _____ (Range: 0-15)

88 Refused

99 Don't know/don't remember

Validation Warnings:

No validation currently exists for this question

NOTE: P13a and P13b do not have to be used together.

BEFORE P13b, insert instruction box that says, "If mom doesn't have complete plumbing facilities in her home, go to Question ##."

P13a. I'm going to read a list of utilities. For each one, please tell me if you have that utility in your house, apartment, or trailer. Do you have _____?

(PROBE: Repeat question as necessary.)

Utility	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Complete plumbing facilities, including hot and cold running water, a flush toilet, and a bathtub or shower				
b. Electricity				
c. A telephone from which you can make and receive calls, including cell phones				

Validation Warnings:

Zero is not a valid response

P13b. Do you get the water you use in your house, apartment, or trailer from a city or county water supply or from a private well?

(Don't read) 1 City or county water supply
2 Private well
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

P14. During the **12 months before** your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

P15. During the **12 months before** your new baby was born, how often did you feel unsafe in the neighborhood where you lived? Did you feel unsafe always, often, sometimes, rarely, or never?

(Don't read) 1 Always
2 Often
3 Sometimes
4 Rarely → Go to Question ##
5 Never → Go to Question ##

8 Refused → Go to Question ##
9 Don't know/don't remember → Go to Question ##

Validation Warnings:

Zero is not a valid response

Note: P16 needs P15, but P15 can be used alone.

P16. I'm going to read a list of things that may have happened during the **12 months before** your new baby was born. For each one, please tell me whether it was something you did because you felt it was unsafe to leave or return to the neighborhood where you lived. Did you _____?

(PROBE: During the *12 months before* your new baby was born, did you _____ because you felt it was unsafe to leave or return to the neighborhood where you lived?)

Activity	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Miss doctor or other appointments				
b. Limit grocery or other shopping				
c. Stay with other family members or friends				

Validation Warnings:

Zero is not a valid response

P17. During the **12 months before** your new baby was born, did you ever get emergency food from a church, a food pantry, or a food bank, or eat in a food kitchen?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

P18. I'm going to read a list of sources of income. For each one, please tell me if any of your household's income came from that source during the **12 months before** your new baby was born. Did you or anyone in your household get _____?

(PROBE: Did anyone in your household get _____?)

Source of Income	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Money from family or friends				
b. Money from a business, fees, dividends, or rental income				
c. A paycheck or money from a job				
d. Food stamps or WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children				
e. Aid such as Temporary Assistance for Needy Families, or TANF, welfare, public assistance, general assistance or Supplemental Security Income or SSI				

f. Unemployment benefits				
g. Child support or alimony				
h. Social security, workers' compensation, disability, veteran benefits, or pensions				
i. Did you or anyone in your household get money from any other sources?				
j. IF YES, ASK: What were these sources? _____ _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

P19. I'm going to read a list of things that may have happened during the **12 months before** your new baby was born. For each one, please tell me if it happened to you. It may help to look at the calendar.

(PROBE: During the **12 months before** your new baby was born, _____?)

Item	(Don't read)			
			Refuse Don't know (8)	
a. Did a close family member get very sick and have to go into the hospital?				
b. Did you get separated or divorced from your husband or partner?				
c. Did you move to a new address?				
d. Were you homeless or did you have to sleep outside, in a car, or in a shelter?				
e. Did your husband or partner lose their job?				
f. Did you lose your job even though you wanted to go on working?				
g. Did you or your husband or partner have a cut in work hours or pay?				
h. Were you apart from your husband or partner due to military deployment or extended work-related travel?				
i. Did you argue with your husband or partner more than usual?				
j. Did your husband or partner say they didn't want you to be pregnant?				
k. Did you have problems paying the rent, mortgage, or other bills?				
l. Did your husband, partner or you go to jail?				
m. Did someone very close to you have a problem with drinking or drugs?				
n. Did someone very close to you die?				

Validation Warnings:

Zero is not a valid response

Q1. Which of the following statements best describes you during the **3 months before** you got pregnant with your new baby?

- 1 You were trying to get pregnant
- 2 You were trying to keep from getting pregnant but were not trying very hard
- 3 You were trying hard to keep from getting pregnant

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

Q2. Please tell me which one of the following statements best describes your husband or partner during the **3 months before** you got pregnant with your new baby? Did your husband or partner—

- 1 Want you to get pregnant
- 2 Partly want you to get pregnant and partly wanted you not to get pregnant
- 3 Not care one way or the other whether you got pregnant
- 4 Not especially want you to get pregnant
- 5 Want very much for you not to get pregnant

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

Q3. Thinking back to **just before** you got pregnant with your new baby, how did your husband or partner feel about your becoming pregnant? Would you say your husband or partner—

(PROBE: *Just before* you got pregnant with your new baby, how did your husband or partner feel about your becoming pregnant?)

- 1 Wanted you to be pregnant sooner
- 2 Wanted you to be pregnant later
- 3 Wanted you to be pregnant then
- 4 Didn't want you to be pregnant then or at any time in the future
- 5 You don't know
- 6 You didn't have a husband or partner

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

NOTE: Skip Q4 if mom wanted to be pregnant sooner, then, not then or any time in future, or if she wasn't sure (Core 12). Add a skip arrow to Core Q12 for the last four responses.

Q4. Please tell me which **one** of the following statements best describes how much longer you wanted to wait to become pregnant.

(PROBE: How much longer did you want to wait?)

- 1 You wanted to wait less than 1 year
- 2 1 year to less than 2 years
- 3 2 years to less than 3 years
- 4 3 years to 5 years
- 5 You wanted to wait more than 5 years

(Don't read) 8 Refused
9 Don't know/don't remember

Q5. I'm going to read a list of feelings and concerns women sometimes have about becoming pregnant. For each one, please tell me if you had that feeling or concern when you found out you were pregnant with your new baby.

(PROBE: When you found out you were pregnant with your new baby, _____?)

Feeling	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Were you worried that you didn't know enough about how to take care of a baby				
b. Did you think a new baby would keep you from doing the things you were used to doing, like working, going to school, or going out				
c. Did you look forward to teaching and caring for a new baby				
d. Did you look forward to the new experiences that having a baby would bring				
e. Did you look forward to telling your friends that you were pregnant				
f. Were you worried that you didn't have enough money to take care of a baby				
g. Did you not look forward to telling your friends that you were pregnant				
h. Did you look forward to buying things for a new baby				

Validation Warnings:

Zero is not a valid response

Q6. Please tell me which **one** of the following statements best describes how you felt when you found out you were pregnant with your new baby. Were you _____?

- 1 Very unhappy to be pregnant
- 2 Unhappy to be pregnant
- 3 Not sure how you felt
- 4 Happy to be pregnant
- 5 Very happy to be pregnant

- (Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

NOTE: Skip Q7 if mother was not trying to get pregnant (E5).

AFTER Q7, insert instruction box that says, "If the mother was trying to get pregnant when she got pregnant with her new baby, go to Question ##."

Q7. How many months had you been trying to get pregnant? Do not count long periods of time when you and your partner were apart or not having sex. Were you trying for _____?

- 1 0 to 3 months
- 2 4 to 6 months
- 3 7 to 12 months
- 4 13 to 24 months
- 5 More than 24 months

- (Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

NOTE: Skip R1-R18 if mother had no prenatal care (Core 13).

R1. We would like to know how you felt about the prenatal care you got during **your most recent** pregnancy. If you went to more than one place for prenatal care, answer for the place where you got **most** of your care. Were you satisfied with _____?

Prenatal Care	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. The amount of time you had to wait				
b. The amount of time the doctor, nurse, or midwife spent with you				
c. The advice you got on how to take care of yourself				
d. The understanding and respect shown toward you as a person				

R2 is combined with Core 14.

R3-R5 combined and promoted to core.

R6. Have you ever heard of the bacteria Group B Strep or Beta Strep that mothers can pass to their newborns during birth?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

R7. ***During any of your prenatal care visits***, did a doctor, nurse, or other health care worker talk with you about the bacteria Group B Strep or Beta Strep?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

R8. At any time during ***your most recent*** pregnancy, did you get tested for the bacteria Group B Strep or Beta Strep?

(Don't read) 1 No
2 Yes
8 Refused
7 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

R9. ***During any of your prenatal care visits***, did a doctor, nurse, or other health care worker talk with you about getting your blood tested for the disease called toxoplasmosis?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

R10. **During any of your prenatal care visits**, did a doctor, nurse, or other health care worker talk with you about any of the following things? *Please count only discussions, not reading materials or videos.* Did someone talk with you about _____?

(PROBE: During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about _____?)

Food Safety Item	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Not touching your mouth or eyes while handling raw meat				
b. Cooking meat to "well done"				
c. Washing hands and utensils after handling raw meat				
d. Washing hands after contact with soil, sand, litter, or any other material that may be contaminated with cat feces				
e. Not feeding cats raw or undercooked meat				

Validation Warnings:

Zero is not a valid response

R11. At any time during **your most recent** pregnancy, did you have a blood test for the disease called toxoplasmosis?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

R12. **During any of your prenatal care visits**, did a doctor, nurse, or other health care worker talk with you about taking multivitamins, prenatal vitamins, or folic acid vitamins **during your pregnancy**?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

R13. At any time during **your most recent** pregnancy, did your regular prenatal care provider ask you to see a **specialist doctor** for help with any health problems?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

R14. **During any of your prenatal care visits**, did a doctor, nurse, or other health care worker talk with you about how eating fish containing high levels of mercury could affect your baby?

- (Don't read)**
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

R15. Please tell me which **one** of the following places best describes where you went **most of the time** for your prenatal care visits. Don't include visits for WIC. Was it _____?

(PROBE: Which place did you go **most of the time**?)

- 1 A private doctor's office
- 2 A hospital clinic
- 3 A health department clinic
- 4 *State-specific*
- 5 *State-specific*
- 6 Some other place
 - IF YES, ASK: Where did you go? _____

- (Don't read)**
- 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

R16. During **your most recent** pregnancy, did a doctor, nurse, or other health care worker talk with you about any of the following things? *Please count only discussions*, not reading materials or videos. Did someone talk with you about _____?

(PROBE: During **your most recent** pregnancy, did a doctor, nurse, or other health care worker talk with you about _____?)

Things	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Foods that are good to eat during pregnancy				
b. Exercise during pregnancy				
c. Programs or resources to help you gain the right amount of weight during pregnancy				
d. Programs or resources to help you lose weight after pregnancy				

Validation Warnings:

Zero is not a valid response

BEFORE R17, insert instruction box that says, “If a doctor, nurse, or other healthcare worker did not tell the mother how much weight she should gain during her most recent pregnancy, go to Question”

R17. How much weight did your doctor, nurse, or other health care worker tell you to gain during ***your most recent*** pregnancy?

(PROBE: About how much?)

- (Don't read) 1 Between [BOX] Pounds and [BOX] Pounds (Range: 0-125)
 or
 2 Between [BOX] Kilos and [BOX] Kilos (Range: 0-57)
 or
 3 Exactly [BOX] Pounds OR [BOX] Kilos (Range: 0-125)
- 7 777 I don't remember
 8 888 Refused

Validation Warnings:

Weight Gain unit: Zero is not a valid response

Start of Range/End of Range: 777 is the only valid response if Weight Gain unit = 7

Start of Range/End of Range: 999 is the only valid response if Weight Gain unit = 9

R18. ***During any of your prenatal care visits***, did a doctor, nurse, or other health care worker advise you not to drink alcohol while you were pregnant?

- (Don't read) 1 No
 2 Yes
 8 Refused
 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

R19. How many weeks or months pregnant were you when you were ***sure*** you were pregnant? For example, you had a pregnancy test or a doctor, nurse, or other health care worker said you were pregnant.

1(PROBE: About how many weeks or months?)

- (Don't read) 11 Number of weeks _____ (Range: 1-40)
 or
 2 Number of months _____ (Range: 1-9)
- 7 77 I don't remember
 8 88 Refused

Validation Warnings:

Pregnancy unit: Zero is not a valid response

Weeks/Months: Zero is not a valid response

Weeks/Months: 77 is the only valid response if Pregnancy unit = 7

Weeks/Months: 99 is the only valid response if Pregnancy unit = 9

Note: If R20 is used without R21, insert instruction box that says, “If the mother did not get prenatal care, go to Question...”

R20. Did you get prenatal care as early in your pregnancy as you wanted?

- 1
- (Don't read)**
- 1 No
- 2 Yes **Go to Question ##**
- 8 Refused **Go to Question ##**
- 9 Don't know/don't remember **Go to Question ##**

Validation Warnings:

Zero is not a valid response

NOTE: R21 needs R20, but R20 can be used alone.

AFTER R21 or R20 if R20 is used alone, insert instruction box that says, “If the mother did not get prenatal care, go to Question...”

R21. I'm going to read a list of reasons that some women have for not getting prenatal care when they wanted. For each one, please tell me if it was a reason that you did not get prenatal care as early as you wanted. Was it because_____?

(PROBE: Was the reason you did not get prenatal care as early as you wanted because _____?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You couldn't get an appointment when you wanted one				
b. You didn't have enough money or insurance to pay for your visits				
c. You had no transportation to get to the clinic or doctor's office				
d. The doctor or your health plan would not start care as early as you wanted				
e. You had too many other things going on				
f. You couldn't take time off from work or school				
g. You didn't have your Medicaid (<i>or state Medicaid name</i>) card				
h. You didn't have anyone to take care of your children				
i. You didn't know that you were pregnant				
j. You didn't want anyone else to know you were pregnant				
k. You didn't want prenatal care				

Validation Warnings:

Zero is not a valid response

R22. **During any of your prenatal care visits**, did a doctor, nurse, or other health care worker talk with you about any of the following things? *Please count only discussions, not reading materials or videos.* Did someone talk with you about_____?

