

Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

BEFORE PREGNANCY

First, we would like to ask a few questions about you and the time *before* you got pregnant with your new baby.

1. 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, circle **Y** (Yes) if you did it or circle **N** (No) if you did not.

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

2. During the *month before* you got pregnant with your new baby, were you covered by any of these health insurance plans?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or Baby Love Program
- TRICARE or other military health care
- NC Health Choice
- Health Check
- Carolina ACCESS
- Other source(s) —————> Please tell us:
- I did not have any health insurance before I got pregnant

3. 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 at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

4. *Just before* you got pregnant with your new baby, how much did you weigh?

Pounds **OR** Kilos

5. How tall are you without shoes?

Feet Inches

OR Meters

6. What is your date of birth?

/ / 19
Month Day Year

7. Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy.

- No
 Yes

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

- No → **Go to Question 11**
 Yes

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

- No
 Yes

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

- No
 Yes

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

11. 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 sooner
 I wanted to be pregnant later
 I wanted to be pregnant then
 I didn't want to be pregnant then or at any time in the future

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

- No
 Yes → **Go to Question 15**

13. 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 not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes → **Go to Question 15**

Go to Question 14

14. 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
- 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.)

15. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

____ Weeks **OR** ____ Months

- I don't remember

16. 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 18

Go to Page 4, Question 17

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

No
 Yes → **Go to Question 19**

18. Did any of these things keep you from getting prenatal care at all or as early as you wanted? For each item, circle **T** (True) if it was a reason that you didn't get prenatal care when you wanted or circle **F** (False) if it was not a reason for you or if something does not apply to you.

| | True | False |
|---|------|-------|
| a. I couldn't get an appointment when I wanted one | T | F |
| b. I didn't have enough money or insurance to pay for my visits | T | F |
| c. I had no transportation to get to the clinic or doctor's office | T | F |
| d. The doctor or my health plan would not start care as early as I wanted | T | F |
| e. I had too many other things going on | T | F |
| f. I couldn't take time off from work or school | T | F |
| g. I didn't have my Medicaid or Baby Love Program card | T | F |
| h. I had no one to take care of my children | T | F |
| i. I didn't know that I was pregnant | T | F |
| j. I didn't want anyone else to know I was pregnant | T | F |
| k. I didn't want prenatal care | T | F |

If you did not go for prenatal care, go to Question 21.

19. Did any of these health insurance plans help you pay for your prenatal care?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or Baby Love Program
- TRICARE or other military health care
- NC Health Choice
- Health Check
- Carolina ACCESS
- Other source(s) → Please tell us:
- I did not have health insurance to help pay for my prenatal care

20. 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, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

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

21. 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

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

- No
- Yes

23. 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

24. Did you have any of the following problems during your most recent pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.

| | No | Yes |
|---|----|-----|
| a. Vaginal bleeding | N | Y |
| b. Kidney or bladder (urinary tract) infection | N | Y |
| c. <i>Severe</i> nausea, vomiting, or dehydration | N | Y |
| d. Cervix had to be sewn shut (cerclage for incompetent cervix) | N | Y |
| e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia | N | Y |
| f. Problems with the placenta (such as abruptio placentae or placenta previa) | N | Y |
| g. Labor pains more than 3 weeks before my baby was due (preterm or early labor) | N | Y |
| h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) | N | Y |
| i. I had to have a blood transfusion | N | Y |
| j. I was hurt in a car accident | N | Y |

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

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

- No → **Go to Question 29**
 Yes

26. 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

27. 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

28. 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

29. Which of the following statements best describes the rules about smoking *inside* your home *now*?

Check one answer

- No one is allowed to smoke anywhere inside my home
 Smoking is allowed in some rooms or at some times
 Smoking is permitted anywhere inside my home

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

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 → **Go to Question 33**
 Yes

Go to Question 31a

31a. 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

Go to Question 32a

31b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting?
A sitting is a two hour time span.

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 4 drinks or more in 1 sitting

32a. 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

Go to Question 33

32b. During the last 3 months of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting?
A sitting is a two hour time span.

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 4 drinks or more in 1 sitting

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.

33. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not. (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 | N | Y |
| b. I got separated or divorced from my husband or partner | N | Y |
| c. I moved to a new address | N | Y |
| d. I was homeless | N | Y |
| e. My husband or partner lost his job | N | Y |
| f. I lost my job even though I wanted to go on working | N | Y |
| g. I argued with my husband or partner more than usual | N | Y |
| h. My husband or partner said he didn't want me to be pregnant | N | Y |
| i. I had a lot of bills I couldn't pay | N | Y |
| j. I was in a physical fight | N | Y |
| k. My husband or partner or I went to jail | N | Y |
| l. Someone very close to me had a problem with drinking or drugs | N | Y |
| m. Someone very close to me died | N | Y |

34. During the 12 months before your new baby was born, did you feel emotionally upset (for example angry, sad, or frustrated) as a result of how you were treated *based on your race*?

- No
- Yes

35. 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

36. 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. (It may help to look at the calendar when you answer these questions.)

37. When was your baby due?

/ / 20
 Month Day Year

38. When did you go into the hospital to have your baby?

/ / 20
 Month Day Year

- I didn't have my baby in a hospital

39. When was your baby born?

/ / 20
 Month Day Year

40. When were you discharged from the hospital after your baby was born?

/ / 20
 Month Day Year

- I didn't have my baby in a hospital

41. Did any of these health insurance plans help you pay for the *delivery* of your new baby?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
 Health insurance that you or someone else paid for (not from a job)
 Medicaid or Baby Love Program
 TRICARE or other military health care
 NC Health Choice
 Health Check
 Carolina ACCESS
 Other source(s) —————> Please tell us:

- I did not have health insurance to help pay for my delivery

AFTER PREGNANCY

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

42. After your baby was born, was he or she put in an intensive care unit?

- No
 Yes
 I don't know

43. After your baby was born, 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 46**

44. Is your baby alive now?

- No → **Go to Page 11, Question 56**
 Yes

45. Is your baby living with you now?

- No → **Go to Page 11, Question 56**
 Yes

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

- No
 Yes → **Go to Question 48**

Go to Question 47

47. What were your reasons for not breastfeeding your new baby?

Check all that apply

- My baby was sick and was not able to breastfeed
 I was sick or on medicine
 I had other children to take care of
 I had too many household duties
 I didn't like breastfeeding
 I tried but it was too hard
 I didn't want to
 I was embarrassed to breastfeed
 I went back to work or school
 I wanted my body back to myself
 Other → Please tell us:

If you did not breastfeed your new baby, go to Page 11, Question 52b.

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

- No
 Yes → **Go to Question 51**

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

- Weeks **OR** Months
 Less than 1 week

50. What were your reasons for stopping breastfeeding?

Check all that apply

- My baby had difficulty latching or nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My nipples were sore, cracked, or bleeding
- It was too hard, painful, or too time consuming
- I thought I was not producing enough milk
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick and was not able to breastfeed
- I went back to work or school
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other _____ → Please tell us:

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

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

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

52a. 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

52b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

Weeks **OR** Months

- My baby was less than 1 week old
 My baby has not eaten any foods

If your baby is still in the hospital, go to Question 56.

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. How often does your new baby sleep in the same bed with you or anyone else?

- Always
 Often
 Sometimes
 Rarely
 Never

55. Was your new baby seen by a doctor, nurse, or other health care worker for a *one week check-up* after he or she was born??

- No
 Yes

56. 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 not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes →

Go to Page 12, Question 58

Go to Page 12, Question 57

57. 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
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- 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 59.

58. 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 closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Injection once every 3 months (Depo-Provera[®])
- Contraceptive implant (Implanon[®])
- Contraceptive patch (OrthoEvra[®])
- Diaphragm, cervical cap, or sponge
- Vaginal ring (NuvaRing[®])
- IUD (including Mirena[®])
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Emergency contraception (The "morning-after" pill)
- Other _____ → Please tell us:

59. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way *since your new baby was born*. Use the scale when answering:

| | | | | |
|----------|----------|-----------|----------|----------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Often | Always |

- a. I felt down, depressed, or sad. _____
- b. I felt hopeless _____
- c. I felt slowed down _____

OTHER EXPERIENCES

The next questions are on a variety of topics.

