

**Pregnancy Risk Assessment Monitoring System (PRAMS)**

Phase 6 Standard Questions

November 25, 2008

**NOTE: Skip A1–A5 if the mother was not trying to get pregnant (Core 12).  
A1 is required if A2, A4 is A5 are used.**

**BEFORE A1, insert instruction box that says, “If you were not trying to get pregnant when you got pregnant with your new baby, go to Question...”**

**A1. Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your *new* baby?** (This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

No = **Go to Question ##**

Yes

**A2. Did you use any of the following fertility treatments *during the month you got pregnant with your new baby*?** Check all that apply

Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid<sup>®</sup>, Serophene<sup>®</sup>, Pergonal<sup>®</sup>, or other drugs that stimulate ovulation)

Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman’s body)

Assisted reproductive technology (treatments in which BOTH a woman’s eggs and a man’s sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)

Other medical treatment = Please tell us:

**[BOX]**

I wasn’t using fertility treatments during the month that I got pregnant with my new baby

**A3 is now Q7.**

**A4. How long had you been trying to get pregnant *before* you took any fertility drugs or used any medical procedures to help you get pregnant with your *new* baby?** Do not count long periods of time when you and your partner were apart or not having sex.

0 to 5 months

6 to 11 months

1 to 2 years

3 to 4 years

5 to 6 years

More than 6 years

**(new)**

**A5. How many cycles of fertility treatments (complete or incomplete) did you have before you got pregnant with your *new* baby?**

- 1 cycle
- 2 to 3 cycles
- 4 to 6 cycles
- 7 or more cycles

**NOTE: Skip B1 if infant is not alive or not living with the mother (Core 43 and/or Core 44).  
Skip B1 if the mother ever breastfed (Core 45).  
AFTER B1, insert instruction box that says, "If you did not breastfeed your new baby, go to Question ...."**

**B1. What were your reasons for not breastfeeding your new baby?** Check all that apply

- My baby was sick and was not able to breastfeed
- I was sick or on medicine
- I had other children to take care of
- I had too many household duties
- I didn't like breastfeeding
- I tried but it was too hard
- I didn't want to
- I was embarrassed to breastfeed
- I went back to work or school
- I wanted my body back to myself
- Other = Please tell us:  
[BOX]

**NOTE: Skip B2 if infant is not alive or not living with the mother (Core 43 and/or Core 44).  
Skip B2 if the mother did not breastfeed or is still breastfeeding (Core 45 and/or Core 46).**

**B2. 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
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick and was not able to breastfeed
- I went back to work or school
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other = Please tell us:  
[BOX]

**NOTE: Skip B3 if infant is not alive or not living with the mother (Core 43 and/or Core 44).  
Skip B3 if infant was not born in a hospital (Core 42).  
Skip B3 if mother said that she did not breastfeed (Core 45).**

**B3. This question asks about things that may have happened at the hospital where your new baby was born.** For each item, circle **Y** (Yes) if it happened or circle **N** (No) if it did not happen.

	<b>No</b>	<b>Yes</b>
a. Hospital staff gave me information about breastfeeding.....	N	Y
b. My baby stayed in the same room with me at the hospital .....	N	Y
c. I breastfed my baby in the hospital.....	N	Y
d. I breastfed in the first hour after my baby was born.....	N	Y
e. Hospital staff helped me learn how to breastfeed .....	N	Y
f. My baby was fed only breast milk at the hospital.....	N	Y
g. Hospital staff told me to breastfeed whenever my baby wanted.....	N	Y
h. The hospital gave me a breast pump to use.....	N	Y
i. The hospital gave me a gift pack with formula .....	N	Y
j. The hospital gave me a telephone number to call for help with breastfeeding .....	N	Y
k. My baby used a pacifier in the hospital.....	N	Y

**B4. During your most recent pregnancy, what did you think about breastfeeding your new baby?** Check one answer

- I knew I would breastfeed
- I thought I might breastfeed
- I knew I would **not** breastfeed
- I didn't know what to do about breastfeeding

**NOTE: Skip B5–B6 if infant is not alive or not living with the mother (Core 43 and/or Core 44).  
B6 needs B5, but B5 can be used alone.**

**B5. Did anyone suggest that you *not* breastfeed your new baby?**

- No = **Go to Question ##**
- Yes

**B6. Who suggested that you *not* breastfeed your new baby?** Check all that apply

- My husband or partner
- My mother, father, or in-laws
- Other family member or relative
- My friends
- My baby's doctor, nurse, or other health care worker
- My doctor, nurse, or other health care worker
- Other = Please tell us:
- [BOX]**

**NOTE: Skip B7-B8 if mother was not on WIC during her pregnancy (Core 22).**

**B7. When you went for WIC visits during *your most recent* pregnancy, did you receive information on breastfeeding?**

No  
Yes

**B8. During your most recent pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?**

No  
Yes

**B9. Before your new baby was born, did any of the following things happen? Check all that apply**

Someone answered my questions about breastfeeding  
I was offered a class on breastfeeding  
I attended a class on breastfeeding  
I decided or planned to feed *only* breast milk to my baby  
I discussed feeding *only* breast milk to my baby with my family  
I discussed feeding *only* breast milk to my baby with my health care worker  
I planned to breastfeed within the first hour after giving birth

**NOTE: Skip C1–C3 if infant is not alive or not living with the mother or is still in the hospital (Core 43 and/or Core 44, Core 42).  
C2 and/or C3 need C1. C1 can be used alone. If C1 is used alone, it does not need to be skipped if infant is not alive or not living with the mother, or if the baby is still in the hospital..**

**C1. Are you currently in school or working outside the home?**

No, I don't work or go to school = **Go to Question ##**  
No, I'm on maternity leave, but plan to return to work = **Go to Question ##**  
Yes

**NOTE: If C2 is used with C3, then add a skip instruction off of the 2nd to last option in C2.**

**C2. Which *one* of the following people spends the most time taking care of your new baby when you go to work or school? Check one answer**

My husband or partner  
Baby's grandparent  
Other close family member or relative  
Friend or neighbor  
Babysitter, nanny, or other child care provider  
Staff at day care center  
The baby is with me while I am at work or school → Go to Question x  
Other = Please tell us:  
**[BOX]**

**C3. When you leave your new baby to go to work or school, how often do you feel that she or he is well cared for? Check one answer**

Always  
Often  
Sometimes  
Rarely  
Never

**NOTE: Skip D1–D2 if infant is not alive or not living with the mother (Core 43 and/or Core 44). D2 needs D1, but D1 can be used alone.**

**D1. Is your new baby a boy or a girl?**

Boy  
Girl = Go to Question ##

**D2. Did you have your *new* baby boy circumcised?**

No  
Yes

**NOTE: Skip E1 if mother is not using birth control now (Core 51). BEFORE E1, insert instruction box that says, “If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question....”**

**E1. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant? Check all that apply**

Tubes tied or closed (female sterilization)  
Vasectomy (male sterilization)  
Pill  
Condoms  
Injection once every 3 months (Depo-Provera<sup>®</sup>)  
Contraceptive implant (Implanon<sup>®</sup>)  
Contraceptive patch (OrthoEvra<sup>®</sup>)  
Diaphragm, cervical cap, or sponge  
Cervical Vaginal ring (NuvaRing<sup>®</sup>)  
IUD (including Mirena<sup>®</sup>)  
Rhythm method or natural family planning  
Withdrawal (pulling out)  
Not having sex (abstinence)  
Emergency contraception (The “morning-after” pill)  
Other = Please tell us:  
**[BOX]**

**E2. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?**

No

Yes

**NOTE: Skip E3 if mother was not using birth control when she got pregnant (Core 13).  
BEFORE E3, insert instruction box that says, “If you or your husband or partner was not doing anything to keep from getting pregnant, go to Question....”**

**E3. When you got pregnant with your new baby, what were you or your husband or partner using to keep from getting pregnant? Check all that apply**

Tubes tied or closed (female sterilization)  
 Vasectomy (male sterilization)  
 Pill  
 Condoms  
 Injection once every 3 months (Depo-Provera<sup>®</sup>)  
 Contraceptive implant (Implanon<sup>®</sup>)  
 Contraceptive patch (OrthoEvra<sup>®</sup>)  
 Diaphragm, cervical cap, or sponge  
 Cervical-Vaginal ring (NuvaRing<sup>®</sup>)  
 IUD (including Mirena<sup>®</sup>)  
 Rhythm method or natural family planning  
 Withdrawal (pulling out)  
 Not having sex (abstinence)  
 Emergency contraception (The “morning-after” pill)  
 Other = Please tell us:

**[BOX]**

**E4. Before you got pregnant with your new baby, had you ever heard or read about emergency birth control (the “morning-after pill”)?** This combination of pills is used to prevent pregnancy up to 3 days after unprotected sex.

