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

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

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

- ❑ No → **Go to Question 7**
- ❑ Yes

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

7. 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. Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)	❑	❑
b. High blood pressure or hypertension	❑	❑
c. Depression	❑	❑
d. Asthma	❑	❑
e. Thyroid problems	❑	❑
f. PCOS (polycystic ovarian syndrome)	❑	❑
g. Anxiety	❑	❑

8. 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

→ **Go to Page 2, Question 10**

Go to Page 2, Question 9

9. During the *month before* you got pregnant with your new baby, what were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins?

Check ALL that apply

- ❑ I wasn't planning to get pregnant
- ❑ I didn't think I needed to take vitamins
- ❑ I didn't want to take vitamins
- ❑ The vitamins were too expensive
- ❑ The vitamins gave me side effects (such as nausea or constipation)
- ❑ Other → Please tell us:

10. In the *12 months before* you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

- ❑ No → **Go to Question 13**
- ❑ Yes

11. What type of health care visit did you have in the *12 months before* you got pregnant with your new baby?

Check ALL that apply

- ❑ Regular checkup at my family doctor's office
- ❑ Regular checkup at my OB/GYN's office
- ❑ Visit for an illness or chronic condition
- ❑ Visit for an injury
- ❑ Visit for family planning or birth control
- ❑ Visit for depression or anxiety
- ❑ Visit to have my teeth cleaned by a dentist or dental hygienist
- ❑ Other → Please tell us:

12. During any of your health care visits in the *12 months before* you got pregnant, did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check **No** if they did not or **Yes** if they did.

		No	Yes
a.	Tell me to take a vitamin with folic acid	❑	❑
b.	Talk to me about maintaining a healthy weight	❑	❑
c.	Talk to me about controlling any medical conditions such as diabetes or high blood pressure	❑	❑
d.	Talk to me about my desire to have or not have children	❑	❑
e.	Talk to me about using birth control to prevent pregnancy	❑	❑
f.	Talk to me about how I could improve my health before a pregnancy	❑	❑
g.	Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis	❑	❑
h.	Ask me if I was smoking cigarettes	❑	❑
i.	Ask me if someone was hurting me emotionally or physically	❑	❑
j.	Ask me if I was feeling down or depressed	❑	❑
k.	Ask me about the kind of work I do	❑	❑
l.	Test me for HIV (the virus that causes AIDS)	❑	❑

The next questions are about your *health insurance coverage* before, during, and after your pregnancy with your *new* baby.

13. 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 or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid
- ❑ TRICARE or other military health care
- ❑ IHS or tribal
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I did not have any health insurance during the *month before* I got pregnant

If you did not have health insurance during the *month before* you got pregnant, go to Question 14. Otherwise, go to Question 15.

14. What was the reason that you did not have any health insurance during the *month before* you got pregnant with your new baby?

Check ALL that apply

- ❑ Health insurance was too expensive
- ❑ I could not get health insurance from my job or the job of my husband or partner
- ❑ I applied for health insurance, but was waiting to get it
- ❑ I had problems with the health insurance application or website
- ❑ My income was too high to qualify for Medicaid
- ❑ My income was too high to qualify for a tax credit from the Health Insurance Marketplace or HealthCare.gov
- ❑ I didn't know how to get health insurance
- ❑ Other → Please tell us:

  _____

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

Check ALL that apply

- ❑ I did not go for prenatal care → **Go to Page 4, Question 16**
- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid
- ❑ TRICARE or other military health care
- ❑ IHS or tribal
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I did not have any health insurance for my *prenatal care*

16. 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 or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid
- ❑ TRICARE or other military health care
- ❑ IHS or tribal
- ❑ Other health insurance ⟶ Please tell us:

  _____
- ❑ I do not have health insurance *now*

17. 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

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

- ❑ No
- ❑ Yes

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?

