

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

4. *Before you got pregnant with your new baby, did you ever have any other babies who were born alive?*

- No Yes

→ **Go to Question 7**

5. Did the baby born *just before* your new one weigh 5 pounds, 8 ounces (2.5 kilos) or *less* at birth?

- No
 Yes

6. Was the baby *just before* your new one born *earlier* than 3 weeks before his or her due date?

- No
 Yes

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

7. At any time during the *12 months before you got pregnant with your new baby, did you do any of the following things?* For each item, check **No** if you did not do it or **Yes** if you did it.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I was dieting (changing my eating habits) to lose weight | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was exercising 3 or more days of the week | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was regularly taking prescription medicines other than birth control | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I visited a health care worker and was checked for diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I visited a health care worker and was checked for high blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I visited a health care worker and was checked for depression or anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I talked to a health care worker about my family medical history | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I had my teeth cleaned by a dentist or dental hygienist | <input type="checkbox"/> | <input type="checkbox"/> |

8. 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, partner, or parents
- Private health insurance purchased directly from an insurance company
- Oregon Health Plan or Medicaid
- TRICARE or other military health care
- Indian Health Service
- Some other kind of health insurance → Please tell us:

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

9. 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

10. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?

- No
- Yes

11. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had 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 the same as gestational diabetes or diabetes that starts during pregnancy) ...
- b. High blood pressure or hypertension.....
- c. Depression

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

12. 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
- I wasn't sure what I wanted

**Go to
Question 14**

13. 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

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

- No
 Yes

→ **Go to Question 17**

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

- No
 Yes

→ **Go to Question 17**

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

Check ALL that apply

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

DURING PREGNANCY

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

17. How many weeks *or* months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

{ Weeks OR Months

- I didn't go for prenatal care

→ **Go to Page 4, Question 19**

18. Did you get prenatal care as early in your pregnancy as you wanted?

- No
 Yes

→ **Go to Page 4, Question 20**

Go to Page 4, Question 19

19. Did any of these things keep you from getting prenatal care when you wanted it?

For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I couldn't get an appointment when I wanted one..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I didn't have enough money or insurance to pay for my visits..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I didn't have any transportation to get to the clinic or doctor's office | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The doctor or my health plan would not start care as early as I wanted | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had too many other things going on..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I couldn't take time off from work or school..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I didn't have my Oregon Health Plan or Medicaid card | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I didn't have anyone to take care of my children | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I didn't know that I was pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I didn't want anyone else to know I was pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I didn't want prenatal care | <input type="checkbox"/> | <input type="checkbox"/> |

If you did not get prenatal care, go to Question 22.

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

Check ALL that apply

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Oregon Health Plan or Medicaid
- TRICARE or other military health care
- Indian Health Service
- Some other kind of health insurance —————> Please tell us:
- I did not have any health insurance to pay for my *prenatal care*

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

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. How much weight I should gain during my pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How smoking during pregnancy could affect my baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Breastfeeding my baby | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How drinking alcohol during pregnancy could affect my baby | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Using a seat belt during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Medicines that are safe to take during my pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| g. How using illegal drugs could affect my baby | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Doing tests to screen for birth defects or diseases that run in my family | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Getting tested for HIV (the virus that causes AIDS) | <input type="checkbox"/> | <input type="checkbox"/> |
| k. What to do if I feel depressed during my pregnancy or after my baby is born..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Physical abuse to women by their husbands or partners | <input type="checkbox"/> | <input type="checkbox"/> |

22. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?

- No
 Yes
 I don't know

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. During what month and year did you get the flu shot?

/
 Month Year

- I don't remember

26. This question is about the 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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A dental or other health care worker talked with me about how to care for my teeth and gums | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had my teeth cleaned by a dentist or dental hygienist..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I had insurance to cover dental care during my pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I <u>needed</u> to see a dentist for a problem | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I <u>went</u> to a dentist or dental clinic about a problem | <input type="checkbox"/> | <input type="checkbox"/> |

27. During *your most recent* pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

- No
 Yes

28. During *your most recent* pregnancy, did a home visitor come to your home to help you prepare for 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 pregnant women.

