BEFORE PREGNANCY

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.

   a. I was dieting (changing my eating habits) to lose weight.
   b. I was exercising 3 or more days of the week.
   c. I was regularly taking prescription medicines other than birth control.
   d. I visited a health care worker to be checked or treated for diabetes.
   e. I visited a health care worker to be checked or treated for high blood pressure.
   f. I visited a health care worker to be checked or treated for depression or anxiety.
   g. I talked to a health care worker about my family medical history.
   h. I had my teeth cleaned by a dentist or dental hygienist.

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 Texas Health Steps
   - 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. Just before you got pregnant with your new baby, how much did you weigh?

   _____ Pounds OR _____ Kilos

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.
5. How tall are you without shoes?

Feet

Inches

OR

Meters

6. What is your date of birth?

Month

Day

Year

7. 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

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

☐ No
☐ Yes

Go to Question 11

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

☐ No
☐ Yes

Go to Question 14

10. 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.

11. 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

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 [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 15

Go to Question 14
14. 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:

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

Go to Page 4, Question 17

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

☐ No
☐ Yes  → Go to Question 19

18. 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.

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

If you did not go for prenatal care, go to Question 23.

19. Where did you go most of the time for your prenatal care visits? Do not include visits for WIC.

☐ Hospital clinic
☐ Health department clinic
☐ Private doctor’s office or HMO clinic
☐ Community health clinic
☐ Other  → Please tell us:

20. 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 Texas Health Steps
☐ 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
21. *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>

22. *During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?*

- [ ] No
- [ ] Yes

23. *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

24. *Have you ever heard or read that taking a vitamin with folic acid can help prevent some birth defects?*

- [ ] No
- [ ] Yes

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, 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
27. 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.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Vaginal bleeding</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>b. Kidney or bladder (urinary tract) infection</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>c. <strong>Severe</strong> nausea, vomiting, or dehydration</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>d. Cervix had to be sewn shut (cerclage for incompetent cervix)</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH], preeclampsia, or toxemia)</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>f. Problems with the placenta (such as abruptio placentae or placenta previa)</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>g. Labor pains more than 3 weeks before my baby was due (preterm or early labor)</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>i. I had to have a blood transfusion</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>j. I was hurt in a car accident</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

28. During your most recent pregnancy, did a doctor, nurse, or other health care worker try to keep your new baby from being born too early by giving you a series of weekly shots of a medicine called Progesterone, **Gestiva®** or 17P (17 alpha-hydroxyprogesterone)?

- No
- Yes
- I don’t know

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

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

- No
- Yes

30. 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

31. 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
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. **Which of the following statements best describes the rules about smoking inside your home now?**

- 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).

34. **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
- Yes

35a. **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

35b. **During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting?** A sitting is a two 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 1 sitting
36a. 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

Go to Question 37

36b. During the last 3 months of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two 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 1 sitting

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.

37. 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.)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A close family member was very sick and had to go into the hospital</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>b. I got separated or divorced from my husband or partner</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>c. I moved to a new address</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>d. I was homeless</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>e. My husband or partner lost his job</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>f. I lost my job even though I wanted to go on working</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>g. I argued with my husband or partner more than usual</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>h. My husband or partner said he didn’t want me to be pregnant</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>i. I had a lot of bills I couldn’t pay</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>j. I was in a physical fight</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>k. My husband or partner or I went to jail</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>l. Someone very close to me had a problem with drinking or drugs</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>m. Someone very close to me died</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>
38. **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

39. **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

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

40. **When was your baby due?**

   ___ / ___ / 20
   Month   Day   Year

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

   ___ / ___ / 20
   Month   Day   Year

- [ ] I didn’t have my baby in a hospital

42. **When was your baby born?**

   ___ / ___ / 20
   Month   Day   Year

43. **Did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?**

- [ ] No  [Go to Question 45]
- [ ] Yes  [Go to Question 45]
- [ ] I don’t know  [Go to Question 45]

44. **Why did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?**

- [ ] My water broke and there was a fear of infection
- [ ] I was past my due date
- [ ] My health care provider worried about the size of the baby
- [ ] My baby was not doing well and needed to be born
- [ ] I had a health problem and needed to deliver the baby
- [ ] I wanted to schedule my delivery
- [ ] I wanted to give birth with a specific health care provider
- [ ] Other  [Please tell us:]

45. **How was your new baby delivered?**

- [ ] Vaginally  [Go to Page 10, Question 47]
- [ ] Cesarean delivery (c-section)  [Go to Page 10, Question 46]
46. What was the reason that your new baby was born by cesarean delivery (c-section)?

