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	<ul> <li>6. Was the baby <i>just before</i> your new one born <i>earlier</i> than 3 weeks before his or her due date?</li> <li>No</li> <li>Yes</li> </ul>
The first questions are about <i>you</i> . 1. How tall are <i>you</i> without shoes?	The next questions are about the time <i>before</i> you got pregnant with your <i>new</i> baby.
Feet Inches OR Centimeters	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.
<ul> <li>2. Just before you got pregnant with your new baby, how much did you weigh?</li> <li>Pounds OR Kilos</li> <li>3. What is <u>your</u> date of birth?</li> <li>Month Day Year</li> </ul>	No Yes a. I was dieting (changing my eating habits) to lose weight
<ul> <li>4. Before you got pregnant with your new baby, did you ever have any other babies who were born alive?</li> <li>□ No → Go to Question 7</li> <li>□ Yes</li> <li>5. Did the baby born <i>just before</i> your new one weigh 5 pounds, 8 ounces (2.5 kilos) or <i>less</i> at birth?</li> </ul>	<ul> <li>f. I visited a health care worker and was checked for depression or anxiety</li> <li>g. I talked to a health care worker about my family medical history</li> <li>h. I had my teeth cleaned by a dentist or dental hygienist</li> </ul>
<ul><li>No</li><li>Yes</li></ul>	

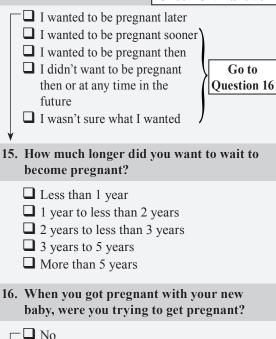
11. *Before* you got pregnant, would you say 8. During the month before you got pregnant with your new baby, what kind of *health* that, in general, your health wasinsurance did vou have? Excellent Check ALL that apply U Very good Private health insurance from my job or the Good job of my husband, partner, or parents **G** Fair Private health insurance purchased directly D Poor from an insurance company Medicaid Family Health Plus 12. Before you got pregnant with your new □ Family Planning Benefit Program (FPBP) baby, did a doctor, nurse, or other health Child Health Plus care worker tell you that you had any TRICARE or other military health care of the following health conditions? For each one, check No if you did not have the Some other kind of health insurance  $\longrightarrow$  Please tell us: condition or Yes if you did. No Yes a. Type 1 or Type 2 diabetes (NOT □ I did not have any health insurance the same as gestational diabetes during the month before I got pregnant or diabetes that starts during pregnancy) b. High blood pressure or hypertension..  $\Box$ c. Depression ..... 9. During the *month before* you got pregnant with your new baby, how many times a week did vou take a multivitamin, a prenatal vitamin, or a folic acid vitamin? 13. During the 3 months before you got pregnant with your new baby, did you have I didn't take a multivitamin, prenatal any of the following health conditions? For vitamin, or folic acid vitamin in the month each one, check **No** if you did not have the before I got pregnant condition or Yes if you did. □ 1 to 3 times a week  $\Box$  4 to 6 times a week No Yes Every day of the week a. Asthma...... b. Anemia (poor blood, low iron)...... c. Heart problems...... 10. Before you got pregnant with your new d. Epilepsy (seizures)..... baby, did a doctor, nurse, or other health e. Thyroid problems..... care worker talk to you about how to f. Anxiety ..... improve your health before pregnancy? D No **V**es

2

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



**Check ONE answer** 



Q Yes -

→ Go to Page 4, Question 19

17. 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.



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

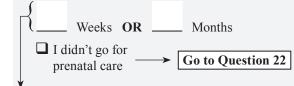
## Check ALL that apply

- □ 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.)

19. 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).



