

Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

BEFORE PREGNANCY

First, we would like to ask a few questions about you and the time *before* you got pregnant with your new baby.

1. At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things? For each item, circle **Y** (Yes) if you did it or circle **N** (No) if you did not.

	No	Yes
a. I was dieting (changing my eating habits) to lose weight	N	Y
b. I was exercising 3 or more days of the week	N	Y
c. I was regularly taking prescription medicines other than birth control . . .	N	Y
d. I visited a health care worker to be checked or treated for diabetes. . .	N	Y
e. I visited a health care worker to be checked or treated for high blood pressure.	N	Y
f. I visited a health care worker to be checked or treated for depression or anxiety	N	Y
g. I talked to a health care worker about my family medical history	N	Y
h. I had my teeth cleaned by a dentist or dental hygienist.	N	Y

2. During the *month before* you got pregnant with your new baby, were you covered by any of these health insurance plans?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid/Medical Assistance/Health Choices
- TRICARE or other military health care
- Children's Health Insurance Program (CHIP)
- adultBasic
- Other source(s) —————> Please tell us:

- I did not have any health insurance before I got pregnant

3. 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?

- I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

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

_____ Pounds **OR** _____ Kilos

2

5. How tall are you without shoes?

Feet Inches

OR Meters

6. What is your date of birth?

/ / 19
Month Day Year

7. Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy.

- No
 Yes

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

- No
 Yes

→ **Go to Question 11**

9. Did the baby born *just before* your new one weigh *more than* 5 pounds, 8 ounces (2.5 kilos) at birth?

- No
 Yes

10. Was the baby *just before* your new one born *more than* 3 weeks before his or her due date?

- No
 Yes

The next questions are about the time when you got pregnant with your *new* baby.

11. Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?

Check one answer

- I wanted to be pregnant sooner
 I wanted to be pregnant later
 I wanted to be pregnant then
 I didn't want to be pregnant then or at any time in the future

If you wanted to be pregnant later, answer Question 12. Otherwise, go to Question 13.

12. How much later did you want to become pregnant?

- Less than 1 year
 1 year to less than 2 years
 2 years to less than 3 years
 3 years to less than 4 years
 4 years or more

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

- No
 Yes → **Go to Question 16**

14. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes → **Go to Question 16**

15. What were your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check all that apply

- I didn't mind if I got pregnant
- I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn't want to use anything
- Other → Please tell us:

DURING PREGNANCY

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

16. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

Weeks **OR** Months

- I don't remember

17. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

{ Weeks **OR** Months

- I didn't go for prenatal care →

Go to Page 4, Question 19

Go to Page 4, Question 18

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

No
 Yes → **Go to Question 20**

19. Did any of these things keep you from getting prenatal care at all or as early as you wanted? For each item, circle **T** (True) if it was a reason that you didn't get prenatal care when you wanted or circle **F** (False) if it was not a reason for you or if something does not apply to you.

	True	False
a. I couldn't get an appointment when I wanted one	T	F
b. I didn't have enough money or insurance to pay for my visits	T	F
c. I had no transportation to get to the clinic or doctor's office	T	F
d. The doctor or my health plan would not start care as early as I wanted	T	F
e. I had too many other things going on	T	F
f. I couldn't take time off from work or school	T	F
g. I didn't have my Medicaid/Medical Assistance/Health Choices card	T	F
h. I had no one to take care of my children.	T	F
i. I didn't know that I was pregnant	T	F
j. I didn't want anyone else to know I was pregnant	T	F
k. I didn't want prenatal care	T	F

If you did not go for prenatal care, go to Question 25.

