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 → **Go to Question 7**

❑ Yes

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	❑	❑
b. I was exercising 3 or more days of the week	❑	❑
c. I was regularly taking prescription medicines other than birth control	❑	❑
d. I visited a health care worker and was checked for diabetes	❑	❑
e. I visited a health care worker and was checked for high blood pressure	❑	❑
f. I visited a health care worker and was checked for depression or anxiety	❑	❑
g. I talked to a health care worker about my family medical history	❑	❑
h. I had my teeth cleaned by a dentist or dental hygienist	❑	❑

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 or Medicaid Managed Care
- ❑ TRICARE or other military health care
- ❑ Indian Health Services or Tribal Clinic
- ❑ 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 → **Go to Question 12**
- ❑ Yes → **Go to Question 11**

11. *Before* you got pregnant with your new baby, 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 talked with you about it.

	No	Yes
a. Taking vitamins with folic acid before pregnancy	❑	❑
b. Being a healthy weight before pregnancy	❑	❑
c. Getting my vaccines updated before pregnancy	❑	❑
d. Visiting a dentist or dental hygienist before pregnancy	❑	❑
e. Getting counseling for any genetic diseases that run in my family	❑	❑
f. Controlling any medical conditions such as diabetes and high blood pressure	❑	❑
g. Getting counseling or treatment for depression or anxiety	❑	❑
h. The safety of using prescription or over-the-counter medicines during pregnancy	❑	❑
i. How smoking during pregnancy can affect a baby	❑	❑
j. How drinking alcohol during pregnancy can affect a baby	❑	❑
k. How using illegal drugs during pregnancy can affect a baby	❑	❑

12. *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.

13. 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 15

14. 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

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

- ❑ No
- ❑ Yes → **Go to Page 4, Question 19**

16. 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 Page 4, Question 18**

17. 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 19.

18. 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.)

19. 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 Question 21**

Go to Question 20

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

- ❑ No
- ❑ Yes → **Go to Question 22**

21. 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	❑	❑
b.	I didn't have enough money or insurance to pay for my visits	❑	❑
c.	I didn't have any transportation to get to the clinic or doctor's office	❑	❑
d.	The doctor or my health plan would not start care as early as I wanted	❑	❑
e.	I had too many other things going on	❑	❑
f.	I couldn't take time off from work or school	❑	❑
g.	I didn't have my Medicaid or Medicaid Managed Care card	❑	❑
h.	I didn't have anyone to take care of my children	❑	❑
i.	I didn't know that I was pregnant	❑	❑
j.	I didn't want anyone else to know I was pregnant	❑	❑
k.	I didn't want prenatal care	❑	❑

If you did not get prenatal care, go to Page 6, Question 27.

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

Check ONE answer

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

_____

23. 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 or Medicaid Managed Care
- ❑ TRICARE or other military health care
- ❑ Indian Health Services or Tribal Clinic
- ❑ Some other kind of health insurance ⟶ Please tell us:

_____

- ❑ I did not have any health insurance to pay for my *prenatal care*

24. *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	❑	❑
b. How smoking during pregnancy could affect my baby	❑	❑
c. Breastfeeding my baby	❑	❑
d. How drinking alcohol during pregnancy could affect my baby	❑	❑
e. Using a seat belt during my pregnancy	❑	❑
f. Medicines that are safe to take during my pregnancy	❑	❑
g. How using illegal drugs could affect my baby	❑	❑
h. Doing tests to screen for birth defects or diseases that run in my family	❑	❑
i. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	❑	❑
j. Getting tested for HIV (the virus that causes AIDS)	❑	❑
k. What to do if I feel depressed during my pregnancy or after my baby is born	❑	❑
l. Physical abuse to women by their husbands or partners	❑	❑

25. How did you feel 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, check **No** if you were not satisfied or **Yes** if you were satisfied.

Were you satisfied with—

	No	Yes
a. The amount of time you had to wait after you arrived for your visits	❑	❑
b. The amount of time the doctor, nurse, or midwife 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	❑	❑

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

❑ No
❑ Yes

27. 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

28. 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

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

Check ONE answer

❑ No → **Go to Question 31**
❑ Yes, before my pregnancy
❑ Yes, during my pregnancy

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

____ / 20____
Month Year

❑ I don't remember

31. 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	❑	❑
b. A dental or other health care worker talked with me about how to care for my teeth and gums	❑	❑
c. I had my teeth cleaned by a dentist or dental hygienist	❑	❑
d. I had insurance to cover dental care during my pregnancy	❑	❑
e. I needed to see a dentist for a **problem**	❑	❑
f. I went to a dentist or dental clinic about a **problem**	❑	❑

32. 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

33. 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
- ❑ Yes

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

- ❑ No
- ❑ Yes

35. 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).

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

- ❑ No → **Go to Question 40**
- ❑ Yes

37. 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

38. 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

39. 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

40. Which of the following statements best describes the rules about smoking *inside* your home *now*, even if no one who lives in your home is a smoker?

Check ONE answer

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

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

41. 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 Page 8, Question 46**
- ❑ Yes

Go to Page 8, Question 42

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

- ❑ 14 drinks or more a week
- ❑ 7 to 13 drinks a week
- ❑ 4 to 6 drinks a week
- ❑ 1 to 3 drinks a week
- ❑ Less than 1 drink a week
- ❑ I didn't drink then → **Go to Question 44**

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

- ❑ 6 or more times
- ❑ 4 to 5 times
- ❑ 2 to 3 times
- ❑ 1 time
- ❑ I didn't have 4 drinks or more in a 2 hour time span

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

- ❑ 14 drinks or more a week
- ❑ 7 to 13 drinks a week
- ❑ 4 to 6 drinks a week
- ❑ 1 to 3 drinks a week
- ❑ Less than 1 drink a week
- ❑ I didn't drink then → **Go to Question 46**

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

- ❑ 6 or more times
- ❑ 4 to 5 times
- ❑ 2 to 3 times
- ❑ 1 time
- ❑ I didn't have 4 drinks or more in a 2 hour time span

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.

