

First, we would like to ask a few questions about you and the time before you got pregnant with your new baby. Please check the box next to your answer.

1. *Just before you got pregnant, did you have health insurance?* Do not count Medicaid.

- No  
 Yes

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

- No  
 Yes

3. *During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?* These are pills that contain many different vitamins and minerals.

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

4. What is *your* date of birth?

19   
Month Day Year

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

Pounds OR  Kilos

6. How tall are you without shoes?

Feet  Inches

OR  Centimeters

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

- No → Go to Question 10  
 Yes

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

- No  
 Yes

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

- No  
 Yes

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

10. 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

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

No

Yes → **Go to Question 14**

**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] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

No

Yes → **Go to Question 15**

**13. What were your 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:

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**If you were not planning to get pregnant, go to Question 15.**

**14. Did you receive treatment from a doctor, nurse, or other health care worker to help you get pregnant with your new baby?**

(This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

No

Yes

**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.)

**15. 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

**16. 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

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

- No  
 Yes  
 I didn't want prenatal care →

**Go to Question 19**

**18. Here is a list of problems some women can have getting prenatal care.** For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

- |   | No | Yes |
|---|----|-----|
| a. I couldn't get an appointment when I wanted one . . . . .                        | N  | Y   |
| b. I didn't have enough money or insurance to pay for my visits . . . . .           | N  | Y   |
| c. I had no way to get to the clinic or doctor's office . . . . .                   | N  | Y   |
| d. I couldn't take time off from work . . . . .                                     | N  | Y   |
| e. The doctor or my health plan would not start care as early as I wanted . . . . . | N  | Y   |
| f. I didn't have my Medicaid card . . . . .   | N  | Y   |
| g. I had no one to take care of my children . . . . .                               | N  | Y   |
| h. I had too many other things going on . . . . .                                   | N  | Y   |
| i. I didn't want anyone to know I was pregnant . . . . .                            | N  | Y   |
| j. Other . . . . .  | N  | Y   |
- Please tell us:

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**If you did not go for prenatal care, go to Page 4, Question 24.**

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

**Check one answer**

- Hospital clinic  
 Health department clinic  
 Private doctor's office or HMO clinic  
 Indian Health Service or Tribal clinic  
 Community health center  
 Other → Please tell us:

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**20. How was your prenatal care paid for?**

**Check all that apply**

- Medicaid  
 Personal income (cash, check, or credit card)  
 Health insurance or HMO (including insurance from your work or your husband's work)  
 Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care +)  
 Indian Health Service or Tribal clinic  
 Other → Please tell us:

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**21. 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. Birth control methods to use after my pregnancy . . . . .	N	Y
f. Medicines that are safe to take during my pregnancy . . . . .	N	Y
g. How using illegal drugs could affect my baby . . . . .	N	Y
h. Doing tests to screen for birth defects or diseases that run in my family . . . . .	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. Physical abuse to women by their husbands or partners . . . . .	N	Y

**22. 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 or nurse 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

**23. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?**

- No  
 Yes

**24. 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

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

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

- No  
 Yes

**26. Did you have any of these 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. High blood sugar (diabetes) that started <i>before</i> this pregnancy . . . . .  | N  | Y   |
| b. High blood sugar (diabetes) that started <i>during</i> this pregnancy . . . . .  | N  | Y   |
| c. Vaginal bleeding . . . . .   | N  | Y   |
| d. Kidney or bladder (urinary tract) infection . . . . .  | N  | Y   |
| e. Severe nausea, vomiting, or dehydration . . . . .  | N  | Y   |
| f. Cervix had to be sewn shut (incompetent cervix) . . . . .  | N  | Y   |
| g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia . . . . . | N  | Y   |
| h. Problems with the placenta (such as abruptio placentae or placenta previa) . . . . .                                   | N  | Y   |
| i. Labor pains more than 3 weeks before my baby was due (preterm or early labor) . . . . .                                | N  | Y   |
| j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) . . . . .                 | N  | Y   |
| k. I had to have a blood transfusion . . . . .  | N  | Y   |
| l. I was hurt in a car accident . . . . .   | N  | Y   |

If you did not have any of these problems, go to Question 28.

