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

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

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

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 for fitness outside of my regular job	❑	❑
c. I was regularly taking prescription medicines other than birth control	❑	❑
d. A health care worker checked me for diabetes	❑	❑
e. I talked to a health care worker about my family medical history	❑	❑

8. 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. Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)	❑	❑
b. High blood pressure or hypertension	❑	❑
c. Depression	❑	❑
d. Asthma	❑	❑
e. Anemia (poor blood, low iron)	❑	❑
f. Thyroid problems	❑	❑
g. PCOS (polycystic ovarian syndrome)	❑	❑
h. Anxiety	❑	❑

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. In the *12 months before* you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

- ❑ No → **Go to Question 13**
- ❑ Yes

11. What type of health care visit did you have in the *12 months before* you got pregnant with your new baby?

Check ALL that apply

- ❑ Regular checkup at my family doctor's office
- ❑ Regular checkup at my OB/GYN's office
- ❑ Visit for an illness or chronic condition
- ❑ Visit for an injury
- ❑ Visit for family planning or birth control
- ❑ Visit for depression or anxiety
- ❑ Visit to have my teeth cleaned by a dentist or dental hygienist
- ❑ Other → Please tell us:

_____

12. During any of your health care visits in the *12 months before* you got pregnant, did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check **No** if they did not or **Yes** if they did.

		No	Yes
a.	Tell me to take a vitamin with folic acid	❑	❑
b.	Talk to me about maintaining a healthy weight	❑	❑
c.	Talk to me about controlling any medical conditions such as diabetes or high blood pressure	❑	❑
d.	Talk to me about my desire to have or not have children	❑	❑
e.	Talk to me about using birth control to prevent pregnancy	❑	❑
f.	Talk to me about how I could improve my health before a pregnancy	❑	❑
g.	Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis	❑	❑
h.	Ask me if I was smoking cigarettes	❑	❑
i.	Ask me if someone was hurting me emotionally or physically	❑	❑
j.	Ask me if I was feeling down or depressed	❑	❑
k.	Ask me about the kind of work I do	❑	❑
l.	Test me for HIV (the virus that causes AIDS)	❑	❑

13. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about preparing for a pregnancy?

- ❑ No → **Go to Question 15**
- ❑ Yes

Go to Question 14

14. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below about preparing for a pregnancy? *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. Getting my vaccines updated before pregnancy	❑	❑
b. Visiting a dentist or dental hygienist before pregnancy	❑	❑
c. Getting counseling for any genetic diseases that run in my family	❑	❑
d. Getting counseling or treatment for depression or anxiety	❑	❑
e. The safety of using prescription or over-the-counter medicines during pregnancy	❑	❑
f. How smoking during pregnancy can affect a baby	❑	❑
g. How drinking alcohol during pregnancy can affect a baby	❑	❑
h. How using illegal drugs during pregnancy can affect a baby	❑	❑

The next questions are about your *health insurance coverage* before, during, and after your pregnancy with your *new* baby.

15. 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 or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Delaware Health Insurance Marketplace (choosehealthde.com) or HealthCare.gov
- ❑ Medicaid (Diamond State Health Plan, Highmark Health Options, United Healthcare)
- ❑ Delaware Healthy Children Program (DHCP/ SCHIP)
- ❑ CHAP – Community Healthcare Access Program
- ❑ TRICARE or other military health care
- ❑ Other health insurance ⟶ Please tell us:

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

16. During your *most recent pregnancy*, what kind of health insurance did you have for your *prenatal care*?

Check ALL that apply

- ❑ I did not go for prenatal care → **Go to Question 17**
- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Delaware Health Insurance Marketplace (choosehealthde.com) or HealthCare.gov
- ❑ Medicaid (Diamond State Health Plan, Highmark Health Options, United Healthcare)
- ❑ Delaware Healthy Children Program (DHCP/ SCHIP)
- ❑ CHAP – Community Healthcare Access Program
- ❑ TRICARE or other military health care
- ❑ Other health insurance → Please tell us:

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

17. What kind of health insurance do you have *now*?

Check ALL that apply

- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Delaware Health Insurance Marketplace (choosehealthde.com) or HealthCare.gov
- ❑ Medicaid (Diamond State Health Plan, Highmark Health Options, United Healthcare)
- ❑ Delaware Healthy Children Program (DHCP/ SCHIP)
- ❑ CHAP – Community Healthcare Access Program
- ❑ TRICARE or other military health care
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I do not have health insurance *now*

18. 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

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

- ❑ No
- ❑ Yes → **Go to Question 21**

20. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- ❑ 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.)

21. 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, nurse, or other health care worker said you were pregnant.

_____ Weeks **OR** _____ Months

❑ I don't remember

22. How many weeks *or* months pregnant were you when you had your first visit for prenatal care?

_____ Weeks **OR** _____ Months

❑ I didn't go for prenatal care → **Go to Question 24**

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

❑ No

❑ Yes → **Go to Page 6, Question 25**

Go to Question 24

24. 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 Health Plan, Highmark Health Options, United Healthcare) 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.

25. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check **No** if they did not ask you about it or **Yes** if they did.

	No	Yes
a. If I knew how much weight I should gain during pregnancy	❑	❑
b. If I was taking any prescription medication	❑	❑
c. If I was smoking cigarettes	❑	❑
d. If I was drinking alcohol	❑	❑
e. If someone was hurting me emotionally or physically	❑	❑
f. If I was feeling down or depressed	❑	❑
g. If I was using drugs such as marijuana, cocaine, crack, or meth	❑	❑
h. If I wanted to be tested for HIV (the virus that causes AIDS)	❑	❑
i. If I planned to breastfeed my new baby	❑	❑
j. If I planned to use birth control after my baby was born	❑	❑

26. 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

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

Check ONE answer

- ❑ No
- ❑ Yes, before my pregnancy
- ❑ Yes, during my pregnancy

28. During *your most recent* pregnancy, did you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- ❑ No
- ❑ Yes
- ❑ I don't know

29. During *your most recent* pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

- ❑ No
- ❑ Yes

30. This question is about other 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 insurance to cover dental care during my pregnancy	❑	❑
d. I needed to see a dentist for a **problem**	❑	❑
e. I went to a dentist or dental clinic about a **problem**	❑	❑

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

- ❑ No
- ❑ Yes

32. During *your most recent* pregnancy, 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. Gestational diabetes (diabetes that **started** during *this* pregnancy)	❑	❑
b. High blood pressure (that **started** during *this* pregnancy), pre-eclampsia or eclampsia	❑	❑
c. Depression	❑	❑

33. 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.	Problems with the placenta (such as abruptio placentae or placenta previa)	❑	❑
f.	Labor pains more than 3 weeks before my baby was due (preterm or early labor)	❑	❑
g.	Water broke more than 3 weeks before my baby was due (preterm premature rupture of membranes [PPROM])	❑	❑
h.	I had to have a blood transfusion	❑	❑
i.	I was hurt in a car accident	❑	❑

34. During *your most recent* pregnancy, did a doctor, nurse, or other health care worker tell you that you had any of the following infections? For each item, check **No** if you were not told that you had the infection or **Yes** if you were.

		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:

_____

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

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

❑ No → **Go to Page 8, Question 39**

❑ Yes

36. 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

37. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

- ❑ 41 cigarettes or more
- ❑ 21 to 40 cigarettes
- ❑ 11 to 20 cigarettes
- ❑ 6 to 10 cigarettes
- ❑ 1 to 5 cigarettes
- ❑ Less than 1 cigarette
- ❑ I didn't smoke then

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

- ❑ 41 cigarettes or more
- ❑ 21 to 40 cigarettes
- ❑ 11 to 20 cigarettes
- ❑ 6 to 10 cigarettes
- ❑ 1 to 5 cigarettes
- ❑ Less than 1 cigarette
- ❑ I don't smoke now

39. 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 using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

40. Have you used any of the following products in the *past 2 years*? For each item, check **No** if you did not use it or **Yes** if you did.

	No	Yes
a. E-cigarettes or other electronic nicotine products	❑	❑
b. Hookah	❑	❑
c. Chewing tobacco, snuff, snus, or dip	❑	❑
d. Cigars, cigarillos, or little filtered cigars	❑	❑

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 41. Otherwise, go to Question 43.

41. During the *3 months before* you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

42. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

The next questions are about drinking alcohol around the time of pregnancy.

43. 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 46**
- ❑ Yes

44. 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
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 drinks a week
- ❑ 1 to 3 drinks a week
- ❑ Less than 1 drink a week
- ❑ I didn't drink then

45. 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
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 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. The next questions are about things that may have happened *before* and *during* your most recent pregnancy.

46. 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 their 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 they 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	❑	❑

47. In the *12 months before you got pregnant* with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

	No	Yes
a. My husband or partner	❑	❑
b. My ex-husband or ex-partner	❑	❑
c. Someone else	❑	❑

48. During *your most recent pregnancy*, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

	No	Yes
a. My husband or partner	❑	❑
b. My ex-husband or ex-partner	❑	❑
c. Someone else	❑	❑

AFTER PREGNANCY

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

49. When was your new baby born?

____ / ____ / 20____

Month Day Year

50. How much weight did you gain during *your most recent* pregnancy?

Check ONE answer and fill in blank if needed

❑ I gained _____ pounds **OR** _____ kilos
❑ I didn't gain any weight during my pregnancy
❑ I don't know

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

❑ No
❑ Yes
❑ I don't know

52. 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 55**

53. Is your baby alive now?

❑ No → *We are very sorry for your loss.* **Go to Page 12, Question 66**
❑ Yes

54. Is your baby living with you now?

❑ No → **Go to Page 12, Question 65**
❑ Yes

55. *Before or after your new baby was born*, did you receive information about breastfeeding from any of the following sources? For each one, check **No** if you did not receive information from this source or **Yes** if you did.

