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 <i>you</i> without shoes?		
	Feet Inches OR Centimeters	
2. <i>Just before</i> you got pregnant with your <i>new</i> baby, how much did you weigh?		
	Pounds <b>OR</b> Kilos	
3.	3. What is <u>your</u> date of birth?	
	Month Day Year	
The next questions are about the time <u>before</u> you got pregnant with your <i>new</i> baby.		
4. <i>Before</i> you got pregnant, would you say that, in general, your health was—		
	<ul> <li>Excellent</li> <li>Very good</li> <li>Good</li> <li>Fair</li> <li>Poor</li> </ul>	

5.	During the 3 months before you got po with your new baby, did you have any following health conditions? For each check No if you did not have the condition Yes if you did.	of the one,
	1	No Yes
a. b. c. d. e. f. g. h.	Type 1 or Type 2 diabetes ( <b>not</b> gestational diabetes or diabetes that starts during pregnancy) High blood pressure or hypertension Depression Asthma Anemia (poor blood, low iron) Heart problems Epilepsy (seizures) Thyroid problems	
i.	PCOS (polycystic ovarian syndrome)	
j.	Anxiety	
k.	Allergies	
	-	
6.	During the <i>month before</i> you got preg with your new baby, how many times did you take a multivitamin, a prenata vitamin, or a folic acid vitamin?	a week
	<ul> <li>I didn't take a multivitamin, prenatal v or folic acid vitamin in the <i>month befo</i> pregnant</li> <li>1 to 3 times a week</li> <li>4 to 6 times a week</li> <li>Every day of the week</li> </ul>	
7.	In the <i>12 months before</i> you got pregn with your new baby, did you have any care visits with a doctor, nurse, or oth health care worker, including a denta mental health worker?	health er
	Go to Page 2, Que	estion 10
V	- Yes	
Go	o 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
- **G** 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 <u>do</u> any of the following things? For each item, check No if they did not or Yes if they did.

#### No Yes

		INO	res
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	. 🗖	
I.	Test me for HIV (the virus that causes AIDS)	. 🗖	

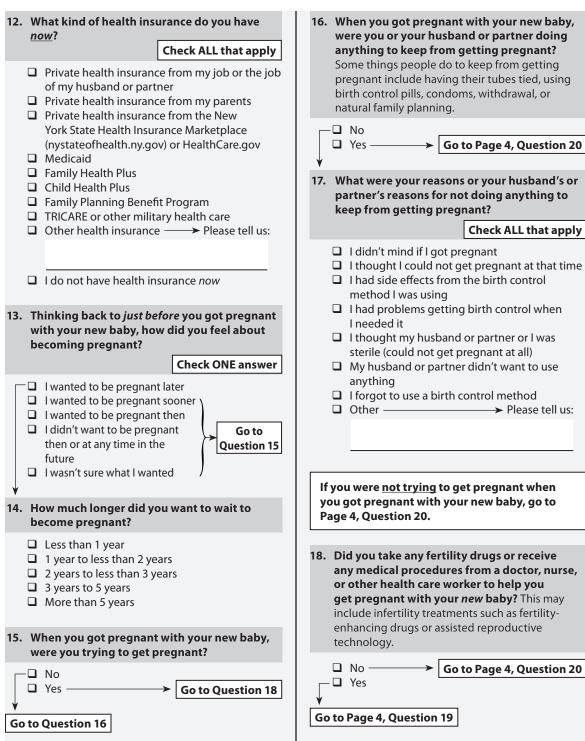
The next questions are about your *health insurance coverage* before, during, and after your pregnancy with your *new* baby.

10. During the <u>month before</u> 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 <u>most recent pregnancy</u>, 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* 



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?