46. 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	❑	❑
b. I got separated or divorced from my husband or partner	❑	❑
c. I moved to a new address	❑	❑
d. I was homeless or had to sleep outside, in a car, or in a shelter	❑	❑
e. My husband or partner lost his job	❑	❑
f. I lost my job even though I wanted to go on working	❑	❑
g. My husband, partner, or I had a cut in work hours or pay	❑	❑
h. I was apart from my husband or partner due to military deployment or extended work-related travel	❑	❑
i. I argued with my husband or partner more than usual	❑	❑
j. My husband or partner said he didn't want me to be pregnant	❑	❑
k. I had problems paying the rent, mortgage, or other bills	❑	❑
l. My husband, partner, or I went to jail	❑	❑
m. Someone very close to me had a problem with drinking or drugs	❑	❑
n. Someone very close to me died	❑	❑

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 the 12 months before you got pregnant with your new baby, did anyone else physically hurt you in any way?

- ❑ No
- ❑ Yes

49. 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

50. 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.

51. When was your baby due?

____ / ____ / 20____
Month Day Year

52. 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
- ❑ I didn't have my baby in the hospital

53. When was your new baby born?

____ / ____ / 20____
Month Day Year

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

____ / ____ / 20____
Month Day Year

- ❑ I didn't have my baby in a hospital

55. 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

56. What kind of *health insurance* did you have to pay for your *delivery*?

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 or Medicaid Managed Care
- ❑ TRICARE or other military health care
- ❑ Indian Health Services or Tribal Clinic
- ❑ Some other kind of health insurance → Please tell us: _____
- ❑ I did not have any health insurance to pay for my *delivery*

AFTER PREGNANCY

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

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

- ❑ No
- ❑ Yes
- ❑ I don't know

58. 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 61**

59. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 12, Question 73**
- ❑ Yes

60. Is your baby living with you now?

- ❑ No → **Go to Question 72**
- ❑ Yes

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

- ❑ No → **Go to Question 67**
- ❑ Yes

Go to Question 62

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

- ❑ No
- ❑ Yes → **Go to Question 65**

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

_____ Weeks **OR** _____ Months

- ❑ Less than 1 week

64. What were your reasons for stopping breastfeeding?

Check ALL that apply

- ❑ My baby had difficulty latching or nursing
- ❑ Breast milk alone did not satisfy my baby
- ❑ I thought my baby was not gaining enough weight
- ❑ My nipples were sore, cracked, or bleeding
- ❑ It was too hard, painful, or too time consuming
- ❑ I thought I was not producing enough milk, or my milk dried up
- ❑ I had too many other household duties
- ❑ I felt it was the right time to stop breastfeeding
- ❑ I got sick or I had to stop for medical reasons
- ❑ I went back to work or school
- ❑ My baby was jaundiced (yellowing of the skin or whites of the eyes)
- ❑ Other → Please tell us:

_____

If your baby was not born in a hospital, go to Question 66.

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

	No	Yes
a. Hospital staff gave me information about breastfeeding	❑	❑
b. Hospital staff helped me learn how to breastfeed	❑	❑
c. I breastfed my baby in the hospital	❑	❑
d. My baby was fed only breast milk at the hospital	❑	❑
e. The hospital gave me a gift pack **with formula**	❑	❑

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

_____ Weeks **OR** _____ Months

❑ My baby was less than 1 week old
❑ My baby has not had any liquids other than breast milk

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

_____ Weeks **OR** _____ Months

❑ My baby was less than 1 week old
❑ My baby has not eaten any foods

If your baby is still in the hospital, go to Question 72.

68. 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

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

❑ Always
❑ Often
❑ Sometimes
❑ Rarely
❑ Never

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

❑ No
❑ Yes
❑ My baby was still in the hospital at that time

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

❑ No
❑ Yes

72. *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

73. 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 75**

74. 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 <u>not doing</u> anything to keep from getting pregnant *now*, go to Question 76.

75. 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:

_____

76. *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

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

78. *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. 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 or Medicaid Managed Care
- ❑ TRICARE or other military health care
- ❑ Indian Health Services or Tribal Clinic
- ❑ 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.

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 82.

80. Are you currently in school or working?

- ❑ No, I don't go to school or work → **Go to Question 82**
- ❑ Yes, I go to school or work outside the home
- ❑ Yes, I go to school or work from home

Go to Question 81

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

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:

_____

- ❑ The baby is with me while I am at school or work

If you were not on Medicaid or Medicaid Managed Care a month before your pregnancy, during your pregnancy, or for the delivery of your baby, go to Page 14, Question 83.

82. Which of these things happened while you were on Medicaid or Medicaid Managed Care?

Check ALL that apply

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

83. *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.)

- ❑ 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

84. 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

85. *Since your new baby was born*, have you *asked for help* for depression from a doctor, nurse, or other health care worker?

- ❑ No
- ❑ Yes

86. 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)

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

87. 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

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

____ People

89. What is today's date?

____ / ____ / 20____

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 Nebraska.

Thanks for answering our questions!

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