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

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

4. During the 3 months before you got pregnant with your new baby, did you have 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 gestational diabetes or diabetes that starts during pregnancy)
   b. High blood pressure or hypertension
   c. Depression

5. 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

6. In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

   - No
   - Yes

7. What type of health care visit did you have in the 12 months before you got pregnant with your new baby?

   Check ALL that apply

   - Regular checkup at my family doctor’s office
   - Regular checkup at my OB/GYN’s office
   - Visit for an illness or chronic condition
   - Visit for an injury
   - Visit for family planning or birth control
   - Visit for depression or anxiety
   - Visit to have my teeth cleaned by a dentist or dental hygienist
   - Other Please tell us:

   Please tell us:
8. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not or Yes if they did.

- Tell me to take a vitamin with folic acid... □ □
- Talk to me about maintaining a healthy weight.......................................................... □ □
- Talk to me about controlling any medical conditions such as diabetes or high blood pressure................................ □ □
- Talk to me about my desire to have or not have children........................................... □ □
- Talk to me about using birth control to prevent pregnancy ........................................... □ □
- Talk to me about how I could improve my health before a pregnancy ........................... □ □
- Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis................................ □ □
- Ask me if I was smoking cigarettes............ □ □
- Ask me if someone was hurting me emotionally or physically ........................................ □ □
- Ask me if I was feeling down or depressed................................................................. □ □
- Ask me about the kind of work I do ............ □ □
- Test me for HIV (the virus that causes AIDS)..................................................................... □ □

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

9. During the month before you got pregnant with your new baby, what kind of health insurance did you have?

- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Oregon Health Insurance Marketplace, Care Oregon, or HealthCare.gov
- Oregon Health Plan or Medicaid
- TRICARE or other military health care
- Indian Health Service
- Other health insurance Please tell us: ______________________

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

10. During your most recent pregnancy, what kind of health insurance did you have for your prenatal care?

- I did not go for prenatal care Go to Question 11
- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Oregon Health Insurance Marketplace, Care Oregon, or HealthCare.gov
- Oregon Health Plan or Medicaid
- TRICARE or other military health care
- Indian Health Service
- Other health insurance Please tell us: ______________________

- I did not have any health insurance for my prenatal care
11. What kind of health insurance do you have now?

- [ ] Private health insurance from my job or the job of my husband or partner
- [ ] Private health insurance from my parents
- [ ] Private health insurance from the Oregon Health Insurance Marketplace, Care Oregon, or HealthCare.gov
- [ ] Oregon Health Plan or Medicaid
- [ ] TRICARE or other military health care
- [ ] Indian Health Service
- [ ] Other health insurance —— Please tell us: ____________________________
- [ ] I do not have health insurance now

12. Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?

- [ ] 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

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

- [ ] No
- [ ] Yes —— Go to Page 4, Question 17

14. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- [ ] No
- [ ] Yes —— Go to Question 16

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

- [ ] 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: ____________________________

16. What method of birth control were you using when you got pregnant?

- [ ] Birth control pills
- [ ] Condoms
- [ ] Shots or injections (Depo-Provera®)
- [ ] Contraceptive implant in the arm (Nexplanon® or Implanon®)
- [ ] Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- [ ] IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- [ ] Natural family planning (including rhythm method)
- [ ] Withdrawal (pulling out)
- [ ] Other —— Please tell us: ____________________________

If you or your husband or partner was not doing anything to keep from getting pregnant, go to Page 4, Question 17.
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?

<table>
<thead>
<tr>
<th>Weeks</th>
<th>OR</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ I didn’t go for prenatal care  

Go to Question 19

18. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check No if they did not ask you about it or Yes if they did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If I knew how much weight I should gain during pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. If I was taking any prescription medication</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. If I was smoking cigarettes</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. If I was drinking alcohol</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. If someone was hurting me emotionally or physically</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. If I was feeling down or depressed</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. If I was using drugs such as marijuana, cocaine, crack, or meth</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. If I wanted to be tested for HIV (the virus that causes AIDS)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. If I planned to breastfeed my new baby</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>j. If I planned to use birth control after my baby was born</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

19. 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

20. During the 12 months before the delivery of your new baby, did you get a flu shot?

☐ No  
☐ Yes, before my pregnancy  
☐ Yes, during my pregnancy

21. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

☐ No  
☐ Yes

22. During your most recent pregnancy, did you have 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>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Gestational diabetes (diabetes that started during this pregnancy)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Depression</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>
The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

23. Have you smoked any cigarettes in the past 2 years?
   - No
   - Yes [Go to Question 27]

24. 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

25. 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

26. How many cigarettes do you smoke on an average day now? A pack has 20 cigarettes.
   - 41 cigarettes or more
   - 21 to 40 cigarettes
   - 11 to 20 cigarettes
   - 6 to 10 cigarettes
   - 1 to 5 cigarettes
   - Less than 1 cigarette
   - I don’t smoke now

The next questions are about using other tobacco products around the time of pregnancy.

