

Form Approved
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Pregnancy Risk Assessment Monitoring System (PRAMS)

Phase 9 Standard Phone Module - English

Assisted Reproduction and Fertility

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

SKIP: If the mom was not trying to get pregnant when she got pregnant with her new baby, go to Question #.

A1. Did you take any fertility drugs or receive any medical procedures from a healthcare provider to help you get pregnant with your *new* baby? This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.
(Don't Read)

- ☐ (1) No → **Go to Question #**
- ☐ (2) Yes
- ☐ (3) Refused → **Go to Question #**
- ☐ (4) Don't Know/Don't Remember → **Go to Question #**

A2. Did you use any of the following fertility treatments to help you get *pregnant* with your *new* baby?

For each one, answer **Yes** or **No**.

(PROBE: To help you get pregnant with your new baby, did you use _____?)

- ☐ (1) Fertility-enhancing drugs prescribed by a doctor to stimulate ovulation
- ☐ (2) Intrauterine insemination or artificial insemination which are treatments in which sperm, but NOT eggs, were collected and medically placed into the uterus
- ☐ (3) Assisted reproductive technology such as treatments in which a woman's eggs or embryos were handled in the laboratory, such as in vitro fertilization [IVF] with or without, intracytoplasmic sperm injection [ICSI], or other related procedures)
- ☐ (4) Did you use any other medical treatments to help you get pregnant with your new baby?

IF YES, ASK: What?

INTERVIEWER: Go to Question # if the mother answered YES to any of the treatment options listed above.

INTERVIEWER: Select the option below if the mom **DIDN'T** use any fertility treatments

- ☐ (5) **Didn't** use fertility treatments

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

- ☐ (1) 0 to 6 months
- ☐ (2) 7 months to less than 1 year
- ☐ (3) 1 to 2 years
- ☐ (4) 3 to 4 years
- ☐ (5) 5 to 6 years
- ☐ (6) More than 6 years
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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

- ☐ (1) 1 cycle
- ☐ (2) 2 to 3 cycles
- ☐ (3) 4 to 6 cycles

- ☐ (4) 7 or more cycles
(Don't Read)
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

Breastfeeding

**NOTE: Skip B1 if infant is not alive or not living with the mother (Core 33 and/or Core 34).
Skip B1 if the mother ever breastfed (Core 35).**

B1. What were your reasons for not breastfeeding your new baby?

For each one, answer **Yes** or **No**. Was it because_____?

(PROBE: Was this a reason you did not breastfeed your new baby?)

- ☐ (1) You were sick or on medicine
- ☐ (2) You had other children to take care of
- ☐ (3) You had too many other things going on
- ☐ (4) You didn't like breastfeeding
- ☐ (5) You tried, but it was too hard
- ☐ (6) You didn't want to
- ☐ (7) You went back to work
- ☐ (8) You went back to school
- ☐ (9) Was there any other reason you didn't breastfeed your new baby?

IF YES, ASK: What was that? _____

SKIP: If she did not breastfeed her new baby, go to Question #.

**NOTE: Skip B2 if infant is not alive or not living with the mother (Core 33 and/or Core 34).
Skip B2 if the mother did not breastfeed or is still breastfeeding (Core 35).**

B2. What were your reasons for stopping breastfeeding?

For each one, answer **Yes** or **No**. Was it because_____?

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

- ☐ (1) Your baby had difficulty latching or nursing
- ☐ (2) Breast milk alone didn't satisfy your baby
- ☐ (3) You thought your baby wasn't gaining enough weight
- ☐ (4) Your nipples were sore, cracked, or bleeding, or it was too painful
- ☐ (5) You thought you weren't producing enough milk, or your milk dried up
- ☐ (6) You had too many other things going on
- ☐ (7) You felt it was the right time to stop breastfeeding
- ☐ (8) You got sick or you had to stop for medical reasons
- ☐ (9) You went back to work
- ☐ (10) You went back to school
- ☐ (11) Your spouse or partner didn't support breastfeeding
- ☐ (12) Your baby was jaundiced, which is yellowing of the skin or whites of the eyes
- ☐ (13) Was there any other reason you stopped breastfeeding your new baby?

IF YES, ASK: What was that reason?

**NOTE: Skip B3 if infant is not alive or not living with the mother (Core 33 and/or Core 34).
Skip B3 if infant was not born in a hospital (Core 32).**

B3. SKIP: If the baby was not born in a hospital, go to Question #.

During your hospital stay after your new baby was born, did any of the following things happen?

For each one, answer **Yes** or **No**.

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

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	Hospital staff talked to you about how to breastfeed, such as how often and long to breastfeed				
b.	Your baby stayed in the same room with you at the hospital				
c.	Hospital staff helped you learn how to breastfeed				
d.	You breastfed as soon as possible after your baby was born				
e.	Your baby was placed in skin-to-skin contact as soon as possible after birth				
f.	Your baby was fed only breast milk at the hospital				
g.	Hospital staff helped you recognize when your baby was hungry				
h.	The hospital gave you a gift pack with formula				
i.	The hospital gave you information about who you could contact for breastfeeding support when you left the hospital				
j.	Hospital staff tied or blocked your tubes				
k.	Hospital staff placed an IUD				
l.	Hospital staff placed a contraceptive implant in your arm				
m.	Hospital staff gave you a contraceptive shot or injection				

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

I'm going to read a list of options. Please tell me which one best describes you.

(PROBE: Repeat question as necessary.)

- ☐ (1) You knew you wanted to breastfeed
- ☐ (2) You thought you might breastfeed
- ☐ (3) You knew you would **not** breastfeed
- ☐ (4) You didn't know what to do about breastfeeding
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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.

B12. During your most recent pregnancy, were you on WIC which is the Special Supplemental Nutrition Program for Women, Infants, and Children?

(Don't Read)

- ☐ (1) No → **Go to Question #**
- ☐ (2) Yes
- ☐ (8) Refused → **Go to Question #**
- ☐ (9) Don't Know/Don't Remember → **Go to Question #**

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

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (3) Refused
- ☐ (4) Don't Know/Don't Remember

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

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

NOTE: Skip B9, B10, B11 if infant is not alive or not living with the mother (Core 33 and/or Core 34).

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

B9. Before your new baby was born, did any of the following things happen?

For each one, answer **Yes** or **No**.

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

- ☐ (1) Did someone answer your questions about breastfeeding?
- ☐ (2) Were you offered a class on breastfeeding?
- ☐ (3) Did you attend a class on breastfeeding?
- ☐ (4) Did you decide or plan to feed only breast milk to your baby?
- ☐ (5) Did you discuss feeding only breast milk to your baby with your family/friends?
- ☐ (6) Did you discuss feeding only breast milk to your baby with a healthcare provider?
- ☐ (7) Did you decide not to breastfeed your baby?

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

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

(Don't Read)

- ☐ (1) Number of weeks____ (RANGE: 1-40)
or Number of months____ (RANGE: 1-9)
- ☐ (2) The baby was less than 1 week old
- ☐ (3) The baby has not had any liquids other than breast milk
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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

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

(Don't Read)

- ☐ (1) Number of weeks____ (RANGE: 1-40)
or Number of months____ (RANGE: 1-9)
- ☐ (2) The baby was less than 1 week old
- ☐ (3) The baby has not eaten any foods
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

**NOTE: Skip B13, B14, B16 if mother did not breastfeed (Core 35).
B16 requires B14, but B14 can be used alone**

B13. After your new baby was born, did you get any of the following kinds of help with breastfeeding?

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

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

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

(Don't Read)

- ☐ (1) No → **Go to Question #**
☐ (2) Yes
☐ (8) Refused → **Go to Question #**
☐ (9) Don't Know/Don't Remember → **Go to Question #**

B16. Where did you get the breast pump that you used with your new baby?

For each one, answer **Yes** or **No**.

- ☐ Did you get it for free from WIC?
☐ Did you get it for free from the hospital?
☐ Did you get it as a gift or borrow it from someone else?
☐ Did your health insurance pay for it?
☐ Did you rent or buy it yourself?
☐ Did you have one from a previous child?
☐ Did you get your breast pump from some other place?

IF YES, ASK: Where was that? _____

B17. Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources?

For each one, answer **Yes** or **No**.

(PROBE: Before or after your new baby was born, did you receive information about breastfeeding from _____?)

(Don't read)

	No (1)	Yes (2)	Refus ed (8)	Don't know (9)
a. A doctor				
b. A nurse or midwife				
c. A doula				
d. A breastfeeding or lactation specialist				
e. Your baby's doctor or healthcare provider				
f. A breastfeeding support group				
g. A breastfeeding hotline or toll-free number				
h. Websites or apps about pregnancy or infant care				
i. Social media (such as Facebook, Instagram, TikTok)				
j. Family or friends				
k. Some other source				
IF YES, ASK: Who was that? _____				

Occupational Status and Workplace Leave

**NOTE: Skip C1-C2 if infant is not alive or not living with the mother or is still in the hospital (Core 33 and/or Core 34, and Core 32).
C2 requires 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?

For each one, answer **Yes** or **No**.

- ☐ (1) No, you don't go to school or work → **Go to Question #**
- ☐ (2) Yes, you go to school or work outside the home
- ☐ (3) Yes, you go to school or work from home
(Don't Read)
- ☐ (8) Refused → **Go to Question #**
- ☐ (9) Don't Know/Don't Remember → **Go to Question #**

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

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

- ☐ (1) Your spouse or partner
 - ☐ (2) Your baby's grandparent
 - ☐ (3) Another close family member or relative
 - ☐ (4) A friend or neighbor
 - ☐ (5) A babysitter, nanny, or other childcare provider
 - ☐ (6) Staff at day care center
 - ☐ (7) Another person
- IF YES, ASK:** Who is that?

-
- ☐ (8) The baby is with you while you are at school or working → **Go to Question #**
(Don't Read)
☐ (88) Refused
☐ (99) Don't Know/Don't remember

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

- (Don't Read)**
☐ (1) No → **Go to Question #**
☐ (2) Yes
☐ (8) Refused → **Go to Question #**
☐ (9) Don't Know/Don't remember → **Go to Question #**

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

C7. Have you returned to the job you had *during* your most recent pregnancy?

I'm going to read three options. Please tell me which one applies to you.

- ☐ (1) No, and you don't plan to return → **Go to Question #**
☐ (2) No, but you will be returning
☐ (3) Yes, you have returned
(Don't Read)
☐ (8) Refused → **Go to Question #**
☐ (9) Don't Know/Don't remember → **Go to Question #**

NOTE: C8 requires C7 and C4.

If a site adds a site-specific option to C8, insert "Yes, I took..." for options such as Family Medical Leave and "Yes, 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?

For each one, answer **Yes** or **No**.

- ☐ (1) You took *paid* leave from your job
☐ (2) You took *unpaid* leave from your job
☐ (3) *Site-specific options (Leave or disability programs)*
☐ (4) Would you say that you didn't take any leave from work after the birth of your new baby?
(Don't Read)
☐ (8) Refused
☐ (9) Don't Know/Don't remember

C9. How did you feel about the amount of time you were able to take off *after* the

birth of your new baby?

Would you say that it was _____?

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

(Don't Read)

- ☐ (8) Refused
☐ (9) Don't Know/Don't remember

C10. Did any of the following things affect your decision about taking leave from work after your new baby was born?For each one, answer **Yes** or **No**. Would you say _____?

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don't know (9)
a.	You couldn't financially afford to take leave				
b.	You were afraid you'd lose your job if you took leave or stayed out longer				
c.	You had too much work to do to take leave or stay out longer				
d.	Your job doesn't have paid leave				
e.	Your job doesn't offer a flexible work schedule				
f.	You hadn't built up enough leave time to take any or more time off				

C11. After your new baby was born, did your spouse or partner take time off from work?

Would you say _____?