- No
 Yes

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

- No
 Yes

30. During *your most recent* pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during *this* pregnancy)?

- No
 Yes

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

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

- No → Go to Question 35
 Yes
↓

32. 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

33. 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

34. 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 drinking alcohol around the time of pregnancy (before and during).

35. 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 38**

Yes

36. 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
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

37. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 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 for some women. The next questions are about things that may have happened *before* and *during* your most recent pregnancy.

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

39. During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- No
 Yes

40. During the 12 months before you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

41. 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

The next questions are about your labor and delivery.

42. When was your new baby born?

/ / 20
 Month Day Year

43. By the end of your most recent pregnancy, how much weight had you gained?

Check ONE answer
and fill in blank if needed

- I gained pounds
 I didn't gain any weight, but I lost pounds
 My weight didn't change during my pregnancy
 I don't know

AFTER PREGNANCY

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

44. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

- No
 Yes
 I don't know

45. 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 48**

Go to Question 46

46. Is your baby alive now?

- No → *We are very sorry for your loss.*
 Yes → **Go to Page 10, Question 55**

47. Is your baby living with you now?

- No → **Go to Page 10, Question 54**
 Yes

48. 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 53**
 Yes

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

- No
 Yes → **Go to Question 51**

50. How many weeks or months did you breastfeed or pump milk to feed your baby?

Weeks OR Months

- Less than 1 week

If your baby was not born in a hospital, go to Question 52.

51. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check **No** if it did not happen or **Yes** if it did happen.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Hospital staff gave me information about breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My baby stayed in the same room with me at the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hospital staff helped me learn how to breastfeed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I breastfed in the first hour after my baby was born..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I breastfed my baby in the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My baby was fed only breast milk at the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Hospital staff told me to breastfeed whenever my baby wanted..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The hospital gave me a breast pump to use..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The hospital gave me a gift pack with formula..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. The hospital gave me a telephone number to call for help with breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Hospital staff gave my baby a pacifier..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

Weeks OR Months

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

If your baby is still in the hospital, go to Question 54.

53. 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

54. *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
- Yes

55. 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 using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes

Go to Question 57

Go to Question 56

56. 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 am not having sex
- I want to get pregnant
- I don't want to use birth control
- I am worried about side effects from birth control
- My husband or partner doesn't want to use anything
- I have problems getting birth control when I need it
- I had my tubes tied or blocked
- My husband or partner had a vasectomy
- I am pregnant now
- Other _____ → Please tell us:

If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 58.

57. 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, Essure®, Adiana®)
- Vasectomy (male sterilization)
- Birth control pill
- Condoms
- Injection (Depo-Provera®)
- Contraceptive implant (Implanon®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena® or ParaGard®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other _____ → Please tell us:

58. *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
 Yes

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

- Always
 Often
 Sometimes
 Rarely
 Never

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

- Always
 Often
 Sometimes
 Rarely
 Never

61. 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, partner, or parents
 Private health insurance purchased directly from an insurance company
 Oregon Health Plan or Medicaid
 TRICARE or other military health care
 Indian Health Service
 Some other kind of health insurance —————> Please tell us:

- I do not have health insurance *now*

OTHER EXPERIENCES

The next questions are on a variety of topics.

62. During the 3 months before you got pregnant with your new baby, how many times did you exercise or play sports in an average week? (For example, walking briskly for ½ hour or more, jogging, aerobics, swimming, etc.)

- 0 times per week
 1 time per week
 2 times per week
 3 times per week
 4 times per week
 5 or more times per week

63. During your most recent pregnancy, how many times did you exercise or play sports in an average week? (For example, walking briskly for ½ hour or more, jogging, aerobics, swimming, etc.)

- 0 times per week
 1 time per week
 2 times per week
 3 times per week
 4 times per week
 5 or more times per week

64. During your most recent pregnancy, how often did you feel down, depressed, or hopeless?

- Always
 Often
 Sometimes
 Rarely
 Never

65. During *your most recent* pregnancy, how often did you have little interest or little pleasure in doing things?

- Always
 Often
 Sometimes
 Rarely
 Never

66. During *your most recent* pregnancy, were you *offered* home visiting services? Home visiting is when a nurse, health care worker, social worker or other person who works for a program that helps pregnant women comes to your home.