(**PROBE:** *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker talk with you about_____?)

Subject	(Don't read)			
	No	Yes	Refused (8)	Don't know (9)
a. How smoking during pregnancy could affect your baby				
b. Breastfeeding your baby				
c. How drinking alcohol during pregnancy could affect your baby				
d. Using a seat belt during your pregnancy				
e. Medicines that are safe to take during your pregnancy				
f. How using illegal drugs could affect your baby				
g. Doing tests to screen for birth defects or diseases that run in your family				
h. The signs and symptoms of preterm labor or labor more than 3 weeks before the baby is due				
i. What to do if you feel depressed during your pregnancy or after your baby is born				
j. Physical abuse to women by their husbands or partners				

Validation Warnings:

Zero is not a valid response

R23. During **your most recent** pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

NOTE: Skip S1 if infant is not alive or not living with the mother (Core 32 and/or Core 33). Do not use S16-S17 if you use S1.

S1. I'm going to read a list of statements about safety. For each thing, please tell me if it applies to you.
(**PROBE:** Repeat question as necessary.)

Safety Item	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You always used a seatbelt during your most recent pregnancy				

b. Your home has a working smoke alarm				
c. There are loaded guns, rifles, or other firearms in your home				
d. You have received information about infant products that should be taken off the market or product recalls since your new baby was born				

Validation Warnings:

Zero is not a valid response

S2. Did you worry that wearing your seat belt during pregnancy would hurt your new baby?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

NOTE: Skip S3 if infant is not alive, not living with the mother, or is still in the hospital (Core 31, Core 32, or Core 33).

S3. I'm going to read some statements about infant car seats. For each one, please tell me "**True**" if you agree with the statement or "**False**" if you do not agree.

(PROBE: Do you agree or disagree that _____?)

Safety Item	(Don't read)			
	False (5)	True (4)	Refused (8)	Don't know (9)
a. New babies should be in rear-facing car seats				
b. Car seats should not be placed in front of an air bag				

Validation Warnings:

Zero is not a valid response

S4. During the **last 3 months** of your most recent pregnancy, how often did you wear a seat belt when you drove or rode in a car? Was it always, often, sometimes, rarely, or never?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | Always |
| 2 | Often |
| 3 | Sometimes |
| 4 | Rarely |
| 5 | Never |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

- S5. **Since your new baby was born**, how often do you wear a seat belt when you drive or ride in a car? Is it always, often, sometimes, rarely, or never?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | Always |
| 2 | Often |
| 3 | Sometimes |
| 4 | Rarely |
| 5 | Never |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

NOTE: Skip S6-S9 if infant is not alive, is not living with the mother, or is still in the hospital (Core 32, Core 33, or Core 31).

- S6. When your new baby rides in a car, truck, or van, how often does he or she ride in an infant car seat? Is it always, often, sometimes, rarely, or never?

- (Don't read)
- | | |
|---|--|
| 1 | Always |
| 2 | Often |
| 3 | Sometimes |
| 4 | Rarely |
| 5 | Never □ Go to Question ## |
| 8 | Refused □ Go to Question ## |
| 9 | Don't know/don't remember □ Go to Question ## |

Validation Warnings:

Zero is not a valid response

NOTE: Skip S7-S9 if infant never rides in an infant car seat (S6). S7, S8, and S9 need S6, but S6 can be used alone.

- S7. When your new baby rides in an infant car seat, is he or she **usually** in the front or back seat of the car, truck, or van?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | Front seat |
| 2 | Back seat |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

S8. When your new baby rides in an infant car seat, is he or she **usually** facing forward or facing the rear of the car, truck, or van?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | Facing forward |
| 2 | Facing the rear |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

S9. Does the car, truck, or van that your new baby **usually** rides in have an airbag on the passenger side?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

NOTE: Skip S10–S12 if infant is not alive, is not living with the mother, or is still in the hospital (Core 32, Core 33, or Core 31).

S10. Do you have an infant car seat(s) that you can use for your new baby?

- (Don't read)
- | | |
|---|--|
| 1 | No □ Go to Question ## |
| 2 | Yes |
| 8 | Refused □ Go to Question ## |
| 9 | Don't know/don't remember □ Go to Question ## |

Validation Warnings:

Zero is not a valid response

Note: S11 and S12 need S10, but S10 can be used alone.

S11. I'm going to read a list of ways you might have gotten your new baby's infant car seat or seats. For each one, please tell me if it is a way you got an infant car seat for your new baby.

(**PROBE:** How did you get your infant car seat for your new baby?)

Car Seat Statement	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You bought a car seat new				
b. You received it new for this baby as a gift				
c. You had one from another one of your babies				
d. You bought a car seat used				
e. You borrowed a car seat from a friend or family member				
f. You borrowed or rented a car seat from a loaner program				

g. The hospital where your new baby was born gave you a car seat				
h. A community program gave you a car seat				
i. Did you get your infant car seat another way?				
j. IF YES, ASK: How did you get your infant car seat? <hr/> <hr/>				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

S12. I'm going to read a list of ways some people learn to install and use infant car seats. For each one, please tell me if it was how you learned to install and use your infant car seat.

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

Car Seat Installation Statement	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Did you read the instructions?				
b. Did a friend or family member show you?				
d. Did a health or safety professional show you?				
c. Did you figure it out yourself?				
e. Did you already know how to install it because you have other children?				
f. Did you learn to install and use your infant car seat another way?				
g. IF YES, ASK: How did you learn to install and use your infant car seat? <hr/> <hr/>				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

NOTE: Skip S13 if infant is not alive or is not living with the mother (Core 32 or Core 33).

S13. Have you ever heard or read about what can happen if a baby is shaken?

(Don't read) 1 No
 2 Yes
 8 Refused
 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

S14. Was the house or apartment you live in now built after 1977?

- (Don't read) 1 No
 2 Yes **Go to Question ##**
 7 Don't know/don't remember **Go to Question ##**
 8 Refused **Go to Question ##**

Validation Warnings:

Zero is not a valid response

S15. I'm going to read some things that may have happened since you moved into your house or apartment. For each one, please tell me if it applies to you.

Things	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You have had the home tested for lead				
b. You have made changes to the home to remove paint or other things that have lead in them				
c. The home was remodeled before you moved in				

Validation Warnings:

Zero is not a valid response

NOTE: Skip S16-S17 if infant is not alive or not living with the mother (Core 21 and/or Core 33). Do not use S1 if you use S16-S17. S17 requires S16, but S16 can be used alone.

S16. *Since your new baby was born*, have you received information about product recalls or infant products that should be taken off the market such as cribs, medicines or toys?

- (Don't read) 1 No **Go to Question ##**
 2 Yes
 8 Refused **Go to Question ##**
 9 Don't know/don't remember **Go to Question ##**

Validation Warnings:

Zero is not a valid response

- S17. Did you receive information about infant product recalls from any of the following sources?
Was it from _____?

Source	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Product manufacturers				
b. Doctor, nurses, or other health care worker				
d. Newspaper, radio, TV or internet				
c. Friends or family members				
e. In-store recall notices				
f. Did you learn about infant product recalls from any other source?				
g. IF YES, ASK: What was that source? _____ _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

- S18. Does the house or apartment you live in now have a carbon monoxide detector?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

- S19. Has the house or apartment you live in now ever been tested for radon?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

NOTE: Skip T1–T3 if infant is not alive, is not living with the mother, or is still in the hospital (Core 32, Core 33, or Core 31).

T1. How many times has your new baby gone for care when he or she was sick?

(Don't read) _____ Times (Range: 1-25)

- 51 None □ **Go to Question ##**
 52 Your baby has not been sick □ **Go to Question ##**
 53 Your baby is still in the hospital → **Go to Question ##**
 88 Refused □ **Go to Question ##**
 99 Don't know/don't remember □ **Go to Question ##**

Validation Warnings:

Zero is not a valid response

Note: T2 and T3 need T1, but T1 can be used alone.

T2. I'm going to read a list of places that can be used when a baby is sick. For each place, please tell me if you have taken your new baby there when he or she was sick and needed care. Have you taken your new baby to a _____?

(PROBE: Where have you taken your new baby when he or she was sick and needed care?)

Place	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Private doctor's office				
c. Hospital emergency room				
d. Hospital clinic				
e. Health department clinic				
f. <i>State-specific</i>				
g. <i>State-specific</i>				
h. Have you taken your baby anywhere else when he or she was sick and needed care?				
i. IF YES, ASK: Where did you take your new baby? _____ _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

T3. Has your new baby gone for care as many times as you wanted when he or she was sick?

- (Don't read)**
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

NOTE: Skip T4–T5 if infant is not alive, is not living with the mother or is still in the hospital (Core 32 and Core 33 and Core 31).

T4. Was your new baby jaundiced? Jaundice is yellowing of the skin or whites of the eyes.

- (Don't read)**
- | | | |
|---|---------------------------|-------------------|
| 1 | No | Go to Question ## |
| 2 | Yes | |
| 8 | Refused | Go to Question ## |
| 9 | Don't know/don't remember | Go to Question ## |

Validation Warnings:

Zero is not a valid response

NOTE: T5 needs T4, T4 can be used alone.

T5. Was your new baby readmitted to the hospital because of jaundice?

- (Don't read)**
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

NOTE: Skip T6–T7 if infant is not alive, is not living with the mother, or is still in the hospital (Core 31, Core 32, or Core 33).

T6. How many times has your new baby gone to the hospital emergency room about his or her health? Please include emergency room visits that resulted in a hospital admission.

- (Don't read)** _____ Times (Range: 1-25)
- | | | |
|----|---------------------------|-------------------|
| 51 | None | Go to Question ## |
| 88 | Refused | Go to Question ## |
| 77 | Don't know/don't remember | Go to Question ## |

Validation Warnings:

Zero is not a valid response

NOTE: Insert instruction box BEFORE T7 that says “If the new baby has never been to the hospital emergency room about his or her health, go to Question ...” This skip applies if T6=0.

T7. How many of these visits were because of an accident, injury, or poisoning?

(Don't read) _____ Times (Range: 1-25)

51 None
88 Refused
77 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

T8. I'm going to read a list of things that may have kept you from taking your baby for care when he or she was sick. For each one, please tell me if it applies to you.

(PROBE: Did any of these things keep you from taking your baby for care when he or she was sick? Was it because _____?)

Place	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
You didn't have health insurance to pay for the visit				
You couldn't get an appointment				
You didn't have a regular doctor for your baby				
You had no way to get your baby to the clinic or doctor's office				
You didn't have anyone to take care of your other children				
Did you have some other reason?				
IF YES ASK: What was that? _____ _____ _____				

NOTE: U1 and U2 need AA7, but AA7 can be used alone. Skip U1 and U2 if no one is allowed to smoke inside the house at any time (AA7).

U1. Does your husband or partner smoke inside your home?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

U2. Not including yourself or your husband or partner, does anyone else smoke cigarettes inside your home?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

DRUG2. During the **month before** you got pregnant, did you take or use any of the following drugs for any reason? I'm going to read a list of options. For each one, please tell me if you took or used it during the month before you got pregnant. Your answers are strictly confidential. Did you take or use _____?.

(PROBE: **During the month before you got pregnant**, did you take or use _____?)

Type of Drug	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Over the counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®				
b. Prescription pain relievers such as hydrocodone or Vicodin®, oxycodone or Percocet®, or codeine				
c. Adderall®, Ritalin®, or another stimulant				
d. Marijuana or hash				
e. Synthetic marijuana, K2 or Spice				
f. Methadone, naloxone, subutex, or Suboxone®				
g. Heroin, also known as smack, junk, Black Tar or Chiva				
h. Amphetamines, also known as uppers, speed, crystal meth, crank, ice, or agua				
i. Cocaine, also known as crack, rock, coke, blow, snow, or nieve				
j. Tranquilizers or downers or ludes				
k. Hallucinogens, such as LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts				
l. Sniffing gasoline, glue, aerosol spray cans, or paint to get high, also known as huffing				

DRUG3. During *your most recent* pregnancy, did you take or use any of the following drugs for any reason? I'm going to read a list of options. For each one, please tell me if you took or used it during your most recent pregnancy. Your answers are strictly confidential. Did you take or use _____?

(PROBE: During your most recent pregnancy, did you take or use _____?)

	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Over the counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®				
b. Prescription pain relievers such as hydrocodone or Vicodin®, oxycodone or Percocet®, or codeine				
c. Adderall®, Ritalin®, or another stimulant				
d. Marijuana or hash				
e. Synthetic marijuana, or K2 or Spice				
f. Methadone, naloxone, subutex, or Suboxone®				
g. Heroin, also known as smack, junk, Black Tar, or Chiva				
h. Amphetamines, also known as uppers, speed, crystal meth, crank, ice, or agua				
i. Cocaine, also known as crack, rock, coke, blow, snow, or nieve				
j. Tranquilizers, or downers or ludes				
k. Hallucinogens, such as LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts				
l. Sniffing gasoline, glue, aerosol spray cans, or paint to get high, also known as huffing				

NOTE: If DRUG2 or DRUG3 is not used, add a transition statement before LL17 that reads: "The next questions are about using different drugs around the time of pregnancy. Your answers are strictly confidential."