No  
 Yes

**NOTE: Skip F1-F3 if infant is not alive or not living with the mother, or if the baby is still in the hospital (Core 43 and/or Core 44, Core 42).**

**F1. How often does your new baby sleep in the same bed with you or anyone else?**

Always  
 Often  
 Sometimes  
 Rarely  
 Never

**F2. Did a doctor, nurse, or other health care worker talk with you about how to lay your new baby down to sleep?**

No  
 Yes

**F3. Listed below are some things that describe how your new baby usually sleeps.** For each item, circle **T** (True) if it usually applies to your baby or **F** (False) if it doesn't usually apply to your baby.

- |  | True | False |   |   |
|--|------|-------|---|---|
| a. My new baby sleeps in a crib or portable crib.....  | T    |       | F |   |
| b. My new baby sleeps on a firm or hard mattress ..... | T    |       | F |   |
| c. My new baby sleeps with pillows.....                |      | T     |   | F |
| d. My new baby sleeps with bumper pads.....            |      | T     |   | F |
| e. My new baby sleeps with plush blankets.....         |      | T     |   | F |
| f. My new baby sleeps with stuffed toys.....           | T    |       | F |   |
| g. My new baby sleeps with another person.....         |      |       | T | F |

**G1. Have you ever heard or read that taking a vitamin with folic acid can help prevent some birth defects?**

No = Go to Question ##  
Yes

**NOTE: G1 and G2 can be used alone. However, if they are used together, skip G2 if mother has never heard or read about folic acid (answered No to G1).**

**G2. Have you ever heard about folic acid from any of the following? Check all that apply**

Magazine or newspaper article  
Radio or television  
Doctor, nurse, or other health care worker  
Book  
Family or friends  
Other = Please tell us:  
[BOX]

**G3. Some health experts recommend taking folic acid for which one of the following reasons? Check one answer**

To make strong bones  
To prevent birth defects  
To prevent high blood pressure  
I don't know

**G4. Which of the following things would cause *you* to take multivitamins, prenatal vitamins, or folic acid vitamins? Check all that apply**

I didn't usually eat the right foods  
It prevented heart disease  
It was good for my general health  
It would help me have a healthy baby someday  
My family or friends said it was a good idea  
My doctor or nurse said it was a good idea

**G5. During the *last 3 months* of your most recent pregnancy, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?**

I did not 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

**G6. During the *past month*, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?**

I did not 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

**G7a. During the *last 3 months* of your most recent pregnancy, about how many servings of *fruit* did you have in a day? Check one answer**

Zero servings (none)  
1 or 2 servings per day  
3 or 4 servings per day  
5 or more servings per day

**G7b. During the *last 3 months* of your most recent pregnancy, about how many servings of *vegetables* did you have in a day? Check one answer**

Zero servings (none)  
1 or 2 servings per day  
3 or 4 servings per day  
5 or more servings per day

<b>NOTE: Skip G8 if mother took a multivitamin 1 or more times a week (Core 3).</b>
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**G8. What were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins during the *month before* you got pregnant with your new baby? Check all that apply.**

I wasn't planning to get pregnant  
I didn't think I needed to take vitamins  
The vitamins were too expensive  
The vitamins gave me side effects (such as constipation)  
Other Please tell us \_\_\_\_\_

**NOTE: Skip H1–H2 if infant is not alive or not living with the mother (Core 43 and/or Core 44).  
H2 must be used with H1, but H1 can be used alone.**

**H1. Do you have health insurance or Medicaid for your new baby?**

No = **Go to Question ##**  
Yes

**H2. What health insurance plan is your new baby covered by? 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 pays for (not from a job)  
Medicaid or (state Medicaid name)  
TRICARE or other military health care  
*State option (IHS, etc.)*  
*State option (SCHIP or CHIP program)*  
Other source => Please tell us

**[BOX]**  
I do not have health insurance for my new baby

**NOTE: Skip H3–H4 if infant is not alive or not living with the mother (Core 43 and/or Core 44).  
H4 must be used with H3, but H3 can be used alone.**

**H3. Is your new baby in the Child Health Insurance Program (CHIP)?**

No  
Yes = **Go to Question ##**

**H4. Why didn't you enroll your new baby in CHIP? Check all that apply**

I didn't know about the program  
I already had insurance  
I didn't think he or she was eligible  
Other = Please tell us:

**[BOX]**

**NOTE: Skip I2 if mom indicated in I6 that she had been tested before this pregnancy (Core 21).  
Skip I2–I3 if mom indicated in Core 21 that she was tested during pregnancy or delivery. Do NOT  
skip these if mom indicated in Core 21 that she "didn't know" whether she was tested during  
pregnancy or delivery.**

**I3 must be used with I2, but I2 can be used alone.**

**I2. Had you been tested for HIV *before* this pregnancy?**

No = **Go to Question ##**  
Yes

I don't know = **Go to Question ##**

**13. When were you tested *before* this pregnancy?** Check one answer

Less than 6 months before I got pregnant

6 months to 1 year before I got pregnant

More than 1 year before I got pregnant

**NOTE: Skip 14–16 if mom indicated in Core 21 that she was tested during pregnancy or delivery. Do NOT skip these if mom indicated in Core 21 that she “didn’t know” whether she was tested during pregnancy or delivery.**

**15 and 16 must be used with 14, but 14 can be used alone.**

**15 and 16 can be used without each other.**

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

No = **Go to Question ##**

Yes

**15. Did you turn down the HIV test?**

No = **Go to Question ##**

Yes

**16. Why did you turn down the HIV test?** Check all that apply

I did not think I was at risk for HIV

I did not want people to think I was at risk for HIV

I was afraid of getting the result

I was tested before this pregnancy, and did not think I needed to be tested again = **Go to Question ##**

Other = Please tell us:

[BOX]

**NOTE: Skip 17 if mom indicated in Core 21 that she had not been tested during this pregnancy or delivery. Skip 17 if mom indicated in Core 21 that she “didn’t know” whether she was tested during pregnancy or delivery.**

**17. When was your most recent HIV test?** Check one answer

During the first 3 months of pregnancy

During the second 3 months of pregnancy

During the last 3 months of pregnancy

Unsure when, but during pregnancy and before delivery

At labor and delivery

After delivery but before hospital discharge

**NOTE: Skip J1 if infant is not alive or not living with the mother, and if baby is still in the hospital (Core 43 and/or Core 44, Core 42).**

**J1. Since your new baby was born, did any 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 N (No) if no one talked with you about it.**

	<b>No</b>	<b>Yes</b>
a. Help with or information about breastfeeding .....	N	Y
b. How long to wait before getting pregnant again.....	N	Y
c. Birth control methods that I can use after giving birth.....	N	Y
d. Postpartum depression.....	N	Y
e. Support groups for new parents.....	N	Y
f. Resources in my community such as nurse home visitation programs, telephone hotlines, counseling, etc.....	N	Y
g. Getting to and staying at a healthy weight after delivery.....	N	Y

**NOTE: Skip K1 if mother has not had a previous infant born alive (Core 8).**

**K1. Before you had your new baby, did you ever have a baby by cesarean delivery or c-section (when a doctor cuts through the mother's belly to bring out the baby)?**

No  
Yes

K2 was replaced by K8.

**K3. How was your *new* baby delivered?**

Vaginally  
Cesarean delivery (c-section)

**NOTE: Skip K4 if mother did not have prenatal care (Core 16).**

**K4. How did the doctor, nurse, or other health care worker who provided your prenatal care suggest you deliver your new baby? Check one answer**

He or she suggested I deliver my baby vaginally (naturally)  
He or she suggested I have a cesarean delivery (c-section)  
He or she didn't suggest how I deliver my baby

**NOTE: Skip K5 if mother did not have her baby in a hospital (Core 37).**

**K5. 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

**NOTE: Skip K6 and K7 if the mother did not have a cesarean delivery for her new baby (K3). K6 and K7 must be used with K3, but K3 may be used alone.**

**K6. Which statement best describes whose idea was it for you to have a cesarean delivery (c-section)?**  
Check one answer

My health care provider recommended a cesarean delivery *before* I went into labor.  
My health care provider recommended a cesarean delivery while I was in labor.  
I asked for the cesarean delivery *before* I went into labor.  
I asked for the cesarean delivery while I was in labor.