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

Check ALL that apply

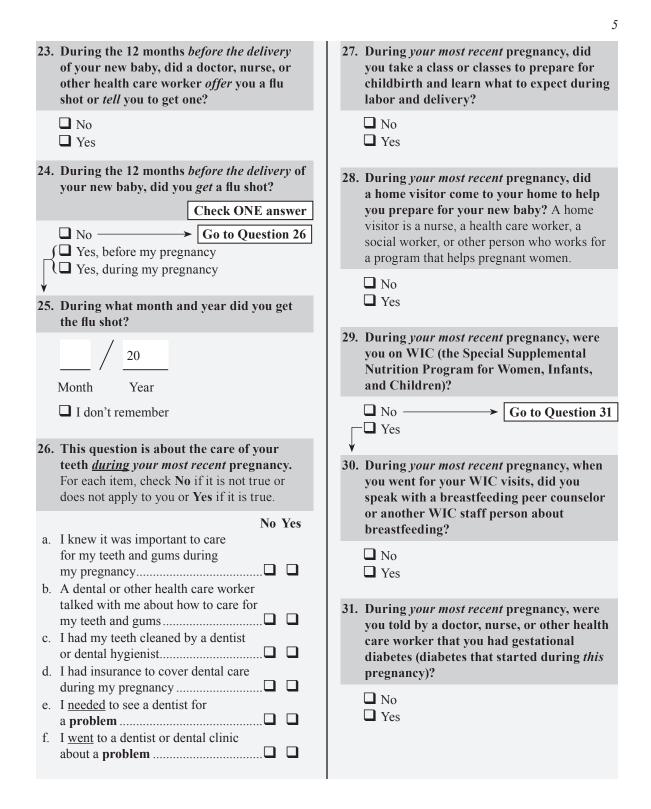
- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid
- □ Family Health Plus
- Child Health Plus
- TRICARE or other military health care
- □ Some other kind of health insurance → Please tell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

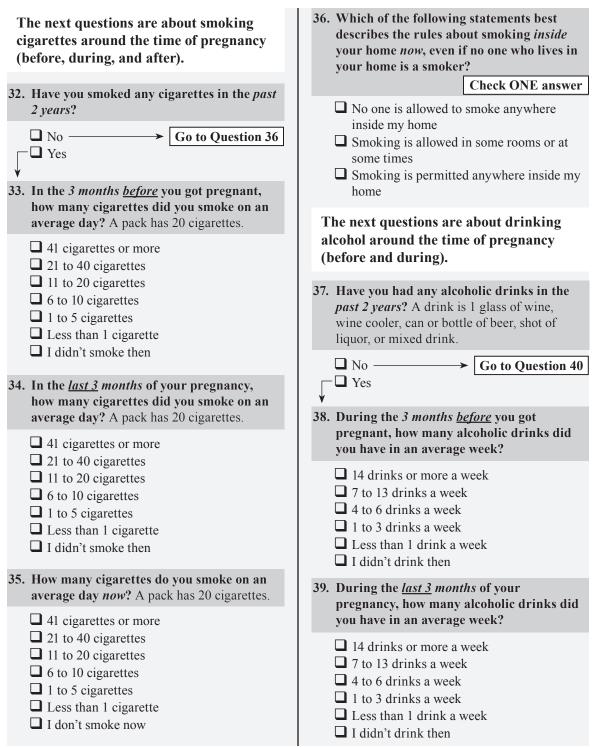
21. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, check No if no one talked with you about it or Yes if someone did.

## No Yes

a.	How much weight I should gain	
	during my pregnancy	
b.	How smoking during pregnancy	_
	could affect my baby	
c.	8 J J	
d.	How drinking alcohol during	_
	pregnancy could affect my baby	
e.	Using a seat belt during my	_
	pregnancy	
f.	Medicines that are safe to take during	
	my pregnancy	
g.	How using illegal drugs could affect	
	my baby	
h.	Doing tests to screen for birth defects	
	or diseases that run in my family	
i.	The signs and symptoms of	
	preterm labor (labor more than	
	3 weeks before the baby is due)	
J.	Getting tested for HIV (the virus that severes AIDS)	
1.	(the virus that causes AIDS)	
k.		
	my pregnancy or after my baby	
1	is born	
1.	Physical abuse to women by their husbands or partners	

- 22. At any time during *your most recent* pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?
  - NoYesI don't know





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.

