**Form Approved**

 **OMB No. 0920-xxxx**

 **Exp. Date xx/xx/xxxx**

Pregnancy Risk Assessment Monitoring System (PRAMS)

Phase 8 Standard Questions

NOTE: Skip A1–A5 if the mother was not trying to get pregnant (E5).

A1 is required if A2, A4 or A5 is used.

BEFORE A1, if E6, E5, E3 are used, insert instruction box that says, “If you were not trying to get pregnant when you got pregnant with your 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.

No 🡺 **Go to Question ##**

Yes

A2. Did you use any of the following fertility treatments *during the month you got pregnant* with your *new* baby? Check ALL that apply

Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid®, Serophene®, Pergonal®, or other drugs that stimulate ovulation)

Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman’s body)

Assisted reproductive technology (treatments in which BOTH a woman’s eggs and a man’s sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)

Other medical treatment 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I wasn’t using fertility treatments *during the month* that I got pregnant with my new baby

**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 yournew baby**? Do not count long periods of time when you and your partner were apart or not having sex.

0 to 5 months

6 to 11 months

1 to 2 years

3 to 4 years

5 to 6 years

More than 6 years

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

1 cycle

2 to 3 cycles

4 to 6 cycles

7 or more cycles

**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).**

**Change the skip arrow on Core Q35 from “no” to “yes” and AFTER B1, insert instruction box that says, “If you did not breastfeed your new baby, go to Question .…”**

B1. What were your reasons for not breastfeeding your new baby? Check ALL that apply

I was sick or on medicine

I had other children to take care of

I had too many household duties

I didn’t like breastfeeding

I tried but it was too hard

I didn’t want to

I went back to work

I went back to school

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. What were your reasons for stopping breastfeeding? Check ALL that apply

My baby had difficulty latching or nursing

Breast milk alone did not satisfy my baby

I thought my baby was not gaining enough weight

My nipples were sore, cracked, or bleeding or it was too painful

I thought I was not producing enough milk, or my milk dried up

I had too many other household duties

I felt it was the right time to stop breastfeeding

I got sick or I had to stop for medical reasons

I went back to work

I went back to school

My husband or partner did not support breastfeeding

My baby was jaundiced (yellowing of the skin or whites of the eyes)

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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).

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

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

B3. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check No if it did not happen or Yes if it did.

 **No Yes**

a. Hospital staff gave me information about breastfeeding 🗆 🗆

b. My baby stayed in the same room with me at the hospital 🗆 🗆

c. I breastfed my baby in the hospital 🗆 🗆

d. Hospital staff helped me learn how to breastfeed 🗆 🗆

e. I breastfed in the first hour after my baby was born 🗆 🗆

f. My baby was placed in skin-to-skin contact within the first hour of life…………………..🗆 🗆

g. My baby was fed only breast milk at the hospital 🗆 🗆

h. Hospital staff told me to breastfeed whenever my baby wanted 🗆 🗆

i. The hospital gave me a breast pump to use 🗆 🗆

j. The hospital gave me a gift pack with formula 🗆 🗆

k. The hospital gave me a telephone number to call for help with breastfeeding 🗆 🗆

l. Hospital staff gave my baby a pacifier. 🗆 🗆

B4. During *your most recent* pregnancy, what did you think about breastfeeding your new baby? Check ONE answer

I knew I wanted to breastfeed

I thought I might breastfeed

I knew I would ***not*** breastfeed

I didn’t know what to do about breastfeeding

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?**

No 🡺 **Go to Question ##**

Yes

**B6. Who suggested that you *not* breastfeed your new baby? Check ALL that apply**

My husband or partner

My mother, father, or in-laws

Other family member or relative

My friends

My baby’s doctor, nurse, or other health care worker

My doctor, nurse, or other health care worker

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?**

No

Yes

**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?**

No

Yes

**B9. *Before* your new baby was born, did any of the following things happen? Check ALL that apply**

Someone answered my questions about breastfeeding

I was offered a class on breastfeeding

I attended a class on breastfeeding

I decided or planned to feed *only* breast milk to my baby

I discussed feeding *only* breast milk to my baby with my family

I discussed feeding *only* breast milk to my baby with my health care worker

I chose not to breastfeed my baby

NOTE: Skip B10-B11 if infant is not alive or not living with the mother (Core 32 and/or Core 33).

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 had liquids other than breast milk (such as formula, water, juice, or cow’s milk)?**

 **[BOX]** Weeks **OR** **[BOX]** Months

My baby was less than 1 week old

My baby has not had any liquids other than breast milk

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)?

**[BOX]** Weeks **OR** **[BOX]** Months

My baby was less than 1 week old

My baby has not eaten any foods

**B12. (Phase 7, Core 27) During *your most recent* pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?**

No

Yes

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

**B13.** **(NEW)** ***After* your new baby was born, did you receive the kinds of help with breastfeeding that are listed below?** For each one, check **No** if you did not receive this kind of breastfeeding help or **Yes** if you did.

 **No Yes**

Someone to answer my questions

Help getting my baby positioned correctly

Help knowing if my baby was getting enough milk

Help with managing pain or bleeding nipples

Information about where to get a breast pump

Help using a breast pump

Information about breastfeeding support groups

Other 🡺 Please tell us:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

No 🡺 Go to Question X

Yes

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

**B15. (NEW) Did your health insurance pay for a breast pump for you to use with your *new* baby?**

No

Yes, but I had to make a co-payment

Yes, with no co-payment

I did not have health insurance

I don’t know

**B16. (NEW)Where did you get the breast pump or pumps that you use with your new baby**? **Check ALL that apply**

From the hospital for free

Rented from the hospital or doctor’s office

Bought new from a hospital or doctor’s office

Bought new from a store or online website

Received new as a gift

Bought used or someone gave it to me used

I had one from a previous child

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?

No, I don’t go to school or work 🡺 **Go to Question ##**

Yes, I go to school or work outside the home

Yes, I go to school or work from home

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

My husband or partner

Baby’s grandparent

Other close family member or relative

Friend or neighbor

Babysitter, nanny, or other child care provider

Staff at day care center

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The baby is with me while I am at school or work 🡺 Go to Question ##

NOTE: C3 requires C2, with the skip arrow off of the last answer option. If C3 is not added, remove the skip in C2.

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? Check ONE answer

Always

Often

Sometimes

Rarely

Never

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

No 🡺 **Go to Question ##**

Yes

NOTE: C5 and C6 need C4 (skip goes to C11 in this series. If C11 is not used, skip to the next topic).

**C5. During *your most recent* pregnancy, how many hours did you work per week at your *main* job?**

40 or more hours per week

21 – 39 hours per week

20 hours per week or less

**C6. Which of the following best describes your work schedule during the *last month* of your most recent pregnancy? Check ONE answer**

I worked up to the time of delivery with no change in schedule

I cut back on my work hours

I took time off before the birth of my baby

I stopped working due to doctor’s orders

I quit my job 🡺 **Go to Question ##**

I was laid off or fired from my job 🡺 **Go to Question ##**

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?** **Check ONE answer**

No, and I do not plan to return 🡺 **Go to Question ##**

No, but I will be returning

Yes

**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. Did you take leave from work *after* your new baby was born? Check ALL that apply**

I took *paid* leave from my job

I took *unpaid* leave from my job

*State-specific options (Leave or disability programs)*

I did not take any leave

**C9. How did you feel about the amount of time you were able to take off *after* the birth of your new baby? Check ONE answer**

Too little time

Just the right amount of time

Too much time

**C10. Did any of the things listed below affect your decision about taking leave from work *after* your new baby was born?** For each item, check **No** if it does not apply to you or **Yes** if it does.

 **No Yes**

1. I could not financially afford to take leave 🗆 🗆
2. I was afraid I’d lose my job if I took leave or stayed out longer 🗆 🗆
3. I had too much work to do to take leave or stay out longer 🗆 🗆
4. My job does not have paid leave 🗆 🗆
5. My job does not offer a flexible work schedule 🗆 🗆
6. I had not built up enough leave time to take any or more time off 🗆 🗆

**C11. Did your baby's father take leave from work *after* your new baby was born? Check ONE answer**

No, he did not take leave from his job

Yes, he took *paid* leave from his job

Yes, he took *unpaid* leave from his job

Yes, he took *paid and unpaid* leave from his job

My baby's father was unemployed

I don’t know

**NOTE: C12 and C13 require C4**.

**C12.**  (**NEW**) **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?**

 Job title:

 Job duties:

**C13. (NEW) Thinking about your MAIN job *during your most recent pregnancy*, what type of company did you work for (what did the company do or make)?**

 Type of company:

 I don’t know

**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. (NEW) How many weeks *or* months of leave, in total, did you take or will you take?**

[BOX] Weeks **OR** [BOX] Months

Less than 1 week

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?

 Boy

 Girl 🡺**Go to Question ##**

D2. Did you have your new baby boy circumcised?

 No

 Yes

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 you or your husband or partner was not doing anything to keep from getting pregnant, go to Question.…”

E3. What method of birth control were you using when you got pregnant? Check ALL that apply

Birth control pills

Condoms

Shots or injections (Depo-Provera®)

Contraceptive implant in the arm (Nexplanon® or Implanon®)

Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)

IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)

Natural family planning (including rhythm method)

Withdrawal (pulling out)

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

No

Yes

**E5. (Phase 7, Core 14) When you got pregnant with your new baby, were you trying to get pregnant?**

No

Yes **🡺** Go to Question X

**NOTE: E5 is a required filter for E6.**

**E6. (Phase 7, Core 15) 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.

No

Yes

**NOTE: E6 is a required filter or E7.**

**E7. (Phase 7, Core 16) What were your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant?** **Check ALL that apply**

I didn’t mind if I got pregnant

I thought I could not get pregnant at that time

I had side effects from the birth control method I was using

I had problems getting birth control when I needed it

I thought my husband or partner or I was sterile (could not get pregnant at all)

My husband or partner didn’t want to use anything

I forgot to use a birth control method

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F1-F3 replaced with Core 39, 40 & 41**

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 your baby never sleeps alone in his or her own crib or bed, go to Question #.”

**F4. (NEW) Who does your new baby *usually* sleep with when he or she is not sleeping alone? Check ALL that apply**

Me

My husband or partner

Someone else 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

No 🡺 **Go to Question ##**

Yes

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? Check ALL that apply

Magazine or newspaper article

Radio or television

Doctor, nurse, or other health care worker

Book

Family or friends

Other 🡺Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

To make strong bones

To prevent birth defects

To prevent high blood pressure

I don’t know

G4. Which of the following things would cause *you* to take multivitamins, prenatal vitamins, or folic acid vitamins? Check ALL that apply

I didn’t usually eat the right foods

It prevented heart disease

It was good for my general health

It would help me have a healthy baby someday

My family or friends said it was a good idea

My doctor, nurse, or other health care worker said it was a good idea

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 did not take a multivitamin, prenatal vitamin, or folic acid vitamin at all

1 to 3 times a week

4 to 6 times a week

Every day of the week

G6. Duringthe *past month*, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

I did not take a multivitamin, prenatal vitamin, or folic acid vitamin at all

1 to 3 times a week

4 to 6 times a week

Every day of the week

**G7a. During the *last 3 months* of your most recent pregnancy, about how many servings of *fruit* did you have in a day?** **Check ONE answer**

Zero servings (none)

1 or 2 servings per day

3 or 4 servings per day

5 or more servings per day

**G7b. During the *last 3 months* of your most recent pregnancy, about how many servings of *vegetables* did you have in a day?** **Check ONE answer**

Zero servings (none)

1 or 2 servings per day

3 or 4 servings per day

5 or more servings per day

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

**G8. During the *month before* you got pregnant with your new baby, what were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins?** **Check ALL that apply**

I wasn’t planning to get pregnant

I didn’t think I needed to take vitamins

I didn’t want to take vitamins

The vitamins were too expensive

The vitamins gave me side effects (such as nausea or constipation)

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?

