

**NEBRASKA PRAMS PHASE IV
TELEPHONE QUESTIONNAIRE - ENGLISH**

INTERVIEWER: Please circle the number that corresponds to the respondent's answer.

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

1. *Just before* you got pregnant, did you have health insurance? **Don't count Medicaid.**

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

2. *Just before* you got pregnant, were you on Medicaid?

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

3. In the month *before* you got pregnant with your new baby, how many times a week did you take a multivitamin? A multivitamin is a pill that contains many different vitamins and minerals. I'm going to read a list of options. Please choose the one that best describes what you did.

(PROBE: About how many times a week did you take a multivitamin?)

- 1 You did not take a multivitamin at all
2 You took a multivitamin 1 to 3 times a week
3 You took a multivitamin 4 to 6 times a week
4 You took a multivitamin every day of the week

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

4. What is *your* date of birth?

_____/_____/_____
month day year

- (Don't read)** 88/88/2222 Refused
99/99/3333 Don't know/don't remember

5. *Just before* you got pregnant, how much did you weigh?

(**PROBE:** About how much?)

- 1 Number of Pounds _____
or
- 2 Number of Kilos _____

(**Don't read**) 8 888 Refused
9 999 Don't know/don't remember

6. How tall are you without shoes?

(**PROBE:** About how tall?)

- 1 Feet _____ Inches _____
or
- 2 Centimeters

(**Don't read**) 8 888 Refused
9 999 Don't know/don't remember

7. *Before* your new baby, did you ever have any other babies who were born alive?

(**Don't read**) 1 No-----> **Go to Question 10**
2 Yes
8 Refused-----> **Go to Question 10**
9 Don't know/don't remember

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

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

9. Was the baby just before your new one born *more* than 3 weeks before its due date?

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

10. Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant? I am going to read you a list of options. Please choose the one that best describes how you felt.

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

- 1 You wanted to be pregnant sooner
- 2 You wanted to be pregnant later
- 3 You wanted to be pregnant then
- 4 You did not want to be pregnant then or at any time in the future

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

11. When you got pregnant with your new baby, were you trying to become pregnant?

(Don't read) 1 No
2 Yes -----> **Go to Question 14**
8 Refused -----> **Go to Question 14**
9 Don't know/don't remember

12. 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 (rhythm), and using birth control methods such as the pill, Norplant®, shots (Depo-Provera®), condoms, diaphragms, foam, IUD, having their tubes tied, or their partner having a vasectomy.

(Don't read) 1 No
2 Yes -----> **Go to Question 16**
8 Refused -----> **Go to Question 16**
9 Don't know/don't remember

13. I'm going to read a list of reasons some women or their husbands or partners have for not doing anything to keep from getting pregnant. For each one, please tell me if it was a reason you or your husband or partner were not doing anything to keep from getting pregnant when you got pregnant with your new baby. Was it because _____

(PROBE: Was one of the reasons you weren't doing anything to keep from getting pregnant because _____)

(Don't read)

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

INTERVIEWER: If the mother was not planning to get pregnant, go to Question 16.

14. Did you take any fertility drugs to help you get pregnant with your new baby? Fertility drugs include Clomid®, Serophene®, Pergonal®, or any other drugs that you may have taken to help you get pregnant.

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

15. Did you use any medical procedures (assisted reproductive technology) to help you get pregnant with your new baby? Assisted reproductive technology procedures include in vitro fertilization (IVF), GIFT, ZIFT, embryo transfer and donor oocytes.

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

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 a calendar when you answer these questions.

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

(PROBE: About how many weeks or months?)

- 1 Number of Weeks
- or
- 2 Number of Months

- (Don't read)
- 8 88 Refused
 - 7 77 Don't know/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).**
(**PROBE:** How many weeks or months pregnant were you?)

