Pregnancy Risk Assessment Monitoring System

(PRAMS)

Massachusetts Phase 8 Phone Survey

English Version

April 2016

**INTERVIEWER: Please indicate the number that corresponds to the respondent’s answer.**

**First, I would like to ask a few questions about *you.***

**1.** How tall are ***you*** without shoes? (**PROBE**: About how tall?)

**(Don’t Read)**

1 Feet

2 Inches OR

3 Centimeters

8 Refused

9 Don’t know/don’t remember

[Range: 4-6 feet/0-11 inches] [Range: 120-210 centimeters]

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

(**PROBE**: About how much?)

**(Don’t Read)**

1 Number of pounds OR

2 Number of kilos

8 Refused

9 Don’t know/don’t remember

**3.** What is  ***your*** date of birth?

[Range: 36-400 pounds/kilos]

1 Month

2 Day

3 Year

**(Don’t Read)**

8 Refused

9 Don’t know/don’t remember

[Range: 10-55 years of age]

**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?

|  |  |  |
| --- | --- | --- |
|  | **(Don’t Read)** |  |
| 1 | No | **GO TO Question 6** |
| 2 | Yes |  |
| 8 | Refused | **GO TO Question 6** |

9 Don’t know/don’t remember **GO TO Question 6**

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

**(Don’t Read)**

1 No

2 Yes

8 Refused

9 Don’t know/don’t remember

**6.** I’m going to read a list of health conditions. For each one, please tell me if you had it during

the ***3 months before*** you got pregnant with your new baby. Did you have \_?

(**PROBE**: During the ***3 months before*** you got pregnant with your new baby, did you have

?)

a.

b. c.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Condition** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| Type 1 or Type 2 diabetes. This is  **not** the same as 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? Please tell me which of the following best describes you.

(**PROBE:** About how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?)

1 You didn’t take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* you got pregnant

2 1 to 3 times a week

3 4 to 6 times a week

4 Every day of the week

**(Don’t Read)**

8 Refused

9 Don’t know/don’t remember

**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?

**(Don’t Read)**

1 No **GO TO Question 11**

2 Yes

8 Refused **GO TO Question 11**

9 Don’t know/don’t remember **GO TO Question 11**

**9.** I’m going to read a list of types of health care visits. For each one, please tell me if you had that

kind of visit in the ***12 months before* you got pregnant** with your new baby. Did you have

?

(**PROBE:** What type of health care visit did you have in the ***12 months before*** you got pregnant with your new baby? Did you have ?)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of visit** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| A regular checkup at your family doctor’s office |  |  |  |  |
| A regular checkup at your OB/GYN’s office |  |  |  |  |
| A visit for an illness or chronic condition |  |  |  |  |
| A visit for an injury |  |  |  |  |
| A visit for family planning or birth control |  |  |  |  |
| A visit for depression or anxiety |  |  |  |  |
| A visit to have your teeth cleaned by a dentist or dental hygienist |  |  |  |  |
| Some other type of visit |  |  |  |  |
| IF YES, ASK: What was that? | | | | |

a. b. c. d. e. f.

g.

h. i.

**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?

(**PROBE:** Did a doctor, nurse, or other health care worker \_?)

a. b.

c.

d. e.

f.

g.

h.

i.

j. k. l.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| Tell you to take a vitamin with folic acid |  |  |  |  |
| Talk to you about maintaining a healthy weight |  |  |  |  |
| Talk to you about controlling any medical conditions such as diabetes or high blood pressure |  |  |  |  |
| Talk to you about your desire to have or not have children |  |  |  |  |
| Talk to you about using birth control to prevent pregnancy |  |  |  |  |
| Talk to you about how you could improve your health before a pregnancy |  |  |  |  |
| Talk to you about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis |  |  |  |  |
| Ask you if you were smoking cigarettes |  |  |  |  |
| Ask you if someone was hurting you emotionally or physically |  |  |  |  |
| Ask you if you were feeling down or depressed |  |  |  |  |
| Ask you about the kind of work you do |  |  |  |  |
| Test you 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.**

**11.** I’m going to read a list of different types of health insurance. For each one, please tell me if you had this kind of health insurance during the  *month before* you got pregnant with your new baby. Did you have ?

(**PROBE**: What kind of health insurance did you have during the  *month before* you got pregnant with your new baby?)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Insurance** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| Private health insurance from your job or the job of your husband or partner |  |  |  |  |
| Private health insurance from your 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 |  |  |  |  |
| Did you have some other health insurance during the  *month before* you got pregnant? |  |  |  |  |
| IF YES, ASK: What was that? | | | | |
| **INTERVIEWER:** Go to Question 12 if the mother answered YES to any of the insurance options listed above. | | | | |
| Would you say that you did not have any health insurance during the *month before* you got pregnant?  (**INTERVIEWER:** If the mother answered that she did not have any health insurance, check YES.) |  |  |  |  |

a.

b.

c.

d. e. f.

g.

h.

i.