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		
I.	About second-hand smoke exposure		
23.	During the 12 months <i>before the <u>deliv</u></i> your new baby, did a doctor, nurse, or health care worker <i>offer</i> you a flu shor you to get one?	r ot	her

- No
- Yes

27. During <i>your most recent</i> pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?		
26 Q Yes		
28. This question is about other care of your teeth <u>during</u> your most recent pregnancy. For each item, check <b>No</b> if it is not true or does not apply to you or <b>Yes</b> 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		
did you think about breastfeeding your new		
<ul> <li>I knew I would <i>not</i> breastfeed</li> <li>I didn't know what to do about breastfeeding</li> <li>30. During <i>your most recent</i> pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?</li> <li>No</li> <li>Yes</li> </ul>		

31.	During your most recent pregnancy, did you have any of the following health conditions? For each one, check <b>No</b> if you did not have the condition or <b>Yes</b> if you did.			
a. b. c.	No Yes Gestational diabetes (diabetes that <u>started</u> during <i>this</i> pregnancy)			
ci	The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).			
32.	Have you smoked any cigarettes in the <i>past</i> 2 years?			
<b>↓</b>	<ul> <li>No → Go to Question 36</li> <li>Yes</li> </ul>			
33.	In the 3 months <u>before</u> you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.			
	<ul> <li>41 cigarettes or more</li> <li>21 to 40 cigarettes</li> <li>11 to 20 cigarettes</li> <li>6 to 10 cigarettes</li> <li>1 to 5 cigarettes</li> <li>Less than 1 cigarette</li> <li>I didn't smoke then</li> </ul>			
34. In the <u>last 3</u> months of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.				

- 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 <u>before</u> 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 <u>last 3</u> 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.

Go to Question 41

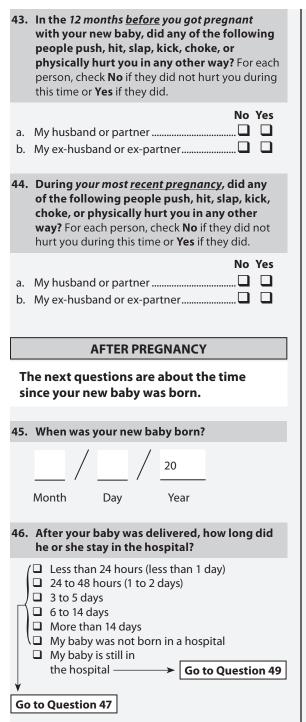
- 40. During the *3 months <u>before</u>* you got pregnant, how many alcoholic drinks did you have in an average week?
  - □ 14 drinks or more a week
  - □ 8 to 13 drinks a week
  - □ 4 to 7 drinks a week
  - □ 1 to 3 drinks a week
  - Less than 1 drink a week
  - I didn't drink then

Pregnancy can be a difficult time. The next questions are about things that may have happened <u>before</u> and <u>during</u> 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.)

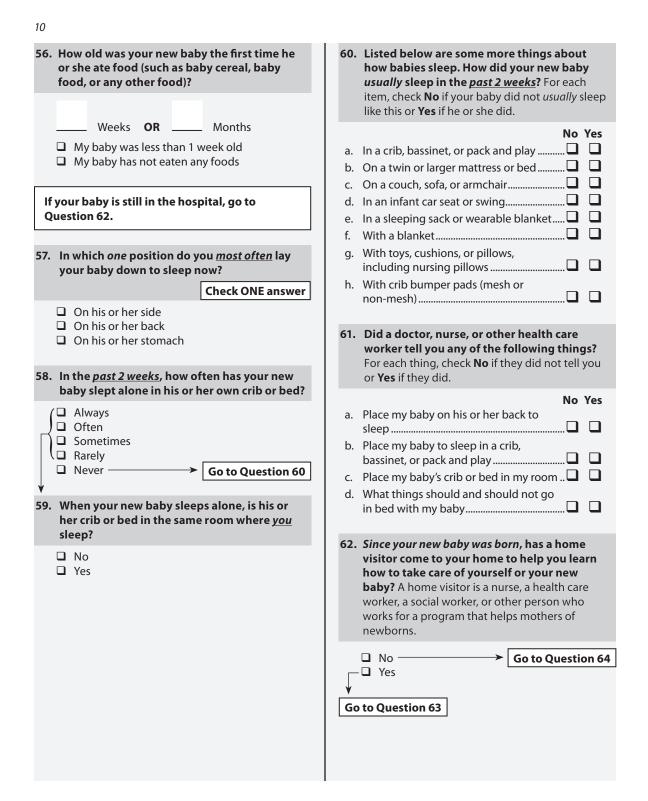
		Yes
a.	A close family member was very sick and had to go into the hospital	
b.	I got separated or divorced from my husband or partner	
c.	I moved to a new address	
d.	I was homeless or had to sleep outside, in a car, or in a shelter	
e.	My husband or partner lost their job	
f.	I lost my job even though 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	
I.	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 ba	aby