- 1 Number of Weeks ____
- or
- 2 Number of Months ____

(Don't read) 3 You did not go for prenatal care
8 88 Refused
9 99 Don't know/don't remember

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

(Don't read) 1 No
2 Yes -----> **Go to Question 20**
3 You did not want prenatal care --> **Go to Question 20**
8 Refused -----> **Go to Question 20**
9 Don't know/don't remember

19. I'm going to read a list of reasons that some women give for not getting prenatal care as early as they wanted. For each reason, please tell me if it applies to you. Was it because _____
(**PROBE:** Was one reason that you didn't get prenatal care as early as you wanted because _____)

(Don't read)

Reason	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You couldn't get an appointment earlier in your pregnancy				
b. You didn't have enough money or insurance to pay for your visits				
c. You didn't know that you were pregnant				
d. You had no way to get to the clinic or doctor's office				
e. The doctor or your health plan would not start care earlier				
f. You did not have your Medicaid card				
g. You had no one to take care of your children				
h. You had too many other things going on				

i. Was there any other reason that kept you from getting prenatal care as early as you wanted?				
j. IF YES, ASK: What was that reason?				

INTERVIEWER: If the mother did not go for prenatal care, go to Question 25.

20. Please tell me which *one* of the following places best describes where you went *most of the time* for your prenatal care visits. Don't include visits for WIC. Was it _____
(PROBE: Which place did you go *most of the time*?)

- 1 A hospital clinic
 - 2 A health department clinic
 - 3 A private doctor's office or HMO clinic
 - 4 Indian Health Service or Tribal clinic
 - 5 A community health center
 - 7 Some other place
- IF SO, ASK: Where was that?

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

21. I'm going to read you a list of ways prenatal care can be paid for. For each one, please tell me if it was a way your prenatal care was paid for. Was your prenatal care paid by _____
(PROBE: How was your prenatal care paid for?)

(Don't read)

Method of Payment	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Medicaid				
b. Personal income (cash, check or credit card)				
c. Health insurance or HMO				
d. Medicaid Managed Care (Wellness Option, Share Advantage, or Primary Care +)				
e. Indian Health Service or Tribal clinic				
f. Was there any other way your prenatal care was paid for?				
g. IF YES, ASK: What was that?				

22. Now I am going to read a list of things that might be talked about during prenatal care visits. For each thing, please tell me if a doctor, nurse, or other health care worker talked with you about it during any of your prenatal care visits. Please count only discussions, not reading materials or videos. Did someone talk with you about _____

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

(Don't read)

Subject	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. How smoking during pregnancy could affect your baby				
b. Breastfeeding your baby				
c. How drinking alcohol during pregnancy could affect your baby				
d. Using a seat belt during your pregnancy				
e. Birth control methods to use after your pregnancy				
f. Medicines that are safe to take during your pregnancy				
g. How using illegal drugs could affect your baby				
h. Doing tests to screen for birth defects or diseases that run in your family				
i. What to do if your labor starts early				
j. Getting your blood tested for HIV (the virus that causes AIDS)				
k. Physical abuse to women by their husbands or partners				

23. At any time during your prenatal care, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?

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

24. 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 thing, please tell me if you were satisfied or not. Were you satisfied with _____
(PROBE: Repeat question as needed.)

(Don't read)

Aspect of Prenatal Care	No (1)	Yes (2)	Refused (8)	Don't Know (9)
a. The amount of time you had to wait after you arrived for your visits				
b. The amount of time the doctor or nurse spent with you during your visits				
c. The advice you got on how to take care of yourself				
d. The understanding and respect that the staff showed toward you as a person				
e. The ability of staff to speak your language				

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

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

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

26. During your pregnancy, were you on WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children?

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

27. I'm going to read you a list of problems that women may experience during pregnancy. For each problem, please tell me if you experienced it during your pregnancy. Did you have _____
(**PROBE:** Did you have _____ during your most recent pregnancy?)

