First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

1. **Just before you got pregnant, did you have health insurance?**  
   (Do not count Medicaid.)
   - [ ] No
   - [ ] Yes

2. **Just before you got pregnant, were you on Medicaid?**
   - [ ] No
   - [ ] Yes

3. **In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?**
   - [ ] I didn’t take a multivitamin at all
   - [ ] 1 to 3 times a week
   - [ ] 4 to 6 times a week
   - [ ] Every day of the week

4. **What is your date of birth?**
   
   Month   Day   Year

5. **Just before you got pregnant, how much did you weigh?**
   
   Pounds   OR   Kilos

6. **How tall are you without shoes?**
   
   Feet   and   Inches   OR   Centimeters
7. **Before your new baby, did you ever have any other babies who were born alive?**
   - No
   - Yes
   Go to Question 10

8. **Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?**
   - No
   - Yes

9. **Was the baby just before your new one born more than 3 weeks before its due date?**
   - No
   - Yes

10. **Thinking back to just before you got pregnant, how did you feel about becoming pregnant?**
    - 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
    Check one answer

11. **When you got pregnant with your new baby, were you trying to become pregnant?**
    - No
    - Yes
    Go to Question 14

12. **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 [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)
    - No
    - Yes
    Go to Question 14

13. **What were your 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
    - Other
      Please tell us:
      
      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 a calendar when you answer these questions.)

14. **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

15. **How many weeks or months pregnant were you when you had your first visit for prenatal care?**
    (Don’t count a visit that was only for a pregnancy test or only for WIC [the Special Supplemental Nutrition Program for Women, Infants, and Children].)
    Weeks OR Months
    I didn’t go for prenatal care
16. Did you get prenatal care as early in your pregnancy as you wanted?

☐ No  ☐ Yes  ☐ I didn’t want prenatal care  

Go to Question 18

17. Did any of these things keep you from getting prenatal care as early as you wanted?

☐ I couldn’t get an appointment earlier in my pregnancy  
☐ I didn’t have enough money or insurance to pay for my visits  
☐ I didn’t know that I was pregnant  
☐ I had no way to get to the clinic or doctor’s office  
☐ The doctor or my health plan would not start care earlier  
☐ I didn’t have my Medicaid card  
☐ I had no one to take care of my children  
☐ I had too many other things going on  
☐ Other

Please tell us:

Check all that apply

18. Where did you go most of the time for your prenatal visits?  
(Do not include visits for WIC.)

☐ Hospital clinic
☐ Health department clinic
☐ Private doctor’s office or HMO clinic
☐ Primary care clinic or community health center
☐ Indian Health Service
☐ Other

Please tell us:

19. How was your prenatal care paid for?

☐ Medicaid
☐ Personal income (cash, check, or credit card)  
☐ Health insurance or HMO
☐ Military coverage
☐ Indian Health Service
☐ Other

Please tell us:

Check all that apply

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 your baby
b. Breastfeeding your baby
c. How drinking alcohol during pregnancy could affect your baby
d. Using a seat belt during your pregnancy
e. Birth control methods to use after your pregnancy
f. Medicines that are safe to take during your pregnancy
g. How using illegal drugs could affect your baby
h. Doing tests to screen for birth defects or diseases that run in your family
i. What to do if your labor starts early
j. Getting your blood tested for HIV (the virus that causes AIDS)
k. Physical abuse to women by their husbands or partners

21. At any time during your prenatal care, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?

☐ No
☐ Yes
The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

22. During your pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?
   - No
   - Yes

23. Did you have any of these problems during your pregnancy?
   For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.
   - Labor pains more than 3 weeks before your baby was due (preterm or early labor)
   - High blood pressure (including preeclampsia or toxemia) or retained water (edema)
   - Vaginal bleeding
   - Problems with the placenta (such as abruptio placentae, placenta previa)
   - Severe nausea, vomiting, or dehydration
   - Kidney or bladder (urinary tract) infection
   - Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM)
   - Cervix had to be sewn shut (incompetent cervix, cerclage)
   - You were hurt in a car accident

If you did not have any of these problems, go to Question 25.

