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
   - 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.

   a. I was dieting (changing my eating habits) to lose weight .........................
   - No
   - Yes

   b. I was exercising 3 or more days of the week ........................................
   - No
   - Yes

   c. I was regularly taking prescription medicines other than birth control .....
   - No
   - Yes

   d. I visited a health care worker and was checked for diabetes .....................
   - No
   - Yes

   e. I visited a health care worker and was checked for high blood pressure ....
   - No
   - Yes

   f. I visited a health care worker and was checked for depression or anxiety ....
   - No
   - Yes

   g. I talked to a health care worker about my family medical history ...........
   - No
   - Yes

   h. I had my teeth cleaned by a dentist or dental hygienist ..........................
   - No
   - Yes
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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. High blood pressure or hypertension</td>
<td></td>
<td></td>
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<tr>
<td>c. Depression</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

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).
- I didn’t go for prenatal care
- _____ Weeks OR _____ Months ➔ 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 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.

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

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.

a. How much weight I should gain during my pregnancy

b. How smoking during pregnancy could affect my baby

c. Breastfeeding my baby

d. How drinking alcohol during pregnancy could affect my baby

e. Using a seat belt during my pregnancy

f. Medicines that are safe to take during my pregnancy

g. How using illegal drugs could affect my baby

h. Doing tests to screen for birth defects or diseases that run in my family

i. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)

j. Getting tested for HIV (the virus that causes AIDS)

k. What to do if I feel depressed during my pregnancy or after my baby is born

l. Physical abuse to women by their husbands or partners

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?**

   - No
   - Yes
   - I don’t know

   **Go to Question 26**

25. **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?**

   - No
   - Yes, before my pregnancy
   - Yes, during my pregnancy

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.

   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 my teeth cleaned by a dentist or dental hygienist

   d. I had insurance to cover dental care during my pregnancy

   e. I needed to see a dentist for a problem

   f. I went to a dentist or dental clinic about a problem
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

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

- No
- Yes

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

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
- [ ] Yes

Go to Question 38

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.)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A close family member was very sick and had to go into the hospital</td>
<td></td>
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<tr>
<td>b. I got separated or divorced from my husband or partner</td>
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<tr>
<td>c. I moved to a new address</td>
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<tr>
<td>d. I was homeless or had to sleep outside, in a car, or in a shelter</td>
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<tr>
<td>e. My husband or partner lost his job</td>
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<tr>
<td>f. I lost my job even though I wanted to go on working</td>
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<tr>
<td>g. My husband, partner, or I had a cut in work hours or pay</td>
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<tr>
<td>h. I was apart from my husband or partner due to military deployment or extended work-related travel</td>
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<tr>
<td>i. I argued with my husband or partner more than usual</td>
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<tr>
<td>j. My husband or partner said he didn’t want me to be pregnant</td>
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<tr>
<td>k. I had problems paying the rent, mortgage, or other bills</td>
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<tr>
<td>l. My husband, partner, or I went to jail</td>
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<tr>
<td>m. Someone very close to me had a problem with drinking or drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Someone very close to me died</td>
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<td></td>
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</tbody>
</table>
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?

☐ [Month] / [Day] / 20[Year]

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

☐ 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
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  \(→\)  Go to Question 51
   - Yes

50. How many weeks or months did you breastfeed or pump milk to feed your baby?
   - Weeks OR Months
   - Less than 1 week

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.

   a. Hospital staff gave me information about breastfeeding.................................☐ ☐
   b. My baby stayed in the same room with me at the hospital..............................☐ ☐
   c. Hospital staff helped me learn how to breastfeed..........................................☐ ☐
   d. I breastfed in the first hour after my baby was born.....................................☐ ☐
   e. I breastfed my baby in the hospital.........................................................☐ ☐
   f. My baby was fed only breast milk at the hospital.........................................☐ ☐
   g. Hospital staff told me to breastfeed whenever my baby wanted.....................☐ ☐
   h. The hospital gave me a breast pump to use...............................................☐ ☐
   i. The hospital gave me a gift pack with formula..........................................☐ ☐
   j. The hospital gave me a telephone number to call for help with breastfeeding.........................☐ ☐
   k. Hospital staff gave my baby a pacifier ..................................................☐ ☐

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?

- 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

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

56. What are your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant now?

- 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

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?

- 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

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### 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
- Yes

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

- No
- Yes

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

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

- No
- Yes

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

- Weeks
- Months

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) \textit{while getting any type of health or medical care}? For each item, check \textbf{No} if you have never experienced discrimination because of it or \textbf{Yes} if you have.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My race or skin color</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. My immigration status</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. My age</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. My income</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. My sex/gender</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. My sexual orientation</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. My religion</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. Because I was pregnant</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. The language I speak</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>j. My type of health insurance or my lack of health insurance</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My race or skin color</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. My immigration status</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. My age</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. My income</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. My sex/gender</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. My sexual orientation</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. My religion</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. Because I was pregnant</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. The language I speak</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>j. My type of health insurance or my lack of health insurance</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

80. During the 12 months before your new baby was born, what was your yearly total household income \textit{before taxes}? Include your income, your husband’s or partner’s income, and any other income you may have received. \textit{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?

<table>
<thead>
<tr>
<th>People</th>
</tr>
</thead>
</table>

82. What is today’s date?

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>
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.