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

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

4. *Before* you got pregnant, would you say that, in general, your health was—

- ❑ Excellent
- ❑ Very good
- ❑ Good
- ❑ Fair
- ❑ Poor

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

		No	Yes
a.	Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)	❑	❑
b.	High blood pressure or hypertension	❑	❑
c.	Depression	❑	❑
d.	Asthma	❑	❑
e.	Anemia (poor blood, low iron)	❑	❑
f.	Heart problems	❑	❑
g.	Epilepsy (seizures)	❑	❑
h.	Thyroid problems	❑	❑
i.	PCOS (polycystic ovarian syndrome)	❑	❑
j.	Anxiety	❑	❑
k.	Allergies	❑	❑

6. 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

7. In the *12 months before* you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

- ❑ No → **Go to Page 2, Question 10**
- ❑ Yes

Go to Page 2, Question 8

8. What type of health care visit did you have in the *12 months before* you got pregnant with your new baby?

Check ALL that apply

- ❑ Regular checkup at my family doctor's office
- ❑ Regular checkup at my OB/GYN's office
- ❑ Visit for an illness or chronic condition
- ❑ Visit for an injury
- ❑ Visit for family planning or birth control
- ❑ Visit for depression or anxiety
- ❑ Visit to have my teeth cleaned by a dentist or dental hygienist
- ❑ Other ⟶ Please tell us:

_____

9. During any of your health care visits in the *12 months before* you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check **No** if they did not or **Yes** if they did.

		No	Yes
a.	Tell me to take a vitamin with folic acid	❑	❑
b.	Talk to me about maintaining a healthy weight	❑	❑
c.	Talk to me about controlling any medical conditions such as diabetes or high blood pressure	❑	❑
d.	Talk to me about my desire to have or not have children	❑	❑
e.	Talk to me about using birth control to prevent pregnancy	❑	❑
f.	Talk to me about how I could improve my health before a pregnancy	❑	❑
g.	Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis	❑	❑
h.	Ask me if I was smoking cigarettes	❑	❑
i.	Ask me if someone was hurting me emotionally or physically	❑	❑
j.	Ask me if I was feeling down or depressed	❑	❑
k.	Ask me about the kind of work I do	❑	❑
l.	Test me for HIV (the virus that causes AIDS)	❑	❑

The next questions are about your *health insurance coverage* before, during, and after your pregnancy with your *new* baby.

10. 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 or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the New York State Health Insurance Marketplace (nystateofhealth.ny.gov) or HealthCare.gov
- ❑ Medicaid
- ❑ Family Health Plus
- ❑ Child Health Plus
- ❑ Family Planning Benefit Program
- ❑ TRICARE or other military health care
- ❑ Other health insurance ⟶ Please tell us:

_____

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

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

Check ALL that apply

- ❑ I did not go for prenatal care ⟶ **Go to Question 12**
- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the New York State Health Insurance Marketplace (nystateofhealth.ny.gov) or HealthCare.gov
- ❑ Medicaid
- ❑ Family Health Plus
- ❑ Child Health Plus
- ❑ TRICARE or other military health care
- ❑ Other health insurance ⟶ Please tell us:

_____

- ❑ I did not have any health insurance for my *prenatal care*

12. 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 or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the New York State Health Insurance Marketplace (nystateofhealth.ny.gov) or HealthCare.gov
- ❑ Medicaid
- ❑ Family Health Plus
- ❑ Child Health Plus
- ❑ Family Planning Benefit Program
- ❑ TRICARE or other military health care
- ❑ Other health insurance → Please tell us:

_____

- ❑ I do not have health insurance *now*

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

Check ONE answer

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

→ **Go to Question 15**

- ❑ I wasn't sure what I wanted

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

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

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

- ❑ No
- ❑ Yes → **Go to Question 18**

Go to Question 16

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

- ❑ No
- ❑ Yes → **Go to Page 4, Question 20**

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

Check ALL that apply

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

_____

If you were <u>not trying</u> to get pregnant when you got pregnant with your new baby, go to Page 4, Question 20.