_____ Weeks **OR** _____ Months

❑ I didn't go for prenatal care ⟶ **Go to Question 21**

20. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check **No** if they did not ask you about it or **Yes** if they did.

		No	Yes
a.	If I knew how much weight I should gain during pregnancy	❑	❑
b.	If I was taking any prescription medication	❑	❑
c.	If I was smoking cigarettes	❑	❑
d.	If I was drinking alcohol	❑	❑
e.	If someone was hurting me emotionally or physically	❑	❑
f.	If I was feeling down or depressed	❑	❑
g.	If I was using drugs such as marijuana, cocaine, crack, or meth	❑	❑
h.	If I wanted to be tested for HIV (the virus that causes AIDS)	❑	❑
i.	If I planned to breastfeed my new baby	❑	❑
j.	If I planned to use birth control after my baby was born	❑	❑

21. 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

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

Check ONE answer

- ❑ No
- ❑ Yes, before my pregnancy
- ❑ Yes, during my pregnancy

23. During *your most recent* pregnancy, did you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- ❑ No
- ❑ Yes
- ❑ I don't know

24. During *your most recent* pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

- ❑ No
- ❑ Yes

25. This question is about other 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 insurance to cover dental care during my pregnancy	❑	❑
d.	I needed to see a dentist for a **problem**	❑	❑
e.	I went to a dentist or dental clinic about a **problem**	❑	❑

If you did not have any problems with your teeth or gums during your pregnancy, go to Question 27.

26. During *your most recent* pregnancy, what kind of problem did you have with your teeth or gums? For each item, check **No** if you did not have this problem during pregnancy or **Yes** if you did.

		No	Yes
a.	I had cavities that needed to be filled	❑	❑
b.	I had painful, red, or swollen gums	❑	❑
c.	I had a toothache	❑	❑
d.	I needed to have a tooth pulled	❑	❑
e.	I had an injury to my mouth, teeth, or gums	❑	❑
f.	I had some other problem with my teeth or gums	❑	❑

Please tell us:

_____

27. Did any of the following things make it hard for you to go to a dentist or dental clinic during *your most recent* pregnancy? For each item, check **No** if it was not something that made it hard for you to go to a dentist during pregnancy or **Yes** if it was.

		No	Yes
a.	I could not find a dentist or dental clinic that would take pregnant patients	❑	❑
b.	I could not find a dentist or dental clinic that would take Medicaid patients	❑	❑
c.	I did not think it was safe to go to the dentist during pregnancy	❑	❑
d.	I could not afford to go to the dentist or dental clinic	❑	❑

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, 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. Gestational diabetes (diabetes that **started** during *this* pregnancy)	❑	❑
b. High blood pressure (that **started** during *this* pregnancy), pre-eclampsia or eclampsia	❑	❑
c. Depression	❑	❑
d. Anxiety	❑	❑

If you had depression during your most recent pregnancy, go to Question 30. Otherwise, go to Question 31.

30. At any time during *your most recent* pregnancy, did you *ask for help* for depression from a doctor, nurse, or other health care worker?

- ❑ No
- ❑ Yes

31. During *your most recent* pregnancy, did a doctor, nurse, or other health care worker give you a series of weekly shots of a medicine called progesterone, Makena®, or 17P (17 alpha-hydroxyprogesterone) to try to keep your new baby from being born too early?

- ❑ No
- ❑ Yes
- ❑ I don't know

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 → **Go to Question 38**
- ❑ Yes

33. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

- ❑ 41 cigarettes or more
- ❑ 21 to 40 cigarettes
- ❑ 11 to 20 cigarettes
- ❑ 6 to 10 cigarettes
- ❑ 1 to 5 cigarettes
- ❑ Less than 1 cigarette
- ❑ 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

If you did not smoke at any time during the *3 months before* you got pregnant, go to Question 37.

35. During *your most recent* pregnancy, did you do any of the following things about quitting smoking? For each thing, check **No** if you did not do it or **Yes** if you did.

