

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about *you*.

1. How tall are *you* without shoes?

____ Feet ____ Inches

OR ____ Centimeters

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

____ Pounds OR ____ Kilos

3. What is *your* date of birth?

____ / ____ / ____
Month Day Year

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

No

Yes

→ **Go to Question 7**

5. Did the baby born *just before* your *new* one weigh 5 pounds, 8 ounces (2.5 kilos) or *less* at birth?

No

Yes

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

No

Yes

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

7. At any time during the 12 months *before* you got pregnant with your *new* baby, did you do any of the following things? For each item, check **No** if you did not do it or **Yes** if you did it.

No Yes

- | | | |
|---|--------------------------|--------------------------|
| a. I was dieting (changing my eating habits) to lose weight | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was exercising 3 or more days of the week..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was regularly taking prescription medicines other than birth control | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I visited a health care worker and was checked for diabetes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I visited a health care worker and was checked for high blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I visited a health care worker and was checked for depression or anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I talked to a health care worker about my family medical history..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I had my teeth cleaned by a dentist or dental hygienist | <input type="checkbox"/> | <input type="checkbox"/> |

8. During the *month before* you got pregnant with your new baby, what kind of *health insurance* did you have?

Check ALL that apply

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid or MassHealth
- Commonwealth Care
- Some other kind of health insurance → Please tell us:

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

9. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* I got pregnant
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

10. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?

- No
- Yes

11. *Before* you got pregnant, would you say that, in general, your health was—

- Excellent
- Very good
- Good
- Fair
- Poor

12. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

- a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy)
- b. High blood pressure or hypertension...
- c. Depression

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

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

Check ONE answer

- I wanted to be pregnant later
- I wanted to be pregnant sooner
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future
- I wasn't sure what I wanted

**Go to
Question 15**

Go to Question 14

14. How much longer did you want to wait to become pregnant?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to 5 years
- More than 5 years

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 using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes

Go to Page 4, Question 20

Go to Question 17

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

Check ALL that apply

- I didn't mind if I got pregnant
- I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn't want to use anything
- I forgot to use a birth control method
- Other → Please tell us:

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 → Go to Page 4, Question 20
- Yes

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

DURING PREGNANCY

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

20. How many weeks *or* months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

Weeks OR Months

I didn't go for prenatal care → **Go to Question 24**

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

Check ALL that apply

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid or MassHealth
- Commonwealth Care
- Some other kind of health insurance → Please tell us:
- I did not have any health insurance to pay for my *prenatal care*

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 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How smoking during pregnancy could affect my baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Breastfeeding my baby | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How drinking alcohol during pregnancy could affect my baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Using a seat belt during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Medicines that are safe to take during my pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| g. How using illegal drugs could affect my baby | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Doing tests to screen for birth defects or diseases that run in my family..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Getting tested for HIV (the virus that causes AIDS) | <input type="checkbox"/> | <input type="checkbox"/> |
| k. What to do if I feel depressed during my pregnancy or after my baby is born..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Physical abuse to women by their husbands or partners | <input type="checkbox"/> | <input type="checkbox"/> |

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 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The amount of time the doctor, nurse, or midwife spent with you during your visits..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The advice you got on how to take care of yourself | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The understanding and respect that the staff showed toward you as a person..... | <input type="checkbox"/> | <input type="checkbox"/> |

24. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?

- No
 Yes → **Go to Page 6, Question 28**
 I don't know

25. Were you offered an HIV test during your most recent pregnancy or delivery?

- No → **Go to Page 6, Question 28**
 Yes

26. Did you turn down the HIV test?

- No → **Go to Page 6, Question 28**
 Yes

Go to Page 6, Question 27

27. Why did you turn down the HIV test?

Check ALL that apply

- 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 _____ → Please tell us:

28. 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

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

Check ONE answer

- No _____ → **Go to Question 31**

- Yes, before my pregnancy
- Yes, during my pregnancy

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

 / 20

Month Year

- I don't remember

31. This question is about the care of your teeth *during your most recent pregnancy*.For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

No Yes

- a. I knew it was important to care for my teeth and gums during my pregnancy.....
- b. A dental or other health care worker talked with me about how to care for my teeth and gums.....
- c. I had my teeth cleaned by a dentist or dental hygienist.....
- d. I had insurance to cover dental care during my pregnancy
- e. I needed to see a dentist for a **problem**
- f. I went to a dentist or dental clinic about a **problem**

32. During *your most recent pregnancy*, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

- No
- Yes

33. During *your most recent pregnancy*, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps pregnant women.

- No
- Yes

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

- No
- Yes

35. During *your most recent pregnancy*, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during *this pregnancy*)?

No → **Go to Question 37**

Yes ↓

36. During *your most recent pregnancy*, when you were told that you had gestational diabetes, did a doctor, nurse, or other health care worker do any of the things listed below? For each item, check **No** if it was not done or **Yes** if it was done.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. Refer you to a nutritionist | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Talk to you about the importance of exercise | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Talk to you about getting to and staying at a healthy weight after delivery | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Suggest that you breastfeed your new baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Talk to you about your risk for Type 2 diabetes | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

No → **Go to Page 8, Question 41**

Yes ↓

Go to Question 38

38. 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

39. 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

40. 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 drinking alcohol around the time of pregnancy (before and during).