- 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:

48. 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 Texas Health Steps
- TRICARE or other military health care
- Other source(s) Please tell us:

- I did not have health insurance to help pay for my delivery

47. When were you discharged from the hospital after your baby was born?

- __/__/20__
  
  Month  Day  Year

- I didn’t have my baby in a hospital
AFTER PREGNANCY

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

49. After your baby was born, was he or she put in an intensive care unit?
   - [ ] No
   - [ ] Yes
   - [ ] I don’t know

50. 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
   - Go to Question 53

51. Is your baby alive now?
   - [ ] No
   - [ ] Yes
   - Go to Page 13, Question 64

52. Is your baby living with you now?
   - [ ] No
   - [ ] Yes
   - Go to Page 13, Question 64
   - Go to Question 53

53. Did you ever breastfeed or pump breast milk to feed your new baby after delivery, even for a short period of time?
   - [ ] No
   - [ ] Yes —— Go to Question 55

54. What were your reasons for not breastfeeding your new baby?
   - Check all that apply
   - [ ] My baby was sick and was not able to breastfeed
   - [ ] I was sick or on medicine
   - [ ] I had other children to take care of
   - [ ] I had too many household duties
   - [ ] I didn’t like breastfeeding
   - [ ] I tried but it was too hard
   - [ ] I didn’t want to
   - [ ] I was embarrassed to breastfeed
   - [ ] I went back to work or school
   - [ ] I wanted my body back to myself
   - [ ] Other —— Please tell us:

If you did not breastfeed your new baby, go to Page 12, Question 58b.

55. Are you currently breastfeeding or feeding pumped milk to your new baby?
   - [ ] No
   - [ ] Yes —— Go to Page 12, Question 57
   - Go to Page 12, Question 56
56. How many weeks or months did you breastfeed or pump milk to feed your baby?

Weeks  OR  Months

☐ Less than 1 week

If your baby was not born in a hospital, go to Question 58a.

57. This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle Y (Yes) if it happened or circle N (No) if it did not happen.

a. Hospital staff gave me information about breastfeeding . . . . . . N  Y
b. My baby stayed in the same room with me at the hospital . . . . . . . N  Y
c. I breastfed my baby in the hospital . . . . . . . N  Y
d. I breastfed in the first hour after my baby was born . . . . . . . . . . . N  Y
e. Hospital staff helped me learn how to breastfeed . . . . . . . . . . . N  Y
f. My baby was fed only breast milk at the hospital . . . . . . . . . . . N  Y
g. Hospital staff told me to breastfeed whenever my baby wanted . . . . . . N  Y
h. The hospital gave me a breast pump to use . . . . . . . . . . . . . . N  Y
i. The hospital gave me a gift pack with formula . . . . . . . . . . . . . . N  Y
j. The hospital gave me a telephone number to call for help with breastfeeding . . . . . . . . . . . . . . N  Y
k. My baby used a pacifier in the hospital . . . . . . . . . . . . . . . . . . . . N  Y

58a. 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

58b. 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 64.

59. 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

Check one answer
60. How often does your new baby sleep in the same bed with you or anyone else?

- Always
- Often
- Sometimes
- Rarely
- Never

61. 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

62. Has your new baby had a well-baby checkup? (A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.)

- No
- Yes

63. Did your new baby have any well-baby shots or vaccinations before he or she was 3 months old? Do not count shots or vaccinations given in the hospital right after birth.

- No
- Yes
- My child has not had any well-baby shots, but he or she is not 3 months old yet

64. 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

65. 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 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:

66. 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
67. 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 . . . . . . . . . . . . . ___

68. When your new baby rides in a car, truck, or van, how often does he or she ride in an infant car seat?

- Always
- Often
- Sometimes
- Rarely
- Never

69. 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>
a. During my most recent pregnancy . . . N Y
b. After my most recent pregnancy . . . . N Y

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

70. 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 or more

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

_____ People

72. What is today’s date?

_____/_____/20____

Month Day Year

If your baby is not alive or is not living with you, go to Question 69.
Please use this space for any additional comments you would like to make about the health of mothers and babies in Texas.

Thanks for answering our questions!

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

November 25, 2008