

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)
- Oregon Health Plan or Medicaid
- TRICARE or other military health care
- Indian Health Service
- 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

2

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

If you wanted to be pregnant later, answer Question 12. Otherwise, go to Question 13.

12. How much later did you want to become pregnant?

Check one answer

- Less than 1 year
 1 year to less than 2 years
 2 years to less than 3 years
 3 years to less than 4 years
 4 years or more

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

- No
 Yes → **Go to Page 4, Question 17**

Go to Question 14

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.)

- 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?

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:

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

16. When you got pregnant with your new baby, what were you or your husband or partner using 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:

DURING PREGNANCY

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

17. How many weeks or months pregnant were you when you 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

18. 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 Question 20**

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

No
 Yes → **Go to Question 21**

Go to Question 20

20. 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 Oregon Health Plan or 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 Page 6, Question 27.

21. 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 or HMO clinic
- Midwife's Office
- At home
- Other \longrightarrow Please tell us:

22. 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)
- Oregon Health Plan or Medicaid
- TRICARE or other military health care
- Indian Health Service
- Other source(s) \longrightarrow Please tell us:

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

23. 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

24. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?

- No
- Yes

25. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were drinking alcoholic beverages (beer, wine, wine cooler, or liquor)?

- No
- Yes

26. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how eating fish containing high levels of mercury could affect your baby?

- No
- Yes

27. 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

28. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker offer you a flu vaccination or tell you to get one?

- No
- Yes

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

- No
- Yes

30. 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

31. 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).

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

- No → **Go to Question 36**
 Yes

33. 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

34. 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

35. 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

36. 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).

37. 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 Page 8, Question 40**
 Yes

38a. 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 Page 8, Question 39a**

38b. 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

39a. 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 40

39b. 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.

40. 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

41. During the *12 months before* your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- No
- Yes

42. 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

43. 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.)

44. When was your baby due?

/ / 20
 Month Day Year

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

/ / 20
 Month Day Year

- I didn't have my baby in a hospital

46. When was your baby born?

/ / 20
 Month Day Year

47. 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

48. 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)
 Oregon Health Plan or Medicaid
 TRICARE or other military health care
 Indian Health Service
 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.

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

- No
 Yes
 I don't know

50. 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 53**

51. Is your baby alive now?

- No → **Go to Question 61**
 - Yes
- If your child is no longer alive, we are truly sorry about your loss and extend our sympathy to you and your family. The answers you give us are especially important and could help us learn about ways to improve the health and safety of babies in the future.*

52. Is your baby living with you now?

- No → **Go to Question 61**
- Yes

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

- No → **Go to Question 57b**
- Yes

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

- No
- Yes → **Go to Question 56**

Go to Question 55

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

Weeks **OR** Months

Less than 1 week

If your baby was not born in a hospital, go to Question 57a.

56. 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

57a. 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

57b. 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 61.

58. 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

59. 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

60. Did your new baby have any well-baby shots or vaccinations before he or she was 3 months old? Do not count shots or vaccinations given in the hospital right after birth.

- No
- Yes
- My child has not had any well-baby shots, but he or she is not 3 months old yet

61. 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 63**

62. 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 Page 12, Question 64.

63. 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:

OTHER EXPERIENCES

The next questions are on a variety of topics.

64. Below is a list of feelings and experiences that women sometimes have *during pregnancy*. 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 felt or experienced things this way *during your most recent pregnancy*. 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

65. 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

If you did not smoke during the 3 months before you got pregnant, go to Question 69.

If you did not get prenatal care, go to Question 67.

66. Listed below are some things about quitting smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits. For each thing, circle **Y** (Yes) if it applied to you during any of your prenatal care visits or circle **N** (No) if it did not.

- | | No | Yes |
|--|----|-----|
| a. Spend time with you discussing how to quit smoking | N | Y |
| b. Suggest that you set a specific date to stop smoking | N | Y |
| c. Suggest you attend a class or program to stop smoking | N | Y |
| d. Provide you with booklets, videos, or other materials to help you quit smoking on your own | N | Y |
| e. Refer you to counseling for help with quitting | N | Y |
| f. Ask if a family member or friend would support your decision to quit . . | N | Y |
| g. Refer you to a national or state quit line. | N | Y |
| h. Recommend using nicotine gum. . . . | N | Y |
| i. Recommend using a nicotine patch . . | N | Y |
| j. Prescribe a nicotine nasal spray or nicotine inhaler | N | Y |
| k. Prescribe a pill like Zyban® (also known as Wellbutrin® or Bupropion®) or Chantix® (also known as Varenicline) to help you quit | N | Y |

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

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

68. At any time during your most recent pregnancy, did you stop smoking for one day or longer because you were trying to quit?

- No
- Yes

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

69. During any of your prenatal care visits or after your most recent delivery, did a doctor, nurse, or other health care worker talk with you about how secondhand smoke could affect your baby after birth?

- Yes, during my prenatal care visits
- Yes, after my delivery
- Yes, both times
- No

70. 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.

- | | No | Yes |
|--|----|-----|
| a. I needed to see a dentist for a problem. | N | Y |
| b. I went to a dentist or dental clinic. . . . | N | Y |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums | N | Y |

71. During your most recent pregnancy, did you receive any of the following services? For each one, circle **Y** (Yes) if you received the service or circle **N** (No) if you did not receive the service.

Did you receive—

- | | No | Yes |
|---|----|-----|
| a. Help with an alcohol or drug problem. | N | Y |
| b. Help to reduce violence in your home | N | Y |
| c. Counseling information for family and personal problems. | N | Y |

72. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each one, circle **Y** (Yes) if you would have had 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 take me to the clinic or doctor's office if I needed a ride. . . | N | Y |
| d. Someone to talk with about my problems | N | Y |

If your baby is not alive or is not living with you, go to Question 74.

73. Since your new baby was born, did a doctor, nurse, or other health care worker talk with you about how to prevent your baby from getting tooth decay?

- No
 Yes

74. Since your new baby was born, did a doctor, nurse, or other health care worker offer you the Tdap (pertussis/whooping cough) vaccine for yourself?

- No
 Yes

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

75. 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 \$69,999
 \$70,000 or more

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

People

77. 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 Oregon.**

Thanks for answering our questions!

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