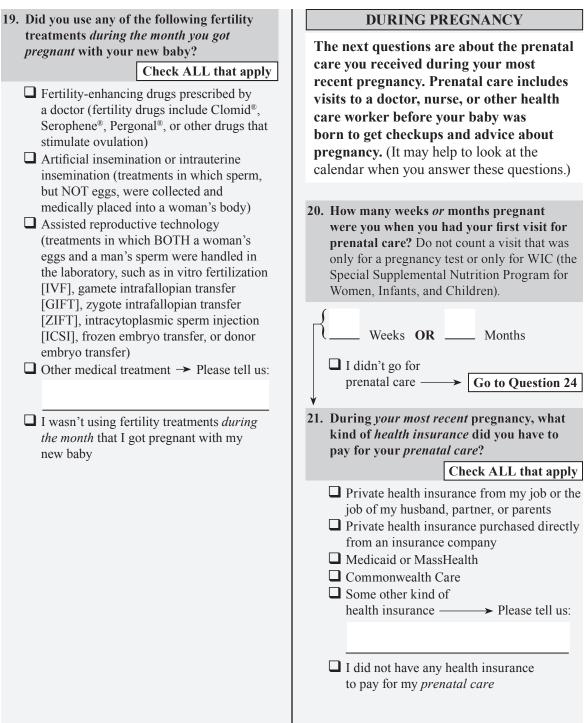
Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.	 6. Was the baby <i>just before</i> your new one born <i>earlier</i> than 3 weeks before his or her due date? No Yes
BEFORE PREGNANCY	
The first questions are about <i>you</i>.1. How tall are <i>you</i> without shoes?	The next questions are about the time <i>before</i> you got pregnant with your <i>new</i> baby.
Feet Inches	
OR Centimeters 2. Just before you got pregnant with your new baby, how much did you weigh?	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.
Pounds OR Kilos 3. What is your date of birth? \square	 No a. I was dieting (changing my eating habits) to lose weight b. I was exercising 3 or more days of the week c. I was regularly taking prescription medicines other than birth control d. I visited a health care worker and was checked for diabetes
 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 	 e. I visited a health care worker and was checked for high blood pressure f. I visited a health care worker and was checked for depression or anxiety g. I talked to a health care worker about my family medical history
 5. Did the baby born <i>just before</i> your new one weigh 5 pounds, 8 ounces (2.5 kilos) or <i>less</i> at birth? No Yes 	h. I had my teeth cleaned by a dentist or dental hygienist

11. *Before* you got pregnant, would you say 8. During the month before you got pregnant with your new baby, what kind of *health* that, in general, your health wasinsurance did vou have? Excellent Check ALL that apply U Very good Private health insurance from my job or the Good job of my husband, partner, or parents **G** Fair Private health insurance purchased directly Poor from an insurance company Medicaid or MassHealth Commonwealth Care 12. Before you got pregnant with your new □ Some other kind of baby, did a doctor, nurse, or other health health insurance -➤ Please tell us: 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. □ I did not have any health insurance during the month before I got pregnant No Yes a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during 9. During the month before you got pregnant pregnancy) with your new baby, how many times b. High blood pressure or hypertension. a week did you take a multivitamin, a c. Depression prenatal vitamin, or a folic acid vitamin? I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the month The next questions are about the time before I got pregnant when you got pregnant with your new □ 1 to 3 times a week baby. \Box 4 to 6 times a week Every day of the week 13. Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant? 10. Before you got pregnant with your new **Check ONE answer** baby, did a doctor, nurse, or other health I wanted to be pregnant later care worker talk to you about how to □ I wanted to be pregnant sooner improve your health before pregnancy? □ I wanted to be pregnant then D No □ I didn't want to be pregnant Go to □ Yes then or at any time in the **Ouestion 15** future I wasn't sure what I wanted Go to Ouestion 14