60. During the 3 months before you got pregnant with your new baby, how often did you participate in any physical activities or exercise for 30 minutes or more? (For example, walking for exercise, swimming, cycling, dancing, or gardening.)

- Less than 1 day per week
- 1 to 2 days per week
- 3 to 4 days per week
- 5 or more days per week
- I was told by a doctor, nurse, or other health care worker not to exercise

61. During any of your prenatal care or new baby doctor visits, did a doctor, nurse, or other health care worker talk with you about any of the following? For each item, circle **Y** (Yes) if it happened or circle **N** (No) if it did not happen.

- | | No | Yes |
|--|----|-----|
| a. The “baby blues” or postpartum depression | N | Y |
| b. The bacteria B Strep that mothers can pass to their newborns during birth | N | Y |
| c. Placing your baby to sleep on his or her back or side | N | Y |
| d. If someone was hurting you emotionally | N | Y |
| e. What happens if a baby is shaken | N | Y |
| f. What you might do with a crying baby to quiet him or her. | N | Y |
| g. Smoking or tobacco use | N | Y |
| h. Second-hand smoke | N | Y |

62. Which of the following statements best describes the rules about smoking *inside* your home during *your most recent* pregnancy?

Check one answer

- No one was allowed to smoke anywhere inside my home
- Smoking was allowed in some rooms or at some times
- Smoking was permitted anywhere inside my home

63. How many cigarette smokers, not including yourself, lived in your home during *your most recent* pregnancy?

Number of smokers

64. How often do you now take a multivitamin?

Times per day

Times per week

Times per month

The next few questions are about the care of your teeth *during* your most recent pregnancy.

65. Did you go to a dentist or dental clinic?

- No → Go to Question 67
- Yes

66. When in a dentist office or dental clinic, did you have any of the following? For each item, circle **Y** (Yes) if you got the service or circle **N** (No) if you did not get it.

- | | No | Yes |
|------------------------------|----|-----|
| a. Cleaning | N | Y |
| b. Filling | N | Y |
| c. Extraction | N | Y |
| d. Other treatment | N | Y |

67. Did you need to see a dentist for a problem but were not able to?

- No
- Yes

68. In the past month, how many days a week did you get at least 30 minutes of physical activity or exercise? (For example, walking, dancing, yard work, or sweeping.)

- Less than 1 day per week
- 1 to 4 days per week
- 5 or more days per week
- I was told by a doctor, nurse, or other health care worker not to exercise

If your baby is not alive or is not living with you, go to Question 70.

69. Since you delivered your new baby, would you have the kinds of help listed below if you needed them? For each one, circle Y (Yes) if you would have it or circle N (No) if not.

- | | No | Yes |
|--|----|-----|
| a. Someone to loan me \$50. | N | Y |
| b. Someone to help me if I were sick and needed to be in bed. | N | Y |
| c. Someone to talk with about my problems. | N | Y |
| d. Someone to take care of my baby. | N | Y |
| e. Someone to help me if I were tired and feeling frustrated with my new baby. | N | Y |

70. Please tell us if you have heard of the following North Carolina programs. For each item, circle Y (Yes) if you heard about it or circle N (No) if you did not.

- | | No | Yes |
|--|----|-----|
| a. Baby Love. | N | Y |
| b. Child Service Coordination (CSC) | N | Y |
| c. Children’s Specialized Services Help Line (1-800-737-3028). | N | Y |
| d. Family Planning Waiver/Be Smart | N | Y |
| e. Family Support Network | N | Y |
| f. First Step Hotline (1-800-FOR-BABY). | N | Y |
| g. Health Check/NC Health Choice for Children. | N | Y |
| h. NC Family Health Resource Line (1-800-367-2229) | N | Y |
| i. QuitlineNC (1-800-QUIT-NOW 1-800-784-8669). | N | Y |
| j. Smart Start | N | Y |

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

71. 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.)

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 or more

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

People

73. What is today’s date?

/ / 20
 Month Day Year

**Please use this space for any additional comments you would like to make
about the health of mothers and babies in North Carolina.**

Thanks for answering our questions!

***Your answers will help us work to make North Carolina
mothers and babies healthier.***