

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

## BEFORE PREGNANCY

The first questions are about *you*.

1. How tall are *you* without shoes?

Feet  Inches

OR  Centimeters

2. *Just before* you got pregnant with your *new* baby, how much did you weigh?

Pounds OR  Kilos

3. What is *your* date of birth?

/  /   
Month Day Year

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

- No  
 Yes

→ **Go to Question 7**

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

- No  
 Yes

6. Was the baby *just before* your new one born *earlier* than 3 weeks before his or her due date?

- No  
 Yes

The next questions are about the time *before* you got pregnant with your *new* baby.

7. 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, check **No** if you did not do it or **Yes** if you did it.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. I was dieting (changing my eating habits) to lose weight .....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was exercising 3 or more days of the week.....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was regularly taking prescription medicines other than birth control .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I visited a health care worker and was checked for diabetes.....               | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I visited a health care worker and was checked for high blood pressure .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I visited a health care worker and was checked for depression or anxiety ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I talked to a health care worker about my family medical history.....          | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I had my teeth cleaned by a dentist or dental hygienist .....                  | <input type="checkbox"/> | <input type="checkbox"/> |

8. During the *month before* you got pregnant with your new baby, what kind of *health insurance* did you have?

**Check ALL that apply**

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid (Title 19) or IowaCare
- hawk-i
- Iowa Family Planning Network (IFPN)
- CHAMPUS/TRICARE
- Indian Health Service (IHS)
- Some other kind of health insurance → Please tell us:
- I did not have any health insurance during the *month before* I got pregnant

9. 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 in the *month before* I got pregnant
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

10. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?

- No
- Yes

11. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

- a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy) .....
- b. High blood pressure or hypertension..
- c. Depression .....

The next questions are about the time when you got pregnant with your new baby.

12. 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 later
- I wanted to be pregnant sooner
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future
- I wasn't sure what I wanted

**Go to  
Question 14**

13. How much longer did you want to wait to become pregnant?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to 5 years
- More than 5 years

14. When you got pregnant with your new baby, were you trying to get pregnant?

- No  
 Yes

→ **Go to Question 17**

15. 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 using birth control pills, condoms, withdrawal, or natural family planning.

- No  
 Yes

→ **Go to Question 17**

16. 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  
 I forgot to use a birth control method  
 Other → Please tell us:

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## 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. 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 21**

18. During *your most recent pregnancy*, what kind of *health insurance* did you have to pay for your *prenatal care*?

**Check ALL that apply**

- Private health insurance from my job or the job of my husband, partner, or parents  
 Private health insurance purchased directly from an insurance company  
 Medicaid (Title 19)  
 hawk-i  
 OB Indigent Program  
 CHAMPUS/TRICARE  
 Indian Health Service (IHS)  
 Some other kind of health insurance → Please tell us:

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- I did not have any health insurance to pay for my *prenatal care*

**19. 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, check **No** if no one talked with you about it or **Yes** if someone did.**

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. How much weight I should gain during my pregnancy .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How smoking during pregnancy could affect my baby.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Breastfeeding my baby .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How drinking alcohol during pregnancy could affect my baby.....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Using a seat belt during my pregnancy.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Medicines that are safe to take during my pregnancy.....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| g. How using illegal drugs could affect my baby .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Doing tests to screen for birth defects or diseases that run in my family.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Getting tested for HIV (the virus that causes AIDS) .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| k. What to do if I feel depressed during my pregnancy or after my baby is born .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Physical abuse to women by their husbands or partners .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |

**20. During your most recent pregnancy, 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 one, check **No** if no one talked with you about it or **Yes** if someone did.**

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. Foods that are good to eat during pregnancy.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Exercise during pregnancy .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Programs or resources to help me gain the right amount of weight during pregnancy ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Programs or resources to help me lose weight after pregnancy .....                      | <input type="checkbox"/> | <input type="checkbox"/> |

**21. 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

**22. During the 12 months before the delivery of your new baby, did a doctor, nurse, or other health care worker offer you a flu shot or tell you to get one?**

- No  
 Yes

**23. During the 12 months before the delivery of your new baby, did you get a flu shot?**

Check ONE answer

- No → Go to Question 25  
 Yes, before my pregnancy  
 Yes, during my pregnancy

Go to Question 24

24. During what month and year did you get the flu shot?

\_\_\_\_ / 20\_\_\_\_

Month          Year

I don't remember

25. This question is about the care of your teeth *during your most recent pregnancy*.

For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

No    Yes

- a. I knew it was important to care for my teeth and gums during my pregnancy.....
- b. A dental or other health care worker talked with me about how to care for my teeth and gums.....
- c. I had my teeth cleaned by a dentist or dental hygienist.....
- d. I had insurance to cover dental care during my pregnancy .....
- e. I needed to see a dentist for a **problem** .....
- f. I went to a dentist or dental clinic about a **problem** .....

