Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

### BEFORE PREGNANCY

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

1. 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, circle Y (Yes) if you did it or circle N (No) if you did not.

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

2. During the month before you got pregnant with your new baby, were you covered by any of these health insurance plans?

   - Health insurance from your job or the job of your husband, partner, or parents
   - Health insurance that you or someone else paid for (not from a job)
   - Medicaid or QUEST
   - TRICARE or other military health care
   - Other source(s) Please tell us:  

   - I did not have any health insurance before I got pregnant

3. 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 at all
   - 1 to 3 times a week
   - 4 to 6 times a week
   - Every day of the week

4. What were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins during the month before you got pregnant with your new baby?

   - I wasn’t planning to get pregnant
   - I didn’t think I needed to take vitamins
   - The vitamins were too expensive
   - The vitamins gave me side effects (such as constipation)
   - Other Please tell us:
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 Meters

7. What is your date of birth?

Month Day Year

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

- Excellent
- Very good
- Good
- Fair
- Poor

9. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about how to prepare for a healthy pregnancy and baby?

- No
- Yes

10. *Before* you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy.

- No
- Yes

11. During the 3 months before you got pregnant with your new baby, did you have any of the following health problems? For each one, circle Y (Yes) if you had the problem or circle N (No) if you did not.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Asthma</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>b. High blood pressure</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>c. Anemia</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>d. Heart problems</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>e. Epilepsy</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>f. Thyroid problems</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>g. Depression</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>h. Anxiety</td>
<td></td>
<td>N</td>
</tr>
</tbody>
</table>

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

- No
- Yes

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

- No
- Yes

14. Was the baby just before your new one born *more* than 3 weeks before his or her due date?

- No
- Yes
The next questions are about the time when you got pregnant with your new baby.

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

- 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

Check one answer

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

- No
- Yes — Go to Page 4, Question 19

17. 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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes — Go to Page 4, Question 19

Go to Question 18

18. 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
- 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.)

19. How many weeks or months pregnant were you when you were sure you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

☐ Weeks OR ☐ Months

☐ I don’t remember

20. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

{ ☐ Weeks OR ☐ Months

☐ I didn’t go for prenatal care

Go to Question 22

Go to Question 21

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

☐ No

☐ Yes  Go to Question 23

22. Did any of these things keep you from getting prenatal care at all or as early as you wanted? For each item, circle T (True) if it was a reason that you didn’t get prenatal care when you wanted or circle F (False) if it was not a reason for you or if something does not apply to you.

<table>
<thead>
<tr>
<th>Item</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I couldn’t get an appointment when I wanted one</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>b. I didn’t have enough money or insurance to pay for my visits</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>c. I had no transportation to get to the clinic or doctor’s office</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>d. The doctor or my health plan would not start care as early as I wanted</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>e. I had too many other things going on</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>f. I couldn’t take time off from work or school</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>g. I didn’t have my Medicaid or QUEST card</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>h. I had no one to take care of my children</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>i. I didn’t know that I was pregnant</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>j. I didn’t want anyone else to know I was pregnant</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>k. I didn’t want prenatal care</td>
<td>T</td>
<td>F</td>
</tr>
</tbody>
</table>

If you did not go for prenatal care, go to Page 6, Question 25.
23. Did any of these health insurance plans help you pay for your prenatal care?  

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or QUEST
- TRICARE or other military health care
- Other source(s) ———— Please tell us:
- I did not have health insurance to help pay for my prenatal care

24. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How smoking during pregnancy could affect my baby</td>
<td>N Y</td>
</tr>
<tr>
<td>b. Breastfeeding my baby</td>
<td>N Y</td>
</tr>
<tr>
<td>c. How drinking alcohol during pregnancy could affect my baby</td>
<td>N Y</td>
</tr>
<tr>
<td>d. Using a seat belt during my pregnancy</td>
<td>N Y</td>
</tr>
<tr>
<td>e. Medicines that are safe to take during my pregnancy</td>
<td>N Y</td>
</tr>
<tr>
<td>f. How using illegal drugs could affect my baby</td>
<td>N Y</td>
</tr>
<tr>
<td>g. Doing tests to screen for birth defects or diseases that run in my family</td>
<td>N Y</td>
</tr>
<tr>
<td>h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)</td>
<td>N Y</td>
</tr>
<tr>
<td>i. What to do if my labor starts early</td>
<td>N Y</td>
</tr>
<tr>
<td>j. Getting tested for HIV (the virus that causes AIDS)</td>
<td>N Y</td>
</tr>
<tr>
<td>k. What to do if I feel depressed during my pregnancy or after my baby is born</td>
<td>N Y</td>
</tr>
<tr>
<td>l. Physical abuse to women by their husbands or partners</td>
<td>N Y</td>
</tr>
</tbody>
</table>
25. 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 29

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

☐ No
☐ Yes

Go to Question 29

27. Did you turn down the HIV test?

☐ No
☐ Yes

Go to Question 29

28. Why did you turn down the HIV test?

☐ 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:

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

☐ No
☐ Yes

30. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during this pregnancy)?

