

**Post-Partum Women's Health Survey  
 – Questionnaire –**

**GENERAL HEALTH SECTION (Past 2 years)**

The first few questions are about your health over the past two years.

1. Over the past two years did you have any of the following health problems... (READ ITEMS IN RANDOM ORDER, ASKING:) Did you have (ITEM) at any time over the past two years?
- |  | <u>YES</u> | <u>NO</u> | <u>DK</u> | <u>REF</u> |
|--|------------|-----------|-----------|------------|
| ( ) a. high blood pressure, hypertension, pre-eclampsia (E-CLAMP-SEE-AH) or toxemia (TOX-E-ME-AH)..... | 1          | 2         | DK        | REF        |
| ( ) b. diabetes (DIE-AH-BE-TEES) or high blood sugar .....   | 1          | 2         | DK        | REF        |
| ( ) c. teeth or gum problems.....  | 1          | 2         | DK        | REF        |

**IF YES TO ANY, IMMEDIATELY FOLLOW UP BY ASKING:**

2(a-c). Did you have this problem before, during or after your pregnancy with (NAME) or did you have this problem over the entire period? (ANSWER CAN BE A MULTIPLE)	<table style="width: 100%; border-collapse: collapse;"> <tr><td>BEFORE .....</td><td style="text-align: right;">1</td></tr> <tr><td>DURING.....</td><td style="text-align: right;">2</td></tr> <tr><td>AFTER.....</td><td style="text-align: right;">3</td></tr> <tr><td>THROUGHOUT .....</td><td style="text-align: right;">4</td></tr> <tr><td>DON'T KNOW .....</td><td style="text-align: right;">DK</td></tr> <tr><td>REFUSED .....</td><td style="text-align: right;">REF</td></tr> </table>	BEFORE .....	1	DURING.....	2	AFTER.....	3	THROUGHOUT .....	4	DON'T KNOW .....	DK	REFUSED .....	REF
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DURING.....	2												
AFTER.....	3												
THROUGHOUT .....	4												
DON'T KNOW .....	DK												
REFUSED .....	REF												
3 (a-c). Did you get care from a (doctor) (dentist) for this condition?	<table style="width: 100%; border-collapse: collapse;"> <tr><td>YES.....</td><td style="text-align: right;">1</td></tr> <tr><td>NO .....</td><td style="text-align: right;">2</td></tr> <tr><td>DON'T KNOW .....</td><td style="text-align: right;">DK</td></tr> <tr><td>REFUSED .....</td><td style="text-align: right;">REF</td></tr> </table>	YES.....	1	NO .....	2	DON'T KNOW .....	DK	REFUSED .....	REF				
YES.....	1												
NO .....	2												
DON'T KNOW .....	DK												
REFUSED .....	REF												

4. Did any of the following things happen to you over the past two years? (READ ITEMS IN RANDOM ORDER, ASKING:) Did this happen to you over the past two years?
- |  | <u>YES</u> | <u>NO</u> | <u>DK</u> | <u>REF</u> |
|--|------------|-----------|-----------|------------|
| ( ) a. A close family member was very sick and had to be hospitalized .....                          | 1          | 2         | DK        | REF        |
| ( ) b. You got separated or divorced from your partner .....   | 1          | 2         | DK        | REF        |
| ( ) c. You moved to a new address .....  | 1          | 2         | DK        | REF        |
| ( ) d. You were homeless; that is, you had to sleep outside, in a car or in a homeless shelter ..... | 1          | 2         | DK        | REF        |
| ( ) e. Your husband or partner lost their job.....   | 1          | 2         | DK        | REF        |
| ( ) f. You lost your job even though you wanted to go on working.....                                | 1          | 2         | DK        | REF        |
| ( ) g. You argued with your husband or partner more than usual .....                                 | 1          | 2         | DK        | REF        |
| ( ) i. You had a lot of bills that you couldn't pay.....   | 1          | 2         | DK        | REF        |
| ( ) j. You were in a physical fight with someone.....  | 1          | 2         | DK        | REF        |
| ( ) k. You or your partner were in jail .....  | 1          | 2         | DK        | REF        |
| ( ) l. You or someone close to you had a bad problem with drinking or drugs .....                    | 1          | 2         | DK        | REF        |
| ( ) m. Someone close to you died .....   | 1          | 2         | DK        | REF        |

**IF YES TO ANY, IMMEDIATELY FOLLOW UP BY ASKING:**

5 (a-m). Did this happen to you before, during or after your pregnancy with (NAME)? (ANSWER CAN BE A MULTIPLE)	<table style="width: 100%; border-collapse: collapse;"> <tr><td>BEFORE .....</td><td style="text-align: right;">1</td></tr> <tr><td>DURING.....</td><td style="text-align: right;">2</td></tr> <tr><td>AFTER.....</td><td style="text-align: right;">3</td></tr> <tr><td>DON'T KNOW .....</td><td style="text-align: right;">DK</td></tr> <tr><td>REFUSED .....</td><td style="text-align: right;">REF</td></tr> </table>	BEFORE .....	1	DURING.....	2	AFTER.....	3	DON'T KNOW .....	DK	REFUSED .....	REF
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DURING.....	2										
AFTER.....	3										
DON'T KNOW .....	DK										
REFUSED .....	REF										

**PRE-PREGNANCY SECTION**

Thinking about the time before (NAME) was conceived and you were not yet pregnant...