**12.** What kind of health insurance did you have  ***during your most recent pregnancy*** for your *prenatal care*? I’m going to read the list of options again. For each one, please tell me if you had this kind of health insurance for your *prenatal care*. First, let me ask: (READ item a)

(**PROBE:** What kind of health insurance did you have  *during your most recent pregnancy* for your *prenatal care*?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Insurance** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| Did you have prenatal care?  (**INTERVIEWER:** If the mother did not have prenatal care (or says refused/don’t know), mark NO, and go to Question 13.) |  |  |  |  |
| Private health insurance from your job or the job of your husband or partner |  |  |  |  |
| Private health insurance from your 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 |  |  |  |  |
| Did you have some other health insurance for your  *prenatal care*? |  |  |  |  |
| IF YES, ASK: What was that? | | | | |
| **INTERVIEWER:** Go to Question 13 if the mother answered YES to any of the insurance options listed above. | | | | |
| Would you say that you did not have any health insurance for your *prenatal care*?  (**INTERVIEWER:** If the mother answered that she did not have any health insurance, check YES.) |  |  |  |  |

a.

b.

c.

d.

e. f.

g.

h.

i.

j.

**13.** What kind of health insurance do you have  ***now***? I’m going to read the list of types of health insurance one last time. For each one, please tell me if you have this kind of health insurance ***now***. Do you have ?

(**PROBE:** What kind of health insurance do you have  *now*?)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Insurance** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| Private health insurance from your job or the job of your husband or partner |  |  |  |  |
| Private health insurance from your 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 |  |  |  |  |
| Do you have some other health insurance *now*? |  |  |  |  |
| IF YES, ASK: What is that? | | | | |
| **INTERVIEWER:** Go to Question 14 if the mother answered YES to any of the insurance options listed above. | | | | |
| Would you say that you do not have any health insurance  *now*?  **INTERVIEWER:** If the mother answered that she does not have any health insurance, check YES. |  |  |  |  |

a.

b.

c.

d. e. f. g.

h.

i.

**14.** Thinking back to ***just before*** you got pregnant with your new baby, how did you feel about becoming pregnant? I’m going to read a list of options. Please choose the one that best describes how you felt.

(**PROBE**: ***Just before*** you got pregnant with your new baby, how did you feel about becoming pregnant?)

1 You wanted to be pregnant later

2 You wanted to be pregnant sooner

3 You wanted to be pregnant then

4 You didn’t want to be pregnant then or at any time in the future

5 You weren’t sure what you wanted

**(Don’t Read)**

8 Refused

9 Don’t know/don’t remember

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

**(Don’t Read)**

1 No

2 Yes **GO TO QUESTION 18**

8 Refused **GO TO QUESTION 20**

9 Don’t know/don’t remember **GO TO QUESTION 20**

**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.

|  |  |  |
| --- | --- | --- |
|  | **(Don’t Read)** |  |
| 1 | No |
| 2 | Yes | **GO TO QUESTION 20** |
| 8 | Refused | **GO TO QUESTION 20** |
| 9 | Don’t know/don’t remember | **GO TO QUESTION 20** |

**17.** I’m going to read a list of reasons some people may have for not doing anything to keep from getting pregnant. For each one, tell me if it was a reason for you or your husband or partner when you got pregnant with your new baby.

(**PROBE**: Was one of the reasons that you were not doing anything to keep from getting pregnant because ?)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| You didn’t mind if you got pregnant |  |  |  |  |
| You thought you could not get pregnant at that time |  |  |  |  |
| You had side effects from the birth control method you were using |  |  |  |  |
| You had problems getting birth control when you needed it |  |  |  |  |
| You thought your husband or partner or you was sterile or could not get pregnant at all |  |  |  |  |
| Your husband or partner didn’t want to use anything |  |  |  |  |
| You forgot to use a birth control method |  |  |  |  |
| Was there some other reason why you or your husband or partner was not doing anything to keep from getting pregnant? |  |  |  |  |
| IF YES, ASK: What is that? | | | | |

a. b.

c.

d.

e.

f. g.

h.

i.

**INTERVIEWER: If the mom was not trying to get pregnant when she got pregnant with her new baby, go to 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.

|  |  |  |
| --- | --- | --- |
|  | **(Don’t Read)** |  |
| 1 | No | **GO TO QUESTION 20** |
| 2 | Yes |  |
| 8 | Refused | **GO TO QUESTION 20** |
| 9 | Don’t know/don’t remember | **GO TO QUESTION 20** |

**19.** I’m going to read a list of fertility treatments that some people use to help them get pregnant. For each one, please tell me if you or your husband or partner used that treatment ***during the month*** you got pregnant with your new baby. Did you use\_ ?

