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

BEFORE PREGNANCY

The first questions are about you.

1. How tall are you without shoes?

   [ ] Feet [ ] Inches
   OR [ ] Centimeters

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

   [ ] Pounds OR [ ] Kilos

3. What is your date of birth?

   [ ] / [ ] / [ ]
   Month Day Year

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

   [ ] No
   [ ] Yes
   Go to Question 7

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

   [ ] No
   [ ] Yes

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

   [ ] No
   [ ] Yes

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

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

   No Yes
   a. I was dieting (changing my eating habits) to lose weight............................ [ ] [ ]
   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, Medicaid Services Card (includes Healthy Options)
- TRICARE or other military health care
- Indian Health Service and/or Tribal Health Services
- Some other kind of health insurance

Please tell us:

- I did not have any health insurance during the month before I got pregnant

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

- I didn’t take a multivitamin, prenatal vitamin, or folic acid vitamin in the month before I got pregnant
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

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

- No
- Yes

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. High blood pressure or hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Depression</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Heart problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Epilepsy (seizures)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Anxiety</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Go to Question 14
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 Question 18

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 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: __________________________

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

- Weeks — OR — Months

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

- No
- Yes — Go to Question 20
20. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check No if it did not keep you from getting prenatal care or Yes if it did.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I couldn’t get an appointment when I wanted one</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I didn’t have enough money or insurance to pay for my visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I didn’t have any transportation to get to the clinic or doctor’s office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. The doctor or my health plan would not start care as early as I wanted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. I had too many other things going on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. I couldn’t take time off from work or school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. I didn’t have my Medicaid Services Card (includes Healthy Options)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. I didn’t have anyone to take care of my children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. I didn’t know that I was pregnant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. I didn’t want anyone else to know I was pregnant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. I didn’t want prenatal care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you did not get prenatal care, go to Question 24.

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

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid, Medicaid Services Card (includes Healthy Options)
- TRICARE or other military health care
- Indian Health Service and/or Tribal Health Services
- Some other kind of health insurance

Please tell us: ________

- I did not have any health insurance to pay for my prenatal care
22. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, check No if no one talked with you about it or Yes if someone did.

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

23. 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, check No if no one asked or talked with you about it or Yes if someone did.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Ask if I was smoking cigarettes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Ask how much alcohol I was drinking</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Ask if someone was hurting me emotionally or physically</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Ask if I was using illegal drugs (marijuana or hash, cocaine, crack, etc.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Ask if I planned to use birth control after my baby was born</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Talk with me about how eating fish containing high levels of mercury could affect my baby</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Talk with me about the bacteria Group B Strep (or Beta Strep)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. Talk with me about diseases or birth defects that could run in my family or my partner’s family</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i. Ask if I wanted to be tested for HIV (the virus that causes AIDS)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Go to Page 6, Question 26

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

- ☐ No
- ☐ Yes
26. **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

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

- [ ] No  
- [ ] Yes, before my pregnancy
- [ ] Yes, during my pregnancy

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

  - [ ] I don’t remember

If you got a flu shot, go to Question 30.

29. **What were your reasons for not getting a flu shot during the 12 months before the delivery of your new baby?** For each item, check **No** if it was not a reason for you or **Yes** if it was.

- a. My doctor didn’t mention anything about a flu shot
- b. I was worried about side effects of the flu shot for me
- c. I was worried that the flu shot might harm my baby
- d. I was not worried about getting sick with the flu
- e. I do not think the flu shot works
- f. I don’t normally get a flu shot
- g. Other

Please tell us: ______________________________

30. **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.

- 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
31. 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

32. 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

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

☐ No
☐ Yes

34. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during this pregnancy)?

☐ No
☐ Yes

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

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

☐ No → Go to Page 8, Question 39
☐ Yes

36. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

☐ 41 cigarettes or more
☐ 21 to 40 cigarettes
☐ 11 to 20 cigarettes
☐ 6 to 10 cigarettes
☐ 1 to 5 cigarettes
☐ Less than 1 cigarette
☐ I didn’t smoke then

37. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

☐ 41 cigarettes or more
☐ 21 to 40 cigarettes
☐ 11 to 20 cigarettes
☐ 6 to 10 cigarettes
☐ 1 to 5 cigarettes
☐ Less than 1 cigarette
☐ I didn’t smoke then

38. How many cigarettes do you smoke on an average day now? A pack has 20 cigarettes.

☐ 41 cigarettes or more
☐ 21 to 40 cigarettes
☐ 11 to 20 cigarettes
☐ 6 to 10 cigarettes
☐ 1 to 5 cigarettes
☐ Less than 1 cigarette
☐ I don’t smoke now
The next questions are about drinking alcohol around the time of pregnancy (before and during).

39. Have you had any alcoholic drinks in the past 2 years? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

☐ No  ☐ Yes  Go to Question 43

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

☐ 14 drinks or more a week
☐ 7 to 13 drinks a week
☐ 4 to 6 drinks a week
☐ 1 to 3 drinks a week
☐ Less than 1 drink a week
☐ I didn’t drink then  Go to Question 42

41. 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

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

☐ 14 drinks or more a week
☐ 7 to 13 drinks a week
☐ 4 to 6 drinks a week
☐ 1 to 3 drinks a week
☐ Less than 1 drink a week
☐ I didn’t drink then

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

43. 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.)