**A. Health insurance, health, exercise, health conditions**

- 6a. Before your pregnancy with (NAME), were you covered by health insurance or any other kind of health care plan? (IF NECESSARY, SAY:) This includes health insurance obtained through your or a spouse's employer, a plan you bought independently, or through Medi-Cal?
- YES, INSURED .....1  
 NO, NOT INSURED .....2  
 DON'T KNOW ..... DK  
 REFUSED .....REF

**IF YES OR DON'T KNOW, ASK:**

- 6b. Was your main source of health insurance coverage through your or your spouse's employer, through a policy that you or your spouse purchased independently, or through Medi-Cal?
- YOUR/SPOUSE'S EMPLOYER .....1  
 POLICY BOUGHT INDEPENDENTLY .....2  
 MEDI-CAL/MEDICAID .....3  
 OTHER .....4  
 DON'T KNOW ..... DK  
 REFUSED .....REF

7. Would you say that, in general, your health before you got pregnant with (NAME) was excellent, very good, good, fair or poor?
- EXCELLENT .....1  
 VERY GOOD .....2  
 GOOD .....3  
 FAIR .....4  
 POOR .....5  
 DON'T KNOW ..... DK  
 REFUSED .....REF

8. Think about how active you were before you got pregnant with (NAME). At that time, how often did you exercise for 30 minutes or more, such as walking for exercise, swimming, cycling, dancing, or gardening. Did you do this five or more days a week, one to four days a week, less than once a week, or never?
- 5 OR MORE DAYS PER WEEK .....1  
 1-4 DAYS PER WEEK .....2  
 LESS THAN ONCE PER WEEK .....3  
 NEVER .....4  
 DON'T KNOW ..... DK  
 REFUSED .....REF

**B. Depression/stress**

9. Before your pregnancy with (NAME), was there ever a time when you felt sad, empty or depressed for most of the day for a period of two weeks or longer?
- YES .....1  
 NO .....2  
 DON'T KNOW ..... DK  
 REFUSED .....REF

10. Before your pregnancy with (NAME), was there ever a time when you lost interest in most things you usually enjoy doing, like work, hobbies or personal relationships, for a period of two weeks or longer?
- YES .....1  
 NO .....2  
 DON'T KNOW ..... DK  
 REFUSED .....REF

**C. Smoking and alcohol**

11. During the 3 months before you got pregnant with (NAME), about how many cigarettes did you smoke on an average day, or have you never smoked cigarettes? Just your best estimate. (NOTE: ONE PACK USUALLY EQUALS 20 CIGARETTES)
- \_\_\_\_\_ CIGARETTES PER DAY  
 NEVER SMOKED ..... 99  
 DON'T KNOW ..... DK  
 REFUSED .....REF

12. During the 3 months before you got pregnant with (NAME), did anyone else in your household smoke cigarettes in your home?
- YES .....1  
 NO .....2  
 DON'T KNOW ..... DK  
 REFUSED .....REF

- 13a. During the 3 months before you got pregnant with (NAME), how often did you drink alcoholic beverages, such as beer wine or liquor – never, less than once a week, 1-4 days a week or 5 or more days a week?
- NEVER .....1  
 LESS THAN ONCE A WEEK.....2  
 1-4 DAYS PER WEEK .....3  
 5 OR MORE DAYS PER WEEK .....4  
 DON'T KNOW ..... DK  
 REFUSED .....REF

**IF DRANK ANY ALCOHOLIC BEVERAGES, ASK:**

- 13b. On the days that you drank alcohol during the 3-month period before you got pregnant with (NAME), how many drinks on average did you have each time? Just your best estimate.
- \_\_\_\_\_ DRINKS EACH TIME  
 DON'T KNOW ..... DK  
 REFUSED .....REF
14. During the 3 months before you got pregnant with (NAME), how many times did you drink 4 or more alcoholic drinks on the same occasion -- once or twice, 3-5 times, six or more times, or never?
- ONCE OR TWICE .....1  
 3-5 TIMES .....2  
 6 OR MORE TIMES .....3  
 NEVER .....4  
 DON'T KNOW ..... DK  
 REFUSED .....REF

**D. Multivitamins/folic acid**

15. During the month before you got pregnant with (NAME), how many times a week did you take a multivitamin or vitamin pill with folic acid – never, once in a while, 1-3 times a week, 4-6 times a week or every day of the week?
- NEVER .....1  
 ONCE IN A WHILE .....2  
 1-3 TIMES PER WEEK .....3  
 4-6 TIMES PER WEEK .....4  
 EVERY DAY OF THE WEEK.....5  
 DON'T KNOW ..... DK  
 REFUSED .....REF

**E. Pre-pregnancy weight**

16. In the month before you got pregnant with (NAME), about how much did you weigh, without shoes?
- \_\_\_\_\_ POUNDS  
 DON'T KNOW ..... DK  
 REFUSED .....REF

**F. Family planning**

Some of the next few questions are rather personal. Please remember that your answers are completely confidential.