- ☐ (1) No, they didn't take leave from work
☐ (2) Yes, they took *paid* leave from work
☐ (3) Yes, they took *unpaid* leave from work
☐ (4) Yes, they took *paid and unpaid* leave from work
☐ (5) Your spouse or partner didn't work at a job for pay
☐ (6) You didn't have a spouse or partner

(Don't Read)

- ☐ (8) Refused
☐ (9) Don't Know/Don't remember

NOTE: C14 requires C8. Add a skip arrow to C8 response option "I didn't take any leave" that goes to C9, (or C10, C11), if used, or to next topic.

C14. How many weeks or months of leave, in total, did you take or will you take?
(PROBE: About how many weeks or months, in total?)

(Don't Read)

- ☐ (1) _____ Number of weeks
 _____ Number of months
- ☐ (2) Less than 1 week
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't remember

Contraception

Also see [B3 for contraception during hospital stay after delivery](#)

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.

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

E5. When you got pregnant with your new baby, were you trying to get pregnant?
(Don't Read)

- ☐ (1) No
- ☐ (2) Yes → **Go to Question #**
- ☐ (8) Refused → **Go to Question #**
- ☐ (9) Don't Know/Don't Remember → **Go to Question #**

NOTE: E5 is a required filter for E6 and Q7.

E6. When you got pregnant with your new baby, were you or your spouse or partner doing anything to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes → **Go to Question #**
- ☐ (8) Refused → **Go to Question #**
- ☐ (9) Don't Know/Don't Remember → **Go to Question #**

NOTE: E6 is a required filter for E3 and E7.

E7. What were your reasons for not doing anything to keep from getting pregnant?

For each one, answer **Yes** or **No**.

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

- ☐ (1) You didn't mind if you got pregnant
- ☐ (2) You thought you couldn't get pregnant at that time
- ☐ (3) You didn't want to use birth control
- ☐ (4) You had side effects from the birth control method you were using
- ☐ (5) You had problems getting birth control you wanted
- ☐ (6) You thought your spouse or partner or you were sterile or couldn't get pregnant at all
- ☐ (7) Your spouse or partner didn't want to use condoms
 - a. Your spouse or partner didn't want you to use birth control

- ☐ (8) You forgot to use a birth control method
- ☐ (9) Was there some other reason why you or your spouse or partner was not doing anything to keep from getting pregnant?

IF YES, ASK: What was that?

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

SKIP: If she was not doing anything to keep from getting pregnant, go to Question #.

E3. What kind of birth control were you using when you got pregnant?

For each one, answer **Yes** or **No**.

- ☐ (1) Birth control pills
 - ☐ (2) Condoms
 - ☐ (3) Shots or injections
 - ☐ (4) Contraceptive patch or vaginal ring
 - ☐ (5) IUD
 - ☐ (6) Contraceptive implant in the arm
 - ☐ (7) Withdrawal (pulling out)
 - ☐ (8) Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
 - ☐ (9) Were you using any other method to keep from getting pregnant?
- IF YES, ASK:** What was that?
- _____

Infant Sleep Environment

NOTE: Inserting F4 after Core 37 requires the skip arrow to be changed from “Never” to “Always” so the filter will work properly.

F4. Who does your new baby *usually* sleep with when they are not sleeping alone?

For each one, answer **Yes** or **No**. Does your baby sleep with _____?

- ☐ (1) You
- ☐ (2) Your spouse or partner
- ☐ (3) A grandparent
- ☐ (4) Your baby’s twin
- ☐ (5) An older sibling
- ☐ (6) Someone else

IF YES, ASK: Who is that?

SKIP: If the baby never sleeps alone in their own crib or bed, go to Question #.

F5. Did a healthcare provider tell you to place your baby to sleep in the following ways?

For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don't know (9)
a.	On their back to sleep				
b.	In a crib, bassinet, or portable crib				
c.	Without a blanket, soft toys, cushions, or pillows in your baby's crib or bed				
d.	Place your baby's crib, bassinet, or portable crib in your room				

F6. Did you get information about how to place your baby to sleep during any of the following times?

For each one, answer **Yes** or **No**. (**PROBE**: Did you get information about how to place your baby to sleep _____?)

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don't know (9)
a.	During a prenatal care visit				
b.	In the hospital, when your baby was born				
c.	During your baby's healthcare visit				
d.	During a postpartum care visit				
e.	Did you get information somewhere else?				
	IF YES ASK: Where was that? _____				

F7. Did you get information about how to place your baby to sleep from any of the following sources?

For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refuse d (8)	Don't know (9)
a.	Your family doctor				
b.	Your OB/GYN				
c.	A nurse or midwife				
d.	A doula or a childbirth educator				
e.	Your baby's doctor or health care provider				
f.	Websites or apps about pregnancy or infant care				
g.	Social media such as Facebook, Instagram, or TikTok				
h.	From someone else?				

IF YES, ASK: Who?

Maternal Nutrition and Supplement Use

G9. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

Please tell me which one applies to you.

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

- ☐ (1) You didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* you got pregnant
- ☐ (2) 1 to 3 times a week
- ☐ (3) 4 to 6 times a week
- ☐ (4) Every day of the week
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

NOTE: G8 requires G9. Skip G8 if mother took a multivitamin 1 or more times a week (G9).

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?

Was it because _____?

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

- ☐ (1) You weren't planning to get pregnant
- ☐ (2) You didn't think you needed to take vitamins
- ☐ (3) You didn't want to take vitamins
- ☐ (4) The vitamins were too expensive
- ☐ (5) The vitamins gave you side effects such as nausea or constipation
- ☐ (6) Was there any other reason?

IF YES, ASK: What was the reason?

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?

Please tell me which one applies to you.

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

- ☐ (1) You did not take a multivitamin, prenatal vitamin, or folic acid vitamin at all
- ☐ (2) 1 to 3 times a week
- ☐ (3) 4 to 6 times a week
- ☐ (4) Every day of the week
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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

Please tell me which one applies to you.

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

- ☐ (1) You didn't take a multivitamin, prenatal vitamin, or folic acid vitamin at all
- ☐ (2) 1 to 3 times a week
- ☐ (3) 4 to 6 times a week
- ☐ (4) Every day of the week
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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

Please tell me which one applies to you.

- ☐ (1) Zero servings or none
- ☐ (2) 1 or 2 servings per day
- ☐ (3) 3 or 4 servings per day
- ☐ (4) 5 or more servings per day
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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

Please tell me which one applies to you.

- ☐ (1) Zero servings (none)
- ☐ (2) 1 or 2 servings per day
- ☐ (3) 3 or 4 servings per day
- ☐ (4) 5 or more servings per day
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

Health Insurance

Infant Health Insurance Coverage

NOTE: Skip H2 if infant is not alive or not living with the mother (Core 33 and/or Core 34).

H2. What kind of health insurance is your new baby covered by *now*?

For each one, answer **Yes** or **No**. Does your new baby have _____?

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

- ☐ (1) Private health insurance paid for by you, someone else, or through a job
- ☐ (2) Medicaid (*site Medicaid name*)
- ☐ (3) *Site-specific option (Other government plan or program such as SCHIP/CHIP)*
- ☐ (4) *Site-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*
- ☐ (5) *Site-specific option (TRICARE or other military healthcare)*
- ☐ (6) *Site-specific option (IHS or tribal)*
- ☐ (7) Does your baby have some other kind of health insurance?

INTERVIEWER: Go to Question X if the mother answered YES to any of the insurance options listed above.

IF YES, ASK: What is that?

- ☐ (8) Would you say that your new baby does not have any health insurance?

INTERVIEWER: If the mother answered that she did not have any health insurance, check YES.

Maternal Health Insurance Coverage

NOTE: Skip DD7 if mother was insured during the month before she got pregnant (Core 6).

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

SKIP: If the mother did not have health insurance during the *month before* she got pregnant, go to Question DD7. If she did, go to Question #.

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

For each one, answer **Yes** or **No**.

- ☐ (1) Health insurance was too expensive
- ☐ (2) You couldn't get health insurance from your job or the job of your spouse or partner
- ☐ (3) You applied for health insurance but were waiting to get it
- ☐ (4) You had problems with the health insurance application or website
- ☐ (5) Your income was too high to qualify for Medicaid
- ☐ (6) Your income was too high to qualify for a tax credit from the <Site > Health Insurance Marketplace or HealthCare.gov
- ☐ (7) You didn't know how to get health insurance
- ☐ (8) *Site-specific (You're not a US citizen, or you didn't have the right residency documents)*
- ☐ (9) Was there some other reason that you did not have health insurance during the month before you got pregnant with your new baby?

IF YES, ASK: What was the reason?

NOTE: Skip DD11 if mother had health insurance during pregnancy (Core 7).

BEFORE DD11, insert instruction box that says, "If you did not have health insurance *during* your most recent pregnancy, go to Question DD11. If you did, go to Question #."

SKIP: If the mother did not have health insurance *during* her most recent pregnancy, go to Question DD11. If she did, go to Question #."

DD11. (MOD) What was the reason that you did not have any health insurance *during* your most recent pregnancy?

For each one, answer **Yes** or **No**.

- ☐ (1) Health insurance was too expensive
- ☐ (2) You couldn't get health insurance from your job or the job of your spouse or partner
- ☐ (3) You applied for health insurance but were waiting to get it
- ☐ (4) You had problems with the health insurance application or website
- ☐ (5) Your income was too high to qualify for Medicaid
- ☐ (6) Your income was too high to qualify for a tax credit from the <Site > Health Insurance Marketplace or HealthCare.gov
- ☐ (7) You didn't know how to get health insurance
- ☐ (8) *Site -specific (You're not a US citizen or you didn't have the right residency documents)*
- ☐ (9) Was there some other reason that you didn't have health insurance during your most recent pregnancy?

IF YES, ASK: What was the reason?

NOTE: Skip DD20 if mother has health insurance now (Core 8).

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

SKIP: If the mother does not have health insurance *now*, go to Question DD20. If you do, go to Question #.

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

For each one, answer **Yes** or **No**.

- ☐ (1) Health insurance is too expensive
- ☐ (2) You can't get health insurance from your job or the job of your spouse or partner
- ☐ (3) You applied for health insurance, but you're still waiting to get it
- ☐ (4) You had problems with the health insurance application or website
- ☐ (5) Your income is too high to qualify for Medicaid
- ☐ (6) Your income is too high to qualify for a tax credit from the <Site > Health Insurance Marketplace or HealthCare.gov
- ☐ (7) You don't know how to get health insurance
- ☐ (8) *Site -specific (You're not a US citizen, or you don't have the right residency documents)*
- ☐ (9) Is there some other reason that you don't have health insurance now?

IF YES, ASK: What is the reason?

HIV and Sexually Transmitted Infections

EE3. During your most recent pregnancy, did a healthcare provider tell you that you had any of the following infections?

For each one, answer **Yes** or **No**.

(**PROBE:** During your most recent pregnancy, did a healthcare provider tell you that you had ____?)

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don't know (9)
a.	Genital warts (HPV)				
b.	Herpes				
c.	Chlamydia				
d.	Gonorrhea				
e.	Pelvic inflammatory disease or PID				
f.	Syphilis				
g.	Group B Strep (Beta Strep)				
h.	Bacterial vaginosis				
i.	Trichomoniasis or Trich				

j.	Yeast infection				
k.	Urinary tract infection or UTI				
l.	Were you told that you had any other infection?				
	IF YES, ASK: What was it? 				

NOTE: I9 needs I8, but I8 can be used alone.

Skip I9 if mom indicated in I8 that she was tested during pregnancy or delivery.

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

(Don't Read)

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

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

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

- ☐ (1) You weren't offered the test?
- ☐ (2) You didn't want to have the test?
- ☐ (3) You already knew your HIV status?
- ☐ (4) You didn't think you were at risk for HIV?
- ☐ (5) You didn't want people to think you were at risk for HIV?
- ☐ (6) You were afraid of getting the result?
- ☐ (7) You were tested before this pregnancy and didn't think you needed to be tested again?
- ☐ (8) Was there some other reason why you didn't have an HIV test during your most recent pregnancy or delivery?

IF YES ASK: What was that?

