

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

BEFORE PREGNANCY

The first questions are about *you*.

1. How tall are *you* without shoes?

____ Feet ____ Inches

OR ____ Centimeters

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

____ Pounds OR ____ Kilos

3. What is *your* date of birth?

____ / ____ / ____
Month Day Year

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

No → **Go to Question 7**

Yes

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

No
 Yes

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

No
 Yes

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

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

No Yes

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

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

Check ALL that apply

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid or HUSKY
- TRICARE or other military health care
- Indian Health Service or tribal health service
- Some other kind of health insurance → Please tell us:

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

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

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

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

- No
- Yes

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

No Yes

- a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy)
- b. High blood pressure or hypertension..
- c. Depression

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

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

Check ONE answer

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

**Go to
Question 14**

13. How much longer did you want to wait to become pregnant?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to 5 years
- More than 5 years

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

- No
 Yes

→ **Go to Question 17**

15. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.

- No
 Yes

→ **Go to Question 17**

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

Check ALL that apply

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

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.)

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

{ Weeks OR Months

- I didn't go for prenatal care

→ **Go to Page 4, Question 19**

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

- No
 Yes

→ **Go to Page 4, Question 20**

Go to Page 4, Question 19

19. Did any of these things keep you from getting prenatal care when you wanted it?
For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I couldn't get an appointment when I wanted one..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I didn't have enough money or insurance to pay for my visits..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I didn't have any transportation to get to the clinic or doctor's office | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The doctor or my health plan would not start care as early as I wanted..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I couldn't take time off from work or school..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I didn't have my Medicaid (HUSKY) card..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I didn't have anyone to take care of my children | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I didn't know that I was pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I didn't want prenatal care | <input type="checkbox"/> | <input type="checkbox"/> |

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

20. 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
 Community health center
 Military clinic
 Other _____ → Please tell us:

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

Check ALL that apply

- Private health insurance from my job or the job of my husband, partner, or parents
 Private health insurance purchased directly from an insurance company
 Medicaid or HUSKY
 TRICARE or other military health care
 Indian Health Service or tribal health service
 Some other kind of health insurance _____ → Please tell us:
 I did not have any health insurance to pay for my *prenatal care*

If you had health insurance to pay for your prenatal care, go to Question 23.

22. What was the reason that you did not have any health insurance to pay for your prenatal care?

Check ALL that apply

- Health insurance was too expensive
 I could not get health insurance from my job or the job of my husband or partner
 I had problems with the health insurance application or paperwork
 My income was too high for the public program I wanted to apply for
 I didn't know how to get health insurance
 I am not a US citizen
 Other _____ → Please tell us:

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

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

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

- No
 Yes
 I don't know

25. 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

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

Check ONE answer

- No → **Go to Question 28**
 Yes, before my pregnancy
 Yes, during my pregnancy

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

/ 20

Month Year

- I don't remember

28. This question is about the care of your teeth during your most recent pregnancy.

For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. I knew it was important to care for my teeth and gums during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A dental or other health care worker talked with me about how to care for my teeth and gums | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had my teeth cleaned by a dentist or dental hygienist..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I had insurance to cover dental care during my pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I <u>needed</u> to see a dentist for a problem | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I <u>went</u> to a dentist or dental clinic about a problem | <input type="checkbox"/> | <input type="checkbox"/> |

If you did **not** have any problems with your teeth or gums during your pregnancy, go to Question 30.

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

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. I could not find a dentist or dental clinic that would take pregnant patients..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I could not find a dentist or dental clinic that would take Medicaid (HUSKY) patients | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I did not think it was safe to go to the dentist during pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I could not afford to go to the dentist or dental clinic | <input type="checkbox"/> | <input type="checkbox"/> |

30. During *your most recent pregnancy*, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

- No
 Yes

31. During *your most recent pregnancy*, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps pregnant women.

- No
 Yes

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

- No
 Yes

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

- No
 Yes

34. 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.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Kidney or bladder (urinary tract) infection (UTI) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cervix had to be sewn shut (cerclage for incompetent cervix)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Problems with the placenta (such as abruptio placentae or placenta previa) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Labor pains more than 3 weeks before my baby was due (preterm or early labor) | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

- No → **Go to Question 39**

Yes

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

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

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

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

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

- 41 cigarettes or more
 21 to 40 cigarettes
 11 to 20 cigarettes
 6 to 10 cigarettes
 1 to 5 cigarettes
 Less than 1 cigarette
 I don't smoke now

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

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

- No → **Go to Page 8, Question 42**

Yes

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

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

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

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

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

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

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. A close family member was very sick and had to go into the hospital | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I got separated or divorced from my husband or partner | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I moved to a new address..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was homeless or had to sleep outside, in a car, or in a shelter | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My husband or partner lost his job | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I lost my job even though I wanted to go on working..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My husband, partner, or I had a cut in work hours or pay | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I was apart from my husband or partner due to military deployment or extended work-related travel..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I argued with my husband or partner more than usual..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My husband or partner said he didn't want me to be pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I had problems paying the rent, mortgage, or other bills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My husband, partner, or I went to jail | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Someone very close to me had a problem with drinking or drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Someone very close to me died | <input type="checkbox"/> | <input type="checkbox"/> |

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

- No
 Yes

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

- No
 Yes

The next questions are about your labor and delivery.

45. When was your new baby born?

<input type="text"/> Month	/	<input type="text"/> Day	/	<input type="text" value="20"/> Year
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46. Did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?