40. 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		
b.	I got separated or divorced from my	. —	
	husband or partner	. 🗖	
c.	I moved to a new address	. 🗖	
d.	I was homeless or had to sleep	_	_
	outside, in a car, or in a shelter		
e.	My husband or partner lost his job		
f.	I lost my job even though I wanted		
	to go on working		
g.	My husband, partner, or I had a cut	_	_
	in work hours or pay	. 🗳	Ц
h.	I was apart from my husband or		
	partner due to military deployment	_	_
	or extended work-related travel	. Ц	
i.	I argued with my husband or partner	_	
	more than usual	. Ц	
j.	My husband or partner said he		
	didn't want me to be pregnant	. 🖵	
k.	I had problems paying the rent,	_	
	mortgage, or other bills	. 🖵	Ч
1.	My husband, partner, or I	_	
	went to jail	. Ц	
m.	Someone very close to me had a		
	problem with drinking or drugs		
n.	Someone very close to me died	. 🖵	

41. 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*?

NoYes

42. 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?

NoYes

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

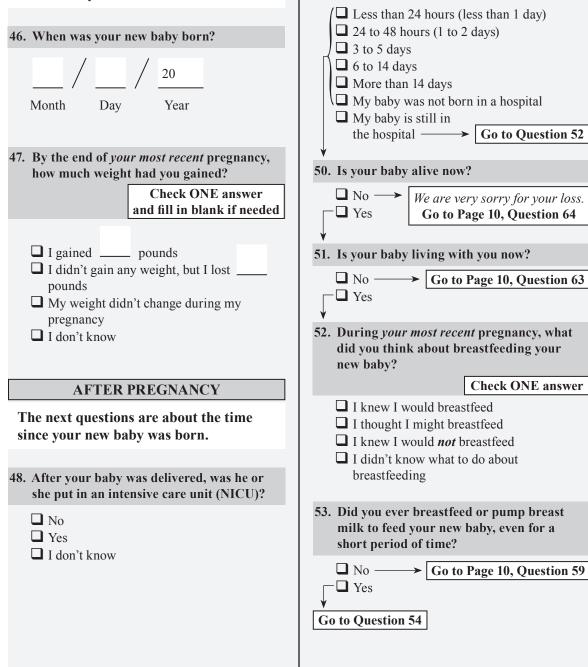
NoYes

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

NoYes

- 45. During your most recent pregnancy, did anyone else physically hurt you in any way?
  - NoYes

The next questions are about your labor and delivery.



49. After your baby was delivered, how long

did he or she stay in the hospital?

54. Are you currently breastfeeding or feeding pumped milk to your new baby?	If your baby was not born in a hospital, go to Question 58.
<ul> <li>↓ No</li> <li>↓ Yes → Go to Question 57</li> <li>55. How many weeks or months did you breastfeed or pump milk to feed your baby?</li> </ul>	<ul> <li>57. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check No if it did not happen or Yes if it did happen.</li> <li>No Yes</li> </ul>
Weeks <b>OR</b> Months Less than 1 week	<ul> <li>a. Hospital staff gave me information about breastfeeding</li> <li>b. My baby stayed in the same room with me at the hospital</li> <li>c. Hospital staff helped me learn how</li> </ul>
56. What were your reasons for stopping breastfeeding? Check ALL that apply	to breastfeed
<ul> <li>My baby had difficulty latching or nursing</li> <li>Breast milk alone did not satisfy my baby</li> <li>I thought my baby was not gaining enough weight</li> <li>My nipples were sore, cracked, or bleeding</li> <li>It was too hard, painful, or too time consuming</li> <li>I thought I was not producing enough milk, or my milk dried up</li> <li>I had too many other household duties</li> <li>I felt it was the right time to stop breastfeeding</li> <li>I got sick or I had to stop for medical reasons</li> <li>I went back to work or school</li> </ul>	<ul> <li>f. My baby was fed only breast milk at the hospital</li></ul>
<ul> <li>□ My baby was jaundiced (yellowing of the skin or whites of the eyes)</li> <li>□ Other → Please tell us:</li> </ul>	58. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?
	Weeks <b>OR</b> Months My baby was less than 1 week old