(**PROBE: *During the month*** you got pregnant with your new baby, did you use \_?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Treatment** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| Fertility-enhancing drugs prescribed by a doctor. Fertility drugs include Clomid®, Serophene®, Pergonal®, or other drugs that stimulate ovulation. |  |  |  |  |
| Artificial insemination or intrauterine insemination. These are treatments in which sperm, but NOT eggs, were collected and medically placed into a woman’s body. |  |  |  |  |
| Assisted reproductive technology. These are treatments in which BOTH a woman’s eggs and a man’s sperm were handled in the laboratory, such as in vitro fertilization, or IVF; gamete intrafallopian transfer, or GIFT; zygote intrafallopian transfer, or ZIFT; intracytoplasmic sperm injection, or ICSI; frozen embryo transfer; or donor embryo transfer. |  |  |  |  |
| Did you or your husband or partner use any other fertility treatments *during the month* you got pregnant with your new baby? |  |  |  |  |
| IF YES, ASK: What was that? | | | | |
| **INTERVIEWER:** Go to Question 20 if the mother answered YES to any of the treatment options listed above. | | | | |
| Would you say that you weren’t using fertility treatments  *during the month that you got pregnant* with your new baby?  (**Interviewer:** If mother answered that she wasn’t using fertility treatments, check YES.) |  |  |  |  |

a.

b.

c.

d.

e.

f.

**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.

**20.** How many weeks ***or*** months pregnant were you when you had your first visit for prenatal care? (**PROBE:** How many weeks or months pregnant were you?)

**(Don’t Read)**

1 Number of weeks OR

2 Number of months

[Range: 1-40 weeks]

[Range: 1-9 months]

3 You didn't go for prenatal care **GO TO Question 22**

88 Refused **GO TO Question 22**

99 Don’t know/don’t remember **GO TO Question 22**

**21. *During any of your prenatal care visits***, did a doctor, nurse, or other health care worker ask you any of the following things?

(**PROBE:** During your prenatal care visits, did a doctor, nurse, or other health care worker ask you ?)

a.

b. c. d.

e.

f.

g.

h.

i.

j.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| If you knew how much weight you should gain during pregnancy |  |  |  |  |
| If you were taking any prescription medication |  |  |  |  |
| If you were smoking cigarettes |  |  |  |  |
| If you were drinking alcohol |  |  |  |  |
| If someone was hurting you emotionally or physically |  |  |  |  |
| If you were feeling down or depressed |  |  |  |  |
| If you were using drugs, such as marijuana, cocaine, crack or meth |  |  |  |  |
| If you wanted to be tested for HIV, the virus that causes  AIDS |  |  |  |  |
| If you planned to breastfeed your new baby |  |  |  |  |
| If you planned to use birth control after your 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?

|  |  |  |
| --- | --- | --- |
|  | **(Don’t Read)** |  |
| 1 | No |
| 2 | Yes | **GO TO Question 24** |
| 8 | Refused | **GO TO Question 24** |
| 9 | Don’t know/don’t remember | **GO TO Question 24** |

**23.** Why you didn’t have an HIV test ***during your most recent pregnancy or delivery***? Was it because\_ ?

(**PROBE:** Why didn’t you have an HIV test during your most recent pregnancy or delivery?)

a. b. c.

d.

e.

f.

g.

h.

i.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| You were not offered the test? |  |  |  |  |
| You did not want to have the test? |  |  |  |  |
| You already knew your HIV status? |  |  |  |  |
| You did not think you were at risk for HIV? |  |  |  |  |
| You did not want people to think you were at risk for  HIV? |  |  |  |  |
| You were afraid of getting the result? |  |  |  |  |
| You were tested *before* this pregnancy, and did not think you needed to be tested again? |  |  |  |  |
| Was there some other reason why you did not have an  HIV test during your most recent pregnancy or delivery? |  |  |  |  |
| IF YES, ASK: What was that? | | | | |

**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?

**(Don’t Read)**

1 No

2 Yes

8 Refused

9 Don’t know/don’t remember

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

going to read you three options. Please tell me which one applies to you.

1 No

2 Yes, before your pregnancy

3 Yes, during your pregnancy

**(Don’t Read)**

8 Refused

9 Don’t know/don’t remember

**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, or whooping cough.

**(Don’t Read)**

1 No

2 Yes

8 Refused

9 Don’t know/don’t remember

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

**(Don’t Read)**

1 No

2 Yes

8 Refused

9 Don’t know/don’t remember

**28.** I’m going to read a list of other things about caring for your teeth. For each one, please tell

me if it applied to you  ***during your most recent*** pregnancy.

(**PROBE: *During your most recent pregnancy*,** did \_?)

a.

b.

c.

d.

e.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| You know it was important to care for your teeth and gums during your pregnancy |  |  |  |  |
| A dental or other health care worker talk with you about how to care for your teeth and gums |  |  |  |  |
| You have insurance to cover dental care during your pregnancy |  |  |  |  |
| You need to see a dentist for a **problem** |  |  |  |  |
| You go to a dentist or dental clinic about a **problem** |  |  |  |  |

**29.** I’m going to read a list of things that may have made it hard for you to go to a dentist or dental clinic during ***your most recent*** pregnancy? For each item, please tell me if it made it hard for you to go to a dentist or dental clinic during your pregnancy.

(**PROBE:** Was it difficult to go to a dentist or dental clinic during ***your most recent***

pregnancy because\_ ?)

a.

b.

c.

d.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Thing** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| You could not find a dentist or dental clinic that would take pregnant patients |  |  |  |  |
| You could not find a dentist or dental clinic that would take MassHealth patients |  |  |  |  |
| You did not think it was safe to go to the dentist during pregnancy |  |  |  |  |
| You could not afford to go to the dentist or dental clinic |  |  |  |  |

**30.** During ***your most recent*** pregnancy, were you on WIC (the Special Supplemental

Nutrition Program for Women, Infants, and Children)?

