First, we would like to ask a few questions about you and the time before you became 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. In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?

☐ I didn't take a multivitamin 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?

Month  Day  Year

5. Just before you got pregnant, how much did you weigh?

_____ Pounds  OR  _____ Kilos

6. How tall are you without shoes?

____ Feet  ____ Inches

OR  ____ Centimeters

7. Before your new baby, did you ever have any other babies who were born alive?

☐ No  ☐ Yes

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

☐ No  ☐ Yes

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

☐ No  ☐ Yes

10. Thinking back to just before you got pregnant, 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

Go to Question 10
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? 

☐ 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:

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.)

☐  I don’t remember

☐  Weeks OR  Months

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].)

☐  I didn’t go for prenatal care

☐  Weeks OR  Months

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.
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

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.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor pains more than 3 weeks before your baby was due (preterm or early labor)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure (including preeclampsia or toxemia) or retained water (edema)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems with the placenta (such as abruptio placentae, placenta previa)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe nausea, vomiting, or dehydration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood sugar (diabetes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney or bladder (urinary tract infection)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervix had to be sewn shut (incompetent cervix, cerclage)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You were hurt in a car accident</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)?

☐ 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 stayed in bed at home more than 2 days because of my doctor’s or nurse’s advice

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

☐ No  ☐ Yes  ☐ I don’t know

26. 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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>My new baby rides in an infant car seat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My new baby rides in an infant car seat that faces the rear window of the car, truck, or van</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My new baby sleeps on something soft, like a fluffy blanket or comforter, soft pillow, featherbed, or sheepskin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My new baby sleeps in the same bed with me</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

☐ No  ☐ Yes

28. 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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I needed to see a dentist for a problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I went to a dentist or dental clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A dental or other health care worker talked with me about how to care for my teeth and gums</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

☐ 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.

<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>What kinds?</td>
<td></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, 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>

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
- No one would have helped me

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

b. 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

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

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

If your baby has died, or is not living with you, go to Question 75.
31. 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

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.)

- 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

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 item, circle Y (Yes) if it applied to you during any of your prenatal care visits or circle N (No) if it did not.

- 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® (also known as Wellbutrin® 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
- Refer you to counseling for help with quitting

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

- Set a specific date to stop smoking
- Use a nicotine nasal spray or nicotine inhaler
- Take a pill like Zyban® (also known as Wellbutrin® or Bupropion®) to help you quit
- Use nicotine gum
- Use 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.

- 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

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.
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:

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?

☐ 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?

☐ 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:

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—

a. Money to buy food, food stamps, or WIC vouchers . . . . . . . . . N Y
b. Help with an alcohol or drug problem . . . . . . . . . N Y
c. Help to reduce violence in your home . . . . . . . . . N Y
d. Counseling information for family and personal problems . . . . N Y
e. Help to quit smoking . . . . . . . . . N Y
f. Help with or information about breastfeeding . . . . . . . . N Y
g. Other: . . . . . . . . . . . . . . N Y

Please tell us:

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 other 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 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.)

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?  
☐ Medicaid or Quest  
☐ Personal income (cash, check, or credit card)  
☐ Health insurance or HMO  
☐ Tricare  
☐ Other  Please tell us:  
☐ Yes  Go to Question 50
☐ No

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  
☐ Yes  Go to Question 59

46. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?  
☐ Yes  Go to Question 50
☐ No

47. Are you still breastfeeding or feeding pumped milk to your new baby?  
☐ Yes  Go to Question 49
☐ No

48. How many weeks or months did you breastfeed or pump milk to feed your baby?  
☐ Less than 1 week
☐ ___ Weeks OR ___ Months

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.)  
☐ My baby was less than one week old  
☐ I have not fed my baby anything besides breast milk
☐ ___ Weeks OR ___ Months

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

51. How 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

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  
☐ Yes  Go to Question 54

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  
☐ Yes  Go to Question 57

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?  
☐ Hospital clinic  
☐ Health department clinic  
☐ Private doctor’s office or HMO clinic  
☐ Community Health Center  
☐ Military Hospital or Clinic  
☐ Other  Please tell us:  
☐ Yes  Go to Page 10, Question 61
☐ No

57. Do you have health insurance, Medicaid, or QUEST for your new baby?  
☐ No  
☐ Yes  Go to Question 59

58. What type of insurance is your new baby covered by?  
☐ Medicaid or QUEST  
☐ Private insurance or HMO  
☐ Tricare  
☐ Other  Please tell us:  
☐ Yes

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

Go to Question 59
Check one answer

Go to Question 57
Check all that apply

Go to Question 50
Go to Question 45
Go to Question 49
Go to Question 44
Go to Question 43
Go to Question 42