27. Have you used any of the following products in the past 2 years? For each item, check No if you did not use it or Yes if you did.
   - E-cigarettes or other electronic nicotine products............................................................
   - Hookah .................................................................

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 28. Otherwise, go to Page 6, Question 30.

28. During the 3 months before you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?
   - More than once a day
   - Once a day
   - 2-6 days a week
   - 1 day a week or less
   - I did not use e-cigarettes or other electronic nicotine products then
29. During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

The next questions are about drinking alcohol around the time of pregnancy.

30. 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

31. 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
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn’t drink then

Pregnancy can be a difficult time. The next questions are about things that may have happened before and during your most recent pregnancy.

32. 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.)

- A close family member was very sick and had to go into the hospital
- I got separated or divorced from my husband or partner
- I moved to a new address
- I was homeless or had to sleep outside, in a car, or in a shelter
- My husband or partner lost their job
- I lost my job even though I wanted to go on working
- My husband, partner, or I had a cut in work hours or pay
- I was apart from my husband or partner due to military deployment or extended work-related travel
- I argued with my husband or partner more than usual
- My husband or partner said they didn’t want me to be pregnant
- I had problems paying the rent, mortgage, or other bills
- My husband, partner, or I went to jail
- Someone very close to me had a problem with drinking or drugs
- Someone very close to me died

33. 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
34. In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My husband or partner</td>
<td>❑</td>
</tr>
<tr>
<td>b. My ex-husband or ex-partner</td>
<td>❑</td>
</tr>
</tbody>
</table>

35. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My husband or partner</td>
<td>❑</td>
</tr>
<tr>
<td>b. My ex-husband or ex-partner</td>
<td>❑</td>
</tr>
</tbody>
</table>

AFTER PREGNANCY

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

36. When was your new baby born?

Month / Day / Year

37. 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

38. Is your baby alive now?

- No
- Yes

We are very sorry for your loss.

39. Is your baby living with you now?

- No
- Yes

40. Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources? For each one, check No if you did not receive information from this source or Yes if you did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My doctor</td>
<td>❑</td>
</tr>
<tr>
<td>b. A nurse, midwife, or doula</td>
<td>❑</td>
</tr>
<tr>
<td>c. A breastfeeding or lactation specialist</td>
<td>❑</td>
</tr>
<tr>
<td>d. My baby’s doctor or health care provider</td>
<td>❑</td>
</tr>
<tr>
<td>e. A breastfeeding support group</td>
<td>❑</td>
</tr>
<tr>
<td>f. A breastfeeding hotline or toll-free number</td>
<td>❑</td>
</tr>
<tr>
<td>g. Family or friends</td>
<td>❑</td>
</tr>
<tr>
<td>h. Other</td>
<td>❑</td>
</tr>
</tbody>
</table>

Please tell us:

41. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

- No
- Yes

Go to Page 8, Question 46

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

- No
- Yes

Go to Page 8, Question 44

Go to Page 8, Question 43
43. How many weeks or months did you breastfeed or feed pumped milk to your baby?
- Less than 1 week
- ___ Weeks OR ___ Months

If your baby was not born in a hospital, go to Question 45.

44. 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hospital staff gave me information about breastfeeding</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. My baby stayed in the same room with me at the hospital</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. I breastfed my baby in the hospital</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. Hospital staff helped me learn how to breastfeed</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. I breastfed in the first hour after my baby was born</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. My baby was placed in skin-to-skin contact within the first hour of life</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. My baby was fed only breast milk at the hospital</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. Hospital staff told me to breastfeed whenever my baby wanted</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. The hospital gave me a breast pump to use</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>j. The hospital gave me a gift pack with formula</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>k. The hospital gave me a telephone number to call for help with breastfeeding</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>l. Hospital staff gave my baby a pacifier</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

45. How old was your new baby the first time he or she had liquids other than breast milk (such as formula, water, juice, or cow’s milk)?
- 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 51.

46. 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

47. In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?
- Always
- Often
- Sometimes
- Rarely
- Never

Go to Question 49

48. When your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?
- No
- Yes
49. Listed below are some more things about how babies sleep. How did your new baby usually sleep in the past 2 weeks? For each item, check No if your baby did not usually sleep like this or Yes if he or she did.

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In a crib, bassinet, or pack and play</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. On a twin or larger mattress or bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. On a couch, sofa, or armchair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. In an infant car seat or swing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. In a sleeping sack or wearable blanket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. With a blanket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. With toys, cushions, or pillows, including nursing pillows</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. With crib bumper pads (mesh or non-mesh)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

50. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check No if they did not tell you or Yes if they did.

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Place my baby on his or her back to sleep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Place my baby to sleep in a crib, bassinet, or pack and play</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Place my baby’s crib or bed in my room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. What things should and should not go in bed with my baby</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

51. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes

Go to Question 52

52. 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 want to get pregnant
- I am pregnant now
- I had my tubes tied or blocked
- I don’t want to use birth control
- I am worried about side effects from birth control
- I am not having sex
- My husband or partner doesn’t want to use anything
- I have problems paying for birth control
- Other

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Page 10, Question 54.