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

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community Health Center
- Midwife
- Other → Please tell us:

21. Did any of these health insurance plans help you pay for your *prenatal care*?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid/Medical Assistance/Health Choices
- TRICARE or other military health care
- Children's Health Insurance Program (CHIP)
- adultBasic
- Other source(s) → Please tell us:
- I did not have health insurance to help pay for my prenatal care

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

- | | No | Yes |
|--|----|-----|
| a. How smoking during pregnancy could affect my baby. | N | Y |
| b. Breastfeeding my baby | N | Y |
| c. How drinking alcohol during pregnancy could affect my baby. | N | Y |
| d. Using a seat belt during my pregnancy | N | Y |
| e. Medicines that are safe to take during my pregnancy | N | Y |
| f. How using illegal drugs could affect my baby. | N | Y |
| g. Doing tests to screen for birth defects or diseases that run in my family | N | Y |
| h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due). | N | Y |
| i. What to do if my labor starts early | N | Y |
| j. Getting tested for HIV (the virus that causes AIDS) | N | Y |
| k. What to do if I feel depressed during my pregnancy or after my baby is born | N | Y |
| l. Physical abuse to women by their husbands or partners | N | Y |

23. We would like to know how you felt about the prenatal care you got during your most recent pregnancy. If you went to more than one place for prenatal care, answer for the place where you got *most* of your care. For each item, circle **Y** (Yes) if you were satisfied or circle **N** (No) if you were not satisfied.

Were you satisfied with—

- | | No | Yes |
|---|----|-----|
| a. The amount of time you had to wait after you arrived for your visits | N | Y |
| b. The amount of time the doctor, nurse, or midwife spent with you during your visits | N | Y |
| c. The advice you got on how to take care of yourself | N | Y |
| d. The understanding and respect that the staff showed toward you as a person. | N | Y |

24. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?

- No
- Yes

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

- No
- Yes
- I don't know

Go to Page 6, Question 29

Go to Page 6, Question 26

26. Were you offered an HIV test during your most recent pregnancy or delivery?

- No → **Go to Question 29**
- Yes

27. Did you turn down the HIV test?

- No → **Go to Question 29**
- Yes

28. Why did you turn down the HIV test?

Check all that apply

- I did not think I was at risk for HIV
- I did not want people to think I was at risk for HIV
- I was afraid of getting the result
- I was tested before this pregnancy, and did not think I needed to be tested again
- Other → Please tell us:

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

- No
- Yes

30. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during this pregnancy)?

- No
- Yes

31. Did you have any of the following problems during your most recent pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.

	No	Yes
a. Vaginal bleeding	N	Y
b. Kidney or bladder (urinary tract) infection	N	Y
c. <i>Severe</i> nausea, vomiting, or dehydration	N	Y
d. Cervix had to be sewn shut (cerclage for incompetent cervix)	N	Y
e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia	N	Y
f. Problems with the placenta (such as abruptio placentae or placenta previa)	N	Y
g. Labor pains more than 3 weeks before my baby was due (preterm or early labor)	N	Y
h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])	N	Y
i. I had to have a blood transfusion	N	Y
j. I was hurt in a car accident	N	Y

The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

32. Have you smoked any cigarettes in the past 2 years?

- No —————→ **Go to Question 37**
 Yes

33. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- 41 cigarettes or more
 21 to 40 cigarettes
 11 to 20 cigarettes
 6 to 10 cigarettes
 1 to 5 cigarettes
 Less than 1 cigarette
 I didn't smoke then

34. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- 41 cigarettes or more
 21 to 40 cigarettes
 11 to 20 cigarettes
 6 to 10 cigarettes
 1 to 5 cigarettes
 Less than 1 cigarette
 I didn't smoke then

If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question 36.

35. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to quit smoking?

- No
 Yes
 I had quit smoking before my first prenatal care visit
 I didn't go for prenatal care

36. How many cigarettes do you smoke on an average day now? (A pack has 20 cigarettes.)

- 41 cigarettes or more
 21 to 40 cigarettes
 11 to 20 cigarettes
 6 to 10 cigarettes
 1 to 5 cigarettes
 Less than 1 cigarette
 I don't smoke now

37. Which of the following statements best describes the rules about smoking inside your home now?

Check one answer

- No one is allowed to smoke anywhere inside my home
 Smoking is allowed in some rooms or at some times
 Smoking is permitted anywhere inside my home

The next questions are about drinking alcohol around the time of pregnancy (before, during, and after).