(Don't read)

Problem	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Labor pains more than 3 weeks before your baby was due (preterm or early labor)				
b. High blood pressure (including preeclampsia or toxemia) or retained water (edema)				
c. Vaginal bleeding				
d. Problems with the placenta (such as abruptio placentae, placenta previa)				
e. Severe nausea, vomiting, or dehydration				
f. High blood sugar (diabetes)				
g. A kidney or bladder infection (urinary tract infection)				
h. Water that broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM)				
i. Your cervix was sewn shut (incompetent cervix, cerclage)				
j. Did you get hurt in a car accident?				

INTERVIEWER: If the mother did not have any of these problems, go to Question 29.

28. Did you do any of the following things because of these problems? Did you _____
(**PROBE:** Did you _____ because of problems during your pregnancy?)

(Don't read)

Situation	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Go to the hospital or emergency room and stay less than 1 day				
b. Go to the hospital and stay 1 to 7 days				
c. Go to the hospital and stay more than 7 days				
d. Stay in bed at home more than 2 days because of your doctor's or nurse's advice				

The next questions are about smoking cigarettes and drinking alcohol.

29. Have you smoked at least 100 cigarettes in the past two years? A pack has 20 cigarettes.

- (Don't read)** 1 No-----> **Go to Question 33**
2 Yes
8 Refused----> **Go to Question 33**
9 Don't know/don't remember

30. In the **3 months before** you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day?

(PROBE: About how many cigarettes?)

Number of Cigarettes

or

Number of Packs

- (Don't read)** 61 Smoked less than 1 cigarette a day
62 Didn't smoke
63 Don't know/don't remember
88 Refused

31. In the *last 3 months* of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

(PROBE: About how many cigarettes?)

Number of Cigarettes

or

Number of Packs

- (Don't read)** 61 Smoked less than 1 cigarette a day
62 Didn't smoke
63 Don't know/don't remember
88 Refused

32. How many cigarettes or packs of cigarettes do you smoke on an average day *now*?

(PROBE: About how many cigarettes?)

Number of Cigarettes

or

Number of Packs

- (Don't read)** 61 Smoke less than 1 cigarette a day
62 Don't smoke
63 Don't know/don't remember
88 Refused

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

- (Don't read)** 1 No -----> **Go to Question 36**
2 Yes
8 Refused -----> **Go to Question 36**
9 Don't know/don't remember

34a. During the **3 months before** you got pregnant, how many alcoholic drinks did you have in an average week? Did you _____
(**PROBE:** Did you _____ in an average week during the 3 months before you got pregnant?)

- 1 Not drink then
- 2 Have less than 1 drink a week
- 3 Have 1 to 3 drinks a week
- 4 Have 4 to 6 drinks a week
- 5 Have 7 to 13 drinks a week
- 6 Have 14 drinks or more a week

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

34b. During the **3 months before** you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting? Please tell me how many times, or if you did not drink then.
(**PROBE:** About how many times?)

Number of Times

(**Don't read**) 16 You didn't drink then
88 Refused
17 Don't know/don't remember

35a. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

Did you _____

(PROBE: Did you _____ in an average week during the last 3 months of your pregnancy?)

- 1 Not drink then
- 2 Have less than 1 drink a week
- 3 Have 1 to 3 drinks a week
- 4 Have 4 to 6 drinks a week
- 5 Have 7 to 13 drinks a week
- 6 Have 14 drinks or more a week

(Don't read) 8 Refused

7 Don't know/don't remember

35b. During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting? Please tell me how many times, or if you did not drink then.

(PROBE: About how many times?)

Number of Times

(Don't read) 16 You didn't drink then

88 Refused

17 Don't know/don't remember

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.

36. I'm going to read a list of things that may have happened during the *12 months before* your new baby was born. For each thing, please tell me if it happened to you during this time. It may help to use the calendar. **(PROBE:** Did this happen during the 12 months before your new baby was born?)

