

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
- Family Health Plus
- Family Planning Benefit Program (FPBP)
- Child Health Plus
- TRICARE or other military health care
- 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, would you say that, in general, your health was—

- Excellent
- Very good
- Good
- Fair
- Poor

12. 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

13. During the *3 months before* you got pregnant with your new baby, did you have 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. Asthma.....
- b. Anemia (poor blood, low iron).....
- c. Heart problems.....
- d. Epilepsy (seizures).....
- e. Thyroid problems.....
- f. Anxiety

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

14. 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 16

15. 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

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

- No
- Yes

Go to Page 4, Question 19

17. 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 Page 4,
Question 19

Go to Question 18

18. 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:

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.)

19. 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 Question 22**

20. 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
- Family Health Plus
- Child Health Plus
- TRICARE or other military health care
- Some other kind of health insurance → Please tell us:

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

21. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, 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"/> |

22. 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

23. 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

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

Check ONE answer

- No → **Go to Question 26**
 Yes, before my pregnancy
 Yes, during my pregnancy

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

____ / ____ 20____

Month Year

- I don't remember

26. 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**

27. 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

28. 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

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

- No → **Go to Question 31**
 Yes

30. During *your most recent pregnancy*, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?

- No
 Yes

31. 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

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

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

- No
 Yes

→ **Go to Question 36**

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
 I didn't smoke then

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
 I didn't smoke then

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
 I don't smoke now

36. Which of the following statements best describes the rules about smoking *inside* your home *now*, even if no one who lives in your home is a smoker?

Check ONE answer

- No one is allowed to smoke anywhere inside my home
 Smoking is allowed in some rooms or at some times
 Smoking is permitted anywhere inside my home

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

37. Have you had any alcoholic drinks in the *past 2 years*? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- No
 Yes

→ **Go to Question 40**

38. 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

39. 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.

40. 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"/> |

41. 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

42. 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

43. During the 12 months before you got pregnant with your new baby, did anyone else physically hurt you in any way?

- No
 Yes

44. 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

45. During your most recent pregnancy, did anyone else physically hurt you in any way?

- No
 Yes

The next questions are about your labor and delivery.

46. When was your new baby born?

		20
Month	Day	Year

47. 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.

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

- No
- Yes
- I don't know

49. 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 52**

50. Is your baby alive now?

- No → *We are very sorry for your loss.*
Go to Page 10, Question 64
- Yes

51. Is your baby living with you now?

- No → **Go to Page 10, Question 63**
- Yes

52. During *your most recent* pregnancy, what did you think about breastfeeding your new baby?

Check ONE answer

- I knew I would breastfeed
- I thought I might breastfeed
- I knew I would *not* breastfeed
- I didn't know what to do about breastfeeding

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

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

Go to Question 54

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

No

Yes

→ **Go to Question 57**

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

Weeks

OR

Months

Less than 1 week

56. 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:

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, check **No** if it did not happen or **Yes** if it did happen.

No Yes

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

58. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

Weeks

OR

Months

My baby was less than 1 week old

My baby has not had any liquids other than breast milk

59. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

____ Weeks OR ____ Months

- My baby was less than 1 week old
 My baby has not eaten any foods

If your baby is still in the hospital, go to Question 63.

60. 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

61. 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"/> |

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

- No
 Yes

63. *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

64. Are you or your husband or partner doing anything *now* to keep from getting pregnant? Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.

- No
 Yes

Go to Question 66

Go to Question 65

65. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?

Check ALL that apply

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- 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:

If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 67.

66. 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®, Adiana®)
- Vasectomy (male sterilization)
- Birth control pill
- Condoms
- Injection (Depo-Provera®)
- Contraceptive implant (Implanon®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena® or ParaGard®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other _____ → Please tell us:

67. *After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?*

- No
- Yes

68. *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

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

- Always
 Often
 Sometimes
 Rarely
 Never

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

- Always
 Often
 Sometimes
 Rarely
 Never

71. 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
 Family Health Plus
 Family Planning Benefit Program (FPBP)
 Child Health Plus
 TRICARE or other military health care
 Some other kind of health insurance —————> Please tell us:
 I do not have health insurance *now*

OTHER EXPERIENCES

The next questions are on a variety of topics.

72. *During your most recent pregnancy, who would have helped you if a problem had come up?* For example, who would have helped you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?

Check ALL that apply

- My husband or partner
 My mother, father, or in-laws
 Other family member or relative
 A friend
 Religious community
 Someone else —————> Please tell us:
 No one would have helped me

73. *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"/> |

74. At any time during *your most recent pregnancy*, did you work at a job for pay?

No —————→ **Go to Question 78**

Yes

75. Have you returned to the job you had during *your most recent pregnancy*?

Check ONE answer

No —————→ **Go to Question 78**

No, but I will be returning

Yes

76. Which of the following describes the leave or time you took off from work *after* your new baby was born?

Check ALL that apply

- I took *paid* leave from my job
- I took *unpaid* leave from my job
- I did not take leave

77. Did any of the things listed below affect your decision about taking leave from work *after* your new baby was born? For each item, check **No** if it does not apply to you or **Yes** if it does.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. I could not financially afford to take leave | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was afraid I'd lose my job if I took leave or stayed out longer | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had too much work to do to take leave or stay out longer | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My job does not have paid leave | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My job does not offer a flexible work schedule | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I had not built up enough leave time to take any or more time off..... | <input type="checkbox"/> | <input type="checkbox"/> |

78. Are you currently in school?

- No
- Yes

79. Are you currently working outside the home?

- No
- Yes

If your baby is not alive or is not living with you, go to Question 81.

80. 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 seat belt 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 loaded 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"/> |

81. *Since your new baby was born*, have you been test for diabetes or high blood sugar?

No —————→ **Go to Page 14, Question 83**

Yes

82. *Since your new baby was born*, did a doctor, nurse, or other health care worker tell you that you had diabetes?

- No
- Yes

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

- No
 Yes

84. *Who lives in the same house with you now?*

Check ALL that apply

- My husband or partner
 Children aged less than 12 months

How many children? _____

- Children aged 1 year to 5 years

How many children? _____

- Children aged 6 years and over

How many children? _____

- My mother
 My father
 My husband's or partner's parent(s)
 Friend or roommate
 Other family member or relative
 Other _____ → Please tell us:

- I live alone

85. *In the last 30 days, have you been concerned about having enough food for you or your family?*

- No
 Yes

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

86. *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

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

_____ People

88. *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 New York City.

Thanks for answering our questions!

Your answers will help us work to make New York City mothers and babies healthier.