I10. What are you doing *now* to keep from getting sexually transmitted infections (STIs), including HIV?

Would you say _____?

- ☐ (1) You're not doing anything?
- ☐ (2) You're using condoms?
- ☐ (3) You're getting tested for sexually transmitted infections or HIV?
- ☐ (4) You're practicing mutual monogamy, which is when two partners agree to only have sex with each other?
- ☐ (5) Are you doing something else?

IF YES, ASK: What are you doing?

Postpartum Care

NOTE: Skip J3 if mom had a postpartum checkup.

If J3 is added, the skip arrow on Core 44 should be switched from “no” to “yes”.

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

J3. Did any of these things keep you from having a postpartum checkup?

For each one, answer **Yes** or **No**. Was it because _____?

- ☐ (1) You didn't know you needed one
- ☐ (2) You didn't have enough money or insurance to pay for the visit
- ☐ (3) You felt fine and didn't think you needed to have a visit
- ☐ (4) You couldn't get an appointment when you wanted one
- ☐ (5) You didn't have any transportation to get to the clinic or doctor's office
- ☐ (6) You had too many other things going on
- ☐ (7) You couldn't take time off from work or school
- ☐ (8) You didn't have anyone to help you take care of your children
- ☐ (9) The doctor's office was too far away
- ☐ (10) Did you have some other reason?

IF YES, ASK: What kept you from having a postpartum checkup?

SKIP: If the mother did not have a postpartum checkup, go to Question #.

J6. Since your new baby was born, have you received follow-up care for any of the following?

For each one, tell me whether or not you got care for it or tell me if you didn't have the condition.

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

		(Don't Read)				
		No (1)	Yes (2)	DH (3)	Refus ed (8)	Don' t Kno w (3)
a.	Diabetes					
b.	Hypertension or high blood pressure					
c.	Depression					
d.	Anxiety					
e.	Heart conditions like birth defects of the heart, fast or skipped heartbeat, heart failure, enlarged heart, heart attack, chest pain, heart transplant, or pacemaker					

J7. For the next questions, please answer **Yes** or **No**. Overall, since your new baby was

born...

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don't know (9)
	<i>Have you felt...</i>				
a.	Comfortable asking questions about the <i>postpartum care</i> that you received?				
b.	Comfortable declining care if you didn't want it?				
c.	Comfortable accepting the type of care that your healthcare providers recommended?				
d.	<i>Have you felt...</i> you were able to choose the care options that you received?				
e.	That your providers treated you with respect?				
f.	<i>Have you felt...</i> satisfied with the <i>postpartum care</i> you received?				

Preconception Care

NOTE: Skip J5 if mom had a healthcare visit (Core 4).

If J5 is added, the instructional box after Core 4 should be changed to “If you didn’t have any healthcare visits in the 12 months before you got pregnant, go to Question #.”

AFTER J5, add: “If you didn’t have any healthcare visits, go to Question #.”

J5. Why didn't you have any healthcare visits in the 12 months before you got pregnant with your new baby?

For each one, answer **Yes** or **No**. Was it because _____?

- ☐ (1) You didn't know you needed one
- ☐ (2) You didn't have enough money or insurance to pay for the visit
- ☐ (3) You felt fine and didn't think you needed to have a visit
- ☐ (4) You couldn't get an appointment when you wanted one
- ☐ (5) You didn't have any transportation to get to the clinic or doctor's office
- ☐ (6) You had too many other things going on
- ☐ (7) You couldn't take time off from work or school
- ☐ (8) You didn't have anyone to help you take care of your children
- ☐ (9) The doctor's office was too far away
- ☐ (10) Was there another reason why you didn't have any healthcare visits in the 12 months before you got pregnant?

IF YES, ASK: What was that?

SKIP: If the mother didn't have any healthcare visits, go to Question #.

Labor and Delivery

K3. How was your new baby delivered?

Was it ____?

- ☐ (1) Vaginally
- ☐ (2) Or a cesarean delivery or c-section
(Don't Read)
- ☐ (8) Refused
- ☐ (9) Don't Know / Don't Remember

NOTE: Skip K4 if mother did not have prenatal care (Core 10).

K4. How did your prenatal provider suggest you deliver your new baby?

Please tell me which one applies to you.

- ☐ (1) They suggested you deliver your baby vaginally or naturally
- ☐ (2) They suggested you have a cesarean delivery or c-section
- ☐ (3) They didn't suggest how you deliver your baby
- ☐ (4) **(Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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 or c-section?

Please tell me which one applies to you.

- ☐ (1) Your health care provider recommended a cesarean delivery **before** you went into labor
- ☐ (2) Your healthcare provider recommended a cesarean delivery while you were in labor
- ☐ (3) You asked for the cesarean delivery
- ☐ (4) **(Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

K7. What was the reason that your new baby was born by cesarean delivery or c-section?

For each one, answer **Yes** or **No**. Was it because ____?

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

- ☐ (1) You had a previous cesarean delivery or c-section
- ☐ (2) Your baby was in the wrong position, such as breech
- ☐ (3) You were past your due date
- ☐ (4) Your health care provider worried that your baby was too big
- ☐ (5) You had a medical condition that made labor dangerous for you, such as a heart condition or physical disability

- ☐ (6) You had a complication in your pregnancy, such as pre-eclampsia, placental problems, infection, or preterm labor
- ☐ (7) Your health care provider tried to induce your labor, but it didn't work
- ☐ (8) Labor was taking too long

- ☐ (9) The fetal monitor showed that your baby was having problems before or during labor or fetal distress
- ☐ (10) You wanted to schedule your delivery
- ☐ (11) You didn't want to have your baby vaginally
- ☐ (12) Was there any other reason?
IF YES, ASK: What was the reason?

K8. Did you plan or schedule a cesarean delivery or c-section at least one week before your new baby was born?

- ☐ (1) **(Don't Read)**
- ☐ (2) No
- ☐ (3) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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

K9. Did your healthcare provider try to induce your labor using different methods to start your contractions, such as medications or thinning of the membrane?

- ☐ (1) **(Don't Read)**
- ☐ (2) No → **Go to Question #**
- ☐ (3) Yes
- ☐ (8) Don't Know/Don't Remember → **Go to Question #**
- ☐ (9) Refused → **Go to Question #**

K10. Why did your healthcare provider try to induce your labor?

For each one, answer **Yes** or **No**. Was it because _____?

(PROBE: Was your healthcare provider trying to induce your labor because ____?)

- ☐ (1) Your water broke, and there was a fear of infection
- ☐ (2) You were past your due date
- ☐ (3) Your healthcare provider worried about the size of the baby
- ☐ (4) Your baby was not doing well and needed to be born
- ☐ (5) You had a complication in your pregnancy such as low amniotic fluid or pre-eclampsia
- ☐ (6) You wanted to schedule your delivery
- ☐ (7) You wanted to give birth with a specific healthcare provider
- ☐ (8) Was there any other reason?
IF YES, ASK: What was the reason?

K16. After delivery, was your baby put in an intensive care unit or NICU?[**NOTE:** Do not read letters, pronounce as “nick-you”]**(Don't Read)**

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

K17. For the next questions, please answer **Yes or **No**. Overall, during the delivery of your baby, did you feel...**

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	Comfortable asking questions about the <i>labor and delivery care</i> that you received?				
b.	Comfortable declining care if you didn't want it?				
c.	Comfortable accepting the options for care that your provider recommended?				
d.	<i>Did you feel...</i> You were able to choose the care options that you received?				
e.	Your providers treated you with respect?				
f.	<i>Did you feel...</i> Satisfied with the <i>labor and delivery care</i> you received?				

Preconception Health**L10. Before you got pregnant, would you say that, in general, your health was—**

- ☐ (1) Excellent
☐ (2) Very good
☐ (3) Good
☐ (4) Fair
☐ (5) Poor

(Don't Read)

- ☐ (8) Refused
☐ (9) Don't Know/Don't Remember

Response options for L11 are added directly to Core 3 and/or Core 15 if this question is selected.

L11. Additional options for Core 3 and/or Core 15

- e. Asthma
 f. Anemia, poor blood, or low iron
 g. Epilepsy or seizures
 h. Thyroid problems
 i. PCOS or polycystic ovarian syndrome

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

L27. In the 12 months before you got pregnant with your new baby, did a healthcare provider talk to you about preparing for a pregnancy?

(Don't Read)

- ☐ (1) No → **Go to Question #**
☐ (2) Yes
☐ (8) Refused → **Go to Question #**
☐ (9) Don't Know/Don't Remember → **Go to Question #**

L18. In the 12 months before you got pregnant with your new baby, did a healthcare provider talk with you about the following things?

For each one, answer **Yes** or **No**.

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

L26. 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 one, answer **Yes** or **No**. Did you _____?

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

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

Vaccinations

Also see [COVID-19 Vaccine Supplement](#)
Maternal

NOTE: Skip L14 if mother got a flu shot (Core 13).

BEFORE L14, add: “If you got a flu shot before or during your pregnancy, go to Question #.”

SKIP: If you got a flu shot before or during your pregnancy, go to Question #.

L14. What were your reasons for not getting a flu shot during the 12 months before the birth of your new baby?

For each one, answer **Yes** or **No**. Was it because _____?

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

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

BEFORE L19, add: “If you didn't get a flu shot before or during your pregnancy, go to Question #.”

SKIP: If you didn't get a flu shot before or during your pregnancy, go to Question #.

L19. Where did you get your flu shot?

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

- ☐ (1) Your OB/GYN's office
- ☐ (2) Your family doctor or other doctor's office
- ☐ (3) A health department or community clinic
- ☐ (4) A hospital

- ☐ (5) A pharmacy, drug store, or grocery store
 - ☐ (6) Your workplace or school
 - ☐ (7) Did you get your flu shot somewhere else?
IF YES, ASK: Where?
-

Child Vaccinations

NOTE: Skip L33 if infant is not alive or not living with the mother (Core 33 and/or Core 34).

L33. What are your plans for vaccinating your new baby?

I'm going to read a list of options, please tell me which one applies to you. Would you say _____?

- ☐ (1) Your baby will be vaccinated the way your baby's doctor recommends
- ☐ (2) Your baby will get every vaccine but at different times than your baby's doctor recommends
- ☐ (3) Your baby will get only some of the recommended vaccines
- ☐ (4) Your baby will not get any vaccines
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

Mental Health

**Note: M23 needs M22, but M22 can be used alone
M24 needs M22 and M23**

M22. Since your new baby was born, have you felt that you've needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other issues?

(Don't Read)

- ☐ (1) No → **Go to Question #**
- ☐ (2) Yes
- ☐ (8) Refused → **Go to Question #**
- ☐ (9) Don't Know/Don't Remember → **Go to Question #**

M23. Were you able to get the mental health services that you needed?

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes → **Go to Question #**
- ☐ (8) Refused → **Go to Question #**

☐ (9) Don't Know/Don't Remember → **Go to Question #**

M24. Which of these statements explains why you did not get the mental health services you needed?

For each one, answer **Yes** or **No**. Was it because _____?

(**PROBE:** Did you not get the mental health services you needed because _____?)

- ☐ (1) You couldn't afford the cost
- ☐ (2) You couldn't get an appointment as soon as you needed
- ☐ (3) Your health insurance doesn't cover any type of mental health services
- ☐ (4) Your health insurance doesn't pay enough for mental health services
- ☐ (5) You didn't know where to go to get services
- ☐ (6) You were concerned that the information you shared might not be kept confidential
- ☐ (7) You didn't want others to find out that you needed treatment
- ☐ (8) You were concerned that you might be committed to a psychiatric hospital
- ☐ (9) You were concerned that you might have to take medicine
- ☐ (10) You had no transportation, treatment was too far away, or the hours were not convenient
- ☐ (11) You didn't have time (because of a job, childcare, or other commitments)
- ☐ (12) Did you not get mental health services you needed for some other reason?

IF YES, ASK: What was the reason?