☐ No
☐ Yes

31. Did you have any of the following 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. Vaginal bleeding ........................................ N Y
b. Kidney or bladder (urinary tract) infection ........................................ N Y
c. Severe nausea, vomiting, or dehydration ........................................ N Y
d. Cervix had to be sewn shut (cerclage for incompetent cervix) ........ N Y
e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia ........................................ N Y
f. Problems with the placenta (such as abruptio placentae or placenta previa) ........................................ N Y
g. Labor pains more than 3 weeks before my baby was due (preterm or early labor) ........................................ N Y
h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) ........................................ N Y
i. I had to have a blood transfusion ........................................ N Y
j. I was hurt in a car accident ........................................ N Y
The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

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

☐ No  ➔ Go to Question 37
☐ Yes

33. 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

34. 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

35. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to quit smoking?

☐ No
☐ Yes
☐ I had quit smoking before my first prenatal care visit
☐ I didn’t go for prenatal care

36. 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

37. Which of the following statements best describes the rules about smoking inside your home now?

Check one answer

☐ No one is allowed to smoke anywhere inside my home
☐ Smoking is allowed in some rooms or at some times
☐ Smoking is permitted anywhere inside my home

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

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 Page 8, Question 41
☐ Yes

Go to Page 8, Question 39a
Pregnancy can be a difficult time for some women. The next questions are about things that may have happened before and during your most recent pregnancy.

41. 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 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 . . . . . . 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 problem with drinking or drugs . . . . . . N Y
   m. Someone very close to me died . . . . . . N Y
42. During the 12 months before you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?
   - No
   - Yes

43. During the 12 months before you got pregnant with your new baby, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?
   - No
   - Yes

44. 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

45. 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

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

46. When was your baby due?
   
   Month / Day / 20
   
   - I didn’t have my baby in a hospital

47. When did you go into the hospital to have your baby?
   
   Month / Day / 20

48. When was your baby born?
   
   Month / Day / 20

49. How was your new baby delivered?
   - Vaginally
   - Cesarean delivery (c-section)

50. What was the reason that your new baby was born by cesarean delivery (c-section)?
   - Check all that apply
   - I had a previous cesarean delivery (c-section)
   - My baby was in the wrong position
   - I was past my due date
   - My health care provider worried that my baby was too big
   - I had a medical condition that made labor dangerous for me
   - My health care provider tried to induce my labor, but it didn’t work
   - Labor was taking too long
   - The fetal monitor showed that my baby was having problems during labor
   - I wanted to schedule my delivery
   - I didn’t want to have my baby vaginally
   - Other reason(s) Please tell us: __________________________________________________________________________________
51. When were you discharged from the hospital after your baby was born?

Month / Day / Year

- I didn’t have my baby in a hospital

52. Did any of these health insurance plans help you pay for the delivery of your new baby?

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or QUEST
- TRICARE or other military health care
- Other source(s) Please tell us:

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

- No
- Yes
- I don’t know

54. 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 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

55. Is your baby alive now?

- No
- Yes

56. Is your baby living with you now?

- No
- Yes

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

- No
- Yes

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

- No
- Yes

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

- Weeks OR Months
- Less than 1 week
60. What were your reasons for stopping breastfeeding?  

☐ My baby had difficulty latching or nursing  
☐ Breast milk alone did not satisfy my baby  
☐ I thought my baby was not gaining enough weight  
☐ My nipples were sore, cracked, or bleeding  
☐ It was too hard, painful, or too time consuming  
☐ I thought I was not producing enough milk  
☐ I had too many other household duties  
☐ I felt it was the right time to stop breastfeeding  
☐ I got sick and was not able to breastfeed  
☐ I went back to work or school  
☐ My baby was jaundiced (yellowing of the skin or whites of the eyes)  
☐ Other —————————————————— Please tell us:  

61a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, 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  

61b. 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 Page 12, Question 66.  

