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

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

4. 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.

   No Yes
   a. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy)
   b. High blood pressure or hypertension
   c. Depression

5. 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

6. In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?
   - No
   - Yes
   Go to Page 2, Question 9

7. What type of health care visit did you have in the 12 months before you got pregnant with your new baby?
   - Regular checkup at my family doctor’s office
   - Regular checkup at my OB/GYN’s office
   - Visit for an illness or chronic condition
   - Visit for an injury
   - Visit for family planning or birth control
   - Visit for depression or anxiety
   - Visit to have my teeth cleaned by a dentist or dental hygienist
   - Other
   Please tell us:
8. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not or Yes if they did.

- Tell me to take a vitamin with folic acid...
- Talk to me about maintaining a healthy weight
- Talk to me about controlling any medical conditions such as diabetes or high blood pressure
- Talk to me about my desire to have or not have children
- Talk to me about using birth control to prevent pregnancy
- Talk to me about how I could improve my health before a pregnancy
- Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis
- Ask me if I was smoking cigarettes
- Ask me if someone was hurting me emotionally or physically
- Ask me if I was feeling down or depressed
- Test me for HIV (the virus that causes AIDS)

9. During the month before you got pregnant with your new baby, what kind of health insurance did you have?

- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- Medicaid
- Other health insurance

Go to Question 11

10. During your most recent pregnancy, what kind of health insurance did you have for your prenatal care?

- I did not go for prenatal care
- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- Medicaid
- Other health insurance

Go to Question 11

The next questions are about your health insurance coverage before, during, and after your pregnancy with your new baby.
11. What kind of health insurance do you have now?

- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- Medicaid
- Other health insurance

Please tell us:

- I do not have health insurance now

Check ALL that apply

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

- 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

Check ONE answer

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.)

13. How many weeks or months pregnant were you when you had your first visit for prenatal care?

☐  Weeks   ☐  Months

- I didn’t go for prenatal care

Go to Question 15

Go to Question 14

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

☐ No
☐ Yes

Go to Page 4, Question 16

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

If you did not get prenatal care, go to Page 4, Question 18.
16. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check No if they did not ask you about it or Yes if they did.

No Yes
a. If I knew how much weight I should gain during pregnancy
b. If I was taking any prescription medication
c. If I was smoking cigarettes
d. If I was drinking alcohol
e. If someone was hurting me emotionally or physically
f. If I was feeling down or depressed
g. If I was using drugs such as marijuana, cocaine, crack, or meth
h. If I wanted to be tested for HIV (the virus that causes AIDS)
i. If I planned to breastfeed my new baby
j. If I planned to use birth control after my baby was born

17. 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.

No Yes
a. The amount of time I had to wait
b. The amount of time the doctor, nurse, or midwife spent with me
c. The advice I got on how to take care of myself
d. The understanding and respect shown toward me as a person

18. 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

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

Check ONE answer

No
Yes, before my pregnancy
Yes, during my pregnancy

20. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

No
Yes

21. This question is about other 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 insurance to cover dental care during my pregnancy
d. I needed to see a dentist for a problem

22. Did any of the following things make it hard for you to go to a dentist or dental clinic during your most recent pregnancy? For each item, check No if it was not something that made it hard for you or Yes if it was.

No Yes
a. I could not find a dentist or dental clinic that would take pregnant patients
b. I could not find a dentist or dental clinic that would take Medicaid patients
c. I did not think it was safe to go to the dentist during pregnancy

20. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

No
Yes
23. **During your most recent pregnancy, 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. Gestational diabetes (diabetes that <strong>started</strong> during this pregnancy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. High blood pressure (that <strong>started</strong> during this pregnancy), pre-eclampsia or eclampsia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Depression</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24. **Did you have any of the following problems during your most recent pregnancy?** For each item, check **No** if you did not have the problem or **Yes** if you did.