**Note: Skip M4 if mom does not indicate she had depression in Core 15 (Q15, item c).
BEFORE M4, add instruction: "If you had depression during your most recent pregnancy, go to Question M4. If you didn't, go to Question #."**

SKIP: If you had depression during your most recent pregnancy, go to Question M4. If you didn't, go to Question #.

**M4. At any time *during* your most recent pregnancy, did you ask for help for depression from a healthcare provider?
(Don't Read)**

- ☐ (1) No
- ☐ (2) Yes
- ☐ (3) Refused
- ☐ (4) Don't Know/Don't Remember

M5. Since your new baby was born, has a healthcare provider told you that you had depression?

(Don't Read)

- ☐ (1) No → **Go to Question #**
- ☐ (2) Yes
- ☐ (8) Refused → **Go to Question #**
- ☐ (9) Don't Know/Don't Remember → **Go to Question #**

M6. Since your new baby was born, have you asked for help for depression from a healthcare provider?

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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

I'm going to read a list of options. Please tell me which one best describes how you felt.

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

(Don't Read)

- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

Note: Skip M8 and M9 if mom does not indicate she had depression in Core 15 (Q15, item c). BEFORE M9/M8, add instruction: "If you had depression during your most recent pregnancy, go to Question M9/M8. If you didn't, go to Question #."

SKIP: If you had depression during your most recent pregnancy, go to Question M9/M8. If you didn't, go to Question #.

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

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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?

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

M14. At any time during your most recent pregnancy, did you ask for help for anxiety from a healthcare provider?

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

M15. Since your new baby was born, has a healthcare provider told you that you had anxiety?

(Don't Read)

- ☐ (1) No → **Go to Question #**
- ☐ (2) Yes
- ☐ (8) Refused → **Go to Question #**
- ☐ (9) Don't Know/Don't Remember → **Go to Question #**

M16. Since your new baby was born, have you asked for help for anxiety from a healthcare provider?

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

Note: Skip M17 and M18 if mom does not indicate she had anxiety in Core 15 (Q15, item d). BEFORE M17/M18, add instruction: "If you had anxiety during your most recent pregnancy, go to Question M18/M17. If you didn't, go to Question #."

SKIP: If you had anxiety during your most recent pregnancy, go to Question M18/M17. If you didn't, go to Question #.

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

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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

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

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

Maternal Morbidity

N1. At any time *during* your most recent pregnancy, did a healthcare provider tell you to stay in bed for at least 1 week?

(Don't Read)

- ☐ (1) No → **Go to Question #**
- ☐ (2) Yes
- ☐ (8) Refused → **Go to Question #**
- ☐ (9) Don't Know/Don't Remember → **Go to Question #**

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?

(PROBE: About how many weeks or months?)

(Don't Read)

Number of weeks _____ (Range: 1-40 weeks)

Number of months _____ (Range: 1-9 months)

- ☐ (88) Refused
- ☐ (99) Don't Know/Don't Remember

NOTE: N3 needs N1, but N1 can be used alone.**N3. How often were you able to follow your provider's instruction to stay in bed?**
Was it _____ ?

- ☐ (1) Always → **Go to Question #**
- ☐ (2) Often → **Go to Question #**
- ☐ (3) Sometimes
- ☐ (4) Rarely
- ☐ (5) Never

(Don't Read)

- ☐ (8) Refused → **Go to Question #**
- ☐ (9) Don't Know/Don't Remember → **Go to Question #**

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 one, answer **Yes** or **No**.

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

N5. During your most recent pregnancy, did a healthcare provider give you a series of weekly shots of a medicine called progesterone, Makena®, or 17P or 17 alpha-

hydroxyprogesterone to try to keep your new baby from being born too early?
(Don't Read)

- ☐ (1) No
☐ (2) Yes
☐ (8) Don't Know/Don't Remember
☐ (9) Refused

NOTE: Skip N7 if the mother did not have gestational diabetes during this pregnancy (Core 15, item a). BEFORE N7, add instruction that says, "If you had gestational diabetes during your most recent pregnancy, go to Question N7. If you didn't, go to Question #."

SKIP: If you had gestational diabetes during your most recent pregnancy, go to Question N7. If you didn't, go to Question #.

N7. During your most recent pregnancy, when you were told that you had gestational diabetes, did a healthcare provider do any of the things listed below?

For each one, answer **Yes** or **No**. Did a healthcare provider _____?

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	Refer you to a nutritionist				
b.	Talk to you about the importance of exercise				
c.	Talk to you about getting to a healthy weight after delivery				
d.	Talk to you about your risk for Type 2 diabetes				

N9. Did you have any of the following problems during your most recent pregnancy?

For each one, answer **Yes** or **No**. Did you have _____?

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

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
	GRID: No/Yes/Ref/DKDR				
a.	Vaginal bleeding				
b.	Kidney or bladder or urinary tract infection				
c.	Severe nausea, vomiting, or dehydration that sent you to the doctor or hospital				
d.	Did your cervix have to be sewn shut, also known as cerclage for incompetent cervix?				

e.	Problems with the placenta, such as abruptio placentae or placenta previa				
f.	Labor pains more than 3 weeks before your baby was due, or preterm or early labor				
g.	Did your water break more than 3 weeks before your baby was due, also known as preterm premature rupture of membranes or PPRM?				
h.	Did you have a blood transfusion?				
i.	Were you hurt in a car accident?				

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

(Don't Read)

- ☐ (1) No → **Go to Question #**
- ☐ (2) Yes
- ☐ (3) Refused → **Go to Question #**
- ☐ (4) Don't Know/Don't Remember → **Go to Question #**

07. Have you experienced any of the following things during your pregnancy or after your baby was born?

For each one, answer **Yes** or **No**.

(PROBE: During your pregnancy or after your baby was born ____?)

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don' t know (9)
a.	Have you felt something wasn't right with your health?				
b.	Have you felt your concerns for your health weren't taken seriously?				
c.	Have you felt your doctor ignored your concerns about your health or symptoms?				

08. Have you regularly monitored your blood pressure at home or outside of a healthcare visit during any of the following time periods?

For each time period, say **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don't know (9)
a.	During the 12 months before your most recent pregnancy				
b.	During your most recent pregnancy				
c.	Since your new baby was born				

Maternal Warning Signs

09. Since your new baby was born, have you received information about warning signs

of postpartum complications from any of the following sources?For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	A healthcare provider such as a doctor, nurse, or midwife				
b.	Websites or social media such as Facebook, Instagram, or Twitter				
c.	Any source of information that used the slogan ' Hear Her ' such as a website, social media, or paper handout				
d.	Family or friends				

O10 . Did a healthcare provider talk with you about the warning signs of both pregnancy and postpartum complications during any of the following time periods?For each time period, answer **Yes** or **No**.

Did a healthcare provider talk about warning signs _____?

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	During the 12 months before you got pregnant				
b.	During your most recent pregnancy				
c.	During your labor and delivery hospitalization				
d.	Since your new baby was born				

Food Security and Economic Stability**P14. During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?****(Don't Read)**

- ☐ (1) No
☐ (2) Yes
☐ (8) Refused
☐ (9) Don't Know/Don't Remember

P17. During the 12 months before your new baby was born, did you ever get emergency food from a church, a food pantry, or a food bank, or eat in a food kitchen?**(Don't Read)**

- ☐ (1) No
☐ (2) Yes
☐ (8) Refused
☐ (9) Don't Know/Don't Remember

NOTE: P21 needs P20 but P20 can be used alone.

P20. During the 12 months before your new baby was born, which of these statements best describes the food eaten in your household?

Would you say that you had ____?

- ☐ (1) Enough of the kinds of food you wanted to eat → **Go to Question #**
- ☐ (2) Enough, but not always the kinds of food you wanted to eat → **Go to Question #**
- ☐ (3) Sometimes not enough to eat
- ☐ (4) Often not enough to eat
(Don't Read)
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

P21. Why didn't you have enough to eat?

For each one, answer **Yes** or **No**. Was it because ____?

- ☐ (1) You couldn't afford to buy more food
- ☐ (2) You couldn't get out to buy food for example, didn't have transportation or had mobility or health problems that kept you from getting out
- ☐ (3) You were afraid or didn't want to go out to buy food
- ☐ (4) You couldn't get groceries or meals delivered
- ☐ (5) The stores didn't have the food you wanted

P22. During the 12 months before your new baby was born, how often were you unable to afford to eat balanced meals? A balanced meal includes all the types of food that you think should be in a healthy meal. For example, a starch like potatoes or rice, vegetables or fruit, and some protein like meat, fish, cheese, or eggs.

Was it ____?

- ☐ (1) Always
- ☐ (2) Usually
- ☐ (3) Sometimes
- ☐ (4) Rarely
- ☐ (5) Never
(Don't Read)
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

P23. What is your living situation today?

I'm going to read a list of options. Please tell me which one best describes your situation.
Would you say that ____?

- ☐ (1) You have a steady place to live
- ☐ (2) You have a place to live today, but you're worried about losing it in the future
- ☐ (3) You don't have a steady place to live. For example, you're temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park

(Don't Read)

- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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

Would you say _____ ?

- ☐ (1) Always
- ☐ (2) Often
- ☐ (3) Sometimes
- ☐ (4) Rarely
- ☐ (5) Never

(Don't Read)

- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

Neighborhood and Built Environment

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

Did you feel unsafe _____ ?

- ☐ (1) Always
- ☐ (2) Often
- ☐ (3) Sometimes
- ☐ (4) Rarely
- ☐ (5) Never

(Don't Read)

- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

Family Planning

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

Would you say _____ ?

- ☐ (1) You were trying to get pregnant
- ☐ (2) You were trying to keep from getting pregnant but weren't trying very hard not to
- ☐ (3) You were trying hard to keep from getting pregnant

(Don't Read)

- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

Q2. Which of the following statements best describes your spouse or partner during the 3 months before you got pregnant with your new baby?

Your spouse or partner _____?

- ☐ (1) Wanted you to get pregnant
- ☐ (2) Didn't care one way or the other whether you got pregnant
- ☐ (3) Didn't especially want you to get pregnant

(Don't Read)

- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

Q3. Thinking back to just before you got pregnant with your new baby, how did your spouse or partner feel about your becoming pregnant?

Your spouse or partner _____?

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

(Don't Read)

- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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 9). Add a skip arrow to Core 9 for the last four responses.

Q4. How much longer did you want to wait to become pregnant?

I'm going to read a list of options. Please tell me which one applies to you. You wanted to wait _____?

- ☐ (1) Less than 1 year
- ☐ (2) 1 year to less than 2 years
- ☐ (3) 2 years to less than 3 years
- ☐ (4) 3 years to 5 years
- ☐ (5) More than 5 years

(Don't Read)

- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

Q5 When you found out you were pregnant with your new baby, did you have any of the following feelings or concerns?

For each one, answer **Yes** or **No**.

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

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

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

Would you say you were _____?

- ☐ (1) Very unhappy to be pregnant
☐ (2) Unhappy to be pregnant
☐ (3) Not sure
☐ (4) Happy to be pregnant
☐ (5) Very happy to be pregnant

(Don't Read)

- ☐ (8) Refused
☐ (9) Don't Know/Don't Remember

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.

Were you trying for _____?

- ☐ (1) 0 to 3 months
- ☐ (2) 4 to 6 months
- ☐ (3) 7 to 12 months
- ☐ (4) 13 to 24 months
- ☐ (5) More than 24 months
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

SKIP: If mom was trying to get pregnant when she got pregnant with her new baby, go to Question #.

Prenatal Care

NOTE: Skip R24 if mother had no prenatal care (Core 10).

R24. How many weeks or months pregnant were you when you had your first visit for prenatal care?

(PROBE: How many weeks or months pregnant were you?)

(Don't Read)

Number of weeks _____ (Range: 1-40 weeks)

Number of months _____ (Range: 1-9 months)

- ☐ (88) Refused → **Go to Question #**
- ☐ (99) Don't Know/Don't Remember → **Go to Question #**

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

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes → **Go to Question #**
- ☐ (8) Refused → **Go to Question #**
- ☐ (9) Don't Know/Don't Remember → **Go to Question #**

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 #."

