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 → **Go to Question 7**

❑ Yes

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.

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

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 (Diamond State Partners, Unison, or Delaware Physicians Care)
- ❑ Delaware Healthy Children Program (DHCP/SCHIP)
- ❑ CHAP—Community Healthcare Access Program
- ❑ TRICARE or other military health care
- ❑ 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
- ❑ Yes

11. *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.

	No	Yes
a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy)	❑	❑
b. High blood pressure or hypertension	❑	❑
c. Depression	❑	❑

12. 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.

	No	Yes
a. Asthma	❑	❑
b. Anemia (poor blood, low iron)	❑	❑
c. Heart problems	❑	❑
d. Epilepsy (seizures)	❑	❑
e. Thyroid problems	❑	❑
f. Anxiety	❑	❑

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 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

Go to Question 15

14. 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

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

- ❑ No
- ❑ Yes → **Go to Question 18**

16. 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**

Go to Question 17

17. 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
- ❑ I forgot to use a birth control method
- ❑ Other → Please tell us:

If you were <u>not trying</u> to get pregnant when you got pregnant with your new baby, go to Page 4, Question 19.

18. 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

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 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 → **Go to Question 22**

Go to Question 21

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

❑ No

❑ Yes → **Go to Question 23**

22. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

		No	Yes
a.	I couldn't get an appointment when I wanted one	❑	❑
b.	I didn't have enough money or insurance to pay for my visits	❑	❑
c.	I didn't have any transportation to get to the clinic or doctor's office	❑	❑
d.	The doctor or my health plan would not start care as early as I wanted	❑	❑
e.	I had too many other things going on	❑	❑
f.	I couldn't take time off from work or school	❑	❑
g.	I didn't have my Medicaid (Diamond State Partners, Unison, or Delaware Physicians Care) card	❑	❑
h.	I didn't have anyone to take care of my children	❑	❑
i.	I didn't know that I was pregnant	❑	❑
j.	I didn't want anyone else to know I was pregnant	❑	❑
k.	I didn't want prenatal care	❑	❑

If you did not get prenatal care, go to Page 6, Question 26.

23. 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 (Diamond State Partners, Unison, or Delaware Physicians Care)
- ❑ Delaware Healthy Children Program (DHCP/SCHIP)
- ❑ CHAP—Community Healthcare Access Program
- ❑ TRICARE or other military health care
- ❑ Some other kind of health insurance → Please tell us:

_____

- ❑ I did not have any health insurance to pay for my *prenatal care*

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, check **No** if no one talked with you about it or **Yes** if someone did.

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

25. 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—

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

26. 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

27. 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

28. During the 12 months *before the delivery* of your new baby, did you *get* a flu shot?

Check ONE answer

❑ No → **Go to Question 30**
❑ Yes, before my pregnancy
❑ Yes, during my pregnancy

Go to Question 29

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

____ / 20____

Month Year

❑ I don't remember

30. 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.

	No	Yes
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**	❑	❑

31. 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

32. 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

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

- ❑ 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

35. Did you have any of the following problems during *your most recent* pregnancy? For each item, check **No** if you did not have the problem or **Yes** if you did.

	No	Yes
a. Vaginal bleeding	❑	❑
b. Kidney or bladder (urinary tract) infection (UTI)	❑	❑
c. ***Severe*** nausea, vomiting, or dehydration that sent me to the doctor or hospital	❑	❑
d. Cervix had to be sewn shut (cerclage for incompetent cervix)	❑	❑
e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia	❑	❑
f. Problems with the placenta (such as abruptio placentae or placenta previa)	❑	❑
g. Labor pains more than 3 weeks before my baby was due (preterm or early labor)	❑	❑
h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])	❑	❑
i. I had to have a blood transfusion	❑	❑
j. I was hurt in a car accident	❑	❑

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

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

- ❑ No → **Go to Page 8, Question 40**
- ❑ Yes

37. In the *3 months <u>before</u>* 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

38. In the *<u>last 3</u> 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

39. 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

40. Which of the following statements best describes the rules about smoking *inside* your home *now*, even if no one who lives in your home is a smoker?

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 and during).

41. 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 44**
- ❑ Yes

42. 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

43. 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.

44. 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.)