<table>
<thead>
<tr>
<th>Problem</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Vaginal bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Kidney or bladder (urinary tract) infection (UTI)</td>
<td></td>
<td></td>
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<tr>
<td>c. <strong>Severe</strong> nausea, vomiting, or dehydration that sent me to the doctor or hospital</td>
<td></td>
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<tr>
<td>d. Cervix had to be sewn shut (cerclage for incompetent cervix)</td>
<td></td>
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<tr>
<td>e. Problems with the placenta (such as abruptio placentae or placenta previa)</td>
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<tr>
<td>f. Labor pains more than 3 weeks before my baby was due (preterm or early labor)</td>
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<tr>
<td>g. Water broke more than 3 weeks before my baby was due (preterm premature rupture of membranes [PPROM])</td>
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<tr>
<td>h. I had to have a blood transfusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. I was hurt in a car accident</td>
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<td></td>
</tr>
</tbody>
</table>

25. **During your most recent pregnancy, did a doctor, nurse, or other health care worker give you a series of weekly shots of a medicine called progesterone, Makena®, or 17P (17 alpha-hydroxyprogesterone) to try to keep your new baby from being born too early?**

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>I don’t know</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Go to Page 6, Question 30**

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

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>41 cigarettes or more</td>
<td></td>
</tr>
<tr>
<td>21 to 40 cigarettes</td>
<td></td>
</tr>
<tr>
<td>11 to 20 cigarettes</td>
<td></td>
</tr>
<tr>
<td>6 to 10 cigarettes</td>
<td></td>
</tr>
<tr>
<td>1 to 5 cigarettes</td>
<td></td>
</tr>
<tr>
<td>Less than 1 cigarette</td>
<td></td>
</tr>
<tr>
<td>I didn’t smoke then</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>41 cigarettes or more</td>
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</tr>
<tr>
<td>21 to 40 cigarettes</td>
<td></td>
</tr>
<tr>
<td>11 to 20 cigarettes</td>
<td></td>
</tr>
<tr>
<td>6 to 10 cigarettes</td>
<td></td>
</tr>
<tr>
<td>1 to 5 cigarettes</td>
<td></td>
</tr>
<tr>
<td>Less than 1 cigarette</td>
<td></td>
</tr>
<tr>
<td>I didn’t smoke then</td>
<td></td>
</tr>
</tbody>
</table>
29. 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

30. Does your husband or partner smoke inside your home?
- □ No
- □ Yes

31. Not including yourself or your husband or partner, does anyone else smoke cigarettes inside your home?
- □ No
- □ Yes

The next questions are about using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A hookah is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

32. Have you used any of the following products in the past 2 years? For each item, check No if you did not use it or Yes if you did.

No Yes
a. E-cigarettes or other electronic nicotine products ............................................................... □ □
b. Hookah ..................................................................................................................................... □ □

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 33. Otherwise, go to Question 35.

33. During the 3 months before you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?
- □ More than once a day
- □ Once a day
- □ 2-6 days a week
- □ 1 day a week or less
- □ I did not use e-cigarettes or other electronic nicotine products then

34. During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?
- □ More than once a day
- □ Once a day
- □ 2-6 days a week
- □ 1 day a week or less
- □ I did not use e-cigarettes or other electronic nicotine products then

The next questions are about drinking alcohol around the time of pregnancy.

35. 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

36. 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
- □ 8 to 13 drinks a week
- □ 4 to 7 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. The next questions are about things that may have happened before and during your most recent pregnancy.

37. During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

- Always
- Often
- Sometimes
- Rarely
- Never

38. In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

- a. My husband or partner ..................................
- b. My ex-husband or ex-partner ......................

39. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

- a. My husband or partner ..................................
- b. My ex-husband or ex-partner ......................

40. During your most recent pregnancy, did any of the following things happen to you? For each thing, check No if it did not happen to you or Yes if it did.

- 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 touching or any sexual activity when I did not want to ...................................