		No	Yes
a.	Set a specific date to stop smoking	❑	❑
b.	Use booklets, videos, or other materials to help me quit	❑	❑
c.	Call a national or state quit line or go to a website	❑	❑
d.	Attend a class or program to stop smoking	❑	❑
e.	Go to counseling for help with quitting	❑	❑
f.	Use a nicotine patch, gum, lozenge, nasal spray or inhaler	❑	❑
g.	Take a pill like Zyban® (also known as Wellbutrin® or bupropion) to stop smoking	❑	❑
h.	Take a pill like Chantix® (also known as varenicline) to stop smoking	❑	❑
i.	Try to quit on my own (e.g., cold turkey)	❑	❑
j.	Other	❑	❑

Please tell us:

_____

36. Did you quit smoking around the time of *your most recent* pregnancy?

Check ONE answer

- ❑ No
- ❑ No, but I cut back
- ❑ Yes, I quit before I found out I was pregnant
- ❑ Yes, I quit when I found out I was pregnant
- ❑ Yes, I quit later in my pregnancy

37. 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 using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

38. Have you used any of the following products in the *past 2 years*? For each item, check **No** if you did not use it or **Yes** if you did.

		No	Yes
a.	E-cigarettes or other electronic nicotine products	❑	❑
b.	Hookah	❑	❑

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 39. Otherwise, go to Page 8, Question 41.

39. During the *3 months before* you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

40. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

The next questions are about drinking alcohol around the time of pregnancy.

41. 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 43**
- ❑ Yes

42. 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
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 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. The next questions are about things that may have happened *before* and *during* your most recent pregnancy.

43. 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	❑	❑
b.	I got separated or divorced from my husband or partner	❑	❑
c.	I moved to a new address	❑	❑
d.	I was homeless or had to sleep outside, in a car, or in a shelter	❑	❑
e.	My husband or partner lost their job	❑	❑
f.	I lost my job even though I wanted to go on working	❑	❑
g.	My husband, partner, or I had a cut in work hours or pay	❑	❑
h.	I was apart from my husband or partner due to military deployment or extended work-related travel	❑	❑
i.	I argued with my husband or partner more than usual	❑	❑
j.	My husband or partner said they didn't want me to be pregnant	❑	❑
k.	I had problems paying the rent, mortgage, or other bills	❑	❑
l.	My husband, partner, or I went to jail	❑	❑
m.	Someone very close to me had a problem with drinking or drugs	❑	❑
n.	Someone very close to me died	❑	❑

44. During the *12 months before* your new baby was born, did you ever get emergency food from a church, a food pantry, or a food bank, or eat in a food kitchen?

- ❑ No
- ❑ Yes

45. In the *12 months before you got pregnant* with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

		No	Yes
a.	My husband or partner	❑	❑
b.	My ex-husband or ex-partner	❑	❑
c.	Someone else	❑	❑

46. During *your most recent pregnancy*, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

		No	Yes
a.	My husband or partner	❑	❑
b.	My ex-husband or ex-partner	❑	❑
c.	Someone else	❑	❑

AFTER PREGNANCY

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

47. When was your new baby born?

____ / ____ / 20____

Month Day Year

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 12, Question 66**
- ❑ Yes

51. Is your baby living with you now?

- ❑ No → **Go to Page 12, Question 66**
- ❑ Yes

52. *Before* your new baby was born, did any of the following things happen?

Check ALL that apply

- ❑ Someone answered my questions about breastfeeding
- ❑ I was offered a class on breastfeeding
- ❑ I attended a class on breastfeeding
- ❑ I decided or planned to feed *only* breast milk to my baby
- ❑ I discussed feeding *only* breast milk to my baby with my family
- ❑ I discussed feeding *only* breast milk to my baby with my health care worker
- ❑ I chose not to breastfeed my baby

53. *Before or after your new baby was born*, did you receive information about breastfeeding from any of the following sources? For each one, check **No** if you did not receive information from this source or **Yes** if you did.