No

Yes

H2. What kind of health insurance is your new baby covered by now? Check ALL that apply

Private health insurance from my job or the job of my husband or partner

Private health insurance from my parents

Private health insurance from the *<State>* Health Insurance Marketplaceor *<state website*> orHealthCare.gov

Medicaid (required: *state Medicaid name*)

*State-specific option (Other government plan or program such as SCHIP/CHIP)*

*State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*

*State-specific option (TRICARE or other military health care)*

*State-specific option (IHS or tribal)* Other health insurance 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do not have any health insurance for my new baby

NOTE: Skip H3–H4 if infant is not alive or not living with the mother (Core 32 and/or Core 33).

H4 must be used with H3, but H3 can be used alone.

H3. Is your new baby in the Child Health Insurance Program (CHIP)?

No

Yes 🡺 **Go to Question ##**

H4. Why didn’t you enroll your new baby in CHIP? Check ALL that apply

I didn’t know about the program

I already had insurance

I didn’t think he or she was eligible

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 If H5, H6 and/or H7 is used, add a skip arrow to the last answer option in H2.

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

***now*?**

No

 Yes

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

No

Yes 🡺 About how much per month? \_\_\_\_\_

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

No

Yes

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 you did not have an HIV test *before* this pregnancy, go to Question x.”

I3. When were you tested *before* this pregnancy? Check ONE answer

Less than 6 months before I got pregnant

6 months to 1 year before I got pregnant

More than 1 year before I got pregnant

**I4-I6 replaced with I9**

**I8. (Phase 7, Core 20) At any time during *your most recent* pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?**

No

Yes **🡺 Go to Question x**

I don’t know **🡺 Go to Question x**

**I9. Why didn’t you have an HIV test during your most recent pregnancy or delivery?**

 **Check ALL that apply**

I was not offered the test

 I did not want to have the test

I already knew my HIV status

I did not think I was at risk for HIV

I did not want people to think I was at risk for HIV

I was afraid of getting the result

I was tested *before* this pregnancy, and did not think I needed to be tested again

 Other reason **🡺** Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J1 replaced with modified version is now Phase 8 Core 47

**NOTE: Skip J2 if mom has not had a postpartum checkup.**

**J2. (NEW) Where did you go for your postpartum checkup?**

My family doctor’s office

My OB/GYN’s office

Hospital clinic

Health department clinic

*State-specific option*

*State-specific option*

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 instruction to skip.

AFTER J3, add: “If you did not have a postpartum checkup, go to Question #...”.

**J3. (NEW) Did any of these things keep you from having a postpartum checkup? Check ALL that apply**

I didn’t have health insurance to cover the cost of the visit

I felt fine and did not think I needed to have a visit

I couldn’t get an appointment when I wanted one

I didn’t have any transportation to get to the clinic or doctor’s office

I had too many things going on

I couldn’t take time off from work

 Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

J4. (NEW) How did you feel about the care you got during your postpartum checkup? For each item, check No if you were not satisfied or Yes if you were satisfied.

 **No Yes**

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 you did not have any health care visits, go to Question #...”.

**J5. (NEW) Why didn’t you have any health care visits in the *12 months before* you got pregnant with your new baby?** Check ALL that apply

I didn’t have health insurance to cover the cost of the visit

I felt fine and did not think I needed to have a visit

I couldn’t get an appointment when I wanted one

I didn’t have any transportation to get to the clinic or doctor’s office

I had too many things going on

I couldn’t take time off from work

 Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Skip K1 if mother has not had a previous infant born alive (FF5 is a required filter).

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)?

No

Yes

K3. How was your new baby delivered?

Vaginally

Cesarean delivery (c-section)

NOTE: Skip K4 if mother did not have prenatal care (Core 13).

K4. How did the doctor, nurse, or other health care worker who provided your prenatal care suggest you deliver your new baby? Check ONE answer

He or she suggested I deliver my baby vaginally (naturally)

He or she suggested I have a cesarean delivery (c-section)

He or she didn’t suggest how I deliver my baby

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

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

No

Yes

I didn’t have my baby in the hospital

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. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)?** **Check ONE answer**

My health care provider recommended a cesarean delivery ***before*** I went into labor

My health care provider recommended a cesarean delivery while I was in labor

I asked for the cesarean delivery

**K7. What was the reason that your new baby was born by cesarean delivery (c-section)?** **Check ALL that apply**

I had a previous cesarean delivery (c-section)

My baby was in the wrong position (such as breech)

I was past my due date

My health care provider worried that my baby was too big

I had a medical condition that made labor dangerous for me (such as heart condition, physical disability)

I had a complication in my pregnancy (such as pre-eclampsia, placental problems, infection, preterm labor)

My health care provider tried to induce my labor, but it didn’t work

Labor was taking too long

The fetal monitor showed that my baby was having problems before or during labor (fetal distress)

I wanted to schedule my delivery

I didn’t want to have my baby vaginally

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**K8. Did you plan or schedule a cesarean delivery (c-section) at least one week before yournew baby was born?**

No

Yes

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 (start your contractions using medicine)?**

No 🡺 Go to Question ##

Yes

I don’t know 🡺 Go to Question ##

**K10. Why did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)? Check ALL that apply**

 My water broke and there was a fear of infection

 I was past my due date

 My health care provider worried about the size of the baby

 My baby was not doing well and needed to be born

I had a complication in my pregnancy (such as low amniotic fluid or pre-eclampsia)

 I wanted to schedule my delivery

 I wanted to give birth with a specific health care provider

 Other 🡺 Please tell us:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Add a skip arrow to Core 31 response option “My 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?**

No

Yes

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

No

Yes

**K13. When was your baby due?**

|  |  |  |
| --- | --- | --- |
| **[BOX]** | **/[BOX]** | **/20\_\_\_[BOX]** |
| Month | Day | Year |

**K14. When did you go into the hospital to have your baby?**

|  |  |  |
| --- | --- | --- |
| **[BOX]** | **/[BOX]** | **/20\_\_\_[BOX]** |
| Month | Day | Year |

I didn’t have my baby in a hospital

**K15.** **When were you discharged from the hospital after your baby was born?**

|  |  |  |
| --- | --- | --- |
| **[BOX]** | **/[BOX]** | **/20\_\_\_[BOX]** |
| Month | Day | Year |

I didn’t have my baby in a hospital

K16. (Phase 7, Core 41) After your baby was delivered, was he or she put in an intensive care unit (NICU)?

No

Yes

I don’t know

L1. Other than prenatal vitamins, did you take any over-the-counter or prescribed medicine during pregnancy, even for a short period of time?

No

Yes

L2. Have you ever had German measles (rubella) or been vaccinated for German measles?

No

Yes

L3. Have you ever had chickenpox (varicella) or been vaccinated for chickenpox?

No

Yes

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

No 🡺 **Go to Question ##**

Yes

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?

No 🡺 **Go to Question ##**

Yes

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

L6. When did you start taking the medicine?

I started taking the medicine during my pregnancy

I started taking the medicine in the year before I got pregnant

I started taking the medicine more than a year before I got pregnant

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

None

1

2

3 or more

~~NOTE: Skip L9 if mother has not had a postpartum checkup (Core 53).~~

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

Poor

|  |
| --- |
| **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. During the~~ *~~3 months before~~* ~~you got pregnant with your new baby, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.~~

 No Yes

a. Asthma 🗆 🗆

b. Anemia (poor blood, low iron) 🗆 🗆

c. Heart problems 🗆 🗆

d. Epilepsy (seizures) 🗆 🗆

e. Thyroid problems 🗆 🗆

f. PCOS (polycystic ovarian syndrome)……………………………………………………..... 🗆 🗆

g. Anxiety 🗆 🗆

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 . What were your reasons for not getting a flu shot during the *12 months before the birth* of your new baby? For each item, check No if it was not a reason for you or Yes if it was.

 **No Yes**

a. My doctor didn’t mention anything about a flu shot 🗆 🗆

b. I was worried about side effects of the flu shot for me 🗆 🗆

c. I was worried that the flu shot might harm my baby 🗆 🗆

d. I was not worried about getting sick with the flu 🗆 🗆

e. I do not think the flu shot works 🗆 🗆

f. I don’t normally get a flu shot 🗆 🗆

g. Other 🗆 🗆

Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

L15. Have you ever had a flu shot?

No

Yes

**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 for Phase 8; a modified version to serve as a filter for L18 was developed and named L27.

L18. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below about preparing for a pregnancy? *Please count only discussions*, not reading materials or videos. For each item, check No if no one talked with you about it or Yes if someone did.

 **No Yes**

1. Getting my vaccines updated before pregnancy 🗆 🗆
2. Visiting a dentist or dental hygienist before pregnancy 🗆 🗆
3. Getting counseling for any genetic diseases that run in my family 🗆 🗆
4. Getting counseling or treatment for depression or anxiety 🗆 🗆
5. The safety of using prescription or over-the-counter medicines during pregnancy 🗆 🗆
6. How smoking during pregnancy can affect a baby 🗆 🗆
7. How drinking alcohol during pregnancy can affect a baby 🗆 🗆
8. How using illegal drugs during pregnancy can affect a baby 🗆 🗆

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

**L19. Where did you get your flu shot? Check ONE answer**

My obstetrician or gynecologist's office

 My family doctor or other doctor's office

 A health department or community clinic

 A hospital

 A pharmacy, drug store, or grocery store

 My work place or school

 Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

No

Yes

**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?**

No 🡺 **Go to Question ##**

Yes

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?**

No

Yes

**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?**

No

        Yes

**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 (whooping cough).

No

Yes

I don’t know

**L26. (Phase 7, Core 7) At any time during the *12 months before* you got pregnant with your new baby, did you do any of the following things?** For each item, check **No** if you did not do it or **Yes** if you did it.

No Yes

1. I was dieting (changing my eating habits) to lose weight 🗆 🗆
2. I was exercising 3 or more days of the week for fitness outside of my regular job 🗆 🗆
3. I was regularly taking prescription medicines other than birth control 🗆 🗆
4. A health care worker checked me for diabetes 🗆 🗆
5. I talked to a health care worker about my family medical history 🗆 🗆

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?

No

Yes

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

No 🡺 **Go to Question x**

Yes

**L29. (NEW) What kind of thyroid problem do you have? Check ONE answer**

Hypothyroidism  (underactive thyroid)

Hyperthyroidism (overactive thyroid)

Both hypothyroidism and hyperthyroidism

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I don’t know

**L30. (NEW) Have you ever experienced any of the following health problems?** For each condition, check **No** if you have not experienced it or **Yes** if you have.