R2 1. Did any of these things keep you from getting prenatal care when you wanted it?

For each one, answer **Yes** or **No**. Was it because_____?

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

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

NOTE: Skip R6-R16, R25 if mother had no prenatal care (Core 10).

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

(Don't Read)

- ☐ (1) No
☐ (2) Yes
☐ (8) Refused
☐ (9) Don't Know/Don't Remember

R7. During any of your prenatal care visits, did a healthcare provider talk with you about the bacteria Group B Strep or Beta Strep?

- ☐ (1) (Don't Read)
☐ (2) No
☐ (3) Yes
☐ (8) Refused
☐ (9) Don't Know/Don't Remember

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

(Don't Read)

- ☐ (1) No
☐ (2) Yes
☐ (8) Don't Know/Don't Remember
☐ (9) Refused

R12. During any of your prenatal care visits, did a healthcare provider talk with you about taking multivitamins, prenatal vitamins, or folic acid vitamins *during your pregnancy*?

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

R14. During any of your prenatal care visits, did a healthcare provider talk with you about how eating fish containing high levels of mercury could affect your baby?

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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

Would you say that most of the time you went to a...

- ☐ (1) Private doctor's office
 - ☐ (2) Hospital clinic
 - ☐ (3) Health department clinic
 - ☐ (4) State-specific
 - ☐ (5) State-specific
 - ☐ (6) Or you went somewhere else?
- IF YES, ASK:** Where did you go?

(Don't Read)

- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

R16. During your most recent pregnancy, did a healthcare provider talk with you about any of the following things? Please count only discussions, not reading materials or videos.

For each one, answer **Yes** or **No**.

Did someone talk with you about _____?

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

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 healthcare provider said you were pregnant.

(PROBE: How many weeks or months pregnant were you?)

(Don't Read)

Number of weeks _____ (Range: 1-40)

Number of months _____ (Range: 1-9)

☐ (88) Don't Know/Don't Remember

☐ (99) Refused

R25 For the next questions, please answer **Yes** or **No**. **Overall, during your pregnancy, did you feel:**

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don' t kno w (9)
a.	Comfortable asking questions about the <i>prenatal</i> care that you received?				
b.	Comfortable declining care if you didn't want it?				
c.	Comfortable accepting the options for care that your provider recommended?				
d.	<i>Did you feel...</i> you were able to choose the care options that you received?				
e.	Your providers treated you with respect?				
f.	<i>Did you feel...</i> satisfied with the prenatal care you received?				

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

(Don't Read)

☐ (1) No

☐ (2) Yes

☐ (8) Refused

☐ (9) Don't Know/Don't Remember

Injury Prevention and Safety

Also see [Environmental Exposures Supplement](#)

NOTE: Skip S1 if infant is not alive or not living with the mother (Core 33 and/or Core 34).

S1. I'm going to read a list of statements about safety.

For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don' t kno w (9)
a.	You always used a seatbelt during your most recent pregnancy				
b.	Your home has a working smoke alarm				
c.	You have received information about infant products that should be taken off the market or product recalls since your new baby was born				
d.	Your home has a working carbon monoxide detector				

NOTE: Skip S6 if infant is not alive, is not living with the mother, or is still in the hospital (Core 33, Core 34, or Core 32).

S6. When riding in a car, truck, or van, how often does your baby ride in an infant car seat?

Is it _____?

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

NOTE: Skip S10 and S12 if infant is not alive, is not living with the mother, or is still in the hospital (Core 33, Core 34, or Core 32).

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

(Don't Read)

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

Note: S12 needs S10, but S10 can be used alone.

S12. How did you learn to install and use your infant car seat?

For each one, answer **Yes** or **No**.

- ☐ (1) Did you read the instructions?
- ☐ (2) Did a friend or family member show you?
- ☐ (3) Did a health or safety professional show you?
- ☐ (4) Did you figure it out yourself?
- ☐ (5) Did you already know how to install it because you have other children?
- ☐ (6) Did you learn to install and use your infant car seat another way?

IF YES, ASK: How did you learn to install and use your infant car seat?

NOTE: Skip S13 if infant is not alive or is not living with the mother (Core 33 or Core 34)

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

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

S20. During the 12 months before your new baby was born, did a healthcare provider talk to you about getting your household water tested for any of the following things?

For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don't know (9)
a.	Arsenic				
b.	Lead				
c.	Other contaminants				
	IF YES, ASK: What was it? 				

NOTE: S22 needs S21, S23 needs S22 and S21, but S21 can be used alone.

S21. Are any firearms kept in or around your home now?

(Don't Read)

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

- ☐ (9) Refused → **Go to Question #**

S22. Are any of these firearms now loaded?

(Don't Read)

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

S23. Are any of these loaded firearms also unlocked? Unlocked meaning you do not need a key, combination, or hand/fingerprint to get the gun or to fire it. Do not count a safety as a lock.

(Don't Read)

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

Infant Healthcare

Sick Child Care

NOTE: Skip T1 and T3 if infant is not alive, is not living with the mother, or is still in the hospital (Core 33, Core 34, or Core 32).

T1. Have you taken your new baby for care when he or she was sick?

(Don't Read)

- ☐ (1) No
☐ (2) Yes
☐ (3) Your baby has not been sick → **Go to Question #**
☐ (8) Refused → **Go to Question #**
☐ (9) Don't Know/Don't Remember → **Go to Question #**

Note: T3 needs T1, but T1 can be used alone.

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

(Don't Read)

- ☐ (1) No
☐ (2) Yes → **Go to Question #**
☐ (8) Refused → **Go to Question #**
☐ (9) Don't Know/Don't Remember → **Go to Question #**

NOTE: T8 requires T3.

T8. Did any of these things keep you from taking your baby for care when he or she was sick?

For each one, answer **Yes** or **No**. Was it because _____?

- ☐ (1) You didn't have health insurance to pay for the visit
- ☐ (2) You couldn't get an appointment
- ☐ (3) You didn't have a regular doctor for your baby
- ☐ (4) You had no way to get your baby to the clinic or doctor's office
- ☐ (5) You didn't have anyone to take care of your other children
- ☐ (6) Did you have some other reason?

IF YES ASK: What was that?

Well Child Care

NOTE: Skip X2, X9, and X10 if infant is not alive, is not living with the mother, or is still in the hospital (Core 33, Core 34, or Core 32).
X2 needs X9, but X9 can be used alone

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

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes → **Go to Question #**
- ☐ (8) Refused → **Go to Question #**
- ☐ (9) Don't Know/Don't Remember → **Go to Question #**

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

For each one, answer **Yes** or **No**. Was it because _____?

- ☐ (1) You didn't have enough money or insurance to pay for it
- ☐ (2) You had no way to get your baby to the clinic or doctor's office
- ☐ (3) You didn't have anyone to take care of your other children
- ☐ (4) You couldn't get an appointment
- ☐ (5) Your baby was too sick to go for a well-baby checkup
- ☐ (6) Did anything else keep your baby from having a well-baby checkup?

IF YES, ASK: What else kept your baby from having a well-baby checkup?

X10. Was your new baby seen by a healthcare provider for a one-week checkup after he or she was born?

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (3) Your baby was still in the hospital at that time

- ☐ (8) Refused
☐ (9) Don't Know/Don't Remember

Substance Use

Also see [Marijuana Supplement](#) and [Opioid Supplement](#)

NOTE: If using DRUG2/DRUG3, add transition statement: “The next questions are about using different drugs around the time of pregnancy. Your answers are strictly confidential.”

The next questions are about using different drugs around the time of pregnancy. Your answers are strictly confidential

DRUG 2. During the *month before* you got pregnant, did you take or use any of the following medications or drugs for any reason?

For each one, answer **Yes** or **No**. Did you take _____?

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

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don't know (9)
a.	Medication for depression				
b.	Medication for anxiety				
c.	Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine				
d.	Adderall®, Ritalin®, or another stimulant				
e.	Methadone, Subutex®, Suboxone®, or buprenorphine				
f.	Naloxone				
g.	Marijuana or cannabis products (not including hemp or CBD-only products)				
h.	CBD products				
i.	Synthetic marijuana (K2 or Spice)				
j.	Kratom				
k.	Fentanyl or Heroin (smack, junk, Black Tar or <i>Chiva</i>)				
l.	Amphetamines (uppers, speed, crystal meth, crank, ice or <i>agua</i>)				
m.	Cocaine (crack, rock, coke, blow, snow or <i>nieve</i>)				
n.	Benzodiazepines (Valium®, Ativan®, Xanax®) or Tranquilizers (downers or ludes)				
o.	Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)				
p.	Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)				

DRUG 3. During your most recent pregnancy, did you take or use any of the following medications or drugs for any reason?

For each one, answer **Yes** or **No**. Did you take _____?

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

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	Medication for depression				
b.	Medication for anxiety				
c.	Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine				
d.	Adderall®, Ritalin®, or another stimulant				
e.	Methadone, Subutex®, Suboxone®, or buprenorphine				
f.	Naloxone				
g.	Marijuana or cannabis products (not including hemp or CBD-only products)				
h.	CBD products				
i.	Synthetic marijuana (K2 or Spice)				
j.	Kratom				
k.	Fentanyl or Heroin (smack, junk, Black Tar or <i>Chiva</i>)				
l.	Amphetamines (uppers, speed, crystal meth, crank, ice or <i>agua</i>)				
m.	Cocaine (crack, rock, coke, blow, snow or <i>nieve</i>)				
n.	Benzodiazepines (Valium®, Ativan®, Xanax®) or Tranquilizers (downers or ludes)				
o.	Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)				
p.	Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)				

BEFORE U10, add: " If you did not use prescription pain relievers during your most recent pregnancy, go to Question #."

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

(**Don't Read**)

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

Social Services including Home Visitation

V1. During your most recent pregnancy, did you use any of these services?

For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
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 33 and/or Core 34).

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, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
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?

Please tell me which one of the following statements best describes your situation.

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

(Don't Read)

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

V11 . During your most recent pregnancy, did you feel you needed any of the following services?

For each one, answer **Yes** or **No**.

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

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don't know (9)
a.	SNAP (the Supplemental Nutrition Assistance Program)				
b.	WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children				
c.	Counseling for family and personal problems				
d.	Help to quit smoking				
e.	Help to reduce violence in your home				
f.	Help to quit using drugs				
g.	Assistance with housing or rent				
h.	Was there any other service you felt you needed?				
IF YES, ASK: What other service did you need during your most recent pregnancy? _____ _____ _____					

V12. During your most recent pregnancy, did you receive any of the following services?For each one, answer **Yes** or **No**.**(PROBE: During your most recent pregnancy, did you receive _____?)**

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	SNAP (the Supplemental Nutrition Assistance Program)				
b.	WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children				
c.	Counseling for family and personal problems				
d.	Help to quit smoking				
e.	Help to reduce violence in your home				
f.	Help to quit using drugs				
g.	Assistance with housing or rent				
h.	Was there any other service you received?				
IF YES, ASK: What other service did you receive during your most recent pregnancy? _____ _____ _____					

NOTE: Skip V13-V15 and V20, if the mother did not have a home visitor (V21).**V21. During your most recent pregnancy, did a home visitor come to your home to help you prepare for your new baby?** A home visitor is a nurse, healthcare provider, doula, childbirth educator, social worker, or another person who works for a program that helps you during your pregnancy.**(Don't Read)**

- ☐ (1) No → **Go to Question #**
☐ (2) Yes
☐ (8) Refused → **Go to Question #**
☐ (9) Don't Know/Don't Remember → **Go to Question #**

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

Was that person _____?

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

IF YES, ASK: What was their specialty or profession?**(Don't Read)**

- ☐ (8) Refused
☐ (9) Don't Know/Don't Remember

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?

Was it _____?

