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. 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. Thyroid problems	❑	❑
f. PCOS (polycystic ovarian syndrome)	❑	❑

5. 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

6. 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 Page 2, Question 9**
- ❑ Yes

Go to Page 2, Question 7

7. 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:

_____

8. During any of your health care visits in the *12 months before* you got pregnant, did a doctor, nurse, or other health care worker do 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)	❑	❑

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

9. 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 Hawaii Health Connector website (www.hawaiihealthconnector.com) or HealthCare.gov
- ❑ Medicaid or Quest
- ❑ 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

10. 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 11**
- ❑ 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 Hawaii Health Connector website (www.hawaiihealthconnector.com) or HealthCare.gov
- ❑ Medicaid or Quest
- ❑ TRICARE or other military health care
- ❑ Other health insurance → Please tell us:

_____

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

11. 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 Hawaii Health Connector website (www.hawaiihealthconnector.com) or HealthCare.gov
- ❑ Medicaid or Quest
- ❑ TRICARE or other military health care
- ❑ Other health insurance → Please tell us:

_____

- ❑ I do not have health insurance *now*

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 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

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

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

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

- ❑ No
- ❑ Yes → **Go to Question 16**

Go to Question 15

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

_____

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

16. What method of birth control were you using when you got pregnant?

Check ALL that apply

- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections (Depo-Provera®)
- ❑ Contraceptive implant in the arm (Nexplanon® or Implanon®)
- ❑ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- ❑ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- ❑ Natural family planning (including rhythm method)
- ❑ Withdrawal (pulling out)
- ❑ Other → Please tell us:

_____

DURING PREGNANCY

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

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

_____ Weeks **OR** _____ Months

❑ I didn't go for prenatal care → **Go to Question 19**

18. *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	❑	❑

19. 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

20. 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

21. 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

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

❑ No
❑ Yes

23. 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**	❑	❑

24. Did any of the following things make it hard for you to go to a dentist or dental clinic during *your most recent* pregnancy? For each item, check **No** if it was not something that made it hard for you or **Yes** if it was.

	No	Yes
a. I could not find a dentist or dental clinic that would take pregnant patients	❑	❑
b. I could not find a dentist or dental clinic that would take Medicaid patients	❑	❑
c. I did not think it was safe to go to the dentist during pregnancy	❑	❑
d. I could not afford to go to the dentist or dental clinic	❑	❑

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, 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	❑	❑
d. Asthma	❑	❑

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

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

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

28. 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

29. 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

If you did not smoke at any time in the *3 months before* you got pregnant, go to Page 6, Question 32.

30. Did you quit smoking around the time of *your most recent* pregnancy?

Check ONE answer

- ❑ No
- ❑ No, but I cut back
- ❑ Yes, I quit before I found out I was pregnant
- ❑ Yes, I quit when I found out I was pregnant
- ❑ Yes, I quit later in my pregnancy

31. Listed below are some things that can make it hard for some people to quit smoking. For each item, check **No** if it is not something that might make it hard for you or **Yes** if it is.

		No	Yes
a.	Cost of medicines or products to help with quitting	❑	❑
b.	Cost of classes to help with quitting	❑	❑
c.	Fear of gaining weight	❑	❑
d.	Loss of a way to handle stress	❑	❑
e.	Other people smoking around me	❑	❑
f.	Cravings for a cigarette	❑	❑
g.	Lack of support from others to quit	❑	❑
h.	Worsening depression	❑	❑
i.	Worsening anxiety	❑	❑
j.	Some other reason	❑	❑

Please tell us:

_____

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
- ❑ I don't smoke now

33. How many cigarette smokers, not including yourself, lived in your home during *your most recent* pregnancy?

_____ Number of smokers

34. How many cigarette smokers, not including yourself, live in your home *now*?

_____ Number of smokers

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.

35. 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.	Betel nut or betel quid	❑	❑

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 36. Otherwise, go to Question 38.

36. 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

37. 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.