**No Yes**

1. Irregular periods (menstruation)………………….…………………………🗆 🗆
2. Skin condition that causes pimples (acne) …………………………………🗆 🗆
3. Increased hair growth on the face, chest, or other parts of the body………………………………………………………………………...🗆 🗆
4. Being overweight or obese…………………………………………………🗆 🗆

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

No **🡺 Go to Question x**

Yes

I don’t know **🡺 Go to Question x**

**L32. (NEW) How did your doctor, nurse, or other health care worker find out that you had Polycystic Ovarian Syndrome, or PCOS?    Check ALL that apply**

Ultrasound of my abdomen and pelvis

Blood tests (including measurements of hormones)

Because of my irregular periods

Because of my skin condition or acne

Because of the increased hair growth on my body

Because of my weight

 Other 🡺 Please tell us:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?

No

Yes

**M3 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 you had depression during your 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?**

No

Yes

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

No 🡺 **Go to Question ##**

Yes

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

No

Yes

**M7. How would you describe the time during *your most recent* pregnancy? Check ONE answer**

One of the happiest times of my life

A happy time with few problems

A moderately hard time

A very hard time

One of the worst times of my life

**Note: Skip M8 and M9 if mom does not indicate she had depression in Core 18 (Q18, item c).**

**BEFORE M9/M8, add instruction: “If you had depression during your 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?**

No

Yes

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

No

Yes

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

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

No

Yes

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

No

Yes

**Note: M12 and M21 must be used together.**

**M12. *Since your new baby was born*, how often have you felt panicky?**

Always

Often

Sometimes

Rarely

Never

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

No 🡺 **Go to Question ##**

Yes

**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?**

No

Yes

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

No 🡺 **Go to Question ##**

Yes

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

No

Yes

**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?**

No

Yes

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

No

Yes

**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?**

No

Yes

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

No

Yes

**Note: M21 must be used with M12.**

**M21*. Since your new baby was born*, how often have you felt restless?**

Always

Often

Sometimes

Rarely

Never

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?

No 🡺 **Go to Question ##**

Yes

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?

**[BOX]** Weeks **OR** **[BOX]** Months

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?**

Always 🡺 **Go to Question ##**

Often 🡺 **Go to Question ##**

Sometimes

Rarely

Never

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

N4. What types of support would have helped you to stay in bed for the recommended time? For each item, check No if it would not have helped or did not apply to you or Yes if it would have helped you.

 **No Yes**

a. Help with child care 🗆 🗆

b. Help with housework 🗆 🗆

c. Knowing I wouldn’t lose my job 🗆 🗆

d. Money to make up for not working 🗆 🗆

e. Other 🗆 🗆

Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 (17 alpha-hydroxyprogesterone) to try to keep your new baby from being born too early?**

No

Yes

I don’t know

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 you had gestational diabetes during your 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?**

No

Yes

**N7. During *your most recent* pregnancy, when you were told that you had gestational diabetes, did a**

 **doctor, nurse, or other health care worker do any of the things listed below?** For each item, check **No**

 if it was not done or **Yes** if it was.

 **No Yes**

a. Refer me to a nutritionist 🗆 🗆

b. Talk to me about the importance of exercise 🗆 🗆

c. Talk to me about getting to and staying at a healthy weight after delivery 🗆 🗆

d. Suggest that I breastfeed my new baby 🗆 🗆

e. Talk to me about my risk for Type 2 diabetes 🗆 🗆

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 you did not have any of the problems listed above, go to

Question ##.”

N8b. Did you go to the hospital or emergency room because of any of the problems listed above?

No 🡺 Go to Question xx

Yes

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

1 time

2 times

 3 times

 4 or more times

**N9. Did you have any of the following problems during *your most recent* pregnancy?** For each item, check **No** if you did not have the problem or **Yes** if you did.

**No Yes**

* 1. Vaginal bleeding 🗆 🗆
	2. Kidney or bladder (urinary tract) infection (UTI) 🗆 🗆
	3. ***Severe*** nausea, vomiting, or dehydration that sent me

to the doctor or hospital 🗆 🗆

* 1. Cervix had to be sewn shut (cerclage for incompetent cervix) 🗆 🗆
	2. Problems with the placenta (such as abruptio placentae

or placenta previa) 🗆 🗆

* 1. Labor pains more than 3 weeks before my baby was due

(preterm or early labor) 🗆 🗆

* 1. Water broke more than 3 weeks before my baby was due

(preterm premature rupture of membranes [PPROM]) 🗆 🗆

* 1. I had to have a blood transfusion 🗆 🗆
	2. I was hurt in a car accident 🗆 🗆

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

No 🡺 **Go to Question ##**

Yes

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

O2. When was the *first* time you had to go into the hospital and stay overnight after your new baby was born?

|  |  |  |
| --- | --- | --- |
| **[BOX]** | **/[BOX]** | **/[BOX]** |
| Month | Day | Year |

I don’t know

O3. What kind of medical problem caused you to go into the hospital? Check ALL that apply

Vaginal bleeding

Fever or infection

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

No 🡺 **Go to Question ##**

Yes

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?**

No

Yes 🡺  **Go to Question ##**

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?**

No

Yes

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

No

Yes

P2. When you got pregnant, what relationship did you have with your new baby’s father? Check ONE answer

He was my husband (legally married)

He was my partner (not legally married)

He was my boyfriend

He was a friend

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P3. When you got pregnant with your new baby, who lived in the same house with you? Check ALL that apply

My husband or partner

Children aged less than 12 months 🡺 How many children? **[BOX]**

Children aged 1 year to 5 years 🡺 How many children? **[BOX]**

Children aged 6 years and over 🡺 How many children? **[BOX]**

My mother

My father

My husband’s or partner’s parent(s)

Friend or roommate

Other family member or relative

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I lived alone

P4. Who lives in the same house with you *now*? Check ALL that apply

My husband or partner

Children aged less than 12 months 🡺 How many children? **[BOX]**

Children aged 1 year to 5 years 🡺 How many children? **[BOX]**

Children aged 6 years and over 🡺 How many children? **[BOX]**

My mother

My father

My husband’s or partner’s parent(s)

Friend or roommate

Other family member or relative

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I live alone

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

No

Yes

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

**[BOX]** Years old

I don’t know

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

**[BOX]** Years old

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

**[BOX]** Years old

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

No 🡺 **Go to Question ##**

Yes

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

P10. Is your telephone number listed in the most recent telephone book under your last name and current address?

Yes

Telephone unlisted

Telephone listed under another name or address

**P11. Which rooms are in the house, apartment, or trailer where you live? Check ALL that apply**

Living room

Separate dining room

Kitchen

Bathroom(s)

Recreation room, den, or family room

Finished basement

Bedrooms 🡺 How many?  **[BOX]**

**P12. Counting yourself, how many people live in your house, apartment, or trailer?**

**[BOX]**  Adults (people aged 18 years or older)

**[BOX]**  Babies, children, or teenagers (people aged 17 years or younger)

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

**BEFORE P13b, insert instruction box that says, “If you don’t have complete plumbing facilities in your**

**home, go to Question ##.”**

P13a. Which of the following utilities do you have in your house, apartment, or trailer? For each item, check No if you do not have the utility or Yes if you have the utility.

 **No Yes**

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) 🗆 🗆

**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?**

City or county water supply

Private well

**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?**

No

Yes

**P15. During the *12 months before* your new baby was born, how often did you feel unsafe in the neighborhood where you lived?**

Always

Often

Sometimes

Rarely 🡺 **Go to Question ##**

Never 🡺 **Go to Question ##**

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

**P16. During the *12 months before* your new baby was born, did you do any of the following things because you felt it was unsafe to leave or return to the neighborhood where you lived?** For each item, check **No** if you did not do it or **Yes** if you did.

 **No Yes**

a. I missed doctor or other appointments 🗆 🗆

b. I limited grocery or other shopping 🗆 🗆

c. I stayed with other family members or friends 🗆 🗆

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?

No

Yes

**P18. During the *12 months before* your new baby was born, what were the sources of your household’s income? Check ALL that apply**

Money from family or friends

Money from a business, fees, dividends, or rental income

Paycheck or money from a job

Food stamps or WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)

 Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general

 assistance, or Supplemental Security Income (SSI)

Unemployment benefits

Child support or alimony

Social security, workers’ compensation, disability, veteran benefits, or pensions

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**P19. (Phase 7, Core 36) This question is about things that may have happened during the *12 months before* your new baby was born.** For each item, check **No** if it did not happen to you or **Yes** if it did. (It may help to look at the calendar when you answer these questions.)

 **No Yes**

1. A close family member was very sick and had to go into the hospital 🗆 🗆
2. I got separated or divorced from my husband or partner 🗆 🗆
3. I moved to a new address 🗆 🗆
4. I was homeless or had to sleep outside, in a car, or in a shelter 🗆 🗆
5. My husband or partner lost their job 🗆 🗆
6. I lost my job even though I wanted to go on working 🗆 🗆
7. My husband, partner, or I had a cut in work hours or pay. 🗆 🗆
8. I was apart from my husband or partner due to military deployment

 or extended work-related travel 🗆 🗆

1. I argued with my husband or partner more than usual 🗆 🗆
2. My husband or partner said they didn’t want me to be pregnant 🗆 🗆
3. I had problems paying the rent, mortgage, or other bills 🗆 🗆
4. My husband, partner, or I went to jail 🗆 🗆
5. Someone very close to me had a problem with drinking or drugs 🗆 🗆
6. Someone very close to me died 🗆 🗆

Q1. Which of the following statements best describes you during the *3 months before* you got pregnant? Check ONE answer

I was trying to get pregnant

I was trying to keep from getting pregnant but was not trying very hard

I was trying hard to keep from getting pregnant

Q2. Which of the following statements best describes your husband or partner during the *3 months before* you got pregnant? Check ONE answer

Wanted me to get pregnant

Partly wanted me to get pregnant and partly wanted me not to get pregnant

Didn’t care one way or the other whether I got pregnant

Didn’t especially want me to get pregnant

Wanted very much for me not to get pregnant

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

Wanted me to be pregnant sooner

Wanted me to be pregnant later

Wanted me to be pregnant then

Didn’t want me to be pregnant then or at any time in the future

I don’t know

I didn’t have a husband or partner

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. (Phase 7, Core 13) How much longer did you want to wait to become pregnant?**

Less than 1 year

1 year to less than 2 years

2 years to less than 3 years

3 years to 5 years

More than 5 years

Q5. This question asks about feelings and concerns women sometimes have about becoming pregnant. For each item, check No if it did not apply to you when you found out you were pregnant with your new baby or Yes if it did.