18. 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 Page 4, Question 20**
- ❑ Yes

Go to Page 4, Question 19

19. 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®, Serophene®, Pergonal®, 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:

  _____
- ❑ I wasn't using fertility treatments *during the month* that I got pregnant with my new baby

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.)

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

_____ Weeks **OR** _____ Months

- ❑ I didn't go for prenatal care ⟶ **Go to Question 23**

Go to Question 21

21. Where did you go *most of the time* for your prenatal care visits? Do not include visits for WIC.

Check ONE answer

- ❑ Private doctor's office
- ❑ Hospital clinic
- ❑ Health department clinic
- ❑ Neighborhood health clinic or community health clinic
- ❑ Other ⟶ Please tell us:

  _____

22. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check **No** if they did not ask you about it or **Yes** if they did.

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

23. 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

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

Check ONE answer

- ❑ No → **Go to Question 26**
- ❑ Yes, before my pregnancy
- ❑ Yes, during my pregnancy

25. Where did you get your flu shot?

Check ONE answer

- ❑ My obstetrician or gynecologist's office
- ❑ My family doctor or other doctor's office
- ❑ A health department or community clinic
- ❑ A hospital
- ❑ A pharmacy, drug store, or grocery store
- ❑ My work place or school
- ❑ Other → Please tell us:

If you got a flu shot, go to Question 27.

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

		No	Yes
a.	My doctor didn't mention anything about a flu shot	❑	❑
b.	I was worried about side effects of the flu shot for me	❑	❑
c.	I was worried that the flu shot might harm my baby	❑	❑
d.	I was not worried about getting sick with the flu	❑	❑
e.	I do not think the flu shot works	❑	❑
f.	I don't normally get a flu shot	❑	❑
g.	Other Please tell us:	❑	❑

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

- ❑ No
- ❑ Yes

28. This question is about other care of your teeth *during your most recent* pregnancy. For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

		No	Yes
a.	I knew it was important to care for my teeth and gums during my pregnancy	❑	❑
b.	A dental or other health care worker talked with me about how to care for my teeth and gums	❑	❑
c.	I had insurance to cover dental care during my pregnancy	❑	❑
d.	I needed to see a dentist for a **problem**	❑	❑
e.	I went to a dentist or dental clinic about a **problem**	❑	❑

29. During *your most recent* pregnancy, what did you think about breastfeeding your new baby?

Check ONE answer

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

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

- ❑ No
- ❑ Yes

31. During *your most recent* pregnancy, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

	No	Yes
a. Gestational diabetes (diabetes that **started** during *this* pregnancy)	❑	❑
b. High blood pressure (that **started** during *this* pregnancy), pre-eclampsia or eclampsia	❑	❑
c. Depression	❑	❑

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

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

❑ No → **Go to Question 36**
❑ Yes

33. 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

34. 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

35. 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 using other tobacco products around the time of pregnancy.

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

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

Cigars, cigarillos, or little filtered cigars resemble cigarettes in size, shape, and packaging in packs of 20, but they differ by being wrapped in brown paper that contains some tobacco leaf. Cigarillos are longer and slimmer versions of a large cigar that sometimes have a wood or plastic tip.

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

	No	Yes
a. E-cigarettes or other electronic nicotine products	❑	❑
b. Hookah	❑	❑
c. Cigars, cigarillos, or little filtered cigars	❑	❑

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 37. Otherwise, go to Question 39.

37. During the *3 months before* you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

38. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

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

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 Question 41**
- ❑ 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
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 drinks a week
- ❑ 1 to 3 drinks a week
- ❑ Less than 1 drink a week
- ❑ I didn't drink then

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

41. 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 their 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	❑	❑
h.	I was apart from my husband or partner due to military deployment or extended work-related travel	❑	❑
i.	I argued with my husband or partner more than usual	❑	❑
j.	My husband or partner said they didn't want me to be pregnant	❑	❑
k.	I had problems paying the rent, mortgage, or other bills	❑	❑
l.	My husband, partner, or I went to jail	❑	❑
m.	Someone very close to me had a problem with drinking or drugs	❑	❑
n.	Someone very close to me died	❑	❑

