

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 Illinois Healthy Women
- TRICARE or other military health 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 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.

12. 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 14**

13. 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

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

- No  
 Yes

→ **Go to Question 17**

15. 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 Question 17**

16. 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:

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## 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.)

17. 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 Page 4, Question 19**

18. Did you get prenatal care as early in your pregnancy as you wanted?

- No  
 Yes

→ **Go to Page 4, Question 20**

**Go to Page 4, Question 19**

**19. Did any of these things keep you from getting prenatal care when you wanted it?**

For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. I couldn't get an appointment when I wanted one.....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I didn't have enough money or insurance to pay for my visits.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I didn't have any transportation to get to the clinic or doctor's office ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The doctor or my health plan would not start care as early as I wanted .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had too many other things going on...  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I couldn't take time off from work or school.....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I didn't have my Medicaid, All Kids, or Moms & Babies card .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I didn't have anyone to take care of my children .....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I didn't know that I was pregnant .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I didn't want anyone else to know I was pregnant .....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I didn't want prenatal care .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**If you did not get prenatal care, go to Question 24.**

**20. Where did you go *most of the time* for your prenatal care visits? Do not include visits for WIC.**

**Check ONE answer**

- Hospital clinic
- Health department clinic
- Private doctor's office
- Community health clinic
- Other → Please tell us:

**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, All Kids, or Moms & Babies
- TRICARE or other military health 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. During your most recent pregnancy, 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 one, check **No** if no one talked with you about it or **Yes** if someone did.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. Foods that are good to eat during pregnancy.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Exercise during pregnancy .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Programs or resources to help me gain the right amount of weight during pregnancy ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Programs or resources to help me lose weight after pregnancy .....                      | <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  
 I don't know

**25. Have you ever heard or read that taking a vitamin with folic acid can help prevent some birth defects?**

- No  
 Yes

**26. 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

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

Check ONE answer

- No → Go to Question 29
- Yes, before my pregnancy
- Yes, during my pregnancy

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

/

Month            Year

I don't remember

29. 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.....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A dental or other health care worker talked with me about how to care for my teeth and gums..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had my teeth cleaned by a dentist or dental hygienist.....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I had insurance to cover dental care during my pregnancy.....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I <u>needed</u> to see a dentist for a <b>problem</b> .....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I <u>went</u> to a dentist or dental clinic about a <b>problem</b> .....                         | <input type="checkbox"/> | <input type="checkbox"/> |

30. 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

31. 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

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

- No
- Yes

33. 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
- Yes

**34. Did you have any of the following problems during your most recent pregnancy?** For each item, check **No** if you did not have the problem or **Yes** if you did.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. Vaginal bleeding .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Kidney or bladder (urinary tract) infection (UTI).....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <b>Severe</b> nausea, vomiting, or dehydration that sent me to the doctor or hospital .....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cervix had to be sewn shut (cerclage for incompetent cervix).....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Problems with the placenta (such as abruptio placentae or placenta previa) .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Labor pains more than 3 weeks before my baby was due (preterm or early labor) .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]).....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I had to have a blood transfusion .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I was hurt in a car accident .....   | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

- No
- Yes

Go to Page 8,  
Question 40

Go to Question 36

**36. 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

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

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I didn't smoke then

**If you did not smoke during the 3 months before you got pregnant with your new baby, go to Page 8, Question 39.**

**38. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to quit smoking?**

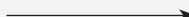
- No
- Yes
- I didn't go for prenatal care

39. 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).

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  **Go to Question 43**  
 Yes

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  
 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

42. 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.**

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

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. A close family member was very sick and had to go into the hospital ....                                | <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"/> |



44. 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

45. 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.