17. In the month that you became pregnant, how often were you using contraception or practicing some method of birth control – always, sometimes, occasionally or never?
- ALWAYS .....1  
 SOMETIMES .....2  
 OCCASIONALLY .....3  
 NEVER .....4  
 DON'T KNOW ..... DK  
 REFUSED .....REF
18. In terms of becoming a mother, did you feel that your pregnancy with (NAME) happened at the right time, at the wrong time or was okay but not quite at the right time?
- RIGHT TIME .....1  
 WRONG TIME.....2  
 OK BUT NOT QUITE RIGHT .....3  
 DON'T KNOW ..... DK  
 REFUSED .....REF
19. Just before you became pregnant with (NAME), would you say that you intended to get pregnant, you did not intend to get pregnant, or did your intentions about pregnancy keep changing?
- INTENDED TO GET PREGNANT .....1  
 DID NOT INTEND TO GET PREGNANT .....2  
 INTENTIONS KEPT CHANGING .....3  
 DON'T KNOW ..... DK  
 REFUSED .....REF

**PREGNANCY SECTION**

The next set of questions are about the time during your pregnancy with (NAME).

**A. Health insurance, health, exercise, health conditions**

20a. During your pregnancy with (NAME), were you covered by health insurance or any other kind of health care plan? (IF NECESSARY, SAY:) This includes health insurance obtained through your or a spouse's employer, a plan you bought independently, or through Medi-Cal?

YES, INSURED.....1  
 NO, NOT INSURED .....2  
 DON'T KNOW..... DK  
 REFUSED.....REF

**IF YES OR DON'T KNOW, ASK:**

20b. Was your main source of health insurance coverage through your or your spouse's employer, through a policy that you or your spouse purchased independently, or through Medi-Cal?

YOUR/SPOUSE'S EMPLOYER ..... 1  
 POLICY BOUGHT INDEPENDENTLY .....2  
 MEDI-CAL/MEDICAID.....3  
 OTHER.....4  
 DON'T KNOW.....DK  
 REFUSED.....REF

21. Would you say that, in general, your health during your pregnancy with (NAME) was excellent, very good, good, fair or poor?

EXCELLENT..... 1  
 VERY GOOD .....2  
 GOOD .....3  
 FAIR.....4  
 POOR .....5  
 DON'T KNOW.....DK  
 REFUSED.....REF

22. Think about how active you were during your pregnancy with (NAME). At that time, how often did you exercise for 30 minutes or more, such as walking for exercise, swimming, cycling, dancing, or gardening. Did you do this five or more days a week, one to four days a week, less than once a week, or never?

5 OR MORE DAYS PER WEEK ..... 1  
 1-4 DAYS PER WEEK .....2  
 LESS THAN ONCE PER WEEK.....3  
 NEVER.....4  
 DON'T KNOW.....DK  
 REFUSED.....REF

23. How many weeks or months pregnant were you when you had your first visit for pre-natal care with a doctor or healthcare provider?

\_\_\_\_\_ WEEKS  
 \_\_\_\_\_ MONTHS  
 DIDN'T HAVE ANY PRENATAL CARE .....999  
 DON'T KNOW.....DK  
 REFUSED.....REF

24. I am going to read a list of health problems and please tell me whether or not you had any of these problems during your pregnancy with (NAME). (READ ITEMS IN RANDOM ORDER, ASKING:) (ITEM) during your pregnancy with (NAME)?

YES NO DK REF

( ) a. your membranes or water bag broke more than 3 weeks before (NAME) was due ..... 1.... 2 ...DK .REF

( ) b. your cervix had to be sewn shut..... 1.... 2 ...DK .REF

( ) c. you had problems with the placenta, such as placenta previa..... 1.... 2 ...DK .REF

( ) d. you had bacterial vaginosis (VAJ-GIN-NO-SIS) ..... 1.... 2 ...DK .REF

25. Were you hospitalized during your pregnancy more than 3 weeks before (NAME) was due for any pregnancy-related reason?

YES ..... 1  
 NO.....2  
 DON'T KNOW.....DK  
 REFUSED.....REF

**B. Depression/stress**

26. During your pregnancy with (NAME), was there ever a time when you felt sad, empty or depressed for most of the day for a period of two weeks or longer? YES ..... 1  
 NO.....2  
 DON'T KNOW.....DK  
 REFUSED.....REF
27. During your pregnancy with (NAME), was there ever a time when you lost interest in most things you usually enjoy doing, like work, hobbies or personal relationships, for a period of two weeks or longer? YES ..... 1  
 NO.....2  
 DON'T KNOW.....DK  
 REFUSED.....REF

**C. Smoking and alcohol**

**(NOTE: Q28 NOT ASKED IF Q11 = NEVER)**

28. During your pregnancy with (NAME), about how many cigarettes did you smoke on an average day? Just your best estimate. (NOTE: ONE PACK USUALLY EQUALS 20 CIGARETTES) \_\_\_\_\_ CIGARETTES PER DAY  
 DON'T KNOW.....DK  
 REFUSED.....REF
29. During your pregnancy with (NAME), did anyone else in your household smoke cigarettes in your home? YES ..... 1  
 NO.....2  
 DON'T KNOW.....DK  
 REFUSED.....REF
- 30a. During your pregnancy with (NAME), how often did you drink alcoholic beverages, such as beer wine or liquor – never, less than once a week, 1-4 days a week or 5 or more days a week? NEVER..... 1  
 LESS THAN ONCE A WEEK.....2  
 1-4 DAYS PER WEEK .....3  
 5 OR MORE DAYS PER WEEK .....4  
 DON'T KNOW.....DK  
 REFUSED.....REF