42. 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

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

	No	Yes
a. My husband or partner	❑	❑
b. My ex-husband or ex-partner	❑	❑

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

	No	Yes
a. My husband or partner	❑	❑
b. My ex-husband or ex-partner	❑	❑

AFTER PREGNANCY

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

45. When was your new baby born?

Month ____ / Day ____ / Year 20____

46. 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 49**

Go to Question 47

47. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 11, Question 64**
- ❑ Yes

48. Is your baby living with you now?

- ❑ No → **Go to Page 10, Question 62**
- ❑ Yes

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

	No	Yes
a. My doctor	❑	❑
b. A nurse, midwife, or doula	❑	❑
c. A breastfeeding or lactation specialist	❑	❑
d. My baby's doctor or health care provider	❑	❑
e. A breastfeeding support group	❑	❑
f. A breastfeeding hotline or toll-free number	❑	❑
g. Family or friends	❑	❑
h. Other	❑	❑

Please tell us: _____

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

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

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

- ❑ No
- ❑ Yes → **Go to Question 54**

Go to Question 52

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

- ❑ Less than 1 week

_____ Weeks **OR** _____ Months

53. 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 or it was too painful
- ❑ I thought I was not producing enough milk, or my milk dried up
- ❑ I had too many other household duties
- ❑ I felt it was the right time to stop breastfeeding
- ❑ I got sick or I had to stop for medical reasons
- ❑ I went back to work
- ❑ I went back to school
- ❑ My partner did not support breastfeeding
- ❑ My baby was jaundiced (yellowing of the skin or whites of the eyes)
- ❑ Other → Please tell us:

_____

If your baby was not born in a hospital, go to Question 55.

54. 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.

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

55. How old was your new baby the first time he or she had liquids other than breast milk (such as formula, water, juice, or cow's milk)?

_____ Weeks **OR** _____ Months

- ❑ My baby was less than 1 week old
- ❑ My baby has not had any liquids other than breast milk

56. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

_____ Weeks **OR** _____ Months

- ❑ My baby was less than 1 week old
- ❑ My baby has not eaten any foods

If your baby is still in the hospital, go to Question 62.

57. 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

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never → **Go to Question 60**

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

- ❑ No
- ❑ Yes

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

		No	Yes
a.	In a crib, bassinet, or pack and play	❑	❑
b.	On a twin or larger mattress or bed	❑	❑
c.	On a couch, sofa, or armchair	❑	❑
d.	In an infant car seat or swing	❑	❑
e.	In a sleeping sack or wearable blanket	❑	❑
f.	With a blanket	❑	❑
g.	With toys, cushions, or pillows, including nursing pillows	❑	❑
h.	With crib bumper pads (mesh or non-mesh)	❑	❑

61. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check **No** if they did not tell you or **Yes** if they did.

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

62. *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 → **Go to Question 64**
- ❑ Yes

Go to Question 63

63. What kind of home visitor has come to your home *since your new baby was born*?

- ❑ A nurse or nurse's aide
- ❑ A teacher or health educator
- ❑ A doula or midwife
- ❑ Someone from the Nurse Family Partnership
- ❑ Someone from the NYC Department of Health's Newborn Home Visiting Program
- ❑ Someone else → Please tell us:

_____

- ❑ I don't know

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

- ❑ No
- ❑ Yes → **Go to Question 66**

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

_____

If you or your husband or partner is <u>not doing</u> anything to keep from getting pregnant *now*, go to Question 67.

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

_____

67. *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 → **Go to Page 12, Question 69**
- ❑ Yes

Go to Page 12, Question 68

68. ***During your postpartum checkup*, did a doctor, nurse, or other health care worker do any of the following things?** For each item, check **No** if they did not do it or **Yes** if they did.

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

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

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

- ❑ No
- ❑ Yes

72. ***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 75**
- ❑ Yes

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

- ❑ No
- ❑ Yes

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

- ❑ No
- ❑ Yes

75. ***Since your new baby was born*, was there a time when you thought you needed treatment or counseling for depression but didn't get it?**

- ❑ No → **Go to Question 77**
- ❑ Yes

76. What were your reasons for not getting treatment or counseling for depression? For each item, check **No** if was not a reason for you or **Yes** if it was.