53. 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 or Essure®)
- Vasectomy (male sterilization)
- Birth control pills
- Condoms
- Shots or injections (Depo-Provera®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- Contraceptive implant in the arm (Nexplanon® or Implanon®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other

Go to Question 53

Please tell us:
54. 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

Go to Question 56

55. During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not do it or Yes if they did.

No  Yes

a. Tell me to take a vitamin with folic acid ...

b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy..........................

c. Talk to me about how long to wait before getting pregnant again ....................

d. Talk to me about birth control methods I can use after giving birth..........

e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®, NuvaRing®, or condoms)..........................

f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant ( Nexplanon® or Implanon®) ..........

g. Ask me if I was smoking cigarettes ...........

h. Ask me if someone was hurting me emotionally or physically ....................

i. Ask me if I was feeling down or depressed ...........................................

j. Test me for diabetes........................................

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

☐ Always  ☐ Often  ☐ Sometimes  ☐ Rarely  ☐ Never

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

☐ Always  ☐ Often  ☐ Sometimes  ☐ Rarely  ☐ Never

58. During any of the following time periods, did you use marijuana or hash in any form? For each time period, check No if you did not use then or Yes if you did.

No  Yes

a. During the 12 months before I got pregnant ..............................................................

b. During my most recent pregnancy ............

c. Since my new baby was born ....................

If you did not get prenatal care, go to Question 60.

59. During any of your prenatal care visits or after your most recent delivery, did a doctor, nurse, or other health care worker ever advise you to quit smoking?

☐ No  ☐ Yes, during my prenatal care visits  ☐ Yes, after my delivery  ☐ Yes, both times  ☐ I did not smoke at that time

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

☐ Always  ☐ Often  ☐ Sometimes  ☐ Rarely  ☐ Never
61. **During your most recent pregnancy, how often did you have little interest or little pleasure in doing things you usually enjoyed?**

- [ ] Always
- [ ] Often
- [ ] Sometimes
- [ ] Rarely
- [ ] Never

62. **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  
  
  **Go to Question 65**

63. **Did you accept the offer of home visiting services?**

- [ ] No
- [ ] Yes  
  
  **Go to Question 65**

64. **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: ________________________  

  **Check ALL that apply**

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

- [ ] No  
  
  **Go to Page 12, Question 70**

- [ ] Yes  
  
  **Go to Question 66**

66. **Have you returned to the job you had during your most recent pregnancy?**

- [ ] No, and I do not plan to return  
  
  **Go to Page 12, Question 70**

- [ ] No, but I will be returning
- [ ] Yes  

67. **Did you take leave from work after your new baby was born?**

- [ ] I took paid leave from my job
- [ ] I took unpaid leave from my job
- [ ] I did not take any leave  
  
  **Go to Question 69**

68. **How many weeks or months of leave, in total, did you take or will you take?**

- [ ] Less than 1 week
- [ ] _____ Weeks  
  
  OR  
  
  _____ Months

69. **Did any of the things listed below affect your decision about taking leave from work after your new baby was born?** For each item, check No if it does not apply to you or Yes if it does.

  **No**  
  
  **Yes**

  a. I could not financially afford to take leave .........................................................  
  
  b. I was afraid I’d lose my job if I took leave or stayed out longer  
  
  c. I had too much work to do to take leave or stay out longer ....................................  
  
  d. My job does not have paid leave .................................................................  
  
  e. My job does not offer a flexible work schedule ..................................................  
  
  f. I had not built up enough leave time to take any or more time off  
  
  **Go to Question 66**
70. Not including yourself, is there anyone in your household who smokes cigarettes, cigars, or pipes?

☐ No
☐ Yes

71. 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

72. Would you have the kinds of help listed below if you needed them? For each one, check No if you would not have it or 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 a child

73. 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—

DN  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?

74. 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

75. Are you limited in any way in any activities because of physical, mental, or emotional problems?

☐ No
☐ Yes
76. 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.

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

77. 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 each item, check No if you have never experienced discrimination because of it or Yes if you have.

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78. In what country were you born?

- United States
- Other

79. How old were you when you moved to the United States?

   Age in years

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 $6,000
- $6,001 to $12,000
- $12,001 to $18,000
- $18,001 to $24,000
- $24,001 to $30,000
- $30,001 to $36,000
- $36,001 to $42,000
- $42,001 to $48,000
- $48,001 to $54,000
- $54,001 to $60,000
- $60,001 to $66,000
- $66,001 to $72,000
- $72,001 to $78,000
- $78,001 to $84,000
- $84,001 to $90,000
- $90,001 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?

Month / Day / Year

[ ] [ ] [20]
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 keep mothers and babies in Oregon healthy.