**IF DRINK ANY ALCOHOLIC BEVERAGES, ASK:**

- 30b. On the days that you drank alcohol during this period, how many drinks on average did you have each time? Just your best estimate. \_\_\_\_\_ DRINKS EACH TIME  
 DON'T KNOW ..... DK  
 REFUSED .....REF
31. During your pregnancy with (NAME), how many times did you drink 4 or more alcoholic drinks on the same occasion -- once or twice, 3-5 times, six or more times, or never? ONCE OR TWICE ..... 1  
 3-5 TIMES .....2  
 6 OR MORE TIMES .....3  
 NEVER .....4  
 DON'T KNOW ..... DK  
 REFUSED .....REF

**D. Multivitamins/folic acid**

32. During your pregnancy with (NAME), how many times a week did you take a multivitamin or vitamin pill with folic acid – never, once in a while, 1-3 times a week, 4-6 times a week or every day of the week? I DID NOT TAKE VITAMINS ..... 1  
 ONCE IN A WHILE.....2  
 1-3 TIMES PER WEEK.....3  
 4-6 TIMES PER WEEK.....4  
 EVERY DAY OF THE WEEK.....5  
 DON'T KNOW.....DK  
 REFUSED.....REF

**IF Q32 NOT NEVER AND Q15 = NEVER, ASK:**

32b.	What month of pregnancy did you start taking multivitamins or vitamin pills with folic acid?	FIRST.....1
		SECOND .....2
		THIRD .....3
		FOURTH.....4
		FIFTH.....5
		SIXTH .....6
		SEVENTH.....7
		EIGHTH.....8
		NINTH .....9
		DON'T KNOW.....DK
		REFUSED.....REF

**E. Pre-term labor signs**

33.	During your pregnancy with (NAME), did anyone ever talk to you about what the signs were of <u>pre-term labor</u> ? (IF NECESSARY, SAY: This is when a woman goes into labor more than 3 weeks early.)	YES .....1
		NO .....2
		DON'T KNOW.....DK
		REFUSED.....REF

**IF YES, ASK:**

34.	From which of the following sources did you hear about the signs of <u>preterm labor</u> ... (READ CATEGORIES IN RANDOM ORDER)? (ANSWER CAN BE A MULTIPLE)	( ) a doctor or healthcare provider .....1
		( ) a friend or family member.....2
		( ) someone at WIC .....3
		Some other source .....4
		DON'T KNOW.....DK
		REFUSED.....REF

**F. Weight**

35.	At the end of your pregnancy and right before you delivered (NAME), about how much did you weigh, without shoes?	_____ POUNDS
		DON'T KNOW.....DK
		REFUSED.....REF
36.	This means that you gained about (DIFFERENCE BETWEEN ANSWER FROM Q35 AND Q16) during your pregnancy with (NAME). Is that about right?	YES, CORRECT .....1
		NO, NOT CORRECT.....2
		DON'T KNOW.....DK
		REFUSED.....REF

- IF NOT CORRECT, RE-ASK Q16 AND Q35.

**G. Work/school**

37.	During your pregnancy with (NAME), were you working for pay full-time or part-time outside the home? (IF YES:) Was this full-time or part-time?	YES, FULL-TIME .....1
		YES, PART-TIME .....2
		NO.....3
		DON'T KNOW.....DK
		REFUSED.....REF

**IF YES, ASK:**

38.	How many weeks or months <u>before</u> (NAME) was born did you stop working?	_____ WEEKS
		_____ MONTHS
		CONTINUED WORKING .....999
		DON'T KNOW.....DK
		REFUSED.....REF

39. During your pregnancy with (NAME), were you attending school either full-time or part-time or taking occasional classes? (IF YES:) Was this full-time or part-time?
- YES, FULL-TIME ..... 1  
 YES, PART-TIME ..... 2  
 NO ..... 3  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

**IF YES, ASK:**

40. How many weeks or months before (NAME) was born did you stop attending school?
- \_\_\_\_\_ WEEKS  
 \_\_\_\_\_ MONTHS
- CONTINUED SCHOOL ..... 999  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

**POST-PARTUM SECTION**

The next questions are about the time since (NAME) was born.