- No → **Go to Question 69**
 Yes

67. Did you accept the offer of home visiting services?

- No
 Yes → **Go to Question 69**

68. Why did you not accept the offer of home visiting services?

- I didn't think I needed it
 I didn't understand how it would help me
 I did not want anyone in my home
 Household member(s) didn't want anyone in my home
 Other → Please tell us:

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

- No → **Go to Question 71**
 Yes

70. How many weeks or months of leave did you take or will you take after the birth of your new baby?

Weeks OR Months

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 73.

71. Do you have one or more persons you think of as your *new baby's* personal doctor or nurse? A personal doctor or nurse is a health professional who is familiar with your baby's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner or a physician assistant.

- No
 Yes

72. *Since 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

73. Not including yourself, is there anyone in your household who smokes cigarettes, cigars, or pipes?

- No
 Yes

74. In the past 12 months, have you needed or received any of the following?

For each item, check:

DN if you *didn't need* it

N if you *needed* it, but *did not* get it

NG if you *needed* it and *did* get it

DN N NG

- a. Food Stamps or money to buy food
- b. Other financial assistance (for example, AFDC, TANF, subsidized rent, etc.)
- c. Help with an alcohol or drug problem
- d. Help to stop smoking
- e. Help with transportation
- f. Help paying for education or job training
- g. Help with a family violence problem
- h. Help or counseling for other family or personal problems

75. Would you have the kinds of help listed below if you needed them? For each item, check **No** if you would not have it or check **Yes** if you would.

No Yes

- a. Someone to loan me money for food or bills if I needed it
- b. Someone who would help me if I were sick and needed to be in bed
- c. Someone who would take me to the clinic or doctor's office if I needed a ride
- d. Someone I can count on to listen to me when I need to talk
- e. Someone who shows me love and affection other than my child

76. Below is a list of items neighbors sometimes do for each other.

For each item, check:

N if they *never* do

AN if they *almost never* do

S if they *sometimes* do

F if they *fairly often* do

VO if they *very often* do

How often do your neighbors—

N AN S F VO

- a. Do favors for each other?
- b. Ask each other advice about personal things such as child rearing or job openings?
- c. Have parties or other get-togethers where other people in the neighborhood are invited?
- d. Visit in each other's homes or on the street? ..
- e. Watch over each other's property?

77. Do you have one or more persons you think of as *your* personal doctor or nurse?

A personal doctor or nurse is a health professional who is familiar with your health history. This can be a general doctor, a specialist doctor, a nurse practitioner or a physician assistant.

- No
- Yes

78. Have you *ever* experienced discrimination (felt like you were treated worse than other people) while getting any type of health or medical care? For each item, check **No if you have never experienced discrimination because of it or **Yes** if you have.**

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. My race or skin color | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My immigration status | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My age | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My income | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My sex/gender | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My sexual orientation | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My religion | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Because I was pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The language I speak | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My type of health insurance or my lack of health insurance | <input type="checkbox"/> | <input type="checkbox"/> |

79. Have you *ever* experienced discrimination (felt like you were treated worse than other people) in a situation other than getting any type of health or medical care (for example, in housing, work or school)? For each item, check **No if you have never experienced discrimination because of it or **Yes** if you have.**

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. My race or skin color | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My immigration status | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My age | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My income | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My sex/gender | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My sexual orientation | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My religion | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Because I was pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The language I speak | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My type of health insurance or my lack of health insurance | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

- \$0 to \$15,000
- \$15,001 to \$19,000
- \$19,001 to \$22,000
- \$22,001 to \$26,000
- \$26,001 to \$29,000
- \$29,001 to \$37,000
- \$37,001 to \$44,000
- \$44,001 to \$52,000
- \$52,001 to \$56,000
- \$56,001 to \$67,000
- \$67,001 to \$79,000
- \$79,001 or more

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

People

82. 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 Oregon.

Thanks for answering our questions!

Your answers will help us work to make Oregon mothers and babies healthier.