 **No Yes**

a. I was worried that I didn’t know enough about how to take care of a baby 🗆 🗆

b. I thought a new baby would keep me from doing the things I was used to doing,
like working, going to school, or going out 🗆 🗆

c. I looked forward to teaching and caring for a new baby 🗆 🗆

d. I looked forward to the new experiences that having a baby would bring 🗆 🗆

e. I looked forward to telling my friends that I was pregnant 🗆 🗆

f. I was worried that I did not have enough money to take care of a baby 🗆 🗆

g. I did not look forward to telling my friends that I was pregnant 🗆 🗆

h. I looked forward to buying things for a new baby 🗆 🗆

Q6. How did you feel when you found out you were pregnant with your new baby?

Very unhappy to be pregnant

Unhappy to be pregnant

Not sure

Happy to be pregnant

Very happy to be pregnant

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

AFTER Q7, insert instruction box that says, “If you were trying to get pregnant when you got pregnant with

your new baby, go to Question ##.”

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

0 to 3 months

4 to 6 months

7 to 12 months

13 to 24 months

More than 24 months

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

R1. How did you feel 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. For each item, check No if you were not satisfied or Yes if you were satisfied.

 No Yes

a. The amount of time I had to wait 🗆 🗆

b. The amount of time the doctor, nurse, or midwife spent with me 🗆 🗆

c. The advice I got on how to take care of myself 🗆 🗆

d. The understanding and respect shown toward me 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 (Beta Strep) that mothers can pass to their newborns during birth?

No

Yes

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 (Beta Strep)?

No

Yes

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

No

Yes

I don’t know

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?

No

Yes

R10. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? *Please count only discussions*, not reading materials or videos. For each item, check No if no one talked with you about it or Yes if someone did.

 **No Yes**

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 🗆 🗆

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

No

Yes

I don’t know

**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*?**

No

Yes

**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 problem(s)?**

No

Yes

**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?**

No

Yes

R15. Where did you go *most of the time* for your prenatal care visits? Do not include visits for WIC. Check ONE answer

Private doctor’s office

Hospital clinic

Health department clinic

*State-specific option*

*State-specific option*

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

R16. During *your most recent* pregnancy, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? *Please count only discussions*, not reading materials or videos. For each one, check No if no one talked with you about it or Yes if someone did.

**No Yes**

1. Foods that are good to eat during pregnancy 🗆 🗆
2. Exercise during pregnancy 🗆 🗆
3. Programs or resources to help me gain the right

amount of weight during pregnancy 🗆 🗆

1. Programs or resources to help me lose weight

after pregnancy 🗆 🗆

BEFORE R17, insert instruction box that says, “If a doctor, nurse, or other health care worker did not tell

you how much weight you should gain during your 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? Check ONE answer and fill in blank if needed**.

Between **[BOX]** Pounds and **[BOX]** Pounds

Between **[BOX]** Kilos and **[BOX]** Kilos

Exactly **[BOX]** Pounds **OR** **[BOX]** Kilos

I don’t remember

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?

No

Yes

**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.

**[BOX]** Weeks **OR [BOX]** Months

I don’t remember

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

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

No

Yes 🡺 Go to Question ##

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

 AFTER R21, insert instruction box that says, “If you did not get prenatal care, go to Question…”

R21. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check No if it did not keep you from getting prenatal care or Yes if it did.

 **No Yes**

1. I couldn’t get an appointment when I wanted one 🗆 🗆
2. I didn’t have enough money or insurance to pay for my visits 🗆 🗆
3. I didn’t have any transportation to get to the clinic or doctor’s office 🗆 🗆
4. The doctor or my health plan would not start care as early as I wanted 🗆 🗆
5. I had too many other things going on 🗆 🗆
6. I couldn’t take time off from work or school 🗆 🗆
7. I didn’t have my Medicaid <or *state Medicaid name*> card 🗆 🗆
8. I didn’t have anyone to take care of my children 🗆 🗆
9. I didn’t know that I was pregnant 🗆 🗆
10. I didn’t want anyone else to know I was pregnant 🗆 🗆
11. I didn’t want prenatal care 🗆 🗆

**R22. (Phase 7 Core#19). *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?** *Please count only discussions,* not reading materials or videos. For each item, check **No** if no one talked with you about it or **Yes** if someone did.

**No Yes**

1. How smoking during pregnancy could affect my baby 🗆 🗆
2. Breastfeeding my baby 🗆 🗆
3. How drinking alcohol during pregnancy could affect my baby 🗆 🗆
4. Using a seat belt during my pregnancy 🗆 🗆
5. Medicines that are safe to take during my pregnancy 🗆 🗆
6. How using illegal drugs could affect my baby 🗆 🗆
7. Doing tests to screen for birth defects or diseases that run in my family 🗆 🗆
8. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)🗆 🗆
9. What to do if I feel depressed during my pregnancy or after my baby is born 🗆 🗆
10. Physical abuse to women by their husbands or partners 🗆 🗆

**R23. (Phase 7 Core #25) 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?**

No

Yes

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. Listed below are some statements about safety. For each one, check No if it does not apply to you or Yes if it does.

 **No Yes**

a. I always used a seatbelt during my most recent pregnancy 🗆 🗆

b. My home has a working smoke alarm 🗆 🗆

c. There are **loaded** guns, rifles, or other firearms in my home 🗆 🗆

d. I have received information about infant products that should be taken off the market

(product recalls) since my new baby was born 🗆 🗆

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

No

Yes

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

S3. Listed below are some statements about infant car seats. For each one, check True if you agree with the statement or False if you do not agree.

 **True False**

a. New babies should be in rear-facing car seats 🗆 🗆

b. Car seats should not be placed in front of an air bag 🗆 🗆

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?

Always

Often

Sometimes

Rarely

Never

S5. *Since your new baby was born*, how often do you wear a seat belt when you drive or ride in a car?

Always

Often

Sometimes

Rarely

Never

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?**

Always

Often

Sometimes

Rarely

Never 🡺 **Go to Question ##**

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?

Front seat

Back seat

**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?**

Facing forward

Facing the rear

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

No

Yes

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?**

No 🡺 **Go to Question ##**

Yes

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

**S11. How did you get your new baby’s infant car seat(s)? Check ALL that apply**

I bought a car seat ***new***

I received it new for this baby as a gift

I had one from another one of my babies

I bought a car seat ***used***

I borrowed a car seat from a friend or family member

I borrowed or rented a car seat from a loaner program

The hospital where my new baby was born gave me a car seat

A community program gave me a car seat

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**S12. How did you learn to install and use your infant car seat(s)? Check ALL that apply**

I read the instructions

A friend or family member showed me

A health or safety professional showed me

I figured it out myself

I already knew how to install it because I have other children

Some other way 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?**

No

Yes

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

No

Yes🡺 **Go to Question ##**

I don’t know 🡺 **Go to Question ##**

S15. Listed below are some things that may have happened since you moved into your house or apartment. For each one, check No if it does not apply to you or Yes if it does.

 **No Yes**

1. I have had the home tested for lead 🗆 🗆
2. I have made changes to the home to remove paint or other things

that have lead in them 🗆 🗆

1. The home was remodeled before I moved in 🗆 🗆

NOTE: Skip S16-S17 if infant is not alive or not living with the mother (Core 32 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 infant products (such as cribs, medicines, toys) that should be taken off the market (product recalls)?**

No 🡺 **Go to Question ##**

Yes

**S17. Where did you receive information about infant product recalls? Check ALL that apply**

Product manufacturers

Doctor, nurses, or other health care worker

Newspaper, radio, TV, internet

Friends or family members

In-store recall notices

Other source 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

No

Yes

I don’t know

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

No

Yes

I don’t know

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?

**[BOX]** Times

None 🡺 **Go to Question ##**

My baby has not been sick 🡺 **Go to Question ##**

My baby is still in the hospital 🡺 **Go to Question ##**

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

T2. Where have you taken your new baby when he or she was sick and needed care? Check ALL that apply

Private doctor’s office

Hospital emergency room

Hospital clinic

Health department clinic

*State-specific option*

*State-specific option*

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

No

Yes

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 (yellowing of the skin or whites of the eyes)?**

No 🡺 **Go to Question ##**

Yes

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

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

No

Yes

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

**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.

 \_\_\_\_\_\_\_ Times

None 🡺 **Go to Question ##**

 I don’t know 🡺 **Go to Question ##**

NOTE: Insert instruction box BEFORE T7 that says “If your 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?**

 \_\_\_\_\_\_\_ Visits

 None

 I don’t know

NOTE: T8 requires T3.

**T8. (NEW) Did any of these things keep you from taking your baby for care when he or she was sick?** Check ALL that apply

I didn’t have health insurance to pay for the visit

I couldn’t get an appointment

I didn’t have a regular doctor for my baby

I had no way to get my baby to the clinic or doctor’s office

I didn’t have anyone to take care of my other children

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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?

No

Yes

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

No

Yes

**DRUG2. During the *month before* you got pregnant, did you take or use any of the following drugs for any**

 **reason?** Your answers are strictly confidential. For each item, check **No** if you did not use it or **Yes** if did.

**No Yes**

* 1. Over the counter pain relievers such as aspirin, Tylenol®, Advil®,

or Aleve®

* 1. Prescription pain relievers such as hydrocodone (Vicodin®),

oxycodone (Percocet®), or codeine

* 1. Adderall®, Ritalin® or another stimulant
	2. Marijuana or hash
	3. Synthetic marijuana (K2, Spice)
	4. Methadone, naloxone, subutex, or Suboxone®
	5. Heroin (smack, junk, Black Tar, *Chiva*)
	6. Amphetamines (uppers, speed, crystal meth, crank, ice, *agua*)
	7. Cocaine (crack, rock, coke, blow, snow, *nieve*)
	8. Tranquilizers (downers, ludes)
	9. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)
	10. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)

**DRUG3. During *your most recent* pregnancy, did you take or use any of the following drugs for any reason?** Your answers are strictly confidential. For each item, check **No** if you did not use it or **Yes** if did.

**No Yes**

* 1. Over the counter pain relievers such as aspirin, Tylenol®, Advil®,

or Aleve®

* 1. Prescription pain relievers such as hydrocodone (Vicodin®),

oxycodone (Percocet®), or codeine

* 1. Adderall®, Ritalin® or another stimulant
	2. Marijuana or hash
	3. Synthetic marijuana (K2, Spice)
	4. Methadone, naloxone, subutex, or Suboxone®
	5. Heroin (smack, junk, Black Tar, *Chiva*)
	6. Amphetamines (uppers, speed, crystal meth, crank, ice, *agua*)
	7. Cocaine (crack, rock, coke, blow, snow, *nieve*)
	8. Tranquilizers (downers, ludes)
	9. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)
	10. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (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.

Skip U6 if the mother did not use prescription pain relievers (DRUG3). Before U6 add instruction that reads

” If you did not use prescription pain relievers during your most recent pregnancy, go to Question XX”

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

No 🡺 Go to Question #

Yes

**U6. How would you describe the way you got the prescription pain relievers that you used during your most recent pregnancy?** Check ALL that apply

I had a current prescription

I had pain relievers left over from an old prescription

I got the pain relievers without a prescription

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

No

Yes

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

No

Yes

**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)?**

No

Yes

 I did not use any drugs (or only used over-the-counter pain relievers) during my pregnancy

I didn’t go for prenatal care

**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?**

No

Yes

V1. During *your most recent* pregnancy, did you get any of these services? For each one, check No if you did not get the service and Yes if you did.