24. Did you do any of the following things because of these problem(s)?
   - I went to the hospital or emergency room and stayed less than 1 day
   - I went to the hospital and stayed 1 to 7 days
   - I stayed in bed at home more than 2 days because of my doctor’s or nurse’s advice

The next questions are about smoking cigarettes and drinking alcohol.

25. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)
   - No
   - Yes
   Go to Page 6, Question 29

26. In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

27. In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

28. How many cigarettes or packs of cigarettes do you smoke on an average day now?
29. 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 32

30. a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

☐ I didn’t drink then
☐ Less than 1 drink a week
☐ 1 to 3 drinks a week
☐ 4 to 6 drinks a week
☐ 7 to 13 drinks a week
☐ 14 drinks or more a week
☐ I don’t know

b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

☐ Times
☐ I didn’t drink then
☐ I don’t know

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

☐ I didn’t drink then
☐ Less than 1 drink a week
☐ 1 to 3 drinks a week
☐ 4 to 6 drinks a week
☐ 7 to 13 drinks a week
☐ 14 drinks or more a week
☐ I don’t know

b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

☐ Times
☐ I didn’t drink then
☐ I don’t know

Pregnancy can be a difficult time for some women. These 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, circle Y(Yes) if it happened to you or circle N(No) if it did not. (It may help to use the calendar.)

<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>N</td>
<td>Y</td>
</tr>
<tr>
<td>b. You got separated or divorced from your husband or partner</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>c. You moved to a new address</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>d. You were homeless</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>e. Your husband or partner lost his job</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>f. You lost your job even though you wanted to go on working</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>g. You argued with your husband or partner more than usual</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>h. Your husband or partner said he didn’t want you to be pregnant</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>i. You had a lot of bills you couldn’t pay</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>j. You were in a physical fight</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>k. You or your husband or partner went to jail</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>l. Someone very close to you had a bad problem with drinking or drugs</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>m. Someone very close to you died</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

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

☐ No  ☐ Yes

b. During the 12 months before you got pregnant, did anyone else physically hurt you in any way?

☐ No  ☐ Yes
34. a. 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

b. During your most recent pregnancy, did anyone else physically hurt you in any 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.)

35. When was your baby due?

Month  Day  Year

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

Month  Day  Year

☐ I didn’t have my baby in a hospital

37. When was your baby born?

Month  Day  Year

38. When were you discharged from the hospital after your baby was born? (It may help to use the calendar.)

Month  Day  Year

☐ I didn’t have my baby in a hospital

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

☐ No
☐ Yes
☐ I don’t know

40. After your baby was born, how long did he or she stay in the hospital?

☐ Less than 24 hours (Less than 1 day)
☐ 24–48 hours (1–2 days)
☐ 3 days
☐ 4 days
☐ 5 days
☐ 6 days or more
☐ My baby was not born in a hospital
☐ My baby is still in the hospital

41. How was your delivery paid for?

☐ Medicaid
☐ Personal income (cash, check, or credit card)
☐ Health insurance or HMO
☐ Military coverage
☐ Indian Health Service
☐ Other  Please tell us:

☐ Check all that apply
The next questions are about the time since your new baby was born.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Next Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>42. What is today’s date?</td>
<td>Month    Day    Year</td>
<td>Go to Question 43</td>
</tr>
<tr>
<td>43. Is your baby alive now?</td>
<td>❑ No     ❑ Yes</td>
<td>Go to Question 45</td>
</tr>
<tr>
<td>44. When did your baby die?</td>
<td>Month    Day    Year</td>
<td>Go to Page 10, Question 57</td>
</tr>
<tr>
<td>45. Is your baby living with you now?</td>
<td>❑ No     ❑ Yes</td>
<td>Go to Page 10, Question 57</td>
</tr>
<tr>
<td>46. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?</td>
<td>❑ No     ❑ Yes</td>
<td>Go to Question 50</td>
</tr>
<tr>
<td>47. Are you still breastfeeding or feeding pumped milk to your new baby?</td>
<td>❑ No     ❑ Yes</td>
<td>Go to Question 49</td>
</tr>
<tr>
<td>48. How many weeks or months did you breastfeed or pump milk to feed your baby?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weeks OR Months</td>
<td></td>
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<tr>
<td></td>
<td>❑ Less than 1 week</td>
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<tr>
<td>49. How old was your baby the first time you fed him or her anything besides breast milk?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Weeks OR Months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>❑ My baby was less than one week old</td>
<td></td>
</tr>
<tr>
<td></td>
<td>❑ I have not fed my baby anything besides breast milk</td>
<td></td>
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<tr>
<td></td>
<td>Go to Question 50</td>
<td></td>
</tr>
<tr>
<td>50. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>❑ Less than one hour a day</td>
<td></td>
</tr>
<tr>
<td></td>
<td>❑ My baby is never in the same room with someone who is smoking</td>
<td></td>
</tr>
<tr>
<td>51. How do you most often lay your baby down to sleep now?</td>
<td>Check one answer</td>
<td></td>
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<tr>
<td></td>
<td>❑ On his or her side</td>
<td></td>
</tr>
<tr>
<td></td>
<td>❑ On his or her back</td>
<td></td>
</tr>
<tr>
<td></td>
<td>❑ On his or her stomach</td>
<td></td>
</tr>
<tr>
<td>52. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>❑ No</td>
<td>Go to Question 54</td>
</tr>
<tr>
<td></td>
<td>❑ Yes</td>
<td></td>
</tr>
</tbody>
</table>
53. Was your new baby seen at home or at a health care facility?
- [ ] At home
- [ ] At a doctor’s office, clinic, or other health care facility