(Don't read)

Thing	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Did a close family member get very sick and have to go into the hospital?				
b. Did you get separated or divorced from your husband or partner?				
c. Did you move to a new address?				
d. Were you homeless?				
e. Did your husband or partner lose his job?				
f. Did you lose your job even though you wanted to go on working?				
g. Did you argue with your husband or partner more than usual?				
h. Did your husband or partner say he did not want you to be pregnant?				
i. Did you have a lot of bills you couldn't pay?				
j. Were you in a physical fight?				
k. Did you or your husband or partner go to jail?				
l. Did someone very close to you have a bad problem with drinking or drugs?				
m. Did someone very close to you die?				

37a. *During the 12 months before you got pregnant*, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

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

37b. *During the 12 months before you got pregnant*, did anyone else physically hurt you in any way?

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

38a. *During your most recent pregnancy*, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

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

38b. *During your most recent pregnancy*, did anyone else physically hurt you in any way?

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

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

39. On what date was your baby due?
(PROBE: When was your baby due?)

_____/_____/_____
month day year

- (Don't read) 88/88/2222 Refused
99/99/3333 Don't know/don't remember

40. On what date did you go into the hospital to have your baby?
(**PROBE:** When did you go into the hospital to have your baby?)

_____/_____/_____
month day year

- (**Don't read**) 76/76/7676 You did not have your baby in a hospital
88/88/2222 Refused
99/99/3333 Don't know/don't remember

41. On what date was your baby born?
(**PROBE:** When was your baby born?)

_____/_____/_____
month day year

- (**Don't read**) 88/88/2222 Refused
99/99/3333 Don't know/don't remember

42. On what date were you discharged from the hospital after your baby was born? It may help to use the calendar.
(**PROBE:** When were you discharged from the hospital after your baby was born?)

_____/_____/_____
month day year

- (**Don't read**) 76/76/7676 You did not have your baby in a hospital
88/88/2222 Refused
99/99/3333 Don't know/don't remember

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

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

44. After your baby was born, how long did he or she stay in the hospital?
(**PROBE:** Did he or she stay in the hospital for _____?)

- 1 Less than 24 hours (less than 1 day)
- 2 24 to 48 hours (1 to 2 days)
- 3 3 days
- 4 4 days
- 5 5 days
- 6 6 or more days

(**Don't read**) 7 Your baby was not born in a hospital
8 Your baby is still in the hospital
88 Refused
99 Don't know/don't remember

45. I'm going to read a list of ways that can be used to pay for a baby's delivery. For each one, please tell me if it was a way your delivery was paid for. Was your delivery paid by _____
(**PROBE:** Was _____ a method you used to pay for your baby's delivery?)

(**Don't read**)

Method of payment	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Medicaid				
b. Personal income (cash, check, or credit card)				
c. Health insurance or HMO				
d. Medicaid Managed Care (Wellness Option, Share Advantage, or Primary Care +)				
e. Indian Health Service or Tribal clinic				
f. Was there any other way you used to pay for your delivery?				
g. IF YES, ASK: What was that?				

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

47. Is your baby alive now?

- (Don't read)** 1 No -----> **Go to Question 48**
2 Yes-----> **Go to Question 49**
8 Refused -----> **Go to Question 61**
9 Don't know/don't remember -----> **Go to Question 49**

48. When did your baby die?

_____/_____/_____ -----> **Go to Question 61**
month day year

- (Don't read)** 88/88/2222 Refused -----> **Go to Question 61**
99/99/3333 Don't know/don't remember -----> **Go to Question 61**

49. Is your baby living with you now?

- (Don't read)** 1 No -----> **Go to Question 61**
2 Yes
8 Refused -----> **Go to Question 61**
9 Don't know/don't remember

INTERVIEWER: If the baby is not alive or is not living with the mother, go to Question 61.

50. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- (Don't read)** 1 No -----> **Go to Question 54**
2 Yes
8 Refused -----> **Go to Question 54**
9 Don't know/don't remember

51. Are you still breastfeeding or feeding pumped milk to your new baby?

- (Don't read)** 1 No
2 Yes -----> **Go to Question 53**
8 Refused ---> **Go to Question 53**
9 Don't know/don't remember

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

1 Number of Weeks _____

or

2 Number of Months _____

- (Don't read) 5 41 You breastfed less than 1 week
8 88 Refused
9 99 Don't know/don't remember

53. How old was your baby the first time you fed him or her anything besides breast milk? Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

(PROBE: Repeat question as necessary.)