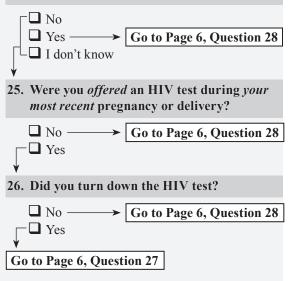
	3
14. How much longer did you want to wait to become pregnant?	17. What were your reasons or your husband's or partner's reasons for not doing anything
Less than 1 year	to keep from getting pregnant?
\Box 1 year to less than 2 years	Check ALL that apply
\Box 2 years to less than 3 years	☐ I didn't mind if I got pregnant
□ 3 years to 5 years	□ I thought I could not get pregnant at that time
☐ More than 5 years	☐ I had side effects from the birth control
15. When you got pregnant with your new	method I was using
baby, were you trying to get pregnant?	\Box I had problems getting birth control when
□ No	I needed it
☐ Yes → Go to Question 18	□ I thought my husband or partner or I was sterile (could not get pregnant at all)
V16. When you got pregnant with your new	☐ My husband or partner didn't want to use
baby, were you or your husband or partner	anything
doing anything to keep from getting	□ I forgot to use a birth control method
pregnant? Some things people do to keep	Other
from getting pregnant include using birth control pills, condoms, withdrawal, or natural	
family planning.	
$\Box \text{ Yes} \longrightarrow \textbf{Go to Page 4, Question 20}$	If you were <u>not trying</u> to get pregnant when
Go to Question 17	you got pregnant with your new baby, go to Page 4, Question 20.
Go to Question 17	Tage 4, Question 20.
	18. Did you take any fertility drugs or receive any medical procedures from a doctor,
	nurse, or other health care worker to help
	you get pregnant with your new baby?
	This may include infertility treatments such
	as fertility-enhancing drugs or assisted reproductive technology.
	$\Box \text{ No} \longrightarrow \textbf{Go to Page 4, Question 20}$
	Yes
	Go to Page 4, Question 19

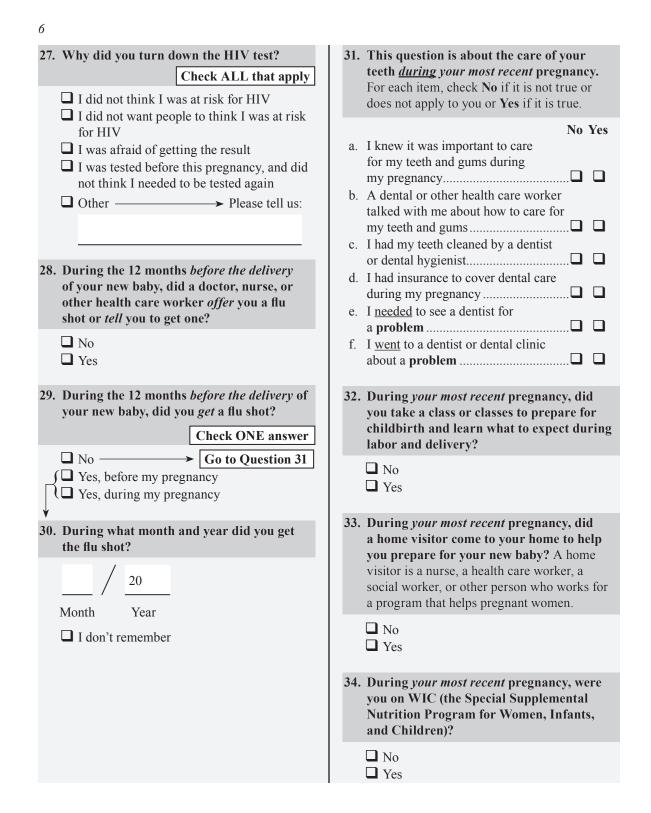


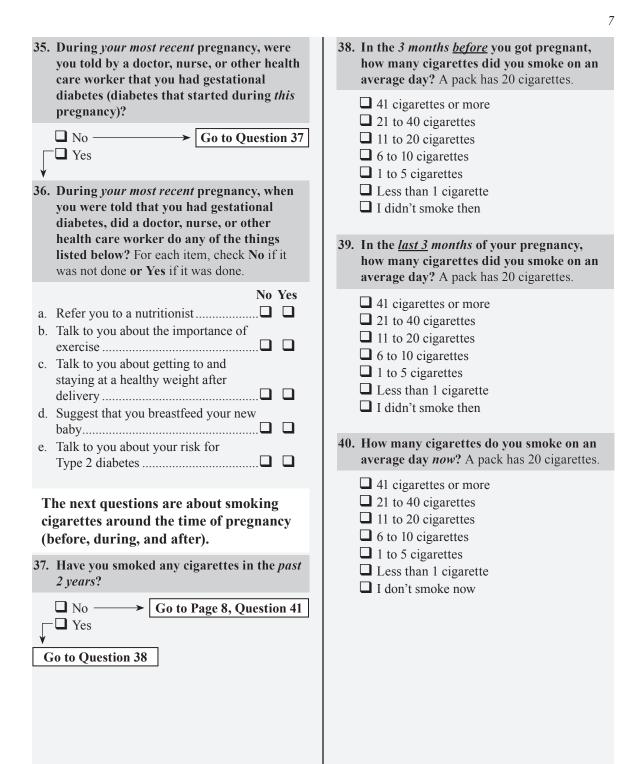
22. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? *Please count only discussions*, not reading materials or videos. For each item, check **No** if no one talked with you about it or **Yes** if someone did.