AFTER PREGNANCY

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

41. When was your new baby born?

___ / ___ / 20__
Month Day Year

42. 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 Page 8, Question 45

43. Is your baby alive now?

- No
- Yes

We are very sorry for your loss.

Go to Page 9, Question 54

Go to Page 8, Question 44
44. Is your baby living with you now?

- No
- Yes

Go to Question 54

45. Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources? For each one, check No if you did not receive information from this source or Yes if you did.

- My doctor ............................................................
- A nurse, midwife, or doula ....................................
- A breastfeeding or lactation specialist ..............
- My baby’s doctor or health care provider ............
- A breastfeeding support group .........................
- A breastfeeding hotline or toll-free number .......
- Family or friends ..............................................
- Other ..................................................................

Please tell us:

46. 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 49

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

- No
- Yes

Go to Question 49

48. How many weeks or months did you breastfeed or feed pumped milk to your baby?

- Less than 1 week
  - Weeks OR - Months

49. In which one position do you most often lay your baby down to sleep now?

- On his or her side
- On his or her back
- On his or her stomach

Check ONE answer

50. In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?

- Always
- Often
- Sometimes
- Rarely
- Never

Go to Question 52

51. When your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?

- No
- Yes

52. Listed below are some more things about how babies sleep. How did your new baby usually sleep in the past 2 weeks? For each item, check No if your baby did not usually sleep like this or Yes if he or she did.

- In a crib, bassinet, or pack and play ..............
- On a twin or larger mattress or bed ..............
- On a couch, sofa, or armchair ......................
- In an infant car seat or swing ......................
- In a sleeping sack or wearable blanket .........
- With a blanket .................................................
- With toys, cushions, or pillows, including nursing pillows .......................
- With crib bumper pads (mesh or non-mesh) ........................................
53. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check No if they did not tell you or Yes if they did.

- Place my baby on his or her back to sleep .................................................. No Yes
- Place my baby to sleep in a crib, bassinet, or pack and play ......................... No Yes
- Place my baby’s crib or bed in my room ......................................................... No Yes
- What things should and should not go in bed with my baby .............................. No Yes

54. Are you or your husband or partner doing anything now to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- No  
- Yes  

Go to Question 56

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

- I want to get pregnant
- I am pregnant now
- I had my tubes tied or blocked
- I don’t want to use birth control
- I am worried about side effects from birth control
- I am not having sex
- My husband or partner doesn’t want to use anything
- I have problems paying for birth control
- Other Please tell us:

Check ALL that apply

56. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

- Tubes tied or blocked (female sterilization or Essure®)
- Vasectomy (male sterilization)
- Birth control pills
- Condoms
- Shots or injections (Depo-Provera®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- Contraceptive implant in the arm (Nexplanon® or Implanon®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other Please tell us:

57. 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  

Go to Page 10, Question 59

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Page 10, Question 58.
58. During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not do it or Yes if they did.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tell me to take a vitamin with folic acid</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Talk to me about how long to wait before getting pregnant again</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Talk to me about birth control methods I can use after giving birth</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Ask me if I was smoking cigarettes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. Ask me if someone was hurting me emotionally or physically</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i. Ask me if I was feeling down or depressed</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j. Test me for diabetes</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

61. Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?

- No
- Yes

62. Since your new baby was born, have any of the following things happened to you? For each thing, check No if it did not happen to you or Yes if it did.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My husband or partner threatened me or made me feel unsafe in some way</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
OTHER EXPERIENCES

The next questions are on a variety of topics.

63. Some of these things might happen to people during childhood. Childhood experiences may be important. Please tell us if any of these things ever happened to you from the time you were born through age 13.

No Yes

a. Most of the time, I had an adult who believed in me and who I could count on to help me ........................................................... 

b. A parent or guardian I lived with got divorced or separated ....................................

c. We had to move because of problems paying the rent or mortgage ............... 

d. Someone in my family or I went hungry because we could not afford enough food ..............................................................

e. A parent or guardian got in trouble with the law or went to jail ......................................

f. A parent or guardian I lived with had a serious drinking or drug problem .............. 

g. I was in foster care (removed from my home by the court or child welfare agency) .................................................................

