

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

BEFORE PREGNANCY

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

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

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

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

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid, Healthy Options, or Medical Coupon
- TRICARE or other military health care
- Indian Health Service and/or Tribal Health Services
- Other source(s) —————> Please tell us:

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

3. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

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

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

_____ Pounds **OR** _____ Kilos

2

5. How tall are you without shoes?

Feet Inches

OR Meters

6. What is your date of birth?

/ / 19
 Month Day Year

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

- No
 Yes

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

- No → **Go to Question 11**
 Yes

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

- No
 Yes

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

- No
 Yes

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

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

Check one answer

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

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

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

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

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

- No
 Yes → **Go to Question 16**

Go to Question 14

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

No
 Yes → **Go to Question 16**

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

Check all that apply

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

DURING PREGNANCY

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

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

Weeks **OR** Months
 I don't remember

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

Weeks **OR** Months
 I didn't go for prenatal care → **Go to Page 4, Question 19**

Go to Page 4, Question 18

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

- No
 Yes → **Go to Question 20**

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

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

If you did not go for prenatal care, go to Page 6, Question 23.

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

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid, Healthy Options, or Medical Coupon
- TRICARE or other military health care
- Indian Health Service and/or Tribal Health Services
- Other source(s) → Please tell us:
- I did not have health insurance to help pay for my prenatal care

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. Medicines that are safe to take during my pregnancy	N	Y
f. How using illegal drugs could affect my baby	N	Y
g. Doing tests to screen for birth defects or diseases that run in my family	N	Y
h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	N	Y
i. What to do if my labor starts early	N	Y
j. Getting tested for HIV (the virus that causes AIDS)	N	Y
k. What to do if I feel depressed during my pregnancy or after my baby is born	N	Y
l. Physical abuse to women by their husbands or partners	N	Y

22. During any of your prenatal care visits, did a doctor, nurse, or other health care worker do any of the things listed below? For each item, circle **Y** (Yes) if someone asked or talked with you about it or circle **N** (No) if no one asked or talked with you about it.

	No	Yes
a. Ask if you were smoking cigarettes	N	Y
b. Ask how much alcohol you were drinking	N	Y
c. Ask if someone was hurting you emotionally or physically	N	Y
d. Ask if you were using illegal drugs (marijuana or hash, cocaine, crack, etc.)	N	Y
e. Ask if you planned to use birth control after your baby was born	N	Y
f. Talk with you about how eating fish containing high levels of mercury could affect your baby	N	Y
g. Talk with you about the bacteria group B Strep (or beta Strep)	N	Y
h. Talk with you about how much weight you should gain during your pregnancy	N	Y
i. Talk with you about diseases or birth defects that could run in your family or your partner's family	N	Y
j. Talk with you about 'Baby blues' or postpartum depression	N	Y
k. Ask if you wanted to be tested for HIV (the virus that causes AIDS)	N	Y

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

- No
- Yes → **Go to Question 27**
- I don't know

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

- No → **Go to Question 27**
- Yes

25. Did you turn down the HIV test?

- No → **Go to Question 27**
- Yes

26. Why did you turn down the HIV test?

Check all that apply

- I did not think I was at risk for HIV
- I was tested before this pregnancy, and did not think I needed to be tested again
- Other → Please tell us:

27. Did you get a flu vaccination during your most recent pregnancy?

- No
- Yes

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

- No
- Yes

29. 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

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

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

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

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

- No → **Go to Question 35**
- Yes

32. 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

33. 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

34. 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

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

Check one answer

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

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

36. 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 39**
- Yes

37a. 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 Page 8, Question 38a**

37b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

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

38a. 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 39**

38b. During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

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

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

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

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

40. 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

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

- No
 Yes

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

42. When was your baby due?

/ / 20
 Month Day Year

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

/ / 20
 Month Day Year

- I didn't have my baby in a hospital

44. When was your baby born?

/ / 20
 Month Day Year

45. 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

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

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid, Healthy Options or Medical Coupon
- TRICARE or other military health care
- Indian Health Service and/or Tribal Health Services
- Other source(s) —————> Please tell us:
- I did not have health insurance to help pay for my delivery

AFTER PREGNANCY

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

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

- No
- Yes
- I don't know

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

- Less than 24 hours (less than 1 day)
- 24 to 48 hours (1 to 2 days)
- 3 to 5 days
- 6 to 14 days
- More than 14 days
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Question 51**

49. Is your baby alive now?

- No → **Go to Question 58**
- Yes

50. Is your baby living with you now?

- No → **Go to Question 58**
- Yes

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

- No → **Go to Question 54b**
- Yes

Go to Question 52

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

- No
- Yes → **Go to Question 54a**

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

_____ Weeks **OR** _____ Months

- Less than 1 week

54a. 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

54b. 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 58.