1 Number of Weeks

or

2 Number of Months _____

- (Don't read) 5 41 Your baby was less than one week old
6 42 You have not fed your baby anything besides breast milk
8 88 Refused
9 99 Don't know/don't remember

INTERVIEWER: If the baby is still in the hospital, go to Question 61.

54. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

(PROBE: About how many hours a day is your baby *usually* in the same room with someone who is smoking?)

Number of Hours _____

- (Don't read) 00 Your baby is never in the same room with someone who is smoking.
01 Less than one hour a day
88 Refused
99 Don't know/don't remember

55. How do you *most often* lay your baby down to sleep *now*? Is it _____
(**PROBE:** Which way do you lay him or her down most of the time?)

- 1 On his or her side
- 2 On his or her back
- 3 On his or her stomach

- (**Don't read**)
- 4 On side and back
 - 5 On side and stomach
 - 6 On back and stomach
 - 7 On side, back, and stomach
 - 8 Refused
 - 9 Don't know/don't remember

56. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

- (**Don't read**)
- 1 No -----> **Go to Question 58**
 - 2 Yes
 - 8 Refused -----> **Go to Question 58**
 - 9 Don't know/don't remember

57. Was your new baby seen at home or at a health care facility, such as a doctor's office, clinic, or other health care facility?

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

58. Has your baby had a well-baby checkup?

- (**Don't read**)
- 1 No -----> **Go to Question 61**
 - 2 Yes
 - 8 Refused -----> **Go to Question 61**
 - 9 Don't know/don't remember

59. How many times has your baby been to a doctor or nurse for a well-baby checkup? It may help to use the calendar.

Number of Times _____

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

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

(PROBE: Which place do you usually take your baby?)

- 1 A hospital clinic
 - 2 A health department clinic
 - 3 A private doctor's office or HMO clinic
 - 4 Indian Health Service or Tribal clinic
 - 5 A community health center
 - 7 Some other place
- IF SO, ASK: Where is that?

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

The next few questions are about the time after you gave birth to your new baby and things that may have happened after delivery.

61. 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 having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots (Depo-Provera®), condoms, diaphragms, foam, IUD, and not having sex at certain times (rhythm).

- (Don't read) 1 No
2 Yes -----> **Go to Question 63**
8 Refused -----> **Go to Question 63**
9 Don't know/don't remember

62. I'm going to read a list of reasons some women or their husbands or partners have for not doing anything to keep from getting pregnant. For each of these reasons, please tell me if it is one of the reasons you or your husband or partner are not doing anything to keep from getting pregnant *now*. Is it because _____
(PROBE: Is one of the reasons you aren't doing anything to keep from getting pregnant *now* because _____)

(Don't read)

Reason	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You are not having sex				
b. You want to get pregnant				
c. You don't want to use birth control				
d. Your husband or partner doesn't want to use anything				
e. You don't think you can get pregnant (sterile)				
f. You can't pay for birth control				
g. You are pregnant now				
h. Is there any other reason you are not doing anything to keep from getting pregnant now?				
i. IF YES, ASK: What is that reason? _____ _____				

INTERVIEWER: If the mother is not using birth control now, go to Question 64.

63. I'm going to read a list of birth control methods people use to keep from getting pregnant. For each method, please tell me if you or your husband or partner are using that method to keep from getting pregnant *now*.

(PROBE: Are you or your husband or partner now using _____ to keep from getting pregnant?)

(Don't read)

Reason	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Tubes tied (sterilization)				
b. Vasectomy (sterilization)				
c. The pill				
d. Condoms				
e. Foam, jelly, or cream				
f. Norplant®				
g. Shots (Depo-Provera®)				
h. Withdrawal				
i. Are you or your husband or partner now using any other method of birth control to keep from getting pregnant?				
j. IF YES, ASK: What is that method?				