U5 cannot be used if DRUG3 is used.

U5. During *your most recent* pregnancy, did you use prescription pain relievers such as hydrocodone or Vicodin®, Oxycodone or Percocet®, or codeine?

(Don't read)

- 1 No → Go to Question XX
- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

Note: U6 is skipped if the mother did not use prescription pain relievers during pregnancy.

U6. How would you describe the way you got the prescription pain relievers that you used during your most recent pregnancy? I'm going to read a list of options. For each one, please tell me if it applies to you. Would you say that _____?

(PROBE: How did you get the prescription pain relievers you used during your pregnancy?)

	(Don't read)			
	No	Yes	Refused	Don't

Manner	(1)	(2)	(8)	know (9)
a. You had a current prescription				
b. You had pain relievers left over from an old prescription				
c. You got the pain relievers without a prescription				

U7. During ***your most recent*** pregnancy, did you use heroin, cocaine, amphetamines, or barbiturates such as phenobarbital?

(Don't read)

- 1 No
- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

U8. During ***your most recent*** pregnancy, did you take prescription antidepressants or selective serotonin reuptake inhibitors (SSRIs) such as Prozac, Zoloft, or Lexapro?

(Don't read)

- 1 No
- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

U9. During any of your prenatal care visits, did a doctor, nurse, or other health care worker refer you to treatment because of drug use (prescribed or non-prescribed drugs)?

(Don't read)

- 1 No
- 2 Yes
- 3 You didn't use any drugs (or only used over-the-counter pain relievers) during your pregnancy
- 4 You didn't go for prenatal care
- 8 Refused
- 9 Don't know/don't remember

U10. After your baby was born, did a doctor, nurse, or other healthcare worker tell you that your baby had drug withdrawal or neonatal abstinence syndrome?

(Don't read)

- 1 No
- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

- V1. I'm going to read a list of services some women get when they are pregnant. For each one, please tell me if you received that service during **your most recent** pregnancy.

(PROBE: During **your most recent** pregnancy, did you get _____?)

Service	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Parenting classes				
b. Counseling for depression or anxiety				

Validation Warnings:

Zero is not a valid response

NOTE: Skip V2 and V3 if infant is not alive or not living with the mother (Core 32 and/or Core 33). BEFORE V2/V3 insert an instruction that says; "If the baby is not alive or is not living with mother, go to Question #."

- V2. I'm going to read a list of services some women receive after they have a baby. For each one, please tell me if you got that service **since your new baby was born**.

(PROBE: **Since your new baby was born**, have you received _____?)

List of Services	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Parenting classes				
b. Counseling for depression or anxiety				

Validation Warnings:

Zero is not a valid response

- V3. **Since your new baby was born**, have you used WIC services for yourself or your new baby? Please tell me which one of the following statements best describes your situation.

(PROBE: Since your new baby was born, have you used the services of WIC, the Supplemental Nutrition Program for Women Infants and Children for yourself or your new baby?)

- 1 No, you have not used WIC services for yourself or your new baby
- 2 Yes, only you are using WIC services
- 3 Yes, both you and your new baby use WIC services
- 4 Yes, only your new baby uses WIC services

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

- V4. During the **12 months before** your new baby was born, did you or any member of your household consider seeking help from the government because your income was low?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

- V5. During the **12 months before** your new baby was born, did you or any member of your household apply for government payments such as welfare, TANF or Temporary Assistance for Needy Families, or other public assistance?

(Don't read) 1 No
2 Yes □ **Go to Question ##**
8 Refused □ **Go to Question ##**
9 Don't know/don't remember □ **Go to Question ##**

Validation Warnings:

Zero is not a valid response

Note: V6, V7, and V9 need V5, but V5 can be used alone.

- V6. I'm going to read a list of things that may keep a person from applying for government help. For each one, please tell me if it was a reason that kept you from applying for help from the government.

(PROBE: Repeat the question as necessary)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You didn't think you could get help because your household made too much money				
b. You didn't know how to apply				
c. There was too much paperwork				
d. You didn't think you could get help because you are from another country				
e. Was there any other reason that you did not apply for government help?				
f. IF YES, ASK: What was the reason? _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

NOTE: If V6 is used, add an instruction box BEFORE V7 that says, “If the mother or any member of her household did not apply for government payments, go to Question ...”

V7. I’m going to read a list of things that might happen when a person applies for government assistance. For each thing, please tell me if it happened to you.

Outcome	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You received assistance				
b. You were told you made too much money to get assistance				
c. You were told you shouldn't apply because you might need your benefits later				
d. You were told you couldn't get assistance because you are from another country				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

V8 was deleted since it is a duplicate of the revised V5

NOTE: V10 needs V9 and V9 needs V5

V9. Did you get welfare, TANF or Temporary Assistance for Needy Families, or other public assistance?

(Don't read) 1 No
 2 Yes = **Go to Question ##**
 8 Refused □ **Go to Question ##**
 9 Don't know/don't remember □ **Go to Question ##**

Validation Warnings:

Zero is not a valid response

V10. I’m going to read a list of reasons why some people don’t get welfare, TANF, Temporary Assistance for Needy Families, or other public assistance. For each one, please tell me if it was a reason for you.

Outcome	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You were ineligible because of your income				
b. You had reached your time limit				
c. You had to fulfill work or other requirements				

d. You had to return on another day to apply				
e. You had previously lost TANF for another reason, such as administrative reasons, or sanctions				
f. You are not a U.S. citizen				
g. Was there any other reason you did not get welfare, TANF or other public assistance?				
h. IF YES, ASK: What was that reason? <hr/> <hr/>				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

V11. I'm going to read a list of services some women **need** during pregnancy. For each one, please tell me if you felt like you needed that service during **your most recent** pregnancy.

(PROBE: During **your most recent** pregnancy, did you **need** _____?)

Service	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Food stamps or money to buy food				
b. WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children				
c. Counseling for family and personal problems				
d. Help to quit smoking				
e. Help to reduce violence in your home				
f. Was there any other service you felt you needed?				
g. IF YES, ASK: What other service did you need during your most recent pregnancy? <hr/> <hr/>				

Validation Warnings:

Zero is not a valid response

V12. I'm going to read a list of services some women **receive** during pregnancy. For each one, please tell me if you received that service during **your most recent** pregnancy.

(PROBE: During **your most recent** pregnancy, did you **receive** _____?)

Service	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Food stamps or money to buy food				
b. WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children				
c. Counseling for family and personal problems				
d. Help to quit smoking				
e. Help to reduce violence in your home				
f. Was there any other service you received?				
g. IF YES, ASK: What other service did you receive during your most recent pregnancy? <hr/> <hr/>				

Validation Warnings:

Zero is not a valid response

NOTE: Skip V13, V14, V15, V20, if the mother did not have a home visitor (V21).

V13. Please tell me which one of the following best describes the specialty or profession of the home visitor that came to your home during **your most recent** pregnancy? Was that person _____?

(PROBE: What kind of home visitor came to your home during **your most recent** pregnancy?)

- 1 A nurse or nurse's aide
- 2 A teacher or health educator
- 3 A doula or midwife
- 4 *State option (Someone from the <Healthy Start or other Program Name>)*
- 5 Someone else

IF YES, ASK: What was their specialty or profession? _____

(Don't read) 8 Refused
7 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

V14. During **your most recent** pregnancy, how many times did the home visitor come to your home to help you learn how to prepare for your new baby?

- 1 1 time
- 2 2 to 4 times
- 3 5 or more times

(Don't read) 8 Refused
9 Don't know

Validation Warnings:

Zero is not a valid response

V15. I'm going to read a list of things that the home visitor who came to your home may have talked to you about during **your most recent** pregnancy. For each one, please tell me if they talked to you about it. Did the home visitor talk to you about _____?

(PROBE: During **your most recent** pregnancy, did the home visitor talk with you about _____?)

Topic	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. How smoking during pregnancy could affect your baby				
b. How drinking alcohol during pregnancy could affect your baby				
c. Doing tests to screen for birth defects or disease that run in your family				
d. The importance of getting tested for HIV or other sexually transmitted infections				
e. Physical or emotional abuse to women by their husbands or partners				
f. Breastfeeding your baby				
g.. Your emotional well-being				

Validation Warnings:

Zero is not a valid response

NOTE: Skip V16, V17, V18, and V19 if the mother did not have a postpartum home visitor (V22).

V16. Please tell me which one of the following best describes the specialty or profession of the home visitor that came to your home **since your new baby was born**? Was that person _____?

(PROBE: What kind of home visitor came to your home **since your new baby was born**?)

- 1 A nurse or nurse's aide

- 2 A teacher or health educator
 3 A doula or midwife
 4 *State option (Someone from the <Healthy Start or other Program Name>)*
 5 Someone else

IF YES, ASK: What was their specialty or profession? _____

- (Don't read) 8 Refused
 7 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

V17. **Since your new baby was born**, how many times has a home visitor come to your home to help you learn how to take care of yourself or your new baby?

- 1 1 time
 2 2 to 4 times
 3 5 or more times

- (Don't read) 8 Refused
 9 Don't know

Validation Warnings:

Zero is not a valid response

V18. I'm going to read a list of things that the home visitor who came to your home may have talked to you about **since your new baby was born**. For each one, please tell me if they talked to you about it. Did the home visitor talk to you about _____?

(PROBE: **Since your new baby was born**, did the home visitor talk with you about _____?)

Topics	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Breastfeeding your baby				
b. How long to wait before getting pregnant again				
c. Family planning services or using contraception				
d. Postpartum depression				
e. Resources in your community to support new parents				
f. Getting to and staying at a healthy weight after delivery				
g. How to quit or keep from smoking				
h. How to get the health care that your baby or you need				

Validation Warnings:

Zero is not a valid response

- V19. We would like to know how you felt about the care you got from the home visitor **since your new baby was born**. Were you satisfied with _____?

	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
Prenatal Care				
The amount of time the home visitor spent with you				
The advice you got on how to take care of yourself and your baby				
The understanding and respect shown toward you as a person				

Validation Warnings:

Zero is not a valid response

- V20. We would like to know how you felt about the care you got from the home visitor **during your most recent pregnancy**. Were you satisfied with _____?

	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
Prenatal Care				
The amount of time the home visitor spent with you				
The advice you got on how to take care of yourself				
The understanding and respect shown toward you as a person				

Validation Warnings:

Zero is not a valid response

- V21. During **your most recent** pregnancy, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps pregnant women.

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

NOTE: Skip V22 if the baby is not alive. DO NOT skip if the baby is not living with the mom or is still in the hospital (Core 33 and Core 31).

Skip arrow for Core 33 should go to V22 and the instruction box before Core Q38 should go to V22 if V22 is inserted.

V22. **Since your new baby was born**, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.

- (Don't read) 1 No → Go to Question x
 2 Yes
 8 Refused → Go to Question x
 9 Don't know/don't remember → Go to Question x

W1. During **your most recent** pregnancy, who would have helped you if a problem had come up? For example, who would have helped you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks? Would _____ have helped you?

(PROBE: During **your most recent** pregnancy, would _____ have helped you if a problem had come up?)

Person	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your husband or partner				
b. Your mother, father, or in-laws				
c. Other family member or relative				
d. A friend				
e. Religious community				
f. Would someone else have helped you?				
g. IF YES, ASK: Who else would have helped you? _____				
h. IF NONE OF ABOVE IS 'YES', ASK: Would you say that no one have helped you if a problem had come up?				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

W2. I'm going to read a list of kinds of help people might need. For each one, please tell me if you would have had that kind of help if you needed it during **your most recent** pregnancy. Would you have had _____?

(PROBE: During **your most recent** pregnancy, would you have had _____ if you needed it?)

Kind of help	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Someone to loan you \$50				
b. Someone to help you if you were sick and needed to be in bed				
c. Someone to take you to the clinic or doctor's office if you needed a ride				
d. Someone to talk with about your problems				

Validation Warnings:

Zero is not a valid response

W3. **Since you delivered your new baby**, who would help you if a problem came up? For example, who would help you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks? Would _____ help you?

(PROBE: **Since you delivered your new baby**, would _____ help you if a problem came up?)

Person	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your husband or partner				
b. Your mother, father, or in-laws				
c. Other family member or relative				
d. A friend				
e. Religious community				
f. Would someone else help you?				
g. IF YES, ASK: Who else would help you? _____ _____				
h. IF NONE OF ABOVE IS 'YES', ASK: Would you say that no one help you if a problem came up?				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

NOTE: Skip W4 if infant is not alive, is not living with the mother, or if baby is still in the hospital (Core 31, Core 32, Core 33).

BEFORE W4, add a skip instruction: “If your baby is not alive, is not living with you, or is still in the hospital, go to Question #.”

W4. I'm going to read a list of kinds of help people might need. For each one, please tell me if you would have that kind of help if you needed it *since you delivered your new baby*. Would you have _____?

(PROBE: Since you delivered your new baby, would you have _____ if you needed it?)

Kind of help	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Someone to loan you \$50				
b. Someone to help you if you were sick and needed to be in bed				
c. Someone to talk with about your problems				
d. Someone to take care of your baby				
e. Someone to help you if you were tired and feeling frustrated with your new baby				

Validation Warnings:

Zero is not a valid response

NOTE: Skip X1–X12 if infant is not alive, is not living with the mother, or is still in the hospital (Core 31, Core 32, or Core 33).