**K7. What was the reason that your *new* baby was born by cesarean delivery (c-section)?** Check all that apply

I had a previous cesarean delivery (c-section)  
My baby was in the wrong position  
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  
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 during labor  
I wanted to schedule my delivery  
I didn't want to have my baby vaginally  
Other reason(s): Please tell us  
[BOX]

**K8. Had you planned or scheduled a caesarean delivery (c-section) at least one week before your *new* baby was born?**

No  
Yes

**NOTE: K10 needs K9, but K9 can be used alone.**

**K9. Did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?**

No ■ Go to Question ##  
Yes  
I don't know ■ Go to Question ##

**K10. Why did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?** Check all that apply.

- My water broke and there was a fear of infection
- I was past my due date
- My health care provider worried about the size of the baby
- My baby was not doing well and needed to be born
- I had a health problem and needed to deliver the baby
- I wanted to schedule my delivery
- I wanted to give birth with a specific health care provider
- Other .....Please tell us: \_\_\_\_\_

**NOTE: Skip K11-K12 if the baby was not born in the hospital (Core 42).  
AFTER K11 and/or K12, insert instruction box that says, "If your baby is still in the hospital, go to Question ##."**

**K11. After your baby was born, was he or she transferred to another hospital?**

- No
- Yes

**K12. After your baby was born, were you transferred to another hospital?**

- No
- Yes

**L1. Other than prenatal vitamins, did you take any over-the-counter or prescribed medicine during pregnancy, even for a short period of time?**

- No
- Yes

**L2. Have you ever had German measles (rubella) or been vaccinated for German measles?**

- No
- Yes

**L3. Have you ever had chickenpox (varicella) or been vaccinated for chickenpox?**

- No
- Yes

**L4. Have you ever taken medicine on a regular basis to control seizures or epilepsy?**

- No = **Go to Question ##**
- Yes

**NOTE: Skip L5–L7 if mother has never taken medicine to control seizures or epilepsy (L4). L5–L7 need L4, but L4 can be used alone.**

**L5. During *your most recent* pregnancy, did you take medicine on a regular basis to control seizures or epilepsy?**

No = **Go to Question ##**

Yes

**NOTE: L6 and L7 need L5, but L5 can be used alone.**

**L6. When did you start taking the medicine?**

I started taking the medicine during my pregnancy

I started taking the medicine in the year before I got pregnant

I started taking the medicine more than a year before I got pregnant

**L7. How many seizures did you experience during *your most recent* pregnancy?**

None

1

2

3 or more

**L8. *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 Question ##**

Yes

**NOTE: L9 needs L8, but L8 can be used alone.**

**L9. At that visit, did a doctor, nurse, or other health care worker discuss family planning or birth control with you?**

No

Yes

**L10. Would you say that, in general, your health is—**

Excellent

Very good

Good

Fair

Poor

**L11. During the 3 months before you got pregnant with your new baby, did you have any of the following health problems?** For each one, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

		<b>No</b>	<b>Yes</b>
a.	Asthma.....	N	Y
b.	High blood pressure (hypertension) .....	N	Y
c.	Anemia (poor blood, low iron).....	N	Y
d.	Heart problems .....	N	Y
e.	Epilepsy (seizures) .....	N	Y
f.	Thyroid problems .....	N	Y
g.	Depression.....	N	Y
h.	Anxiety.....	N	Y

**L12. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker offer you a flu vaccination or tell you to get one?**

No  
Yes

**L13. Did you get a flu vaccination during your most recent pregnancy?**

No  
Yes = Go to Question ##

**NOTE: L14 needs L13, but L13 can be used alone.**

**L14. What were your reasons for not getting a flu vaccination during your most recent pregnancy?** For each item, circle **Y** (Yes) if it was a reason for you or circle **N** (No) if it was not a reason or did not apply to you.

		<b>No</b>	<b>Yes</b>
a.	My doctor didn't mention anything about a flu vaccination during my pregnancy .....	N	Y
b.	I was worried about side effects of the flu vaccination for me .....	N	Y
c.	I was worried that the flu vaccination might harm my baby .....	N	Y
d.	I wasn't pregnant during the flu season (November–February).....	N	Y
e.	I was in my first trimester during the flu season (November–February) .....	N	Y
f.	I don't normally get a flu vaccination .....	N	Y
g.	Other .....	N	Y

Please tell us:  
[BOX]

**L15. Have you ever had a flu vaccination when you were not pregnant?**

No  
Yes

**NOTE: Skip L16 if mother has not had a postpartum checkup (L8).**

**L16. At that visit, did a doctor, nurse, or other health care worker advise you to take multivitamins, prenatal vitamins, or folic acid vitamins?**

No  
Yes

**NOTE: Skip L18 if health care worker didn't talk with mother about preparing for a healthy pregnancy (L17). L18 needs L17, but L17 can be used alone.**

**L17. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to prepare for a healthy pregnancy and baby?**

No = Go to Question ##  
Yes

**L18. 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, circle Y (Yes) if someone talked with you about it or N (No) if no one talked with you about it.**

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

**Core question 53 will replace M1 a and b.**

**M2. At any time during your most recent pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about "baby blues" or postpartum depression?**

No  
Yes

**M3.** At any time during *your most recent pregnancy*, did a doctor, nurse, or other health care worker tell you that you had depression?

No = Go to Question ##  
Yes

**M4.** 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

**M5.** Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?

No = Go to Question ##  
Yes

**M6.** Since your new baby was born, have you asked for help for depression from a doctor, nurse, or other health care worker?

No  
Yes

**M7.** How would you describe the time during *your most recent pregnancy*? Check one answer

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

<b>Note: M8 and M9 need M3, but M3 can be used alone.</b>
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**M8.** At any time during *your most recent pregnancy*, did you take prescription medicine for your depression?

No  
Yes

**M9.** At any time during *your most recent pregnancy*, did you get counseling for your depression?

No  
Yes

<b>Note: M10 and M11 need M5, but M5 can be used alone.</b>
---

**M10.** *Since your new baby was born, have you taken prescription medicine for your depression?*

No  
Yes

**M11.** *Since your new baby was born, have you gotten counseling for your depression?*

No  
Yes

**M12.** 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 this scale when answering:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Never	Rarely	Sometimes	Often	Always

a. I felt panicky \_\_\_\_\_

b. I felt restless \_\_\_\_\_

NOTE: If a state chooses M12, the options for M12 will be added to Core 53 as options e and f since the text of the question is the same.

**M13.** *At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had anxiety?*

No = Go to Question ##  
Yes

**M14.** *At any time during your most recent pregnancy, did you ask for help for anxiety from a doctor, nurse, or other health care worker?*

No  
Yes

**M15.** *Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had anxiety?*

No = Go to Question ##  
Yes

**M16.** *Since your new baby was born, have you asked for help for anxiety from a doctor, nurse, or other health care worker?*

No  
Yes

<b>Note: M17 and M18 need M13, but M13 can be used alone.</b>
---

**M17. At any time during *your most recent* pregnancy, did you take prescription medicine for your anxiety?**

No  
Yes

**M18. At any time during *your most recent* pregnancy, did you get counseling for your anxiety?**

No  
Yes

**Note: M19 and M20 need M15, but M15 can be used alone.**

**M19. Since *your new baby was born*, have you taken prescription medicine for your anxiety?**

No  
Yes

**M20. Since *your new baby was born*, have you gotten counseling for your anxiety?**

No  
Yes

**N1. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker tell you to stay in bed for at least 1 week?**

No = **Go to Question ##**  
Yes

**NOTE: N2 needs N1, but N1 can be used alone.**

**N2. How many weeks or months pregnant were you when you were told to stay in bed?**

[BOX] Weeks OR [BOX] Months

**NOTE: N3 needs N1, but N1 can be used alone.**

**N3. How often were you able to follow your provider's instruction to stay in bed?**

Always = **Go to Question ##**  
Often = **Go to Question ##**  
Sometimes  
Rarely  
Never

**NOTE: N4 needs N3, but N3 can be used alone.**

**N4. What types of support would have helped you to stay in bed for the recommended time?** For each item, circle **Y** (Yes) if it would have helped you or circle **N** (No) if it would have not helped or did not apply to you.