- ☐ (1) 1 time
☐ (2) 2 to 4 times
☐ (3) 5 or more times

(Don't Read)

- ☐ (8) Refused
☐ (9) Don't Know/Don't Remember

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, answer **Yes** or **No**.**(PROBE:** During your most recent pregnancy, did the home visitor talk with you about _____?)

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don't know (9)
a.	How smoking during pregnancy could affect your baby				
b.	How drinking alcohol during pregnancy could affect your baby				
c.	Doing tests to screen for birth defects or disease that run in your family				
d.	The importance of getting tested for HIV				
e.	The importance of getting tested for sexually transmitted infections				
f.	If someone was hurting you emotionally or physically				
g.	Breastfeeding your baby				
h.	Your emotional well-being				

V20 The following questions are about the care you got from the home visitor *during* your most recent pregnancy.For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	Were you satisfied with the amount of time the home visitor spent with you?				
b.	Were you satisfied with the advice you got on how to take care of yourself and your baby?				
c.	Did you feel understood and respected by the home visitor?				

NOTE: Skip V22 if the baby is not alive (Core 33). DO NOT skip if the baby is not living with the mom or is still in the hospital (Core 34 and Core 32).

Skip arrow for Core 34 should go to V22 and the instruction box before Core Q36 should go to V22 if V22 is inserted.

V22. Since your new baby was born, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, healthcare provider, doula, social worker, or another person who works for a program that helps families with newborns.

(Don't Read)

- ☐ (1) No → **Go to Question #**
- ☐ (2) Yes
- ☐ (8) Refused → **Go to Question #**
- ☐ (9) Don't Know/Don't Remember → **Go to Question #**

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

V16. Who was the home visitor that came to your home *since your new baby was born*?

Was that person _____?

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

IF YES, ASK: What was their specialty or profession?**(Don't Read)**

- ☐ (8) Refused
- ☐ (9) Don't Know/Don't Remember

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, answer **Yes** or **No**.

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

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

V19. The following questions are about the care you got from the home visitor since your new baby was born.

For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	Were you satisfied with the amount of time the home visitor spent with you?				
b.	Were you satisfied with the advice you got on how to take care of yourself and your baby?				
c.	Did you feel understood and respected by the home visitor?				

V23. Did you use doula support during any of the following time periods? A doula is a trained pregnancy and labor companion who gives comfort, emotional support, and information during birth. A doula does not provide medical care.

For each time period, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	During your most recent pregnancy				
b.	During the birth of your new baby				
c.	Since your new baby was born				

Social Support including Partner Experiences

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

Would _____ have helped you?

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

- ☐ (1) Your spouse or partner
- ☐ (2) Your mother, father, or in-laws
- ☐ (3) Other family member or relative
- ☐ (4) A friend
- ☐ (5) Religious community
- ☐ (6) Neighbors
- ☐ (7) Would someone else have helped you?
IF YES, ASK: Who else would have helped you?

- ☐ (8) **IF NONE OF ABOVE IS YES, ASK:** Would you say that no one would have helped you if a problem had come up?

INTERVIEWER: If the mother answered that she did not have anyone to help her, check YES.

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

Would _____ help you?

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

- ☐ (1) Your spouse or partner
- ☐ (2) Your mother, father, or in-laws
- ☐ (3) Other family member or relative
- ☐ (4) A friend
- ☐ (5) Religious community
- ☐ (6) Neighbors
- ☐ (7) Would someone else have helped you?

IF YES, ASK: Who else would have helped you?

- ☐ (8) **IF NONE OF ABOVE IS YES, ASK:** Would you say that no one would help you if a problem came up?

INTERVIEWER: If the mother answered that she did not have anyone to help her, check YES.

The following questions are about the people in your life and the support they provided you while you were pregnant.

For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	Did you have someone you could go to if you felt lonely?				
b.	Did you have someone you could talk with about things that were important to you or how you were feeling?				
c.	Did you have someone you could count on to listen to your problems, worries, and fears?				
d.	Did you have someone who showed you love and affection?				
e.	Did you have someone who did things with you to relax or have fun?				
f.	Did you have someone you could count on to loan you money for things like food or bills?				
g.	Did you have someone who could take care of your children if you needed help?				
h.	Did you have someone who could help with daily chores if you were sick?				
i.	Did you have someone who could take you to the clinic or doctor's office if you needed a ride?				

W6. The following questions are about the people in your life and the support they provide you now.

For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	Do you have someone you can go to if you're feeling lonely?				
b.	Do you have someone you can talk with about things that are important to you or how you're feeling?				
c.	Do you have someone you can count on to listen to your problems, worries, and fears?				
d.	Do you have someone who shows you love and affection?				
e.	Do you have someone who does things with you to relax or have fun?				
f.	Do you have someone you can count on to loan you money for things like food or bills?				
g.	Do you have someone who can take care of your children if you need help?				
h.	Do you have someone who can help with daily chores if you're sick?				
i.	Do you have someone who can take you to the clinic or doctor's office if you need a ride?				

W7. Do your neighbors do any of the following things?For each one, answer **Yes** or **No**.

(PROBE: Do your neighbors ____?)

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	Do favors for each other or help each other out				
b.	Ask each other advice about personal things such as child rearing or job openings				
c.	Have parties or other get-togethers where other people in the neighborhood are invited				
d.	Visit in each other's homes or on the street				
e.	Watch over each other's property				

W8. Please choose the statement that best describes your current living arrangement with your spouse or partner.

Would you say that your spouse or partner ____?

- ☐ (1) Lives with you all of the time
☐ (2) Lives with you some of the time
☐ (3) Doesn't live with you
☐ (4) You don't have a spouse or partner
(Don't Read)
☐ (8) Refused
☐ (9) Don't Know/Don't Remember

W9. Since your new baby was born, how often does your spouse or partner provide you with encouragement and emotional support?

Would you say that it's ____?

- ☐ (1) Always
☐ (2) Often
☐ (3) Sometimes
☐ (4) Rarely
☐ (5) Never
☐ (6) You don't have a spouse or partner
(Don't Read)
☐ (8) Refused
☐ (9) Don't Know / Don't Remember

W10. Since your new baby was born, how often does your baby's father or other parent contribute things such as money, food, clothing, shelter, or healthcare to provide for your new baby's basic needs?

Would you say it's ____?

- ☐ (1) Always
- ☐ (2) Often
- ☐ (3) Sometimes
- ☐ (4) Rarely
- ☐ (5) Never
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't Know / Don't Remember

W11 When your new baby's father, or other, parent is with the baby, how often do they hug, kiss, hold, or play with the baby?

Would you say it's _____?

- ☐ (1) Always
- ☐ (2) Often
- ☐ (3) Sometimes
- ☐ (4) Rarely
- ☐ (5) Never
- ☐ (6) Your new baby's father, or other parent, doesn't regularly spend time with your baby
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't Know / Don't Remember

Oral Health

Y3. Since your new baby was born, have you had your teeth cleaned by a dentist or dental hygienist?
(Don't Read)

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

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 one, answer **Yes** or **No**. (**PROBE:** During your most recent pregnancy, _____.)

				(Don't read)			
				No	Ye	Refus	Don't

	(1)	s (2)	ed (8)	know (9)
a. You had cavities that needed to be filled				
b. You had painful, red, or swollen gums				
c. You had a toothache				
d. You needed to have a tooth pulled				
e. You had an injury to your mouth, teeth, or gums				
f. Did you have any other problems with your teeth or gums during your most recent pregnancy?				
IF YES, ASK: What was the problem? 				

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 one, answer **Yes** or **No**.

(PROBE: Was it difficult to go to a dentist or dental clinic during your most recent pregnancy because ____?)

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	You couldn't find a dentist or dental clinic that would take pregnant patients				
b.	You couldn't find a dentist or dental clinic that would take Medicaid patients				
c.	You didn't think it was safe to go to the dentist during pregnancy				
d.	You couldn't afford to go to the dentist or dental clinic				
e.	You couldn't find a dentist or dental clinic close by that you could get to				

Y7. The following statements are about the care of your teeth *during* your most recent pregnancy.

For each one, answer **Yes** or **No**.

(PROBE: During your most recent pregnancy, ____.)

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	You knew it was important to care for your teeth and gums during your pregnancy				

b.	A dental or other healthcare provider talked with you about how to care for your teeth and gums				
c.	You knew it was safe to go to the dentist during pregnancy				
d.	You had insurance to cover dental care during your pregnancy				
e.	You <u>needed</u> to see a dentist for a problem				
f.	You <u>went</u> to a dentist or dental clinic about a problem				

Y8. Did you get treatment from a dentist or another healthcare provider for the dental problem that you were having during your pregnancy?

I will read a list of options, please tell me which one applies to you.

- ☐ (1) No, you didn't get treatment
☐ (2) Yes, you got treatment during your pregnancy
☐ (3) Yes, you got treatment after your pregnancy
☐ (4) Yes, you got treatment both during and after your pregnancy
(Don't Read)
☐ (8) Refused
☐ (9) Don't Know/Don't Remember

Intimate Partner Violence

Z1. Did your current, or ex, spouse or partner do any of the following things *during* your most recent pregnancy?

For each one, answer **Yes** or **No**. Did they ____?

(PROBE: During your most recent pregnancy, did they ____?

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	Threaten you or make you feel unsafe in some way				
b.	Make you afraid for your safety or your family's safety because of their anger or threats				
c.	Try to control your daily activities, for example, controlling who you could talk to or where you could go				
d.	Force you to take part in touching or any sexual activity when you didn't want to				

Z2. Has your current, or ex, spouse or partner done any of the following things since your new baby was born?

For each one, answer **Yes** or **No**. Have they ____?

(**PROBE:** Since your new baby was born, have they ____?)

		(Don't read)			
		No (1)	Yes (2)	Refuse d (8)	Don't know (9)
a.	Threatened you or made you feel unsafe in some way				
b.	Made you afraid for your safety or your family's safety because of their anger or threats				
c.	Tried to control your daily activities, for example, controlling who you could talk to or where you could go				
d.	Forced you to take part in touching or any sexual activity when you didn't want to				

Z8. Before you got pregnant with your new baby, did your spouse or partner ever try to keep you from using your birth control so that you would get pregnant when you didn't want to? For example, did they hide your birth control, throw it away, or do anything else to keep you from using it?

(**Don't Read**)

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

Z9. During any of the following time periods, did your spouse or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way?

For each time period, answer **Yes** or **No**.

(**PROBE:** Did your spouse or partner threaten you, limit your activities against your will, or make feel unsafe in any way?)

		(Don't read)			
		No (1)	Yes (2)	Refuse d (8)	Don't know (9)
a.	During the 12 months before you got pregnant				
b.	During your most recent pregnancy				
c.	Since your new baby was born				

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 one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Ye s (2)	Refuse d (8)	Don't know (9)

a.	Your spouse or partner				
b.	Your ex-spouse or ex-partner				
c.	<i>Site-added option (Another family member)</i>				
d.	<i>Site-added option (Someone else)</i>				

Z15. Before you got pregnant with your new baby, did your spouse or partner ever refuse to use a condom when you wanted them to use one?
(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (3) You didn't have a partner at that time, or you were in a same sex relationship
- ☐ (8) Refused
- ☐ (9) Don't know/don't remember

Tobacco and Nicotine Product Use and Cessation

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 OR during your pregnancy, go to Question #."

AA1. During any of your prenatal care visits, did a healthcare provider advise you to quit smoking?
(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (3) You didn't go for prenatal care
- ☐ (8) Refused
- ☐ (9) Don't know/don't remember

AA2. During your most recent pregnancy, did you try any of the following things to quit smoking?For each one, answer **Yes** or **No**.**(PROBE:** During your most recent pregnancy, did you _____?)