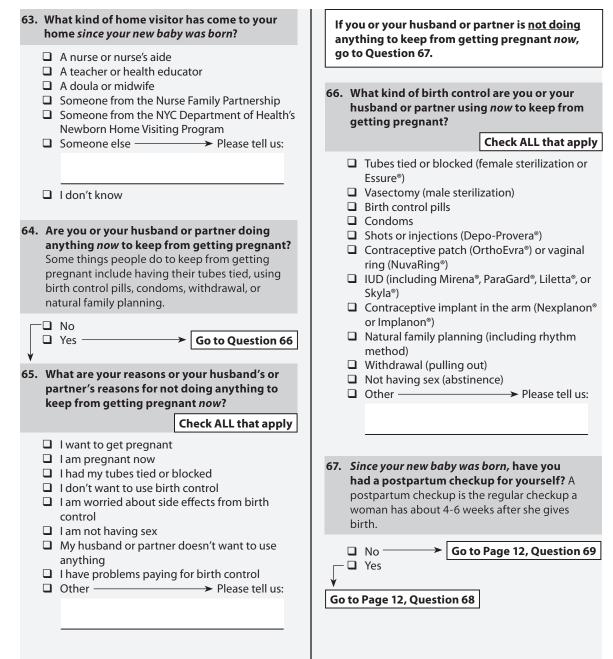
- 12. During the 12 months before your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated based on your race?
  - 🛛 No
  - Yes



47.	Is your baby alive now?	
<b>↓</b>	<ul> <li>No We are very sorry for your loss.</li> <li>Go to Page 11, Question 64</li> </ul>	
48.	Is your baby living with you now?	
<b>↓</b>	<ul> <li>□ No → Go to Page 10, Question 62</li> <li>□ Yes</li> </ul>	
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 <b>No</b> if you did not receive information from this source or <b>Yes</b> if you did.	
a. b. c. d. e. f. g. h.	No YesMy doctorImage: Image:	
50. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?		
V	<ul> <li>No</li></ul>	
51.	Are you currently breastfeeding or feeding pumped milk to your new baby?	
V	□ No □ Yes	
Go	to Question 52	

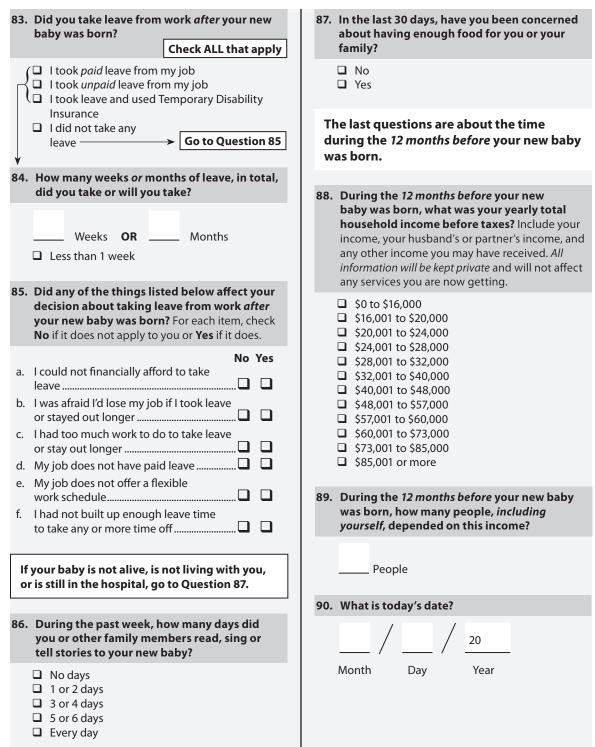
52. How many weeks or months did you breastfeed or feed pumped milk to your baby?	If your baby was not born in a hospital, go to Question 55.
<ul> <li>Less than 1 week</li> <li>Weeks <b>OR</b> Months</li> </ul>	54. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check No if it did not happen or Yes if it did.
<ul> <li>53. What were your reasons for stopping breastfeeding?</li> <li>Check ALL that apply</li> <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 or it was too painful</li> <li>I thought I was not producing enough milk, or my milk dried up</li> <li>I had too many other bousehold dution</li> </ul>	No Yes         a. Hospital staff gave me information about breastfeeding
<ul> <li>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</li> <li>I went back to school</li> <li>My patner did not support breastfeeding</li> <li>My baby was jaundiced (yellowing of the skin or whites of the eyes)</li> <li>Other — Please tell us:</li> </ul>	<ul> <li>contact within the first hour of life</li> <li>g. My baby was fed only breast milk at the hospital</li> <li>h. Hospital staff told me to breastfeed whenever my baby wanted</li> <li>i. The hospital gave me a breast pump to use</li> <li>j. The hospital gave me a gift pack with formula</li> <li>k. The hospital gave me a telephone number to call for help with breastfeeding</li> <li>l. Hospital staff gave my baby a pacifier</li> </ul>
	<ul> <li>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)?</li> <li>Weeks OR Months</li> <li>My baby was less than 1 week old</li> <li>My baby has not had any liquids other than breast milk</li> </ul>