	No	Yes
a. I had trouble finding a provider that I liked	❑	❑
b. It seemed too difficult or overwhelming	❑	❑
c. I was worried about the cost or could not afford it	❑	❑
d. I did not have time because of a job, childcare, or another commitment	❑	❑
e. I could not find a provider who spoke my language	❑	❑

OTHER EXPERIENCES

The next questions are on a variety of topics.

If you did not get prenatal care during your most recent pregnancy, go to Question 78.

77. During any of your prenatal care visits, did a doctor, nurse, or other health care worker recommend that you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- ❑ No
- ❑ Yes

78. During *your most recent* pregnancy, did you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- ❑ No → **Go to Question 80**
- ❑ Yes
- ❑ I don't know → **Go to Question 81**

79. During which trimester did you receive the Tdap shot?

Check ONE answer

- ❑ First
- ❑ Second
- ❑ Third
- ❑ I don't remember

If you got a Tdap shot, go to Question 81.

80. What were your reasons for not getting a Tdap shot or vaccination during your most recent pregnancy? For each item, check **No** if it was not a reason for you or **Yes** if it was.

		No	Yes
a.	My doctor didn't mention anything about a Tdap shot	❑	❑
b.	I was worried about side effects of the Tdap shot for me	❑	❑
c.	I was worried that the Tdap shot might harm my baby	❑	❑
d.	I was not worried about getting sick with pertussis	❑	❑
e.	I do not think the Tdap shot works	❑	❑
f.	I don't normally get a Tdap shot	❑	❑
g.	My insurance did not cover the Tdap shot	❑	❑
h.	I don't have insurance and could not afford the Tdap shot	❑	❑
i.	I cannot receive the Tdap shot for medical reasons	❑	❑
j.	I cannot receive the Tdap shot for religious reasons	❑	❑
k.	Other	❑	❑

Please tell us:

_____

81. At any time during *your most recent* pregnancy, did you work at a job for pay?

- ❑ No → **Go to Page 14, Question 86**
- ❑ Yes

82. Have you returned to the job you had during *your most recent* pregnancy?

Check ONE answer

- ❑ No, and I do not plan to return → **Go to Page 14, Question 86**
- ❑ No, but I will be returning
- ❑ Yes

Go to Page 14, Question 83

83. Did you take leave from work *after* your new baby was born?

Check ALL that apply

- ❑ I took *paid* leave from my job
- ❑ I took *unpaid* leave from my job
- ❑ I took leave and used Temporary Disability Insurance
- ❑ I did not take any leave → **Go to Question 85**

84. How many weeks *or* months of leave, in total, did you take or will you take?

_____ Weeks **OR** _____ Months

❑ Less than 1 week

85. Did any of the things listed below affect your decision about taking leave from work *after* your new baby was born? For each item, check **No** if it does not apply to you or **Yes** if it does.

	No	Yes
a. I could not financially afford to take leave	❑	❑
b. I was afraid I'd lose my job if I took leave or stayed out longer	❑	❑
c. I had too much work to do to take leave or stay out longer	❑	❑
d. My job does not have paid leave	❑	❑
e. My job does not offer a flexible work schedule	❑	❑
f. I had not built up enough leave time to take any or more time off	❑	❑

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 87.

86. During the past week, how many days did you or other family members read, sing or tell stories to your new baby?

- ❑ No days
- ❑ 1 or 2 days
- ❑ 3 or 4 days
- ❑ 5 or 6 days
- ❑ Every day

87. In the last 30 days, have you been concerned about having enough food for you or your family?

- ❑ No
- ❑ Yes

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

88. During the *12 months before* your new baby was born, what was your yearly total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have received. *All information will be kept private* and will not affect any services you are now getting.

- ❑ $0 to $16,000
- ❑ $16,001 to $20,000
- ❑ $20,001 to $24,000
- ❑ $24,001 to $28,000
- ❑ $28,001 to $32,000
- ❑ $32,001 to $40,000
- ❑ $40,001 to $48,000
- ❑ $48,001 to $57,000
- ❑ $57,001 to $60,000
- ❑ $60,001 to $73,000
- ❑ $73,001 to $85,000
- ❑ $85,001 or more

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

_____ People

90. 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 keep mothers and babies in New York City healthy.