The next questions are about your family and the place where you live.

64. I'm going to ask you about the rooms in the house, apartment, or trailer where you live.

64a. Do you have a living room?

(Don't read)

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

64b. Do you have a separate dining room?

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

64c. Do you have a kitchen?

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

64d. Do you have any bathrooms?

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

64e. Do you have a recreation room, den, or family room?

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

64f. Do you have a finished basement?

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

64g. Do you have any bedrooms?

- (Don't read)**
- 1 No
 - 2 Yes -----> **IF YES, ASK:** How many?
 - 8 Refused
 - 9 Don't know/don't remember

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

65a. How many adults aged 18 years or older live in your house, apartment, or trailer?

Number of Adults: _____

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

65b. How many babies, children, or teenagers aged 17 years or younger live in your house, apartment, or trailer?

Number of Children: _____

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

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

_____ Years old

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

67. I'm going to read a list of sources of income. For each source, please tell me if any of your household's income during the past 12 months came from that source. During the past 12 months, did you or anyone in your household get _____
(PROBE: Did anyone in your household get money from _____)

(Don't read)

Source of Income	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. A paycheck or money from a job				
b. Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income				
c. Unemployment benefits				
d. Child support or alimony				
e. Social security, workers' compensation, veteran benefits, or pensions				
f. Money from a business, fees, dividends, or rental income				
g. Money from family or friends				
h. During the past 12 months, did you or anyone in your household get money from any other sources?				
i. IF YES, ASK: What were these sources?				

68. How much weight did you gain during your pregnancy?

1 Number of Pounds _____

or

2 Number of Kilos _____

(Don't read) 5 151 You lost weight during your pregnancy

8 888 Refused

7 777 Don't know/don't remember

69. I'm going to read a list of services some women get while they are pregnant. For each one, please tell me if you got that service during your most recent pregnancy. Did you get _____
(PROBE: During your most recent pregnancy, did you get _____)

(Don't read)

Services	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Childbirth classes				
b. Parenting classes				
c. Classes on how to stop smoking				
d. Visits to your home by a nurse or other health care worker				
e. Food stamps				
f. TANF (Welfare, formerly AFDC)				

INTERVIEWER: If the mother was not on Medicaid during her pregnancy, go to Question 71.

70. I'm going to read a list of things that can happen during pregnancy. For each thing, please tell me if it happened during your pregnancy. **(PROBE: During your pregnancy, _____?)**

(Don't read)

Thing	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You had a hard time getting help from the Medicaid staff.				
b. You did not understand how to use your Medicaid card or what was covered.				
c. You did not get all of the Medicaid services you needed.				
d. You had problems finding a doctor who would accept you as a Medicaid patient.				
e. You were assigned to a doctor that you did not choose.				
d. You had problems with Medicaid's transportation service.				
e. Your doctor or nurse treated you differently from other patients.				
f. You did not have any problems with Medicaid. Is				

that correct?				
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INTERVIEWER: If the baby is not alive or not living with the mother, go to Question 78.

INTERVIEWER: If the baby was not born in a hospital, go to Question 72.

71. I'm going to read a list of things that may have happened at the hospital where your new baby was born. For each thing, please tell me whether or not it happened when your new baby was born.
(PROBE: Did this happen at the hospital where your new baby was born?)

(Don't read)

Events at hospital	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Did you breastfeed your baby at the hospital?				
b. Did hospital staff help you learn how to breastfeed?				
c. Was your baby only breastfed while at the hospital?				

72. I'm going to read a list of things that describe the care of some new babies. For each thing, please tell me **“Never”** if it never applies to the care of your new baby, **“Sometimes”** if it sometimes applies to the care of your new baby, or **“Always”** if it always applies to the care of your new baby.
(PROBE: Does this never, sometimes, or always apply to you?)