64. Thinking back to your childhood through age 13, how often was it hard for your family to pay for basic needs like food or housing?

√ Very often
√ Somewhat often
√ Not very often
√ Never

65. *During the 12 months before your new baby was born,* how often did you experience discrimination, or harassment, or were made to feel inferior because of your race, ethnicity, or culture?

√ Always
√ Often
√ Sometimes
√ Rarely
√ Never

66. *During your most recent* pregnancy, did you take or use any of the following drugs for any reason? Your answers are strictly confidential. For each item, check No if you did not use it or Yes if you did.

No Yes

a. Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve® ..............

b. Prescription pain relievers such as hydrocodone (Vicadin®), oxycodone (Percocet®), or codeine

c. Adderall®, Ritalin® or another stimulant...

d. Marijuana or hash

e. Synthetic marijuana (K2, Spice)

f. Methadone, naloxone, subutex, or Suboxone®

g. Heroine (smack, junk, black tar, Chiva) 

h. Amphetamines (uppers, speed, crystal meth, crank, ice, aqua)

i. Cocaine (crack, rock, coke, blow, snow, nieve)

j. Tranquilizers (downers, ludes)

k. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)

l. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)

67. How would you describe the time during your most recent pregnancy?

√ One of the happiest times of my life
√ A happy time with few problems
√ A moderately hard time
√ A very hard time
√ One of the worst times of my life

68. *During your most recent* pregnancy, did you get any of these services? For each one, check No if you did not get the service and Yes if you did.

No Yes

a. Parenting classes

b. Counseling for depression or anxiety
69. During pregnancy, you probably had to get different kinds of health-related services. These may have included clinic visits, doctor’s or nurse’s office visits, applying for health insurance, applying for Medicaid, or getting help for a family problem.

Did you ever feel you were treated unfairly in getting these kinds of services because of any of the following? For each item, check No if you were not treated unfairly or Yes if you were treated unfairly.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My race, ethnicity, or culture</td>
<td></td>
</tr>
<tr>
<td>b. My age</td>
<td></td>
</tr>
<tr>
<td>c. The language I speak</td>
<td></td>
</tr>
<tr>
<td>d. My citizenship</td>
<td></td>
</tr>
<tr>
<td>e. My insurance or Medicaid status</td>
<td></td>
</tr>
<tr>
<td>f. I felt unfairly treated for other reasons</td>
<td></td>
</tr>
</tbody>
</table>

Please tell us: ____________________________

If your baby is not alive or is not living with you, go to Question 71.

70. Since your new baby was born, have you used any of these services? For each one, check No if you did not use the service or Yes if you did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Parenting classes</td>
<td></td>
</tr>
<tr>
<td>b. Counseling for depression or anxiety</td>
<td></td>
</tr>
</tbody>
</table>

71. Since your new baby was born, how often would you say you have been worried or stressed about having enough money to pay your bills?

- Always
- Often
- Sometimes
- Rarely
- Never

72. Do you have one or more persons you think of as your personal doctor or nurse? A personal doctor or nurse is a health professional who is familiar with your health history. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

- No
- Yes

73. In what country were you born?

Check ONE answer
- United States → Go to Question 75
- Puerto Rico
- Other Country → Please tell us: ____________________________

74. How old were you when you moved to the United States?

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

75. **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 $16,000
- $16,001 to $20,000
- $20,001 to $24,000
- $24,001 to $28,000
- $28,001 to $32,000
- $32,001 to $40,000
- $40,001 to $48,000
- $48,001 to $57,000
- $57,001 to $60,000
- $60,001 to $73,000
- $73,001 to $85,000
- $85,001 or more

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


77. **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 the District of Columbia.

Thanks for answering our questions!

*Your answers will help us work to keep mothers and babies in the District of Columbia healthy.*