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

No —————→ **Go to Question 44**

Yes

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

- 14 drinks or more a week
 7 to 13 drinks a week
 4 to 6 drinks a week
 1 to 3 drinks a week
 Less than 1 drink a week
 I didn't drink then

43. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

- 14 drinks or more a week
 7 to 13 drinks a week
 4 to 6 drinks a week
 1 to 3 drinks a week
 Less than 1 drink a week
 I didn't drink then

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

44. This question is about things that may have happened during the *12 months before your new baby was born*. For each item, check **No** if it did not happen to you or **Yes** if it did. (It may help to look at the calendar when you answer these questions.)

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

45. During the *12 months before you got pregnant* with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

46. During *your most recent pregnancy*, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

The next questions are about your labor and delivery.

47. When was your new baby born?

	/		/	20
--	---	--	---	----

Month Day Year

48. How was your new baby delivered?

- Vaginally
 Cesarean delivery (c-section)

49. By the end of *your most recent pregnancy*, how much weight had you gained?

Check ONE answer and fill in blank if needed

- I gained _____ pounds
 I didn't gain any weight, but I lost _____ pounds
 My weight didn't change during my pregnancy
 I don't know

AFTER PREGNANCY

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

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

- No
 Yes
 I don't know

51. After your baby was delivered, how long did he or she stay in the hospital?

- Less than 24 hours (less than 1 day)
 24 to 48 hours (1 to 2 days)
 3 to 5 days
 6 to 14 days
 More than 14 days
 My baby was not born in a hospital
 My baby is still in the hospital → **Go to Question 54**

52. Is your baby alive now?

- No → *We are very sorry for your loss.*
 Yes → **Go to Page 10, Question 61**

53. Is your baby living with you now?

- No → **Go to Page 10, Question 60**
 Yes

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

- No → **Go to Page 10, Question 58**
 Yes

Go to Page 10, Question 55

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

- No
 Yes → **Go to Question 57**

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

_____ Weeks OR _____ Months

Less than 1 week

If your baby was not born in a hospital, go to Question 58.

57. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check **No** if it did not happen or **Yes** if it did happen.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Hospital staff gave me information about breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My baby stayed in the same room with me at the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hospital staff helped me learn how to breastfeed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I breastfed in the first hour after my baby was born..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I breastfed my baby in the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My baby was fed only breast milk at the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Hospital staff told me to breastfeed whenever my baby wanted..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The hospital gave me a breast pump to use..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The hospital gave me a gift pack with formula..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. The hospital gave me a telephone number to call for help with breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Hospital staff gave my baby a pacifier..... | <input type="checkbox"/> | <input type="checkbox"/> |

58. Have you ever heard or read about what can happen if a baby is shaken?

- No
 Yes

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

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

Check ONE answer

- On his or her side
 On his or her back
 On his or her stomach

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 using birth control pills, condoms, withdrawal, or natural family planning.

- No
 Yes → **Go to Question 63**

Go to Question 62

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 am not having sex
- I want to get pregnant
- I don't want to use birth control
- I am worried about side effects from birth control
- My husband or partner doesn't want to use anything
- I have problems getting birth control when I need it
- I had my tubes tied or blocked
- My husband or partner had a vasectomy
- I am pregnant now
- Other _____ → Please tell us:

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

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
 Often
 Sometimes
 Rarely
 Never

67. What kind of *health insurance* do you have *now*?

Check ALL that apply

- Private health insurance from my job or the job of my husband, partner, or parents
 Private health insurance purchased directly from an insurance company
 Medicaid or MassHealth
 Commonwealth Care
 Some other kind of health insurance → Please tell us:

- I do not have health insurance *now*

OTHER EXPERIENCES

The next questions are on a variety of topics.

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 he 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 *ask for help* for depression from a doctor, nurse, or other health care worker?

- No
 Yes

If you did not have a cesarean delivery, go to Question 71.

70. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)?

Check ONE answer

- My health care provider recommended a cesarean delivery *before* I went into labor
 My health care provider recommended a cesarean delivery while I was in labor
 I asked for the cesarean delivery *before* I went into labor
 I asked for the cesarean delivery while I was in labor

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

- No → **Go to Question 75**
 Yes

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

Check ONE answer

- No → **Go to Question 75**
 No, but I will be returning
 Yes

Go to Question 73

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

Check ALL that apply

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

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

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

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 77.

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

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.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. I can almost always get my baby to stop crying | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I would like to learn more about how to comfort my baby when he or she is crying..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I think that picking up a baby every time he or she cries will spoil the baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I sometimes feel overwhelmed by my baby's crying..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

- No
- Yes

78. Are you limited in any way in any activities because of physical, mental, or emotional problems?

- No
- Yes

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:

80. How do other people usually classify you in this country? That is how other people usually classify you in this country, which might be different from how you classify yourself.

Check ONE answer

- White
- Black or African American
- Hispanic or Latina
- Asian or Pacific Islander
- American Indian
- Other _____ → Please tell us:

81. How often do you think about your race?

If you cannot decide between two categories, check the lower time frequency of the two categories.

Check ONE answer

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

82. 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 didn't happen to you or **Yes** if it did. It may help to use the calendar.

No Yes

- 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, 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.

83. During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have received. *All information will be kept private and will not affect any services you are now getting.*

- \$0 to \$15,000
- \$15,001 to \$19,000
- \$19,001 to \$22,000
- \$22,001 to \$26,000
- \$26,001 to \$29,000
- \$29,001 to \$37,000
- \$37,001 to \$44,000
- \$44,001 to \$52,000
- \$52,001 to \$56,000
- \$56,001 to \$67,000
- \$67,001 to \$79,000
- \$79,001 or more

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

 People

85. 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 make Massachusetts mothers and babies healthier.