38. 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 43**
- ❑ Yes

39. 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 → **Go to Question 41**

40. During the *3 months before* you got pregnant, how many times did you drink 4 alcoholic drinks or more in a 2 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 a 2 hour time span

41. 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 → **Go to Question 43**

42. During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in a 2 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 a 2 hour time span

Pregnancy can be a difficult time. The next questions are about things that may have happened *before* and *during* your most recent pregnancy.

43. 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. Another family member	❑	❑
d. Someone else	❑	❑

44. 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. Another family member	❑	❑
d. Someone else	❑	❑

AFTER PREGNANCY

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

45. When was your new baby born?

____ / ____ / 20____

Month Day Year

46. 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 49**

47. Is your baby alive now?

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

48. Is your baby living with you now?

- ❑ No → **Go to Question 60**
- ❑ Yes

Go to Question 49

49. *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:

_____

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

- ❑ No → **Go to Question 54**
- ❑ Yes

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

- ❑ No
- ❑ Yes → **Go to Question 53**

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

- ❑ Less than 1 week

____ Weeks **OR** ____ Months

53. How old was your new baby the first time he or she had liquids other than breast milk (such as formula, water, juice, 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

54. 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 60.

55. 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

56. 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 58**

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

- ❑ No
- ❑ Yes

58. 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)	❑	❑

59. 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	❑	❑

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

- ❑ No → **Go to Page 10, Question 61**
- ❑ Yes → **Go to Page 10, Question 62**

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 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 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 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:

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 → **Go to Question 65**
- ❑ Yes

64. *During your postpartum checkup*, 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 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	❑	❑

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

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

66. *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.

67. *Before* you got pregnant with your new baby, did your husband or partner ever try to keep you from using your birth control so that you would get pregnant when you didn't want to? For example, did they hide your birth control, throw it away or do anything else to keep you from using it?

- ❑ No
- ❑ Yes

68. 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	❑	❑

69. During any of the following time periods, did you use marijuana or hash in any form? For each time period, check **No** if you did not use then or **Yes** if you did.

		No	Yes
a.	During the 12 months before I got pregnant	❑	❑
b.	During my most recent pregnancy	❑	❑
c.	Since my new baby was born	❑	❑

If you have not used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 71.

70. How often do you use e-cigarettes or other electronic nicotine products in an average week *now*?

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

71. *Since your new baby was born*, have you had your teeth cleaned by a dentist or dental hygienist?

- ❑ No
- ❑ Yes

72. Below is a list of things that some people do to prepare for a disaster. For each item, check **No** if it is not something you have done to prepare for a disaster or **Yes** if it is.

		No	Yes
a.	I have an emergency meeting place for family members (other than my home)	❑	❑
b.	My family and I have practiced what to do in case of a disaster	❑	❑
c.	I have a plan for how my family and I would keep in touch if we were separated	❑	❑
d.	I have an evacuation plan if I need to leave my home and community	❑	❑
e.	I have an evacuation plan for my child or children in case of a disaster (permission for day care or school to release my child to another adult)	❑	❑
f.	I have copies of important documents like birth certificates and insurance policies in a safe place outside my home	❑	❑
g.	I have emergency supplies in my home for my family such as enough extra water, food, and medicine to last for at least seven days	❑	❑
h.	I have emergency supplies that I keep in my car, at work, or at home to take with me if I have to leave quickly	❑	❑

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

73. 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 $18,000
- ❑ $18,001 to $23,000
- ❑ $23,001 to $28,000
- ❑ $28,001 to $33,000
- ❑ $33,001 to $37,000
- ❑ $37,001 to $46,000
- ❑ $46,001 to $55,000
- ❑ $55,001 to $65,000
- ❑ $65,001 to $69,000
- ❑ $69,001 to $84,000
- ❑ $84,001 to $98,000
- ❑ $98,001 or more

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

_____ People

75. 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 Hawaii.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in Hawaii healthy.