**27. Did you do any of the following things because of these problems?** For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

- |  | No | Yes |
|--|----|-----|
| a. I went to the hospital or emergency room and stayed less than 1 day . . . . .               | N  | Y   |
| b. I went to the hospital and stayed 1 to 7 days . . . . .                                     | N  | Y   |
| c. I went to the hospital and stayed more than 7 days . . . . .                                | N  | Y   |
| d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice . . . . . | N  | Y   |

The next questions are about smoking cigarettes and drinking alcohol.

**28. Have you smoked at least 100 cigarettes in the past 2 years?** (A pack has 20 cigarettes.)

- No → Go to Page 6, Question 32  
 Yes

**29. 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  
 None (0 cigarettes)

**30. 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
- None (0 cigarettes)

**31. 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
- None (0 cigarettes)

**32. 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 35**
- Yes

**33a. 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

**33b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?**

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

**34a. 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

**34b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?**

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

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

**35. 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 use the calendar.)

- |  | 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 bad problem with drinking or drugs . . . . .   | N  | Y   |
| m. Someone very close to me died . . . . .                                       | N  | Y   |

**The next questions are about the time during the 12 months before you got pregnant with your new baby.**

**36a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No  
 Yes

**36b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?**

- No  
 Yes

**36c. During the 12 months before you got pregnant, did anyone else physically hurt you in any way?**

- No  
 Yes

**The next questions are about the time during your most recent pregnancy.**

**37a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No  
 Yes

**37b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?**

- No  
 Yes

**37c. During your most recent pregnancy, did anyone else physically hurt you in any 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.)

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

- I didn't have my baby in a hospital —————>

**Go to Question 41**

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

- No  
 Yes

**41. When was your baby born?**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

- I didn't have my baby in a hospital

**43. How was your delivery paid for?**

**Check all that apply**

- Medicaid  
 Personal income (cash, check, or credit card)  
 Health insurance or HMO (including insurance from your work or your husband's work)  
 Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care +)  
 Indian Health Service or Tribal clinic  
 Other —————> Please tell us:

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

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

- No  
 Yes  
 I don't know

**45. 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 days  
 4 days  
 5 days  
 6 days or more  
 My baby was not born in a hospital  
 My baby is still in the hospital —————>

**Go to Question 48**

**46. Is your baby alive now?**

- No —————> **Go to Page 10, Question 63**  
 Yes



**47. Is your baby living with you now?**

- No → **Go to Page 10, Question 63**  
 Yes

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

- No → **Go to Question 53**  
 Yes

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

- No  
 Yes → **Go to Question 51**

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

\_\_\_\_ Weeks **OR** \_\_\_\_ Months

- Less than 1 week

**51. 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.**

\_\_\_\_ Weeks **OR** \_\_\_\_ Months

- My baby was less than 1 week old  
 I have not fed my baby anything besides breast milk

**If your baby was not born in a hospital, go to Question 53.**

**52. This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle Y (Yes) if it happened or circle N (No) if it did not happen.**

- |   | No | Yes |
|---|----|-----|
| a. I breastfed my baby in the hospital . . .                  | N  | Y   |
| b. Hospital staff helped me learn how to breastfeed . . . . . | N  | Y   |
| c. My baby was fed only breast milk at the hospital . . . . . | N  | Y   |

**If your baby is still in the hospital, go to Page 10, Question 63.**

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

\_\_\_\_ Hours

- Less than 1 hour a day  
 My baby is never in the same room with someone who is smoking

**54. How 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

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

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

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

- No —————> **Go to Question 58**  
 Yes

**57. Was your new baby seen at home or at a health care facility?**

**Check all that apply**

- At home  
 At a doctor's office, clinic, or other health care facility

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

(A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- No —————> **Go to Question 61**  
 Yes

**59. How many times has your new baby been to a doctor or nurse for a well-baby checkup?**

(It may help to use the calendar.)