38. Have you had any alcoholic drinks in the past 2 years? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- No → **Go to Question 41**
 Yes

39a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

- 14 drinks or more a week
 7 to 13 drinks a week
 4 to 6 drinks a week
 1 to 3 drinks a week
 Less than 1 drink a week
 I didn't drink
 then → **Go to Question 40a**

39b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

- 6 or more times
 4 to 5 times
 2 to 3 times
 1 time
 I didn't have 4 drinks or more in 1 sitting

40a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?

- 14 drinks or more a week
 7 to 13 drinks a week
 4 to 6 drinks a week
 1 to 3 drinks a week
 Less than 1 drink a week
 I didn't drink
 then → **Go to Question 41**

40b. During the last 3 months of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

- 6 or more times
 4 to 5 times
 2 to 3 times
 1 time
 I didn't have 4 drinks or more in 1 sitting

Pregnancy can be a difficult time for some women. The next questions are about things that may have happened *before* and *during* your most recent pregnancy.

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

- | | No | Yes |
|--|----|-----|
| a. A close family member was very sick and had to go into the hospital | N | Y |
| b. I got separated or divorced from my husband or partner | N | Y |
| c. I moved to a new address | N | Y |
| d. I was homeless | N | Y |
| e. My husband or partner lost his job . . . | N | Y |
| f. I lost my job even though I wanted to go on working | N | Y |
| g. I argued with my husband or partner more than usual. | N | Y |
| h. My husband or partner said he didn't want me to be pregnant | N | Y |
| i. I had a lot of bills I couldn't pay. | N | Y |
| j. I was in a physical fight | N | Y |
| k. My husband or partner or I went to jail | N | Y |
| l. Someone very close to me had a problem with drinking or drugs | N | Y |
| m. Someone very close to me died | N | Y |

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

- Always
 - Often
 - Sometimes
 - Rarely
 - Never
- } → **Go to Question 44**

Go to Question 43

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

- | | No | Yes |
|--|----|-----|
| a. I missed doctor or other appointments | N | Y |
| b. I limited grocery or other shopping . . . | N | Y |
| c. I stayed with other family members or friends | N | Y |

44. During the 12 months before you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

45. During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

46. When was your baby due?

/ / 20
 Month Day Year

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

/ / 20
 Month Day Year

I didn't have my baby in a hospital

48. When was your baby born?

/ / 20
 Month Day Year

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

/ / 20
 Month Day Year

I didn't have my baby in a hospital

50. Did any of these health insurance plans help you pay for the *delivery* of your new baby?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid/Medical Assistance/Health Choices
- TRICARE or other military health care
- Children's Health Insurance Program (CHIP)
- adultBasic
- Other source(s) → Please tell us:
- I did not have health insurance to help pay for my delivery

AFTER PREGNANCY

The next questions are about the time since your new baby was born.

51. After your baby was born, was he or she put in an intensive care unit?

- No
- Yes
- I don't know

52. After your baby was born, how long did he or she stay in the hospital?

- Less than 24 hours (less than 1 day)
- 24 to 48 hours (1 to 2 days)
- 3 to 5 days
- 6 to 14 days
- More than 14 days
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Question 55**

53. Is your baby alive now?

- No → **Go to Page 12, Question 64**
- Yes

54. Is your baby living with you now?

- No → **Go to Page 12, Question 64**
- Yes

55. Did you ever breastfeed or pump breast milk to feed your new baby after delivery, even for a short period of time?

- No → **Go to Question 58b**
- Yes

Go to Question 56

56. Are you currently breastfeeding or feeding pumped milk to your new baby?

- No
 Yes → **Go to Question 58a**

57. How many weeks or months did you breastfeed or pump milk to feed your baby?

- _____ Weeks **OR** _____ Months
 Less than 1 week

58a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

- _____ Weeks **OR** _____ Months
 My baby was less than 1 week old
 My baby has not had any liquids other than breast milk

58b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

- _____ Weeks **OR** _____ Months
 My baby was less than 1 week old
 My baby has not eaten any foods

If your baby is still in the hospital, go to Question 62.