My baby has not had any liquids other than breast milk

10	
59. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?	<b>62. Has your new baby had a well-baby</b> <b>checkup?</b> A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.
<ul> <li>Weeks OR Months</li> <li>My baby was less than 1 week old</li> <li>My baby has not eaten any foods</li> </ul>	<ul><li>No</li><li>Yes</li></ul>
If your baby is still in the hospital, go to Question 63. 60. In which <i>one</i> position do you <u>most often</u> lay your baby down to sleep now?	63. 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.
Check ONE answer On his or her side On his or her back	<ul><li>No</li><li>Yes</li></ul>
<ul> <li>On his or her stomach</li> <li>61. Listed below are some things that describe how your new baby usually sleeps. For each item, check No if it doesn't usually apply to your baby or Yes if it usually applies to your baby.</li> </ul>	64. Are you or your husband or partner doing anything <i>now</i> 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         a. My new baby sleeps in a crib or portable crib	Go to Question 65

65. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant <i>now</i> ?	66. What kind of birth control are you or your husband or partner using <i>now</i> to keep from getting pregnant? Check ALL that apply
<ul> <li>I am not having sex</li> <li>I want to get pregnant</li> <li>I don't want to use birth control</li> <li>I am worried about side effects from birth control</li> <li>My husband or partner doesn't want to use anything</li> <li>I have problems getting birth control when I need it</li> <li>I had my tubes tied or blocked</li> <li>My husband or partner had a vasectomy</li> <li>I am pregnant now</li> <li>Other</li></ul>	<ul> <li>Tubes tied or blocked (female sterilization, Essure®, Adiana®)</li> <li>Vasectomy (male sterilization)</li> <li>Birth control pill</li> <li>Condoms</li> <li>Injection (Depo-Provera®)</li> <li>Contraceptive implant (Implanon®)</li> <li>Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)</li> <li>IUD (including Mirena® or ParaGard®)</li> <li>Natural family planning (including rhythm method)</li> <li>Withdrawal (pulling out)</li> <li>Not having sex (abstinence)</li> <li>Other -&gt;&gt; Please tell us:</li> </ul>
	with you about using birth control?
	<b>68.</b> <i>Since your new baby was born,</i> 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

69. <i>Since your new baby was born</i> , how often have you felt down, depressed, or hopeless?	OTHER EXPERIENCES
<ul> <li>Always</li> <li>Often</li> <li>Sometimes</li> </ul>	The next questions are on a variety of topics.
<ul> <li>Rarely</li> <li>Never</li> </ul>	72. During <i>your most recent</i> 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
70. <i>Since your new baby was born</i> , how often have you had little interest or little pleasure in doing things?	you got sick and had to be in bed for several weeks? Check ALL that apply
<ul> <li>Always</li> <li>Often</li> <li>Sometimes</li> <li>Rarely</li> <li>Never</li> </ul>	<ul> <li>My husband or partner</li> <li>My mother, father, or in-laws</li> <li>Other family member or relative</li> <li>A friend</li> <li>Religious community</li> <li>Someone else&gt; Please tell us:</li> </ul>
71. What kind of <i>health insurance</i> do <u>you</u> have <i>now</i> ? Check ALL that apply	No one would have helped me
<ul> <li>Private health insurance from my job or the job of my husband, partner, or parents</li> <li>Private health insurance purchased directly from an insurance company</li> <li>Medicaid</li> </ul>	73. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each one, check No if you would have not had it or Yes if you would have had it.
<ul> <li>□ Family Health Plus</li> <li>□ Family Planning Benefit Program (FPBP)</li> <li>□ Child Health Plus</li> <li>□ TRICARE or other military health care</li> <li>□ Some other kind of health insurance → Please tell us:</li> <li>□ I do not have health insurance now</li> </ul>	No Yes         a. Someone to loan me \$50         b. Someone to help me if I were sick and needed to be in bed         c. Someone to take me to the clinic or doctor's office if I needed a ride         d. Someone to talk with about my problems