X1–X2, X4, X7, and X8 need X9, but X9 can be used alone.

X1. Has your new baby gone as many times as you wanted for a well-baby checkup?

(Don't read) 1 No
 2 Yes= **Go to Question ##**
 8 Refused = **Go to Question ##**
 9 Don't know/don't remember = **Go to Question ##**

Validation Warnings:

Zero is not a valid response

NOTE: X2 can be used without X1.

X2. I'm going to read a list of things that can keep babies from having well-baby checkups. For each one, please tell me if it applied to you or your new baby.

(PROBE: Did your baby not get a well-baby checkup because _____?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You didn't have enough money or insurance to pay for it				
b. You had no way to get your baby to the clinic or doctor's office				
c. You didn't have anyone to take care of your other children				
d. You couldn't get an appointment				
e. Your baby was too sick to go for a well-baby checkup				
f. Did anything else keep your baby from having a well-baby checkup?				
g. IF YES, ASK: What else kept your baby from having a well-baby checkup? _____ _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

X3. Did your new baby have any well-baby shots or vaccinations before he or she was 3 months old? Do not count shots or vaccinations given in the hospital right after birth.

(Don't read) 1 No
2 Yes
3 Your new baby has not had any well-baby shots, but he or she is not 3 months old yet

8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

NOTE: Skip X4 if infant has not had a well-baby checkup; therefore, X4 needs the well-baby checkup question (X9).

X4. Did you have health insurance to pay for your baby's well-baby checkups?

(Don't read) 1 No
2 Yes

- 8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

X5. When do you think would be the best time to get information from your doctor, nurse, or other health care worker about baby shots? Would the best time be _____?

- 1 During prenatal care visits
2 In the hospital or birthing center, after your new baby's delivery
3 At your new baby's first visit to the doctor

- (Don't read)** 8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

NOTE: Skip X6 if infant did not have a one week checkup after he or she was born; therefore, X6 needs X10.

X6. Was your new baby seen at home or at a health care facility?

- (Don't read)** 1 At home
2 At a doctor's office, clinic, or other health care facility
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

NOTE: Skip X7-X8 if infant has not had a well-baby checkup (X9); therefore, X7 and X8 need X9.

X7. How many times has your new baby been to a doctor, nurse, or other health care worker for a well-baby checkup? It may help to use the calendar.

- (Don't read)** _____ Times (Range: 1-11)
88 Refused
99 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

X8. Please tell me which **one** of the following best describes where 1you **usually** take your new baby for well-baby checkups. Is it _____?

(PROBE: Where do you **usually** take your new baby for well-baby checkups?)

- 1 Private doctor's office
- 2 Hospital clinic
- 3 Health department clinic
- 4 *State-specific*
- 5 *State-specific*
- 6 Some other place
- ☐ IF YES, ASK: Where is that? _____

- (Don't read)**
- 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

X9. Has your new baby had a well-baby checkup? A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.

- (Don't read)**
- 1 No → Go to Question ##
 - 2 Yes
 - 8 Refused → Go to Question ##
 - 9 Don't know/don't remember → Go to Question ##

Validation Warnings:
Zero is not a valid response

X10. Was your new baby seen by a doctor, nurse, or other health care worker for a **one week checkup** after he or she was born?

- (Don't read)**
- 1 No
 - 2 Yes
 - 3 Your baby was still in the hospital at that time
 - 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

X11. Since your new baby was born, how often have you been frustrated when you tried to get health care services for him or her? Would you say that you felt frustrated never, rarely, sometimes, often, or always?

- (Don't read)**
- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely = Go to Question ##
 - 5 Never = Go to Question ##
 - 6 You haven't tried to get health care services for your new baby = Go to Question ##
 - 8 Refused ☐ Go to Question ##
 - 9 Don't know/don't remember ☐ Go to Question ##

Validation Warnings:
Zero is not a valid response

X12. I'm going to read a list of reasons for which you may have felt frustrated when you tried to get health care services for your new baby? For each one, please tell me if it was a reason for you. Was it because _____?

(**PROBE:** Did you feel frustrated when you tried to obtain health care services for you new baby because _____?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. The services that your baby needed were not available in your area				
b. There were waiting lists or other problems getting an appointment				
c. Your health insurance would not pay for the services that your baby needed				
d. Did anything else make you feel frustrated when you tried to obtain health care services for your new baby?				
e. IF YES, ASK: What was that? _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

NOTE: Skip Y2 if mom had teeth cleaned 12 months before or during pregnancy (Core 7, Core 17).

BEFORE Y2, add an instruction that says: "If you had your teeth cleaned by a dentist or dental hygienist in the 12 months before your got pregnant or during your pregnancy, go to Question #."

Y2. Have **you** ever had your teeth cleaned by a dentist or dental hygienist?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

Y3. **Since your new baby was born**, have you had your teeth cleaned by a dentist or dental hygienist?

- (Don't read)
- | | |
|---|---|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember □ Go to Question ## |

Validation Warnings:

Zero is not a valid response

Y4 deleted because information now captured in Core 7 & Core 17

NOTE: Skip Y5 and Y8 if mom did not have teeth or gum problems.

BEFORE Y5 and/or Y6 add an instruction box that says: If the mother did not have any problems with her teeth or gums during her pregnancy, go to Question ##.

Y5 and Y8 require Y7 but Y7 can be used alone

Y5. I'm going to read a list of problems that some women have with their teeth or gums during pregnancy. For each one, please tell me if you had this problem during **your most recent** pregnancy. **Did you _____?**

(PROBE: During **your most recent** pregnancy did you _____?)

Problem	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Have cavities that needed to be filled				
b. Have painful, red, or swollen gums				
c. Have a toothache				
d. Need to have a tooth pulled				
e. Have an injury to your mouth, teeth, or gums				
f. Did you have any other problems with your teeth or gums during your most recent pregnancy?				
g. IF YES, ASK: What was the problem? _____ _____				

Validation Warnings:

Zero is not a valid response

- Y6. I'm going to read a list of things that may have made it hard for you to go to a dentist or dental clinic during **your most recent** pregnancy? For each item, please tell me if it made it hard for you to go to a dentist or dental clinic during your pregnancy.

(**PROBE:** Was it difficult to go to a dentist or dental clinic during **your most recent** pregnancy because _____?)

Thing	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You could not find a dentist or dental clinic that would take pregnant patients				
b. You could not find a dentist or dental clinic that would take Medicaid patients				
c. You did not think it was safe to go to the dentist during pregnancy				
d. You could not afford to go to the dentist or dental clinic				

Validation Warnings:

Zero is not a valid response

- Y7 I'm going to read a list of other things about caring for your teeth. For each one, please tell me if it applied to you **during your most recent** pregnancy. Did _____?

(**PROBE:** **During your most recent pregnancy**, did _____?)

Thing	(Don't read)			
			Refused (8)	Don't Know (9)
a. You know it was important to care for your teeth and gums during your pregnancy				
b. A dental or other health care worker talk with you about how to care for your teeth and gums				
c. You have insurance to cover dental care during your pregnancy				
d. You <u>need</u> to see a dentist for a problem				
e. You <u>go</u> to a dentist or dental clinic about a problem				

Validation Warnings:

Zero is not a valid response

- Y8. Did you get treatment from a dentist or another doctor for the problem that you were having during your pregnancy? I will read a list of options, please tell me which one applies to you.

- 1 No → Go to Question ##
- 2 Yes, you got treatment during your pregnancy
- 3 Yes, you got treatment after your pregnancy
- 4 Yes, you got treatment both during and after your pregnancy

- (Don't read) 8 Refused → Go to Question x
9 Don't know/don't remember → Go to Question x

Z1. I'm going to read a list of things that happen to some women during their pregnancies. For each one, please tell me if it happened to you during **your most recent** pregnancy.

(PROBE: During **your most recent** pregnancy, _____?)

Thing	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Did your husband or partner threaten you or make you feel unsafe in some way?				
b. Were you frightened for your safety or that of your family because of the anger or threats of your husband or partner?				
c. Did your husband or partner try to control your daily activities, for example, controlling who you could talk to or where you could go?				
d. Did your husband or partner force you to take part in touching or any sexual activity when you did not want to?				

Validation Warnings:

Zero is not a valid response

Z2. I'm going to read a list of some things that may happen to some women after they have a baby. For each one, please tell me if it has happened to you **since your new baby was born**.

(PROBE: **Since your new baby was born**, _____?)

Thing	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Has your husband or partner threatened you or made you feel unsafe in some way?				
b. Have you been frightened for your safety or that of your family because of the anger or threats of your husband or partner?				
c. Has your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could go?				
d. Has your husband or partner forced you to take part in touching or any sexual activity when you did not want to?				

Validation Warnings:

Zero is not a valid response

Z3 - Z6 now are combined with Core 28-29

Z7. During the **12 months before** your new baby was born, did you miss any doctor appointments because you were worried about what your partner would do if you went?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

Z8. **Before** you got pregnant with your new baby, did your husband or partner ever try to keep you from using your birth control so that you would get pregnant when you didn't want to? For example, did they hide your birth control, throw it away or do anything else to keep you from using it?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

Z9. During any of the following time periods, did your husband or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way? For each time period, please tell me if this has happened to you.

(**PROBE:** Did your husband or partner threaten you, limit your activities against your will, or make feel unsafe in any way _____?)

Time period	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. During the 12 months before you got pregnant				
b. During your most recent pregnancy				
c. Since your new baby was born				

Validation Warnings:

Zero is not a valid response

Z10 -Z12 Combined in new question Z13

- Z13. I'm going to read a list of people. For each person, please tell me if they pushed, hit, slapped, kicked, choked, or physically hurt you in any other way **since your new baby was born**.

(PROBE: Since your new baby was born, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way?)

Person	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your husband or partner				
b. Your ex-husband or ex-partner				
c. <i>State option (Another family member)</i>				
d. <i>State option (Someone else)</i>				

Validation Warnings:

Zero is not a valid response

- Z14. I'm going to read a list of some things that may happen to some women before they get pregnant. For each one, please tell me if it happened to you during the **12 months before** you got pregnant with your new baby.

(PROBE: During the 12 months before you got pregnant, _____?)

Thing	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Did your husband or partner threaten you or make you feel unsafe in some way?				
b. Were you frightened for your safety or that of your family because of the anger or threats of your husband or partner?				
c. Did your husband or partner try to control your daily activities, for example, controlling who you could talk to or where you could go?				
d. Did your husband or partner force you to take part in touching or any sexual activity when you did not want to?				

Validation Warnings:

Zero is not a valid response

Note: Skip AA1, AA2, and AA3 if mother did not smoke during the 3 months before she got pregnant (Core 30).

BEFORE AA1, AA2, and AA3, insert instruction box that says, "If the mother did not smoke at any time in the 3 months before she got pregnant, go to Question ..."

AA1. **During any of your prenatal care visits**, did a doctor, nurse, or other health care worker advise you to quit smoking?

- (Don't read)
- | | |
|---|---------------------------------|
| 1 | No |
| 2 | Yes |
| 3 | You didn't go for prenatal care |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

AA2. I'm going to read a list of things about quitting smoking. For each one, please tell me if it applied to you during **your most recent** pregnancy. Did you _____?

(PROBE: During **your most recent** pregnancy, did you _____?)

Thing	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Set a specific date to stop smoking				
b. Use booklets, videos, or other materials to help you quit				
c. Call a national or state quit line or go to a website				
d. Attend a class or program to stop smoking				
e. Go to counseling for help with quitting				
f. Use a nicotine patch, gum, lozenge, nasal spray, or inhaler				
g. Take a pill like Zyban [®] , also known as Wellbutrin [®] or bupropion to stop smoking				
h. Take a pill like Chantix [®] , also known as varenicline to stop smoking				
i. Try to quit on your own or cold turkey				
j. Did you do anything else to quit smoking?				
k. IF YES, ASK: What did you do? _____ _____				

Validation Warnings:

Zero is not a valid response

NOTE: Skip AA3 if mother did not have any prenatal care (Core 17). AA3 requires AA1.

Add skip arrow to AA1 off the “You didn’t go for prenatal care” option.

AA3. I’m going to read a list of things about quitting smoking that a doctor, nurse, or other health care worker might have done during **any of your prenatal care visits**. For each one, please tell me if it applied to you. Did a doctor, nurse, or other health care worker _____?

(PROBE: **During any of your prenatal care visits**, did a doctor, nurse, or other health care worker _____?)

Thing	(Don’t read)			
	No (1)	Yes (2)	Refused (8)	Don’t know (9)
a. Spend time with you discussing how to quit smoking				
b. Suggest that you set a specific date to stop smoking				
c. Suggest you attend a class or program to stop smoking				
d. Provide you with booklets, videos, or other materials to help you quit smoking on your own				
e. Refer you to counseling for help with quitting				
f. Ask if a family member or friend would support your decision to quit				
g. Refer you to a national or state quit line				
h. Recommend using nicotine gum				
i. Recommend using a nicotine patch				
j. Prescribe a nicotine nasal spray or nicotine inhaler				
k. Prescribe a pill like Zyban [®] , also known as Wellbutrin [®] or bupropion to help you quit				
l. Prescribe a pill like Chantix [®] , also known as varenicline to help you quit				

Validation Warnings:

Zero is not a valid response

AA4 Deleted- not valid measure

AA5. Please tell me which one of the following statements best describes the rules about smoking **inside** your home during **your most recent** pregnancy, even if no one who lived in your home was a smoker?