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	Set a specific date to stop smoking				
b.	Use a text-messaging program for help with quitting				
c.	Use websites or apps for help with quitting				
d.	Use social media for help with quitting (such as Facebook, Instagram, or TikTok)				
e.	Call a national or state quit line				
f.	Attend a class or program to stop smoking				
g.	Go to counseling for help with quitting				
h.	Use a nicotine patch, gum, lozenge, nasal spray, or oral inhaler				
i.	Take a pill like Zyban® or Wellbutrin® (also known as bupropion) to stop smoking				
j.	Take a pill like Chantix® (also known as varenicline) to stop smoking				
k.	Try to quit on your own or cold turkey				
l.	Did you do anything else to quit smoking?				
IF YES, ASK: What did you do? 					

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. During any of your prenatal visits, did a healthcare provider do any of the following things to help you quit smoking?

For each one, answer **Yes** or **No**.

(**PROBE:** During any of your prenatal care visits, did a healthcare provider _____?)

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	Spend time with you discussing how to quit smoking				
b.	Suggest that you set a specific date to stop smoking				
c.	Suggest you attend a class or program to stop smoking				
d.	Provide you with booklets, videos, or other materials to help you quit smoking on your own				
e.	Refer you to counseling for help with quitting				
f.	Ask if a family member or friend would support your decision to quit				
g.	Refer you to a national or state quit line				
h.	Recommend using or prescribe a nicotine gum				
i.	Recommend using or prescribe a nicotine patch				
j.	Recommend using or prescribe a nicotine lozenge				
k.	Prescribe a nicotine nasal spray or nicotine oral inhaler				
l.	Prescribe a pill like Zyban® or Wellbutrin® (also known as bupropion) to help you quit				
m.	Prescribe a pill like Chantix® (also known as varenicline) to help you quit				

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?

Would you say ____?

- ☐ (1) No one was allowed to smoke anywhere inside your home
- ☐ (2) Smoking was allowed in some rooms or at some times
- ☐ (3) Smoking was permitted anywhere inside your home
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't know/don't remember

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?

Please tell me which one applies to you.

- ☐ (1) No, you did not quit smoking
- ☐ (2) No, but you cut back
- ☐ (3) Yes, you quit before you found out you were pregnant
- ☐ (4) Yes, you quit when you found out you were pregnant
- ☐ (5) Yes, you quit later in your pregnancy
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't know/don't remember

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?

Would you say ____?

- ☐ (1) No one is allowed to smoke anywhere inside your home
- ☐ (2) Smoking is allowed in some rooms or at some times
- ☐ (3) Smoking is permitted anywhere inside your home
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't know/don't remember

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

(Don't Read)

_____ Number of smokers (Range: 0 - 20)

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

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

(Don't Read)

_____ Number of smokers (Range: 0 - 20)

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

NOTE: AA10 must be used with AA6.

Skip AA10 if the mother did not smoke 3 months before she got pregnant (Core 20).

AA10 Would any of the following things make it hard for you to quit smoking?

For each one, answer **Yes** or **No**.

(**PROBE:** _____ makes it hard to quit smoking?)

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
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 you				
f.	Cravings for a cigarette				
g.	Lack of support from others to quit				
h.	Worsening depression				
i.	Worsening anxiety				
j.	Is there anything else that makes it hard for you to quit smoking?				
	IF YES: ASK: What is that? _____				

Experiences of Discrimination and Racism

BB1. During the 12 months before your new baby was born, how often did you feel emotionally upset (for example, angry, sad, or frustrated) because of how you were treated based on your race, ethnicity, or skin color?
 Would you say it was _____?

- ☐ (1) Very often
☐ (2) Somewhat often
☐ (3) Not very often
☐ (4) Never
(Don't Read)
☐ (8) Refused
☐ (9) Don't know/don't remember

BB3. See [Food Security and Economic Stability](#) Section

BB4. During your life until now, how often have you worried that you might be treated or judged unfairly because of your race, ethnicity, or skin color?
 Would you say it was _____?

- ☐ (1) Very often
☐ (2) Somewhat often
☐ (3) Not very often
☐ (4) Never
(Don't Read)
☐ (8) Refused

☐ (9) Don't know/don't remember

BB5. ***During your life until now, how often have you worried that a loved one like your partner, child, or parent might be treated or judged unfairly because of their race, ethnicity, or skin color?***
Would you say it was _____?

☐ (1) Very often

☐ (2) Somewhat often

☐ (3) Not very often

☐ (4) Never

(Don't Read)

☐ (8) Refused

☐ (9) Don't know/don't remember

BB6. ***Have you ever experienced discrimination or were prevented from doing something, hassled, or made to feel inferior because of the things listed below?***

For each one, answer **Yes** or **No**.

Did you experience discrimination because of _____?

		(Don't read)			
		No (1)	Ye s (2)	Refuse d (8)	Don't know (9)
a.	Your race, ethnicity, or skin color				
b.	Your disability status				
c.	Your immigration status				
d.	Your age				
e.	Your weight				
f.	Your income				
g.	Your sex or gender				
h.	Your sexual orientation				
i.	Your religion				
j.	Your language or accent				
k.	Your type or lack of health insurance				
l.	Your use of substances like alcohol, tobacco, or other drugs				
m.	Your involvement with the justice system (such as jail or prison)				
n.	For something else				
IF YES, ASK: What was it? _____					

Physical Activity

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.
Was it___?

- ☐ (1) Less than 1 day per week
- ☐ (2) 1 to 2 days per week
- ☐ (3) 3 to 4 days per week
- ☐ (4) 5 or more days per week
- ☐ (5) You were told by a healthcare provider not to exercise
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't know/don't remember

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?
Was it___?

- ☐ (1) Less than 1 day per week
- ☐ (2) 1 to 2 days per week
- ☐ (3) 3 to 4 days per week
- ☐ (4) 5 or more days per week
- ☐ (5) You were told by a healthcare provider not to exercise
- (Don't Read)**
- ☐ (8) Refused
- ☐ (9) Don't know/don't remember

Reproductive History

FF1. During the **12 months before** you got pregnant with your new baby, did you have a miscarriage, fetal death, where the baby died before being born, or stillbirth?
(Don't Read)

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

NOTE: FF5 must be used with FF4. Skip FF4 if mother has not had a previous infant born alive (FF5).

FF4. What is the age difference between your **new** baby and the child you delivered **just before** your new one?
Is it _____?

- ☐ (1) 0 to 12 months
- ☐ (2) 13 to 18 months

- ☐ (3) 19 to 24 months
- ☐ (4) More than 2 years but less than 3 years
- ☐ (5) 3 to 5 years
- ☐ (6) More than 5 years
(Don't Read)
- ☐ (8) Refused
- ☐ (9) Don't know/don't remember

FF5. Before you got pregnant with your new baby, did you ever have any other babies who were born alive?

(Don't Read)

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

NOTE: FF5 must be used with FF6 and FF7.

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

(Don't Read)

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

FF7. Was the baby *just before* your new one born *earlier* than 3 weeks before their due date?

(Don't Read)

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

Demographic Information Including Maternal Weight

II1. How much weight did you gain *during* your most recent pregnancy?

(PROBE: About how much weight did you gain overall during your pregnancy?)

(Don't Read)

Gained _____ Pounds [Range: 0-150 pounds] **OR**
_____ Kilos [Range: 0-68 kilograms]

- ☐ (777) Weight didn't change during pregnancy
- ☐ (888) Don't know/don't remember
- ☐ (999) Refused

II2. How tall are you without shoes?

(PROBE: About how tall?)

(Don't Read)

_____ Feet &
_____ Inches
OR _____ Centimeters

- ☐ (888) Refused
- ☐ (999) Don't know/don't remember

II3. Just before you got pregnant with your new baby, how much did you weigh?

(PROBE: About how much?)

(Don't Read)

_____ Pounds **OR**

_____ Kilos

- ☐ (888) Refused
- ☐ (999) Don't know/don't remember

II4. When was your new baby born?

(Don't Read)

Month/Day/Year

Month: _____

Day: _____

Year: _____

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

Alcohol Consumption

NOTE: If JJ1 and JJ5 are both used, a skip arrow should be added to JJ5 "I didn't drink then" to skip JJ1.

JJ5. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

Was it _____?

- ☐ (1) 14 or more drinks a week
 - ☐ (2) 8 to 13 drinks a week
 - ☐ (3) 4 to 7 drinks a week
 - ☐ (4) 1 to 3 drinks a week
 - ☐ (5) Less than 1 drink a week
 - ☐ (6) You didn't drink then
- (Don't Read)**
- ☐ (8) Refused
 - ☐ (9) Don't know/don't remember

JJ1. During the 3 months before you got pregnant, how many times did you drink 4 or more alcoholic drinks in a 2-hour time span?

Was it _____?

- ☐ (1) 6 or more times
 - ☐ (2) 4 to 5 times
 - ☐ (3) 2 to 3 times
 - ☐ (4) 1 time
 - ☐ (5) You didn't have 4 or more drinks in a 2-hour time span
- (Don't Read)**
- ☐ (8) Refused
 - ☐ (9) Don't know/don't remember

NOTE: Skip JJ2 and JJ3 if mother did not drink during the last 3 months of her pregnancy (Core 27).

BEFORE JJ3, insert instruction box that says: “If you didn’t have any alcoholic drinks during the last 3 months of your pregnancy, go to Question #.”

If JJ2 and JJ3 are both used, a skip arrow should be added to JJ3 “I didn’t drink then” to skip JJ2.

JJ3. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?
Was it _____?

- ☐ (1) 14 or more drinks a week
- ☐ (2) 8 to 13 drinks a week
- ☐ (3) 4 to 7 drinks a week
- ☐ (4) 1 to 3 drinks a week
- ☐ (5) Less than 1 drink a week
- ☐ (6) You didn’t drink then
(Don't Read)
- ☐ (8) Refused
- ☐ (9) Don’t know/don’t remember

JJ2. During the *last 3 months* of your pregnancy, how many times did you drink 4 or more alcoholic drinks in a 2-hour time span?
Was it _____?

- ☐ (1) 6 or more times
- ☐ (2) 4 to 5 times
- ☐ (3) 2 to 3 times
- ☐ (4) 1 time
- ☐ (5) You didn’t have 4 or more drinks in a 2-hour time span
(Don't Read)
- ☐ (8) Refused
- ☐ (9) Don’t know/don’t remember

JJ6. During your most recent pregnancy, did a healthcare provider or home health visitor tell you that it was okay to drink a little alcohol during pregnancy?
(Don't Read)

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

Disaster and Emergency Preparedness

Also see [Disaster Supplement](#)

KK1. Do you currently have an emergency plan for your family in case of disaster? For example, you and your family have talked about how to be safe if a disaster happened.

(Don't Read)

- ☐ (1) No
- ☐ (2) Yes
- ☐ (8) Refused

☐ (9) Don't know/don't remember

KK2. During your most recent pregnancy, did you have an emergency plan for your family in case of disaster? For example, you and your family talked about how to be safe if a disaster happened.

(Don't Read)

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

KK 4. I am going to read you a list of things that some people do to prepare for a disaster.

For each one, answer **Yes** or **No**. Would you say that _____?

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don't know (9)
a.	You have an emergency meeting place for family members other than your home				
b.	Your family and you have practiced what to do in case of a disaster				
c.	You have a plan for how your family and you would keep in touch if you were separated				
d.	You have an evacuation plan if you need to leave your home and community				
e.	You have an evacuation plan for your children in case of a disaster, for example, permission for day care or school to release your child to another adult				
f.	You have copies of important documents like birth certificates and insurance policies in a safe place outside your home				
g.	You have emergency supplies in your home for your family such as enough extra water, food, and medicine to last for at least three days				
h.	You have emergency supplies that you keep in your car, at work, or at home to take with you if you have to leave quickly				

Maternal Childhood Experiences

NOTE: LL1: Response items a-h are required for minimum assessment of adverse childhood events (ACEs). Response items i-m are optional (enhanced assessment of ACEs). Sites can select any or all of the optional response items.

LL1. The next questions are about things that may have happened to you during your childhood, before your 18th birthday.

For each one, answer **Yes** or **No**.