74. At any time during <i>your most recent</i> pregnancy, did you work at a job for pay?	78. Are you currently in school?
$\Box \text{ No} \longrightarrow \textbf{Go to Question 78}$ $\Box \text{ Yes}$	<ul><li>No</li><li>Yes</li></ul>
	79. Are you currently working outside the home?
75. Have you returned to the job you had during <i>your most recent</i> pregnancy?	
Check ONE answer	□ No □ Yes
Go to Question 78	
$\int \Box$ No, but I will be returning	
↓ (□ Yes	If your baby is not alive or is not living with you, go to Question 81.
76. Which of the following describes the leave	
or time you took off from work <i>after</i> your	80. Listed below are some statements about
new baby was born?	<b>safety.</b> For each one, check <b>No</b> if it does not apply to you or <b>Yes</b> if it does.
Check ALL that apply	
<ul> <li>I took <i>paid</i> leave from my job</li> <li>I took <i>unpaid</i> leave from my job</li> </ul>	<b>No Yes</b> a. I always used a seat belt during my
□ I did not take leave	most recent pregnancy
	b. My home has a working smoke
77. Did any of the things listed below affect	alarm <b>D</b>
your decision about taking leave from work <i>after</i> your new baby was born? For	other firearms in my home $\Box$
each item, check No if it does not apply to	d. I have received information about infant products that should be taken
you or <b>Yes</b> if it does.	off the market (product recalls)
No Yes	since my new baby was born $\Box$
a. I could not financially afford to take leave	01 6
b. I was afraid I'd lose my job if I	81. <i>Since your new baby was born</i> , have you been test for diabetes or high blood sugar?
took leave or stayed out longer	$\Box N_0 \longrightarrow \textbf{Go to Page 14, Question 83}$
c. I had too much work to do to take leave or stay out longer	
d. My job does not have paid leave $\Box$	↓
e. My job does not offer a flexible	82. Since your new baby was born, did a doctor,
f. I had not built up enough leave time	nurse, or other health care worker tell you that you had diabetes?
to take any or more time off $\Box$	□ No

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

No
Yes

84. 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? \_\_\_\_\_ Children aged 1 year to 5 years

How many children? \_\_\_\_\_ Children aged 6 years and over

How many children?

- □ My mother
- □ My father
- □ My husband's or partner's parent(s)
- Friend or roommate
- □ Other family member or relative
- □ Other Please tell us:

□ I live alone

- 85. In the last 30 days, have you been concerned about having enough food for you or your family?
  - No No

**Y**es

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

- 86. During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have received. *All information will be kept private* and will not affect any services you are now getting.
  - \$0 to \$15,000
    \$15,001 to \$19,000
    \$19,001 to \$22,000
    \$22,001 to \$26,000
    \$22,001 to \$29,000
    \$29,001 to \$37,000
    \$37,001 to \$44,000
    \$44,001 to \$52,000
    \$52,001 to \$56,000
    \$56,001 to \$67,000
    \$67,001 to \$79,000
    \$79,001 or more
- 87. During the *12 months before* your new baby was born, how many people, *including yourself*, depended on this income?

\_\_\_\_ People

88. 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 New York City.

Thanks for answering our questions!

Your answers will help us work to make New York City mothers and babies healthier.