	<b>No</b>	<b>Yes</b>
a. Help with child care.....	N	Y
b. Help with housework.....	N	Y
c. Knowing I wouldn't lose my job.....	N	Y
d. Money to make up for not working.....	N	Y
e. Other.....	N	Y

Please tell us:  
**[BOX]**

**N5. During your most recent pregnancy, did a doctor, nurse, or other health care worker try to keep your new baby from being born too early by giving you a series of weekly shots of a medicine called Progesterone, Gestiva®, or 17P (17 alpha-hydroxyprogesterone).**

- No
- Yes
- I don't know

**NOTE: Skip N6-N7 if the mother did not have gestational diabetes during this pregnancy (Core 23).**

**N6. During your most recent pregnancy, when you were told that you had gestational diabetes, did the doctor, nurse, or other health care worker tell you to make an appointment with a different doctor because of your gestational diabetes?**

- No
- Yes

**N7. During your most recent pregnancy, when you were told that you had gestational diabetes, did a doctor, nurse, or other health care worker do any of the things listed below?** For each item, circle **Y** (Yes) if it was done or circle **N** (No) if it was not done

	<b>No</b>	<b>Yes</b>
a. Refer you to a nutritionist.....	N	Y
b. Talk to you about the importance of exercise.....	N	Y
c. Talk to you about getting to and staying at a healthy weight after delivery.....	N	Y
c. Suggest that you breastfeed your new baby.....	N	Y
d. Talk to you about your risk for Type 2 diabetes.....	N	Y

**NOTE: Skip N8 if mother did not have any problems during this pregnancy (Core 24).  
BEFORE N8, insert instruction box that says, "If you did not have any of the problems listed above, go to Question ##."**

**N8a. Did a doctor, nurse, or other health care worker tell you to stay home in bed for more than 2 days because of any of the problem(s) listed?**

No  
Yes

**N8b. Did you go to the hospital or emergency room because of any of the problem(s) listed above?**

No → Go to Question xx  
Yes

**N8c. How many times did you go to the hospital or emergency room because of the problem(s)?**

1 time  
2 times  
3 times  
4 or more times

**O1. Since your new baby was born, have you had any medical problems that caused you to go to the hospital and stay overnight?**

No = Go to Question ##  
Yes

**NOTE: O2 and O3 need O1, but O1 can be used alone.**

**O2. When was the *first* time you had to go into the hospital and stay overnight after your new baby was born?**

[BOX] [BOX] [BOX]  
Month Day Year

**O3. What kind of medical problem caused you to go into the hospital? Check all that apply**

Vaginal bleeding  
Fever or infection  
Other = Please tell us:  
[BOX]

**O4. Since your new baby was born, have you been tested for diabetes or high blood sugar?**

No → Go to Question ##.  
Yes

**NOTE: O5 needs O4, but O4 can be used alone.**

**O5. Since your new baby was born, did a doctor, nurse, or other health care worker tell you that you had diabetes?**

No

Yes → Go to Question ##.

<b>NOTE: O6 needs both O4 and O5.</b>
---------------------------------------

**O6. Did a doctor, nurse, or other health care worker tell you that you had prediabetes, borderline diabetes or high blood sugar?**

No → Go to Question ##.

Yes

**P1. When you got pregnant, did your new baby's father live with you?**

No

Yes

**P2. When you got pregnant, what relationship did you have with your new baby's father? Check one answer**

He was my husband (legally married)

He was my partner (not legally married)

He was my boyfriend

He was a friend

Other = Please tell us:

**[BOX]**

**P3. When you got pregnant with your new baby, who lived in the same house with you? Check all that apply**

My husband or partner

Children aged less than 12 months = How many children? **[BOX]**

Children aged 1 year to 5 years = How many children? **[BOX]**

Children aged 6 years and over = How many children? **[BOX]**

My mother

My father

My husband's or partner's parent(s)

Friend or roommate

Other family member or relative

Other = Please tell us:

**[BOX]**

I lived alone

**P4. Who lives in the same house with you *now*?** Check all that apply

My husband or partner

Children aged less than 12 months = How many children? **[BOX]**

Children aged 1 year to 5 years = How many children? **[BOX]**

Children aged 6 years and over = How many children? **[BOX]**

My mother

My father

My husband's or partner's parent(s)

Friend or roommate

Other family member or relative

Other = Please tell us:

**[BOX]**

I live alone

**P5. Do you have a husband or partner who lives with you *now*?**

No

Yes

**P6. When you got pregnant, how old was your new baby's father?**

**[BOX]** Years old

I don't know

**P7. How old were you when you had your first menstrual period?**

**[BOX]** Years old

**P8. How old were you when you got pregnant with your first baby?**

**[BOX]** Years old

**P9. Do you have a telephone in your home that has been working (in service) for the *past month*?**

No = **Go to Question ##**

Yes

**Note: P10 needs P9, but P9 can be used alone.**

**P10. Is your telephone number listed in the most recent telephone book under your last name and current address?**

Yes

Telephone unlisted

Telephone listed under another name or address

**P11. Which rooms are in the house, apartment, or trailer where you live?** Check all that apply

- Living room
- Separate dining room
- Kitchen
- Bathroom(s)
- Recreation room, den, or family room
- Finished basement
- Bedrooms = How many? [BOX]

**P12. Counting yourself, how many people live in your house, apartment, or trailer?**

[BOX] Adults (people aged 18 years or older)

[BOX] Babies, children, or teenagers (people aged 17 years or younger)

**Note: P13a and P13b do not have to be used together. BEFORE P13b, insert instruction box that says, "If you don't have complete plumbing facilities in your home, go to Question ##."**

**P13a. Which of the following utilities do you have in your house, apartment, or trailer?** For each item, circle Y (Yes) if you have the utility or circle N (No) if you do not have the utility.

	No	Yes
a. Complete plumbing facilities (including hot and cold running water, a flush toilet, and a bathtub or shower) .....	N	Y
b. Electricity .....	N	Y
c. A telephone from which you can make and receive calls (including cell phones) .....	N	Y

**P13b. Do you get the water you use in your house, apartment, or trailer from a city or county water supply or from a private well?**

- City or county water supply
- Private well

**P14. During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?**

- No
- Yes

**P15. 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 = Go to Question ##
- Never = Go to Question ##

**Note: P16 needs P15, but P15 can be used alone.**

**P16. During the 12 months before your new baby was born, did you do any of the following things because you felt it was unsafe to leave or return to the neighborhood where you lived?** For each item, circle **Y** (Yes) if you did it or circle **N** (No) if you did not.

	No	Yes
a. I missed doctor or other appointments .....	N	Y
b. I limited grocery or other shopping .....	N	Y
c. I stayed with other family members or friends.....	N	Y

**P17. 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

**Demoted from core to standard list**

**P18. During the 12 months before your new baby was born, what were the sources of your household's income?** Check all that apply

Money from family or friends

Money from a business, fees, dividends, or rental income

Paycheck or money from a job

Food stamps or WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)

Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, or Supplemental Security Income (SSI)

Unemployment benefits

Child support or alimony

Social security, workers' compensation, disability, veteran benefits, or pensions

Other = Please tell us:

[BOX]

**Q1. Which of the following statements best describes you during the 3 months before you got pregnant?**

Check one answer

I was trying to get pregnant

I was trying to keep from getting pregnant but was not trying very hard

I was trying hard to keep from getting pregnant

**Q2. Which of the following statements best describes your husband or partner during the 3 months before you got pregnant?** Check one answer

He wanted me to get pregnant

He partly wanted me to get pregnant and partly wanted me not to get pregnant

He didn't care one way or the other whether I got pregnant

He didn't especially want me to get pregnant

He wanted very much for me not to get pregnant

**Q3. Thinking back to *just before* you got pregnant with your *new* baby, how did your husband or partner feel about your becoming pregnant?** Check one answer

- He wanted me to be pregnant sooner
- He wanted me to be pregnant later
- He wanted me to be pregnant then
- He didn't want me to be pregnant then or at any time in the future
- I don't know
- I didn't have a husband or partner

**NOTE: Skip Q4 if mother wanted to be pregnant sooner, then, or not at any time in the future (Core 11). BEFORE Q4, insert instruction box that says, "If you wanted to be pregnant later, answer Question ##. Otherwise, go to Question ##."**

**Q4. 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

**Q5. This question asks about feelings and concerns women sometimes have about becoming pregnant.** For each item, circle **Y** (Yes) if it applied to you when you found out you were pregnant with your new baby or circle **N** (No) if it did not.

	<b>No</b>	<b>Yes</b>
a. I was worried that I didn't know enough about how to take care of a baby .....	N	Y
b. I thought a new baby would keep me from doing the things I was used to doing, like working, going to school, or going out.....	N	Y
c. I looked forward to teaching and caring for a new baby .....	N	Y
d. I looked forward to the new experiences that having a baby would bring.....	N	Y
e. I looked forward to telling my friends that I was pregnant .....	N	Y
f. I was worried that I did not have enough money to take care of a baby .....	N	Y
g. I did not look forward to telling my friends that I was pregnant.....	N	Y
h. I looked forward to buying things for a new baby .....	N	Y

**Q6. How did you feel when you found out you were pregnant with your new baby?  
Were you—**

- Very unhappy to be pregnant
- Unhappy to be pregnant
- Not sure
- Happy to be pregnant
- Very happy to be pregnant

**NOTE: Skip Q7 if mother was not trying to get pregnant (Core 12). AFTER Q7, insert instruction box that says, "If you were trying to get pregnant when you got pregnant with your new baby, go to Question ##."**

**Q7. (formerly A3) How many months had you been trying to get pregnant?** Do not count long periods of time when you and your partner were apart or not having sex.)