68.	During your postpartum checkup, did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check <b>No</b> if they did not do it or <b>Yes</b> if they did.	71. Since your new baby was born, have you asked for help for depression from a doctor, nurse, or other health care worker?
a.	<b>No Yes</b> Tell me to take a vitamin with folic acid <b>D</b>	No     Yes
b.	Talk to me about healthy eating, exercise, and losing weight gained during pregnancy	72. Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?
c.	Talk to me about how long to wait before getting pregnant again	□ No → Go to Question 75
d.	Talk to me about birth control methods I can use after giving birth	↓ Yes
e.	Give or prescribe me a contraceptive method such as the pill, patch, shot	73. <i>Since your new baby was born,</i> have you gotten counseling for your depression?
c	(Depo-Provera®), NuvaRing®, or condoms	<ul><li>No</li><li>Yes</li></ul>
	Insert an IUD (Mirena <sup>®</sup> , ParaGard <sup>®</sup> , Liletta <sup>®</sup> , or Skyla <sup>®</sup> ) or a contraceptive implant (Nexplanon <sup>®</sup> or Implanon <sup>®</sup> ) Ask me if I was smoking cigarettes	74. <i>Since your new baby was born</i> , have you taken prescription medicine for your depression?
-	Ask me if I was smoking cigarettes L	□ No
	emotionally or physically	C Yes
j.	Ask me if I was feeling down or depressedImage: Comparison of the compari	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?
69.	Since your new baby was born, how often have	Go to Question 77
	you felt down, depressed, or hopeless?	G Yes
	<ul> <li>Always</li> <li>Often</li> <li>Sometimes</li> <li>Rarely</li> <li>Never</li> </ul>	<ul> <li>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.</li> </ul>
70	Cines was holder to be a fact that have	No Yes
70.	Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed?	a. I had trouble finding a provider that I liked
	Always	overwhelming
	<ul> <li>Often</li> <li>Sometimes</li> </ul>	c. I was worried about the cost or could not afford it
	<ul><li>Rarely</li><li>Never</li></ul>	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

	13
OTHER EXPERIENCES The next questions are on a variety of topics.	80. What were your reasons for not getting a Tdap shot or vaccination during your most recent pregnancy? For each item, check <b>No</b> if it was not a reason for you or <b>Yes</b> if it was.
<ul> <li>If you did not get prenatal care during your most recent pregnancy, go to Question 78.</li> <li>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).</li> <li>No</li> <li>Yes</li> <li>78. During your most recent pregnancy, did you get a Tdap shot or vaccination? A Tdap shot or did you get a Tdap shot or vaccination? A Tdap</li> </ul>	No Yes         a. My doctor didn't mention anything about a Tdap shot
<ul> <li>you get a huap shot of vactuation: A huap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).</li> <li>No</li></ul>	<ul> <li>medical reasons</li></ul>
<ul> <li>First</li> <li>Second</li> <li>Third</li> <li>I don't remember</li> </ul> If you got a Tdap shot, go to Question 81.	<pre>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 No, but I will be returning Yes Go to Page 14, Question 83 </pre>



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.