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
   – I don’t know

6. Just before you got pregnant, did you have health insurance?
   – No
   – Yes
7. *Just before* you got pregnant, did you have health insurance through the Oregon Health Plan?  
   - No  
   - Yes

8. *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 10

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

9. 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:

   If you were not using birth control when you got pregnant, go to Question 12 on Page 3.

10. *When you got pregnant*, what kinds of birth control were you or your partner using?  
    Check all that apply.  
    - Pill  
    - Condoms  
    - Foam, jelly, cream  
    - Diaphragm  
    - Norplant®  
    - Shots (Depo-Provera®)  
    - Withdrawal  
    - Other ± Please tell us:

    - Don’t know/Not sure
11. 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
- Don’t know/Not sure

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

13. 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

14. Just before you got pregnant, how much did you weigh? _____ Pounds

- I don’t know

15. 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.

16. At the time of your first pregnancy test were you insured for prenatal care?
   - No
   - Yes
   - Don’t know/Not sure

17. If you had insurance for prenatal care at any time during your pregnancy, what type?

18. If you had insurance for prenatal care, was it an employee benefit?
   - No
   - Yes
   - Don’t know/Not sure

19. Did you have to pay out-of-pocket for any of your prenatal care?
   - No
   - Yes ± How much? ________
   - Don’t know/Not sure

20. Did the Oregon Health Plan pay for any portion of your prenatal care?
   - No
   - Yes
   - Don’t know/Not sure

21. About how many weeks or months pregnant were you when you had your first visit 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).
   - I did not go for prenatal care
   - _____ Weeks or _____ Months

22. Did you get prenatal care as early in your pregnancy as you wanted?
   - No
   - Yes ± Go to Question 24
   - I did not want prenatal care ± Go to Question 27
23. Did any of these things keep you from getting prenatal care as early in your pregnancy as you wanted? Check all that apply.

- I couldn’t get an appointment earlier in my pregnancy
- I didn’t have enough money or 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
- 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:

If you did not go for prenatal care, go to Question 27 on Page 6.

24. During each month of your pregnancy, about how many visits for prenatal care did you have? If you don’t know exactly how many, please give us your best guess. Don’t count visits for WIC. It may help to use the calendar.

<table>
<thead>
<tr>
<th>Month of Pregnancy</th>
<th>How many visits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Month</td>
<td>___</td>
</tr>
<tr>
<td>Second Month</td>
<td>___</td>
</tr>
<tr>
<td>Third Month</td>
<td>___</td>
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<tr>
<td>Fourth Month</td>
<td>___</td>
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<tr>
<td>Fifth Month</td>
<td>___</td>
</tr>
<tr>
<td>Sixth Month</td>
<td>___</td>
</tr>
<tr>
<td>Seventh Month</td>
<td>___</td>
</tr>
<tr>
<td>Eighth Month</td>
<td>___</td>
</tr>
<tr>
<td>Ninth Month</td>
<td>___</td>
</tr>
</tbody>
</table>

25. Where did you go most of the time for your prenatal visits? Don’t include visits for WIC.

- Hospital clinic
- Health department clinic
- Private doctor’s office or HMO clinic
- Other ± Please tell us:

If you did not go for prenatal care, go to Question 27 on Page 6.
26. 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? **For each thing, please circle N (No), Y (Yes), or DK (Don’t Know).**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Y</td>
<td>DK</td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>DK</td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
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<td>N</td>
<td>Y</td>
<td>DK</td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>DK</td>
</tr>
</tbody>
</table>

27. **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?**

<table>
<thead>
<tr>
<th>Weeks or Months</th>
<th>I was not on WIC</th>
<th>I don’t remember</th>
</tr>
</thead>
<tbody>
<tr>
<td>weeks/months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. **Before having your baby, who talked to you about immunizations for your newborn baby?**

*Check all that apply.*

- Obstetrician/gynecologist
- Pediatrician
- Midwife
- Health department employee
- Childbirth educator
- WIC
- Other ± Please tell us:

- No one talked to me about immunizations for my newborn baby

29. **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
30. 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

31. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?
   - No
   - Yes

32. Were you taking the vitamin folic acid most days in the month before you became pregnant?
   - No
   - Yes
   - I don’t know

The next questions are about smoking cigarettes and drinking alcohol.

33. Have you smoked at least 100 cigarettes in your entire life?
   - No ± Go to Question 40
   - Yes

34. In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day?
   - Less than 1 cigarette a day
   - I didn’t smoke
   - I don’t know
(A pack has 20 cigarettes.)

