

First, please tell us:

1. What is today's date? _____/_____/_____
month day year
2. What is **YOUR** date of birth? _____/_____/_____
month day year

Next, we would like to ask you some questions about the time just before and during your pregnancy with your new baby. It may help to look at the calendar when you answer these questions.

3. Where did you have a pregnancy test?
Check all that apply.
- ' Home
 - ' Private doctor's office or HMO clinic
 - ' Planned Parenthood
 - ' Health department clinic
 - ' Community health clinic
 - ' "Crisis pregnancy center"
 - ' Didn't take a pregnancy test
 - ' Other ± Please tell us:
-
4. How many weeks or months pregnant were you when you were **sure** you were pregnant? _____Weeks or _____Months
- ' I don't remember
5. Thinking back to **just before** you got pregnant, how did you feel about becoming pregnant?
Check the best answer.
(Feel free to note any reason why the answer you checked doesn't quite fit -- but *please* check the best answer.)
- ' I wanted to be pregnant sooner
 - ' I wanted to be pregnant later
 - ' I wanted to be pregnant then
 - ' I didn't want to be pregnant then or at any time in the future
6. **Just before** you got pregnant, did you have health insurance?
- ' No
 - ' Yes, but it did not cover prenatal care
 - ' Yes, it covered prenatal care
7. **Just before** you got pregnant, did you have health insurance through the Oregon Health Plan?
- ' No
 - ' Yes

8. In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?

- ' I did not take a multivitamin at all
- ' 1 to 3 times a week
- ' 4 to 6 times a week
- ' Every day of the week

9. *When you got pregnant* with your new baby, were you or your husband or partner using any kind of birth control?

- ' No
- ' Yes ± **Go to Question 11**

Birth control means the pill, condoms, diaphragm, foam, rhythm, Norplant®, shots (Depo-Provera®), or ANY other way to keep from getting pregnant.

10. Why were you or your husband or partner not using any birth control?

- ' I wanted to get pregnant
- ' I didn't think I could get pregnant
- ' I had been having side effects from the birth control I used
- ' I didn't want to use birth control
- ' I didn't think I was going to have sex
- ' My husband or partner didn't want to use birth control
- ' Other ± Please tell us:

Check all that apply.

If you were not using birth control when you got pregnant, go to Question 13.

11. *When you got pregnant*, what kinds of birth control were you or your partner using?

- ' Pill
- ' Condoms
- ' Foam, jelly, cream
- ' Diaphragm
- ' Norplant®
- ' Shots (Depo-Provera®)
- ' Withdrawal
- ' IUD (Intra-Uterine Device)
- ' Natural Family Planning (Rhythm)
- ' Other ± Please tell us:

Check all that apply.

12. Where were you or your partner getting your birth control method(s)?
Check all that apply.

- ' A family planning clinic (for example, Planned Parenthood)
 - ' A health department clinic
 - ' A community health center
 - ' A private gynecologist
 - ' A general or family physician
 - ' A drug store or other store
 - ' Other ± Please tell us:
-
- ' No place

13. These questions ask about things you knew about birth control *before you got pregnant*.
For each item, please circle N (No) or Y (Yes).

- | | No | Yes |
|--|----|-----|
| a. Did you know there was free or low cost birth control at health departments and Planned Parenthood clinics? | N | Y |
| b. Had you ever read or heard about emergency birth control (the “morning-after” pill)?
This special combination of regular birth control pills is used to prevent pregnancy up to three days after unprotected sex. | N | Y |

14. *Before you got pregnant*, did your health insurance cover the cost of birth control?
Check the best answer.

- ' Yes, it covered all or part of the cost of my birth control method
- ' Yes, it covered birth control, but *not the method I wanted*
- ' Yes, it covered birth control, but *I didn't use a method*
- ' No, it did not cover birth control
- ' I didn't have any health insurance
- ' Don't know/Not sure

15. *Just before* you got pregnant, how much did you weigh?

_____ Pounds

16. How tall are you without shoes?

____ Feet ____ Inches

The next questions are about the prenatal care you got 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 check-ups and advice about pregnancy. It may help to look at a calendar when you answer these questions.