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

- 23. How did you feel about the prenatal care you got during *your most recent* pregnancy? If you went to more than one place for prenatal care, answer for the place where you got *most* of your care. For each item, check No if you were not satisfied or Yes if you were satisfied.
 Were you satisfied with—
 No Yes
 a. The amount of time you had to wait after you arrived for your visits
 b. The amount of time the doctor, nurse, or midwife spent with you during your visits......
 c. The advice you got on how to take
- care of yourself.....
 d. The understanding and respect that the staff showed toward you as a person......
- 24. At any time during *your most recent* pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?

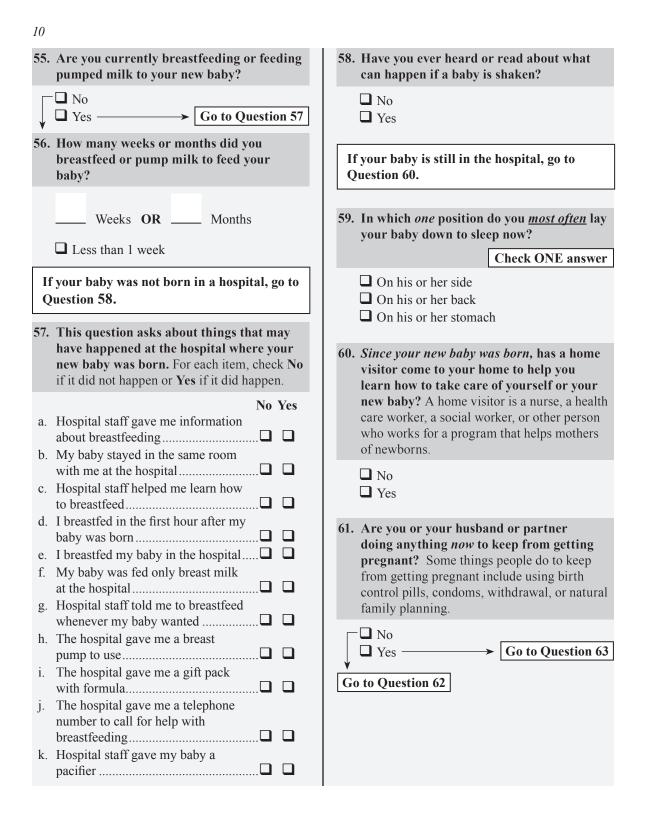




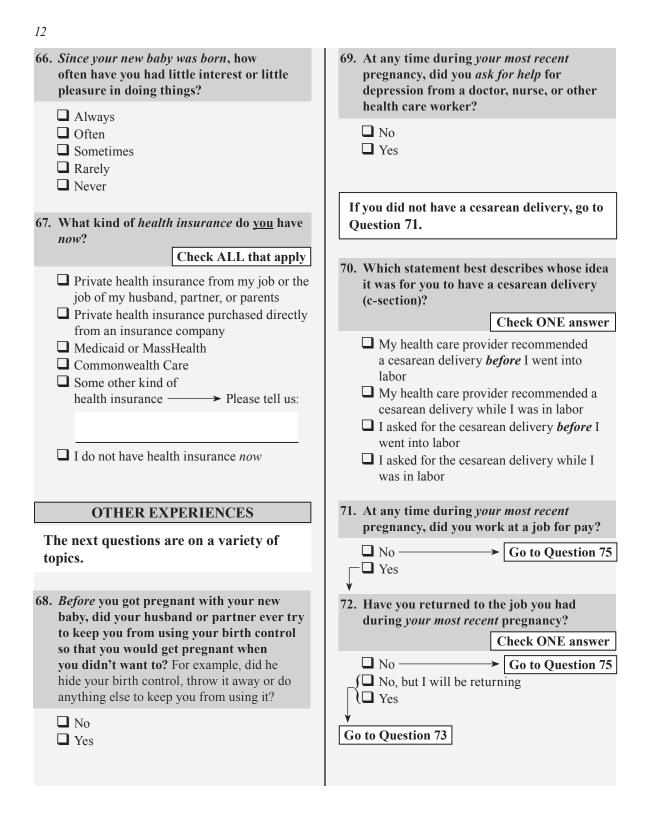


The next questions are about drinking Pregnancy can be a difficult time for alcohol around the time of pregnancy some women. The next questions are (before and during). about things that may have happened before and during your most recent pregnancy. 41. Have you had any alcoholic drinks in the past 2 years? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink. 44. This question is about things that may have happened during the 12 months \square No — Go to Question 44 before your new baby was born. For each **V**es item, check **No** if it did not happen to you or Yes if it did. (It may help to look at the 42. During the 3 months before you got calendar when you answer these questions.) pregnant, how many alcoholic drinks did No Yes you have in an average week? a. A close family member was very □ 14 drinks or more a week sick and had to go into the hospital \dots **7** to 13 drinks a week b. I got separated or divorced from my 4 to 6 drinks a week husband or partner □ 1 to 3 drinks a week c. I moved to a new address..... \Box Less than 1 drink a week d. I was homeless or had to sleep □ I didn't drink then outside, in a car, or in a shelter e. My husband or partner lost his job f. I lost my job even though I wanted 43. During the *last 3 months* of your to go on working..... pregnancy, how many alcoholic drinks did g. My husband, partner, or I had a cut you have in an average week? in work hours or pay..... □ 14 drinks or more a week h. I was apart from my husband or \Box 7 to 13 drinks a week partner due to military deployment 4 to 6 drinks a week or extended work-related travel □ 1 to 3 drinks a week i. I argued with my husband or partner Less than 1 drink a week more than usual..... □ I didn't drink then i. My husband or partner said he 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 Ц n. Someone very close to me died

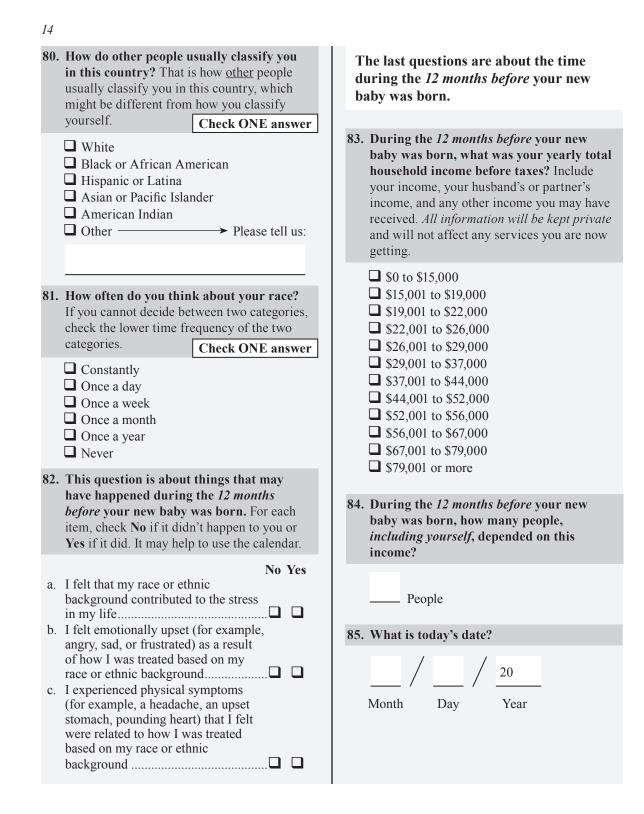




62. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant <i>now</i> ? Check ALL that apply	If you or your husband or partner is not doing anything to keep from getting pregnant <i>now</i> , go to Question 64.
 I am not having sex I want to get pregnant 	63. What kind of birth control are you or your husband or partner using <i>now</i> to keep from getting 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	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: 44. 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 65. Since your new baby was born, how often have you felt down, depressed, or hopeless? Always Often Sometimes Rarely Never



73. Which of the following describes the leave or time you took off from work <i>after</i> your new baby was born? Check ALL that apply	76. Please read each statement below. For each statement, check No or Yes to best describe how you feel about your baby's crying or how you manage his or her crying.
 I took <i>paid</i> leave from my job I took <i>unpaid</i> leave from my job I did not take leave 74. Did any of the things listed below affect your decision about taking leave from work <i>after</i> 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 can almost always get my baby to stop crying b. I would like to learn more about how to comfort my baby when he or she is crying c. In the past week, I have carried my baby in my arms or in a cloth baby carrier for 5 or more hours every day
 No Yes a. I could not financially afford to take leave b. I was afraid I'd lose my job if I took leave or stayed out longer c. I had too much work to do to take leave or stay out longer 	 d. I think that picking up a baby every time he or she cries will spoil the baby e. I sometimes feel overwhelmed by my baby's crying 77. <i>Since your new baby was born</i>, have you been tested for diabetes or high blood
 d. My job does not have paid leave e. My job does not offer a flexible work schedule f. I had not built up enough leave time to take any or more time off 	sugar? No Yes 78. Are you limited in any way in any activities because of physical, mental, or emotional problems?
If your baby is not alive, is not living with you, or is still in the hospital, go to Question 77.	 No Yes
 75. How often does your new baby sleep or nap on the same sleep surface with you and/or anyone else? (This can include a bed, crib, futon, couch, recliner, or any other sleep surface used for sleeping.) Check ONE answer Always 5 or more times per week, but not always 1 to 4 times per week Less than once a week, but on occasion Never 	 79. Which of these groups would you say best represents your race? Check ALL that apply White Black or African American Hispanic or Latina Asian or Pacific Islander American Indian 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 Massachusetts.

Thanks for answering our questions!

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