	No	Yes
a. My doctor	❑	❑
b. A nurse, midwife, or doula	❑	❑
c. A breastfeeding or lactation specialist	❑	❑
d. My baby's doctor or health care provider	❑	❑
e. A breastfeeding support group	❑	❑
f. A breastfeeding hotline or toll-free number	❑	❑
g. Family or friends	❑	❑
h. Other	❑	❑

Please tell us:

_____

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

- ❑ No → **Go to Question 59**
- ❑ Yes

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

- ❑ No
- ❑ Yes → **Go to Question 59**

58. How many weeks or months did you breastfeed or feed pumped milk to your baby?

- ❑ Less than 1 week

_____ Weeks **OR** _____ Months

If your baby is still in the hospital, go to Page 12, Question 65.

59. 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

60. In the *past 2 weeks*, how often has your new baby slept alone in his or her own crib or bed?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never → **Go to Question 62**

61. When your new baby sleeps alone, is his or her crib or bed in the same room where *you* sleep?

- ❑ No
- ❑ Yes

62. Listed below are some more things about how babies sleep. How did your new baby *usually* sleep in the *past 2 weeks*? For each item, check **No** if your baby did not *usually* sleep like this or **Yes** if he or she did.

		No	Yes
a.	In a crib, bassinet, or pack and play	❑	❑
b.	On a twin or larger mattress or bed	❑	❑
c.	On a couch, sofa, or armchair	❑	❑
d.	In an infant car seat or swing	❑	❑
e.	In a sleeping sack or wearable blanket	❑	❑
f.	With a blanket	❑	❑
g.	With toys, cushions, or pillows, including nursing pillows	❑	❑
h.	With crib bumper pads (mesh or non-mesh)	❑	❑

63. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check **No** if they did not tell you or **Yes** if they did.

		No	Yes
a.	Place my baby on his or her back to sleep	❑	❑
b.	Place my baby to sleep in a crib, bassinet, or pack and play	❑	❑
c.	Place my baby's crib or bed in my room	❑	❑
d.	What things should and should not go in bed with my baby	❑	❑

64. 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

65. *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

66. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- ❑ No
- ❑ Yes → **Go to Question 68**

67. 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 want to get pregnant
- ❑ I am pregnant now
- ❑ I had my tubes tied or blocked
- ❑ I don't want to use birth control
- ❑ I am worried about side effects from birth control
- ❑ I am not having sex
- ❑ My husband or partner doesn't want to use anything
- ❑ I have problems paying for birth control
- ❑ 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 69.

68. 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 or Essure®)
- ❑ Vasectomy (male sterilization)
- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections (Depo-Provera®)
- ❑ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- ❑ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- ❑ Contraceptive implant in the arm (Nexplanon® or Implanon®)
- ❑ Natural family planning (including rhythm method)
- ❑ Withdrawal (pulling out)
- ❑ Not having sex (abstinence)
- ❑ Other → Please tell us:

69. *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 → **Go to Question 71**
- ❑ Yes

Go to Question 70

70. *During your postpartum checkup*, did a doctor, nurse, or other health care worker do any of the following things? For each item, check **No** if they did not do it or **Yes** if they did.

		No	Yes
a.	Tell me to take a vitamin with folic acid	❑	❑
b.	Talk to me about healthy eating, exercise, and losing weight gained during pregnancy	❑	❑
c.	Talk to me about how long to wait before getting pregnant again	❑	❑
d.	Talk to me about birth control methods I can use after giving birth	❑	❑
e.	Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms	❑	❑
f.	Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)	❑	❑
g.	Ask me if I was smoking cigarettes	❑	❑
h.	Ask me if someone was hurting me emotionally or physically	❑	❑
i.	Ask me if I was feeling down or depressed	❑	❑
j.	Test me for diabetes	❑	❑

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

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

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

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

OTHER EXPERIENCES

The next questions are on a variety of topics.

73. How old were you when you got pregnant for the *first* time?

_____ Years old

74. 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 76**
- ❑ Yes

75. 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

If you did not get prenatal care, go to Page 14, Question 77.

76. 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

77. 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 or money to buy food	❑	❑
b. WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)	❑	❑
c. Counseling for family and personal problems	❑	❑
d. Help to quit smoking	❑	❑
e. Help to reduce violence in my home	❑	❑
f. Other Please tell us: _____	❑	❑

78. 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 not have 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	❑	❑

If your baby is not alive or is not living with you, go to Question 80.

79. *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 did.

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

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

80. 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 $16,000
- ❑ $16,001 to $20,000
- ❑ $20,001 to $24,000
- ❑ $24,001 to $28,000
- ❑ $28,001 to $32,000
- ❑ $32,001 to $40,000
- ❑ $40,001 to $48,000
- ❑ $48,001 to $57,000
- ❑ $57,001 to $60,000
- ❑ $60,001 to $73,000
- ❑ $73,001 to $85,000
- ❑ $85,001 to $99,000
- ❑ $99,001 to $109,000
- ❑ $109,001 or more

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

_____ People

82. 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 keep mothers and babies in Delaware healthy.