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
   - Yes
   - Go to Question 6

5. **Was the baby just before your new one born earlier than 3 weeks before his or her due date?**
   - No
   - Yes

---

6. **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.
   - **Type 1 or Type 2 diabetes** (not gestational diabetes or diabetes that starts during pregnancy) .................................................................
   - **High blood pressure or hypertension** .................................................................
   - **Depression** ........................................................................................................

7. **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

8. **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
   - Yes
   - Go to Page 2, Question 11
   - Go to Page 2, Question 9
9. 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

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell me to take a vitamin with folic acid...</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Talk to me about maintaining a healthy weight...</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Talk to me about controlling any medical conditions such as diabetes or high blood pressure...</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Talk to me about my desire to have or not have children...</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Talk to me about using birth control to prevent pregnancy...</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Talk to me about how I could improve my health before a pregnancy...</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis...</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Ask me if I was smoking cigarettes...</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Ask me if someone was hurting me emotionally or physically...</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Ask me if I was feeling down or depressed...</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Ask me about the kind of work I do...</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Test me for HIV (the virus that causes AIDS)...</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

11. 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 mahealthconnector.org or HealthCare.gov
- Medicaid or MassHealth
- ConnectorCare
- TRICARE or other military health care
- Other health insurance

I did not have any health insurance during the month before I got pregnant

12. 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
- 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 mahealthconnector.org or HealthCare.gov
- Medicaid or MassHealth
- ConnectorCare
- TRICARE or other military health care
- Other health insurance

I did not have any health insurance for my prenatal care
13. What kind of health insurance do you have now?

- 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 mahealthconnector.org or HealthCare.gov
- Medicaid or MassHealth
- ConnectorCare
- TRICARE or other military health care
- Other health insurance  Please tell us:
- I do not have health insurance now

14. Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?

- 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

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

- No
- Yes  Go to Question 18

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

- No
- Yes  Go to Page 4, Question 20

17. What were your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant?

- 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:

If you were not trying to get pregnant when you got pregnant with your new baby, go to Page 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.

- No
- Yes  Go to Page 4, Question 20

Go to Page 4, Question 19
19. Did you use any of the following fertility treatments during the month you got pregnant with your new baby?  

Check ALL that apply

- Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid®, Serophene®, Pergonal®, or other drugs that stimulate ovulation)
- Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman’s body)
- Assisted reproductive technology (treatments in which BOTH a woman’s eggs and a man’s sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)
- Other medical treatment —— Please tell us:

- I wasn’t using fertility treatments during the month that I got pregnant with my new baby

21. 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

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

Go to Question 24

23. Why didn’t you have an HIV test during your most recent pregnancy or delivery?

Check ALL that apply

- I was not offered the test
- I did not want to have the test
- I already knew my HIV status
- I did not think I was at risk for HIV
- I did not want people to think I was at risk for HIV
- I was afraid of getting the result
- I was tested before this pregnancy, and did not think I needed to be tested again
- Other reason —— Please tell us:
24. 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

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

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

26. 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

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

- No
- Yes

28. 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

29. 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

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

- No
- Yes

31. 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

32. 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).

33. Have you smoked any cigarettes in the past 2 years?
   - No
   - Yes
   [Go to Question 37]

34. 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

35. 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

36. 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.

37. 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.
   - E-cigarettes or other electronic nicotine products ...............................................................
   - Hookah ................................................................

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 38. Otherwise, go to Question 40.

38. 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
39. 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.

40. 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 42

41. 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.

42. 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.)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>A close family member was very sick and had to go into the hospital.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>I got separated or divorced from my husband or partner.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>I moved to a new address.</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>I was homeless or had to sleep outside, in a car, or in a shelter.</td>
<td></td>
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<tr>
<td>e.</td>
<td>My husband or partner lost their job.</td>
<td></td>
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<tr>
<td>f.</td>
<td>I lost my job even though I wanted to go on working.</td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>My husband, partner, or I had a cut in work hours or pay.</td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>I was apart from my husband or partner due to military deployment or extended work-related travel.</td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>I argued with my husband or partner more than usual.</td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td>My husband or partner said they didn’t want me to be pregnant.</td>
<td></td>
</tr>
<tr>
<td>k.</td>
<td>I had problems paying the rent, mortgage, or other bills.</td>
<td></td>
</tr>
<tr>
<td>l.</td>
<td>My husband, partner, or I went to jail.</td>
<td></td>
</tr>
<tr>
<td>m.</td>
<td>Someone very close to me had a problem with drinking or drugs.</td>
<td></td>
</tr>
<tr>
<td>n.</td>
<td>Someone very close to me died.</td>
<td></td>
</tr>
</tbody>
</table>
43. 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.