		No	Yes
a.	My doctor	❑	❑
b.	A nurse, midwife, or doula	❑	❑
c.	A breastfeeding or lactation specialist	❑	❑
d.	My baby's doctor or health care provider	❑	❑
e.	A breastfeeding support group	❑	❑
f.	A breastfeeding hotline or toll-free number	❑	❑
g.	Family or friends	❑	❑
h.	Other	❑	❑

Please tell us:

_____

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

❑ No → **Go to Question 60**
❑ Yes

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

❑ No
❑ Yes → **Go to Question 57**

56. How many weeks or months did you breastfeed or feed pumped milk to your baby?

❑ Less than 1 week

_____ Weeks **OR** _____ Months

57. Have you used a breast pump to express milk to feed to your new baby?

❑ No → **Go to Question 59**
❑ Yes

58. Where did you get the breast pump or pumps that you use with your new baby?

Check ALL that apply

❑ From the hospital for free
❑ Rented from the hospital or doctor's office
❑ Bought new from a hospital or doctor's office
❑ Bought new from a store or online website
❑ Received new as a gift
❑ Bought used or someone gave it to me used
❑ I had one from a previous child
❑ Other → Please tell us:

_____

If your baby was not born in a hospital, go to Question 60.

59. 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.

	No	Yes
a. Hospital staff gave me information about breastfeeding	❑	❑
b. My baby stayed in the same room with me at the hospital	❑	❑
c. I breastfed my baby in the hospital	❑	❑
d. Hospital staff helped me learn how to breastfeed	❑	❑
e. I breastfed in the first hour after my baby was born	❑	❑
f. My baby was placed in skin-to-skin contact within the first hour of life	❑	❑
g. My baby was fed only breast milk at the hospital	❑	❑
h. Hospital staff told me to breastfeed whenever my baby wanted	❑	❑
i. The hospital gave me a breast pump to use	❑	❑
j. The hospital gave me a gift pack with formula	❑	❑
k. The hospital gave me a telephone number to call for help with breastfeeding	❑	❑
l. Hospital staff gave my baby a pacifier	❑	❑

If your baby is still in the hospital, go to Page 12, Question 66.

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. In the *past 2 weeks*, how often has your new baby slept alone in his or her own crib or bed?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never → **Go to Question 63**

62. When your new baby sleeps alone, is his or her crib or bed in the same room where *you* sleep?

- ❑ No
- ❑ Yes

63. Listed below are some more things about how babies sleep. How did your new baby *usually* sleep in the *past 2 weeks*? For each item, check **No** if your baby did not *usually* sleep like this or **Yes** if he or she did.

	No	Yes
a. In a crib, bassinet, or pack and play	❑	❑
b. On a twin or larger mattress or bed	❑	❑
c. On a couch, sofa, or armchair	❑	❑
d. In an infant car seat or swing	❑	❑
e. In a sleeping sack or wearable blanket	❑	❑
f. With a blanket	❑	❑
g. With toys, cushions, or pillows, including nursing pillows	❑	❑
h. With crib bumper pads (mesh or non-mesh)	❑	❑

64. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check **No** if they did not tell you or **Yes** if they did.

	No	Yes
a. Place my baby on his or her back to sleep	❑	❑
b. Place my baby to sleep in a crib, bassinet, or pack and play	❑	❑
c. Place my baby's crib or bed in my room	❑	❑
d. What things should and should not go in bed with my baby	❑	❑

65. Did your new baby have any well-baby shots or vaccinations before he or she was 3 months old? Do not count shots or vaccinations given in the hospital right after birth.