 **No Yes**

a. Parenting classes 🗆 🗆

b. Counseling for depression or anxiety 🗆 🗆

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 your baby is not alive or is not living with you, go to Question #.”

V2. *Since your new baby was born*, have you used any of these services? For each one, check No if you did not use the service or Yes if you did.

 **No Yes**

a. Parenting classes 🗆 🗆

b. Counseling for depression or anxiety 🗆 🗆

V3. *Since your new baby was born*, have you used WIC services for yourself or your new baby?

No

Yes, only I am using WIC services

Yes, both my new baby and I use WIC services

Yes, only my new baby uses WIC services

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?

No

Yes

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 (Temporary Assistance for Needy Families), or other public assistance?

No

Yes 🡺 **Go to Question ##**

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

V6. Did any of these things keep you from applying for government help? Check ALL that apply

I didn’t think I could get help because my household made too much money

I didn’t know how to apply

There was too much paperwork

I didn’t think I could get help because I am from another country

Other 🡺 Please tell us:

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

V7. Did any of these happen to you when you applied for government assistance? Check ALL that apply

I received assistance

I was told I made too much money to get assistance

I was told I shouldn’t apply because I might need my benefits later

I was told I couldn’t get assistance because I am from another country

NOTE: V10 needs V9 and V9 needs V5

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

 No

 Yes 🡺 **Go to Question ##**

V10. Why didn’t you get welfare, TANF (Temporary Assistance for Needy Families), or other public

 assistance? Check ALL that apply

I was ineligible because of my income

I had reached my time limit

I had to fulfill work or other requirements

I had to return on another day to apply

I had previously lost TANF for another reason (administrative reasons, sanctions, etc.)

I am not a U.S. citizen

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

V11. During *your most recent* pregnancy, did you feel you *needed* any of the following services? For each one, check No if you did not feel you needed the service or Yes if you felt you needed the service.

 **No Yes**

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 my home 🗆 🗆

 f. Other
Please tell us: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

V12. During *your most recent* pregnancy, did you *receive* any of the following services? For each one, check No if you did not receive the service or Yes if you received the service.
 No Yes

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 my home 🗆 🗆

f. Other 🗆 🗆

Please tell us: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**V13. Who was the home visitor that came to your home during *your most recent* pregnancy?**

A nurse or nurse’s aide

A teacher or health educator

A doula or midwife

*State option (Someone from the <Healthy Start or other Program Name>)*

Someone else 🡺 Please tell us:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I don’t know

**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 time

2 to 4 times

5 or more times

**V15. During *your most recent* pregnancy, did the home visitor who came to your home talk with you about any of the things listed below?** For each one, check **N**o if they did not talk with you about it or **Y**es if they did.

**No Yes**

* 1. How smoking during pregnancy could affect my baby 🗆 🗆
	2. How drinking alcohol during pregnancy could affect my baby 🗆 🗆
	3. Doing tests to screen for birth defects or diseases that run in my family   🗆 🗆
	4. The importance of getting tested for HIV or other sexually transmitted infections 🗆 🗆
	5. Physical or emotional abuse to women by their husbands or partners 🗆 🗆
	6. Breastfeeding my baby                                 🗆 🗆
	7. My emotional well-being 🗆 🗆

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

**V16. What kind of home visitor has come to your home *since your new baby was born*?**

A nurse or nurse’s aide

A teacher or health educator

A doula or midwife

*State option (Someone from the <Healthy Start or other Program Name>)*

Someone else 🡺 Please tell us:\_\_\_\_\_

I don’t know

**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 time

2 to 4 times

5 or more times

**V18. *Since your new baby was born*, did the home visitor who came to your home talk with you about any of the things listed below?** For each one, check **N**o if they did not talk with you about it or **Y**es if they did.

**No Yes**

1. Breastfeeding my baby 🗆 🗆
2. How long to wait before getting pregnant again 🗆 🗆
3. Family planning services or using contraception 🗆 🗆
4. Postpartum depression 🗆 🗆
5. Resources in my community to support new parents 🗆 🗆
6. Getting to and staying at a healthy weight after delivery 🗆 🗆
7. How to quit or keep from smoking 🗆 🗆
8. How to get the health care that my baby or I need 🗆 🗆

 **V19. (NEW) How did you feel about the care you got from the home visitor *since your new baby was born*?** For each item, check **No** if you were not satisfied or **Yes** if you were satisfied.
 **No Yes**

a. The amount of time the home visitor spent with me 🗆 🗆

b. The advice I got on how to take care of myself and my baby 🗆 🗆

c. The understanding and respect shown toward me as a person 🗆 🗆

V20. (NEW) How did you feel about the care you got from the home visitor during *your most recent* pregnancy? For each item, check No if you were not satisfied or Yes if you were satisfied.

 No Yes

a. The amount of time the home visitor spent with me 🗆 🗆

b. The advice I got on how to take care of myself 🗆 🗆

c. The understanding and respect shown toward me as a person 🗆 🗆

**V21. (Phase 7, Core 26) 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.

No 🡺 **Go to Question x**

Yes

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. (Phase 7, Core 49) *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.

No 🡺 **Go to Question x**

Yes

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? Check ALL that apply

My husband or partner

My mother, father, or in-laws

Other family member or relative

A friend

Religious community

Someone else 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No one would have helped me

W2. During *your most recent* pregnancy, would you have had the kinds of help listed below if you needed them? For each one, check No if you would not have had it or Yes if you would have had it.

 **No Yes**

a. Someone to loan me $50 🗆 🗆

b. Someone to help me if I were sick and needed to be in bed 🗆 🗆

c. Someone to take me to the clinic or doctor’s office if I needed a ride 🗆 🗆

d. Someone to talk with about my problems 🗆 🗆

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? Check ALL that apply

My husband or partner

My mother, father, or in-laws

Other family member or relative

A friend

Religious community

Someone else 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No one would help me

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

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. *Since you delivered your new baby*, would you have the kinds of help listed below if you needed them? For each one, check No if you would not have it or Yes if you would.

 **No Yes**

a. Someone to loan me $50 🗆 🗆

b. Someone to help me if I were sick and needed to be in bed 🗆 🗆

c. Someone to talk with about my problems 🗆 🗆

d. Someone to take care of my baby 🗆 🗆

e. Someone to help me if I were tired and feeling frustrated with my new baby 🗆 🗆

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

 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?

No

Yes 🡺 **Go to Question ##**

NOTE: X2 can be used without X1.

X2. Did any of these things keep your baby from having a well-baby checkup? Check ALL that apply

I didn’t have enough money or insurance to pay for it

I had no way to get my baby to the clinic or doctor’s office

I didn’t have anyone to take care of my other children

I couldn’t get an appointment

My baby was too sick to go for a well-baby checkup

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[**

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.

No

Yes

My child has not had any well-baby shots, but he or she is not 3 months old yet

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?

No

Yes

X5. What do you think would be the best time to get information from your doctor, nurse, or other health care worker about baby shots? Check ONE answer

During prenatal care visits

In the hospital or birthing center after my baby’s delivery

At my baby’s first visit to the doctor

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?**

At home

At a doctor’s office, clinic, or other health care facility

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.)

**[BOX]**  Times

**X8. Where do you *usually* take your new baby for well-baby checkups? Check ONE answer**

Private doctor’s office

Hospital clinic

Health department clinic

*State-specific option*

*State-specific option*

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

No 🡺 **Go to Question ##**

Yes

**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?**

No

Yes

My baby was still in the hospital at that time

**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?**

Always

Often

Sometimes

Rarely 🡺 **Go to Question ##**

Never 🡺 **Go to Question ##**

 I haven’t tried to get health care services for my new baby 🡺 **Go to Question ##**

**X12. Why have you felt frustrated when you tried to get health care services for your new baby?**

**Check ALL that apply**

The services that my baby needed were not available in my area

 There were waiting lists or other problems getting an appointment

 My health insurance would not pay for the services that my baby needed

 Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* everhad your teeth cleaned by a dentist or dental hygienist?**

No

Yes

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

No

Yes

**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 Y8 add an instruction box that says: If you did not have any problems with your teeth or gums during your pregnancy, go to Question ##.

 Y5 and Y8 require Y7 but Y7 can be used alone

**Y5. During *your most recent* pregnancy, what kind of problem did you have with your teeth or gums?** For each item, check **No** if you did not have this problem during pregnancy or **Yes** if you did.

 **No Yes**

1. I had cavities that needed to be filled 🗆 🗆
2. I had painful, red, or swollen gums 🗆 🗆
3. I had a toothache 🗆 🗆
4. I needed to have a tooth pulled 🗆 🗆
5. I had an injury to my mouth, teeth ,or gums🗆 🗆
6. I had some other problem with my teeth or gums 🗆 🗆

Please tell us: \_\_\_\_\_\_\_\_\_\_\_

**Y6. Did any of the following things make it hard for you to go to a dentist or dental clinic during *your most recent* pregnancy?** For each item, check **No** if it was not something that made it hard for you or **Yes** if it was.

 **No Yes**

1. I could not find a dentist or dental clinic that would take pregnant patients 🗆 🗆
2. I could not find a dentist or dental clinic that would take Medicaid patients 🗆 🗆
3. I did not think it was safe to go to the dentist during pregnancy 🗆 🗆
4. I could not afford to go to the dentist or dental clinic 🗆 🗆

**Y7. (Phase 7, Core 24). This question is about other care of your teeth *during your most recent* pregnancy.** For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

**No Yes**

1. I knew it was important to care for my teeth and gums during my pregnancy 🗆 🗆
2. A dental or other health care worker talked with me about how

to care for my teeth and gums 🗆 🗆

1. I had insurance to cover dental care during my pregnancy 🗆 🗆
2. I needed to see a dentist for a **problem** 🗆 🗆
3. I went to a dentist or dental clinic about a **problem** 🗆 🗆

**Y8. (NEW) Did you get treatment from a dentist or another doctor for the problem that you were having during your pregnancy? Check ONE answer**

No

Yes, I got treatment during my pregnancy

Yes, I got treatment after my pregnancy

Yes, I got treatment both during and after my pregnancy

**Z1. (wording modification from Phase 7)** **During *your most recent* pregnancy, did any of the following things happen to you?** For each thing, check **No** if it did not happen to you or **Yes** if it did.

 **No Yes**

1. My husband or partner threatened me or made me feel unsafe in some way 🗆 🗆
2. I was frightened for my safety or my family’s safety because of the
anger or threats of my husband or partner 🗆 🗆
3. My husband or partner tried to control my daily activities, for example,
controlling who I could talk to or where I could go 🗆 🗆
4. My husband or partner forced me to take part in touching or any sexual activity when
I did not want to 🗆 🗆

Z2. (wording modification) S*ince* *your new baby was born,* have any of the following things happened to you? For each thing, check No if it did not happen to you or Yes if it did.