**A. Health insurance, health, exercise, health conditions**

- 41a. Are you now currently covered by health insurance or any other kind of health care plan? (IF NECESSARY, SAY:) This includes health insurance obtained through your or a spouse's employer, a plan you bought independently, or through Medi-Cal.
- YES, INSURED ..... 1  
 NO, NOT INSURED ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

**IF YES OR DON'T KNOW, ASK:**

- 41b. Is your main source of health insurance coverage through your or your spouse's employer, through a policy that you or your spouse purchased independently, or through Medi-Cal?
- YOUR/SPOUSE'S EMPLOYER ..... 1  
 POLICY BOUGHT INDEPENDENTLY ..... 2  
 MEDI-CAL/MEDICAID ..... 3  
 OTHER ..... 4  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

42. Would you say that in general your health since (NAME) was born has been excellent, very good, good, fair or poor?
- EXCELLENT ..... 1  
 VERY GOOD ..... 2  
 GOOD ..... 3  
 FAIR ..... 4  
 POOR ..... 5  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

43. Think about how active you have been since (NAME) was born. How often do you currently exercise for 30 minutes or more, such as walking for exercise, swimming, cycling, dancing, or gardening. Would you say you do this five or more days a week, one to four days a week, less than once a week, or never?
- 5 OR MORE DAYS PER WEEK ..... 1  
 1-4 DAYS PER WEEK ..... 2  
 LESS THAN ONCE PER WEEK ..... 3  
 NEVER ..... 4  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

**B. Postpartum checkup**

45. And, since (NAME) was born, did you go to a doctor or clinic for a postpartum check-up for yourself?
- YES ..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED ..... REF

**IF NO TO Q45, ASK:**

46.	I am going to read some reasons why women don't always go to see a doctor for a postpartum check-up. For each, please tell me if this applies to you? (READ ITEMS IN RANDOM ORDER, ASKING:) Does this apply to you?				
				<u>YES</u>	<u>NO</u>
				<u>DK</u>	<u>REF</u>
( ) a.	I didn't know I needed a check-up.....	1....	2....	DK	REF
( ) b.	I didn't have enough money or insurance to pay for a check-up .....	1....	2....	DK	REF
( ) c.	I was too busy .....	1....	2....	DK	REF
( ) d.	It was not that important to me.....	1....	2....	DK	REF
( ) e.	My health was fine and I didn't think I needed to see a doctor.....	1....	2....	DK	REF
47.	Since (NAME) was born, did a doctor or nurse talk to you about any of the following? (READ ITEMS IN RANDOM ORDER, ASKING:) Did a doctor or nurse talk to you about this?				
				<u>YES</u>	<u>NO</u>
				<u>DK</u>	<u>REF</u>
( ) a.	using birth control.....	1....	2....	DK	REF
( ) b.	waiting a while before getting pregnant again .....	1....	2....	DK	REF
( ) c.	your chances of having a premature baby in a future pregnancy.....	1....	2....	DK	REF
( ) d.	losing weight .....	1....	2....	DK	REF
( ) e.	taking care of your blood sugar .....	1....	2....	DK	REF
( ) f.	taking care of your blood pressure .....	1....	2....	DK	REF
( ) g.	stress or depression .....	1....	2....	DK	REF

**IF YES TO 45, ASK:**

48.	How helpful was this postpartum check-up to you – very helpful, somewhat helpful, not too helpful or not at all helpful?	VERY HELPFUL.....	1
		SOMEWHAT HELPFUL .....	2
		NOT TOO HELPFUL .....	3
		NOT AT ALL HELPFUL .....	4
		DON'T KNOW.....	DK
		REFUSED.....	REF
49.	During the check-up, did your doctor or nurse talk to you about any of the following? (READ ITEMS IN RANDOM ORDER, ASKING:) Did your doctor or nurse talk to you about this?		
			<u>YES</u>
			<u>NO</u>
			<u>DK</u>
			<u>REF</u>
( ) a.	using birth control.....	1....	2....
( ) b.	waiting a while before getting pregnant again .....	1....	2....
( ) c.	your chances of having a premature baby in a future pregnancy.....	1....	2....
( ) d.	losing weight .....	1....	2....
( ) e.	taking care of your blood sugar .....	1....	2....
( ) f.	taking care of your blood pressure .....	1....	2....
( ) g.	stress or depression .....	1....	2....

**C. Depression/stress**

50.	Since (NAME) was born, has there ever been a time when you felt sad, empty or depressed for most of the day for a period of <u>two weeks or longer</u> ?	YES .....	1
		NO.....	2
		DON'T KNOW.....	DK
		REFUSED.....	REF
51.	Since (NAME) was born, has there ever been a time when you lost interest in most things you usually enjoy doing, like work, hobbies or personal relationships, for a period of <u>two weeks or longer</u> ?	YES .....	1
		NO.....	2
		DON'T KNOW.....	DK
		REFUSED.....	REF



**D. Smoking and alcohol**

**(NOTE: Q61 NOT ASKED IF Q11 = NEVER)**

61. Since (NAME) was born, about how many cigarettes do you smoke on an average day? Just your best estimate.  
(NOTE: ONE PACK USUALLY EQUALS 20 CIGARETTES)
- \_\_\_\_\_ CIGARETTES PER DAY
- DON'T KNOW .....DK  
REFUSED .....REF
62. Since (NAME) was born, does anyone else in your household smoke cigarettes in your home?
- YES .....1  
NO .....2  
DON'T KNOW .....DK  
REFUSED .....REF
- 63a. Since (NAME) was born, how often do you drink alcoholic beverages, such as beer wine or liquor – never, less than once a week, 1-4 days a week or 5 or more days a week?
- NEVER .....1  
LESS THAN ONCE A WEEK .....2  
1-4 DAYS PER WEEK .....3  
5 OR MORE DAYS PER WEEK .....4  
DON'T KNOW .....DK  
REFUSED .....REF