- My husband or partner .................................. □ □
- My ex-husband or ex-partner ...................... □ □
- Another family member ................................ □ □
- Someone else .................................................. □ □

44. 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.

- My husband or partner .................................. □ □
- My ex-husband or ex-partner ...................... □ □
- Another family member ................................ □ □
- Someone else .................................................. □ □

46. 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

47. Is your baby alive now?

- No □ □
- Yes □ □

48. Is your baby living with you now?

- No □ □
- Yes □ □

49. 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.

- My doctor ............................................................ □ □
- A nurse, midwife, or doula ............................ □ □
- A breastfeeding or lactation specialist .... □ □
- My baby’s doctor or health care provider .......................................................... □ □
- A breastfeeding support group ..................... □ □
- A breastfeeding hotline or toll-free number .......................................................... □ □
- Family or friends ............................................... □ □
- Other .................................................................... □ □

Please tell us:

_________________________________________________________________________

AFTER PREGNANCY

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

45. When was your new baby born?

□ / □ / 20□

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

☐ No  ➔ Go to Question 55
☐ Yes

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

☐ No  ➔ Go to Question 53
☐ Yes

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

☐ Less than 1 week
☐  Weeks OR  Months

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

☐ My baby was less than 1 week old
☐ My baby has not had any liquids other than breast milk

☐  Weeks OR  Months

If your baby was not born in a hospital, go to Question 55.

54. 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.

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

If your baby is still in the hospital, go to Page 10, Question 60.

55. In which one position do you most often lay your baby down to sleep now?

☐ On his or her side
☐ On his or her back
☐ On his or her stomach

Check ONE answer
56. 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 58

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

- No
- Yes

58. 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)

59. 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

60. 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

61. 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

62. 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

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Question 64.
63. 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

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

- 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 ........................................

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

- Always
- Often
- Sometimes
- Rarely
- Never

67. 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
OTHER EXPERIENCES

The next questions are on a variety of topics.

68. 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 they hide your birth control, throw it away or do anything else to keep you from using it?

☐ No
☐ Yes

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

☐ No
☐ Yes

Go to Question 74

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

☐ No, and I do not plan to return
☐ No, but I will be returning
☐ Yes

Go to Question 74

71. Did you take leave from work after your new baby was born?

☐ I took paid leave from my job
☐ I took unpaid leave from my job
☐ I did not take any leave

Go to Question 73

72. How many weeks or months of leave, in total, did you take or will you take?

☐ Less than 1 week

☐ Weeks OR ☐ Months

73. 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I could not financially afford to take leave</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. I was afraid I’d lose my job if I took leave or stayed out longer</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. I had too much work to do to take leave or stay out longer</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. My job does not have paid leave</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. My job does not offer a flexible work schedule</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. I had not built up enough leave time to take any or more time off</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 76.

74. Since your new baby was born, would you have the kinds of help listed below if you needed them? For each one, check No if you would not have it or Yes if you would.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Someone to loan me $50</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. Someone to help me if I were sick and needed to be in bed</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Someone to talk with about my problems</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. Someone to help me if I were tired and feeling frustrated with my new baby</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. Someone to take me and my baby to the doctor’s office if I had no other way of getting there</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>
75. *Since your new baby was born,* how often does your new baby’s father contribute things such as money, food, clothing, shelter, or health care to provide for your new baby’s basic needs?

- Always
- Often
- Sometimes
- Rarely
- Never

76. *Since your new baby was born,* how often does your husband or partner provide you with encouragement and emotional support?

- Always
- Often
- Sometimes
- Rarely
- Never

77. *Since your new baby was born,* have you had your teeth cleaned by a dentist or dental hygienist?

- No
- Yes

78. Do you have serious difficulty walking or climbing stairs?

- No
- Yes

79. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- No
- Yes

80. In what country were you born?

- United States
- Puerto Rico
- Other Country

Please tell us:

---

81. How old were you when you moved to the United States?

____ Age in years

82. How often do you think about your race?

- Constantly
- Once a day
- Once a week
- Once a month
- Once a year
- Never

83. 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.

   a. I felt that my race or ethnic background contributed to the stress in my life............
   b. I felt emotionally upset (for example, angry, sad, or frustrated) as a result of how I was treated based on my race or ethnic background........................................
   c. I experienced physical symptoms (for example, a headache, an upset stomach, or a pounding heart) that I felt were related to how I was treated based on my race or ethnic background.........................
The last questions are about the time during the 12 months before your new baby was born.

84. 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

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

________ People

86. 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 Massachusetts.

Thanks for answering our questions!

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