

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about *you*.

1. How tall are *you* without shoes?

Feet Inches

OR Centimeters

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

Pounds OR Kilos

3. What is *your* date of birth?

/ /
Month Day Year

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

- No →
 Yes

Go to Question 7

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

- No
 Yes

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

- No
 Yes

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

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

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

8. During the *month before* you got pregnant with your new baby, what kind of *health insurance* did you have?

Check ALL that apply

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid, Medical Assistance, or Health Choices
- Children's Health Insurance Program (CHIP)
- TRICARE or other military health care
- Some other kind of health insurance → Please tell us:
- I did not have any health insurance during the *month before* I got pregnant

9. 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 in the *month before* I got pregnant
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

10. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?

- No
- Yes

11. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

- a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy)
- b. High blood pressure or hypertension..
- c. Depression

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

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

**Go to
Question 14**

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

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to 5 years
- More than 5 years

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

No

Yes

→ **Go to Question 18**

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

No

Yes

→ **Go to Question 17**

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

Check ALL that apply

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

If you or your husband or partner was not doing anything to keep from getting pregnant, go to Question 18.

17. What method of birth control were you using when you got pregnant?

Check ALL that apply

- Birth control pill
- Condoms
- Injection (Depo-Provera®)
- Contraceptive implant (Implanon®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena® or ParaGard®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- 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.)

18. 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 20**

Go to Page 4, Question 19

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

No

Yes

→ **Go to Question 21**

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

For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

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

If you did not get prenatal care, go to Page Question 23.

21. During *your most recent* pregnancy, what kind of *health insurance* did you have to pay for your *prenatal care*?

Check ALL that apply

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid, Medical Assistance, or Health Choices
- Children's Health Insurance Program (CHIP)
- TRICARE or other military health care
- Some other kind of health insurance → Please tell us:
-
- I did not have any health insurance to 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, check **No** if no one talked with you about it or **Yes** if someone did.

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

23. 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

24. During the 12 months before the delivery of your new baby, did a doctor, nurse, or other health care worker offer you a flu shot or tell you to get one?

- No
 Yes

25. During the 12 months before the delivery of your new baby, did you get a flu shot?

Check ONE answer

- No → **Go to Question 27**
 Yes, before my pregnancy
 Yes, during my pregnancy

26. During what month and year did you get the flu shot?

/

Month Year

- I don't remember

27. This question is about the care of your teeth during your most recent pregnancy.
For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. I knew it was important to care for my teeth and gums during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A dental or other health care worker talked with me about how to care for my teeth and gums | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had my teeth cleaned by a dentist or dental hygienist..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I had insurance to cover dental care during my pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I <u>needed</u> to see a dentist for a problem | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I <u>went</u> to a dentist or dental clinic about a problem | <input type="checkbox"/> | <input type="checkbox"/> |

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

- No
 Yes

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

- No → **Go to Question 33**
 Yes

30. What kind of home visitor came to your home during *your most recent* pregnancy?

- A nurse
 A nurse's aide
 A teacher or health educator
 A social worker
 Someone else → Please tell us:

- I don't know

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

- 1 time
 2 to 4 times
 5 or more times

32. During *your most recent* pregnancy, did the home visitor who came to your home talk with you about any of the things listed below? For each one, check **No** if they did not talk with you about it or **Yes** if they did.

No Yes

- a. How smoking during pregnancy could affect my baby.....
b. How drinking alcohol during pregnancy could affect my baby.....
c. Doing tests to screen for birth defects or diseases that run in my family.....
d. The importance of getting tested for HIV or other sexually transmitted infections.....
e. Physical or emotional abuse to women by their husbands or partners.
f. Breastfeeding my baby.....
g. My emotional well-being.....

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

- No
 Yes

34. 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

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

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

No —————→ **Go to Question 39**

Yes
↓

36. 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

37. 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

38. 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

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

39. 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 42**

Yes
↓

40. 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

41. 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

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.

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

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. A close family member was very sick and had to go into the hospital | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I got separated or divorced from my husband or partner | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I moved to a new address..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was homeless or had to sleep outside, in a car, or in a shelter | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My husband or partner lost his job | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I lost my job even though I wanted to go on working..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My husband, partner, or I had a cut in work hours or pay | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I was apart from my husband or partner due to military deployment or extended work-related travel | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I argued with my husband or partner more than usual..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My husband or partner said he didn't want me to be pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I had problems paying the rent, mortgage, or other bills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My husband, partner, or I went to jail | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Someone very close to me had a problem with drinking or drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Someone very close to me died | <input type="checkbox"/> | <input type="checkbox"/> |

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

- No
 Yes

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

- No
 Yes

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

- Always
 Often
 Sometimes
 Rarely → **Go to Question 47**
 Never → **Go to Question 47**

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

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I missed doctor or other appointments..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I limited grocery or other shopping | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I stayed with other family members or friends..... | <input type="checkbox"/> | <input type="checkbox"/> |

47. 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

48. 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.