 **No Yes**

1. My husband or partner threatened me or made me feel unsafe in some way 🗆 🗆
2. I was frightened for my safety or my family’s safety because of the
anger or threats of my husband or partner 🗆 🗆
3. My husband or partner tried to control my daily activities, for example,
controlling who I could talk to or where I could go 🗆 🗆
4. My husband or partner forced me to take part in touching or any sexual activity when
I did not want to 🗆 🗆

**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?**

No

Yes

**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?

No

Yes

**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, check **No** if it did not happen then or **Yes** if it did.

 **No Yes**

a. During the 12 months before I got pregnant 🗆 🗆

b. During my most recent pregnancy 🗆 🗆

c. Since my new baby was born 🗆 🗆

Z10 –Z12 Combined in new question Z13

**Z13. *Since your new baby was born*, have any of the following people pushed, hit, slapped, kicked, choked, or physically hurt you in any other way?** For each person, check **No** they have not hurt you during this time or **Yes** if they have.

 **No Yes**

1. My husband or partner
2. My ex-husband or ex-partner
3. *State-added option (Another family member)*
4. *State-added option (Someone else)*

**Z14. (NEW) During the *12 months before* you got pregnant with your new baby*,* did any of the following things happened to you?** For each thing, check **No** if it did not happen to you or **Yes** if it did.

 **No Yes**

1. My husband or partner threatened me or made me feel unsafe in some way 🗆 🗆
2. I was frightened for my safety or my family’s safety because of the
anger or threats of my husband or partner 🗆 🗆
3. My husband or partner tried to control my daily activities, for example,
controlling who I could talk to or where I could go 🗆 🗆
4. My husband or partner forced me to take part in touching or any sexual activity when
I did not want to 🗆 🗆

NOTE: Skip AA1, AA2, and AA3 if mother did not smoke during the 3 months before she got pregnant (Core 20).

BEFORE AA1, AA2, and AA3, insert instruction box that says, “If you did not smoke at any time in the *3 months before* you 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?

No

Yes

I didn’t go for prenatal care

AA2. During *your most recent* pregnancy, did you do any of the following things about quitting smoking?  For each thing, check No if you did not do it or Yes if you did.

 **No Yes**

a. Set a specific date to stop smoking 🗆 🗆

b. Use booklets, videos, or other materials to help me 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 my own (e.g., cold turkey) 🗆 🗆

j. Other: 🗆 🗆

Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Skip AA3 if mother did not have any prenatal care (AA1). AA3 requires AA1.

Add skip arrow to AA1 off the “I didn’t go for prenatal care” option.

**AA3. Listed below are some 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 thing, check **No** if it was not done or **Yes** if it was.

 **No Yes**

a. Spend time with me discussing how to quit smoking 🗆 🗆

b. Suggest that I set a specific date to stop smoking 🗆 🗆

c. Suggest I attend a class or program to stop smoking 🗆 🗆

d. Provide me with booklets, videos, or other materials to help me quit
smoking on my own 🗆 🗆

e. Refer me to counseling for help with quitting 🗆 🗆

f. Ask if a family member or friend would support my decision to quit 🗆 🗆

g. Refer me 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 me quit 🗆 🗆

l. Prescribe a pill like Chantix® (also known as varenicline) to help me quit 🗆 🗆

**AA4 Deleted – not valid measure**

**AA5. Which 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? Check ONE answer**

No one was allowed to smoke anywhere inside my home

Smoking was allowed in some rooms or at some times

Smoking was permitted anywhere inside my home

NOTE: Skip AA6 if mother did not smoke during the 3 months before pregnancy (Core 20).

BEFORE AA6, insert instruction box that says, “If you did not smoke at any time in the *3 months before* you got pregnant, go to Question …”

AA6. Did you quit smoking around the time of *your most recent* pregnancy? Check ONE answer

No

No, but I cut back

Yes, I quit before I found out I was pregnant

Yes, I quit when I found out I was pregnant

Yes, I quit later in my pregnancy

**AA7. Which 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?** **Check ONE answer**

No one is allowed to smoke anywhere inside my home

Smoking is allowed in some rooms or at some times

Smoking is permitted anywhere inside my home

**AA8. How many cigarette smokers, not including yourself, lived in your home during *your most recent* pregnancy?**

 **[BOX]** Number of smokers

**AA9. How many cigarette smokers, not including yourself, live in your home *now*?**

 **[BOX]** Number of smokers

**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 you did not smoke at any time in the *3 months before* you got pregnant, go to Question …”**

**AA10. Listed below are some things that can make it hard for some people to quit smoking.** For each item, check **No** if it is not something that might make it hard for you or **Yes** if it is.

 **No Yes**

a. Cost of medicines or products to help with quitting 🗆 🗆

b. 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 me 🗆 🗆

f. Cravings for a cigarette 🗆 🗆

g. Lack of support from others to quit 🗆 🗆

h. Worsening depression 🗆 🗆

 i. Worsening anxiety 🗆 🗆

j. Some other reason …………….. 🗆 🗆

Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AA11 deleted – not valid measure

**AA12. (NEW) During *your most recent* pregnancy, did your health insurance pay for medications or any other services to help you quit smoking? Check ONE answer**

No, my insurance did not pay

Yes, but I had to make a co-payment

Yes, with no co-payment

I wasn’t trying to quit smoking

I didn’t have health insurance

I don’t know

**NOTE: Skip AA13 and AA14 if the mother never used hookah (Core 23).**

**BEFORE AA13 and AA14, insert instruction box that says, “If you used hookah in the *past 2 years*, go to Question <AA13>. Otherwise go to Question #.”**

**AA13. (NEW) In the *3 months before* you got pregnant, on average, how often did you smoke hookah?**

Daily

2-3 times per week

Once a week

2-3 times per month

Once a month

I did not smoke hookah then

**AA14. (NEW) In the *last 3 months* of your pregnancy, on average, how often did you smoke hookah?**

Daily

2-3 times per week

Once a week

2-3 times per month

Once a month

I did not smoke hookah then

**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*?**

No

Yes

**BB2. Deleted due to evaluation results**

**BB3. *Since* *your new baby was born*, how often would you say you have been worried or stressed about having enough money to pay your bills?**

 Always

Often

Sometimes

Rarely

Never

**CC1. During the *3 months before* you got pregnant with your new baby, how often did you participate in any physical activities or exercise** **for 30 minutes or more?** For example, walking for exercise, swimming, cycling, dancing, or gardening.

Less than 1 day per week

1 to 2 days per week

3 to 4 days per week

5 or more days per week

I was told by a doctor, nurse, or other health care worker not to exercise

**NOTE: If state doesn’t choose CC1 with CC2, the list of examples will need to be added for CC2.**

**CC2. During the *last 3 months* of your most recent pregnancy, how often did you participate in any physical activities or exercise for 30 minutes or more?**

Less than 1 day per week

1 to 2 days per week

3 to 4 days per week

5 or more days per week

I was told by a doctor, nurse, or other health care worker not to exercise

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 you were on Medicaid (or state Medicaid name) *before*

you got pregnant, go to Question …”

**DD1. Did you try to get Medicaid coverage during *your most recent* pregnancy?**

No 🡺 **Go to Question ##**

Yes

**DD2. Did you have any problems getting Medicaid during *your most recent* pregnancy?**

No

Yes

**DD3**. **When did Medicaid coverage begin during *your most recent* pregnancy?**

During the first 3 months of my pregnancy

During the second 3 months of my pregnancy

During the last 3 months of my pregnancy

I did not get Medicaid during my pregnancy

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?**

No

Yes 🡺 About how much per month? \_\_\_\_\_

**DD5. Did you have copayments for medical visits when you used your health insurance *before* you got pregnant?**

No

Yes

**DD6. Did the cost of health insurance cause financial problems for you or your family *before* you got**

**pregnant?**

No

Yes

NOTE: Skip DD7 if mother was insured during the month before she got pregnant (Core 9).

BEFORE DD7, insert instruction box that says, “If you did not have health insurance during the *month before* you got pregnant, go to Question x. Otherwise, go to Question y”

**DD7. What was the reason that you did not have any health insurance during the *month before* you got pregnant with your new baby?** **Check ALL that apply**

Health insurance was too expensive

I could not get health insurance from my job or the job of my husband or partner

I applied for health insurance, but was waiting to get it

I had problems with the health insurance application or website

My income was too high to qualify for Medicaid

My income was too high to qualify for a tax credit from the *<State>* Health Insurance Marketplace or HealthCare.gov

I didn’t know how to get health insurance

*State-specific (I am not a US citizen or I don’t have the right residency documents)*

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 you had health insurance for your *prenatal care*, go to Question X. Otherwise, go to Question Y (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?**

No

Yes 🡺 About how much per month? \_\_\_\_\_

**DD9. Did you have copayments for medical visits when you used your health insurance for *prenatal care*?**

No

Yes

**DD10. Did the cost of health insurance for your *prenatal care* cause financial problems for you or your family?**

No

Yes

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. What was the reason that you did not have any health insurance for your *prenatal care*?**  **Check ALL that apply**

Health insurance was too expensive

I could not get health insurance from my job or the job of my husband or partner

I applied for health insurance, but was waiting to get it

I had problems with the health insurance application or website

My income was too high to qualify for Medicaid

My income was too high to qualify for a tax credit from the *<State>* Health Insurance Marketplace or HealthCare.gov

I didn’t know how to get health insurance

*State-specific (I am not a US citizen or I don’t have the right residency documents)*

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.** **What kind of health insurancedid you have to pay for your *delivery*? Check ALL that**

 **apply**

Private health insurance from my job or the job of my husband or partner

Private health insurance from my parents

Private health insurance from the *<State>* Health Insurance Marketplaceor *<state website*> orHealthCare.gov

Medicaid (required: *state Medicaid name*)

*State-specific option (Other government plan or program such as SCHIP/CHIP)*

*State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*

*State-specific option (TRICARE or other military health care)*

*State-specific option (IHS or tribal*Other health insurance 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I did not have any health insurance to pay for my *delivery*

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?**

 No

Yes 🡺 About how much per month? \_\_\_\_\_

**DD14. Did you have copayments for medical visits when you used your health insurance for your *delivery*?**

No

Yes

**DD15. Did the cost of health insurance at the time of your *delivery* cause financial problems for you or your family?**

 No

 Yes

NOTE: Skip DD16 if mother had health insurance to pay for her delivery (DD12).

BEFORE DD16, insert instruction box that says, “If you did not have health insurance to pay for your *delivery*, go to Question x. Otherwise, go to Question y”

**DD16. What was the reason that you did not have any health insurance for your *delivery*?** **Check ALL that**

**apply**

Health insurance was too expensive

I could not get health insurance from my job or the job of my husband or partner

I applied for health insurance, but was waiting to get it

I had problems with the health insurance application or website

My income was too high to qualify for Medicaid

My income was too high to qualify for a tax credit from the *<State>* Health Insurance Marketplace or HealthCare.gov

I didn’t know how to get health insurance

*State-specific (I am not a US citizen or I don’t have the right residency documents)*

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?**

No

Yes 🡺 About how much per month? \_\_\_\_\_

**DD18. Do you have copayments for medical visits when you use your health insurance *now*?**

No

Yes

**DD19. Does the cost of health insurance cause financial problems for you or your family *now*?**

No

Yes

NOTE: Skip DD20 if mother has health insurance now (Core 11).