	No	Yes
a. A close family member was very sick and had to go into the hospital	❑	❑
b. I got separated or divorced from my husband or partner	❑	❑
c. I moved to a new address	❑	❑
d. I was homeless or had to sleep outside, in a car, or in a shelter	❑	❑
e. My husband or partner lost his job	❑	❑
f. I lost my job even though I wanted to go on working	❑	❑
g. My husband, partner, or I had a cut in work hours or pay	❑	❑
h. I was apart from my husband or partner due to military deployment or extended work-related travel	❑	❑
i. I argued with my husband or partner more than usual	❑	❑
j. My husband or partner said he didn't want me to be pregnant	❑	❑
k. I had problems paying the rent, mortgage, or other bills	❑	❑
l. My husband, partner, or I went to jail	❑	❑
m. Someone very close to me had a problem with drinking or drugs	❑	❑
n. Someone very close to me died	❑	❑

45. 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

46. 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.

47. When was your new baby born?

___ / ___ / 20___

Month Day Year

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

Check ONE answer and fill in blank if needed

- ❑ 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.

49. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

- ❑ No
- ❑ Yes
- ❑ I don't know

50. 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 → **Go to Question 53**

51. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 10, Question 60**
- ❑ Yes

52. Is your baby living with you now?

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

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

- ❑ No → **Go to Page 10, Question 56**
- ❑ Yes

Go to Page 10, Question 54

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

- ❑ No
- ❑ Yes → **Go to Question 56**

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 is still in the hospital, go to Question 59.

56. 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

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

58. Was your new baby seen by a doctor, nurse, or other health care worker for a *one week checkup* after he or she was born?

- ❑ No
- ❑ Yes
- ❑ My baby was still in the hospital at that time

59. *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

60. 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 62**

Go to Question 61

61. 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
- ❑ 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 ⟶ Please tell us:

If you or your husband or partner is <u>not doing</u> anything to keep from getting pregnant *now*, go to Question 63.

62. 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 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 ⟶ Please tell us:

63. *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

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

66. What kind of *health insurance* do <u>you</u> 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 (Diamond State Partners, Unison, or Delaware Physicians Care)
- ❑ Delaware Healthy Children Program (DHCP/SCHIP)
- ❑ CHAP—Community Healthcare Access Program
- ❑ TRICARE or other military health care
- ❑ 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.

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

____ Years old

68. 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 70**
- ❑ 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 the next question for the most recent one.

69. How long ago did that pregnancy *end*?

- ❑ Less than 6 months before getting pregnant with my new baby
- ❑ 6 to 12 months before getting pregnant with my new baby

70. 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

If you did not get prenatal care, go to Question 72.

71. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about fetal (baby) kick counts and how to do them? Please count only discussions, not reading materials or videos.

- ❑ No
- ❑ Yes

72. 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

73. 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

74. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had:

	No	Yes
a. Genital warts (HPV)	❑	❑
b. Herpes	❑	❑
c. Chlamydia	❑	❑
d. Gonorrhea	❑	❑
e. Pelvic inflammatory disease (PID)	❑	❑
f. Syphilis	❑	❑
g. Group B Strep (Beta Strep)	❑	❑
h. Bacterial vaginosis	❑	❑
i. Trichomoniasis (Trich)	❑	❑
j. Yeast infections	❑	❑
k. Urinary tract infection (UTI)	❑	❑
l. Other	❑	❑

Please tell us: ⟶

75. 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. Food stamps, WIC vouchers, or money to buy food	❑	❑
b. Counseling information for family and personal problems	❑	❑
c. Help to quit smoking	❑	❑
d. Help to reduce violence in your home	❑	❑
e. Other	❑	❑

Please tell us: ⟶

76. During *your most recent* pregnancy, would you have had the kinds of help listed below if you needed them? For each one, check **No** if you would have not had it or **Yes** if you would have had it.

	No	Yes
a. Someone to loan me $50	❑	❑
b. Someone to help me if I were sick and needed to be in bed	❑	❑
c. Someone to take me to the clinic or doctor's office if I needed a ride	❑	❑
d. Someone to talk with about my problems	❑	❑

77. Since your new baby was born, have you used any of these services? For each one, check **No** if you did not use the service or **Yes** if you used the service.

	No	Yes
a. Parenting classes	❑	❑
b. Counseling for depression or anxiety	❑	❑

78. Did you receive a Tdap vaccination *before, during or after* your most recent pregnancy? A Tdap vaccination 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

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

79. 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 $10,000
- ❑ $10,001 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 to $99,999
- ❑ $100,000 or more

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

____ People

81. 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 Delaware.

Thanks for answering our questions!

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