54. Has your baby had a well-baby checkup?
- [ ] No ➡ Go to Page 10, Question 57
- [ ] Yes

55. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

_________ Times

56. Where do you usually take your baby for well-baby checkups?
- [ ] Hospital clinic
- [ ] Health department clinic
- [ ] Private doctor’s office or HMO clinic
- [ ] Primary care clinic or community health center
- [ ] Indian Health Service
- [ ] Other ➡ Please tell us:

The next few questions are about the time after you gave birth to your new baby and things that may have happened after delivery.

57. 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 or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

- [ ] No ➡ Go to Question 59
- [ ] Yes

58. What are your 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
- [ ] 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:
59. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

- Tubes tied (sterilization)
- Vasectomy (sterilization)
- Pill
- Condoms
- Foam, jelly, cream
- Norplant®
- Shots (Depo-Provera®)
- Withdrawal
- Other  Please tell us:

60. Which rooms are in the house, apartment, or trailer where you live?

- Living room
- Separate dining room
- Kitchen
- Bathroom(s)
- Recreation room, den, or family room
- Finished basement
- Bedrooms  How many?_______

61. Counting yourself, how many people live in your house, apartment, or trailer?

- ________ Adults (people aged 18 years or older)
- ________ Babies, children, or teenagers (people aged 17 years or younger)

62. What were the sources of your household’s income during the past 12 months?

- Paycheck or money from a job
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers’ compensation, veteran benefits, or pensions
- Money from a business, fees, dividends, or rental income
- Money from family or friends
- Other  Please tell us:

63. At any time during your prenatal care, did you have your blood drawn to test for birth defects?

- No  Go to Question 65
- Yes  Go to Question 65
- I don’t know

64. What were your reasons for not having your blood drawn?

- I was not told about it
- I did not understand the reason for the test
- I do not like having my blood drawn
- I heard the results are unreliable
- I did not want to know if my baby had birth defects
- If a birth defect were found, one of my options would have been to have an abortion
- The cost of the blood test was too high
65. During your most recent pregnancy, did you have vaginal infections, for example: yeast, bacterial vaginosis, and/or sexually transmitted diseases [STDs]?

☐ No  ☐ Yes  

Go to Page 12, Question 67

66. Which vaginal infections did you have during your most recent pregnancy?

☐ Yeast  ☐ Vaginosis  ☐ Chlamydia  ☐ Gonorrhea

☐ Other vaginal infections  ☐ I don’t know

Check all that apply

67. Did you douche at anytime during your most recent pregnancy?

☐ No  ☐ Yes  

Go to Question 69

68. How often did you douche during your most recent pregnancy?

☐ Daily  ☐ 4–6 times a week  ☐ 2–3 times a week  ☐ Once a week

☐ 2–3 times a month or less often

69. Have you ever had German measles (rubella) or been vaccinated for German measles?

☐ No  ☐ Yes

70. Have you ever had chickenpox (varicella) or been vaccinated for chickenpox?

☐ No  ☐ Yes

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

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