- No
 Yes
 I don't know

47. How was your new baby delivered?

- Vaginally → **Go to Question 49**
 Cesarean delivery (c-section)

Go to Question 48

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

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

Check ONE answer and fill in blank if needed

- I gained _____ pounds
- I didn't gain any weight, but I lost _____ pounds
- My weight didn't change during my pregnancy
- I don't know

AFTER PREGNANCY

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

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

- No
- Yes
- I don't know

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

- Less than 24 hours (less than 1 day)
- 24 to 48 hours (1 to 2 days)
- 3 to 5 days
- 6 to 14 days
- More than 14 days
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Question 54**

52. Is your baby alive now?

- No → *We are very sorry for your loss.*
- Yes → **Go to Page 10, Question 61**

53. Is your baby living with you now?

- No → **Go to Page 10, Question 60**
- Yes

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

- No
- Yes → **Go to Page 10, Question 56**

Go to Page 10, Question 55

55. What were your reasons for not breastfeeding your new baby?

Check ALL that apply

- I was sick or on medicine
- I had too many household duties
- I didn't like breastfeeding
- I tried but it was too hard
- I didn't want to
- I went back to work or school
- My husband or partner didn't want me to breastfeed
- My mother, grandmother, sister, or aunt discouraged breastfeeding
- Other _____ → Please tell us:

If you did not breastfeed your new baby, go to Question 58.

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

- No
- Yes → Go to Question 58

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

_____ Weeks OR _____ Months

- Less than 1 week

If your baby is still in the hospital, go to Question 60.

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

Check ONE answer

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

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

- Always
- Often
- Sometimes
- Rarely
- Never

60. *Since your new baby was born, has a home visitor come to your home to help you learn how to take care of yourself or your new baby?* A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.

- No
- Yes

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

- No
- Yes → Go to Question 63

Go to Question 62

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

Check ALL that apply

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- I am worried about side effects from birth control
- My husband or partner doesn't want to use anything
- I have problems getting birth control when I need it
- I had my tubes tied or blocked
- My husband or partner had a vasectomy
- I am pregnant now
- Other _____ → Please tell us:

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

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

Check ALL that apply

- Tubes tied or blocked (female sterilization, Essure®, Adiana®)
- Vasectomy (male sterilization)
- Birth control pill
- Condoms
- Injection (Depo-Provera®)
- Contraceptive implant (Implanon®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena® or ParaGard®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other _____ → Please tell us:

64. *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

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

67. What kind of *health insurance* do you have *now*?

Check ALL that apply

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid or HUSKY
- TRICARE or other military health care
- Indian Health Service or tribal health service
- Some other kind of health insurance → Please tell us:

- I do not have health insurance *now*

OTHER EXPERIENCES

The next questions are on a variety of topics.

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

- No
- Yes

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

- No
- Yes

If you were on WIC during your most recent pregnancy, go to Question 71.

70. Why didn't you enroll in WIC during *your most recent pregnancy*?

Check ALL that apply

- I didn't think I would be eligible
- I was told that I didn't qualify for WIC
- 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
- WIC hours did not fit my schedule
- I didn't want to enroll in WIC
- Other → Please tell us:

71. *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?

Check ONE answer

- Always
- Often
- Sometimes
- Rarely
- Never

72. 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.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. My race, ethnicity, or culture | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My age | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The language I speak | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My citizenship | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My insurance or Medicaid status | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I felt unfairly treated for other reasons | <input type="checkbox"/> | <input type="checkbox"/> |
| Please tell us: _____ → | | |
| _____ | | |

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

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I felt that my race or ethnic background contributed to the stress in my life..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I felt emotionally upset (for example, angry, sad, or frustrated) as a result of how I was treated based on my race or ethnic background..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I experienced physical symptoms (for example, a headache, an upset stomach, tensing of my muscles, or a pounding heart) that I felt were related to how I was treated based on my race or ethnic background..... | <input type="checkbox"/> | <input type="checkbox"/> |

If your baby is not alive, is not living with you, or is still in the hospital, go to Page 14, Question 78.

74. Since you delivered your new baby, would you have the kinds of help listed below if you needed them? For each one, check **No** if you would not have it or **Yes** if you would.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. Someone to loan me \$50..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Someone to talk with about my problems | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Someone to take care of my baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Someone to help me if I were tired and feeling frustrated with my new baby..... | <input type="checkbox"/> | <input type="checkbox"/> |

75. Since your new baby was born, how often does your new baby’s father contribute things such as money, food, clothing, shelter, or health care to provide for your new baby’s basic needs?

Check ONE answer

- Always
- Often
- Sometimes
- Rarely
- Never

76. When your new baby’s father is with your baby, how often does he hug, kiss, hold, or play with the baby?

Check ONE answer

- Always
- Often
- Sometimes
- Rarely
- Never
- My new baby’s father doesn’t regularly spend time with my baby

77. *Since your new baby was born, how often does your husband or partner provide you with encouragement and emotional support?*

Check ONE answer

- Always
 Often
 Sometimes
 Rarely
 Never

If your baby is not alive or is not living with you, go to Question 79.

78. *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

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

- No
 Yes

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

80. *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 \$10,000
 \$10,001 to \$15,000
 \$15,001 to \$19,000
 \$19,001 to \$22,000
 \$22,001 to \$26,000
 \$26,001 to \$29,000
 \$29,001 to \$37,000
 \$37,001 to \$44,000
 \$44,001 to \$52,000
 \$52,001 to \$56,000
 \$56,001 to \$67,000
 \$67,001 to \$79,000
 \$79,001 to \$99,999
 \$100,000 or more

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

People

82. *What is today's date?*

/ / 20
 Month Day Year

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

Thanks for answering our questions!

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