Your answers on this survey will help us improve the health of mothers and babies in Mississippi.
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.

   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
   - TRICARE or other military health care
   - Indian Health Service
   - SCHIP
   - 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?**

   Month / Day / Year
   
   Month / Day / 19

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
   - Yes

   Go to Question 12

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

    Go to Question 15

11. When your new baby was born, how old was the child born *just before* your new baby?

    - 0 to 12 months
    - 13 to 18 months
    - 19 to 24 months
    - More than 2 years but less than 3 years
    - 3 to 5 years
    - More than 5 years

   Go to Question 16

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?

    - 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

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

    - No
    - Yes

    Go to Question 16

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 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.)

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    - No
    - Yes

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    - 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?**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>☑</strong> I didn’t mind if I got pregnant</td>
<td></td>
</tr>
<tr>
<td><strong>☑</strong> I thought I could not get pregnant at that time</td>
<td></td>
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<tr>
<td><strong>☑</strong> I had side effects from the birth control method I was using</td>
<td></td>
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<tr>
<td><strong>☑</strong> I had problems getting birth control when I needed it</td>
<td></td>
</tr>
<tr>
<td><strong>☑</strong> I thought my husband or partner or I was sterile (could not get pregnant at all)</td>
<td></td>
</tr>
<tr>
<td><strong>☑</strong> My husband or partner didn’t want to use anything</td>
<td></td>
</tr>
<tr>
<td><strong>☑</strong> Other [ ] Please tell us:</td>
<td></td>
</tr>
</tbody>
</table>

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**16. 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

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

- [ ] _____ Weeks OR _____ Months
- **☑** I didn’t go for prenatal care

Go to Page 4, Question 19

Go to Page 4, Question 18
18. Did you get prenatal care as early in your pregnancy as you wanted?

☐ No  ☐ Yes  Go to Question 20

19. 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 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 22.

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

☐ 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
☐ TRICARE or other military health care
☐ Indian Health Service
☐ SCHIP
☐ Other source(s) Please tell us:

☐ I did not have health insurance to help 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, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

- a. How smoking during pregnancy could affect my baby.
- b. Breastfeeding my baby.
- c. How drinking alcohol during pregnancy could affect my baby.
- d. Using a seat belt during my pregnancy.
- e. Medicines that are safe to take during my pregnancy.
- f. How using illegal drugs could affect my baby.
- g. Doing tests to screen for birth defects or diseases that run in my family.
- h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due).
- i. What to do if my labor starts early.
- 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 your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- No
- Yes

24. 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

25. 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.

- a. Vaginal bleeding.
- b. Kidney or bladder (urinary tract) infection.
- c. Severe nausea, vomiting, or dehydration.
- d. Cervix had to be sewn shut (cerclage for incompetent cervix).
- e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia.
- f. Problems with the placenta (such as abruptio placentae or placenta previa).
- g. Labor pains more than 3 weeks before my baby was due (preterm or early labor).
- h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]).
- i. I had to have a blood transfusion.
- j. I was hurt in a car accident.
The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

### 26. Have you smoked any cigarettes in the past 2 years?
- No
- Yes

#### 27. 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

### 29. 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

### 30. Which of the following statements best describes the rules about smoking inside your home now?
- 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).

### 31. 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

#### 32. How many alcoholic drinks do you have on average now?
- None
- 1 to 4 drinks
- 5 to 10 drinks
- 11 to 20 drinks
- 21 to 40 drinks
- More than 40 drinks

Go to Question 34

Go to Question 32a
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.

32a. 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

32b. 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

Go to Question 33a

33a. 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 34

33b. 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

Go to Question 34

34. 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.)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>
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 |
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
☐ TRICARE or other military health care
☐ Indian Health Service
☐ SCHIP
☐ 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
- [x] 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

**44. Is your baby alive now?**
- [ ] No
- [x] Yes

**45. Is your baby living with you now?**
- [ ] No
- [x] 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
- [x] Yes

**47. Are you currently breastfeeding or feeding pumped milk to your new baby?**
- [ ] No
- [ ] Yes → Go to Question 49a

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

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

**49a. 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

**49b. 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 Page 10, Question 52.
50. 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

51. 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

52. 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

53. 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
☐ 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:

54. 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:

Never 1 2 3 4 5
Rarely
Sometimes
Often
Always

a. I felt down, depressed, or sad.

b. I felt hopeless

c. I felt slowed down

55. During the 12 months before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please 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. Taking a multivitamin with folic acid

b. Maintaining or being a healthy weight

c. Getting a yearly checkup

d. Eating healthy and drinking water everyday

e. Quitting smoking

f. Quitting drinking alcohol

g. Using birth control

If you did not go for prenatal care, go to Question 59.
56. During any of your prenatal care visits, did you have any tests for birth defects?

