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

4. **Before you got pregnant with your new baby, did you ever have any other babies who were born alive?**
   - No
   - Yes
   - Go to Question 7

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

6. **Was the baby just before your new one born earlier than 3 weeks before his or her due date?**
   - No
   - Yes

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

7. **At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things?** For each item, check No if you did not do it or Yes if you did it.

   a. I was dieting (changing my eating habits) to lose weight.......................... No Yes
   b. I was exercising 3 or more days of the week........................................ No Yes
   c. I was regularly taking prescription medicines other than birth control .......... No Yes
   d. I visited a health care worker and was checked for diabetes....................... No Yes
   e. I visited a health care worker and was checked for high blood pressure ........ No Yes
   f. I visited a health care worker and was checked for depression or anxiety ...... No Yes
   g. I talked to a health care worker about my family medical history............. No Yes
   h. I had my teeth cleaned by a dentist or dental hygienist ....................... No Yes
8. During the month before you got pregnant with your new baby, what kind of health insurance did you have? 

[Check ALL that apply]
- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid
- SCHIP
- TRICARE or other military health care
- Indian Health Service
- Some other kind of health insurance  
  Please tell us:

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

9. During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- I didn’t take a multivitamin, prenatal vitamin, or folic acid vitamin in the month before I got pregnant
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

10. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?

- No  
  Go to Question 11
- Yes  
  Go to Question 12

11. 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 count only discussions, not reading materials or videos. For each item, check No if no one talked with you about it or Yes if someone talked with you about it.

- Taking vitamins with folic acid before pregnancy
- Being a healthy weight before pregnancy
- Getting my vaccines updated before pregnancy
- Visiting a dentist or dental hygienist before pregnancy
- Getting counseling for any genetic diseases that run in my family
- Controlling any medical conditions such as diabetes and high blood pressure
- Getting counseling or treatment for depression or anxiety
- The safety of using prescription or over-the-counter medicines during pregnancy
- How smoking during pregnancy can affect a baby
- How drinking alcohol during pregnancy can affect a baby
- How using illegal drugs during pregnancy can affect a baby

12. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.

- Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy)
- High blood pressure or hypertension
- Depression
13. 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td>a. Asthma ..........................................................</td>
<td>☐ ☐</td>
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<tr>
<td>b. Anemia (poor blood, low iron) .........................</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Heart problems .............................................</td>
<td>☐ ☐</td>
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<tr>
<td>d. Epilepsy (seizures) .......................................</td>
<td>☐ ☐</td>
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<tr>
<td>e. Thyroid problems ...........................................</td>
<td>☐ ☐</td>
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<tr>
<td>f. Anxiety .......................................................</td>
<td>☐ ☐</td>
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</table>

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

14. 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

15. How much longer did you want to wait to become pregnant?

- ☐ Less than 1 year
- ☐ 1 year to less than 2 years
- ☐ 2 years to less than 3 years
- ☐ 3 years to 5 years
- ☐ More than 5 years

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

- ☐ No
- ☐ Yes → Go to Page 4, Question 19

17. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.

- ☐ No
- ☐ Yes → Go to Page 4, Question 19

18. 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: [ ]
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.)

19. 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).

\[
\begin{cases} 
\text{Weeks} & \text{OR} & \text{Months} \\
\end{cases}
\]

- [ ] I didn’t go for prenatal care → Go to Question 24

20. Where did you go most of the time for your prenatal care visits? Do not include visits for WIC.

Check ONE answer:

- [ ] Hospital clinic
- [ ] Health department clinic
- [ ] Private doctor’s office
- [ ] Community health clinic
- [ ] Other → Please tell us:

21. During your most recent pregnancy, what kind of health insurance did you have to pay for your prenatal care? Check ALL that apply:

- [ ] Private health insurance from my job or the job of my husband, partner, or parents
- [ ] Private health insurance purchased directly from an insurance company
- [ ] Medicaid
- [ ] SCHIP
- [ ] TRICARE or other military health care
- [ ] Indian Health Service
- [ ] Some other kind of health insurance → Please tell us:

- [ ] I did not have any health insurance to pay for my prenatal care
22. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, check **No** if no one talked with you about it or **Yes** if someone did.

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

23. How did you feel about the prenatal care you got during your most recent pregnancy? If you went to more than one place for prenatal care, answer for the place where you got most of your care. For each item, check **No** if you were not satisfied or **Yes** if you were satisfied.

**Were you satisfied with**—

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>a. The amount of time you had to wait after you arrived for your visits</td>
<td></td>
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<tr>
<td>b. The amount of time the doctor, nurse, or midwife spent with you during your visits</td>
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<tr>
<td>c. The advice you got on how to take care of yourself</td>
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<tr>
<td>d. The understanding and respect that the staff showed toward you as a person</td>
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</table>

24. 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

25. During the 12 months before the delivery of your new baby, did a doctor, nurse, or other health care worker offer you a flu shot or tell you to get one?

[ ] No  
[ ] Yes
26. During the 12 months before the delivery of your new baby, did you get a flu shot?