17. *At the time of your first pregnancy test* were you insured for prenatal care? ' No
' Yes
' Don't know/Not sure
18. If you had insurance for prenatal care, was it an employee benefit? ' No
' Yes
' Don't know/Not sure
19. Did the Oregon Health Plan pay for any portion of your prenatal care? ' No
' Yes
' Don't know/Not sure
20. About how many weeks or months pregnant were you when you had your *first* visit for prenatal care? ___Weeks or ___Months
' I did not go for prenatal care
Don't count a visit that was only for a pregnancy test or only for WIC (Women, Infants, and Children's Nutrition Program).
- 21a. Did you get prenatal care as early in your pregnancy as you wanted? ' No
' Yes
' I did not want prenatal care
- 21b. Did any of these things keep you from getting prenatal care as early in your pregnancy as you wanted? ' I couldn't get an appointment earlier in my pregnancy
' I didn't have enough money to pay for my visits
' I didn't have insurance to pay for my visits
' I didn't know that I was pregnant
' I had no way to get to the clinic or doctor's office
' The doctor or my health plan would not start care earlier
' I couldn't find a doctor or a nurse who would take me as a patient
' I had no one to take care of my children
' I had too many other things going on
' Other ± Please tell us:
-
- ' No, I got prenatal care as early as I wanted
' No, I did not want prenatal care

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

22. Where did you go *most of the time* for your prenatal visits?
Don't include visits for WIC.
Check one answer.
- ' Hospital clinic
 - ' Health department clinic
 - ' Private doctor's office or HMO clinic
 - ' 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 literature or videos.

For each item, please circle N (No) or Y (Yes).

	No	Yes
a. What you should eat during your pregnancy	N	Y
b. How smoking during pregnancy could affect your baby	N	Y
c. How secondhand smoke could affect your baby after birth	N	Y
d. Breast-feeding your baby	N	Y
e. How drinking alcohol during pregnancy could affect your baby	N	Y
f. Using a seat belt during your pregnancy	N	Y
g. Birth control methods to use after your pregnancy	N	Y
h. How using illegal drugs could affect your baby	N	Y
i. How to keep from getting HIV (the virus that causes AIDS)	N	Y
j. Getting your blood tested for HIV (the virus that causes AIDS)	N	Y
k. Physical abuse to women by their husbands or partners	N	Y
l. The importance of seeing a dentist during your pregnancy	N	Y
m. Doing tests to screen for birth defects or diseases that run in your family	N	Y

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

For each item, circle N (No) or Y (Yes).

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

25. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
- ' Within the past year (less than 12 months)
 - ' 1 to 2 years ago (12-23 months)
 - ' 2 to 5 years ago (24-59 months)
 - ' 5 or more years ago (more than 60 months)
 - ' Never

26. If you were on WIC (Women, Infants and Children Nutrition Program) during this pregnancy, how many weeks or months pregnant were you when you had your first visit for WIC? ___Weeks or ___Months
 ' I was not on WIC
27. At any time during your most recent pregnancy did a doctor or midwife suggest that you get a blood test for HIV (the virus that causes AIDS)? ' No
 ' Yes
 ' I don't know
28. At any time during your most recent pregnancy, did you have a blood test for HIV (the virus that causes AIDS)? ' No
 ' Yes
 ' I don't know
29. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects? ' No
 ' Yes

The next questions are about smoking cigarettes.

30. Have you smoked at least 100 cigarettes in your entire life? ' No ± **Go to Question 39**
 ' Yes
31. In the **3 months before** you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? ___ Cigarettes or ___ Packs
 (A pack has 20 cigarettes.) ' Less than 1 cigarette a day
 ' I didn't smoke
 ' I don't know
32. In the **first 3 months** of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? ___ Cigarettes or ___ Packs
 ' Less than 1 cigarette a day
 ' I didn't smoke
 ' I don't know
33. In the **second 3 months** of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? ___ Cigarettes or ___ Packs
 ' Less than 1 cigarette a day
 ' I didn't smoke
 ' I don't know

34. In the *last 3 months* of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? _____ Cigarettes or _____ Packs
 ' Less than 1 cigarette a day
 ' I didn't smoke
 ' I don't know
35. How many cigarettes or packs of cigarettes do you smoke on an average day *now*? _____ Cigarettes or _____ Packs
 ' Less than 1 cigarette a day
 ' I don't smoke
 ' I don't know
36. During your visits to your doctor or midwife for prenatal care or after the baby was born, did someone ask if you smoked, either by questionnaire or in person?
 ' Yes, before my baby was born
 ' Yes, after my baby was born
 ' Yes, both times
 ' No
37. During your visits for prenatal care or after the baby was born, did your doctor or midwife ever advise you to quit smoking?
 ' Yes, before my baby was born
 ' Yes, after my baby was born
 ' Yes, both times
 ' No
 ' No, I didn't smoke at that time
38. During your visits for prenatal care or after the baby was born, did your doctor or midwife offer advice or help on how to quit smoking?
 ' Yes, before my baby was born
 ' Yes, after my baby was born
 ' Yes, both times
 ' No
 ' No, I didn't smoke at that time

The next questions are about drinking alcohol.