62. In which one position do you most often lay your baby down to sleep now?  

☐ On his or her side  
☐ On his or her back  
☐ On his or her stomach  

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

☐ Always  
☐ Often  
☐ Sometimes  
☐ Rarely  
☐ Never  

64. Listed below are some things that describe how your new baby usually sleeps. For each item, circle T (True) if it usually applies to your baby or circle F (False) if it doesn’t usually apply to your baby.  

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>My new baby sleeps in a crib or portable crib.</td>
<td>T</td>
</tr>
<tr>
<td>b.</td>
<td>My new baby sleeps on a firm or hard mattress.</td>
<td>T</td>
</tr>
<tr>
<td>c.</td>
<td>My new baby sleeps with pillows.</td>
<td>T</td>
</tr>
<tr>
<td>d.</td>
<td>My new baby sleeps with bumper pads.</td>
<td>T</td>
</tr>
<tr>
<td>e.</td>
<td>My new baby sleeps with plush blankets.</td>
<td>T</td>
</tr>
<tr>
<td>f.</td>
<td>My new baby sleeps with stuffed toys.</td>
<td>T</td>
</tr>
</tbody>
</table>

65. Was your new baby seen by a doctor, nurse, or other health care worker for a one week check-up after he or she was born?  

☐ 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 not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

☐ 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?

☐ 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:

Check all that apply

68. 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 6 weeks after she gives birth.)

☐ No
☐ Yes

69. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way since your new baby was born. Use the scale when answering:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
</tbody>
</table>

a. I felt down, depressed, or sad... ...

b. I felt hopeless...

c. I felt slowed down...
OTHER EXPERIENCES

The next questions are on a variety of topics.

70. **Before** you got pregnant with your new baby, had you ever heard or read about emergency birth control (the “morning-after pill”)? This combination of pills is used to prevent pregnancy up to 3 days after unprotected sex.

- [ ] No
- [ ] Yes

71. **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

72. **Did you have your teeth cleaned by a dentist or dental hygienist during the time periods listed below?** For each time period, circle Y (Yes) if you had your teeth cleaned then or circle N (No) if you did not have your teeth cleaned then.

- [ ] No
- [ ] Yes

  a. During my most recent pregnancy... N Y
  b. After my most recent pregnancy... N Y

If you did not smoke during the 3 months before you got pregnant, go to Question 74.

73. **Listed below are some things about quitting 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—**

- [ ] No
- [ ] Yes

  a. Set a specific date to stop smoking... N Y
  b. Use booklets, videos, or other materials to help you quit... N Y
  c. Call a national or state quit line or go to a website... N Y
  d. Attend a class or program to stop smoking... N Y
  e. Go to counseling for help with quitting... N Y
  f. Use a nicotine patch, gum, lozenge, nasal spray or inhaler... N Y
  g. Prescribe a pill like Zyban® (also known as Wellbutrin® or Bupropion®) or Chantix® (also known as Varenicline) to help you quit... N Y
  h. Try to quit on your own (e.g., cold turkey)... N Y
  i. Other... N Y

Please tell us: ____________________________

74. **Have you ever heard or read about what can happen if a baby is shaken?**

- [ ] No
- [ ] Yes

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

75. **Since your new baby was born, have you asked for help for anxiety from a doctor, nurse, or other health care worker?**

- [ ] No
- [ ] Yes
76. 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Prescription drugs</td>
<td>N Y</td>
</tr>
<tr>
<td>b. Marijuana (pot, bud) or hashish (hash)</td>
<td>N Y</td>
</tr>
<tr>
<td>c. Amphetamines (uppers, ice, speed, crystal meth, crank)</td>
<td>N Y</td>
</tr>
<tr>
<td>d. Cocaine (rock, coke, crack) or heroin (smack, horse)</td>
<td>N Y</td>
</tr>
<tr>
<td>e. Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy)</td>
<td>N Y</td>
</tr>
<tr>
<td>f. Sniffing gasoline, glue, hairspray, or other aerosols</td>
<td>N Y</td>
</tr>
</tbody>
</table>

77. 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.

<table>
<thead>
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The last questions are about the time during the 12 months before your new baby was born.

78. 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.)

- 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 to $64,999
- $65,000 to $79,999
- $80,000 or more

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

- People

80. What is today’s date?

   Month / Day / Year

   20
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.

November 18, 2008