Times

**60. Where do you usually take your new baby for well-baby checkups?**

**Check one answer**

- Hospital clinic  
 Health department clinic  
 Private doctor's office or HMO clinic  
 Indian Health Service or Tribal clinic  
 Community health center  
 Other —————> Please tell us:

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

- No  
 Yes —————> **Go to Question 63**

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

**Check all that apply**

- I didn't have enough money or insurance to pay for it  
 I had no way to get my baby to the clinic or office  
 I didn't have anyone to take care of my other children  
 I couldn't get an appointment  
 My baby was too sick to go for routine care  
 Other —————> Please tell us:

**63. 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 [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No  
 Yes —————> **Go to Question 65**

**64. What are your 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  $\longrightarrow$  Please tell us:

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**If you and your husband or partner are not doing anything now to keep from getting pregnant, go to Question 66.**

**65. 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 closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Shot once a month (Lunelle®)
- Shot once every 3 months (Depo-Provera®)
- Contraceptive patch (OrthoEvra®)
- Diaphragm, cervical cap, or sponge
- Cervical ring (NuvaRing® or others)
- IUD (including Mirena®)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other  $\longrightarrow$  Please tell us:

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

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

**Check all that apply**

- Paycheck or money from a job
- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other  $\longrightarrow$  Please tell us:

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

**Check one answer**

- 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

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

\_\_\_\_\_ People

**69. During your most recent pregnancy, did you get any of these services?** For each one, circle Y (Yes) if you got the service or circle N (No) if you did not get it.

	No	Yes
a. Childbirth classes . . . . .	N	Y
b. Parenting classes . . . . .	N	Y
c. Classes on how to stop smoking . . . . .	N	Y
d. Visits to your home by a nurse or other health care worker . . . . .	N	Y
e. Food stamps . . . . .	N	Y
f. TANF (welfare) . . . . .	N	Y

**If you were not on Medicaid during your pregnancy, go to Question 71.**

**70. Which of these things happened during your pregnancy?**

**Check all that apply**

- I had a hard time getting help from the Medicaid staff
- I did not understand how to use my Medicaid card or what was covered
- I did not get all of the Medicaid services I needed
- I had problems finding a doctor who would accept me as a Medicaid patient
- I was assigned to a doctor that I did not choose
- I had problems with Medicaid's transportation service
- My doctor or nurse treated me differently from other patients
- I did not have any problems with Medicaid

**The following questions are about your current situation since your baby was born.**

**71. Which rooms are in the house, apartment, or trailer where you live?**

**Check all that apply**

- Living room
- Separate dining room
- Kitchen
- Bathroom(s)
- Recreation room, den, or family room
- Finished basement
- Bedrooms → How many? \_\_\_\_\_

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

\_\_\_\_\_ Adults (people aged 18 years or older)

\_\_\_\_\_ Babies, children, or teenagers (people aged 17 years or younger)

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

\_\_\_\_\_ Years old

I don't know

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

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

No → **Go to Question 77**

Yes

**75. Which one of the following people spends the most time taking care of your new baby when you go to work or school?**

**Check one answer**

- My husband or partner
- Baby's grandparent
- Other close family member or relative
- Friend or neighbor
- Babysitter, nanny, or other child care provider
- Staff at day care center
- Other —————> Please tell us:

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**76. When you leave your new baby to go to work or school, how often do you feel that she or he is well cared for?**

**Check one answer**

- Always
- Often
- Sometimes
- Rarely
- Never

**77. When your new baby rides in an infant car seat, is he or she *usually* facing forward or facing the rear of the car, truck, or van?**

- Facing forward
- Facing the rear

**78a. At any time during your most recent pregnancy, did you *seek help* for depression from a doctor, nurse, or other health care worker?**

- No
- Yes

**78b. Since your new baby was born, how often have you felt down, depressed, or hopeless?**

- Always
- Often
- Sometimes
- Rarely
- Never

**78c. Since your new baby was born, how often have you had little interest or little pleasure in doing things?**

- Always
- Often
- Sometimes
- Rarely
- Never

**79. Since your new baby was born, how many alcoholic drinks do you have in an average week? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)**

**Check one answer**

- 14 or more drinks 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 don't drink

**80. 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

**81. Have you *ever* had your teeth cleaned by a dentist or dental hygienist?**

- No —————>
- Yes

**Go to Question 83**

**82. When did you have your teeth cleaned by a dentist or dental hygienist?** For each of the three time periods, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

- |   | <b>No</b> | <b>Yes</b> |
|---|-----------|------------|
| a. Before my most recent pregnancy . . .    | N         | Y          |
| b. During my most recent pregnancy . . .    | N         | Y          |
| c. After my most recent pregnancy . . . . . | N         | Y          |

**83. What is today's date?**

Month

Day

Year

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

*Thanks for answering our questions!*

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