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A close family member was very sick and had to go into the hospital</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. I got separated or divorced from my husband or partner</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. I moved to a new address</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. I was homeless or had to sleep outside, in a car, or in a shelter</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. My husband or partner lost his job</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. I lost my job even though I wanted to go on working</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. My husband, partner, or I had a cut in work hours or pay</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. I was apart from my husband or partner due to military deployment or extended work-related travel</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. I argued with my husband or partner more than usual</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>j. My husband or partner said he didn’t want me to be pregnant</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>k. I had problems paying the rent, mortgage, or other bills</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>l. My husband, partner, or I went to jail</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>m. Someone very close to me had a problem with drinking or drugs</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>n. Someone very close to me died</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>
44. During the 12 months before your new baby was born, did you ever get emergency food from a church, a food pantry, or a food bank, or eat in a food kitchen?

- No
- Yes

45. During the 12 months before 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

46. 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.

47. When was your new baby born?

- Month: 00
- Day: 00
- Year: 20

48. How was your new baby delivered?

- Vaginally
- Cesarean delivery (c-section)

Go to Question 49

49. What was the reason that your new baby was born by cesarean delivery (c-section)?

- I had a previous cesarean delivery (c-section)
- My baby was not head down
- I was past my due date
- My health care provider worried that my baby was too big
- I had a medical condition that made labor dangerous for me (such as heart condition, physical disability)
- I had a complication in my pregnancy (such as preeclampsia, placental problems, infection, preterm labor)
- My health care provider tried to induce my labor, but it didn’t work
- Labor was taking too long
- The fetal monitor showed that my baby was having problems before or during labor (fetal distress)
- I wanted to schedule my delivery
- I didn’t want to have my baby vaginally
- Other: Please tell us:

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

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

   ☐ No
   ☐ Yes
   ☐ I don’t know

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

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

Go to Question 55

53. Is your baby alive now?

   ☐ No
   ☐ Yes

We are very sorry for your loss. Go to Question 62

54. Is your baby living with you now?

   ☐ No
   ☐ Yes

Go to Question 61

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

   ☐ No
   ☐ Yes

Go to Question 59

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

   ☐ No
   ☐ Yes

Go to Question 59

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

   Weeks
   ☐ Less than 1 week
   ☐ More than 1 week
   ☐ Months

58. What were your reasons for stopping breastfeeding?

   ☐ My baby had difficulty latching or nursing
   ☐ I thought my baby was not gaining enough weight
   ☐ It was too hard, painful, or too time consuming
   ☐ I thought I was not producing enough milk, or my milk dried up
   ☐ My baby was not gaining enough weight
   ☐ I felt it was the right time to stop breastfeeding
   ☐ Other

Check ALL that apply

Go to Question 59

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

   Weeks
   Months
   ☐ Less than 1 week
   ☐ More than 1 week

Go to Question 59
If your baby is still in the hospital, go to Question 61.

59. 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

60. How often does your new baby sleep in the same bed with you or anyone else?  
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never

61. 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

62. 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 Page 12, Question 64

63. What are your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant now?  
   Check ALL that apply
   - I am not having sex
   - I want to get pregnant
   - I don’t want to use birth control
   - I am worried about side effects from birth control
   - My husband or partner doesn’t want to use anything
   - I have problems getting birth control when I need it
   - I had my tubes tied or blocked
   - My husband or partner had a vasectomy
   - I am pregnant now
   - Other → Please tell us: ________________

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Page 12, Question 65.
64. 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

65. 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

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

68. 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, Medicaid Services Card (includes Healthy Options)
- TRICARE or other military health care
- Indian Health Service and/or Tribal Health Services
- Some other kind of health insurance

- I do not have health insurance now
OTHER EXPERIENCES

The next questions are on a variety of topics.

69. 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

70. 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, check No if you did not experience these things or Yes if you did experience them.

No Yes

a. My race, ethnicity, or culture ........................................

b. My insurance or Medicaid status ................................

c. My weight ....................................................................

d. My marital status .........................................................

e. Other ............................................................................

Please tell us: _______________________________________

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

No Yes

a. My husband or partner threatened me or made me feel unsafe in some way ..........................................

b. I was frightened for my safety or my family’s safety because of the anger or threats of my husband or partner ..........................................

c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go ..................................

d. My husband or partner forced me to take part in any sexual activity when I did not want to (including touch that made me uncomfortable) ..........

72. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each one, check No if you would have not had it or Yes if you would have had it.

No Yes

a. Someone to loan me $50..............................

b. Someone to help me if I were sick and needed to be in bed .........................

c. Someone to take me to the clinic or doctor’s office if I needed a ride ........

d. Someone to talk with about my problems .............................................

If you did not have a postpartum checkup, go to Page 14, Question 74.
73. 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, check No if no one asked or talked with you about it or Yes if someone did.

- Advise you to take a multivitamin, a prenatal vitamin, or a folic acid vitamin
- Talk to you about healthy eating, exercise, and losing weight gained during pregnancy
- Talk to you about birth control methods that you can use after giving birth
- Talk to you about how long to wait before getting pregnant again
- Ask if you’ve been feeling down or depressed since your baby was born
- Treat you for any health care conditions that developed during your pregnancy (diabetes, high blood pressure, etc.)
- Ask if you were smoking cigarettes
- 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

If you had a postpartum checkup, go to Question 75.

74. Did any of these things keep you from having a postpartum visit?

- I didn’t think I needed a checkup
- I didn’t have enough money or insurance to pay for visit
- I was too busy
- I didn’t have a way to get to the visit
- I didn’t have child care
- Other

Check ALL that apply.

75. Since your new baby was born, have you received counseling for depression or anxiety?

- No
- Yes

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

76. 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

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

- People

78. What is today’s date?

- Month
- Day
- Year
Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in Washington.

Thanks for answering our questions!

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