26. During *your most recent pregnancy*, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

- No  
 Yes

27. During *your most recent pregnancy*, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps pregnant women.

- No  
 Yes

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

- No  
 Yes

29. 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

30. 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, Makena®, 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).

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

No —————→ **Go to Question 35**

Yes  
↓

32. 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

33. 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

34. 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

The next questions are about drinking alcohol around the time of pregnancy (before and during).

35. 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 38**

Yes  
↓

36. 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

37. 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

**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.**

**38. This question is about things that may have happened during the 12 months before your new baby was born.** For each item, check **No** if it did not happen to you or **Yes** if it did. (It may help to look at the calendar when you answer these questions.)

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. A close family member was very sick and had to go into the hospital ....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I got separated or divorced from my husband or partner .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I moved to a new address.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was homeless or had to sleep outside, in a car, or in a shelter .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My husband or partner lost his job .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I lost my job even though I wanted to go on working.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My husband, partner, or I had a cut in work hours or pay .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I was apart from my husband or partner due to military deployment or extended work-related travel ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I argued with my husband or partner more than usual.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My husband or partner said he didn't want me to be pregnant .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I had problems paying the rent, mortgage, or other bills.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My husband, partner, or I went to jail .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Someone very close to me had a problem with drinking or drugs .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Someone very close to me died .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**39. During the 12 months before your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated based on your race?**

- No  
 Yes

**40. 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

**41. 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.**

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

<input type="text"/> Month	/	<input type="text"/> Day	/	<input type="text" value="20"/> Year
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**43. Did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?**

- No  
 Yes  
 I don't know

#### 44. How was your new baby delivered?

- Vaginally → **Go to Question 46**
- Cesarean delivery (c-section)

#### 45. What was the reason that your new baby was born by cesarean delivery (c-section)?

**Check ALL that apply**

- I had a previous cesarean delivery (c-section)
- My baby was in the wrong position (such as breech)
- 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 (such as heart condition, physical disability)
- I had a complication in my pregnancy (such as preeclampsia, placental problems, infection, preterm labor)
- 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 before or during labor (fetal distress)
- I wanted to schedule my delivery
- I didn't want to have my baby vaginally
- Other → Please tell us:

#### 46. By the end of *your most recent* pregnancy, how much weight had you gained?

**Check ONE answer  
and fill in blank if needed**

- I gained \_\_\_\_\_ pounds
- I didn't gain any weight, but I lost \_\_\_\_\_ pounds
- My weight didn't change during my pregnancy
- I don't know

#### AFTER PREGNANCY

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

#### 47. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

- No
- Yes
- I don't know

#### 48. After your baby was delivered, 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 51**

**Go to Question 49**



49. Is your baby alive now?

- No → *We are very sorry for your loss.*  
 Yes → **Go to Page 10, Question 60**

50. Is your baby living with you now?

- No → **Go to Page 10, Question 59**  
 Yes

51. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

- No  
 Yes → **Go to Question 53**

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

**Check ALL that apply**

- 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 went back to work or school  
 Other → Please tell us:

\_\_\_\_\_

**If you did not breastfeed your new baby, go to Question 56.**

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

- No  
 Yes → **Go to Question 56**

**Go to Question 54**

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 latching or nursing  
 Breast milk alone did not satisfy my baby  
 I thought my baby was not gaining enough weight  
 My nipples were sore, cracked, or bleeding  
 It was too hard, painful, or too time consuming  
 I thought I was not producing enough milk, or my milk dried up  
 I had too many other household duties  
 I felt it was the right time to stop breastfeeding  
 I got sick or I had to stop for medical reasons  
 I went back to work or school  
 My baby was jaundiced (yellowing of the skin or whites of the eyes)  
 Other → Please tell us:

\_\_\_\_\_

56. Have you ever heard or read about what can happen if a baby is shaken?

- No  
 Yes

**If your baby is still in the hospital, go to Question 59.**

**57. In which *one* position 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

**58. Listed below are some things that describe how your new baby *usually* sleeps. For each item, check **No** if it doesn't usually apply to your baby or **Yes** if it usually applies to your baby.**

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. My new baby sleeps in a crib or portable crib .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My new baby sleeps on a firm or hard mattress .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My new baby sleeps with pillows.....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My new baby sleeps with bumper pads .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My new baby sleeps with plush or thick blankets ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My new baby sleeps with stuffed toys.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My new baby sleeps with an infant positioner .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| h. My new baby sleeps with me or another person.....     | <input type="checkbox"/> | <input type="checkbox"/> |

**59. Since your new baby was born, has a home visitor come to your home to help you learn how to take care of yourself or your new baby?** A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.