35. In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?
   - Less than 1 cigarette a day
   - I didn’t smoke
   - I don’t know

36. How many cigarettes or packs of cigarettes do you smoke on an average day now?
   - Less than 1 cigarette a day
   - I don’t smoke
   - I don’t know

37. 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
38. 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

39. 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

40. During the **3 months before** you got pregnant, how many alcoholic drinks did you have in an average week? (A drink is: One glass of wine. One wine cooler. One can or bottle of beer. One shot of liquor. One mixed drink.)  
- 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

41. During the **3 months before** you got pregnant, how many times did you drink 5 or more alcoholic drinks at one sitting?  
- I didn’t drink then  
- I don’t know

42. 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

43. During the **last 3 months** of your pregnancy, how many times did you drink 5 or more alcoholic drinks at one sitting?  
- I didn’t drink then  
- I don’t know
Pregnancy can be a difficult time for some women. The next questions are about some things that may have happened to you before and during your most recent pregnancy.

44. This question is about things that may have happened during the 12 months before you delivered your new baby. This includes the months before you got pregnant. For each thing, circle N (No) or Y (Yes). It may be helpful to use your calendar.

   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

45. 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 thing, circle N (No) or Y (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.

46. When was your baby born? ______/_____/_____  
    month  day  year

47. When did you go into the hospital to have your baby? ______/_____/_____  
    month  day  year
    ✔ I did not have my baby in a hospital

48. What type of insurance paid for your delivery?
    ✔ Insurance through my employer
    ✔ Insurance through someone else’s employer
    ✔ Oregon Health Plan
    ✔ CHAMPUS (Military)
    ✔ Indian Health Care Program
    ✔ Other ± please tell us:
    ______
    ✔ I didn’t have insurance for my delivery
    ✔ I don’t know

49. Is your baby alive now?  
   ✔ Yes ± Is your baby living with you now? ✔ No
   ✔ 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.
   ______
   ✔ Yes

   ✔ 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.
   ______
   ✔ Yes

50. For how many weeks did you breast-feed your new baby? ______ Weeks
    ✔ I didn’t breast-feed my baby ±
    Go to Question 53
    ✔ I breast-fed less than 1 week ±
    Go to Question 52
    ✔ I’m still breast-feeding

If your baby is not alive or is not living with you now, go to Question 66 on Page 14.
51. How many weeks old was your baby the first time you fed him or her anything besides breast milk? Include formula, baby food, juice, cow's milk, or anything else.

   Weeks
   Ḿ My baby was less than 1 week old
   Ḿ I haven’t fed my baby anything besides breast milk

If your baby was not born in a hospital, go to Question 53.

52. This question asks about things that may have happened at the hospital where your new baby was born. For each thing, circle N (No) or Y (Yes).

   a. Hospital staff gave you information about breast-feeding  N  Y
   b. Your baby stayed in the same room with you at the hospital  N  Y
   c. You breast-fed your baby at the hospital  N  Y
   d. Hospital staff helped you learn how to breast-feed  N  Y
   e. Your baby was fed only breast milk at the hospital  N  Y
   f. Hospital staff told you to breast-feed whenever your baby wanted  N  Y
   g. The hospital gave you a gift pack with formula  N  Y
   h. The hospital gave you a telephone number to call for help about breast-feeding  N  Y

53. During your most recent pregnancy, what did you think about breast-feeding your new baby? Check one answer.

   Ḿ I knew I would breast-feed
   Ḿ I thought I might breast-feed
   Ḿ I knew I would not breast-feed
   Ḿ I didn’t know what to do about breast-feeding

54. Did any of these things prevent you from breast-feeding or stop you after you had started? Check all that apply.

   Ḿ I am still breast-feeding
   Ḿ I didn’t want to breast-feed
   Ḿ I was planning to go to work or school
   Ḿ I tried but my baby didn’t breast-feed very well
   Ḿ My baby was not with me
   Ḿ I think it's better for my baby to be bottle fed
   Ḿ I was taking medicine
   Ḿ I felt it was the right time to stop
   Ḿ My doctor told me to not to breast-feed

   Reason: ____________________________
   Ḿ Other ± Please tell us:

   ____________________________________
55. **After having your baby,**
did you see the packet of information with this cover?  

- No, I did not see the packet  
- Yes, I saw the packet

If yes, did you look it over?  

- No  
- Yes

(The packet is called "Great Shots Begin at Birth" and it’s blue and orange.)

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. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?  

- My baby is never in the same room with someone who is smoking

58. Which of the following statements best represents your opinion on children’s exposure to secondhand smoke?  

- Secondhand 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

59. Is there anyone (else) in your household who smokes cigarettes, cigars, or pipes?  

- No  
- Yes
60. 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

61. How do you put your new baby down to sleep most of the time? Check one answer.

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

62. How often does your new baby sleep in the same bed with you? Check only one.

- Always
- Almost always
- Sometimes
- Never

63. 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.