- 0 to 3 months
- 4 to 6 months
- 7 to 12 months
- 13 to 24 months
- More than 24 months

**NOTE: Skip R1–R18 if mother had no prenatal care (Core 16).**

**R1. We would like to know how you felt about the prenatal care you got during *your most recent pregnancy*.** If you went to more than one place for prenatal care, answer for the place where you got *most* of your care. For each item, circle **Y** (Yes) if you were satisfied or circle **N** (No) if you were not satisfied.

Were you satisfied with—

- |    |  | <b>No</b> | <b>Yes</b> |
|----|--|-----------|------------|
| a. | The amount of time you had to wait after you arrived for your visits.....                | N         | Y          |
| b. | The amount of time the doctor, nurse, or midwife spent with you during your visits ..... | N         | Y          |
| c. | The advice you got on how to take care of yourself.....                                  | N         | Y          |
| d. | The understanding and respect that the staff showed toward you as a person .....         | N         | Y          |

**R2. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?**

No ≡ Go to Question ##  
Yes

**R3. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?**

No  
Yes

**R4. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were drinking alcoholic beverages (beer, wine, wine cooler, or liquor)?**

No  
Yes

**R5. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask—**

- |    |   | <b>No</b> | <b>Yes</b> |
|----|---|-----------|------------|
| a. | How much alcohol you were drinking .....  | N         | Y          |
| b. | If someone was hurting you emotionally or physically.....                       | N         | Y          |
| c. | If you were using illegal drugs (marijuana or hash, cocaine, crack, etc.) ..... | N         | Y          |
| d. | If you wanted to be tested for HIV (the virus that causes AIDS).....            | N         | Y          |
| e. | If you planned to use birth control after your baby was born .....              | N         | Y          |

**R6. Have you ever heard of the bacteria Group B Strep (Beta Strep) that mothers can pass to their newborns during birth?**

No  
Yes

**R7. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about the bacteria Group B Strep (Beta Strep)?**

No  
Yes

**R8. At any time during your most recent pregnancy, did you get tested for the bacteria Group B Strep (Beta Strep)?**

No  
Yes  
I don't know

**R9. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about getting your blood tested for the disease called toxoplasmosis?**

No  
Yes

**R10. 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.**

	<b>No</b>	<b>Yes</b>
a. Not touching your mouth or eyes while handling raw meat .....	N	Y
b. Cooking meat to "well done" .....	N	Y
c. Washing hands and utensils after handling raw meat .....	N	Y
d. Washing hands after contact with soil, sand, litter, or any other material that may be contaminated with cat feces.....	N	Y
e. Not feeding cats raw or undercooked meat .....	N	Y

**R11. At any time during your most recent pregnancy, did you have a blood test for the disease called toxoplasmosis?**

No  
Yes  
I don't know

**R12.** *During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about taking multivitamins, prenatal vitamins, or folic acid vitamins during your pregnancy?*

No  
Yes

**R13.** *At any time during your most recent pregnancy, did your regular prenatal care provider ask you to see a specialist doctor for help with any health problem(s)?*

No  
Yes

**R14.** *During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how eating fish containing high levels of mercury could affect your baby?*

No  
Yes

**R15.** *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 or HMO clinic

*State-specific option*

*State-specific option*

Other = Please tell us:

[BOX]

**R16.** *During your most recent pregnancy, did a doctor, nurse, or other health worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each one, circle Y (Yes) if someone talked to you about it or circle N (No) if no one talked with you about it.*

	No	Yes
a. Foods that are good to eat during pregnancy	N	Y
b. How much weight to gain during pregnancy	N	Y
c. Exercise during pregnancy	N	Y
d. Programs or resources to help me gain the right amount of weight during pregnancy	N	Y
e. Programs or resources to help me lose weight after pregnancy	N	Y

**NOTE: R17 needs R2, but R2 can be used alone.**

**R17.** *How much weight did your doctor, nurse, or other health care worker tell you to gain during your most recent pregnancy? Please check one answer and fill in the blanks(s) next to the checked box.*

Between [BOX] Pounds and [BOX] Pounds

Between [BOX] Kilos and [BOX] Kilos

Exactly [BOX] Pounds OR [BOX] Kilos

I don't remember

**R18. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you not to drink alcohol while you were pregnant?**

- No
- Yes

**NOTE: Skip S1 if infant is not alive or not living with the mother, or if the baby is still in the hospital (Core 43 and/or Core 44, Core 42).**

**S1. Listed below are some statements about safety.** For each one, circle **Y** (Yes) if it applies to you or circle **N** (No) if it does not.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. My baby was brought home from the hospital in an infant car seat.....   | N         | Y          |
| b. My baby always or almost always rides in an infant car seat .....       | N         | Y          |
| c. My home has a working smoke alarm.....                                  | N         | Y          |
| d. There are <b>loaded</b> guns, rifles, or other firearms in my home..... | N         | Y          |

**S2. Did you worry that wearing your seat belt during pregnancy would hurt your new baby?**

- No
- Yes

**NOTE: Skip S3 if infant is not alive or not living with the mother, and if the baby is still in the hospital (Core 43 and/or Core 44, Core 42).**

**S3. Listed below are some statements about infant car seats.** For each one, circle **T** (True) if you agree with the statement or circle **F** (False) if you do not agree.

- |   | <b>True</b> | <b>False</b> |
|---|-------------|--------------|
| a. New babies should be in rear-facing car seats.....         | T           | F            |
| b. Car seats should not be placed in front of an air bag..... | T           | F            |

**S4. During the last 3 months of your most recent pregnancy, how often did you wear a seat belt when you drove or rode in a car?**

- Always
- Often
- Sometimes
- Rarely
- Never

**S5. Since your new baby was born, how often do you wear a seat belt when you drive or ride in a car?**

Always  
Often  
Sometimes  
Rarely  
Never

**NOTE: Skip S6–S9 if infant is not alive or not living with the mother, or if the baby is still in the hospital (Core 43 and/or Core 44, Core 42).**

**S6. When your new baby rides in a car, truck, or van, how often does he or she ride in an infant car seat?**

Always  
Often  
Sometimes  
Rarely  
Never = **Go to Question ##**

**NOTE: Skip S7–S9 if infant never rides in an infant car seat (S6). S7, S8, and S9 need S6, but S6 can be used alone.**

**S7. When your new baby rides in an infant car seat, is he or she *usually* in the front or back seat of the car, truck, or van?**

Front seat  
Back seat

**S8. When your new baby rides in an infant car seat, is he or she *usually* facing forward or facing the rear of the car, truck, or van?**

Facing forward  
Facing the rear

**S9. Does the car, truck, or van that your new baby *usually* rides in have an airbag on the passenger side?**

No  
Yes

**NOTE: Skip S10–S12 if infant is not alive or not living with the mother, or if the baby is still in the hospital (Core 43 and/or Core 44, Core 42).**

**S10. Do you have an infant car seat(s) that you can use for your new baby?**

No = **Go to Question ##**  
Yes

**Note: S11 and S12 need S10, but S10 can be used alone.**

**S11. How did you get your new baby's infant car seat(s)?** Check all that apply

I bought a car seat *new*  
I received it new for this baby as a gift  
I had one from another one of my babies  
I bought a car seat *used*  
I borrowed a car seat from a friend or family member  
I borrowed or rented a car seat from a loaner program  
The hospital where my new baby was born gave me a car seat  
A community program gave me a car seat  
Other = Please tell us:  
**[BOX]**

**S12. How did you learn to install and use your infant car seat(s)?** Check all that apply

I read the instructions  
A friend or family member showed me  
A health or safety professional showed me  
I figured it out myself  
I already knew how to install it because I have other children  
Some other way = Please tell us:  
**[BOX]**

**NOTE: Skip S13 if infant is not alive or not living with the mother, and if the baby is still in the hospital (Core 43 and/or 44, Core 42).**

**S13. Have you ever heard or read about what can happen if a baby is shaken?**

No  
Yes

**S14. Was the house or apartment you live in now built after 1977?**

No  
Yes  
I don't know

**S15. Listed below are some things that may have happened since you moved into your house or apartment.** For each one, circle **Y** (Yes) if it applies to you or circle **N** (No) if it does not.