**IF ANY ALCOHOLIC BEVERAGES, ASK:**

- 63b. On the days that you have drunk alcohol since (NAME) was born, how many drinks on average do you have each time? Just your best estimate.
- \_\_\_\_\_ DRINKS EACH TIME
- DON'T KNOW .....DK  
REFUSED .....REF
64. Since (NAME) was born, how many times did you drink 4 or more alcoholic drinks on the same occasion -- once or twice, 3-5 times, six or more times, or never?
- ONCE OR TWICE .....1  
3-5 TIMES .....2  
6 OR MORE TIMES .....3  
NEVER .....4  
DON'T KNOW .....DK  
REFUSED .....REF

**E. Infant information**

65. How much did (NAME) weigh at birth?
- \_\_\_\_\_ LBS.  
\_\_\_\_\_ OUNCES
- DON'T KNOW .....DK  
REFUSED .....REF
66. Was (NAME) born more than 3 weeks before (his) (her) due date?
- YES .....1  
NO .....2  
DON'T KNOW .....DK  
REFUSED .....REF

**IF YES, ASK:**

67. How many weeks pregnant were you when (NAME) was born?
- \_\_\_\_\_ WEEKS (RANGE: 22-42 WEEKS)
- DON'T KNOW .....DK  
REFUSED .....REF

68. Did you have a C-section with (NAME)?
- YES .....1  
NO .....2  
DON'T KNOW .....DK  
REFUSED .....REF

69.	In general, would you say ( <u>NAME</u> )'s health is excellent, very good, good, fair or poor?	EXCELLENT.....1
		VERY GOOD .....2
		GOOD .....3
		FAIR.....4
		POOR .....5
		DON'T KNOW.....DK
		REFUSED.....REF

70. How are you currently feeding (NAME)? Are you breastfeeding only, using formula only or using both formula and breastfeeding?
- |                                      |     |
|--------------------------------------|-----|
| BREASTFEEDING ONLY .....             | 1   |
| FORMULA ONLY .....                   | 2   |
| BOTH FORMULA AND BREASTFEEDING ..... | 3   |
| DON'T KNOW .....                     | DK  |
| REFUSED .....                        | REF |

**IF FORMULA ONLY, ASK:**

71. Did you ever breastfeed or give breastmilk to (NAME)?
- |                  |     |
|------------------|-----|
| YES .....        | 1   |
| NO .....         | 2   |
| DON'T KNOW ..... | DK  |
| REFUSED .....    | REF |

**IF YES, ASK:**

72. How long did you breastfeed or give breastmilk to (NAME) before you stopped? (READ CATEGORIES IF NECESSARY)
- |                         |     |
|-------------------------|-----|
| LESS THAN 1 WEEK .....  | 1   |
| LESS THAN 1 MONTH ..... | 2   |
| 1 MONTH .....           | 3   |
| 2 MONTHS .....          | 4   |
| 3 MONTHS .....          | 5   |
| 4 MONTHS .....          | 6   |
| 5 MONTHS .....          | 7   |
| 6 MONTHS .....          | 8   |
| 7 MONTHS .....          | 9   |
| 8 MONTHS .....          | 10  |
| 9 MONTHS .....          | 11  |
| 10 MONTHS .....         | 12  |
| 11 MONTHS .....         | 13  |
| DON'T KNOW .....        | DK  |
| REFUSED .....           | REF |

**F. Pregnancy prevention**

73. Are you planning to get pregnant within the next 3 months?
- |                  |                 |
|------------------|-----------------|
| YES .....        | 1 (SKIP TO Q77) |
| NO .....         | 2               |
| DON'T KNOW ..... | DK              |
| REFUSED .....    | REF             |
- } CONTINUE

**G. Family planning**

The next set of questions are about family planning.

74. Right now, are your tubes tied or has your husband or partner had a vasectomy (VAS-EK-TOE-ME) to prevent another pregnancy?
- |                  |                 |
|------------------|-----------------|
| YES .....        | 1 (SKIP TO Q77) |
| NO .....         | 2               |
| DON'T KNOW ..... | DK              |
| REFUSED .....    | REF             |
- } CONTINUE

75. Which of the following best describes what you are doing right now with regard to contraception?
- |  |                   |
|--|-------------------|
| 1. You are not using any contraception .....   | 1 - (SKIP TO Q77) |
| 2. You are using contraception but not every time .....                                    | 2                 |
| 3. You are using contraception but know that the method failed for you at least once ..... | 3                 |
| 4. You always use contraception .....  | 4                 |
| DON'T KNOW .....   | DK                |
| REFUSED .....  | REF               |
- } (CONTINUE)

76. How sure are you that your birth control method will keep you from getting pregnant – very sure, somewhat sure, not too sure or not at all sure?
- VERY SURE .....1  
 SOMEWHAT SURE.....2  
 NOT TOO SURE.....3  
 NOT AT ALL SURE.....4  
 DON'T KNOW ..... DK  
 REFUSED .....REF

**H. Folic acid and multivitamin use**

77. In the past 7 days how many days did you take multivitamins or a vitamin pill with folic acid? \_\_\_\_\_ DAYS (0-7)  
 DON'T KNOW ..... DK  
 REFUSED .....REF

**I. Pregnancy and birth history**

The next few questions are about all your pregnancies and children.