**(Don’t Read)**

1 No

2 Yes

8 Refused

9 Don’t know/don’t remember

**31.** I’m going to read a list of health conditions. For each one, please tell me if you had it

during *your most recent* pregnancy. Did you have ?

(**PROBE**: During *your most recent* pregnancy, did you have ?)

a.

b. c.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Condition** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| Gestational diabetes or diabetes that  **started** during  *this* pregnancy |  |  |  |  |
| High blood pressure that  **started** during *this*  pregnancy, pre-eclampsia, or eclampsia |  |  |  |  |
| Depression |  |  |  |  |

**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 or 17 alpha-hydroxyprogesterone to try to keep your new baby from being born too early?

**(Don’t Read)**

1 No

2 Yes

8 Refused

9 Don’t know/don’t remember

**The next questions are about smoking cigarettes before, during, and after pregnancy.**

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

|  |  |  |
| --- | --- | --- |
|  | **(Don’t Read)** |  |
| 1 | No | **GO TO Question 37** |
| 2 | Yes |  |
| 8 | Refused | **GO TO Question 37** |
| 9 | Don’t know/don’t remember | **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. Did you smoke \_?

(**PROBE**: In the ***3 months before*** you got pregnant, about how many cigarettes did you smoke on an average day?)

1 41 cigarettes or more a day

2 21 to 40 cigarettes

3 11 to 20 cigarettes

4 6 to 10 cigarettes

5 1 to 5 cigarettes

6 Less than 1 cigarette

7 You didn’t smoke then

**(Don’t Read)**

8 Refused

9 Don’t know/don’t remember

**35.** In the ***last 3 months*** of your pregnancy, how many cigarettes did you smoke on an average day? Did you smoke ?

(**PROBE**: In the ***last 3 months*** of your pregnancy, about how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.)

1 41 cigarettes or more a day

2 21 to 40 cigarettes

3 11 to 20 cigarettes

4 6 to 10 cigarettes

5 1 to 5 cigarettes

6 Less than 1 cigarette

7 You didn’t smoke then

**(Don’t Read)**

8 Refused

9 Don’t know/don’t remember

**36.** How many cigarettes do you smoke on an average day ***now***? Do you smoke ? (**PROBE**: About how many cigarettes do you smoke on an average day? A pack has 20

cigarettes.)

1 41 cigarettes or more a day

2 21 to 40 cigarettes

3 11 to 20 cigarettes

4 6 to 10 cigarettes

5 1 to 5 cigarettes

6 Less than 1 cigarette

7 You don’t smoke now

**(Don’t Read)**

8 Refused

9 Don’t know/don’t remember

**The next questions are about using other tobacco products around the time of pregnancy.**

**37.** I am going to read a list of products. For each one, please tell me if you used it at any time in the ***past 2 years***? Have you used \_?

(**PROBE:** In the ***past 2 years***, have you used \_?)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| E-cigarettes or other electronic nicotine products  (PROBE: E-cigarettes or electronic cigarettes and other electronic nicotine products such as vape pens, e- hookahs, hookah pens, e-cigars, and e-pipes are battery-powered devices that use nicotine liquid  rather than tobacco leaves, and produce vapor instead of smoke.) |  |  |  |  |
| Hookah  (PROBE: A hookah is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.) |  |  |  |  |

a.

b.

**INTERVIEWER: If the respondent did not use e-cigarettes or other electronic nicotine products in the *past 2 years*, 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? Did you use them \_?

1 More than once a day

2 Once a day

3 2-6 days a week

4 1 day a week or less

5 You did not use e-cigarettes or other electronic nicotine products then

**(Don’t Read)**

8 Refused

9 Don’t know/don’t remember

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

1 More than once a day

2 Once a day

3 2-6 days a week

4 1 day a week or less

5 You did not use e-cigarettes or other electronic nicotine products then

**(Don’t Read)**

8 Refused

9 Don’t know/don’t remember

**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.

|  |  |  |
| --- | --- | --- |
|  | **(Don’t Read)** |  |
| 1 | No | **GO TO Question 42** |
| 2 | Yes |  |
| 8 | Refused | **GO TO Question 42** |
| 9 | Don’t know/don’t remember | **GO TO Question 42** |

**41.** During the ***3 months before*** you got pregnant, how many alcoholic drinks did you have in an average week? Did you have \_?

(**PROBE:** During the ***3 months before*** you got pregnant, about how many alcoholic drinks did you have in an average week?)

1 14 drinks or more a week

2 8 to 13 drinks a week

3 4 to 7 drinks a week

4 1 to 3 drinks a week

5 Less than 1 drink a week

6 You didn’t drink then

**(Don’t Read)**

8 Refused

9 Don’t know/don’t remember

**Pregnancy can be a difficult time. The next questions are about things that may have happened before and during your most recent pregnancy.**

**42.** I’m going to read a list of things that may have happened during the ***12 months before*** your new baby was born. For each one, please tell me if it happened to you. It may help to look at the calendar.