- My baby hasn’t been for routine well baby care

± Go to Question 65

64. 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: ________________________

65. Listed below are some things about child safety. For each, circle N (No) or Y (Yes) or DK (Don’t Know).

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Your infant was brought home from the hospital in an infant car seat</td>
<td>N</td>
<td>Y</td>
<td>DK</td>
</tr>
<tr>
<td>b. Your baby always rides in an infant car seat</td>
<td>N</td>
<td>Y</td>
<td>DK</td>
</tr>
<tr>
<td>c. Your home has a working smoke alarm that has been tested in the last year</td>
<td>N</td>
<td>Y</td>
<td>DK</td>
</tr>
<tr>
<td>d. Any guns, rifles, or other firearms in your home are stored unloaded</td>
<td>N</td>
<td>Y</td>
<td>DK</td>
</tr>
<tr>
<td>e. Your hot water heater has been turned down or set to 120°F or below</td>
<td>N</td>
<td>Y</td>
<td>DK</td>
</tr>
</tbody>
</table>
Here are some questions about you after your baby was born.

66. What is your health insurance coverage now?
   - Insurance through my employer
   - Insurance through someone else’s employer
   - Oregon Health Plan
   - CHAMPUS (Military)
   - Indian Health Care Program
   - Other ± Please tell us:
     - I don’t have any health insurance
     - I don’t know

67. Are you or your husband or partner using any kind of birth control now?
   - No
   - Yes ± Go to Question 69

   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.

68. 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:

   ""
69. What kinds of birth control are you or your partner using \textit{now}? \textbf{Check all that apply.}

- Tubes tied (sterilization)
- Vasectomy (sterilization)
- Pill
- Condoms
- Foam, jelly, cream
- Diaphragm
- Norplant®
- Shots (Depo-Provera®)
- Withdrawal
- Other ± Please tell us:
- Don't know/Not sure

70. Where are you or your partner getting your birth control \textit{method(s)} \textit{now}? \textbf{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
- Don’t know/Not sure

71. Does your health insurance cover the cost of birth control \textit{now}? \textbf{Check the best answer.}

- Yes, it covers all or a part of the cost of my birth control method
- Yes, it covers birth control, \textit{but not the method I want}
- Yes, it covers birth control, \textit{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.

72. What were the sources of your family income during the past 12 months? Check all that apply.
   - Money from a job or business
   - Aid such as TANF (formerly AFDC), welfare, public assistance, general assistance, food stamps, or SSI
   - Unemployment benefits
   - Child support or alimony
   - Fees, rental income, commissions, interest, dividends
   - Social security, workers’ compensation, veteran benefits, or pensions
   - Other ± Please tell us:

73. 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: $ _______ ± Œ Weekly or Œ Monthly or Œ Yearly

   b. Family income now: $ _______ ± Œ Weekly or Œ Monthly or Œ Yearly
Thank you for giving us your best guesses in Question 73. 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.

74. 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
      
      | Income Range | Before Pregnancy |
      |--------------|-----------------|
      | 659 or below | 659 or below    |
      | 660 - 879    | 660 - 879       |
      | 880 - 1,109  | 880 - 1,109     |
      | 1,110 - 1,219| 1,110 - 1,219   |
      | 1,220 - 1,639| 1,220 - 1,639   |
      | 1,640 - 2,059| 1,640 - 2,059   |
      | 2,060 - 2,469| 2,060 - 2,469   |
      | 2,470 - 2,889| 2,470 - 2,889   |
      | 2,890 - 3,309| 2,890 - 3,309   |
      | 3,310 - 3,729| 3,310 - 3,729   |
      | 3,730 or above| 3,730 or above  |

   b. Monthly family income now
      
      | Income Range | Now |
      |--------------|-----|
      | 659 or below | 659 or below |
      | 660 - 879    | 660 - 879   |
      | 880 - 1,109  | 880 - 1,109 |
      | 1,110 - 1,219| 1,110 - 1,219|
      | 1,220 - 1,639| 1,220 - 1,639|
      | 1,640 - 2,059| 1,640 - 2,059|
      | 2,060 - 2,469| 2,060 - 2,469|
      | 2,470 - 2,889| 2,470 - 2,889|
      | 2,890 - 3,309| 2,890 - 3,309|
      | 3,310 - 3,729| 3,310 - 3,729|
      | 3,730 or above| 3,730 or above |

75. How many people does this income support? Count yourself.

   a. Number of people before you got pregnant
      
      _______

   b. Number of people now
      
      _______
Your answers to these questions are very helpful to us. If you would be willing to answer additional questions, please fill out the information below:

76. May we contact you by phone?  
   Œ No  
   Œ Yes

   What is your name? ____________________________

   What is your telephone number? _________________

   When is the best time to call you? ________________

Thanks for answering our questions! Your answers will help us work to make mothers, babies and families healthier.

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

Thanks again!