

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

1. Just before you got pregnant, did you have health insurance? Do not count Medicaid.

- No
- Yes

2. Just before you got pregnant, were you on Medicaid?

- No
- Yes

3. During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.

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

4. What is your date of birth?

19
 Month Day Year

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

Pounds OR Kilos

6. How tall are you without shoes?

Feet Inches

OR Centimeters

7. 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. High blood sugar (diabetes)	N	Y
d. Anemia (poor blood, low iron)	N	Y
e. Heart problems	N	Y

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 5 pounds, 8 ounces (2.5 kilos) or less at birth?

- No
- Yes

10. Was the baby just before your new one born more than 3 weeks before its due date?

- No
- Yes

11. How old were you when you had your first menstrual period?

Years old

2

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

Years old

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

13. 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

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

- No
- Yes → **Go to Question 17**

15. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?

(Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes → **Go to Question 19**

16. What were your 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 Question 19.

17. Did you receive treatment 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 → **Go to Question 19**
- Yes

18. Did you use any of the following 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:

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 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

20. 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

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

- No
- Yes
- I didn't want prenatal care →

Go to Page 4, Question 23

4

22. Here is a list of problems some women can have getting prenatal care. For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

	No	Yes
a. I couldn't get an appointment when I wanted one	N	Y
b. I didn't have enough money or insurance to pay for my visits	N	Y
c. I had no way to get to the clinic or doctor's office	N	Y
d. I couldn't take time off from work	N	Y
e. The doctor or my health plan would not start care as early as I wanted	N	Y
f. I didn't have my Medicaid card	N	Y
g. I had no one to take care of my children	N	Y
h. I had too many other things going on	N	Y
i. I didn't want anyone to know I was pregnant	N	Y
j. Other	N	Y
Please tell us:		

If you did not go for prenatal care, go to Question 25.

23. How was your prenatal care paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Other State sponsored program
- Other → Please tell us:

24. 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. Birth control methods to use after my pregnancy	N	Y
f. Medicines that are safe to take during my pregnancy	N	Y
g. How using illegal drugs could affect my baby	N	Y
h. Doing tests to screen for birth defects or diseases that run in my family	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. Physical abuse to women by their husbands or partners	N	Y

25. 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

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

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

- No
- Yes

27. Did you have any of these 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. High blood sugar (diabetes) that started <i>before</i> this pregnancy	N	Y
b. High blood sugar (diabetes) that started <i>during</i> this pregnancy	N	Y
c. Vaginal bleeding	N	Y
d. Kidney or bladder (urinary tract) infection	N	Y
e. Severe nausea, vomiting, or dehydration	N	Y
f. Cervix had to be sewn shut (incompetent cervix)	N	Y
g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia	N	Y
h. Problems with the placenta (such as abruptio placentae or placenta previa)	N	Y
i. Labor pains more than 3 weeks before my baby was due (preterm or early labor)	N	Y
j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])	N	Y
k. I had to have a blood transfusion	N	Y
l. I was hurt in a car accident	N	Y

If you did not have any of these problems, go to Question 29.

28. Did you do any of the following things because of these problems? For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

	No	Yes
a. I went to the hospital or emergency room and stayed less than 1 day	N	Y
b. I went to the hospital and stayed 1 to 7 days	N	Y
c. I went to the hospital and stayed more than 7 days	N	Y
d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice	N	Y

The next questions are about smoking cigarettes and drinking alcohol.

29. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)

- No → Go to Page 6, Question 33
- Yes

30. 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
- None (0 cigarettes)

6

31. 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
- None (0 cigarettes)

32. 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
- None (0 cigarettes)

33. 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 36**
- Yes

34a. 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

34b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

35a. 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

35b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

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

36. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not. (It may help to use the calendar.)

- | | 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 bad problem with drinking or drugs | N | Y |
| m. Someone very close to me died | N | Y |

The next questions are about the time during the 12 months before you got pregnant with your new baby.

37a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

37b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?

- No
 Yes

The next questions are about the time during your most recent pregnancy.

38a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

38b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- No
 Yes

8

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

39. When was your baby due?

Month
 Day
 Year

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

Month
 Day
 Year

I didn't have my baby in a hospital

41. When was your baby born?

Month
 Day
 Year

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

Month
 Day
 Year

I didn't have my baby in a hospital

43. How was your delivery paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Other State sponsored program
- Other → Please tell us:

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

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

- No
- Yes
- I don't know

45. 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 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Question 48**

46. Is your baby alive now?

- No → **Go to Page 10, Question 59**
 Yes

47. Is your baby living with you now?

- No → **Go to Page 10, Question 59**
 Yes

48. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- No → **Go to Question 52**
 Yes

49. Are you still breastfeeding or feeding pumped milk to your new baby?

- No
 Yes → **Go to Question 51**

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

- Weeks **OR** Months
 Less than 1 week

51. How old was your baby the first time you fed him or her anything besides breast milk? Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

- Weeks **OR** Months
 My baby was less than 1 week old
 I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Page 10, Question 59.

52. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

- Hours
 Less than 1 hour a day
 My baby is never in the same room with someone who is smoking

53. How 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

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

- Always
 Often
 Sometimes
 Rarely
 Never

55. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?

- No
 Yes

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

- No → **Go to Page 10, Question 58**
 Yes

10

57. When your new baby goes for well-baby checkups, who pays for those visits?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Other State sponsored program
- Other —————> Please tell us:

58. 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

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 [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes —————> **Go to Question 61**

60. What are your 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:

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

61. During the 12 months before your new baby was born, what were the sources of your household's income?

Check all that apply

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

62. During the 12 months before your new baby was born, what was your total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)

Check one answer

- 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

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

People

The next few questions are on a variety of topics.

64. 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
- Yes

Go to Question 66

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 the next question for the most recent one.

65. 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)

66. 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

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

Check one answer

- Less than 1 serving per day
- 1 or 2 servings per day
- 3 or 4 servings per day
- 5 or more servings per day

12

68. 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 70**
- Yes

69. What disease or infection were you told 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:

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. Classes on how to stop smoking | N | Y |
| d. Visits to your home by a nurse or other health care worker | N | Y |
| e. Food stamps | N | Y |
| f. TANF (welfare) | N | Y |

71. 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 |

72a. Since your new baby was born, how often have you felt down, depressed, or hopeless?

- Always
- Often
- Sometimes
- Rarely
- Never

72b. Since your new baby was born, how often have you had little interest or little pleasure in doing things?

- Always
- Often
- Sometimes
- Rarely
- Never

73. 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

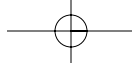
- a. I needed to see a dentist for a problem N Y
- b. I went to a dentist or dental clinic . . . N Y
- c. A dental or other health care worker talked with me about how to care for my teeth and gums. N Y

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)

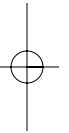
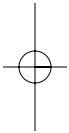
75. What is today's date?

Month Day Year



14

**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.***