(**PROBE**: During the ***12 months before*** your new baby was born, \_?)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| Did a close family member get very sick and have to go into the hospital? |  |  |  |  |
| Did you get separated or divorced from your husband or partner? |  |  |  |  |
| Did you move to a new address? |  |  |  |  |
| Were you homeless or did you have to sleep outside, in a car, or in a shelter? |  |  |  |  |
| Did your husband or partner lose their job? |  |  |  |  |
| Did you lose your job even though you wanted to go on working? |  |  |  |  |
| Did you or your husband or partner have a cut in work hours or pay? |  |  |  |  |
| Were you apart from your husband or partner due to military deployment or extended work-related travel? |  |  |  |  |
| Did you argue with your husband or partner more than usual? |  |  |  |  |
| Did your husband or partner say they didn’t want you to  be pregnant? |  |  |  |  |
| Did you have problems paying the rent, mortgage, or other bills? |  |  |  |  |
| Did your husband, partner or you go to jail? |  |  |  |  |
| Did someone very close to you have a problem with drinking or drugs? |  |  |  |  |
| Did someone very close to you die? |  |  |  |  |

a.

b.

c.

d.

e.

f.

g.

h.

i.

j.

k.

l.

m.

n.

**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?

a. b. c.

d.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| Your husband or partner |  |  |  |  |
| Your 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?

a. b. c. d.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| Your husband or partner |  |  |  |  |
| Your ex-husband or ex-partner |  |  |  |  |
| Another family member |  |  |  |  |
| Someone else |  |  |  |  |

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

**45.** On what date was your new baby born? (**PROBE:** When was your new baby born?)

|  |  |  |
| --- | --- | --- |
| 1 | Month | [Range: Month 1-12; Day 1-31; Year = Surveillance year] |
| 2 | Day |  |
| 3 | Year |  |
|  | **(Don’t Read)** |  |
| 88 | Refused |  |
| 99 | Don’t know/don’t remember |  |

**46.** After your baby was delivered, how long did he or she stay in the hospital? (**PROBE**: Did he or she stay in the hospital for \_?)

|  |  |  |
| --- | --- | --- |
| 1 | Less than 24 hours, or less than 1 day |  |
| 2 | 24 to 48 hours, or 1 to 2 days |
| 3 | 3 to 5 days |
| 4 | 6 to 14 days |
| 5  6 | More than 14 days  **(Don’t Read)**  Your baby was not born in a hospital | **GO TO Question 47** |
| 7 | Your baby is still in the hospital | **GO TO Question 49** |
| 8 | Refused | **GO TO Question 47** |
| 9 | Don’t know/don’t remember | **GO TO Question 47** |
| **47.** | Is your baby alive now? |  |
|  | **(Don’t Read)** |  |
| 1 | No - *We are very sorry for your loss.* | **GO TO Question 61** |
| 2 | Yes |  |
| 8 | Refused | **GO TO Question 61** |
| 9 | Don’t know/don’t remember | **GO TO Question 61** |

|  |  |  |
| --- | --- | --- |
| **48.** | Is your baby living with you now?  **(Don’t Read)** |  |
| 1 | No | **GO TO Question 60** |
| 2 | Yes |  |
| 8 | Refused | **GO TO Question 60** |
| 9 | Don’t know/don’t remember | **GO TO Question 60** |

**49.** I’m going to read a list of sources of information on breastfeeding. For each one, please tell me if you received information from that source ***before or after your new baby was born.*** Did you receive information about breastfeeding your baby from ?

(**PROBE: *Before or after*** your new baby was born, did you receive information about breastfeeding from ?)

a. b. c. d. e. f. g.

h.

i.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sources** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| Your doctor |  |  |  |  |
| A nurse, midwife, or doula |  |  |  |  |
| A breastfeeding or lactation specialist |  |  |  |  |
| Your baby's doctor or health care provider |  |  |  |  |
| A breastfeeding support group |  |  |  |  |
| A breastfeeding hotline or toll-free number |  |  |  |  |
| Family or friends |  |  |  |  |
| Some other source |  |  |  |  |
| IF YES, ASK: What was that? | | | | |

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

|  |  |  |
| --- | --- | --- |
|  | **(Don’t Read)** |  |
| 1 | No | **GO TO Question 55** |
| 2 | Yes |  |
| 8 | Refused | **GO TO Question 55** |
| 9 | Don’t know/don’t remember | **GO TO Question 55** |

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

|  |  |  |
| --- | --- | --- |
|  | **(Don’t Read)** |  |
| 1 | No |
| 2 | Yes | **GO TO Question 53** |
| 8 | Refused | **GO TO Question 53** |
| 9 | Don’t know/don’t remember | **GO TO Question 53** |

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

(**PROBE**: About how many weeks or months?)

**(Don’t Read)**

1 Less than 1 week

2 Number of weeks OR

3 Number of months

88 Refused

99 Don’t know/don’t remember

[Range: 1-40 weeks] [Range: 1-9 months]

**53.** 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?

(**PROBE**: About how many weeks or months old?)