No Yes

- |    |  |   |   |
|----|--|---|---|
| a. | I have had the home tested for lead .....  | N | Y |
| b. | I have made changes to the home to remove paint or other things that have lead in them ..... | N | Y |
| c. | The home was remodeled before I moved in .....   | N | Y |

**NOTE: Skip T1–T3 if infant is not alive or not living with the mother, or if the baby is still in the hospital (Core 43 and/or 44, Core 42).**

**T1. How many times has your new baby gone for care when he or she was sick?**

[BOX] Times

None = **Go to Question ##**

My baby has not been sick = **Go to Question ##**

**Note: T2 and T3 need T1, but T1 can be used alone.**

**T2. Where have you taken your new baby when he or she was sick and needed care? Check all that apply**

Hospital clinic

Health department clinic

Hospital emergency room

Private doctor's office

*State-specific option*

*State-specific option*

Other = Please tell us:

[BOX]

**T3. Has your new baby gone for care as many times as you wanted when he or she was sick?**

No

Yes

**NOTE: Skip T4–T5 if infant is not alive or not living with the mother (Core 43 and/or Core 44).**

**T4. Was your new baby jaundiced (yellowing of the skin or whites of the eyes)?**

No = **Go to Question ##**

Yes

**NOTE: T5 needs T4, T4 can be used alone. If used together, T5 needs to be skipped if the baby is still in the hospital. AFTER T4 (if used with T5), insert instruction box that says, "If your baby is still in the hospital, go to Question..."**

**T5. Was your new baby readmitted to the hospital because of jaundice?**

- No
- Yes

**NOTE: Skip U1 and U2 if no one is allowed to smoke inside the house at any time (Core 29).**

**U1. Does your husband or partner smoke inside your home?**

- No
- Yes

**U2. Not including yourself or your husband or partner, does anyone else smoke cigarettes inside your home?**

- No
- Yes

**V1. During your most recent pregnancy, did you get any of these services?** For each one, circle **Y** (Yes) if you got the service or circle **N** (No) if you did not get it.

		<b>No</b>	<b>Yes</b>
a.	Childbirth classes.....	N	Y
b.	Parenting classes.....	N	Y
c.	Visits to your home by a nurse or other health care worker.....	N	Y
d.	Counseling for depression or anxiety.....	N	Y

**NOTE: Skip V2 and V3 if infant is not alive or not living with the mother, and if the baby is still in the hospital (Core 43 and/or 44, Core 42).**

**V2. Since your new baby was born, have you used any of these services?** For each one, circle **Y** (Yes) if you used the service or circle **N** (No) if you did not use it.

		<b>No</b>	<b>Yes</b>
a.	Parenting classes.....	N	Y
b.	Visits to your home by a nurse or other health care worker.....	N	Y
c.	Counseling for depression or anxiety.....	N	Y

**V3. Since your new baby was born, have you used WIC services for yourself or your new baby?**

- No
- Yes, both my new baby and I use WIC services
- Yes, only my new baby uses WIC services
- Yes, only I am using WIC services

**V4. During the 12 months before your new baby was born, did you or any member of your household consider seeking help from the government because your income was low?**

No  
Yes

**V5. During the 12 months before your new baby was born, did you or any member of your household apply for government payments such as welfare, TANF (Temporary Assistance for Needy Families), or other public assistance?**

No  
Yes = Go to Question ##

<b>Note: V6, V7, and V9 need V5, but V5 can be used alone.</b>
--

**V6. Did any of these things keep you from applying for government help? Check all that apply**

I didn't think I could get help because my household made too much money  
I didn't know how to apply  
There was too much paperwork  
I didn't think I could get help because I am from another country  
Other = Please tell us:  
[BOX]

**V7. Did any of these happen to you when you applied for government assistance? Check all that apply**

I received assistance  
I was told I made too much money to get assistance  
I was told I shouldn't apply because I might need my benefits later  
I was told I couldn't get assistance because I am from another country

**V8 was deleted since it is a duplicate of the revised V5.**

**V9. Did you get welfare, TANF (Temporary Assistance for Needy Families), or other public assistance?**

No  
Yes = Go to Question ##

<b>NOTE: V10 needs V9, but V9 can be used alone.</b>
--

**V10. Why didn't you get welfare, TANF (Temporary Assistance for Needy Families), or other public assistance? Check all that apply**

- I was ineligible because of my income
- I had reached my time limit
- I had to fulfill work or other requirements
- I had to return on another day to apply
- I had previously lost TANF for another reason (administrative reasons, sanctions, etc.)
- I am not a U.S. citizen
- Other = Please tell us:  
[BOX]

**V11. During your most recent pregnancy, did you feel you needed any of the following services? For each one, circle Y (Yes) if you felt you needed the service or N (No) if you did not feel you needed the service.**

**Did you need—**

	<b>No</b>	<b>Yes</b>
a. Food stamps, WIC vouchers, or money to buy food.....	N	Y
b. Counseling information for family and personal problems.....	N	Y
c. Help to quit smoking .....	N	Y
d. Help to reduce violence in your home.....	N	Y
e. Other .....	N	Y

Please tell us:  
[BOX]

**V12. During your most recent pregnancy, did you receive any of the following services? For each one, circle Y (Yes) if you received the service or N (No) if you did not receive the service.**

**Did you receive—**

	<b>No</b>	<b>Yes</b>
a. Food stamps, WIC vouchers, or money to buy food.....	N	Y
b. Counseling information for family and personal problems.....	N	Y
c. Help to quit smoking .....	N	Y
d. Help to reduce violence in your home.....	N	Y
e. Other .....	N	Y

Please tell us:  
[BOX]

**W1. During your most recent pregnancy, who would have helped you if a problem had come up? (For example, who would have helped you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?) Check all that apply**

- My husband or partner
- My mother, father, or in-laws
- Other family member or relative
- A friend
- Religious community
- Someone else = Please tell us:  
[BOX]
- No one would have helped me

**W2. 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.

	<b>No</b>	<b>Yes</b>
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

**W3. Since you delivered your new baby, who would help you if a problem came up?** (For example, who would help you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?)  
Check all that apply

My husband or partner

My mother, father, or in-laws

Other family member or relative

A friend

Religious community

Someone else = Please tell us:

**[BOX]**

No one would help me

**NOTE: Skip W4 if infant is not alive or is not living with the mother, or if baby is still in the hospital (Core 43 and/or Core 44, Core 42).**

**W4. Since you delivered your new baby, would you have the kinds of help listed below if you needed them?** For each one, circle **Y** (Yes) if you would have it or circle **N** (No) if not.

	<b>No</b>	<b>Yes</b>
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 talk with about my problems .....	N	Y
d. Someone to take care of my baby.....	N	Y
e. Someone to help me if I were tired and feeling frustrated with my new baby.....	N	Y

**NOTE: Skip X1–X9 if infant is not alive or is not living with the mother, or if the baby is still in the hospital (Core 43 and/or Core 44, Core 42).  
X1-X2, X4, X7, and X8 need X9, but X9 can be used alone.**

**X1. Has your new baby gone as many times as you wanted for a well-baby checkup?**

No

Yes = Go to Question ##

**NOTE: X2 can be used without X1.**

**X2. Did any of these things keep your baby from having a well-baby checkup?** Check all that apply

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

**X3. Did your new baby have any well-baby shots or vaccinations before he or she was 3 months old?** Do not count shots or vaccinations given in the hospital right after birth.

No  
 Yes  
 My child has not had any well-baby shots, but he or she is not 3 months old yet

**NOTE: Skip X4 if infant has not had a well-baby checkup; therefore, X4 need the well-baby checkup question (X9).**

**X4. What health insurance plan pays for your well-baby checkup visits?** 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 pays for (not from a job)  
 Medicaid or (state Medicaid name)  
 TRICARE or other military health care  
*State-specific option (IHS, etc.)*  
*State-specific option (SCHIP or CHIP program)*  
 Other source => Please tell us  
**[BOX]**

I do not have health insurance for my new baby

**X5. What do you think would be the best time to get information from your doctor or nurse about baby shots?** Check one answer

During prenatal care visits  
 In the hospital or birthing center after my new baby's delivery  
 At my new baby's first visit to the doctor

**NOTE: Skip X6 if infant did not have a medical visit during the first week after leaving the hospital; therefore, X6 needs Core 50.**

**X6. Was your new baby seen at home or at a health care facility?**

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

**NOTE: Skip X7–X8 if infant has not had a well-baby checkup (X9); therefore, X7 and X8 need X9.**

**X7. How many times has your new baby been to a doctor or nurse for a well-baby checkup?** (It may help to use the calendar.)

[BOX] Times

**X8. Where do you usually take your new baby for well-baby checkups?** Check one answer

Hospital clinic

Health department clinic

Private doctor's office or HMO clinic

*State-specific option*

*State-specific option*

Other = Please tell us:

[BOX]

**Demoted from core to standard**

**X9. 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 = Go to Question ##

Yes

**Note: Question order: Y1, Y3, Y2, Y4.**

**If mother answers yes to any of the options in Y3, she should skip Y2.**

**Y1. This question is about the care of your teeth during *your most recent pregnancy*.** For each item, circle Y (Yes) if it is true or circle N (No) if it is not true.

