

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

BEFORE PREGNANCY

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

1. At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things? For each item, circle Y (Yes) if you did it or circle N (No) if you did not.

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

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

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or Diamond State Health Plan
- TRICARE or other military health care
- Delaware Healthy Children Program (DHCP, SCHIP)
- Other State sponsored program
- Other source(s) —————> Please tell us:

- I did not have any health insurance before I got pregnant

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

- I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

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

Pounds **OR** Kilos

5. How tall are you without shoes?

Feet Inches

OR Meters

6. What is your date of birth?

/ / 19
 Month Day Year

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

- No
- Yes

8. During the 3 months before you got pregnant with your new baby, did you have any of the following health problems?

For each one, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

	No	Yes
a. Asthma	N	Y
b. High blood pressure (hypertension) . .	N	Y
c. Anemia (poor blood, low iron)	N	Y
d. Heart problems	N	Y
e. Epilepsy (seizures)	N	Y
f. Thyroid problems	N	Y
g. Depression	N	Y
h. Anxiety	N	Y

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

No → Go to Question 12

Yes

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

- No
- Yes

11. 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.

12. 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

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

No → Go to Question 16

Yes

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 Page 4, Question 18

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 were **not trying** to get pregnant when you got pregnant with your new baby, go to Page 4, Question 18.

16. Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your new baby? (This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

- No →
- Yes

Go to Page 4, Question 18

17. Did you use any of the following fertility treatments during the month you got pregnant with your new baby?

Check all that apply

- Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid[®], Serophene[®], Pergonal[®], or other drugs that stimulate ovulation)
- Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs were collected and medically placed into a woman's body)
- Assisted reproductive technology (treatments in which BOTH a woman's eggs, and a man's sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)
- Other medical treatment → Please tell us:

- I wasn't using fertility treatments during the month that I got pregnant with my new baby

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.)

18. 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

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).

Weeks **OR** Months

I didn't go for prenatal care

Go to Question 20

Go to Question 21

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

- No
- Yes

Go to Question 22

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

	True	False
a. I couldn't get an appointment when I wanted one	T	F
b. I didn't have enough money or insurance to pay for my visits	T	F
c. I had no transportation to get to the clinic or doctor's office	T	F
d. The doctor or my health plan would not start care as early as I wanted	T	F
e. I had too many other things going on	T	F
f. I couldn't take time off from work or school.	T	F
g. I didn't have my Medicaid or Diamond State Health Plan 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 24.

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)
- Medicaid or Diamond State Health Plan
- TRICARE or other military health care
- Delaware Healthy Children Program (DHCP, SCHIP)
- Other State sponsored program
- Other source(s) —————> 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

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

- No
- Yes

26. 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

27. 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. Severe 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 |

28. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker tell you to stay in bed for at least 1 week?

- No → Go to Question 30
- Yes

29. How many weeks or months pregnant were you when you were told to stay in bed?

Weeks **OR** Months

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

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

- No → **Go to Question 34**
 Yes

31. 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

32. 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

33. 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

34. 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).

35. 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 38**
 Yes

36a. 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 37a**

36b. 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

37a. 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 38

37b. 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.

38. 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

39. 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

40. 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.)

41. When was your baby due?

/ / 20
 Month Day Year

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

/ / 20
 Month Day Year

- I didn't have my baby in a hospital

43. When was your baby born?

/ / 20
 Month Day Year

44. 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

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

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or Diamond State Health Plan
- TRICARE or other military health care
- Delaware Healthy Children Program (DHCP, SCHIP)
- Other State sponsored program
- Other source(s) —————> Please tell us:

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

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AFTER PREGNANCY

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

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

- No
 Yes
 I don't know

47. 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 50**

48. Is your baby alive now?

- No → **Go to Question 59**
 Yes

49. Is your baby living with you now?

- No → **Go to Question 59**
 Yes

50. 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 53b**
 Yes

Go to Question 51

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

- No
 Yes → **Go to Question 53a**

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

Weeks **OR** Months

- Less than 1 week

53a. 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

53b. 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 59.

54. 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

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

- Always
- Often
- Sometimes
- Rarely
- Never

56. 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

57. Has your new baby had a well-baby checkup? (A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.)

- No → **Go to Question 59**
- Yes

58. What health insurance plan pays for your well-baby checkup visits?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for not from a job
- Medicaid or Delaware State Health Plan
- TRICARE or other military health care
- Delaware Healthy Children Program (DHCP, SCHIP)
- Other State sponsored program
- Other source(s) → Please tell us:

- I do not have health insurance for my new baby

59. 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 Question 61**

60. 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:

61. 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 _____

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OTHER EXPERIENCES

The next questions are on a variety of topics.

62. How old were you when you got pregnant with your first baby?

Years old

63. During the 12 months before you got pregnant with your new baby, did you have a miscarriage, fetal death (baby died before being born), or stillbirth?

- No → **Go to Question 65**
 Yes

If you had more than one miscarriage, fetal death, or stillbirth during the 12 months before you got pregnant with your new baby, please answer Question 64 for the most recent one.

64. How long did that pregnancy last?

- Less than 20 weeks (less than 4 months)
 20 to 28 weeks (4 to 6 months)
 More than 28 weeks (more than 6 months)

65. How did you feel when you found out you were pregnant with your new baby?

Were you—

- Very unhappy to be pregnant
 Unhappy to be pregnant
 Not sure
 Happy to be pregnant
 Very happy to be pregnant

66a. During the last 3 months of your most recent pregnancy, about how many servings of fruit did you have in a day?

Check one answer

- Zero servings (none)
 1 or 2 servings per day
 3 or 4 servings per day
 5 or more servings per day

66b. During the last 3 months of your most recent pregnancy, about how many servings of vegetables did you have in a day?

Check one answer

- Zero servings (none)
 1 or 2 servings per day
 3 or 4 servings per day
 5 or more servings per day

67. 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 Question 69**
 Yes

Go to Question 68

68. 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:

69. 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 |

70. During your most recent pregnancy, did you get any of these services? For each one, circle **Y** (Yes) if you got the service or circle **N** (No) if you did not get it.

- | | No | Yes |
|---|----|-----|
| a. Childbirth classes | N | Y |
| b. Parenting classes. | N | Y |
| c. Visits to your home by a nurse or other health care worker | N | Y |
| d. Counseling for depression or anxiety. | 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. Food stamps, WIC vouchers or money to buy food | N | Y |
| b. Counseling information for family and personal problems. | N | Y |
| c. Help to quit smoking. | N | Y |
| d. Help to reduce violence in your home | N | Y |
| e. Other | N | Y |
- Please tell us:

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 |

73. Since your new baby was born, have you used any of these services? For each one, circle **Y** (Yes) if you used the service or circle **N** (No) if you did not use it.

- | | No | Yes |
|---|----|-----|
| a. Visits to your home by a nurse or other health care worker | N | Y |
| b. Counseling for depression or anxiety | N | Y |

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74. 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)

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 were the sources of your household's income?

Check all that apply

- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Paycheck or money from a job
- Food stamps or WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, or Supplemental Security Income (SSI)
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other → Please tell us:

76. 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 \$99,999
- \$100,000 or more

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

People

78. 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 Delaware.**

Thanks for answering our questions!

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