**(Don’t Read)**

1 Number of weeks OR

2 Number of months

3 Your baby was less than 1 week old

4 Your baby has not had any liquids other than breast milk

88 Refused

99 Don’t know/don’t remember

[Range: 1-40] [Range: 1-9]

**INTERVIEWER: If the baby was not born in a hospital, go to Question 55.**

**54.** I’m going to read a list of things that may have happened at the hospital where your new

baby was born. For each one, please tell me whether or not it happened.

(**PROBE:** Did this happen at the hospital where your new baby was born?)

a.

b. c.

d.

e.

f.

g.

h. i.

j.

k.

l.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Events at Hospital** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| Did hospital staff give you information about breastfeeding? |  |  |  |  |
| Did your baby stay in the same room with you at the hospital? |  |  |  |  |
| Did you breastfeed your baby in the hospital? |  |  |  |  |
| Did hospital staff help you learn how to breastfeed? |  |  |  |  |
| Did you breastfeed in the first hour after your baby was born? |  |  |  |  |
| Was your baby placed in skin-to-skin contact within the first hour of life? |  |  |  |  |
| Was your baby fed only breast milk at the hospital? |  |  |  |  |
| Did hospital staff tell you to breastfeed whenever your baby wanted? |  |  |  |  |
| Did the hospital give you a breast pump to use? |  |  |  |  |
| Did the hospital give you a gift pack with formula? |  |  |  |  |
| Did the hospital give you a telephone number to call for help with breastfeeding? |  |  |  |  |
| Did hospital staff give your baby a pacifier? |  |  |  |  |

**INTERVIEWER: If the baby is still in the hospital, go to Question 60.**

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

(**PROBE**: Which way do you lay him or her down ***most*** of the time?)

1 On his or her side

2 On his or her back

3 On his or her stomach

**(Don’t Read)**

4 On side and back

5 On side and stomach

6 On back and stomach

7 On side, back, and stomach

8 Refused

9 Don’t know/don’t remember

**56.** In the ***past 2 weeks***, how often has your new baby slept alone in his or her own crib or bed? Would you say it has been always, often, sometimes, rarely, or never?

(**PROBE:** How often does your new baby sleep alone in his or her own crib or bed?)

**(Don’t Read)**

1 Always

2 Often

3 Sometimes

4 Rarely

5 Never **GO TO Question 58**

8 Refused **GO TO Question 58**

9 Don’t know/don’t remember **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?

**(Don’t Read)**

1 No

2 Yes

8 Refused

9 Don’t know/don’t remember

**58.** I'm going to read a list of ways some babies sleep. For each item, please tell me if it is how your new baby *usually* slept during the  ***past 2 weeks*. Did your new baby *usually* sleep**

**?**

(**PROBE:** In the ***past 2 weeks***, would you say that your new baby slept \_?)

a. b. c. d. e. f. g.

h.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| In a crib, bassinet, or pack and play |  |  |  |  |
| On a twin or larger mattress or bed |  |  |  |  |
| On a couch, sofa, or armchair |  |  |  |  |
| In an infant car seat or swing |  |  |  |  |
| In a sleeping sack or wearable blanket |  |  |  |  |
| With a blanket |  |  |  |  |
| With toys, cushions, or pillows, including nursing pillows |  |  |  |  |
| 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? I am going to read a short list.

(**PROBE:** Did a doctor, nurse, or other health care worker tell you ?)

a.

b.

c.

d.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| To place your baby on his or her back to sleep |  |  |  |  |
| To place your baby to sleep in a crib, bassinet, or pack and play |  |  |  |  |
| To place your baby's crib or bed in your room |  |  |  |  |
| What things should and should not go in bed with your 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.

**(Don’t Read)**

1 No

2 Yes

8 Refused

9 Don’t know/don’t remember

**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.

|  |  |  |
| --- | --- | --- |
|  | **(Don’t Read)** |  |
| 1 | No |
| 2 | Yes | **GO TO Question 63** |
| 8 | Refused | **GO TO Question 64** |
| 9 | Don’t know/don’t remember | **GO TO Question 64** |

**62.** I’m going to read a list of reasons some women or their husbands or partners have for not doing anything to keep from getting pregnant. For each one, please tell me if it is one of the reasons for you or your husband or partner ***now***. Is it because\_ ?

(**PROBE**: Is one of the reasons you aren’t doing anything to keep from getting pregnant

***now*** because \_?)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| You want to get pregnant |  |  |  |  |
| You are pregnant now |  |  |  |  |
| You had your tubes tied or blocked |  |  |  |  |
| You don't want to use birth control |  |  |  |  |
| You are worried about the side effects from birth control |  |  |  |  |
| You are not having sex |  |  |  |  |
| Your husband or partner doesn't want to use anything |  |  |  |  |
| You have problems paying for birth control |  |  |  |  |
| Is there any other reason you’re not doing anything to  keep from getting pregnant *now?* |  |  |  |  |
| IF YES, ASK: What is the reason? | | | | |

a. b. c. d. e. f. g. h.

i.

j.