BEFORE DD20, insert instruction box that says, “If you do not have health insurance *now*, go to Question x. Otherwise go to Question y”

**DD20.** **What is the reason that you do not have any health insurance *now*?** **Check ALL that apply**

Health insurance is too expensive

I cannot get health insurance from my job or the job of my husband or partner

I applied for health insurance, but I am still waiting to get it

I had problems with the health insurance application or website

My income is too high to qualify for Medicaid

My income is too high to qualify for a tax credit from the *<State>* Health Insurance Marketplace or HealthCare.gov

I don’t know how to get health insurance

*State-specific (I am not a US citizen or I don’t have the right residency documents)*

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DD21. In the *past 12 months*, has the cost of health insurance caused financial problems for you or your**

**family?**

 No

 Yes

I have not had health insurance

**DD22. (NEW) In the *12 months before* you got pregnant, how often did you feel frustrated when you tried to get health care services for yourself?**

Never 🡺 **Go to Question ##**

Rarely 🡺 **Go to Question ##**

Sometimes

 Often

 Always

 I did not try to get health care services then

 **DD23. (NEW) Why did you feel frustrated when you tried to get health care services for yourself?**

**Check ALL that apply**

The services that I needed were not available in my area

 There were waiting lists or other problems getting an appointment

 My health insurance would not pay for the services that I needed

 Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Replaces EE1 & EE2**

**EE3. (Modified DE74*).* During *your most recent* pregnancy, did a doctor, nurse, or other health care worker tell you that you had any of the following infections?** For each item, check **No** if you were not told that you had the infection or **Yes** if you were.

 **No Yes**

Genital warts (HPV) 🗆 🗆

Herpes 🗆 🗆

Chlamydia 🗆 🗆

Gonorrhea 🗆 🗆

Pelvic inflammatory disease (PID) 🗆 🗆

Syphilis 🗆 🗆

Group B Strep (Beta Strep) 🗆 🗆

Bacterial vaginosis 🗆 🗆

Trichomoniasis (Trich) 🗆 🗆

Yeast infections 🗆 🗆

Urinary tract infection (UTI) 🗆 🗆

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_ 🗆 🗆

**FF1. During the *12 months before* you got pregnant with your new baby, did you have a miscarriage, fetal death (baby died before being born), or stillbirth?**

No 🡺 **Go to Question ##**

Yes

**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 instruction text below, 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 you had more than one miscarriage, fetal death, or stillbirth during the *12 months before* you got pregnant with your new baby, please answer the next question(s) for the most recent one.

**FF2. How long did that pregnancy *last*?**

Less than 20 weeks (less than 4 months)

20 to 28 weeks (4 to 6 months)

More than 28 weeks (more than 6 months)

**FF3. How long ago did that pregnancy *end*?**

Less than 6 months before getting pregnant with my new baby

6 to 12 months before getting pregnant with my new baby

**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*?***

0 to 12 months

13 to 18 months

19 to 24 months

More than 2 years but less than 3 years

3 to 5 years

More than 5 years

**FF5. (Phase 7, Core 4) *Before* you got pregnant with your new baby, did you ever have any other babies who were born alive?**

No **🡺 Go to Question x**

Yes

**NOTE: FF5 must be used with FF6 and FF7.**

**FF6. (Phase 7, Core 5) Did the baby born *just before* your new one weigh 5 pounds, 8 ounces (2.5 kilos) or *less* at birth?**

No

Yes

**FF7. (Phase 7, Core 6) Was the baby *just before* your new one born *earlier* than 3 weeks before his or her due date?**

No

Yes

**GG1. Does anyone in your family have sickle cell disease or sickle cell trait?**

No 🡺 **Go to Question ##**

 Yes

I don’t know 🡺 **Go to Question ##**

**NOTE: Skip GG2 if no one in the family 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?**

No

 Yes

**HH1. (modified) Have any of your close family members who are related to you by blood (mother, father, sisters, or brothers) had any of the conditions listed below?** For each item, check **No** if no one in your family has the condition, **Yes** if someone in your family has the condition, or **Don’t Know** if you don’t know.

**No Yes Don’t Know**

a. Diabetes 🗆 🗆 🗆

b. Heart attack before age 55 🗆 🗆 🗆

c. High blood pressure (hypertension) 🗆 🗆 🗆

d. Breast cancer before age 50 🗆 🗆 🗆

e. Ovarian cancer 🗆 🗆 🗆

**HH2a. Have any of your close family members who are related to you by blood (grandparents, parents, sisters, or brothers) ever been told by a doctor, nurse, or other health care worker that they had *diabetes*?**

No **🡺 Go to Question ##**

Yes

**HH2b. Who was told by a doctor, nurse, or other health care worker that they had *diabetes*?**

My father

My father’s mother

My father’s father

My mother

My mother’s mother

My mother’s father

My sister(s) or brother(s)

Other 🡺

 Please tell us: (uncles, aunts, cousins, children, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HH3a. Have any of your close family members who are related to you by blood (grandparents, parents, sisters, or brothers) ever been told by a doctor, nurse, or other health care worker that they had *heart problems*?**

No **🡺 Go to Question ##**

Yes

**HH3b. Who was told by a doctor, nurse, or other health care worker that they had *heart problems*?**

My father

My father’s mother

My father’s father

My mother

My mother’s mother

My mother’s father

My sister(s) or brother(s)

Other 🡺

 Please tell us: (uncles, aunts, cousins, children, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HH4a. Have any of your close family members who are related to you by blood (grandparents, parents, sisters, or brothers) ever been told by a doctor, nurse, or other health care worker that they had *high blood pressure (hypertension)*?**

No 🡺 **Go to Question ##**

Yes

**HH4b. Who was told by a doctor, nurse, or other health care worker that they had *high blood pressure (hypertension)*?**

My father

My father’s mother

My father’s father

My mother

My mother’s mother

My mother’s father

My sister(s) or brother(s)

Other 🡺

 Please tell us: (uncles, aunts, cousins, children, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HH5a. Have any of your close family members who are related to you by blood (grandparents, parents, sisters, or brothers) ever been told by a doctor, nurse, or other health care worker that they had *depression*?**

No **🡺 Go to Question ##**

Yes

**HH5b. Who was told by a doctor, nurse, or other health care worker that they had *depression*?**

My father

My father’s mother

My father’s father

My mother

My mother’s mother

My mother’s father

My sister(s) or brother(s)

Other 🡺

 Please tell us: (uncles, aunts, cousins, children, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HH6a. Have any of your close family members who are related to you by blood (grandmother, mother, or sisters) ever been told by a doctor, nurse, or other health care worker that they had *postpartum depression*?**

No **🡺 Go to Question ##**

Yes

**HH6b. Who was told by a doctor, nurse, or other health care worker that they had *postpartum* *depression*?**

My father’s mother

My mother

My mother’s mother

My sister(s)

Other 🡺

 Please tell us: (aunts, cousins, children, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HH7a. Have any of your close family members who are related to you by blood (grandparents, parents, sisters, or brothers) ever been told by a doctor, nurse, or other health care worker that they had *anxiety*?**

No **🡺 Go to Question ##**

Yes

**HH7b. Who was told by a doctor, nurse, or other health care worker that they had *anxiety*?**

My father

My father’s mother

My father’s father

My mother

My mother’s mother

My mother’s father

My sister(s) or brother(s)

Other 🡺

 Please tell us: (uncles, aunts, cousins, children, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HH8. Did your mother or any sister who is related to you by blood have any of the following problems *during* any pregnancy?** For each item, check **No** if no one in your family had the problem during pregnancy, **Yes** if someone had the problem during pregnancy, or **Don’t Know** if you don’t know.

 **No Yes Don’t Know**

1. A baby that was born more than 3 weeks before the due date 🗆 🗆 🗆
2. Gestational diabetes (diabetes that started during pregnancy) 🗆 🗆 🗆
3. High blood pressure during pregnancy 🗆 🗆 🗆

**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. Have any of your family members listed below who are related to you by blood had ovarian cancer?** For each family member, check **No** if she has not had ovarian cancer, **Yes** if she has, or **Don’t Know** if you don’t know.

|  |  |  |
| --- | --- | --- |
|  | **Family member** | **Had Ovarian Cancer** |
|  |  | **No** | **Yes**  |  **Don’t know** |
| a. | My mother |  |  |  |
| b. | My mothers’ mother |  |  |  |
| c. | My father’s mother |  |  |  |

**HH10. Have any of your other family members who are related to you by blood had ovarian cancer**? For each family member, check **No** if she has not had ovarian cancer, **Yes** if she has, **Don’t Know** if you don’t know, or **Not Applicable** if the option does not apply to you.

|  |  |  |
| --- | --- | --- |
|  | **Family Member** |  **Had Ovarian Cancer**  |
|  |  | **No**  | **Yes** | **Don’t know** | **Not Applicable**  |
| a. | Sister(s)IF YES, how many have had ovarian cancer? \_\_\_\_\_ |  |  |  |  |
| b. | Aunt(s)IF YES, how many have had ovarian cancer? \_\_\_\_\_ |  |  |  |  |
| c. | Female cousin(s) IF YES, how many have had ovarian cancer? \_\_\_\_\_ |  |  |  |  |

**HH11. Have any of your family members listed below who are related to you by blood had breast cancer?** For each family member, check **No** if they have not had ovarian cancer, **Yes** if they have, or **Don’t Know** if you don’t know.

|  |  |
| --- | --- |
| **Family member** | **Had Breast Cancer** |
|  | **No** | **Yes**  |  **Don’t know** |
| My mother |  |  |  |
| My mother’s mother |  |  |  |
| My father’s mother |  |  |  |
| My father |  |  |  |
| My mothers’ father |  |  |  |
| My father’s father |  |  |  |

**HH12. Have any of your other family members who are related to you by blood had breast cancer?** For each family member, check **No** if they have not had breast cancer, **Yes** if they have, **Don’t Know** if you don’t know, or **Not Applicable** if the option does not apply to you.

|  |  |  |
| --- | --- | --- |
|  | **Family Member** |  **Had Breast Cancer**  |
|  |  | **No**  | **Yes** | **Don’t know** | **Not applicable**  |
| a. | Sister(s)IF YES, how many have had breast cancer?\_\_\_\_\_\_ |  |  |  |  |
| b. | Brother(s)IF YES, how many have had breast cancer?\_\_\_\_\_\_\_ |  |  |  |  |
| c. | Aunt(s)IF YES, how many have had breast cancer?\_\_\_\_\_\_ |  |  |  |  |
| d. | Uncle(s)IF YES, how many have had breast cancer?\_\_\_\_\_\_\_ |  |  |  |  |
| e. | Cousin(s) IF YES, how many have had breast cancer?\_\_\_\_\_\_ |  |  |  |  |

|  |
| --- |
| **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*?**

No

Yes

I don’t know

**HH14. Has any woman in your family who is related to you by blood had both breast AND ovarian cancer**?

No

Yes

I don’t know

**HH15. Have any of your family members related to you by blood had bilateral breast cancer (breast cancer on both sides)?**