- 1 No one was allowed to smoke anywhere inside your home
- 2 Smoking was allowed in some rooms or at some times
- 3 Smoking was permitted anywhere inside your home

(Don’t read) 8 Refused
9 Don’t know/don’t remember

Validation Warnings:

Zero is not a valid response

NOTE: Skip AA6 if mother did not smoke during the 3 months before pregnancy (Core 20). BEFORE AA6, insert instruction box that says, "If the mother did not smoke at any time in the 3 months before she got pregnant with her new baby, go to Question ..."

AA6. Did you quit smoking around the time of **your most recent** pregnancy? Please tell me which one of the following statements best describes your situation.

- 1 No, you did not quit smoking
- 2 No, but you cut back
- 3 Yes, you quit before you found out you were pregnant
- 4 Yes, you quit when you found out you were pregnant
- 5 Yes, you quit later in your pregnancy

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

AA7. Please tell me which one of the following statements best describes the rules about smoking **inside** your home **now**, even if no one who lives in your home is a smoker.

- 1 No one is allowed to smoke anywhere inside your home
- 2 Smoking is allowed in some rooms or at some times
- 3 Smoking is permitted anywhere inside your home

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

AA8. How many cigarette smokers, not including yourself, lived in your home during *your most recent* pregnancy?

(Don't read) _____ Number of smokers (Range: 0 - 20)

- 88 Refused
- 99 Don't know/don't remember

Validation Warnings:
No validation currently exists for this question

AA9. How many cigarette smokers, not including yourself, live in your home **now**?

(Don't read) _____ Number of smokers (Range: 0-20)

- 88 Refused
- 99 Don't know/don't remember

Validation Warnings:
No validation currently exists for this question

NOTE: AA10 must be used with AA6.

Skip AA10 and AA12 if the mother did not smoke 3 months before she got pregnant (Core 20).

BEFORE AA12, insert instruction box that says, “If the mother did not smoke at any time in the 3 months before she got pregnant, go to Question ...”

AA10. I’m going to read a list of things that can make it hard for some people to quit smoking. For each one, please tell me if it applies to you.

(PROBE: Does _____ make it hard for you to stop smoking?)

Thing	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. The cost of medicines or products to help with quitting				
b. The cost of classes to help with quitting				
c. Fear of gaining weight				
d. Loss of a way to handle stress				
e. Other people smoking around you				
f. Cravings for a cigarette				
g. Lack of support from others to quit				
h. Worsening depression				
i. Worsening anxiety				
j. Is there anything else that makes it hard for you to quit smoking?				
k. IF YES: ASK, What is that? _____				

Validation Warnings:

Zero is not a valid response

AA11 Deleted - not valid measure

AA12. During **your most recent** pregnancy, did your health insurance pay for medications or any other services to help you quit smoking? I’m going to read several options, please tell me which one best applies to you.

- 1 No your insurance did not pay
- 2 Yes, but you had to make a co-payment
- 3 Yes, with no co-payment
- 4 You were not trying to quit smoking
- 5 You did not have health insurance
- (Don't read) 8 Refused
- 7 Don't know/don't remember

**NOTE: Skip AA13 and AA14 if the mother never used hookah (Core 23).
BEFORE AA13 and AA14, insert instruction box that says, “If you have used hookah in the *past 2 years*, go to Question <AA13>.. Otherwise, go to Question”**

AA13. In the **3 months before** you got pregnant, on average, how often did you smoke hookah?

Was it _____?

- 1 Daily
- 2 2-3 times per week
- 3 Once a week
- 4 2-3 times per month
- 5 Once a month
- 6 You did not smoke hookah then

(Don't read) 8 Refused
7 Don't know/don't remember

AA14. In the **last 3 months** of your pregnancy, on average, how often did you smoke hookah?

Was it _____?

- 1 Daily
- 2 2-3 times per week
- 3 Once a week
- 4 2-3 times per month
- 5 Once a month
- 6 You did not smoke hookah then

(Don't read) 8 Refused
7 Don't know/don't remember

BB1. During the **12 months before** your new baby was born, did you feel emotionally upset, (for example angry, sad, or frustrated), as a result of how you were treated ***based on your race?***

- (Don't read)** 1 No
2 Yes
8 Refused
9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

BB2. Demoted due to evaluation results

Validation Warnings:

Zero is not a valid response

BB3. **Since your new baby was born**, how often would you say you were worried or stressed about having enough money to pay your bills? Would you say that it is always, often, sometimes, rarely, or never?

(PROBE: Repeat the question as necessary.)

- | | | |
|--------------|---|---------------------------|
| (Don't Read) | 1 | Always |
| | 2 | Often |
| | 3 | Sometimes |
| | 4 | Rarely |
| | 5 | Never |
| | 8 | Refused |
| | 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

CC1. Please tell me which **one** of the following statements best describes how often you participated in any physical activities or exercise for 30 minutes or more during the **3 months before** you got pregnant with your new baby. Physical activities or exercise include walking for exercise, swimming, cycling, dancing, or gardening.

- | | | |
|--|---|--|
| | 1 | You exercised less than 1 day per week |
| | 2 | 1 to 2 days per week |
| | 3 | 3 to 4 days per week |
| | 4 | 5 or more days per week |
| | 5 | You were told by a doctor, nurse, or other health care worker not to exercise. |

- | | | |
|--------------|---|---------------------------|
| (Don't read) | 8 | Refused |
| | 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

NOTE: If state doesn't choose CC1 with CC2, the list of examples will need to be added for CC2.

CC2. Please tell me which **one** of the following statements best describes how often you participated in any physical activities or exercise for 30 minutes or more during the **last 3 months** of your most recent pregnancy.

- | | | |
|--|---|--|
| | 1 | You exercised less than 1 day per week |
| | 2 | 1 to 2 days per week |
| | 3 | 3 to 4 days per week |
| | 4 | 5 or more days per week |
| | 5 | You were told by a doctor, nurse, or other health care worker not to exercise. |

- | | | |
|--------------|---|---------------------------|
| (Don't read) | 8 | Refused |
| | 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

NOTE: Skip DD1-DD3 if mother was on Medicaid before she got pregnant (Core 9).

DD2 and DD3 need DD1, but DD1 can be used alone. DD2 and DD3 do not need to be used together.

BEFORE DD1, insert instruction box that says, “If the mother was on Medicaid (or state Medicaid name) before she got pregnant, go to Question ...”

DD1. Did you try to get Medicaid coverage during **your most recent** pregnancy?

- 1 No **Go to Question ##**
- 2 Yes
- 8 Refused = **Go to Question ##**
- 9 Don't know/don't remember = **Go to Question ##**

Validation Warnings:

Zero is not a valid response

DD2. Did you have any problems getting Medicaid during **your most recent** pregnancy?

- (Don't Read)**
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

DD3. Please tell me which **one** of the following statements best describes when Medicaid coverage began during **your most recent** pregnancy.

(PROBE 1: When did Medicaid coverage begin during your pregnancy?)

(PROBE 2: Did coverage begin during months 1-3, months 4-6, months 7-9 of your pregnancy, or did you not get Medicaid during your pregnancy?)

- 1 Medicaid coverage began during the first 3 months of your pregnancy
- 2 During the second 3 months of your pregnancy
- 3 During the last 3 months of your pregnancy
- 4 You did not get Medicaid during your pregnancy

- (Don't read)**
- 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

NOTE: Skip DD4, DD5, and DD6 if mother was not insured during the month before she got pregnant (Core 9).

BEFORE DD4, DD5, and/or DD6, insert instruction box that says, “If the mother did not have health insurance during the *month before* she got pregnant with her new baby, go to Question ...”

DD4. Did you or someone else make regular payments for your health insurance **before** you got pregnant, including having money taken out of your paycheck or your husband, partner, or parent’s paycheck?

- (Don’t read) 1 No
 2 Yes
 IF YES, ASK: About how much per month? _____ (Range: 1- 5,000)
 8 Refused
 9 Don’t know/don’t remember

Validation Warnings:

Zero is not a valid response

DD5. Did you have copayments for medical visits when you used your health insurance **before** you got pregnant?

- (Don’t Read) 1 No
 2 Yes
 8 Refused
 9 Don’t know/don’t remember

Validation Warnings:

Zero is not a valid response

DD6. Did the cost of health insurance cause financial problems for you or your family **before** you got pregnant?

- (Don’t read) 1 No
 2 Yes
 8 Refused
 9 Don’t know/don’t remember

Validation Warnings:

Zero is not a valid response

NOTE: Skip DD7 if mother was insured during the month before she got pregnant (Core 9).

BEFORE DD7, insert instruction box that says, “If the mother did not have health insurance during the month before she got pregnant , go to Question ...”

DD7. I’m going to read a list of reasons for **not** having health insurance during the **month before** pregnancy. For each one, please tell me if it was a reason for you. Would you say that you did not have health insurance during the **month before** you got pregnant with your new baby because_____?

(PROBE: What was the reason that you did **not** have health insurance during the **month before** you got pregnant with your new baby?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Health insurance was too expensive				
b. You could not get health insurance from your job or the job of your husband or partner				
c. You applied for health insurance, but were waiting to get it				
d. You had problems with the health insurance application or website				
e. Your income was too high to qualify for Medicaid				
f. Your income was too high to qualify for a tax credit from the <State> Health Insurance Marketplace or HealthCare.gov				
g. You didn't know how to get health insurance				
h. <i>State-specific (You are not a US citizen or you didn't have the right residency documents)</i>				
i. Was there some other reason that you did not have health insurance during the <i>month before</i> you got pregnant with your new baby?				
j. IF YES, ASK: What was the reason? _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

NOTE: Skip DD8, DD9, and DD10 if mother did not have health insurance to pay for prenatal care or did not get prenatal care (Core 10).
 IF DD8, DD9, DD10, or DD11 are inserted, Core 10 skip arrow off "no prenatal care" will go to DD12-DD16 or core 11.
 BEFORE DD8, DD9, and/or DD10, insert instruction box that says, "If the mother had health insurance for her *prenatal care*, go to Question ...". Otherwise, go to Question (DD11 or DD12 or Core 11)...

DD8. Did you or someone else make regular payments for the health insurance that you used to pay for your **prenatal care**, including having money taken out of your paycheck or your husband, partner, or parent's paycheck?

- (Don't Read) 1 No
 2 Yes
 IF YES, ASK: About how much per month? _____ (Range: 1-5,000)
 8 Refused
 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

DD9. Did you have copayments for medical visits when you used your health insurance for **prenatal care**?

- (Don't read)**
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

DD10. Did the cost of health insurance for your **prenatal care** cause financial problems for you or your family?

- (Don't read)**
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

**NOTE: Skip DD11 if the mom did not have prenatal care.
Skip DD11 if mother had health insurance to pay for prenatal care (Core 10).**

DD11. I'm going to read a list of reasons for **not** having health insurance for **prenatal care**. For each one, please tell me if it was a reason for you. Would you say that you did not have health insurance for your **prenatal care** because_____?

(PROBE: What was the reason that you did not have health insurance for your prenatal care?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Health insurance was too expensive				
b. You could not get health insurance from your job or the job of your husband or partner				
c. You applied for health insurance, but were waiting to get it				
d. You had problems with the health insurance application or website				
e. Your income was too high to qualify for Medicaid				
f. Your income was too high to qualify for a tax credit from the <State> Health Insurance Marketplace or HealthCare.gov				
g. You didn't know how to get health insurance				
h. <i>State-specific (You are not a US citizen or you didn't have the right residency documents)</i>				
i. Was there some other reason that you did not have health insurance for your prenatal care ?)				
j. IF YES, ASK: What was the reason? _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

NOTE: If DD12 is inserted, the skip arrow off of Core 10 “I did not get prenatal care” should be changed from Core 11 to DD12.

DD12. I’m going to read a list of different kinds of health insurance. For each one, please tell me if you had this kind of health insurance to pay for your **delivery**. Did you have _____?

(PROBE: What kind of health insurance did you have to pay for your **delivery?)**

Type of Insurance	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Private health insurance from your job or the job of your husband or partner				
b. Private health insurance from your parents				
c. Private health insurance from the <State> Health Insurance Marketplace or <state website> or HealthCre.gov				
d. Medicaid (required: <i>state Medicaid name</i>)				
e. <i>State-specific (Other government plan such as SCHIP/CHIP)</i>				
f. <i>State-specific (Other government plan or program not listed above such as MCH program, indigent program or family planning program)</i>				
g. <i>State-specific (TRICARE or other military health care)</i>				
h. <i>State-specific (HIS or tribal)</i>				
i. Did you have some other kind of health insurance during the month before you got pregnant?				
j. IF YES, ASK: What is that? _____ _____				
k. Would you say that you did not have any health insurance to pay for your delivery? (Interviewer: If the mother answered that she did not have any health insurance, check YES.)				

NOTE: For the insurance questions, states should add specific plan names wherever possible.

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

NOTE: Skip DD13, DD14, and DD15 if mother did not have health insurance to pay for her delivery (DD12). Add a skip arrow to “I did not have health insurance...” response option.

DD13. Did you or someone else make regular payments for the health insurance that you used to pay for your **delivery**, including having money taken out of your paycheck or your husband, partner, or parent’s paycheck?

- (Don’t read)
- | | |
|---|--|
| 1 | No |
| 2 | Yes |
| | IF YES, ASK: About how much per month? _____ (Range: 1- 5,000) |
| 8 | Refused |
| 9 | Don’t know/don’t remember |

Validation Warnings:

Zero is not a valid response

DD14. Did you have copayments for medical visits when you used your health insurance for your **delivery**?