**INTERVIEWER: If the respondent or her husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 64.**

**63.** I’m going to read a list of birth control methods. For each one, please tell me if you or

your husband or partner is using this method *now*.

(**PROBE:** What are you or your husband or partner using ***now*** to keep from getting pregnant?)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Method** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| Tubes tied or blocked, female sterilization, or Essure® |  |  |  |  |
| Vasectomy or male sterilization |  |  |  |  |
| Birth control pills |  |  |  |  |
| Condoms |  |  |  |  |
| Shots, injections or Depo-Provera® |  |  |  |  |
| Contraceptive patch or OrthoEvra® or vaginal ring or  NuvaRing® |  |  |  |  |
| IUD, including Mirena® or ParaGard®, Liletta®, or  Skyla® |  |  |  |  |
| Contraceptive implant in the arm, including  Nexplanon® or Implanon® |  |  |  |  |
| Natural family planning including rhythm method |  |  |  |  |
| Withdrawal or pulling out |  |  |  |  |
| Not having sex or abstinence |  |  |  |  |
| Are you or your husband or partner using anything else to keep from getting pregnant ***now***? |  |  |  |  |
| IF YES, ASK: What are you using? | | | | |

a. b. c. d. e.

f.

g.

h.

i. j. k.

l.

m.

**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.

|  |  |  |
| --- | --- | --- |
|  | **(Don’t Read)** |  |
| 1 | No | **GO TO Question 66** |
| 2 | Yes |  |
| 8 | Refused | **GO TO Question 66** |
| 9 | Don’t know/don’t remember | **GO TO Question 66** |

**65. *During your postpartum checkup***, did your doctor, nurse, or other health care worker  **do**

any of the following things? I am going to read a list of things. Did they \_?

(**PROBE:** Did a doctor, nurse, or other health care worker ?)

a.

b.

c.

d.

e.

f.

g.

h.

i. j.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| Tell you to take a vitamin with folic acid |  |  |  |  |
| Talk to you about healthy eating, exercise, and losing weight gained during pregnancy |  |  |  |  |
| Talk to you about how long to wait before getting pregnant again |  |  |  |  |
| Talk to you about birth control methods you can use after giving birth |  |  |  |  |
| Give or prescribe you a contraceptive method such as the pill, patch, shot or Depo-Provera®, NuvaRing®, or condoms |  |  |  |  |
| Insert an IUD such as Mirena®, ParaGard®, Liletta®, or Skyla® or a contraceptive implant such as Nexplanon® or Implanon® |  |  |  |  |
| Ask you if you were smoking cigarettes |  |  |  |  |
| Ask you if someone was hurting you emotionally or physically |  |  |  |  |
| Ask you if you were feeling down or depressed |  |  |  |  |
| Test you for diabetes |  |  |  |  |

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

Would you say that it’s been always, often, sometimes, rarely, or never?

**(Don’t Read)**

1 Always

2 Often

3 Sometimes

4 Rarely

5 Never

8 Refused

9 Don’t know/don’t remember

**67. *Since your new baby was born***, how often have you had little interest or little pleasure in doing things you usually enjoyed? Would you say that it’s been always, often, sometimes, rarely, or never?

**(Don’t Read)**

1 Always

2 Often

3 Sometimes

4 Rarely

5 Never

8 Refused

9 Don’t know/don’t remember

**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?

**(Don’t Read)**

1 No

2 Yes

8 Refused

9 Don’t know/don’t remember

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

|  |  |  |
| --- | --- | --- |
|  | **(Don’t Read)** |  |
| 1 | No | **GO TO Question 74** |
| 2 | Yes |  |
| 8 | Refused | **GO TO Question 74** |
| 9 | Don’t know/don’t remember | **GO TO Question 74** |

**70.** Have you returned to the job you had during ***your most recent*** pregnancy? I’m going to read you

three options.

|  |  |  |
| --- | --- | --- |
| 1 | No, and you do not plan to return | **GO TO Question 74** |
| 2 | No, but you will be returning |
| 3 | Yes |
|  | **(Don’t Read)** |
| 8 | Refused | **GO TO Question 74** |
| 9 | Don’t know/don’t remember | **GO TO Question 74** |

**71.** I’m going to read a list of options about the leave you took from work ***after*** your new baby was born. For each one, please tell me whether or not it applies to you.

(**PROBE:** What kind of leave or time off did you take after your ***new*** baby was born?)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Leave type** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| You took *paid* leave from your job |  |  |  |  |
| You took *unpaid* leave from your job |  |  |  |  |
| **INTERVIEWER:** Go to Question 72 if the mother answered YES to any of the leave options listed above. | | | | |
| Would you say that you did not take any leave from work after the birth of your new baby?  (**INTERVIEWER:** If the mother answered that she did not take any leave, check YES and **go to Question 73**.) |  |  |  |  |

a.

b.

c.

**72.** How many weeks *or* months of leave, in total, did you take or will you take? (**PROBE**: About how many weeks or months, in total?)