- ❑ No
- ❑ Yes
- ❑ My child has not had any well-baby shots, but he or she is not 3 months old yet

66. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- ❑ No
- ❑ Yes → **Go to Question 68**

67. 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 want to get pregnant
- ❑ I am pregnant now
- ❑ I had my tubes tied or blocked
- ❑ I don't want to use birth control
- ❑ I am worried about side effects from birth control
- ❑ I am not having sex
- ❑ My husband or partner doesn't want to use anything
- ❑ I have problems paying for birth control
- ❑ Other → Please tell us:

_____

If you or your husband or partner is <u>not doing</u> anything to keep from getting pregnant *now*, go to Question 69.

68. 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 or Essure®)
- ❑ Vasectomy (male sterilization)
- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections (Depo-Provera®)
- ❑ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- ❑ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- ❑ Contraceptive implant in the arm (Nexplanon® or Implanon®)
- ❑ Natural family planning (including rhythm method)
- ❑ Withdrawal (pulling out)
- ❑ Not having sex (abstinence)
- ❑ Other → Please tell us:

_____

69. *Since your new baby was born,* have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- ❑ No
- ❑ Yes → **Go to Question 71**

Go to Question 70

70. Did any of these things keep you from having a postpartum checkup?

Check ALL that apply

- ❑ I didn't have health insurance to cover the cost of the visit
- ❑ I felt fine and did not think I needed to have a visit
- ❑ I couldn't get an appointment when I wanted one
- ❑ I didn't have any transportation to get to the clinic or doctor's office
- ❑ I had too many things going on
- ❑ I couldn't take time off from work
- ❑ Other ——————→ Please tell us:

_____

If you did <u>not</u> have a postpartum checkup, go to Question 72.

71. *During your postpartum checkup*, did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check **No** if they did not do it or **Yes** if they did.

		No	Yes
a.	Tell me to take a vitamin with folic acid	❑	❑
b.	Talk to me about healthy eating, exercise, and losing weight gained during pregnancy	❑	❑
c.	Talk to me about how long to wait before getting pregnant again	❑	❑
d.	Talk to me about birth control methods I can use after giving birth	❑	❑
e.	Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms	❑	❑
f.	Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)	❑	❑
g.	Ask me if I was smoking cigarettes	❑	❑
h.	Ask me if someone was hurting me emotionally or physically	❑	❑
i.	Ask me if I was feeling down or depressed	❑	❑
j.	Test me for diabetes	❑	❑

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

74. *Since your new baby was born*, have you *asked for help* for anxiety from a doctor, nurse, or other health care worker?

- ❑ No
- ❑ Yes

OTHER EXPERIENCES

The next questions are on a variety of topics.

75. Have you ever experienced any of the following health problems? For each condition, check **No** if you have not experienced it or **Yes** if you have.

		No	Yes
a.	Irregular periods (menstruation)	❑	❑
b.	Skin condition that causes pimples (acne)	❑	❑
c.	Increased hair growth on the face, chest or other parts of the body	❑	❑
d.	Being overweight or obese	❑	❑

76. Have you ever been told that you have Polycystic Ovarian Syndrome or PCOS by a doctor, nurse, or other health care worker?

- ❑ No
- ❑ Yes
- ❑ I don't know

77. At any time during *your most recent* pregnancy, did you *ask for help* for anxiety from a doctor, nurse, or other health care worker?

- ❑ No
- ❑ Yes

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 79.

78. Do you have an infant car seat(s) that you can use for your new baby?

- ❑ No
- ❑ Yes

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

79. 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 $16,000
- ❑ $16,001 to $20,000
- ❑ $20,001 to $24,000
- ❑ $24,001 to $28,000
- ❑ $28,001 to $32,000
- ❑ $32,001 to $40,000
- ❑ $40,001 to $48,000
- ❑ $48,001 to $57,000
- ❑ $57,001 to $60,000
- ❑ $60,001 to $73,000
- ❑ $73,001 to $85,000
- ❑ $85,001 or more

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

_____ People

81. What is today's date?

_____ / _____ / 20_____

Month Day Year

A family medical history is a record of health information about a person and his or her close relatives. The following questions are about your family history of ovarian and breast cancer.

