



11. When you got pregnant with your new baby, were you trying to become pregnant?

- No  
 Yes → **Go to Question 14**

12. 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], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

- No  
 Yes → **Go to Question 14**

13. 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:

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 a calendar when you answer these questions.)

14. 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

15. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Don't 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

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

- No  
 Yes → **Go to Question 18**  
 I didn't want prenatal care → **Go to Question 18**

Please use this space for any additional comments you would like to make about the health of mothers and babies in Hawaii.

Thanks for answering our questions!  
Your answers will help us work to make Hawaii mothers and babies healthier.

17. Did any of these things keep you from getting prenatal care as early as you wanted? **Check all that apply**

- I couldn't get an appointment earlier in my pregnancy
- I didn't have enough money or insurance to pay for my visits
- I didn't know that I was pregnant
- I had no way to get to the clinic or doctor's office
- The doctor or my health plan would not start care earlier
- I didn't have my Medicaid card
- I had no one to take care of my children
- I had too many other things going on
- Other —————> Please tell us:

\_\_\_\_\_

If you did not go for prenatal care, go to Page 4, Question 22.

18. Where did you go most of the time for your prenatal visits? (Do not include visits for WIC.) **Check one answer**

- Hospital clinic
- Private doctor's office or HMO clinic
- Community Health Center
- Military Hospital or Clinic
- Other —————> Please tell us:

\_\_\_\_\_

19. How was your prenatal care paid for? **Check all that apply**

- Medicaid or QUEST
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Tricare
- Other —————> Please tell us:

\_\_\_\_\_

20. 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 your baby . . . . .	.N	Y
b. Breastfeeding your baby . . . . .	.N	Y
c. How drinking alcohol during pregnancy could affect your baby . .	.N	Y
d. Using a seat belt during your pregnancy . . . . .	.N	Y
e. Birth control methods to use after your pregnancy . . . . .	.N	Y
f. Medicines that are safe to take during your pregnancy . . . . .	.N	Y
g. How using illegal drugs could affect your baby . . . . .	.N	Y
h. Doing tests to screen for birth defects or diseases that run in your family . . . . .	.N	Y
i. What to do if your labor starts early . . . . .	.N	Y
j. Getting your blood tested for HIV (the virus that causes AIDS) . . . .	.N	Y
k. Physical abuse to women by their husbands or partners . . . . .	.N	Y

**21. At any time during your prenatal care, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?**

- No
- Yes

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

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

- No
- Yes

**23. Did you have any of these problems during your pregnancy?** For each item, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

	No	Yes
a. Labor pains more than 3 weeks before your baby was due (preterm or early labor) . . . . .	.N	Y
b. High blood pressure (including preeclampsia or toxemia) or retained water (edema) . . . . .	.N	Y
c. Vaginal bleeding . . . . .	.N	Y
d. Problems with the placenta (such as abruptio placentae, placenta previa) . . . . .	.N	Y
e. Severe nausea, vomiting, or dehydration . . . . .	.N	Y
f. High blood sugar (diabetes) . . . . .	.N	Y
g. Kidney or bladder (urinary tract) infection . . . . .	.N	Y
h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM) . . . . .	.N	Y
i. Cervix had to be sewn shut (incompetent cervix, cerclage) . . . . .	.N	Y
j. You were hurt in a car accident . . . . .	.N	Y

If you did not have any of these problems, go to Question 25.

**24. Did you do any of the following things because of these problem(s)?**

**Check all that apply**

- I went to the hospital or emergency room and stayed less than 1 day
- I went to the hospital and stayed 1 to 7 days
- I went to the hospital and stayed more than 7 days
- I stayed in bed at home more than 2 days because of my doctor's or nurse's advice

**72. Does your new baby have a hearing loss or a hearing problem?**

- No
- Yes
- I don't know

**73. Listed below are some things that describe the care of your new baby.** For each item, circle **A** if it always applies to you, circle **S** if it sometimes applies to you, or circle **N** if it never applies to you.