No

Yes

I don’t know

**HH16. Do you have Ashkenazi Jewish heritage?**

No

Yes

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?**

No 🡺 **Go to end of cancer series**

Yes

**HH18. What was the MAIN reason you talked to a genetic counselor about your risk for cancer?** Check ONE answer

My doctor recommended it

I requested it

A family member suggested it

I heard or read about it in the news

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HH19. Thinking about your MOST RECENT visit to a genetic counselorfor cancer risk, what kind of cancer was it for?** Check ALL that apply

Breast cancer

Ovarian cancer

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**END OF CANCER SERIES**

**II1. (Phase 7, Core 40, modified) How much weight did you gain during *your most recent* pregnancy**? Check ONE answer and fill in blank if needed

I gained **\_\_\_\_\_\_\_** pounds **OR** \_\_\_\_\_\_\_kilos

I didn’t gain any weight during my pregnancy

I don’t know

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?** Check ONE answer

6 or more times

4 to 5 times

2 to 3 times

1 time

I didn’t have 4 drinks or more in a 2 hour time span

NOTE: Skip JJ2 if mother did not drink during the last 3 months of her pregnancy (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? Check ONE answer**

6 or more times

4 to 5 times

2 to 3 times

1 time

I didn’t have 4 drinks or more in a 2 hour time span

**JJ3. (Phase 7, Core 35) During the *last* *3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?** Check ONE answer

14 drinks or more a week

8 to 13 drinks a week

4 to 7 drinks a week

1 to 3 drinks a week

Less than 1 drink a week

I didn’t drink then

**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.

No

Yes

**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.

No

Yes

**KK3. How often do you worry about the possibility of a disaster happening to you or your family?** Check ONE answer

Always

 Sometimes

Never

**KK4. (NEW) Below is a list of things that some people do to prepare for a disaster.** For each item, check **No** if it is not something you have done to prepare for a disaster or **Yes** if it is.

                                                                                                                              **No       Yes**

1. I have an emergency meeting place for family members (other than my home)
2. My family and I have practiced what to do in case of a disaster
3. I have a plan for how my family and I would keep in touch if we were separated
4. I have an evacuation plan if I need to leave my home and community
5. I have an evacuation plan for my child or children in case of a disaster (permission for

day care or school to release my child to another adult)

1. I have copies of important documents like birth certificates and insurance policies in a

safe place outside my home

1. I have emergency supplies in my home for my family such as enough extra water, food,

and medicine to last for at least three days

1. I have emergency supplies that I keep in my car, at work, or at home to take with me if I

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, check No if you did not use then or Yes if you did.

 No Yes

* 1. During the 12 months before I got pregnant
	2. During my most recent pregnancy
	3. Since my new baby was born

**LL2. During any of the following periods, did anyone smoke marijuana products inside your home, including you?** For each time period, check **No** if no one smoked marijuana inside your home then, or **Yes** if someone did.

|  |  |  |
| --- | --- | --- |
|  | **No** | **Yes** |
| a. During the 12 months before I got pregnant | □ | □ |
| b. During my most recent pregnancy | □ | □ |
| c. Since my new baby was born | □ | □ |
|  |  |  |

**LL3. During any of the following periods, did anyone keep edible marijuana products, such as brownies, cookies, or candy with THC, inside your home?** For each time period, check **No** if no one kept marijuana inside your home then, or **Yes** if someone did.

|  |  |  |
| --- | --- | --- |
|  | **No** | **Yes** |
| a. During the 12 months before I got pregnant | □ | □ |
| b. During my most recent pregnancy | □ | □ |
| c. Since my new baby was born | □ | □ |

**LL4. Do you think pregnant women harm their unborn baby’s health if they use marijuana during pregnancy?** Check ONE answer

No

Yes, slightly

Yes, moderately

Yes, greatly

**LL5. Do you think pregnant women harm their own health if they use marijuana?** Check ONE answer

No

Yes, slightly

Yes, moderately

Yes, greatly

**LL6. At any time during your most recent pregnancy, did you use marijuana or hash in any form?**

No 🡺 **Go to Question ##**

Yes

**LL7. During your most recent pregnancy, how often did you use marijuana products in an average week?**

Daily

2-3 times per week

Once a week

2-3 times per month

Once a month or less

**LL8. During your pregnancy*,* how did you use marijuana?** Check ALL that apply

Smoke it

Eat it

Drink it

Vaporize it

Dab it

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LL9. Why did you use marijuana products during pregnancy?** For each one, mark **No** if it was not a reason

for you or **Yes** if it was

 **No Yes**

 **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. Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LL10. During the *3 months before* you got pregnant, how often did you use marijuana products in an average week?**

Daily

2-3 times per week

Once a week

2-3 times per month

Once a month or less

**LL11. During the *first 3 months* (1st trimester) of your pregnancy, how often did you use marijuana products in an average week?**

Daily

2-3 times per week

Once a week

2-3 times per month

Once a month or less

I did not use marijuana products then 🡺 **Go to Question X**

**LL12. During the *first 3 months* (1st trimester)of your pregnancy*,* how did you use marijuana?** Check ALL that apply

Smoke it

Eat it

Drink it

Vaporize it

Dab it

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LL13. During the *middle 3 months* of your pregnancy, how often did you use marijuana products in an average week?**

Daily

2-3 times per week

Once a week

2-3 times per month

Once a month or less

I did not use marijuana products then 🡺 **Go to Question X**

**LL14. During *the middle 3 months of your pregnancy*, how did you use marijuana?** Check ALL that apply

Smoke it

Eat it

Drink it

Vaporize it

Dab it

Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LL15. During the *last 3 months of your pregnancy,* how often did you use marijuana products in an average week?**

Daily

2-3 times per week

Once a week

2-3 times per month

Once a month or less

I did not use marijuana products then 🡺 **Go to Question X**

**LL16. During the *last 3 months* *of your pregnancy*, how did you use marijuana?** Check ALL that apply

Smoke it

Eat it

Drink it

Vaporize it

Dab it

 Other 🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Skip LL17 if the mother did not have prenatal care (Core 13).

**LL17. During any of your prenatal care visits, did a doctor, nurse, or other health care worker do any of the following things?** Please include if you were asked on a form or verbally by your provider. For each one, mark **No** if they did not do this or **Yes** if they did.

 No Yes

a. Ask me if I was using marijuana

b. Recommend that I use marijuana for any reason

c. Advise me not to use marijuana

d. Advise me not to breastfeed my baby while using marijuana

**LL18*. Since your new baby* *was born*, have you used marijuana or hash in any form?**

No 🡺 **Go to Question##**

Yes

NOTE: 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?** Check ONE answer

Daily

2-3 times per week

Once a week

2-3 times per month

Once a month or less

 **LL20. How long after you use marijuana do you wait before you breastfeed or pump milk?** Check ONE answer and fill in the amount of time.

\_\_\_\_\_minutes

\_\_\_\_\_hours

\_\_\_\_\_days

**LL21. How long do you think it is necessary for a woman to wait after using marijuana to breastfeed her baby?** Check ONE answer

I don’t think she needs to wait at all

I think it is best to wait until she is no longer high

I think it is best to wait at least 2-3 hours after she is no longer high

I don’t think it is safe to use marijuana at all while breastfeeding

**ZIKA SUPPLEMENT**

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**? Check ONE answer

Very worried

Somewhat worried

Not at all worried

I had never heard of Zika virus during my most recent pregnancy 🡺 **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?** Check ONE answer

No

Yes, a healthcare worker talked with me without my asking about it

Yes, a healthcare worker talked with me, but only AFTER I asked about it

**MM3. During *your most recent* pregnancy, did you get a blood test for Zika virus?**

 No

 Yes

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?**

No

Yes

**MM5. At any time during *your* *most recent* pregnancy, did you live or travel outside the 50 United States?**

No 🡺 **Go to MM9**

Yes

**MM6. When did you live or travel outside the 50 United States during *your most recent* pregnancy, and for how long?** It may help to use a calendar. If you can’t remember the exact date, please just put the month and year. If you took more than 2 trips, please fill in the information below for the FIRST two trips during your most recent pregnancy.

**Trip Number 1**

Location (country or territory): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First day of trip: \_\_/\_\_/\_\_

Length of stay (number of days): \_\_\_\_\_\_\_\_\_\_

**Trip Number 2**

Location (country or territory):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First day of trip: \_\_/\_\_/\_\_

Length of stay (number of days): \_\_\_\_\_\_\_\_\_\_\_\_

**MM7. Did the place you lived in or travelled to have a tropical climate?** These tend to be hot and humid places.

No 🡺 **Go to MM9**

Yes

**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 repellant, and staying inside places with air conditioning or screened windows and doors. Check ONE answer

Every day

Some days

Never

There were no mosquitoes

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 pregnanc*y*, did your husband or any male partner live or travel outside the 50 United States?**

No 🡺 **Go to MM11**

Yes

**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.

No

Yes

I don’t know

**MM11. During *your most recent* pregnancy, how often did you use condoms when you had sex with your husband or any male partner?** Check ONE answer

Every time 🡺 **Go to end of Zika series**

Sometimes

Never

I didn’t have sex during my pregnancy 🡺 **Go to end of Zika series**

**MM12. What were your reasons for not using condoms d*uring your most recent* pregnancy?** Check ALL that apply

I didn’t think I needed to use condoms during pregnancy

I didn’t know you can get Zika virus from having sex

I didn’t think my husband or male partner had Zika virus

I was not worried about getting the Zika virus

I didn’t want to use condoms

My husband or male partner didn’t want to use condoms

Other🡺 Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENVIRONMENTAL EXPOSURES SUPPLEMENT**

**NN1. During *your most recent* pregnancy, how often did you eat largemouth bass, tuna, shark, king mackerel**

 **or swordfish?**

3 or more times a week

1 to 2 times a week

1 to 3 times a month

Less than once a month

I didn’t eat those fish during my pregnancy 🡺 **Go to question ##**

**NN2. Where did you get largemouth bass, tuna, shark, king mackerel or swordfish that you ate during your**

 **pregnancy?** Check ALL that apply

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 me or someone else from a local river, stream, lake, or pond

Caught by me or someone else from one of the Great Lakes

Other 🡺 Please tell us:

**NN3. During *your most recent* pregnancy, did you use any of the following things every day or most days around your house or as part of your job?** For each item, check **No** if you did not use it every day, or **Yes** if you did.

 **No Yes**

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?** Check ONE answer

More than once a day

Once a day

2 to 6 times a week

Once a week

Less than once a week

Never

NOTE: Skip NN5 If the mother did not have prenatal care (Core 13).

NN5 can be combined with R14 (if used) 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 things listed below?** *Please count only discussions*, not reading materials or videos. For each item, check **No** if no one talked with you about it, or **Yes** if someone did.

 **No Yes**

1. How me being exposed to lead could affect my baby
2. How using pesticides, which are chemicals to kill insects, rodents or weeds during pregnancy, could affect my baby
3. How using water bottles or other bottles made of polycarbonate plastic (BPA, recycle #7) during pregnancy could affect my baby

**NN6. During *your most recent* pregnancy, was a doctor, nurse, or other health care worker able to answer any questions about environmental exposures**? Check ONE answer

No

Yes

I didn’t ask a health care worker any questions about environmental exposures

I didn’t have any concerns about environmental exposures