

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

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

- No  
 Yes

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

- No  
 Yes

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

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

4. What is *your* date of birth?

19  
 Month Day Year

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

Pounds OR  Kilos

6. How tall are you without shoes?

Feet  Inches

OR  Centimeters

7. Would you say that, in general, your health is—

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

8. Before you got pregnant with your new baby, did you ever have any other babies who were born alive?

- No → Go to Page 2, Question 11  
 Yes

9. Did the baby born *just before* your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?

- No  
 Yes

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

- No  
 Yes

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

11. Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?

Check one answer

- I wanted to be pregnant sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future

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

- No
- Yes →

Go to Question 15

13. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes →

Go to Question 15

14. 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:

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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.)

15. 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

**16. 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

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

- No  
 Yes  
 I didn't want prenatal care →

Go to Page 4, Question 19

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

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

If you did not go for prenatal care, go to Question 21.

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

**21. 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

Go to Question 25

22. Were you *offered* an HIV test during your most recent pregnancy or delivery?

- No —————> **Go to Question 25**  
 Yes

23. Did you turn down the HIV test?

- No —————> **Go to Question 25**  
 Yes

24. Why did you turn down the HIV test?

**Check all that apply**

- I did not think I was at risk for HIV  
 I did not want people to think I was at risk for HIV  
 I was afraid of getting the result  
 I was tested before this pregnancy, and did not think I needed to be tested again  
 Other —————> Please tell us:

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

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

- No  
 Yes

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

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

**If you did not have any of these problems, go to Page 6, Question 28.**

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

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

**The next questions are about smoking cigarettes and drinking alcohol.**

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

- No —————> **Go to Question 32**  
 Yes

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

- 41 cigarettes or more  
 21 to 40 cigarettes  
 11 to 20 cigarettes  
 6 to 10 cigarettes  
 1 to 5 cigarettes  
 Less than 1 cigarette  
 None (0 cigarettes)

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

- 41 cigarettes or more  
 21 to 40 cigarettes  
 11 to 20 cigarettes  
 6 to 10 cigarettes  
 1 to 5 cigarettes  
 Less than 1 cigarette  
 None (0 cigarettes)

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

- 41 cigarettes or more  
 21 to 40 cigarettes  
 11 to 20 cigarettes  
 6 to 10 cigarettes  
 1 to 5 cigarettes  
 Less than 1 cigarette  
 None (0 cigarettes)

**32. 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 35**  
 Yes

**33a. 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

**33b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?**

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

**34a. 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

**34b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?**

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

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

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

	No	Yes
a. A close family member was very sick and had to go into the hospital . . . . .	N	Y
b. I got separated or divorced from my husband or partner . . . . .	N	Y
c. I moved to a new address. . . . .	N	Y
d. I was homeless . . . . .	N	Y
e. My husband or partner lost his job. . . . .	N	Y
f. I lost my job even though I wanted to go on working . . . . .	N	Y
g. I argued with my husband or partner more than usual. . . . .	N	Y
h. My husband or partner said he didn't want me to be pregnant . . . . .	N	Y
i. I had a lot of bills I couldn't pay . . . . .	N	Y
j. I was in a physical fight . . . . .	N	Y
k. My husband or partner or I went to jail. . . . .	N	Y
l. Someone very close to me had a bad problem with drinking or drugs. . . . .	N	Y
m. Someone very close to me died . . . . .	N	Y

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

36a. During the *12 months before you got pregnant*, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No  
 Yes

36b. During the *12 months before you got pregnant*, were you physically hurt in any way by your husband or partner?

- No  
 Yes

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

37a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No  
 Yes

37b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- No  
 Yes

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

38. When was your baby due?

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

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

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

I didn't have my baby in a hospital

40. When was your baby born?

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

41. 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



## 42. How was your delivery paid for?

Check all that apply

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

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

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

- No
- Yes
- I don't know

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

- Less than 24 hours (less than 1 day)
- 24 to 48 hours (1 to 2 days)
- 3 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital
- My baby is still in the hospital —————> **Go to Question 47**

## 45. Is your baby alive now?

- No —————> **Go to Page 10, Question 55**
- Yes

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

- No —————> **Go to Page 10, Question 55**
- Yes

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

- No —————> **Go to Page 10, Question 51**
- Yes

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

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

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

- Weeks OR  Months
- Less than 1 week

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

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

If your baby is still in the hospital, go to Question 55.

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

Hours

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

52. 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

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

- No  
 Yes

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

- No  
 Yes

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

- No  
 Yes →

Go to Question 57

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

Check all that apply

- I am not having sex  
 I want to get pregnant  
 I don't want to use birth control  
 My husband or partner doesn't want to use anything  
 I don't think I can get pregnant (sterile)  
 I can't pay for birth control  
 I am pregnant now  
 Other → Please tell us:

57. Since your new baby was born, have you had a postpartum checkup for yourself? (A postpartum checkup is the regular checkup a woman has after she gives birth.)

- No  
 Yes

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

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

Check all that apply

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

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

Check one answer

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

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

People

The next few questions are on a variety of topics.

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

- |  | No | Yes |
|--|----|-----|
| a. Prescription drugs . . . . .  | N  | Y   |
| (If yes, what kinds?)  |    |     |
| <hr/>  |    |     |
| 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   |

**62. Did you use any of these drugs when you were pregnant?** For each item, circle **Y** (Yes) if you used it or circle **N** (No) if you did not.

- |  | No | Yes |
|--|----|-----|
| a. Prescription drugs . . . . .  | N  | Y   |
| (If yes, what kinds?)  |    |     |
| <hr/>  |    |     |
| 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   |

**63. Are you currently in school or working outside the home?**

- No —————> Go to Question 65a
- Yes

**64. At your workplace or school, what happens when a mother wants to breastfeed?**

Check all that apply

- She can keep her baby and the baby can breastfeed as needed
- She can use break time to breastfeed the baby
- She can use break time to pump milk
- It is hard to use breaks or find a place to pump or breastfeed
- She is not allowed to breastfeed the baby at work
- I don't know

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

- Always  
 Often  
 Sometimes  
 Rarely  
 Never

**65b. 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. This question is about the care of your teeth during your most recent pregnancy.**

For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

- |   | No | Yes |
|---|----|-----|
| a. I needed to see a dentist for a problem .....  | N  | Y   |
| b. I went to a dentist or dental clinic.....  | N  | Y   |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums..... | N  | Y   |

**67. What is today's date?**

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Month	Day	Year

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

*Mahalo for answering our questions!*

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