39. Have you had any alcoholic drinks in the past 2 years? (A **drink is: One glass of wine. One wine cooler. One can or bottle of beer. One shot of liquor. One mixed drink.**)
 ' No ± **Go to Question 42 on Page 8**
 ' Yes
- 40a. During the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week?
 ' I didn't drink then
 ' Less than 1 drink a week
 ' 1 to 3 drinks a week
 ' 4 to 6 drinks a week
 ' 7 to 13 drinks a week
 ' 14 or more drinks a week
 ' I don't know

- 40b. During the *3 months before* you got pregnant, did you drink 5 or more alcoholic drinks at one sitting?
- ' No
 - ' Yes ± How many times? _____
 - ' I don't know
- 41a. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?
- ' I didn't drink then
 - ' Less than 1 drink a week
 - ' 1 to 3 drinks a week
 - ' 4 to 6 drinks a week
 - ' 7 to 13 drinks a week
 - ' 14 or more drinks a week
 - ' I don't know
- 41b. During the *last 3 months* of your pregnancy, did you drink 5 or more alcoholic drinks at one sitting?
- ' No
 - ' Yes ± How many times? _____
 - ' I don't know

Pregnancy can be a difficult time for some women. These 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. This includes the months before you got pregnant. **For each item, circle N (No) or Y (Yes). It may be helpful to use your calendar.**

	No	Yes
a. A close family member was very sick and had to go into the hospital	N	Y
b. You got separated or divorced from your husband or partner	N	Y
c. You moved to a new address	N	Y
d. You were homeless	N	Y
e. Your husband or partner lost a job	N	Y
f. You lost your job even though you wanted to go on working	N	Y
g. You and your husband or partner argued more than usual	N	Y
h. Your husband or partner said he did not want you to be pregnant	N	Y
i. You had a lot of bills you couldn't pay	N	Y
j. You were involved in a physical fight	N	Y
k. You or your husband or partner went to jail	N	Y
l. Someone very close to you had a bad problem with drinking or drugs	N	Y
m. Someone very close to you died	N	Y

42n. During the *12 months before you got pregnant*, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way? ' No
' Yes

42o. During the *12 months before you got pregnant*, did anyone else physically hurt you in any way? ' No
' Yes

42p. *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

42q. *During your most recent pregnancy*, did anyone else physically hurt you in any way? ' No
' Yes

43. Do you feel that you were ever treated differently by health care providers during your prenatal care, labor or delivery because of your:

For each item, circle N (No) or Y (Yes).

	No	Yes
a. Race	N	Y
b. Culture	N	Y
c. Ability to speak or understand English	N	Y
d. Age	N	Y
e. Insurance status	N	Y
f. Neighborhood you lived in	N	Y
g. Religious beliefs	N	Y
h. Sexual orientation or lifestyle	N	Y
i. Marital status	N	Y
j. Desire to have out-of-hospital birth	N	Y

Comments: _____

The next questions are about your labor and delivery.

44. When was your new baby born? _____/_____/_____
month day year
45. What type of insurance paid for your delivery?
Check all that apply.
- ' Insurance through my employer
 - ' Insurance through someone else's employer
 - ' Oregon Health Plan or Medicaid
 - ' Tri-Care (Military, formerly CHAMPUS)
 - ' Indian Health Care Program
 - ' Other ± please tell us:
-
- ' I didn't have insurance for my delivery
 - ' I don't know
46. Is your baby alive now?
- ' Yes ± **Go to Question 48**
 - ' No ± **We are truly sorry about your loss and extend our sympathy to you and your family. Your answers are especially important and could help us learn about ways to improve the health of babies in the future.**
47. When did your baby die? _____/_____/_____
month day year ± **Go to Question 74 on Page 14**
48. Is your baby living *with* you now?
- ' No ± **Go to Question 74 on Page 14**
 - ' Yes
49. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?
- ' No ± **Go to Question 53**
 - ' Yes
50. Are you still breastfeeding or feeding pumped milk to your new baby?
- ' No
 - ' Yes ± **Go to Question 52**