59. In which *one* position do you *most often* lay your baby down to sleep now?

Check one answer

- On his or her side
 On his or her back
 On his or her stomach

60. How often does your new baby sleep in the same bed with you or anyone else?

- Always
 Often
 Sometimes
 Rarely
 Never

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

- No
 Yes

62. Do you have health insurance or Medicaid/Medical Assistance/Health Choices for your new baby?

- No → **Go to Page 12, Question 64**
 Yes

63. What health insurance plan is your new baby covered by?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
 Health insurance that you or someone else pays for (not from a job)
 Medicaid/Medical Assistance/Health Choices
 TRICARE or other military health care
 Children's Health Insurance Program (CHIP)
 Other source(s) → Please tell us:

 I do not have health insurance for my new baby

64. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes

Go to Question 66

65. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?

Check all that apply

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now
- Other _____ Please tell us:

66. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way since your new baby was born. Use the scale when answering:

1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

- a. I felt down, depressed, or sad. . . . _____
- b. I felt hopeless. _____
- c. I felt slowed down _____

OTHER EXPERIENCES

The next questions are on a variety of topics.

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

Check one answer

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

68. Which of the following statements best describes the rules about smoking *inside* your home during your most recent pregnancy?

Check one answer

- No one was allowed to smoke anywhere inside my home
- Smoking was allowed in some rooms or at some times
- Smoking was permitted anywhere inside my home

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

- No
- Yes

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

- No
- Yes

71. This question is about things that may have happened *during your most recent pregnancy*. For each thing, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not.

During your most recent pregnancy—

- | | No | Yes |
|---|----|-----|
| a. Your husband or partner threatened you or made you feel unsafe in some way | N | Y |
| b. You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner | N | Y |
| c. Your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could go | N | Y |
| d. Your husband or partner forced you to take part in touching or any sexual activity when you did not want to. | N | Y |

72. This question is about the care of your teeth during your *most recent pregnancy*. For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

- | | No | Yes |
|---|----|-----|
| a. I needed to see a dentist for a problem | N | Y |
| b. I went to a dentist or dental clinic. | N | Y |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums. | N | Y |

If your baby is not alive or is not living with you now, go to Question 76.

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

- No
- Yes

74. Listed below are some statements about safety. For each one, circle **Y** (Yes) if it applies to you or circle **N** (No) if it does not.

- | | No | Yes |
|---|----|-----|
| a. My baby was brought home from the hospital in an infant car seat | N | Y |
| b. My baby always or almost always rides in an infant car seat | N | Y |
| c. My home has a working smoke alarm | N | Y |
| d. There are loaded guns, rifles, or other firearms in my home | N | Y |

75. Listed below are some statements about infant car seats. For each one, circle **T** (True) if you agree with the statement or circle **F** (False) if you do not agree.

- | | True | False |
|--|------|-------|
| a. New babies should be in rear-facing car seats. | T | F |
| b. Car seats should not be placed in front of an air bag | T | F |

76. This question is about things that may have happened *since your new baby was born*. For each thing, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not.

Since your new baby was born—

- | | No | Yes |
|--|----|-----|
| a. Your husband or partner threatened you or made you feel unsafe in some way | N | Y |
| b. You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner. | N | Y |
| c. Your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could go. | N | Y |
| d. Your husband or partner forced you to take part in touching or any sexual activity when you did not want to. | N | Y |

The last questions are about the time during the 12 months before your new baby was born.

77. During the 12 months before your new baby was born, what were the sources of your household's income?

Check all that apply

- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Paycheck or money from a job
- Food stamps or WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, or Supplemental Security Income (SSI)
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other _____ → Please tell us:

78. During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have received. (All information will be kept private and will not affect any services you are now getting.)

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

79. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?

People

80. What is today's date?

/ / 20
 Month Day Year

**Please use this space for any additional comments you would like to make
about the health of mothers and babies in Pennsylvania.**

Thanks for answering our questions!

***Your answers will help us work to make Pennsylvania
mothers and babies healthier.***

December 8, 2008