	No	Yes
a. I needed to see a dentist for a problem .....	N	Y
b. I went to a dentist or dental clinic .....	N	Y
c. A dental or other health care worker talked with me about how to care for my teeth and gums .....	N	Y

**Y2. Have *you* ever had your teeth cleaned by a dentist or dental hygienist?**

No = Go to Question ##

Yes

**Y3. 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

**NOTE: Y4 needs to be used with filter question Y2.**

**Y4. How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?**

- Within the past year (less than 12 months)
- 1 to less than 2 years (12 to 23 months)
- 2 to less than 5 years
- 5 or more years

**Z1. This question is about things that may have happened *during your most recent pregnancy*. For each thing, circle Y (Yes) if it happened to you or circle N (No) if it did not.**

***During your most recent pregnancy—***

- |    |   | <b>No</b> | <b>Yes</b> |
|----|---|-----------|------------|
| a. | Your husband or partner threatened you or made you feel unsafe in some way.....   | N         | Y          |
| b. | You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner.....             | N         | Y          |
| c. | Your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could go..... | N         | Y          |
| d. | Your husband or partner forced you to take part in touching or any sexual activity when you did not want to .....                         | N         | Y          |

**Z2. This question is about things that may have happened *since your new baby was born*. For each thing, circle Y (Yes) if it happened to you or circle N (No) if it did not.**

***Since your new baby was born—***

- |    |   | <b>No</b> | <b>Yes</b> |
|----|---|-----------|------------|
| a. | Your husband or partner threatened you or made you feel unsafe in some way.....   | N         | Y          |
| b. | You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner.....             | N         | Y          |
| c. | Your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could go..... | N         | Y          |
| d. | Your husband or partner forced you to take part in touching or any sexual activity when you did not want to .....                         | N         | Y          |

**Z3. During the *12 months before you got pregnant with your new baby*, did anyone else physically hurt you in any way?**

- No
- Yes

**Z4. During *your most recent pregnancy*, did anyone else physically hurt you in any way?**

- No
- Yes

(formerly core 32a)

**Z5. During the 12 months before you got pregnant with your new baby, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

No  
Yes

(formerly core 33a)

**Z6. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

No  
Yes

**Z7. During the 12 months before your new baby was born, did you miss any doctor appointments because you were worried about what your partner would do if you went?**

No  
Yes

**Z8. Before you got pregnant with your new baby, did your husband or partner ever try to keep you from using your birth control so that you would get pregnant when you didn't want to? For example, did he hide your birth control, throw it away or do anything else to keep you from using it?**

No  
Yes

**Z9. During any of the following time periods, did your husband or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way? For each time period, circle Y (Yes) if it has happened to you or circle N (No) if it has not.**

		No	Yes
a. During the 12 months before I got pregnant	N	Y	
b. During my most recent pregnancy	N	Y	
c. Since my new baby was born	N	Y	

**Z10. Since your new baby was born, has an ex-husband or ex-partner pushed, hit, slapped, kicked, choked, or physically hurt you in any other way?**

No  
Yes

**Z11. Since your new baby was born, has your current husband or partner pushed, hit, slapped, kicked, choked, or physically hurt you in any other way?**

No  
Yes

**Z12. Since your new baby was born, has anyone else physically hurt you in any way?**

No  
Yes

**NOTE: Skip AA1, AA2, and AA3 if mother did not smoke during the 3 months before she got pregnant (Core 26).  
BEFORE AA1, AA2, and AA3, insert instruction box that says, “If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question ...”**

**AA1.** *During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to quit smoking?*

- No
- Yes
- I had quit smoking before my first prenatal care visit
- I didn't go for prenatal care

**AA2.** **Listed below are some things about quitting smoking.** For each thing, circle **Y** (Yes) if it applied to you *during your most recent pregnancy* or circle **N** (No) if it did not.

***During your most recent pregnancy, did you—***

	<b>No</b>	<b>Yes</b>
a. Set a specific date to stop smoking.....	N	Y
b. Use booklets, videos, or other materials to help you quit .....	N	Y
c. Call a national or state quit line or go to a website.....	N	Y
d. Attend a class or program to stop smoking.....	N	Y
e. Go to counseling for help with quitting.....	N	Y
f. Use a nicotine patch, gum, lozenge, nasal spray or inhaler.....	N	Y
g. Take a pill like Zyban <sup>®</sup> (also known as Wellbutrin <sup>®</sup> or Bupropion <sup>®</sup> ) or Chantix <sup>®</sup> (also known as Varenicline) to stop smoking.....	N	Y
h. Try to quit on your own (e.g., cold turkey) .....	N	Y
i. Other: Please tell us: _____		

**NOTE: Skip AA3 if mother did not have any prenatal care (Core 16).  
BEFORE AA3, insert instruction box that says, “If you did not get prenatal care, go to Question...”**

- AA3. Listed below are some things about quitting 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—*

	<b>No</b>	<b>Yes</b>
a. Spend time with you discussing how to quit smoking .....	N	Y
b. Suggest that you set a specific date to stop smoking.....	N	Y
c. Suggest you attend a class or program to stop smoking.....	N	Y
d. Provide you with booklets, videos, or other materials to help you quit smoking on your own .....	N	Y
e. Refer you to counseling for help with quitting.....	N	Y
f. Ask if a family member or friend would support your decision to quit .....	N	Y
g. Refer you to a national or state quit line.....	N	Y
h. Recommend using nicotine gum .....	N	Y
i. Recommend using a nicotine patch .....	N	Y
j. Prescribe a nicotine nasal spray or nicotine inhaler .....	N	Y
k. Prescribe a pill like Zyban <sup>®</sup> (also known as Wellbutrin <sup>®</sup> or Bupropion <sup>®</sup> ) or Chantix <sup>®</sup> (also known as Varenicline) to help you quit.....	N	Y

- AA4. During your most recent pregnancy, about how many hours a day, on average, were you in the same room or vehicle with another person who was smoking?**

[BOX] Hours

Less than 1 hour a day

I was never in the same room or vehicle with someone who was smoking

- AA5. Which of the following statements best describes the rules about smoking inside your home during your most recent pregnancy?** Check one answer

No one was allowed to smoke anywhere inside my home

Smoking was allowed in some rooms or at some times

Smoking was permitted anywhere inside my home

**NOTE: Skip AA6 if mother smoked during the 3 months before pregnancy (Core 26). BEFORE AA6, insert instruction box that says, “if you did not smoke during the 3 month before you got pregnant with your new baby, go to Question ...”**

- AA6. Did you quit smoking around the time of your most recent pregnancy?**

No

No, but I cut back

Yes, I quit before I found out I was pregnant

Yes, I quit when I found out I was pregnant

Yes, I quit later in my pregnancy

**AA7 was promoted to core.**

**AA8. How many cigarette smokers, not including yourself, lived in your home during your most recent pregnancy?**

[BOX] Number of smokers

**AA9. How many cigarette smokers, not including yourself, live in your home now?**

[BOX] Number of smokers

**NOTE: Skip AA10 if the mother did not smoke 3 months before she got pregnant (Core 26). BEFORE AA10, insert instruction box that says, “if you did not smoke during the 3 months before you got pregnant with your new baby. Go to Question ...”**

**AA10. Listed below are some things that can make it hard for some people to quit smoking.** For each item, circle **Y** (Yes) if it was something that makes it hard for you or circle **N** (No) if it is not.

	<b>No</b>	<b>Yes</b>
a. Cost of medicines or products to help with quitting	N	Y
b. Cost of classes to help with quitting .....	N	Y
c. Fear of gaining weight .....	N	Y
d. Loss of a way to handle stress .....	N	Y
e. Other people smoking around you .....	N	Y
f. Cravings for a cigarette .....	N	Y
g. Lack of support from others to quit .....	N	Y
h. Worsening depression.....	N	Y
i. Worsening anxiety.....	N	Y
j. Some other reason → Please tell us:		

[BOX]

**NOTE: Skip AA11 if infant is not alive or not living with the mother, or if the baby is still in the hospital (Core 43 and/or Core 44, Core 42).**

**Formerly Core 47 with some modifications.**

**AA11. About how many hours a day, on average, is your new baby in the same room or vehicle with someone who is smoking?**

[BOX] Hours

Less than 1 hour a day

My baby is never in the same room or vehicle with someone who is smoking

**BB1. During the 12 months before your new baby was born, did you feel emotionally upset (for example angry, sad, or frustrated) as a result of how you were treated based on your race?**

No  
Yes

**CC1. During the 3 months before you got pregnant with your new baby, how often did you participate in any physical activities or exercise for 30 minutes or more?** (For example, walking for exercise, swimming, cycling, dancing, or gardening.)