Check ONE answer

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

Go to Question 28

27. During what month and year did you get the flu shot?

☐ 20 Month  Year

☐ I don’t remember

28. This question is about the care of your teeth during your most recent pregnancy.

For each item, check No if it is not true or does not apply to you or Yes if it is true.

a. I knew it was important to care for my teeth and gums during my pregnancy.................................

b. A dental or other health care worker talked with me about how to care for my teeth and gums.................................

c. I had my teeth cleaned by a dentist or dental hygienist.................................

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

e. I needed to see a dentist for a problem.................................

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

If you did not have any problems with your teeth or gums during your pregnancy, go to Question 30.

29. During your most recent pregnancy, what kind of problem did you have with your teeth or gums? For each item, check No if you did not have this problem during pregnancy or Yes if you did.

No Yes

a. I had cavities that needed to be filled.................................

b. I had painful, red, or swollen gums.................................

c. I had a toothache.................................

d. I needed to have a tooth pulled.................................

e. I had an injury to my mouth, teeth, or gums.................................

f. I had some other problem with my teeth or gums.................................

Please tell us: ____________________________

30. During your most recent pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

☐ No  ☐ Yes

31. During your most recent pregnancy, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps pregnant women.

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

☐ No  ☐ Yes  Go to Question 34

33. During your most recent pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?

☐ No  ☐ Yes

34. 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

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

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

☐ No  ☐ Yes  Go to Page 8, Question 39

36. 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

37. 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

38. How many cigarettes do you smoke on an average day now? A pack has 20 cigarettes.

☐ 41 cigarettes or more  ☐ 21 to 40 cigarettes  ☐ 11 to 20 cigarettes  ☐ 6 to 10 cigarettes  ☐ 1 to 5 cigarettes  ☐ Less than 1 cigarette  ☐ I don’t smoke now
The next questions are about drinking alcohol around the time of pregnancy (before and during).

39. 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 42
☐ Yes

40. 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

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

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

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

42. 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.)

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43. 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

44. 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.

45. When was your new baby born?

___ / ___ / 20___
Month Day Year

46. Did you plan or schedule a cesarean delivery (c-section) at least one week before your new baby was born?

☐ No
☐ Yes

47. How was your new baby delivered?

☐ Vaginally ——— Go to Question 49
☐ Cesarean delivery (c-section)

Go to Question 48

48. What was the reason that your new baby was born by cesarean delivery (c-section)?

☐ I had a previous cesarean delivery (c-section)
☐ My baby was in the wrong position (such as breech)
☐ I was past my due date
☐ My health care provider worried that my baby was too big
☐ I had a medical condition that made labor dangerous for me (such as heart condition, physical disability)
☐ I had a complication in my pregnancy (such as preeclampsia, placental problems, infection, preterm labor)
☐ My health care provider tried to induce my labor, but it didn’t work
☐ Labor was taking too long
☐ The fetal monitor showed that my baby was having problems before or during labor (fetal distress)
☐ I wanted to schedule my delivery
☐ I didn’t want to have my baby vaginally
☐ Other ——— Please tell us:

Go to Question 49

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

☐ I gained ___ pounds
☐ I didn’t gain any weight, but I lost ___ pounds
☐ My weight didn’t change during my pregnancy
☐ I don’t know
AFTER PREGNANCY

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

50. After your baby was delivered, was he or she put in an intensive care unit (NICU)?
   - No
   - Yes
   - I don’t know

51. 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

52. Is your baby alive now?
   - No We are very sorry for your loss.
   - Yes Go to Question 63

53. Is your baby living with you now?
   - No Go to Question 62
   - Yes

54. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?
   - No Go to Question 59
   - Yes

55. Are you currently breastfeeding or feeding pumped milk to your new baby?
   - No
   - Yes Go to Question 58

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

57. 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, or my milk dried up
   - I had too many other household duties
   - I felt it was the right time to stop breastfeeding
   - I got sick or I had to stop for medical reasons
   - I went back to work or school
   - My baby was jaundiced (yellowing of the skin or whites of the eyes)
   - Other Please tell us:
58. 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

59. Did anyone suggest that you not breastfeed your new baby?

☐ No ➔ Go to Question 61
☐ Yes

60. Who suggested that you not breastfeed your new baby?

Check ALL that apply

- My husband or partner
- My mother, father, or in-laws
- Other family member or relative
- My friends
- My baby’s doctor, nurse, or other health care worker
- My doctor, nurse, or other health care worker
- Other ➔ Please tell us:

If your baby is still in the hospital, go to Question 62.

61. 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

62. Since your new baby was born, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.

☐ No
☐ Yes
63. Are you or your husband or partner doing anything now to keep from getting pregnant? Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes

Go to Question 65

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

- I am not having sex
- I want to get pregnant
- I don’t want to use birth control
- I am worried about side effects from birth control
- My husband or partner doesn’t want to use anything
- I have problems getting birth control when I need it
- I had my tubes tied or blocked
- My husband or partner had a vasectomy
- I am pregnant now
- Other

Check ALL that apply

65. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

- Tubes tied or blocked (female sterilization, Essure®, Adiana®)
- Vasectomy (male sterilization)
- Birth control pill
- Condoms
- Injection (Depo-Provera®)
- Contraceptive implant (Implanon®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena® or ParaGard®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other

Check ALL that apply

Please tell us:

66. 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

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

- Always
- Often
- Sometimes
- Rarely
- Never
68. Since your new baby was born, how often have you had little interest or little pleasure in doing things?