- (Don’t read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don’t know/don’t remember |

Validation Warnings:

Zero is not a valid response

DD15. Did the cost of health insurance at the time of your **delivery** cause financial problems for you or your family?

- (Don’t read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don’t know/don’t remember |

Validation Warnings:

Zero is not a valid response

NOTE: Skip DD16 if mother had health insurance to pay for her delivery (DD12).

BEFORE DD16, insert instruction box that says, “If the mother did not have health insurance to pay for her **delivery, go to Question ...”. Otherwise, go to Question**

DD16. I’m going to read a list of reasons for **not** having health insurance to pay for your **delivery**. For each one, please tell me if it was a reason for you. Would you say that you did not have health insurance to pay for your **delivery** because_____?

(PROBE: What was the reason that you did **not** have health insurance to pay for your **delivery**?)

Reason	(Don’t read)			
	No (1)	Yes (2)	Refused (8)	Don’t know (9)
a. Health insurance was too expensive				

b. You could not get health insurance from your job or the job of your husband or partner				
c. You applied for health insurance, but were waiting to get it				
d. You had problems with the health insurance application or website				
e. Your income was too high to qualify for Medicaid				
f. Your income was too high to qualify for a tax credit from the <State> Health Insurance Marketplace or HealthCare.gov				
g. You didn't know how to get health insurance				
h. <i>State-specific (You are not a US citizen or you didn't have the right residency documents)</i>				
i. Was there some other reason that you did not have health insurance to pay for your delivery ?				
j. IF YES, ASK: What was the reason? _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

NOTE: Skip DD17, DD18, and DD19 if mother does not have health insurance now (Core 11).

BEFORE DD17, DD18, and/or DD19, insert instruction box that says, "If the mother does not have health insurance now, go to Question..."

DD17. Do you or someone else make regular payments for the health insurance that you have **now**, including having money taken out of your paycheck or your husband, partner, or parent's paycheck?

(Don't read)

1

No

2

Yes

IF YES, ASK: About how much per month? _____ (Range: 1-5,000)

8

Refused

9

Don't know/don't remember

Validation Warnings:

Zero is not a valid response

DD18. Do you have copayments for medical visits when you use your health insurance **now**?

(Don't read)

1

No

2

Yes

8

Refused

9

Don't know/don't remember

Validation Warnings:

Zero is not a valid response

DD19. Does the cost of health insurance cause financial problems for you or your family **now**?

- (Don't read)**
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

NOTE: Skip DD20 if mother has health insurance now (Core 11).

BEFORE DD20, insert instruction box that says, "If mother does not have health insurance **now, go to Question...".
Otherwise, go to Question**

DD20. I'm going to read a list of reasons for **not** having health insurance **now**. For each one, please tell me if it was a reason for you. Would you say that you did not have health insurance **now** because_____?

(PROBE: What is the reason that you do **not have health insurance **now**?)**

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Health insurance is too expensive				
b. You cannot get health insurance from your job or the job of your husband or partner				
c. You applied for health insurance, but are waiting to get it				
d. You had problems with the health insurance application or website				
e. Your income is too high to qualify for Medicaid				
f. Your income is too high to qualify for a tax credit from the <State> Health Insurance Marketplace or HealthCare.gov				
g. You don't know how to get health insurance				
h. <i>State-specific (You are not a US citizen or you don't have the right residency documents)</i>				
i. Is there some other reason that you do not have health insurance now?				
j. IF YES, ASK: What is the reason? <hr/> <hr/>				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

DD21. In the **past 12 months**, has the cost of health insurance caused financial problems for you or your family?

- (Don't read)
- 1 No
 - 2 Yes
 - 3 You have not had health insurance
 - 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

DD22. In the **12 months before** you got pregnant, how often did you feel frustrated when you tried to get health care services for yourself? Would you say never, rarely, sometimes, often or always?

- 1 Never → Go to Question ##
- 2 Rarely → Go to Question ##
- 3 Sometimes
- 4 Often
- 5 Always
- 6 I did not try to get health care services then
- 8 Refused → Go to Question ##
- 9 Don't know/don't remember → Go to Question ##

Validation Warnings:

Zero is not a valid response

DD23. I'm going to read a list of reasons why you may have felt frustrated when you tried to get health care services for yourself? For each one, please tell me if it was a reason for you. Was it because _____?

(PROBE: Did you feel frustrated when you tried to obtain health care services for yourself because _____?)

Reason	(Don't read)			
	No (1)	Yes (2)	Don't know (7)	Refused (8)
a. The services that you needed were not available in your area				
b. There were waiting lists or other problems getting an appointment				
c. Your health insurance would not pay for the services that you needed				
d. Was there some other reason why you felt frustrated when you tried to obtain health care services for yourself?				
e. IF YES, ASK: What is that?				

Validation Warnings:

Zero is not a valid response

EE1& EE2. Combined into single new question (EE3)

EE3. I'm going to read a list of infections. For each one, please tell me if a doctor, nurse, or other health care worker told you that you had the infection during your **most recent** pregnancy? Did someone tell you that you had _____?

(**PROBE:** During **your most recent** pregnancy, did a doctor, nurse, or other health care worker tell you that you had _____?)

	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Genital Warts or HPV				
b. Herpes				
c. Chlamydia				
d. Gonorrhea				
e. Pelvic Inflammatory Disease or PID				
f. Syphilis				
g. Group B Strep or Beta Strep				
h. Bacterial vaginosis				
i. Trichomoniasis or Trich				
j. Yeast infections				
k. Urinary Tract Infection or UTI				
l. Were you told that you had any other infection? _____				
m. IF YES, ASK: What was it? _____				

FF1. During the **12 months before** you got pregnant with your new baby, did you have a miscarriage, fetal death, where the baby died before being born, or stillbirth?

(**Don't read**) 1 No **Go to Question ##**
 2 Yes
 8 Refused **Go to Question ##**
 9 Don't know/don't remember **Go to Question ##**

Validation Warnings:

Zero is not a valid response

NOTE: FF2 and FF3 need FF1, but FF1 can be used alone. FF2 and FF3 do not need to be used together.

NOTE: In the above instruction text remove the "(s)" if only one question is used; if both FF2 and FF3 are used, then "question" should be made plural (i.e., ...the next questions...).

If the mother had more than one miscarriage, fetal death, or still birth during the 12 months before she got pregnant with her new baby, ask the next question(s) for the most recent one.

FF2. Please tell me which **one** of the following statements best describes how long that pregnancy lasted.

(PROBE: How long did that pregnancy **last**?)

- 1 The pregnancy lasted less than 20 weeks, which is less than 4 months
- 2 20 to 28 weeks, which is 4 to 6 months
- 3 More than 28 weeks, which is more than 6 months

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

FF3. Please tell me which **one** of the following statements best describes how long ago that pregnancy **ended**.

(PROBE: How long ago did that pregnancy **end**?)

- 1 The pregnancy ended less than 6 months before getting pregnant with your new baby
- 2 The pregnancy ended 6 to 12 months before getting pregnant with your new baby

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

NOTE: FF5 must be used with FF4. Skip FF4 if mother has not had a previous infant born alive (FF5).

FF4. What is the age difference between your **new** baby and the child you delivered **just before** your new one? Is it _____?

- 1 0 to 12 months old
- 2 13 to 18 months
- 3 19 to 24 months
- 4 More than 2 years but less than 3 years old
- 5 3 to 5 years old
- 6 More than 5 years old

(Don't read) 8 Refused
9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

FF5. **Before** you got pregnant with your new baby, did you ever have any other babies who were born alive?

- (Don't read)
- | | |
|---|---|
| 1 | No → Go to Question ## |
| 2 | Yes |
| 8 | Refused → Go to Question ## |
| 9 | Don't know/don't remember → Go to Question ## |

Validation Warnings:

Zero is not a valid response

NOTE: FF5 must be used with FF6 and FF7.

FF6. Did the baby born **just before** your new one weigh 5 pounds, 8 ounces or 2.5 kilos, or **less** at birth?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

FF7. Was the baby **just before** your new one born **earlier** than 3 weeks before his or her due date?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

GG1. Does anyone in your family have sickle cell disease or sickle cell trait?

- (Don't Read)
- | | |
|---|---|
| 1 | No → Go to Question ## |
| 2 | Yes |
| 8 | Refused → Go to Question ## |
| 7 | Don't know/don't remember → Go to Question ## |

NOTE: Skip GG2 if no one has sickle cell disease or trait (GG1).

GG2. During **your most recent** pregnancy, did you receive counseling or were you informed about sickle cell disease?

- (Don't Read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

Validation Warnings:

Zero is not a valid response

HH1. I'm going to read a list of conditions that some people have. For each one, please tell me if any of your close family members who are related to you by blood such as your mother, father, sisters, or brothers had any of the conditions. Have any of your close family members had _____?

Condition	(Don't read)			
	No (1)	Yes (2)	Don't know (7)	Refused (8)
a. Diabetes				
b. Heart attack before age 55				
c. High blood pressure or hypertension				
d. Breast cancer before age 50				
e. Ovarian cancer				

Validation Warnings:

Zero is not a valid response

HH2a. Have any of your close family members who are related to you by blood such as your grandparents, parents, sisters or brothers ever been told by a doctor, nurse, or other health care worker that they had **diabetes**?

- (Don't read) 1 No **Go to Question ##**
 2 Yes
 8 Refused **Go to Question ##**
 9 Don't know/don't remember **Go to Question ##**

Validation Warnings:

Zero is not a valid response

HH2b. Who was told by a doctor, nurse, or other health care worker that they had **diabetes**? Was it _____?

Family members	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your father				
b. Your father's mother				
c. Your father's father				
d. Your mother				
e. Your mother's mother				
f. Your mother's father				
g. Your sister(s) or brother(s)				
h. Other relative such as uncles, aunts, cousins, or children				

i. IF YES, ASK: Who was it?

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

HH3a. Have any of your close family members who are related to you by blood such as your grandparents, parents, sisters or brothers ever been told by a doctor, nurse, or other health care worker that they had **heart problems**?

- (Don't read)**
- 1 No **Go to Question ##**
- 2 Yes
- 8 Refused **Go to Question ##**
- 9 Don't know/don't remember **Go to Question ##**

Validation Warnings:

Zero is not a valid response

HH3b. Who was told by a doctor, nurse, or other health care worker that they had **heart problems**? Was it _____?

Family members	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your father				
b. Your father's mother				
c. Your father's father				
d. Your mother				
e. Your mother's mother				
f. Your mother's father				
g. Your sister(s) or brother(s)				
h. Other relative such as uncles, aunts, cousins, or children				
i. IF YES, ASK: Who was it? <hr/> <hr/>				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

HH4a. Have any of your close family members who are related to you by blood such as your grandparents, parents, sisters or brothers ever been told by a doctor, nurse, or other health care worker that they had **high blood pressure or hypertension**?

- (Don't read) 1 No **Go to Question ##**
 2 Yes
 8 Refused **Go to Question ##**
 9 Don't know/don't remember **Go to Question ##**

Validation Warnings:

Zero is not a valid response

HH4b. Who was told by a doctor, nurse, or other health care worker that they had **high blood pressure or hypertension**?
 Was it _____?

Family members	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your father				
b. Your father's mother				
c. Your father's father				
d. Your mother				
e. Your mother's mother				
f. Your mother's father				
g. Your sister(s) or brother(s)				
h. Other relative such as uncles, aunts, cousins, or children				
i. IF YES, ASK: Who was it? _____ _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

HH5a. Have any of your close family members who are related to you by blood such as your grandparents, parents, sisters or brothers ever been told by a doctor, nurse, or other health care worker that they had **depression**?

- (Don't read) 1 No **Go to Question ##**
 2 Yes
 8 Refused **Go to Question ##**
 9 Don't know/don't remember **Go to Question ##**

Validation Warnings:

Zero is not a valid response

HH5b. Who was told by a doctor, nurse, or other health care worker that they had **depression**? Was it _____?

	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
Family members				
a. Your father				
b. Your father's mother				
c. Your father's father				
d. Your mother				
e. Your mother's mother				
f. Your mother's father				
g. Your sister(s) or brother(s)				
h. Other relative such as uncles, aunts, cousins, or children				
i. IF YES, ASK: Who was it? _____ _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

HH6a. Have any of your close family members who are related to you by blood such as your grandmother, mother, or sisters ever been told by a doctor, nurse or other health care worker that they had **postpartum depression**?

- (Don't read)**
- 1 No ☐ **Go to Question ##**
- 2 Yes
- 8 Refused ☐ **Go to Question ##**
- 9 Don't know/don't remember ☐ **Go to Question ##**

Validation Warnings:

Zero is not a valid response

HH6b. Who was told by a doctor, nurse, or other health care worker that they had **postpartum depression**?
Was it _____?

Family members	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your father's mother				
b. Your mother				
c. Your mother's mother				
d. Your sister(s)				
e. Other relative such as aunts, cousins, or children				
f. IF YES, ASK: Who was it? _____				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

HH7a. Have any of your close family members who are related to you by blood such as your grandparents, parents, sisters or brothers ever been told by a doctor, nurse, or other health care worker that they had **anxiety**?

- (Don't read) 1 No ☐ **Go to Question ##**
 2 Yes
 8 Refused ☐ **Go to Question ##**
 9 Don't know/don't remember ☐ **Go to Question ##**

Validation Warnings:

Zero is not a valid response

HH7b. Who was told by a doctor, nurse, or other health care worker that they had **anxiety**? Was it _____?