	Never	Sometimes	Always
a. My new baby rides in an infant car seat . . . . .	.N	S	A
b. My new baby rides in an infant car seat that faces the rear window of the car, truck, or van . . . . .	.N	S	A
c. My new baby rides in an infant car seat in the back seat of the car, truck, or van . . . . .	.N	S	A
d. My new baby sleeps on something soft, like a fluffy blanket or comforter, soft pillow, featherbed, or sheepskin . . . . .	.N	S	A
e. My new baby sleeps in the same bed with me . . . . .	.N	S	A

**74. Since your new baby was born, have you used WIC services for your new baby?**

- No
- Yes

**75. This question is about the care of your teeth during your most recent pregnancy.** For each thing, 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

**76. Please check your total family income for last year. Include all money your family received.**

**Check one answer**

- Less than \$10,000
- \$10,000–\$15,000
- \$15,001–\$20,000
- \$20,001–\$25,000
- \$25,001–\$30,000
- \$30,001–\$35,000
- \$35,001–\$40,000
- \$40,001–\$45,000
- \$45,001–\$50,000
- More than \$50,000

68. Did you use any of these drugs in the month before you got pregnant? For each item, circle Y (Yes) if it is true or circle N (No) if it is not true.

- a. Prescription drugs ... N Y
What kinds?
b. Marijuana (pot, bud) or hashish (hash) ... N Y
c. Amphetamines (uppers, ice, speed, crystal, crank) ... N Y
d. Cocaine (rock, coke, crack) or heroin (smack, horse) ... N Y
e. Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy) ... N Y
f. Sniffing gasoline, glue, hairspray, or other aerosols ... N Y

69. During your most recent pregnancy, who would have helped you if a problem had come up? For example, who would have helped you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks? Check all that apply

- My husband or partner
My mother, father, or in-laws
Other family member or relative
A friend
Someone else -> Please tell us:
No one would have helped me

If your baby has died, or is not living with you, go to Question 75.

70. a. When your new baby was born, was the baby's hearing tested?

- I don't know -> Go to Question 73
No -> Go to Question 73
Yes

b. Did someone tell you what the test said about your new baby's hearing?

- I don't remember -> Go to Question 73
No -> Go to Question 73
Yes

c. When someone told you what the test said about your new baby's hearing, what did they tell you?

- Your baby's test showed no problems
Your baby should have another test
Other -> Please tell us:

71. After you were told about your new baby's hearing test, you probably had many thoughts and feelings. Please read all the choices below and check the choices which are true about your thoughts and feelings at the time.

- Not worried
A little worried
Very worried and upset
I wondered if I did something wrong or if it was my fault
I was too excited and busy with the new baby to pay much attention
Other -> Please tell us:

The next questions are about smoking cigarettes and drinking alcohol.

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

- No -> Go to Question 29
Yes

26. In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- Cigarettes OR Packs
Less than 1 cigarette a day
I didn't smoke
I don't know

27. In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

- Cigarettes OR Packs
Less than 1 cigarette a day
I didn't smoke
I don't know

28. How many cigarettes or packs of cigarettes do you smoke on an average day now?

- Cigarettes OR Packs
Less than 1 cigarette a day
I don't smoke
I don't know

29. Have you had any alcoholic drinks in the past 2 years? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- No -> Go to Page 6, Question 32
Yes

30. a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

- I didn't drink then
Less than 1 drink a week
1 to 3 drinks a week
4 to 6 drinks a week
7 to 13 drinks a week
14 drinks or more a week
I don't know

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

- Times
I didn't drink then
I don't know

31. a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?

- I didn't drink then
Less than 1 drink a week
1 to 3 drinks a week
4 to 6 drinks a week
7 to 13 drinks a week
14 drinks or more a week
I don't know

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

Times

- I didn't drink then
I don't know

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

32. 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.)

Table with 3 columns: Question, No, Yes. Rows include: A close family member was very sick and had to go into the hospital, You got separated or divorced from your husband or partner, You moved to a new address, You were homeless, Your husband or partner lost his job, You lost your job even though you wanted to go on working, You argued with your husband or partner more than usual, Your husband or partner said he didn't want you to be pregnant, You had a lot of bills you couldn't pay, You were in a physical fight, You or your husband or partner went to jail, Someone very close to you had a bad problem with drinking or drugs, Someone very close to you died.

If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question 67.

If you did not go for prenatal care, go to Question 66.

65. Listed below are some things about smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits. For each thing, circle Y (Yes) if it applied to you during any of your prenatal care visits or circle N (No) if it did not.

During any of your prenatal care visits, did a doctor, nurse, or other health care worker—

Table with 3 columns: Question, No, Yes. Rows include: Spend time with you discussing how to quit smoking, Suggest that you set a specific date to stop smoking, Prescribe a nicotine nasal spray or nicotine inhaler, Prescribe a pill like Zyban or Bupropion to help you quit, Recommend using nicotine gum, Recommend using a nicotine patch, Suggest you attend a class or program to stop smoking, Provide you with booklets, videos, or other materials to help you quit smoking on your own, Refer you to counseling for help with quitting.