**(Don’t Read)**

1 Number of weeks OR

2 Number of months

3 Less than 1 week

88 Refused

99 Don’t know/don’t remember

**73.** I’m going to read a list of things that may have affected your decision about taking leave from work ***after*** your new baby was born. For each one, please tell me if it applies to you. Would you say \_?

(**PROBE:** Was your decision about taking leave from work after your new baby was born influenced by any of the following things?)

a.

b.

c.

d. e.

f.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason for returning to work** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| You could not financially afford to take leave |  |  |  |  |
| You were afraid you'd lose your job if you took leave or stayed out longer |  |  |  |  |
| You had too much work to do to take leave or stay out longer |  |  |  |  |
| Your job does not have paid leave |  |  |  |  |
| Your job does not offer a flexible work schedule |  |  |  |  |
| You had not built up enough leave time to take any or more time off |  |  |  |  |

**INTERVIEWER: If the baby is not alive, is not living with the mom, or is still in the hospital, go to Question 76.**

**74.** I’m going to read a list of kinds of help people might need. For each one, please tell me if you would have that kind of help if you needed it ***since your new baby was born***. Would you have \_?

(**PROBE: *Since your new baby was born***, would you have if you needed it?)

a.

b.

c.

d.

e.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Kind of help** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| Someone to loan you $50 |  |  |  |  |
| Someone to help you if you were sick and needed to be in bed |  |  |  |  |
| Someone to talk with about your problems |  |  |  |  |
| Someone to help you if you were tired and feeling frustrated with your new baby |  |  |  |  |
| Someone to take you and your baby to the doctor’s  office if you had no other way of getting there |  |  |  |  |

**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? Would you say it is always, often, sometimes, rarely, or never?

**(Don’t Read)**

1 Always

2 Often

3 Sometimes

4 Rarely

5 Never

8 Refused

9 Don’t know/don’t remember

**76. *Since your new baby was born***, how often does your husband or partner provide you with encouragement and emotional support? Would you say it is always, often, sometimes, rarely, or never?

**(Don’t Read)**

1 Always

2 Often

3 Sometimes

4 Rarely

5 Never

8 Refused

9 Don’t know/don’t remember

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

**(Don’t Read)**

1 No

2 Yes

8 Refused

9 Don’t know/don’t remember

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

**(Don’t Read)**

1 No

2 Yes

8 Refused

9 Don’t know/don’t remember

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

**(Don’t Read)**

1 No

2 Yes

8 Refused

9 Don’t know/don’t remember

**80. In what country were you born?** Was it the United States, Puerto Rico or some other country

1 United States **GO TO Question 82**

2 Puerto Rico **GO TO Question 82**

3 Some other country

IF YES, ASK: What country?

**(Don’t Read)**

8 Refused **GO TO Question 82**

9 Don’t know/don’t remember **GO TO Question 82**

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

**(Don’t Read)**

age in years

88 Refused

99 Don’t know/don’t remember

**82.** I am going to read you a list of options. Please tell me which ***one*** describes how often you think about your race.

(**PROBE**: Do you think about race \_?)

1 Constantly

2 Once a day

3 Once a week

4 Once a month

5 Once a year

6 Never

**(Don’t Read)**

8 Refused

9 Don’t know/don’t remember

**83.** I’m going to read a list of things that may have happened during the ***12 months before***

your new baby was born. For each one, please tell me if it has happened to you or not.

(**PROBE**: During the 12 months before your new baby was born ?)

a.

b.

c.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason** | **(Don’t Read)** | | | |
| No  (1) | Yes  (2) | Refused  (8) | Don’t  know  (9) |
| You felt that your race or ethnic background contributed to the stress in your life |  |  |  |  |
| You felt emotionally upset, for example, angry, sad, or frustrated, as a result of how you were treated based on your race or ethnic background |  |  |  |  |
| You experienced physical symptoms such as a  headache, an upset stomach, or a pounding heart, that you felt were related to how you were treated based on your 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. I’m going to read you a list of options. You can stop me when I read your household income level. Was your yearly household income from ?

(**PROBE**: During the ***12 months before*** your new baby was born, what was your yearly total household income before taxes?)

01 $0 to $16,000

02 $16,001 to $20,000

03 $20,001 to $24,000

04 $24,001 to $28,000

05 $28,001 to $32,000

06 $32,001 to $40,000

07 $40,001 to $48,000

08 $48,001 to $57,000

09 $57,001 to $60,000

10 $60,001 to $73,000

11 $73,001 to $85,000

12 $85,001 or more

**(Don’t Read)**

88 Refused

99 Don’t know/don’t remember

**85.** During the ***12 months before*** your new baby was born, how many people,

***including yourself***, depended on this income?

**(Don’t Read)**

People [Range: 1-30 people]

88 Refused

99 Don’t know/don’t remember

**This finishes the interview. Is there anything you would like to say about your experiences around the time of your pregnancy or the health of mothers and babies in Massachusetts?**

**INTERVIEWER: Record respondent’s verbatim comments below.**

**\_**

**Thanks for answering our questions. Your answers will help us work to make Massachusetts mothers and babies healthier. Goodbye.**

**INTERVIEWER:**

**86. Fill in today’s date.**

**/ / 20\_ Month Day Year**