(Don't read)

		No (1)	Yes (2)	Refus ed (8)	Don' t kno w (9)
	Before your 18th birthday...				
a.	Did you live with someone who was depressed, mentally ill, or suicidal?				
b.	Did you live with someone who had a problem with alcohol or drug use?				
c.	Were you separated from a parent or guardian because they went to jail, prison, or a detention center?				
d.	Did your parents or other adults in your home slap, hit, kick, punch, or beat each other up?				
e.	Did a parent or other adult in your home hit, beat, kick, or physically hurt you in any way?				
f.	Did a parent or other adult in your home swear at you, insult you, or put you down?				
	Before your 18th birthday...				
g.	Did an adult or person at least 5 years older than you ever make you do sexual things that you didn't want to do such as kissing, touching, or having sexual intercourse?				
h.	Was there an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?				
i.	Was there an adult in your household who tried hard to make sure you felt loved, supported, valued, and like you were special to them?				
	Before your 18th birthday...				
j.	Did you feel that you were treated badly or unfairly because of your race, ethnicity, or skin color?				
k.	Did you feel that you were treated badly or unfairly because you are or people think you are LGBTQIA+? This could include being treated badly because of who you're sexually attracted to or because you express your gender in a way that is different than what people expect.				
l.	Did you see someone get physically attacked, beaten, stabbed, or shot in your neighborhood?				
m.	Were your parents or guardians divorced or separated?				

LL2. These questions are about things that may have happened to you during your childhood, before your 18th birthday.

For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don't know (9)
	Before your 18th birthday...				
a.	Did you feel that you were able to talk to an adult in your family or other caring adult about your feelings?				
b.	Did you feel that you were able to talk to a friend about your				

	feelings?				
c.	Did you feel a sense of belonging in high school?				

Disability

Also see [Disability Supplement](#)

002. Because of a physical, mental, or emotional condition, do you have difficulty caring for yourself or your newborn? (Don't Read)

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

Sexual Orientation and Gender Identity

PP1. How would you describe your gender?

Would you describe yourself as _____?

- ☐ (1) Female
 - ☐ (2) Male
 - ☐ (3) Transgender
 - ☐ (4) Genderqueer or gender nonconforming
 - ☐ (5) Or would you prefer to self-describe?
- IF YES, ASK:** How would you describe your gender?

(Don't Read)

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

PP2. How would you describe your sexual orientation?

Would you describe yourself as _____?

- ☐ (1) Heterosexual or "straight"
 - ☐ (2) Lesbian or Gay
 - ☐ (3) Bisexual
 - ☐ (4) Or would you prefer to self-describe?
- IF YES, ASK:** How would you describe your sexual orientation?

(Don't Read)

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

PHASE 8 SUPPLEMENTS

GUIDANCE FOR THE USE OF INDIVIDUAL SUPPLEMENT QUESTIONS AND FULL SUPPLEMENTS

All PRAMS supplements deployed in Phase 8 will be available as supplements in Phase 9. Funding is not anticipated to support existing supplements. CDC will weight all supplement data and provide grantees the data along with the annual weighted dataset.

USING FULL SUPPLEMENT(S)

- If a site chooses to use an existing supplement during Phase 9, the supplement must be used *unaltered*. Meaning that sites will not be able to drop or revise questions in the existing supplements.
- Supplements will be placed at the end of the site's survey.
- Sites may start and turn off supplements during Phase 9 with approval from their PRAMS program manager. The duration of implementation of the supplement is at the discretion of the PRAMS site.
- Local IRB approval must be documented before implementing the supplement. *Prior* local IRB approval (approvals for Phase 8) are acceptable.
- Due to OMB survey length restrictions, sites can only implement **up to 3** supplements concurrently.

USING INDIVIDUAL SUPPLEMENT QUESTIONS AS STANDARD QUESTIONS

- Questions from existing or previous PRAMS supplements can be used as standard questions for the Phase 9 survey.
- When using select supplement questions as standard questions, please note the following:
 - These questions will be included in the 14-page base questionnaire print file.
 - They **cannot be removed until the following survey revision** (Phase 10). This is the same policy for all standard questions.
 - The survey location of the supplement questions selected will depend on the question topic. Some questions will be added to the end of the survey, and others will be inserted throughout. Refer to the flow document for more information on the location for questions.
 - Supplement questions used as standard questions are **not** considered site-developed questions. Therefore, they will **not** require justification, testing, or CDC PRAMS approval.
 - Sites must consider minimum groupings and skip patterns when selecting the supplement questions. For example, some questions may require a screener question or need to be asked together because they are related.

Disaster Supplement

KK5. Were you living in or staying in an area that was affected by a disaster in the past year? This could be a natural disaster such as a hurricane, tornado, earthquake, etc., or a manmade disaster such as an explosion, chemical spill,

etc.

(Don't Read)

- ☐ (1) No → **Go to the end**
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't know/don't remember

KK6. How would you describe any damage to your home from the disaster?I will read a list of options, please tell me which one applies to you

- ☐ (1) My home was not damaged
- ☐ (2) My home had minor damage, but the living areas were still livable
- ☐ (3) My home had major damage
- ☐ (4) My home was destroyed

KK 7. Did you experience any of the following because of the disaster?For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refus ed (8)	Don' t kno w (9)
a.	You felt like your life was in danger when the disaster struck				
b.	You were injured or became ill				
c.	A member of your household was injured or became ill				
d.	You walked through debris or floodwater				
e.	You were without electricity for one week or longer				
f.	Someone close to you died in the disaster				
g.	You saw someone die in the disaster				
h.	You were living in temporary housing or in conditions that you were not accustomed to				
i.	You lost personal belongings				
j.	You were separated from loved ones who you feel close to				
k.	You had trouble getting services or aid from the government				
l.	You had trouble dealing with insurance or disaster relief agencies				
m.	You had trouble getting clean drinking water				
n.	You had trouble getting enough food to eat				
o.	You felt unsafe because of the lack of order and security after the disaster				

KK8. After the disaster, where did you look FIRST for reliable information regarding the disaster and cleaning up or recovery efforts?

I will read a list of options, please tell me which one applies to you

- ☐ (1) TV
- ☐ (2) Radio
- ☐ (3) Text messages
- ☐ (4) Neighbor or word of mouth
- ☐ (5) Flyers or posters
- ☐ (6) Local Newspaper
- ☐ (7) Social media sites like Facebook
- ☐ (8) Internet
 - ↳ Please tell us: _____
- ☐ (9) Other
 - ↳ Please tell us: _____

KK9. After the disaster, how would you describe the amount of hard physical work you had to do to take care of your home and yard compared to the time before the disaster?

I will read a list of options, please tell me which one applies to you

- ☐ (1) Much more physical work after the disaster
- ☐ (2) A little more physical work after the disaster
- ☐ (3) The same amount of physical work
- ☐ (4) Less physical work since the disaster
- ☐ (5) I didn't do any physical work around the home and yard

KK10. Did you or any member of your household receive any of the following types of aid as part of disaster relief efforts?

For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	Food				
b.	Water				
c.	Shelter				
d.	Clothing				
e.	Medicine				
f.	Financial assistance				
g.	Transportation services				

KK11. Since the disaster, have you felt that you have needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other problems?

(Don't Read)

- ☐ (1) No → **Go to Question KK14**
- ☐ (2) Yes
- ☐ (8) Refused
- ☐ (9) Don't know/don't remember

KK12. Were you able to get the mental health services that you needed?

- ☐ (1) No
- ☐ (2) Yes → **Go to Question KK14**
- ☐ (8) Refused
- ☐ (9) Don't know/don't remember

KK13. Did any of these things keep you from getting the mental health services that you needed after the disaster?

For each one, answer **Yes** or **No**.

- ☐ (1) Road conditions made it unsafe to travel
- ☐ (2) I was sick or injured and couldn't travel
- ☐ (3) I was afraid to leave where I was staying
- ☐ (4) I didn't know where to go to get the services
- ☐ (5) Services were not available due to damage to clinic offices from the disaster
- ☐ (6) I couldn't get an appointment when I wanted one
- ☐ (7) I was worried about what others would think if I went
- ☐ (8) I didn't have enough money or insurance to pay for the services
- ☐ (9) I couldn't take time off from work or school
- ☐ (10) I had no one to take care of children or other family members
- ☐ (11) I had too many other things going on
- ☐ (12) Other

Please tell us: _____

KK1 4. *Since the disaster, would you have the kinds of help listed below if you needed them?*For each one, answer **Yes** or **No**. Would you say you have _____?

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

KK15. *Before the disaster, did you have an emergency plan for your family in case of disaster?* For example, you and your family had talked about how to be safe if a disaster happened.**(Don't Read)**

- ☐ (1) No
☐ (2) Yes
☐ (3) Refused
☐ (4) Don't know/don't remember

KK1 6. *Before the disaster, had you done any of the things listed below to prepare for a disaster?*For each one, answer **Yes** or **No**. Would you say _____?

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	You had an emergency meeting place for family members (other than your home)				
b.	You and your family had practiced what to do in case of a disaster				
c.	You had a plan for how you and your family would keep in touch if you were separated				
d.	You had an evacuation plan if you needed to leave your home and community				
e.	You had an evacuation plan for your child or children in case of a disaster (permission for day care or school to release your child to another adult)				
f.	You had copies of important documents like birth certificates and insurance policies in a safe place outside your home				
g.	You had emergency supplies in your home for your family such as enough extra water, food, and medicine to last for at least three days				

h.	You had emergency supplies that you kept in your car, at work, or at home to take with you if you needed to leave quickly				
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Environmental Exposures Supplement

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

Would you say it was _____?

- ☐ (1) 3 or more times a week
☐ (2) 1 to 2 times a week
☐ (3) 1 to 3 times a month
☐ (4) Less than once a month
☐ (5) I didn't eat those fish during my pregnancy → **Go to Question #**
(Don't read)
☐ (8) Refused
☐ (9) Don't know/don't remember

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

For each one, answer **Yes** or **No**.

- ☐ (1) From the grocery store
☐ (2) From a fish market or farmer's market
☐ (3) From a restaurant
☐ (4) Caught by you or someone else from the ocean
☐ (5) Caught by you or someone else from a local river, stream, lake, or pond
☐ (6) Caught by you or someone else from one of the Great Lakes
☐ (7) 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 one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
	Strong degreasers such as oven cleaner or heavy-duty degreaser				

	Furniture or shoe polish				
	Bleach or bleach products (such as bathroom tile cleaner, drain cleaner, disinfectants)				
	Air fresheners or plug-ins				
	Incense or scented candles				
	Perfume or nail polish				
	Permanent pressed (wrinkle-free) clothes or curtains				

NN4. During your most recent pregnancy, on average, how often did you eat food that was microwaved in a plastic container?

Would you say it was _____?

- ☐ (1) More than once a day
☐ (2) Once a day
☐ (3) 2 to 6 times a week
☐ (4) Once a week
☐ (5) Less than once a week
☐ (6) Never
(Don't read)
☐ (8) Refused
☐ (9) Don't know/don't remember

NOTE: Skip NN5 If the mother did not have prenatal care (Core 10).

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."

NN5 During any of your prenatal care visits, did a healthcare provider talk with you about any of the things listed below? Please count only discussions, not reading materials or videos.

For each one, answer **Yes** or **No**.

		(Don't read)			
		No (1)	Yes (2)	Refused (8)	Don't know (9)
a.	How being exposed to lead could affect my baby				
b.	How using pesticides, which are chemicals to kill insects, rodents or weeds during pregnancy, could affect my baby				
c.	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 healthcare provider able to answer any questions about environmental exposures? (Environmental exposures include contact with chemicals, substances, or products inside or outside of your household such as bleach, household cleaning products, pesticides, or air pollution)

I will read a list of options, please tell me which one applies to you

- ☐ (1) No
- ☐ (2) Yes
- ☐ (3) You didn't ask a healthcare provider any questions about environmental exposures
- ☐ (4) You didn't have any concerns about environmental exposures
(Don't read)
- ☐ (8) Refused
- ☐ (9) Don't know/don't remember