Family members	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your father				
b. Your father's mother				
c. Your father's father				
d. Your mother				
e. Your mother's mother				
f. Your mother's father				

g. Your sister(s) or brother(s)				
h. Other relative such as uncles, aunts, cousins, or children				
i. IF YES, ASK: Who was it? <hr/> <hr/>				

Validation Warnings:

Zero is not a valid response

Nine is not a valid response (mail only)

HH8. I'm going to read some problems that some people can have during pregnancy. For each problem, please tell me if your mother or any sister who is related to you by blood had any of these problems **during** any pregnancy. **During** any pregnancy, did anyone in your family have _____?

Problem	(Don't read)			
	No (1)	Yes (2)	Don't know (7)	Refused (8)
a. A baby that was born more than 3 weeks before the due date				
b. Gestational diabetes or diabetes that started during pregnancy				
c. High blood pressure during pregnancy				

Validation Warnings:

Zero is not a valid response

CANCER SUPPLEMENT

NOTE: Add the following transition statement and definition before HH9: “A family medical history is a record of health information about a person and his or her close relatives. The following questions are about your family history of ovarian and breast cancer.”

HH9. I am going to read a list of family members who are related to you by blood. For each one, please tell me if they have had ovarian cancer.

(PROBE: Has _____ had ovarian cancer?)

Relative		Don't read			
		No (1)	Yes (2)	Refused (8)	I don't know (9)
a.	Your mother				
b.	Your mother's mother				
c.	Your father's mother				

HH10. Have any of your other family members who are related to you by blood had ovarian cancer? I am going to read a list of family members, for each one please tell me if they have had ovarian cancer.

Relative		Don't Read			
		No (1)	Yes (2)	Refused (8)	I don't know (9)
a.	A sister or sisters IF YES, ASK: how many had ovarian cancer? _____				
b.	An aunt or aunts IF YES ASK: how many had ovarian cancer? _____				
c.	A female cousin or cousins IF YES, ASK: how many had ovarian cancer? _____				

HH11. I am going to read a list of family members who are related to you by blood. For each one, please tell me if they have had have had breast cancer.

(PROBE: Has _____ had breast cancer?)

Family member	Had Breast Cancer			
	Don't' read			
	No (1)	Yes (2)	Refused (8)	I don't know (7)
Your mother				
Your mother's mother				

Your father's mother				
Your father				
Your mothers' father				
Your father's father				

HH12. Have any of your other family members who are related to you by blood had breast cancer? I am going to read a list of family members, for each one please tell me if they have had breast cancer.

Family Member	Had Breast Cancer			
	No (1)	Yes (2)	I don't know (7)	Not Applicable (6)
A sister or sisters IF YES, ASK: how many had breast cancer? _____				
A brother or brothers IF YES, ASK: how many had breast cancer? _____				
An aunt or aunts IF YES, ASK: how many had breast cancer? _____				
An uncle or uncles IF YES, ASK: how many had breast cancer? _____				
A cousin or cousins IF YES, ASK: how many had breast cancer? _____				

INTERVIEWER: If no one in the mom's family has had breast cancer, go to Question XX.

HH13. Has any woman in your family who is related to you by blood had breast cancer before age 50?

(Don't read)

- 1 No
- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

HH14. Has any woman in your family who is related to you by blood had both breast AND ovarian cancer?

(Don't read)

- 1 No
- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

HH15. Have any of your family members related to you by blood had bilateral breast cancer or breast cancer on both sides?

(Don't read)

- 1 No
- 2 Yes
- 8 Refused
- 7 I don't know

HH16. Do you have Ashkenazi Jewish heritage?

(Don't read)

- 1 No
- 2 Yes
- 8 Refused
- 7 I don't know

NOTE: Add the following transition statement and definition before HH17: "The next questions are about talking to a genetic counselor about your cancer risk. A genetic counselor is a trained professional who talks with you about the chances of having a health condition based on your family medical history."

HH17. Have you ever talked to a *genetic counselor* about your risk for cancer based on your family history?

(Don't read)

- 1 No → Go to end of cancer series
- 2 Yes
- 8 Refused → Go to end of cancer series
- 9 Don't know/don't remember → Go to end of cancer series

HH18. Please tell me which **ONE** of the following was the **MAIN** reason you talked to a genetic counselor about your risk for cancer. Was it because _____?

(PROBE: What was the **MAIN** reason you talked to a genetic counselor about your risk for cancer because_____?)

- 1 Your doctor recommended it
- 2 You requested it
- 3 A family member suggested it
- 4 You heard or read about it in the news
- 5 Was there some other reason?

INTERVIEWER, if she responds "yes" ask → What was the reason? _____

(Don't read)

- 8 Refused
- 9 Don't know/don't remember

HH19. Thinking about your MOST RECENT visit to a *genetic counselor* for cancer risk, what kind of cancer was it for? I'm going to read a list of different types of cancer, for each one please tell me if you received genetic counseling for it.

Cancer Type	Don't read			
	No (1)	Yes (2)	Refused (8)	Don't know (9)

a.	Breast cancer				
c.	Ovarian cancer				
c.	Some other type of cancer?				
d	IF YES ASK → What was that? _____				
.					

END OF CANCER SERIES

II1. How much weight did you gain during **your most recent** pregnancy?

(PROBE: About how much weight did you gain overall during your pregnancy?)

- (Don't read)
- 1 Gained _____ Pounds [Range: 0-150 pounds] OR _____ Kilos [Range:]
- 2 Weight didn't change during pregnancy
- 8 888 Refused
- 7 777 Don't know/don't remember

Validation Warnings:

NOTE: Skip JJ1 if mother did not drink during the 3 months before she got pregnant (Core 27).

JJ1. During the **3 months before** you got pregnant, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span? Was it _____?

(PROBE: During the **3 months before** you got pregnant, about how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?)

- 1 6 or more times
- 2 4 to 5 times
- 3 2 to 3 times
- 4 1 time
- 5 You didn't have 4 drinks or more in a 2 hour time span

- (Don't read)
- 8 Refused
- 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

NOTE: Skip JJ2 if mother did not drink during the last 3 months of her pregnancy (Core JJ3).

JJ2. During the **last 3 months** of your pregnancy, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span? Was it _____?

(PROBE: During the **last 3 months** of your pregnancy, about how many times did you drink 4 alcoholic drinks or more in a two hour time span?)

- 1 6 or more times
- 2 4 to 5 times
- 3 2 to 3 times
- 4 1 time
- 5 You didn't have 4 drinks or more in a 2 hour time span

- (Don't read)**
- 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

JJ3. During the ***last 3 months*** of your pregnancy, how many alcoholic drinks did you have in an average week?
(PROBE: During the ***last 3 months*** of your pregnancy, about how many alcoholic drinks did you have in an average week?)

- 1 14 drinks or more a week
- 2 8 to 13 drinks a week
- 3 4 to 7 drinks a week
- 4 1 to 3 drinks a week
- 5 Less than 1 drink a week
- 6 You didn't drink then

- (Don't read)**
- 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

KK1. Do you currently have an emergency plan for your family in case of disaster? For example, you and your family have talked about how to be safe if a disaster happened.

- (Don't read)**
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

KK2. During ***your most recent*** pregnancy, did you have an emergency plan for your family in case of disaster? For example, you and your family talked about how to be safe if a disaster happened.

- (Don't read)**
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

Validation Warnings:
Zero is not a valid response

KK3. How often do you worry about the possibility of a disaster happening to you or your family? Do you worry about the possibility of a disaster always, sometimes, or never?

- (Don't read)**
- | | |
|---|---------------------------|
| 1 | Always |
| 2 | Sometimes |
| 3 | Never |
| 8 | Refused |
| 9 | Don't know/don't remember |

Validation Warnings:

Zero is not a valid response

KK4. I am going to read you a list of things that some people do to prepare for a disaster. For each one, please tell me if it something you have done to prepare for disaster. Would you say that _____?

Things	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You have an emergency meeting place for family members other than your home				
b. Your family and you have practiced what to do in case of a disaster				
c. You have a plan for how your family and you would keep in touch if you were separated				
d. You have an evacuation plan if you need to leave your home and community				
e. You have an evacuation plan for your child or children in case of a disaster, for example permission for day care or school to release your child to another adult				
f. You have copies of important documents like birth certificates and insurance policies in a safe place outside your home				
g. You have emergency supplies in your home for your family such as enough extra water, food, and medicine to last for at least three days				
h. You have emergency supplies that you keep in your car, at work, or at home to take with you if you have to leave quickly				

MARIJUANA SUPPLEMENT QUESTIONS

DRUG1 /LL1. During any of the following time periods, did you use marijuana or hash in any form? For each time period, please tell me if you used it then.

(PROBE: Did you use marijuana or hash in any form _____?)

Time period	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. During the 12 months before you got pregnant				
b. During your most recent pregnancy				
c. Since your new baby was born				

Validation Warnings:

Zero is not a valid response

LL2. During any of the following time periods, did anyone smoke marijuana products inside your home, including you? For each time period, please tell me if you or anyone else smoked marijuana products then.

(PROBE: Did you or anyone else smoke marijuana products inside your home _____?)

Time period	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. During the 12 months before you got pregnant				
b. During your most recent pregnancy				
c. Since your new baby was born				

LL3. During any of the following time periods, did anyone keep edible marijuana products, such as brownies, cookies, or candy with THC, inside your home? For each time period, please tell me if anyone kept edible marijuana products, inside your home then.

Time period	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. During the 12 months before you got pregnant				
b. During your most recent pregnancy				
c. Since your new baby was born				

LL4. Do you think pregnant women harm their unborn baby's health if they use marijuana during pregnancy? I'm going to read a list of options. Please tell me what you think. Would you say _____?

- 1 No
- 2 Yes, slightly
- 3 Yes, moderately
- 4 Yes, greatly

(Don't read)

- 8 Refused
- 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

LL5. Do you think pregnant women harm their own health if they use marijuana? I'm going to read a list of options. Please tell me what you think. Would you say _____?

- 1 No
- 2 Yes, slightly
- 3 Yes, moderately
- 4 Yes, greatly

(Don't read)

- 8 Refused
- 9 Don't know/don't remember

Validation Warnings:

Zero is not a valid response

LL6. At any time during your most recent pregnancy, did you use marijuana or hash in any form?

(Don't read)

- 1 No → Go to Question #
- 2 Yes
- 8 Refused → Go to Question #
- 9 Don't know/don't remember → Go to Question #

Validation Warnings:

Zero is not a valid response

LL7. During your most recent pregnancy, how often did you use marijuana products in an average week? I'm going to read a list of options. Please tell me which ONE applies to you. Was it _____?

- 1 Daily
- 2 2-3 times per week
- 3 Once a week
- 4 2-3 times per month
- 5 Once a month or less

(Don't read)

- 8 Refused
- 9 Don't know/don't remember

LL8. During **your most recent** pregnancy, how did you use marijuana? I'm going to read a list of options. For each one, please tell me if you used marijuana this way during your pregnancy. Would you say that you _____?

(PROBE: How did you use marijuana during your pregnancy?)

Action		(Don't read)		
			Refused (8)	Don't know (9)
	Smoked it			
	Ate it			
	Drank it			
	Vaporized it			
	Dabbed it			
	Used it some other way?			
	IF YES ASK → How did you use it? _____ _____			

Validation Warnings:
Zero is not a valid response

LL9. Why did you use marijuana products during pregnancy? I'm going to read you a list of reasons. For each one, please tell me if it was a reason for you. Did you use marijuana _____?

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. To relieve nausea				
b. To relieve vomiting				
c. To relieve stress or anxiety				
d. To relieve symptoms of a chronic condition				
e. To relieve pain				
f. For fun or to relax				
g. For some other reason				
IF YES ASK → What was the reason? _____ _____				

LL10. During the 3 months *before* you got pregnant, how often did you use marijuana products in an average week? I'm going to read a list of options. Please tell me which ONE applies to you. Was it _____?

- 1 Daily
- 2 2-3 times per week
- 3 Once a week
- 4 2-3 times per month

- 5 Once a month or less
- (Don't read)**
- 8 Refused
- 9 Don't know/don't remember

LL11. During the *first 3 months* (1st trimester) of your pregnancy, how often did you use marijuana products in an average week? I'm going to read a list of options. Please tell me which ONE applies to you. Was it _____?

- 1 Daily
- 2 2-3 times per week
- 3 Once a week
- 4 2-3 times per month
- 5 Once a month or less
- 6 You did not use marijuana products then → **Go to Question X**
- (Don't read)**
- 8 Refused
- 9 Don't know/don't remember

LL12. During the *first 3 months* or 1st trimester of your pregnancy, how did you use marijuana? I'm going to read a list of options. For each one, please tell me if it applies to you. Would you say that you _____?

Action		(Don't read)			
				Refused (8)	Don't know (9)
<input type="checkbox"/>	Smoked it				
<input type="checkbox"/>	Ate it				
<input type="checkbox"/>	Drank it				
<input type="checkbox"/>	Vaporized it				
<input type="checkbox"/>	Dabbed it				
<input type="checkbox"/>	Used it some other way?				
<input type="checkbox"/>	IF YES ASK → What was that? _____ _____				

LL13. During the *middle 3 months* of your pregnancy, how often did you use marijuana products in an average week? I'm going to read a list of options. Please tell me which ONE applies to you. Was it _____?