66. Listed below are some things about smoking. For each thing, circle Y (Yes) if it applied to you during your most recent pregnancy or circle N (No) if it did not.

During your most recent pregnancy, did you—

Table with 3 columns: Question, No, Yes. Rows include: Set a specific date to stop smoking, Use a nicotine nasal spray or nicotine inhaler, Take a pill like Zyban or Bupropion to help you quit, Use nicotine gum, Use a nicotine patch, Attend a class or program to stop smoking, Use booklets, videos, or other materials to help you quit, Go to counseling for help with quitting.

67. Did you use any of these drugs when you were pregnant? For each item, circle Y (Yes) if it is true or circle N (No) if it is not true.

Table with 3 columns: Question, No, Yes. Rows include: Prescription drugs, Marijuana (pot, bud) or hashish (hash), Amphetamines (uppers, ice, speed, crystal, crank), Cocaine (rock, coke, crack) or heroin (smack, horse), Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy), Sniffing gasoline, glue, hairspray, or other aerosols.

60. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant now?

- 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:

Blank line for text input

The next questions are about your family and the place where you live.

61. Which rooms are in the house, apartment, or trailer where you live?

Check all that apply

- Living room
Separate dining room
Kitchen
Bathroom(s)
Recreation room, den, or family room
Finished basement
Bedrooms -> How many?

62. 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)

63. What were the sources of your household's income during the past 12 months?

Check one answer

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

Blank line for text input

64. During your most recent pregnancy, did you feel you needed any of the following services? For each thing, circle Y (Yes) if you felt you needed the service or N (No) if you did not feel you needed the service.

Did you need—

Table with 2 columns: No, Yes. Rows include: Money to buy food, food stamps, or WIC vouchers; Help with an alcohol or drug problem; Help to reduce violence in your home; Counseling information for family and personal problems; Help to quit smoking; Help with or information about breastfeeding; Other.

Blank line for text input

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

- No
Yes

b. During the 12 months before you got pregnant, did anyone else physically hurt you in any way?

- No
Yes

34. a. 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

b. During your most recent pregnancy, did anyone else physically hurt you in any way?

- No
Yes

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

35. When was your baby due?

Month Day Year

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

Month Day Year

- I didn't have my baby in a hospital

37. When was your baby born?

Month Day Year

38. 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

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

- No
Yes
I don't know

40. After your baby was born, how long did he or she stay in the hospital?

- Less than 24 hours (Less than 1 day)
24-48 hours (1-2 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

## 41. How was your delivery paid for?

Check all that apply

- Medicaid or Quest  
 Personal income (cash, check, or credit card)  
 Health insurance or HMO  
 Tricare  
 Other —————> Please tell us:

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

## 42. What is today's date?

\_\_\_\_\_  
 Month      Day      Year

## 43. Is your baby alive now?

- No  
 Yes —————> **Go to Question 45**

## 44. When did your baby die?

\_\_\_\_\_  
 Month      Day      Year

**Go to Question 59**

## 45. Is your baby living with you now?

- No —————> **Go to Question 59**  
 Yes

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

- No —————> **Go to Question 50**  
 Yes

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

- No  
 Yes —————> **Go to Question 49**

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

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

## 49. 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 one week old  
 I have not fed my baby anything besides breast milk

If your baby is still in a hospital, go to Question 57.

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

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

51. 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

## 52. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

- No —————> **Go to Question 54**  
 Yes

## 53. Was your new baby seen at home or at a health care facility?

- At home  
 At a doctor's office, clinic, or other health care facility

## 54. Has your baby had a well-baby checkup?

- No —————> **Go to Question 57**  
 Yes

## 55. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

Times

## 56. Where do you usually take your baby for well-baby checkups?

Check one answer

- Hospital clinic  
 Health department clinic  
 Private doctor's office or HMO clinic  
 Community Health Center  
 Military Hospital or Clinic  
 Other —————> Please tell us:

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## 57. Do you have health insurance, Medicaid, or QUEST for your new baby?

- No —————> **Go to Question 59**  
 Yes

## 58. What type of insurance is your new baby covered by?

Check all that apply

- Medicaid or QUEST  
 Private insurance or HMO  
 Tricare  
 Other —————> Please tell us:

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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 having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

- No  
 Yes —————> **Go to Page 10, Question 61**