55. 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

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- No
- Yes

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

- No
- Yes

Go to Question 60

Go to Question 59

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

Check all that apply

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

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

	1	2	3	4	5
	Never	Rarely	Sometimes	Often	Always
a. I felt down, depressed, or sad.					_____
b. I felt hopeless					_____
c. I felt slowed down					_____

OTHER EXPERIENCES

The next questions are on a variety of topics.

61. In the 12 months before you got pregnant with your new baby, did you have a personal doctor or health care provider?

- No
- Yes, only one person
- Yes, more than one person
- I don't know

62. During the 12 months before your new baby was born, did you experience discrimination, harassment, or were you made to feel inferior because of the things listed below? For each item, circle Y (Yes) if you experienced these things or circle N (No) if you did not experience these things.

	No	Yes
a. My race, ethnicity, or culture	N	Y
b. My insurance or Medicaid status	N	Y
c. My weight	N	Y
d. My marital status	N	Y
e. Other	N	Y

Please tell us:

63. How did you feel when you found out you were pregnant?

- Very unhappy
- Somewhat unhappy
- Somewhat happy
- Very happy
- I wasn't sure how I felt

If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question 65.

If you did not get prenatal care, go to Question 65.

64. Listed below are some things about smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits. For each thing, circle Y (Yes) if it applied to you during any of your prenatal care visits or circle N (No) if it did not.

During any of your prenatal care visits, did a doctor, nurse, or other health care worker—

	No	Yes
a. Advise you to quit smoking	N	Y
b. Spend time with you discussing how to quit smoking	N	Y
c. Recommend using nicotine gum.	N	Y
d. Recommend using a nicotine patch	N	Y
e. Prescribe a nicotine nasal spray or nicotine inhaler	N	Y
f. Prescribe a pill like Zyban [®] (also known as Wellbutrin [®] or Bupropion [®]) or Chantix [®] (also known as Varenicline) to help you quit	N	Y
g. Refer you to a national or state quit line	N	Y

65. During the past 12 months, which one of the following statements best describes the food eaten by you?

Check one answer

- Enough food to eat
- Sometimes not enough food to eat
- Often not enough food to eat

66. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each one, circle **Y** (Yes) if you would have had it or circle **N** (No) if not.

- | | No | Yes |
|--|----|-----|
| a. Someone to loan me \$50 | N | Y |
| b. Someone to help me if I were sick and needed to be in bed. | N | Y |
| c. Someone to take me to the clinic or doctor's office if I needed a ride. . . | N | Y |
| d. Someone to talk with about my problems | N | Y |

67. Did you experience discrimination by health care providers during your prenatal care, labor, or delivery because of the things listed below? For each item, circle **Y** (Yes) if you experienced discrimination or circle **N** (No) if you did not experience discrimination.

- | | No | Yes |
|---|----|-----|
| a. My race, ethnicity, or culture | N | Y |
| b. My insurance or Medicaid status | N | Y |
| c. My weight | N | Y |
| d. My marital status | N | Y |
| e. Other | N | Y |

Please tell us:

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

- No → **Go to Page 14, Question 70**
- Yes

69. At your postpartum checkup, did a doctor, nurse, or other health care worker talk to you or ask you about any of the things listed below. For each item, circle **Y** (Yes) if someone asked or talked with you about it or circle **N** (No) if no one asked or talked with you about it.

- | | No | Yes |
|---|----|-----|
| a. Advise you to take a multivitamin, a prenatal vitamin, or a folic acid vitamin | N | Y |
| b. Talk to you about healthy eating, exercise, and losing weight gained during pregnancy | N | Y |
| c. Talk to you about birth control methods that you can use after giving birth | N | Y |
| d. Talk to you about how long to wait before getting pregnant again . . . | N | Y |
| e. Ask if you've been feeling down or depressed since your baby was born. . . | N | Y |
| f. Treat you for any health care conditions that developed during your pregnancy (diabetes, high blood pressure, etc.) | N | Y |
| g. Ask if you were smoking cigarettes . . . | N | Y |
| h. Talk to you about resources in your community for help getting insurance or medical care for you or your baby, WIC, or help caring for your baby . . . | N | Y |

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

No → Go to Question 72

Yes

71. Did you have your teeth cleaned by a dentist or dental hygienist during the time periods listed below? For each time period, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

No Yes

- a. During my most recent pregnancy . . . N Y
- b. After my most recent pregnancy. . . . N Y

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

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

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

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

People

74. What is today's date?

/ / 20
Month Day Year

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

Thanks for answering our questions!

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

IFor people with disabilities, this document is available on request in other formats.
To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).



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