- 1 Daily
- 2 2-3 times per week
- 3 Once a week
- 4 2-3 times per month
- 5 Once a month or less
- 6 I did not use marijuana products then → **Go to Question X**
- (Don't read)**
- 8 Refused
- 9 Don't know/don't remember

LL14. During the middle 3 months of your pregnancy, how did you use marijuana? I'm going to read a list of options. For each one, please tell me if it applies to you. Would you say that you _____?

Action		(Don't read)			
				Refused (8)	Don't know (9)
<input type="checkbox"/>	Smoked it				
<input type="checkbox"/>	Ate it				
<input type="checkbox"/>	Drank it				
<input type="checkbox"/>	Vaporized it				
<input type="checkbox"/>	Dabbed it				
<input type="checkbox"/>	Used it some other way?				
<input type="checkbox"/>	IF YES ASK → What was that? _____ _____				

LL15. During the last 3 months of your pregnancy, how often did you use marijuana products in an average week? I'm going to read a list of options. Please tell me which ONE applies to you.

Was it _____?

- 1 Daily
- 2 2-3 times per week
- 3 Once a week
- 4 2-3 times per month
- 5 Once a month or less
- 6 I did not use marijuana products then → Go to Question X

(Don't read)

- 8 Refused → Go to Question X
- 9 Don't know/don't remember → Go to Question X

LL16. During the last 3 months of your pregnancy, how did you use marijuana? I'm going to read a list of options. For each one, please tell me if it applies to you. Would you say that you _____?

Action		(Don't read)			
				Refused (8)	Don't know (9)
<input type="checkbox"/>	Smoked it				
<input type="checkbox"/>	Ate it				
<input type="checkbox"/>	Drank it				
<input type="checkbox"/>	Vaporized it				
<input type="checkbox"/>	Dabbed it				
<input type="checkbox"/>	Used it some other way?				
<input type="checkbox"/>	IF YES ASK → What was that? _____ _____				

NOTE: INTERVIEWER: Skip LL17 if the mother did not have prenatal care (Core 13).

LL17. I'm going to read a list of things that a doctor, nurse, or other health care worker might do during prenatal care visits? For each one, please tell me if a doctor, nurse, or other health care worker did this. Please include if they asked you on a written form or in a conversation. Did they _____?

(PROBE: Did a doctor, nurse or other health care provider ____?)

Action	(Don't read)			
	Yes (1)	No (2)	Refused (8)	Don't know (9)
a. Ask you if you were using marijuana?				
b. Recommend that you use marijuana for any reason?				
c. Advise you not to use marijuana?				
d. Advise you not to breastfeed your baby while using marijuana				

LL18. *Since your new baby was born*, have you used marijuana or hash in any form?

(Don't read)

- 1 No → Go to Question x
- 2 Yes
- 8 Refused → Go to Question x
- 9 Don't know/don't remember → Go to Question x

INTERVIEWER: Skip LL19 and LL20 if the infant is not alive or not living with the mother (Core 32 and/or Core 33) or if the mother is not currently breastfeeding (Core 36)

LL19. *Since your new baby was born*, how often do you use marijuana products in an average week? I'm going to read a list of options. Please tell me which ONE applies to you. Is it _____?

- 1 Daily
- 2 2-3 times per week
- 3 Once a week
- 4 2-3 times per month
- 5 Once a month or less

(Don't read)

- 8 Refused
- 9 Don't know/don't remember

LL20. How long after you use marijuana do you wait before you breastfeed your baby or pump milk?

(Don't read)

- 1 _____minutes

OR

2 _____ hours

OR

3 _____ days

4 You do not use marijuana → Go to Question ##

5 You are not breastfeeding → Go to Question ##

8 Refused

9 Don't know /don't remember

LL21. I'm going to read a list of options. Please tell me how long you think it is necessary for a woman to wait after using marijuana to breastfeed her baby? Do you think _____?

1 She doesn't need to wait at all

2 It is best to wait until she is no longer high

3 It is best to wait at least 2-3 hours after she is no longer high

4 It is not safe to use marijuana at all while breastfeeding

(Don't read) 8 Refused

9 Don't know/don't remember

ZIKA MODULE

NOTE: Add the following transition statement and definition before MM1: “These next questions are about Zika virus. Zika virus infection is an illness that is most often spread by the bite of a mosquito, but may also be spread by having sex with a man who has the Zika virus”.

MM1. During *your most recent* pregnancy, how worried were you about getting infected with Zika virus? Would you say very worried, somewhat worried, not at all worried, or you had never heard of Zika virus?

(PROBE: Repeat question as necessary.)

- 1 Very worried
- 2 Somewhat worried
- 3 Not at all worried
- 4 Never heard of Zika virus → **Go to MM5**

(Don't read)

- 8 Refused → **Go to MM5**
- 9 Don't know/don't remember → **Go to MM5**

MM2. At any time during *your most recent* pregnancy, did you talk with a doctor, nurse, or other healthcare worker about Zika virus? I'm going to read a list of options. Please tell me which ONE best applies to you.

Is it _____?

- 1 No
- 2 Yes, a healthcare worker talked with you without you asking about it
- 3 Yes, a healthcare worker talked with you, but only AFTER you asked about it

(Don't read) 8 Refused

- 9 Don't know/don't remember

MM3. During *your most recent* pregnancy, did you get a blood test for Zika virus?

(Don't read)

- 1 No
- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

NOTE: Add the following transition statement before MM4: “The next questions are about travel during your most recent pregnancy.”

MM4. During *your most recent* pregnancy, were you aware of recommendations that pregnant women should avoid travel to areas with Zika virus?

(Don't read)

- 1 No
- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

MM5. At any time during *your most recent* pregnancy, did you live or travel outside the 50 United States?

(Don't read)

- 1 No → **Go to MM9**
- 2 Yes
- 8 Refused → **Go to MM9**
- 9 Don't know/don't remember → **Go to MM9**

MM6. I would like to ask you where, when and for how long you lived or traveled outside the 50 United States during *your most recent* pregnancy. It may help to use a calendar. If you can't remember the exact date, please just tell me the month and year. If you took more than 2 trips, please tell me about the **FIRST** two trips during your most recent pregnancy.

MM6a. Where did you live or travel outside the 50 United States during *your most recent* pregnancy?

(PROBE: What country or territory did you live in or travel to? If you went more than 1 time, where did you go the first time during *your most recent* pregnancy?)

(Don't read)

_____ (country or territory)

- 8 Refused
- 9 Don't know/don't remember

MM6b. What was the first day of your trip?

(PROBE: On what date did you leave for your trip?)

(Don't read)

_____/_____/_____ (month/day/year)

- 88/88/8888 Refused
- 99/99/9999 Don't know/ don't remember

MM6c. How many days did you stay?

(**PROBE:** About how long did you stay?)

(**Don't read**)

_____ days

8888 Refused

9999 Don't remember

MM6d. Did you live or travel anywhere else outside the 50 United States *during your most recent pregnancy*?

(**Don't read**)

1 No → **Go to MM7**

2 Yes

8 Refused → **Go to MM7**

9 Don't know/don't remember → **Go to MM7**

MM6e. Where else did you live or travel outside the 50 United States for *during your most recent pregnancy*?

(**PROBE:** What country or territory did you live in or travel to for the second time during your pregnancy?)

(**Don't read**)

_____ (country or territory)

8 Refused

9 Don't know/don't remember

MM6f. What was the first day of your trip?

(**PROBE:** On what date did you leave for your trip?)

(**Don't read**)

_____/_____/_____ (month/day/year)

88/88/8888 Refused

99/99/9999 Don't know/ don't remember

MM6g. How many days did you stay?

(**PROBE:** About how long did you stay?)

(**Don't read**)

_____ days

8888 Refused

9999 Don't remember

MM7. Did the place you lived in or travelled to have a tropical climate? These tend to be hot and humid places.

(Don't read)

- 1 No → **Go to MM9**
- 2 Yes
- 8 Refused → **Go to MM9**
- 9 Don't know/don't remember → **Go to MM9**

MM8. How often did you do things to try to avoid mosquito bites while you were living in or traveling to the places you listed above? Some things that people do to avoid mosquito bites include wearing long-sleeved shirts and long pants, using mosquito repellent, and staying inside places with air conditioning or screened windows and doors. Would you say that it is every day, some days, or never?

- 1 Every day
- 2 Some days
- 3 Never

(Don't read)

- 4 There were no mosquitoes
- 8 Refused
- 9 Don't know/don't remember

NOTE: Add the following transition statement before MM9: "The next questions are about your husband or any male partner."

MM9. At any time in the *6 months before* your most recent pregnancy *or during* your pregnancy, did your husband or any male partner travel outside the 50 United States?

(Don't read)

- 1 No → **Go to MM11**
- 2 Yes
- 8 Refused → **Go to MM11**
- 9 Don't know/don't remember → **Go to MM11**

MM10. Did the place your husband or any male partner lived in or travelled to have a tropical climate? These tend to be hot and humid places.

(Don't read)

- 1 No
- 2 Yes
- 7 I don't know/don't remember
- 8 Refused

MM11. *During your most recent pregnancy, how often did you use condoms when you had sex with your husband or any male partner? Would you say it was every time you had sex, sometimes or never?*

(PROBE: Repeat question as needed)

- 1 Every time → **Go to the end**
- 2 Sometimes
- 3 Never

(Don't read)

- 4 You didn't have sex during your pregnancy → **Go to the end of Zika series**
- 8 Refused → **Go to the end of Zika series**
- 9 Don't know/don't remember → **Go to the end of Zika series**

MM12. *What were your reasons for not using condoms during your most recent pregnancy? I'm going to read a list of options, for each one, please tell me **No** if it was not a reason for you not using condoms or **Yes** if it was. Was it because _____?*

(PROBE: What were your reasons for not using condoms during your most recent pregnancy?)

Reasons			Refused (8)	Don't know (9)
You didn't think you needed to use condoms during pregnancy				
You didn't know you can get Zika virus from having sex				
You didn't think your husband or male partner had Zika virus				
You were not worried about getting the Zika virus				
You didn't want to use condoms				
Your husband or male partner didn't want to use condoms				
Some other reason?				
IF YES ASK → What was that? _____ _____ _____				

ENVIRONMENTAL EXPOSURES SUPPLEMENT

NN1. During *your most recent* pregnancy, how often did you eat largemouth bass, tuna, shark, king mackerel or swordfish? I'm going to read a list of options. Please tell me which ONE best applies to you.

- 1 3 or more times a week
- 2 1 to 2 times a week
- 3 1 to 3 times a month
- 4 Less than once a month
- 5 You didn't eat those fish during my pregnancy → Go to question ##

(Don't read)

- 8 Refused → Go to question ##
- 9 Don't know/don't remember → Go to question ##

NN2. Where did you get largemouth bass, tuna, shark, king mackerel or swordfish that you ate during your pregnancy? I'm going to read a list of options. For each one, please tell me if you got your fish from that location. Did you get it from _____?

Location		(Don't read)			
				Refused (8)	Don't know (9)
	From the grocery store				
	From a fish market or farmer's market				
	From a restaurant				
	Caught by you or someone else from the ocean				
	Caught by you or someone else from a local river, stream, lake, or pond				
	Caught by you or someone else from one of the Great Lakes				
	Some other place				
	IF YES ASK → Where? _____				

NN3. I'm going to read a list of product some people may use every day or most days around the house, or as part of their job. For each one, tell me if you used it every day or on most days during *your most recent* pregnancy.

(PROBE: During **your most recent** pregnancy did you use _____?)

Products	(Don't read)		
		Refused (8)	Don't know (9)
Strong degreasers such as oven cleaner or heavy duty degreaser			
Furniture or shoe polish			
Bleach products without good ventilation			
Clothes that were freshly dry-cleaned			
Air fresheners, plug-ins or incense			
Strong smelling perfume or deodorant			
Strong smelling nail polish			

NN4. During *your most recent* pregnancy, on average, how often did you eat food that was microwaved in a plastic container? I'm going to read a list of options. Please tell me which ONE best applies to you.

Was it _____?

- 1 More than once a day
- 2 Once a day
- 3 2 to 6 times a week
- 4 Once a week
- 5 Less than once a week
- 6 Never

(Don't read)

- 8 Refused
- 9 Don't know/don't remember

NOTE: Skip NN5 if the mother did not have prenatal care (Core 13).

NN5 can be combined with R14 by adding the response option, "How eating fish with high levels of mercury during pregnancy could affect my baby." R22e can also be combined with NN5 by adding it as a response option "Medicines that are safe to take during my pregnancy." Alternatively, one or more response options from NN5 can be added to R22.

NN5. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the following things? Please count only discussions, not reading materials or videos. Did someone talk with you about _____?

	(Don't read)		
		Refused	Don't know

Thing			(8)	(9)
How you being exposed to lead could affect your baby				
How using pesticides, which are chemicals to kill insects, rodents or weeds during pregnancy, could affect your baby				
How using water bottles or other bottles made of polycarbonate plastic also known as BPA, or recycle #7, during pregnancy could affect your baby				

NN6. During *your most recent* pregnancy, was your doctor, nurse, or other health care worker able to answer any questions about environmental exposures? I'm going to read a list of options, please tell me which ONE applies to you. Is it _____?

- 1 No
- 2 Yes
- 3 You didn't ask your health care worker any questions about environmental exposures
- 4 You didn't have any concerns about environmental exposures

(Don't read)

- 8 Refused
- 9 Don't know/don't remember