C1. Have any of your family members listed below who are related to you by blood had ovarian cancer? For each family member, check **No** if she has not had ovarian cancer, **Yes** if she has, or **DK** if you don't know.

Family member	Had Ovarian Cancer		
	No	Yes	DK
a. My mother	❑	❑	❑
b. My mother's mother	❑	❑	❑
c. My father's mother	❑	❑	❑

C2. Have any of your <u>other</u> family members who are related to you by blood had ovarian cancer? For each family member, check **No** if she has not had ovarian cancer, **Yes** if she has, **DK** if you don't know, or **NA** if the option does not apply to you.

Family member	Had Ovarian Cancer			
	No	Yes	DK	NA
a. Sister(s)	❑	❑	❑	❑
IF YES, how many have had ovarian cancer? _____				
b. Aunt(s)	❑	❑	❑	❑
IF YES, how many have had ovarian cancer? _____				
c. Female cousin(s)	❑	❑	❑	❑
IF YES, how many have had ovarian cancer? _____				

C3. Have any of your family members listed below who are related to you by blood had breast cancer? For each family member, check **No** if they have not had breast cancer, **Yes** if they have, or **DK** if you don't know.

Family member	Had Breast Cancer		
	No	Yes	DK
a. My mother	❑	❑	❑
b. My mother's mother	❑	❑	❑
c. My father's mother	❑	❑	❑
d. My father	❑	❑	❑
e. My mother's father	❑	❑	❑
f. My father's father	❑	❑	❑

C4. Have any of your <u>other</u> family members who are related to you by blood had breast cancer? For each family member, check **No** if they have not had breast cancer, **Yes** if they have, **DK** if you don't know, or **NA** if the option does not apply to you.

Family member	Had Breast Cancer			
	No	Yes	DK	NA
a. Sister(s)	❑	❑	❑	❑
IF YES, how many have had breast cancer? _____				
b. Brother(s)	❑	❑	❑	❑
IF YES, how many have had breast cancer? _____				
c. Aunt(s)	❑	❑	❑	❑
IF YES, how many have had breast cancer? _____				
d. Uncle(s)	❑	❑	❑	❑
IF YES, how many have had breast cancer? _____				
e. Cousin(s)	❑	❑	❑	❑
IF YES, how many have had breast cancer? _____				

C5. Has any woman in your family who is related to you by blood had breast cancer *at age 50 or younger*?

- ❑ No
- ❑ Yes
- ❑ I don't know

C6. Has any woman in your family who is related to you by blood had both breast AND ovarian cancer?

- ❑ No
- ❑ Yes
- ❑ I don't know

C7. Have any of your family members related to you by blood had bilateral breast cancer (breast cancer on both sides)?

- ❑ No
- ❑ Yes
- ❑ I don't know

C8. Do you have Ashkenazi Jewish heritage?

- ❑ No
- ❑ Yes
- ❑ I don't know

The last questions are about talking to a genetic counselor about your cancer risk. A genetic counselor is a trained professional who talks with you about the chances of having a health condition based on your family medical history.

C9. Have you ever talked to a genetic counselor about your risk for cancer based on your family history?

- ❑ No → **Go to end**
- ❑ Yes

Go to Question C10

C10. What was the MAIN reason you talked to a genetic counselor about your risk for cancer?

Check ONE answer

- ❑ My doctor recommended it
- ❑ I requested it
- ❑ A family member suggested it
- ❑ I heard or read about it in the news
- ❑ Other → Please tell us:

_____

C11. Thinking about your MOST RECENT visit to a genetic counselor for cancer risk, what kind of cancer was it for?

Check ALL that apply

- ❑ Breast cancer
- ❑ Ovarian cancer
- ❑ Other → Please tell us:

_____

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 Utah.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in Utah healthy.