(Don't read)

Topic	Never (1)	Sometimes (2)	Always (3)	Refused (8)	Don't Know (9)
a. Your new baby rides in an infant car seat.					
b. Your new baby takes a bottle to bed.					
c. Your new baby sleeps on something soft, like a fluffy blanket or comforter, soft pillow, featherbed, or sheepskin.					

73. Are you currently in school or working outside the home?

- (Don't read)**
- 1 No-----> **Go to Question 76**
 - 2 Yes
 - 8 Refused-----> **Go to Question 76**
 - 9 Don't know/don't remember

74. Please tell me which *one* of the following *usually* takes care of your new baby when you go to work or school. Is it _____

(PROBE: Does _____ usually take care of your new baby when you go to work or school?)

- 1 Your husband or partner
 - 2 Your baby's teenaged (13 years or older) brother or sister
 - 3 Your baby's preteen (12 years or younger) brother or sister
 - 4 Another close relative
 - 5 A friend or neighbor
 - 6 A babysitter, nanny, or someone hired to come into your home
 - 7 A licensed family child care home
 - 8 Staff at a child care center
 - 9 Someone else
- IF SO, ASK: Who is that?

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

75. When you leave your new baby to go to work or school, how often do you feel that he or she is well cared for? Do you always, almost always, sometimes, rarely, or never feel that he or she is well cared for when you go to work or school?

(PROBE: Repeat question as necessary.)

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

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

- (Don't read)** 1 No
 2 Yes-----> **Go to Question 78**
 8 Refused -----> **Go to Question 78**
 9 Don't know/don't remember

77. I'm going to read a list of things that can keep babies from having routine well-baby care. For each one, please tell me if it was a reason for you. Was it because _____
(PROBE: Was this a thing that kept your baby from having routine well-baby care?)

(Don't read)

Reason	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You didn't have enough money or your insurance did not cover it				
b. You couldn't get to the doctor's office or clinic during their office hours				
c. The doctor's office or clinic was too far away				
d. No one at the doctor's office or clinic spoke your language				
e. Of the attitude of the doctor, nurse, or the office staff				
f. You couldn't take off from work or school				
g. You didn't have anyone to take care of your other children				
h. Is there any other reason that kept your baby from having a well-baby checkup?				
i. IF YES, ASK: What is that reason?				

78. I'm going to read a list of statements. For each one, please tell me if it describes the care of your teeth during your most recent pregnancy.

(PROBE: Does this describe the care of your teeth during your most recent pregnancy?)

(Don't read)

Kind of Help	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You needed to see a dentist for a problem				
b. You went to a dentist or dental clinic				
c. A dental or other health care worker talked with you about how to care for your teeth and gums				

79. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
(PROBE: About how long has it been?)

Number of Months _____

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

INTERVIEWER: If the mother has not had any alcoholic drinks in the last 2 years, go to Question 81.

80. Since your baby was born, how many alcoholic drinks do you have in an average week? A drink is one glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor, or one mixed drink. Do you

_____ **(PROBE: Do you _____ in an average week since your baby was born?)**

- 1 Not drink
- 2 Have less than 1 drink a week
- 3 Have 1 to 3 drinks a week
- 4 Have 4 to 6 drinks a week
- 5 Have 7 to 13 drinks a week
- 6 Have 14 drinks or more a week

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

81. What was your family's income, before deductions and taxes, *when you got pregnant with your new baby?* Include ANY income or money you could use. (For example, job, AFDC, child support, etc.) Please give us your best guess. All information will be kept private.

\$_____ Monthly or \$_____ Yearly

(Don't read) 88888 Refused
 99999 Don't know/don't remember

82. How many people, including yourself, depended on this income *when you got pregnant* with your new baby?

Number of People

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

This finishes the interview. Is there anything you would like to say about the health of mothers and babies in Nebraska?

INTERVIEWER: Record respondent's verbatim comments below.

Thanks for answering our questions. Your answers will help us to work to make Nebraska mothers and babies healthier. Goodbye.

INTERVIEWER:

46. FILL IN TODAY'S DATE:

_____/_____/_____
month day year