78. How many times in total have you been pregnant? Please include any miscarriages, abortions or still births. \_\_\_\_\_  
 DON'T KNOW ..... DK  
 REFUSED .....REF
- 79a. At any time did you lose or terminate a pregnancy?  
 YES.....1  
 NO .....2  
 REFUSED .....REF

**IF YES, ASK:**

- 79b. How many times did you lose or terminate a pregnancy? \_\_\_\_\_  
 DON'T KNOW ..... DK  
 REFUSED .....REF

**IF 1 OR MORE, ASK:**

- 79c. What (were) (was) the approximate month(s) and year(s) of (each of) the pregnancy that you lost or terminated, (IF MORE THAN ONE:) beginning with the most recent? (AFTER EACH IS READ, ASK:) (CONTINUE FOR ALL LOSSES CITED IN Q79b)

	#1	#2	#3	#4	#5	#6	#7	#8
<u>MONTH OF LOSS</u>								
JANUARY	1	1	1	1	1	1	1	1
FEBRUARY	2	2	2	2	2	2	2	2
MARCH	3	3	3	3	3	3	3	3
APRIL	4	4	4	4	4	4	4	4
MAY	5	5	5	5	5	5	5	5
JUNE	6	6	6	6	6	6	6	6
JULY	7	7	7	7	7	7	7	7
AUGUST	8	8	8	8	8	8	8	8
SEPTEMBER	9	9	9	9	9	9	9	9
OCTOBER	10	10	10	10	10	10	10	10
NOVEMBER	11	11	11	11	11	11	11	11
DECEMBER	12	12	12	12	12	12	12	12
<u>YEAR OF LOSS</u>	_____	_____	_____	_____	_____	_____	_____	_____
DON'T KNOW	DK	DK	DK	DK	DK	DK	DK	DK
REFUSED	REF	REF	REF	REF	REF	REF	REF	REF

- 79d. How many weeks pregnant were you when this pregnancy ended?  
 \_\_\_\_\_  
 DON'T KNOW ..... DK  
 REFUSED .....REF

- 80a. Did you give birth to any children who are no longer living? YES..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED .....REF

**IF YES, ASK:**

- 80b. How many of your children have died? \_\_\_\_\_  
 DON'T KNOW ..... DK  
 REFUSED .....REF

80c. I am so sorry... Can you please tell me the birthdate(s) of (the child) (each child that you gave birth to) that is no longer living? (AFTER EACH IS READ, ASK:) Were there any others? (CONTINUE FOR ALL CHILDREN CITED IN Q80b)

	<u>#1</u>	<u>#2</u>	<u>#3</u>	<u>#4</u>	<u>#5</u>	<u>#6</u>	<u>#7</u>	<u>#8</u>
<u>MONTH OF BIRTH</u>								
JANUARY	1	1	1	1	1	1	1	1
FEBRUARY	2	2	2	2	2	2	2	2
MARCH	3	3	3	3	3	3	3	3
APRIL	4	4	4	4	4	4	4	4
MAY	5	5	5	5	5	5	5	5
JUNE	6	6	6	6	6	6	6	6
JULY	7	7	7	7	7	7	7	7
AUGUST	8	8	8	8	8	8	8	8
SEPTEMBER	9	9	9	9	9	9	9	9
OCTOBER	10	10	10	10	10	10	10	10
NOVEMBER	11	11	11	11	11	11	11	11
DECEMBER	12	12	12	12	12	12	12	12
<u>YEAR OF LOSS</u>								
DON'T KNOW	DK	DK	DK	DK	DK	DK	DK	DK
REFUSED	REF	REF	REF	REF	REF	REF	REF	REF

(NOTE: Q81 NOT ASKED IF Q78 = 1 AND Q79a = NO AND Q80a = NO)

And now some questions about any other children that you have given birth to besides (NAME) (who are still living).

81. How many other children do you have (that are still living) \_\_\_\_\_ OTHER CHILDREN  
besides (NAME)? DON'T KNOW ..... DK  
REFUSED .....REF

**IF YES, ASK:**

---

82. What (is) (are) the birthdate(s) of (your other child) (each of your other children beginning with the youngest)? (AFTER EACH IS READ, ASK:)