☐ No
☐ Yes
☐ I don’t know

Go to Question 58

57. What were your reasons for not having tests for birth defects during your most recent pregnancy?

Check all that apply

☐ I was not told about any tests for birth defects
☐ I did not understand the reason for the test
☐ I do not like having my blood drawn
☐ I heard the tests were unreliable
☐ I did not want to know if my baby had birth defects
☐ The cost of the blood test was too high
☐ Other Please tell us: __________________________

58. During your prenatal care visits, did you have any of the following problems with a doctor, nurse, or other health care worker?

Check all that apply

☐ My doctor or nurse did not understand my concerns
☐ My doctor or nurse did not answer my questions
☐ I did not understand what my doctor or nurse was telling me
☐ My doctor or nurse seemed not to care about me or my pregnancy

59. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)?

☐ No

Go to Page 12, Question 61

☐ Yes

60. What infection or disease were you told that you had?

Check all that apply

☐ Genital warts (HPV)
☐ Herpes
☐ Chlamydia
☐ Gonorrhea
☐ Pelvic inflammatory disease (PID)
☐ Syphilis
☐ Group B Strep (Beta Strep)
☐ Bacterial vaginosis
☐ Trichomoniasis (Trich)
☐ Yeast infections
☐ Urinary tract infection (UTI)
☐ Other Please tell us: __________________________
61. During your most recent pregnancy, which one of the following things do you feel would have helped you during your pregnancy? Check all that apply

- A pregnancy support group
- A 1-800 Toll Free Help Line
- Assistance with finding a daycare or child care provider
- Better health insurance
- A more supportive husband or partner
- Home visits from a social worker or other health care worker to give me advice
- Other Please tell us:

  None of these things would have helped me

62. This question is about the care of your teeth during your most recent pregnancy. For each item, circle Y (Yes) if it is true or circle N (No) if it is not true.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I went to a dentist or dental clinic for a checkup.</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>b. I went to a dentist or dental clinic to have my teeth cleaned.</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>c. I had painful, red, or swollen gums.</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>d. I had to have a tooth pulled.</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>e. I had cavities that needed to be filled.</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>f. I needed to see a dentist for an abscess (infection surrounded by inflamed tissue).</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>g. A dental or other health care provider talked with me about how to care for my teeth and gums.</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

If your baby is still in the hospital, go to Question 64.
63. **Before you were discharged from the hospital after having your new baby, did a doctor, nurse, social worker, or other health care worker talk with you about any of the following?** 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.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Having a car seat ready for my new baby</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>b. Having a crib ready for my new baby</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>c. How or where to lay my baby down to sleep</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>d. How to prepare my baby’s bed for sleeping</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>e. How to dress my baby in cold or hot weather</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>f. How to position my baby for feeding</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>g. How often and how much to feed my baby</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>h. How to get help if I need it when breastfeeding the baby</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>i. How smoking near my baby could affect him or her</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>j. How often to take my baby to the doctor for shots or checkups</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>k. How to watch my baby for signs of possible illness</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>l. How to take care of my baby while at home</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

64. **Have any of your close family members who are related to you by blood (mother, father, sisters, or brothers) had any of the conditions listed below?** For each item, circle **Y** (Yes) if someone in your family has the condition, circle **N** (No) if no one in your family has the condition, or circle **DK** (Don’t Know) if you don’t know if anyone in your family has the condition.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>DK</td>
<td></td>
</tr>
<tr>
<td>a. Diabetes</td>
<td>N</td>
<td>Y</td>
<td>DK</td>
</tr>
<tr>
<td>b. Heart problems</td>
<td>N</td>
<td>Y</td>
<td>DK</td>
</tr>
<tr>
<td>c. High blood pressure (hypertension)</td>
<td>N</td>
<td>Y</td>
<td>DK</td>
</tr>
<tr>
<td>d. Depression</td>
<td>N</td>
<td>Y</td>
<td>DK</td>
</tr>
<tr>
<td>e. Postpartum depression</td>
<td>N</td>
<td>Y</td>
<td>DK</td>
</tr>
<tr>
<td>f. Anxiety</td>
<td>N</td>
<td>Y</td>
<td>DK</td>
</tr>
</tbody>
</table>
65. Did you ever have a miscarriage or baby that died?

☐ No  ➔ Go to Question 67

☐ Yes

66. Please check the primary reason for death.
If you had more than one baby who died, select the primary reason for each baby.

☐ SIDS or Sudden Infant Death Syndrome (Crib Death)
☐ Birth defect
☐ Premature birth (born too early)
☐ Miscarriage
☐ Birth weight was too low
☐ Pregnancy complications
☐ Accident ➔ Please tell us:

☐ Other ➔ Please tell us:

☐ I don’t know the cause of death

67. Have you ever been told by a doctor, nurse, or other health care worker that you have asthma?

☐ No

☐ Yes

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

68. 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 or more

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

People

70. What is today’s date?

Month  Day  Year

20
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.