Less than 1 day per week  
1 to 2 days per week

3 to 4 days per week  
 5 or more days per week  
 I was told by a doctor, nurse, or other health care worker not to exercise

**NOTE: If state doesn't choose CC1 with CC2, the list of examples will need to be added for CC2.**

**CC2. During the *last 3 months* of your most recent pregnancy, how often did you participate in any physical activities or exercise for 30 minutes or more?**

Less than 1 day per week  
 1 to 2 days per week  
 3 to 4 days per week  
 5 or more days per week  
 I was told by a doctor, nurse, or other health care worker not to exercise

**NOTE: Skip DD1–DD3 if mother was on Medicaid before she got pregnant (Core 2). DD2 and DD3 need DD1, but DD1 can be used alone. DD2 and DD3 do not need to be used together. BEFORE DD1, insert instruction box that says, “If you were on Medicaid (or state Medicaid name) before you got pregnant, go to Question ...”**

**DD1. Did you try to get Medicaid coverage during *your most recent* pregnancy?**

No = Go to Question ##  
 Yes

**DD2. Did you have any problems getting Medicaid during *your most recent* pregnancy?**

No  
 Yes

**DD3. When did Medicaid coverage begin during *your most recent* pregnancy?**

During the first 3 months of my pregnancy  
 During the second 3 months of my pregnancy  
 During the last 3 months of my pregnancy  
 I did not get Medicaid during my pregnancy

**EE1. During *your most recent* pregnancy, did a doctor, nurse, or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)?**

No = Go to Question ##  
 Yes

**NOTE: EE2 needs EE1, but EE1 can be used alone**

**EE2. What infection or disease were you told that you had? Check all that apply**

Genital warts (HPV)  
 Herpes  
 Chlamydia  
 Gonorrhea  
 Pelvic inflammatory disease (PID)  
 Syphilis  
 Group B Strep (Beta Strep)  
 Bacterial vaginosis  
 Trichomoniasis (Trich)  
 Yeast infections  
 Urinary tract infection (UTI)  
 Other = Please tell us:  
**[BOX]**

**FF1. During the 12 months before you got pregnant with your new baby, did you have a miscarriage, fetal death (baby died before being born), or stillbirth?**

No = Go to Question ##  
 Yes

<b>NOTE: FF2 and FF3 need FF1, but FF1 can be used alone. FF2 and FF3 do not need to be used together.</b>
--

**If you had more than one miscarriage, fetal death, or stillbirth during the 12 months before you got pregnant with your new baby, please answer the next question(s) for the most recent one.**

**FF2. How long did that pregnancy last?**

Less than 20 weeks (less than 4 months)  
 20 to 28 weeks (4 to 6 months)  
 More than 28 weeks (more than 6 months)

**FF3. How long ago did that pregnancy end?**

Less than 6 months before getting pregnant with my new baby  
 6 to 12 months before getting pregnant with my new baby

<b>NOTE: Skip FF4 if mother has not had a previous infant born alive(Core 8).</b>
---

**FF4. When your new baby was born, how old was the child born just before your new baby?**

0 to 12 months  
 13 to 18 months  
 19 to 24 months  
 More than 2 years but less than 3 years  
 3 to 5 years  
 More than 5 years

<b>NOTE: GG2 should be used before GG1.</b>
---

**GG1. During *your most recent* pregnancy, did you receive counseling or were you informed about sickle cell disease?**

No  
Yes

**GG2. Does anyone in your family have sickle cell disease or sickle cell trait?**

No  
Yes  
I don't know

**HH1. Have any of your close family members who are related to you by blood (mother, father, sisters, or brothers) had any of the conditions listed below?** For each item, circle **Y** (Yes) if someone in your family has the condition, circle **N** (No) if no one in your family has the condition, or circle **DK** (Don't Know) if you don't know if anyone in your family has the condition.

	No	Yes	Don't Know
a. Diabetes.....	N	Y	DK
b. Heart problems.....	N	Y	DK
c. High blood pressure (hypertension).....	N	Y	DK
d. Depression.....	N	Y	DK
e. Postpartum depression.....	N	Y	DK
f. Anxiety.....	N	Y	DK

**HH2a. Have any of your close family members who are related to you by blood (grandparents, parents, sisters, or brothers) ever been told by a doctor, nurse, or other health care worker that they had *diabetes*?**

No → Go to Question ##  
Yes

**HH2b. Who was told by a doctor, nurse or other health care worker that they had *diabetes*?**

My father  
My father's mother  
My father's father  
My mother  
My mother's mother  
My mother's father  
My sister(s) or brother(s)  
Other →

Please tell us (uncles, aunts, cousins, children, etc.) \_\_\_\_\_

**HH3a. Have any of your close family members who are related to you by blood (grandparents, parents, sisters, or brothers) ever been told by a doctor, nurse, or other health care worker that they had *heart problems*?**

No → Go to Question ##  
Yes

**HH3b. Who was told by a doctor, nurse or other health care worker that they had *heart problems*?**

- My father
- My father's mother
- My father's father
- My mother
- My mother's mother
- My mother's father
- My sister(s) or brother(s)
- Other →

Please tell us (uncles, aunts, cousins, children, etc.) \_\_\_\_\_

**HH4a. Have any of your close family members who are related to you by blood (grandparents, parents, sisters, or brothers) ever been told by a doctor, nurse, or other health care worker that they had *high blood pressure (hypertension)*?**

- No → Go to Question ##
- Yes

**HH4b. Who was told by a doctor, nurse or other health care worker that they had *high blood pressure (hypertension)*?**

- My father
- My father's mother
- My father's father
- My mother
- My mother's mother
- My mother's father
- My sister(s) or brother(s)
- Other →

Please tell us (uncles, aunts, cousins, children, etc.) \_\_\_\_\_

**HH5a. Have any of your close family members who are related to you by blood (grandparents, parents, sisters, or brothers) ever been told by a doctor, nurse, or other health care worker that they had *depression*?**

- No → Go to Question ##
- Yes

**HH5b. Who was told by a doctor, nurse or other health care worker that they had *depression*?**

- My father
- My father's mother
- My father's father
- My mother
- My mother's mother
- My mother's father
- My sister(s) or brother(s)
- Other →

Please tell us (uncles, aunts, cousins, children, etc.) \_\_\_\_\_

**HH6a. Have any of your close family members who are related to you by blood (grandmother, mother, or sisters) ever been told by a doctor, nurse, or other health care worker that they had *postpartum depression*?**

- No → Go to Question ##
- Yes

**HH6b. Who was told by a doctor, nurse or other health care worker that they had *postpartum depression*?**

- My father’s mother
- My mother
- My mother’s mother
- My sister(s)
- Other →

Please tell us (aunts, cousins, children, etc.) \_\_\_\_\_

**HH7a. Have any of your close family members who are related to you by blood (grandparents, parents, sisters, or brothers) ever been told by a doctor, nurse, or other health care worker that they had *anxiety*?**

- No → **Go to Question ##**
- Yes

**HH7b. Who was told by a doctor, nurse or other health care worker that they had *anxiety*?**

- My father
- My father’s mother
- My father’s father
- My mother
- My mother’s mother
- My mother’s father
- My sister(s) or brother(s)
- Other →

Please tell us (uncles, aunts, cousins, children, etc.) \_\_\_\_\_

**HH8. Did your mother or any sister who is related to you by blood have any of the following problems *during any pregnancy*? For each item, circle **Y** (Yes) if someone had the problem during pregnancy, circle **N** (No) if no one in your family had the problem during pregnancy, or circle **DK** (Don’t Know) if you don’t know.**

	<b>No</b>	<b>Yes</b>	<b>Don’t Know</b>
a. A baby that was born more than 3 weeks before the due date.....	N	Y	DK
b. Gestational diabetes (diabetes that started during pregnancy).....	N	Y	DK
c. High blood pressure during pregnancy.....	N	Y	DK

**HI1. How much weight did you gain during your *most recent* pregnancy?**

\_\_\_\_\_ Pounds      **OR**      \_\_\_\_\_ Kilos

- I **LOST** weight during my pregnancy
- My weight didn’t change during my pregnancy
- I don’t know

**Emergency Preparedness (State-specific questions)**

**1. Do you currently have an emergency plan for your family in case of disaster?** For example, you and your family have talked about how to be safe if a disaster happened.

- No
- Yes

**2. During your *most recent* pregnancy, did you have a emergency plan for your family in case of disaster?** For example, you and your family talked about how to be safe if a disaster happened.

No

Yes

**3. How often do you worry about the possibility of a disaster happening to you or your family?**

Always

Sometimes

Never