49. When was your new baby born?

____ / ____ / 20____

Month Day Year

50. By the end of *your most recent pregnancy*, how much weight had you gained?

Check ONE answer and fill in blank if needed

- I gained ____ pounds
 I didn't gain any weight, but I lost ____ pounds
 My weight didn't change during my pregnancy
 I don't know

AFTER PREGNANCY

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

51. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

- No
 Yes
 I don't know

52. After your baby was delivered, 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 → *We are very sorry for your loss.*
 Yes → **Go to Page 11, Question 65**

54. Is your baby living with you now?

- No → **Go to Page 11, Question 64**
 Yes

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

- No → **Go to Page 10, Question 58**
 Yes

Go to Page 10, Question 56

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

No

Yes

→ **Go to Question 58**

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

_____ Weeks OR _____ Months

Less than 1 week

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

Check ALL that apply

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

Private health insurance purchased directly from an insurance company

Medicaid, Medical Assistance, or Health Choices

Children's Health Insurance Program (CHIP)

TRICARE or other military health care

Some other kind of health insurance → Please tell us:

I do not have any health insurance for my new baby

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

No Yes

a. Help with or information about breastfeeding.....

b. How long to wait before getting pregnant again.....

c. Birth control methods that I can use after giving birth

d. Postpartum depression.....

e. Support groups for new parents.....

f. Resources in my community such as nurse home visitation programs, telephone hotlines, counseling, etc.

g. Getting to and staying at a healthy weight after delivery

60. Did a doctor, nurse, or other health care worker talk with you about how to lay your new baby down to sleep?

No

Yes

If your baby is still in the hospital, go to Question 64.

61. 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

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

- Always
- Often
- Sometimes
- Rarely
- Never

63. Listed below are some things that describe how your new baby *usually* sleeps. For each item, check **No** if it doesn't usually apply to your baby or **Yes** if it usually applies to your baby.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. My new baby sleeps in a crib or portable crib | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My new baby sleeps on a firm or hard mattress | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My new baby sleeps with pillows..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My new baby sleeps with bumper pads | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My new baby sleeps with plush or thick blankets | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My new baby sleeps with stuffed toys..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My new baby sleeps with an infant positioner | <input type="checkbox"/> | <input type="checkbox"/> |
| h. My new baby sleeps with me or another person..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

- No
- Yes

65. 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 using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes → Go to Question 67

66. 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
- I am worried about side effects from birth control
- My husband or partner doesn't want to use anything
- I have problems getting birth control when I need it
- I had my tubes tied or blocked
- My husband or partner had a vasectomy
- I am pregnant now
- Other → Please tell us:

If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 68.

67. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant?

Check ALL that apply

- Tubes tied or blocked (female sterilization, Essure[®], Adiana[®])
- Vasectomy (male sterilization)
- Birth control pill
- Condoms
- Injection (Depo-Provera[®])
- Contraceptive implant (Implanon[®])
- Contraceptive patch (OrthoEvra[®]) or vaginal ring (NuvaRing[®])
- IUD (including Mirena[®] or ParaGard[®])
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other _____ → Please tell us:

68. *Since your new baby was born, have you had a postpartum checkup for yourself?* A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- No
- Yes

69. *Since your new baby was born, how often have you felt down, depressed, or hopeless?*

- Always
- Often
- Sometimes
- Rarely
- Never

70. *Since your new baby was born, how often have you had little interest or little pleasure in doing things?*

- Always
- Often
- Sometimes
- Rarely
- Never

71. What kind of *health insurance* do you have *now*?

Check ALL that apply

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid, Medical Assistance, or Health Choices
- Children's Health Insurance Program (CHIP)
- TRICARE or other military health care
- Some other kind of health insurance _____ → Please tell us:

- I do not have health insurance *now*

OTHER EXPERIENCES

The next questions are on a variety of topics.

72. 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

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

- No
- Yes

74. 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

75. This question is about things that may have happened during *your most recent pregnancy*. For each thing, check **No** if it did not happen to you or **Yes** if it did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. My husband or partner threatened me or made me feel unsafe in some way..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was frightened for my safety or my family’s safety because of the anger or threats of my husband or partner | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to | <input type="checkbox"/> | <input type="checkbox"/> |

If your baby is not alive or is not living with you, go to Question 78.

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

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I always used a seat belt during my most recent pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My home has a working smoke alarm | <input type="checkbox"/> | <input type="checkbox"/> |
| c. There are loaded guns, rifles, or other firearms in my home | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I have received information about infant products that should be taken off the market (product recalls) since my new baby was born | <input type="checkbox"/> | <input type="checkbox"/> |

If your baby is still in the hospital, go to Question 78.

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

- | | True | False |
|--|--------------------------|--------------------------|
| a. New babies should be in rear-facing car seats..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Car seats should not be placed in front of an air bag | <input type="checkbox"/> | <input type="checkbox"/> |

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

- No
- Yes

79. This question is about things that may have happened *since your new baby was born*. For each thing, check **No** if it did not happen to you or **Yes** if it did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. My husband or partner threatened me or made me feel unsafe in some way..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to | <input type="checkbox"/> | <input type="checkbox"/> |

80. *Since your new baby was born, has your husband or partner pushed, hit, slapped, kicked, choked, or physically hurt you in any other way?*

- No
 Yes

81. Did you receive a Tdap vaccination *before, during or after* your most recent pregnancy? A Tdap vaccination is a shot that protects against tetanus, diphtheria, and pertussis (or whooping cough). Tdap was new in 2005.

Check ONE answer

- No
 Yes, I received Tdap *before* my pregnancy
 Yes, I received Tdap *during* my pregnancy
 Yes, I received Tdap *after* my pregnancy
 I don't know

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

82. 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.*

- \$0 to \$15,000
 \$15,001 to \$19,000
 \$19,001 to \$22,000
 \$22,001 to \$26,000
 \$26,001 to \$29,000
 \$29,001 to \$37,000
 \$37,001 to \$44,000
 \$44,001 to \$52,000
 \$52,001 to \$56,000
 \$56,001 to \$67,000
 \$67,001 to \$79,000
 \$79,001 or more

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

People

84. What is today's date?

/ /
 Month Day Year

Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or 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.