

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.

- No
 Yes

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

- 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. **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.

	No	Yes
a. Asthma	N	Y
b. High blood pressure (hypertension) . . .	N	Y
c. High blood sugar (diabetes)	N	Y
d. Anemia (poor blood, low iron)	N	Y
e. Heart problems	N	Y

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:

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 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 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 Page 5, Question 27.

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

Check one answer

Hospital clinic

Health department clinic

Private doctor's office or HMO clinic

Other → Please tell us:

20. How was your prenatal care paid for?

Check all that apply

Medicaid

Personal income (cash, check, or credit card)

Health insurance or HMO (including insurance from your work or your husband's work)

Other → Please tell us:

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.

	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

22. We would like to know how you felt about the prenatal care you got during your most recent pregnancy. If you went to more than one place for prenatal care, answer for the place where you got *most* of your care. For each item, circle **Y** (Yes) if you were satisfied or circle **N** (No) if you were not satisfied.

Were you satisfied with—

	No	Yes
a. The amount of time you had to wait after you arrived for your visits	N	Y
b. The amount of time the doctor or nurse spent with you during your visits	N	Y
c. The advice you got on how to take care of yourself	N	Y
d. The understanding and respect that the staff showed toward you as a person.	N	Y

23. 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

24. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?

- No
 Yes

25. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were drinking alcoholic beverages (beer, wine, wine cooler, or liquor)?

- No
 Yes

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

	No	Yes
a. How much alcohol you were drinking	N	Y
b. If someone was hurting you emotionally or physically	N	Y
c. If you were using illegal drugs (marijuana or hash, cocaine, crack, etc.)	N	Y
d. If you wanted to be tested for HIV (the virus that causes AIDS)	N	Y
e. If you planned to use birth control after your baby was born	N	Y

27. 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

28. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

- No
 Yes

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

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

- No
 Yes

30. 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 32.

31. 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.

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

- No —————> **Go to Question 36**
 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
 None (0 cigarettes)

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
 None (0 cigarettes)

35. 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)

36. 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 39**
 Yes

37a. 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

37b. 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

38a. 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

38b. 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.

39. 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.

40a. 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

40b. 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.

41a. 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

41b. 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.)

42. When was your baby due?

 Month Day Year

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

 Month Day Year

- I didn't have my baby in a hospital

44. When was your baby born?

 Month Day Year

45. 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

46. How was your delivery paid for?

Check all that apply

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

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

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

- No
 Yes
 I don't know

48. 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 51**

49. Is your baby alive now?

- No → **Go to Page 11, Question 67**
- Yes

50. Is your baby living with you now?

- No → **Go to Page 11, Question 67**
- Yes

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

- No
- Yes → **Go to Question 53**

52. What were your reasons for not breastfeeding your new baby?

Check all that apply

- My baby was sick and could not 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 didn't want to be tied down
- 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 10, Question 57.

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

- No
- Yes → **Go to Page 10, Question 56**

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

_____ Weeks **OR** _____ Months

- Less than 1 week

55. What were your reasons for stopping breastfeeding?

Check all that apply

- My baby had difficulty nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My baby got sick and could not breastfeed
- My nipples were sore, cracked, or bleeding
- 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 could not breastfeed
- I went back to work or school
- I wanted or needed someone else to feed the baby
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other → Please tell us:

56. 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 was not born in a hospital, go to Question 58.

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.

- | | No | Yes |
|---|----|-----|
| 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 my baby 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 gift pack with formula | N | Y |
| i. The hospital gave me a telephone number to call for help with breastfeeding. | N | Y |
| j. My baby used a pacifier in the hospital | N | Y |

If your baby is still in the hospital, go to Question 67.

58. 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

59. 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

60. 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

61. 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  **Go to Question 64**
 Yes

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

_____ Times

63. Where do you usually take your new baby for well-baby checkups?

Check one answer

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

64. Has your new baby gone as many times as you wanted for a well-baby checkup?

- No
- Yes —————> **Go to Question 66**

65. Did any of these things keep your baby from having a well-baby checkup?

Check all that apply

- I didn't have enough money or insurance to pay for it
- I had no way to get my baby to the clinic or office
- I didn't have anyone to take care of my other children
- I couldn't get an appointment
- My baby was too sick to go for routine care
- Other —————> Please tell us:

66. 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

67. 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 69**

68. 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:

69. *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*.

70. 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:

71. 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

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

People

The next questions are about the time before, during, or after your most recent pregnancy.

73. Which of the following statements best describes you during the 3 months before you got pregnant?

Check one answer

- I was trying to get pregnant
- I wasn't trying to get pregnant or trying to keep from getting pregnant
- I was trying to keep from getting pregnant but was not trying very hard
- I was trying hard to keep from getting pregnant

74. During the 3 months before you got pregnant with your new baby, how often did you participate in any physical activities or exercise for 30 minutes or more? (For example, walking for exercise, swimming, cycling, dancing, or gardening.) Do not count exercise you may have done as part of your regular job.

- Less than 1 day per week
- 1 to 4 days per week
- 5 or more days per week

If you did not have any prenatal care OR if you did not smoke during the 3 months before you got pregnant, go to Question 76.

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

- No
- Yes
- I had quit smoking before my first prenatal care visit

76. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)?

- No
- Yes

77. At any time during your most recent pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about “baby blues” or postpartum depression?

- No
- Yes

78. 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 |

79. During your most recent pregnancy, did you feel you *needed* any of the following services?

For each one, 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—

- | | No | Yes |
|--|----|-----|
| 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:

80. During your most recent pregnancy, did you receive any of the following services? For each one, circle **Y** (Yes) if you received the service or circle **N** (No) if you did not receive the service.

Did you receive—

- | | No | Yes |
|--|-----------|------------|
| 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:

81. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each one, circle **Y** (Yes) if you would have had it or circle **N** (No) if not.

- | | No | Yes |
|---|-----------|------------|
| a. Someone to loan me \$50. | N | Y |
| b. Someone to help me if I were sick and needed to be in bed. | N | Y |
| c. Someone to take me to the clinic or doctor's office if I needed a ride | N | Y |
| d. Someone to talk with about my problems | N | Y |

If your new baby is not alive or is not living with you, go to Question 85.

82. 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

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

- No → **Go to Question 85**
- Yes

84. Which one of the following people spends the most time taking care of your new baby when you go to work or school?

Check one answer

- My husband or partner
- Baby's grandparent
- Other close family member or relative
- Friend or neighbor
- Babysitter, nanny, or other child care provider
- Staff at day care center
- Other → Please tell us:

85. What is today's date?

<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" 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 Texas.**

Thanks for answering our questions!

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