51. How many weeks or months did you breastfeed or pump milk to feed your new baby? _____ Weeks or _____ Months
 ' Less than 1 week
52. How old was your baby the first time you fed him or her anything besides breast milk? **Include formula, baby food, juice, cow's milk, water, sugar water, or anything else.** _____ Weeks or _____ Months
 ' My baby was less than one week old
 ' I have not fed my baby anything besides breast milk
53. This question asks about things that may have happened at the hospital or birthing center where your new baby was born. **For each item, circle N (No) or Y (Yes).**
- | | No | Yes |
|--|-----------|------------|
| a. Staff gave you information about breast-feeding | N | Y |
| b. Your baby stayed in the same room with you | N | Y |
| c. You breast-fed your baby | N | Y |
| d. Staff helped you learn how to breast-feed | N | Y |
| e. Your baby was fed only breast milk | N | Y |
| f. Staff told you to breast-feed whenever your baby wanted | N | Y |
| g. The staff gave you a gift pack with formula | N | Y |
| h. The staff gave you a telephone number to call for help about breast-feeding | N | Y |
54. ***During your most recent pregnancy***, what did you think about breast-feeding your new baby?
Check one answer.
- ' I knew I would breast-feed
 ' I thought I might breast-feed
 ' I knew I would ***not*** breast-feed
 ' I didn't know what to do about breast-feeding
55. Did any of these things prevent you from breast-feeding or stop you after you had started?
Check all that apply.
- ' I am still breast-feeding
 ' I didn't want to breast-feed
 ' I was planning to go to work or school
 ' I tried but my baby didn't breast-feed very well
 ' My baby was not with me
 ' I think it's better for my baby to be bottle fed
 ' I was taking medicine
 ' I felt it was the right time to stop
 ' My doctor told me to not to breast-feed
 Reason: _____
 ' Other ± Please tell us: _____
-

56. *After your new baby was born,* did a doctor, nurse, or other health care worker talk with you about using birth control? ' No
' Yes
57. *After your new baby was born,* did a doctor, nurse, or other health care worker talk with you about how to prevent your baby from getting tooth decay? ' No
' Yes
58. *After your new baby was born,* did a doctor, nurse, or other health care worker talk with you about how secondhand smoke could affect your baby? ' No
' Yes
59. In the hospital or birthing center *after your new baby was born,* did a doctor, nurse, or other health care worker talk with you about your baby's sleep position? ' No
' Yes
60. *After you took your baby home,* did your baby's doctor or staff talk with you about your baby's sleep position? ' No
' Yes
61. About how many hours a day, on average, is your new baby in the same room with someone who is smoking? _____ Hours
' My baby is never in the same room with someone who is smoking
62. Which of the following statements best represents your opinion on children's exposure to secondhand smoke?
' Second hand smoke is *not harmful* to children
' Secondhand smoke is *not very harmful* to children
' Secondhand smoke is *somewhat harmful* to children
' Secondhand smoke is *very harmful* to children
' Don't know

63. Is there anyone (else) in your household who smokes cigarettes, cigars, or pipes?
- ' No
 - ' Yes
64. Which of the following statements best describes the rules about smoking inside your home:
- ' No one is allowed to smoke anywhere inside my home
 - ' Smoking is permitted anywhere inside my home
 - ' Smoking is not allowed in the baby's room but is allowed in other places in the house
 - ' Don't know
65. How 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
66. How often does your new baby sleep in the same bed with you?
Check one answer.
- ' Always
 - ' Almost always
 - ' Sometimes
 - ' Never
67. How many times has your baby been to a doctor or nurse for *routine* well baby care? Don't count the times you took your baby for care when he or she was sick.
It may help to use the calendar.
- _____ Times
- ' My baby hasn't been for routine well baby care
± **Go to Question 69 on Page 14**
68. When your baby goes for routine well baby care, where do you take him or her?
Check all the places that you use.
- ' Hospital clinic
 - ' Health department clinic
 - ' Private doctor's office
 - ' Other ± Please tell us: _____

69. Listed below are some things about child safety. **For each item, circle N (No) or Y (Yes).**

	No	Yes
a. Your infant was brought home from the hospital in an infant car seat	N	Y
b. Your baby always rides in an infant car seat	N	Y
c. Your home has a working smoke alarm that has been tested in the last year	N	Y
d. Your hot water heater has been turned down or set to 120E F or below	N	Y

70. Are any firearms now kept in or around your home? Include those kept in your home, in a garage, outdoor storage area, car, truck or other motor vehicle? ' No ± **Go to Question 74**
 ' Yes
 ' I don't know

71. Are any of those firearms kept loaded? ' No
 ' Yes
 ' I don't know

72. Are all of the firearms in your home stored in a locked place? ' No
 ' Yes
 ' I don't know

73. Is all of the ammunition stored separately from the firearms? ' No
 ' Yes
 ' I don't know

Here are some questions about you after your baby was born.