- Always
- Often
- Sometimes
- Rarely
- Never

69. What kind of health insurance do you have now?

[Check ALL that apply]

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid
- SCHIP
- TRICARE or other military health care
- Indian Health Service
- Some other kind of health insurance ———> Please tell us: ____________________________

- I do not have health insurance now

OTHER EXPERIENCES

The next questions are on a variety of topics.

70. 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 use the calendar.)

a. I felt that my race or ethnic background contributed to the stress in my life.................................

b. I felt emotionally upset (for example, angry, sad, or frustrated) as a result of how I was treated based on my race or ethnic background....................

c. I experienced physical symptoms (for example, a headache, an upset stomach, or a pounding heart) that I felt were related to how I was treated based on my race or ethnic background..............

71. Before your new baby was born, did any of the following things happen? [Check ALL that apply]

- Someone answered my questions about breastfeeding
- I was offered a class on breastfeeding
- I attended a class on breastfeeding
- I decided or planned to feed only breast milk to my baby
- I discussed feeding only breast milk to my baby with my family
- I discussed feeding only breast milk to my baby with my health care worker
- I planned to breastfeed within the first hour after giving birth
72. Before you got pregnant with your new baby, did you know about any local community organizations with services for pregnant women?

- No
- Yes

73. During your most recent pregnancy, did you receive any of the following services? For each one, check No if you did not receive the service or Yes if you received the service.

- No
- Yes

   a. Counseling or a support group for depression
   b. A class or support group to help stop smoking cigarettes
   c. Help to reduce violence in your home

74. 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
- Yes

Go to Question 76

75. 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:

76. During your most recent pregnancy, how satisfied were you with the overall quality of prenatal care that you received at the clinic, or doctor’s office where you got most of your care?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied
- I did not receive prenatal care

77. How satisfied were you with your overall birthing experience at the hospital or birthing center where you delivered your new baby?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied
- My baby was not born in a hospital or birthing center
78. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check No if it did not happen or Yes if it did happen.

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

79. Did you receive a Tdap vaccination before, during or after your most recent pregnancy? A Tdap vaccine is a shot that protects against tetanus, diphtheria, and pertussis (or whooping cough). Tdap was new in 2005.

Check ONE answer

- No
- Yes, I received Tdap before my pregnancy
- Yes, I received Tdap during my pregnancy
- Yes, I received Tdap after my pregnancy
- I don’t know

79. Did you receive a Tdap vaccination before, during or after your most recent pregnancy? A Tdap vaccine is a shot that protects against tetanus, diphtheria, and pertussis (or whooping cough). Tdap was new in 2005.

Check ONE answer

- No
- Yes, I received Tdap before my pregnancy
- Yes, I received Tdap during my pregnancy
- Yes, I received Tdap after my pregnancy
- I don’t know

80. What one source would you trust to give you the most accurate information about contraception and birth control?

Check ONE answer

- My friends
- My mother or father
- My sister, brother or cousins
- My boyfriend or partner (current or past)
- A doctor or nurse
- A teacher or counselor
- A minister, priest, rabbi or other religious leader
- The internet
- Books, magazines or pamphlets
- TV or radio
- Other ———— Please tell us:
81. When it comes to *your* decisions about sex, who influences you most?  

[ ] My friends  
[ ] My mother or father  
[ ] My sister, brother or cousins  
[ ] My boyfriend or partner (current or past)  
[ ] A doctor or nurse  
[ ] A teacher or counselor  
[ ] A minister, priest, rabbi or other religious leader  
[ ] The internet  
[ ] Books, magazines or pamphlets  
[ ] TV or radio  
[ ] Other [ ] Please tell us:  

82. Suppose a parent or other adult tells YOU the following: “I strongly encourage you not to have sex. However, if you do, you should use birth control or protection.” Do you think this message encourages teens to have sex?  

[ ] No  
[ ] Yes  
[ ] I don’t know

83. 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 $15,000  
[ ] $15,001 to $19,000  
[ ] $19,001 to $22,000  
[ ] $22,001 to $26,000  
[ ] $26,001 to $29,000  
[ ] $29,001 to $37,000  
[ ] $37,001 to $44,000  
[ ] $44,001 to $52,000  
[ ] $52,001 to $56,000  
[ ] $56,001 to $67,000  
[ ] $67,001 to $79,000  
[ ] $79,001 or more

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

[ ] People

85. What is today’s date?  

[ ] / [ ] / 20  

Month Day Year
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 Mississippi.

Thanks for answering our questions!

Your answers will help us work to make Mississippi mothers and babies healthier.