83. How much did this child weigh at birth?

84. Was this child born more than 3 weeks before his or her birthdate?

	<u>#1</u>	<u>#2</u>	<u>#3</u>	<u>#4</u>	<u>#5</u>	<u>#6</u>	<u>#7</u>	<u>#8</u>
<u>MONTH OF BIRTH</u>								
JANUARY	1	1	1	1	1	1	1	1
FEBRUARY	2	2	2	2	2	2	2	2
MARCH	3	3	3	3	3	3	3	3
APRIL	4	4	4	4	4	4	4	4
MAY	5	5	5	5	5	5	5	5
JUNE	6	6	6	6	6	6	6	6
JULY	7	7	7	7	7	7	7	7
AUGUST	8	8	8	8	8	8	8	8
SEPTEMBER	9	9	9	9	9	9	9	9
OCTOBER	10	10	10	10	10	10	10	10
NOVEMBER	11	11	11	11	11	11	11	11
DECEMBER	12	12	12	12	12	12	12	12
<u>DAY OF BIRTH</u>	---	---	---	---	---	---	---	---
<u>YEAR OF BIRTH</u>	---	---	---	---	---	---	---	---
DON'T KNOW	DK	DK	DK	DK	DK	DK	DK	DK
REFUSED	REF	REF	REF	REF	REF	REF	REF	REF
<u>WEIGHT AT BIRTH</u>								
LBS	---	---	---	---	---	---	---	---
OUNCES	---	---	---	---	---	---	---	---
DON'T KNOW	DK	DK	DK	DK	DK	DK	DK	DK
REFUSED	REF	REF	REF	REF	REF	REF	REF	REF
<u>BORN 3+ WEEKS EARLY?</u>								
YES	1	1	1	1	1	1	1	1
NO	2	2	2	2	2	2	2	2
DON'T KNOW	DK	DK	DK	DK	DK	DK	DK	DK
REFUSED	REF	REF	REF	REF	REF	REF	REF	REF

• REPEAT FOR ALL OTHER CHILDREN CITED IN Q81.

**J. Mom's info**

85. In what month and year were you born?
- MONTH OF BIRTH
- JANUARY..... 1  
 FEBRUARY ..... 2  
 MARCH ..... 3  
 APRIL..... 4  
 MAY ..... 5  
 JUNE..... 6  
 JULY..... 7  
 AUGUST ..... 8  
 SEPTEMBER..... 9  
 OCTOBER..... 10  
 NOVEMBER ..... 11  
 DECEMBER ..... 12
- YEAR OF BIRTH .....  
 (ONLY ACCEPT YEARS 1992 OR EARLIER)  
 REFUSED .....REF
86. Right now, about how much do you weigh, without shoes? \_\_\_\_\_ LBS  
 DON'T KNOW ..... DK  
 REFUSED .....REF
87. How tall are you, without shoes?
- \_\_\_\_\_ FEET  
 \_\_\_\_\_ INCHES  
 DON'T KNOW ..... DK  
 REFUSED .....REF
88. Do you consider yourself overweight, about normal or underweight for your height?
- OVERWEIGHT ..... 1  
 ABOUT NORMAL ..... 2  
 UNDERWEIGHT..... 3  
 DON'T KNOW ..... DK  
 REFUSED .....REF
89. What is the highest level of school you have completed or the highest degree you have received? **(IF HIGH SCHOOL, ASK:) What was the highest grade you completed?**
- NO FORMAL SCHOOLING..... 1  
 8TH GRADE OR LESS..... 2  
 GRADES 9-12 BUT NOT A HIGH SCHOOL GRADUATE ..... 3  
 HIGH SCHOOL GRADUATE ..... 4  
 SOME COLLEGE/TRADE SCHOOL/ ASSOCIATE DEGREE ..... 5  
 (4-YEAR) COLLEGE GRADUATE ..... 6  
 POST GRADUATE/PROFESSIONAL DEGREE ..... 7  
 DON'T KNOW ..... DK  
 REFUSED .....REF
90. Are you of Latino or Hispanic origin? **(IF NECESSARY, SAY: such as Mexican-American, Latin American, South American or Spanish-American)?**
- YES, HISPANIC..... 1  
 NO, NON-HISPANIC ..... 2  
 DON'T KNOW ..... DK  
 REFUSED .....REF

91. For classification purposes, we'd like to know what your racial background is. Are you White, Black or African-American, Asian, Pacific Islander, American Indian or Alaskan Native, a member of another race or a combination of these? **(ANSWER CAN BE A MULTIPLE)**

WHITE ..... 1  
 BLACK/AFRICAN-AMERICAN ..... 2  
 ASIAN..... 3  
 PACIFIC ISLANDER ..... 4  
 AMERICAN INDIAN/ALASKAN NATIVE ..... 5  
 HISPANIC/LATINO (*VOLUNTEERED*)..... 6  
 OTHER \_\_\_\_\_ ..... 7  
 (*SPECIFY*)

DON'T KNOW ..... DK  
 REFUSED .....REF

92a. Were you born in the U.S. or outside the U.S.?

BORN IN U.S. .... 1  
 BORN OUTSIDE U.S. .... 2  
 REFUSED .....REF

**IF BORN OUTSIDE U.S., ASK:**

<p>92b. In what country were you born? (<b>REFER TO COUNTRY CODES AND ENTER TWO DIGIT CODE</b>)</p>	<p><input type="text"/> <input type="text"/></p> <p>REFUSED .....REF</p>
<p>92c. In total, how many years have you lived in the U.S.?</p>	<p>_____ YEARS</p> <p>DON'T KNOW ..... DK          REFUSED .....REF</p>

94. One last question. We may want to conduct a follow-up survey in the future. Would it be okay if we called you back at that time to ask you some additional questions?

YES..... 1  
 NO ..... 2  
 DON'T KNOW ..... DK  
 REFUSED .....REF

These are all of my questions. Thank you very much for taking the time to be a part of this important survey. **(HANG UP)**