46. When was your new baby born?

/  /  20  
 Month Day Year

47. 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

48. What kind of *health insurance* did you have to pay for your *delivery*?

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, All Kids, or Moms & Babies  
 TRICARE or other military health care  
 Some other kind of health insurance → Please tell us:  
  
 I did not have any health insurance to pay for my *delivery*

#### AFTER PREGNANCY

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

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

- No  
 Yes  
 I don't know

50. 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 Page 10, Question 53

Go to Page 10, Question 51

## 51. Is your baby alive now?

- No → *We are very sorry for your loss.*  
 Yes → **Go to Page 12, Question 66**

## 52. Is your baby living with you now?

- No → **Go to Page 12, Question 65**  
 Yes →

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

- No →  
 Yes → **Go to Question 55**

## 54. What were your reasons for not breastfeeding your new baby?

**Check ALL that apply**

- I was sick or on medicine  
 I had other children to take care of  
 I had too many household duties  
 I didn't like breastfeeding  
 I tried but it was too hard  
 I didn't want to  
 I went back to work or school  
 Other → Please tell us:

**If you did not breastfeed your new baby, go to Question 59.**

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

- No →  
 Yes → **Go to Question 58**

**Go to Question 56**

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

Weeks OR  Months

- Less than 1 week

## 57. What were your reasons for stopping breastfeeding?

**Check ALL that apply**

- My baby had difficulty latching or nursing  
 Breast milk alone did not satisfy my baby  
 I thought my baby was not gaining enough weight  
 My nipples were sore, cracked, or bleeding  
 It was too hard, painful, or too time consuming  
 I thought I was not producing enough milk, or my milk dried up  
 I had too many other household duties  
 I felt it was the right time to stop breastfeeding  
 I got sick or I had to stop for medical reasons  
 I went back to work or school  
 My baby was jaundiced (yellowing of the skin or whites of the eyes)  
 Other → Please tell us:

58. 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)?

Weeks **OR**  Months

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

59. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

Weeks **OR**  Months

- My baby was less than 1 week old
- My baby has not eaten any foods

60. What kind of *health insurance* is your new baby covered by 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, All Kids, or Moms & Babies
- TRICARE or other military health care
- Some other kind of health insurance → Please tell us:
- I do not have any health insurance for my new baby

61. 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 Page 12, Question 65.**

62. 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

63. Listed below are some things that describe how your new baby *usually* sleeps. For each item, check **No** if it doesn't usually apply to your baby or **Yes** if it usually applies to your baby.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. My new baby sleeps in a crib or portable crib.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My new baby sleeps on a firm or hard mattress.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My new baby sleeps with pillows.....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My new baby sleeps with bumper pads.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My new baby sleeps with plush or thick blankets..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My new baby sleeps with stuffed toys.....            | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My new baby sleeps with an infant positioner.....    | <input type="checkbox"/> | <input type="checkbox"/> |
| h. My new baby sleeps with me or another person.....    | <input type="checkbox"/> | <input type="checkbox"/> |

**64. Has your new baby had a well-baby checkup?** A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.

- No  
 Yes

**65. 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

**66. Are you or your husband or partner doing anything *now* to keep from getting pregnant?** Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.

- No  
 Yes —————> **Go to Question 68**

**67. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?**

**Check ALL that apply**

- I 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:

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

68. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant?

**Check ALL that apply**

- Tubes tied or blocked (female sterilization, 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:

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

- No
- Yes

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

72. 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, All Kids, or Moms & Babies
- TRICARE or other military health care
- Some other kind of health insurance \_\_\_\_\_ → Please tell us:

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- I do not have health insurance *now*

## OTHER EXPERIENCES

The next questions are on a variety of topics.

73. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker *tell you that you had depression*?

- No
- Yes

74. *Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?*

No → **Go to Question 77**

Yes  
↓

75. *Since your new baby was born, have you taken prescription medicine for your depression?*

No  
 Yes

76. *Since your new baby was born, have you gotten counseling for your depression?*

No  
 Yes

**If your baby is not alive or is not living with you, go to Question 78.**

77. *Since your new baby was born, have you used WIC services for yourself or your new baby?*

No  
 Yes, both my new baby and I use WIC services  
 Yes, only my new baby uses WIC services  
 Yes, only I am using WIC services

78. **Did you receive a Tdap vaccination before, during or after your most recent pregnancy?** A Tdap vaccine is a shot that protects against tetanus, diphtheria, and pertussis (or whooping cough). Tdap was new in 2005.

**Check ONE answer**

No  
 Yes, I received Tdap *before* my pregnancy  
 Yes, I received Tdap *during* my pregnancy  
 Yes, I received Tdap *after* my pregnancy  
 I don't know

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

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

\$0 to \$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

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

People

81. **What is today's date?**

/  /  20  
Month Day Year

**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 Illinois.**

*Thanks for answering our questions!*

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