74. What is *your* (not your baby's) health insurance coverage *now*? **Check all that apply.** ' Insurance through my employer
 ' Insurance through someone else's employer
 ' Oregon Health Plan
 ' Tri-Care (Military, formerly CHAMPUS)
 ' Indian Health Care Program
 ' Other ± Please tell us:

 ' I don't have any health insurance

75. Are you or your husband or partner using any kind of birth control *now*?

Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant®, shots (Depo-Provera®), or ANY other way to keep from getting pregnant.

- ' No
- ' Yes ± **Go to Question 77**

76. What are your reasons for not using any birth control *now*?

Check all that apply.

- ' I am not having sex
 - ' I want to get pregnant
 - ' I don't want to use birth control
 - ' My husband or partner doesn't want to use birth control
 - ' I don't think I can get pregnant
 - ' I can't pay for birth control
 - ' I am pregnant now
 - ' Other ± Please tell us:
-

If you are not using any birth control now, go to Question 79 on Page 16.

77. What kinds of birth control are you or your partner using *now*?

Check all that apply.

- ' Tubes tied (sterilization)
 - ' Vasectomy (sterilization)
 - ' Pill
 - ' Condoms
 - ' Foam, jelly, cream
 - ' Diaphragm
 - ' Norplant®
 - ' Shots (Depo-Provera®)
 - ' Withdrawal
 - ' IUD (Intra-Uterine Device)
 - ' Natural Family Planning (Rhythm)
 - ' Other ± Please tell us:
-

78. Where are you or your partner getting your birth control method(s) *now*?

Check all that apply.

- ' A family planning clinic (for example, Planned Parenthood)
- ' A health department clinic
- ' A community health center
- ' A private gynecologist
- ' A general or family physician
- ' A drug store or other store
- ' Other ± Please tell us:

' No place

79. Does your health insurance cover the cost of birth control *now*?

Check the best answer.

- ' Yes, it covers all or a part of the cost of my birth control method
- ' Yes, it covers birth control, but *not the method I want*
- ' Yes, it covers birth control, but *I don't use a method*
- ' No, it does not cover birth control
- ' I don't have any health insurance
- ' Don't know/Not sure

Please answer the next questions about family income. It will help us see how income affects the health of mothers, babies and families. All information will be kept private.

80. What were the sources of your household income *during the past 12 months*?

Check all that apply.

- ' Paycheck or money from a job
- ' Aid such as Temporary Assistance for Needy Families (formerly AFDC), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income
- ' Unemployment benefits
- ' Child support or alimony
- ' Social Security, Worker's Compensation, veteran benefits, or pensions
- ' Money from a business, fees, dividends or rental income
- ' Money from family or friends
- ' Other ± Please tell us:

81. What is your family income, before deductions and taxes? **Include ANY income or money you can use (for example, job, TANF [formerly AFDC], child support, etc.). Please give us your best guesses. All information will be kept private.**

a. Family income
before you got pregnant: \$ _____ ± ' Weekly or ' Monthly or ' Yearly

b. Family income *now:* \$ _____ ± ' Weekly or ' Monthly or ' Yearly

Thank you for giving us your best guesses in Question 81. Now we are going to ask the *same* questions, but about *monthly* income. Your answers will help us judge health programs that are based on *monthly* income.

82. What is your *monthly* family income, before deductions and taxes? **Include ANY income or money you can use. All information will be kept private.**

a. Monthly family income
before you got pregnant

- ' 699 or below
- ' 700 - 939
- ' 940 - 1,179
- ' 1,180 - 1,289
- ' 1,290 - 1,729
- ' 1,730 - 2,179
- ' 2,180 - 2,629
- ' 2,630 - 3,079
- ' 3,080 - 3,519
- ' 3,520 - 3,969
- ' 3,970 or above

b. Monthly family income *now*

- ' 699 or below
- ' 700 - 939
- ' 940 - 1,179
- ' 1,180 - 1,289
- ' 1,290 - 1,729
- ' 1,730 - 2,179
- ' 2,180 - 2,629
- ' 2,630 - 3,079
- ' 3,080 - 3,519
- ' 3,520 - 3,969
- ' 3,970 or above

Please use the space below for any comments you would like to make about the survey.

Thanks again!