

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

Hello. May I speak with FIRST NAME OF MOTHER?

I'm _____ and I'm calling on behalf of the WIC program. We're conducting a study in order to obtain information that we hope will help us provide better services to our clients.

IF NO ENGLISH SPOKEN, CODE AS FOLLOWS:

- SPANISH 2 **(SPANISH CALLBACK)**
- ASIAN LANGUAGE 3 **(TERMINATE)**
- OTHER LANGUAGE 4 **(TERMINATE)**

IF SPANISH LANGUAGE DIFFICULTIES, ASK:

S1.	We can conduct the survey in English or Spanish. Would you prefer to be interviewed in Spanish?	NO, CONTINUE IN ENGLISH 1
		YES, SPANISH 2

ONCE RESPONDENT IS CONFIRMED TO BE ON THE PHONE:

This is a phone survey about your postpartum experience, especially your health and health behaviors in relation to your recent pregnancy. Before we begin, I need to provide some background information to you. The survey is sponsored by the WIC program. WIC would like to understand your postpartum experience and needs, so we can provide the best services possible. We are definitely not selling anything and do not expect you to be at any risk from participating. We encourage you to provide your opinions, but your participation is entirely voluntary. If there are any questions that you do not want to answer or have no opinion about, please let me know and we will go to the next question. If you choose to end the interview before it is completed, or if you choose not to participate, there will be no penalties or any loss of WIC benefits you may already be receiving. If you have any questions please ask me. I want to give you some important phone numbers you might want to write down. If you have questions later you may contact WIC at 1-888-942-2229. If you have questions about your rights or if you experience any problems from participating in this survey you can call the Board that reviewed this study for your protection. Their name is E and I Review at 1-800-472-3241. The interview should take about 15-20 minutes.

- S1b. Would you like to participate in this survey?
 - YES 1 **(CONTINUE)**
 - NOT NOW, CALL BACK
 - LATER 2 **(ARRANGE CALLBACK)**
 - NO 3 **(TERMINATE)**

- S2. Just to confirm, is your household located in Los Angeles or Orange County? **(IF YES:)** Is that Los Angeles County or Orange County?
 - YES, LA COUNTY 1 } **(CONTINUE)**
 - YES, ORANGE COUNTY 2 } **(CONTINUE)**
 - NO 3 **(TERMINATE)**
 - DON'T KNOW DK } **(CONTINUE)**
 - REFUSED REF } **(CONTINUE)**

- S3. In what city or town do you live?
 - CITY CODE
 - DON'T KNOW 998
 - REFUSED 999

- S4. Are you currently pregnant?
 - YES 1 **(TERMINATE)**
 - NO 2 **(CONTINUE)**

S5. In the past year, did you give birth to an infant who is now less than 1 year old? YES..... 1 (CONTINUE)
 NO 2 (TERMINATE)

IF YES, ASK:

S6. Did you give birth to just one infant in the past year or more than one? ONE1
 MORE THAN ONE2

IF MORE THAN ONE, ASK:

S7. Did you have twins or triplets, or did you give birth at two different times during the past year? TWINS.....1
 TRIPLETS2
 MORE THAN TRIPLETS3
 MULTIPLE BIRTHS4

IF GAVE BIRTH TO ONE CHILD IN PAST YEAR, ASK:

S8. So that we can refer to your child by name during the rest of the survey, what is your new infant's first name? _____
 NAME/INITIALS OF CHILD
 (IF REFUSED:) What are his or her initials?

IF GAVE BIRTH TO MORE THAN ONE CHILD IN PAST YEAR, ASK:

S9. To keep this interview short, we will only be asking questions about one of your newborn children. _____
 NAME/INITIALS OF CHILD #1
 What are the names of each child? _____
 NAME/INITIALS OF CHILD #2
 (IF REFUSED:) What are the initials of each child? _____
 NAME/INITIALS OF CHILD #3

 NAME/INITIALS OF CHILD #4
 • CATI SELECTS CHILD WHOSE NAME COMES FIRST IN ALPHABETICAL ORDER

Most of the remaining questions in this survey will be about three time periods – the time before you were pregnant with (NAME), the time during your pregnancy, and the time after (NAME) was born. Please be aware that this call may be monitored by my supervisor to ensure quality and courtesy.

S10. What is (NAME)'s gender? MALE1
 FEMALE2

S11. What is (NAME)'s date of birth? MONTH: _____
 DAY: _____
 YEAR: 2009.....1
 2010.....2