- No  
 Yes

**60. 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 using birth control pills, condoms, withdrawal, or natural family planning.

- No  
 Yes

**Go to Question 62**

**61. 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  
 I am worried about side effects from birth control  
 My husband or partner doesn't want to use anything  
 I have problems getting birth control when I need it  
 I had my tubes tied or blocked  
 My husband or partner had a vasectomy  
 I am pregnant now  
 Other → Please tell us:

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**If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 63.**

**62. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant?**

**Check ALL that apply**

- Tubes tied or blocked (female sterilization, Essure<sup>®</sup>, Adiana<sup>®</sup>)
- Vasectomy (male sterilization)
- Birth control pill
- Condoms
- Injection (Depo-Provera<sup>®</sup>)
- Contraceptive implant (Implanon<sup>®</sup>)
- Contraceptive patch (OrthoEvra<sup>®</sup>) or vaginal ring (NuvaRing<sup>®</sup>)
- IUD (including Mirena<sup>®</sup> or ParaGard<sup>®</sup>)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other \_\_\_\_\_ → Please tell us:

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**63. *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 4-6 weeks after she gives birth.**

- No
- Yes

**64. *Since your new baby was born*, how often have you felt down, depressed, or hopeless?**

- Always
- Often
- Sometimes
- Rarely
- Never

**65. *Since your new baby was born*, how often have you had little interest or little pleasure in doing things?**

- Always
- Often
- Sometimes
- Rarely
- Never

**66. What kind of *health insurance* do you have *now*?**

**Check ALL that apply**

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid (Title 19) or IowaCare
- hawk-i
- Iowa Family Planning Network (IFPN)
- CHAMPUS/TRICARE
- Indian Health Service (IHS)
- Some other kind of health insurance \_\_\_\_\_ → Please tell us:

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- I do not have health insurance *now*

## OTHER EXPERIENCES

The next questions are on a variety of topics.

**67. Before you got pregnant with your new baby, did your husband or partner ever try to keep you from using your birth control so that you would get pregnant when you didn't want to?** For example, did he hide your birth control, throw it away or do anything else to keep you from using it?

- No  
 Yes

**68. During any of the following time periods, did your husband or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way?** For each time period, check **No** if it did not happen then or **Yes** if it did.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. During the 12 months before I got pregnant ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. During my most recent pregnancy .....            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Since my new baby was born .....                 | <input type="checkbox"/> | <input type="checkbox"/> |

**If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question 70.**

**69. Listed below are some things about quitting smoking.** For each thing, check **No** if it did not apply to you during your most recent pregnancy or **Yes** if it did.

**During your most recent pregnancy, did you—**

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. Set a specific date to stop smoking .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Use booklets, videos, or other materials to help you quit .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Call a national or state quit line or go to a website .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Attend a class or program to stop smoking .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Go to counseling for help with quitting .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Use a nicotine patch, gum, lozenge, nasal spray or inhaler .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Take a pill like Zyban® (also known as Wellbutrin® or Bupropion®) or Chantix® (also known as Varenicline) to stop smoking ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Try to quit on your own (e.g., cold turkey) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Other .....   | <input type="checkbox"/> | <input type="checkbox"/> |
- Please tell us: \_\_\_\_\_ →

70. During *your most recent pregnancy*, would you have had the kinds of help listed below if you needed them? For each one, check **No** if you would have not had it or **Yes** if you would have had it.

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

71. 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

72. Since *your new baby was born*, has a doctor, nurse, or other health care worker told you that you had depression?

- No → Go to Question 75  
 Yes

73. Since *your new baby was born*, have you taken prescription medicine for your depression?

- No  
 Yes

74. Since *your new baby was born*, have you gotten counseling for your depression?

- No  
 Yes

If your baby is not alive or is not living with you, go to Page 14, Question 76.

75. Listed below are some statements about **safety**. For each one, check **No** if it does not apply to you or **Yes** if it does.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. I always used a seatbelt during my most recent pregnancy .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My home has a working smoke alarm .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. There are <b>loaded</b> guns, rifles, or other firearms in my home .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I have received information about infant products that should be taken off the market (product recalls) since my new baby was born ..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

**76. 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.*

- \$0 to \$15,000
- \$15,001 to \$19,000
- \$19,001 to \$22,000
- \$22,001 to \$26,000
- \$26,001 to \$29,000
- \$29,001 to \$37,000
- \$37,001 to \$44,000
- \$44,001 to \$52,000
- \$52,001 to \$56,000
- \$56,001 to \$67,000
- \$67,001 to \$79,000
- \$79,001 or more

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

People

**78. What is today's date?**

/  / 20  
Month Day Year

**Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in Iowa.**

*Thanks for answering our questions!*

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